

### PREHOSPITAL TREATMENT PROTOCOLS

Effective December 1, 2019

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# **Pediatric Transportation**

#### **PEARLS**

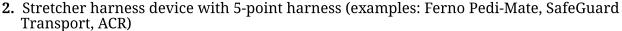
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These guidelines apply to transporting pediatric patients who are of an age/weight that require a child safety seat. Pediatric patients that don't require a child safety seat should be transported following adult guidelines.

> Maine Statute 29-A M.R.S.§2081(2) & (3) requires all children weighing less than 80 pounds, less than 57 inches in height and less than 8 years old to be properly restrained in a child safety seat when riding in a vehicle. Children between 40 and 80 pounds AND less than 8 years of age must be properly secured in a child restraint system in accordance with the child restraint system manufacturer's recommendations. An ill or injured child must be restrained in a manner that minimizes injury in an ambulance crash. The best location for transporting a pediatric patient is secured directly to the ambulance cot. Never allow anyone to hold an infant or child during transport.

### **TYPES OF RESTRAINTS:**

- 1. Convertible (traditional) car seat with two belt paths (front and back) with four points for belt attachment to the cot is considered best practice for pediatric patients who can tolerate a semi-upright position.
  - a. Position safety seat on cot facing foot-end with backrest elevated to meet back of child safety seat.
  - b. Secure safety seat with 2 pairs of belts at both forward and rear points of seat.
  - c. Place shoulder straps of the harness through slots just below child's shoulders and fasten snugly to child. d. Follow manufacturer's guidelines regarding child's weight.
- Note: Non-convertible safety seats cannot be secured safely to cot. If child's personal safety seat is not a convertible seat, it cannot be used on the cot.



- a. Attach securely to cot utilizing upper back strap behind cot and lower straps around cot's frame.
- b. 5-point harness must rest snugly against child. Secure belt at child's shoulder level so no gaps exists above
- c. Adjust head portion of cot according to manufacturer's recommendation.
- d. Follow manufacturer guidelines for weight ratings.

Examples	Weight Range
Ferno Pedi-Mate	10-40 pounds
Ferno Pedi-Mate Plus	10-100 pounds
Quantum ACR4	4-99 pounds

- 3. Car bed with both a front and rear belt path (example: Dream Ride Infant Car Bed) a. For infants who cannot tolerate a semi-upright position or who must lie flat.
  - b. Position car bed so infant lies perpendicular to cot, keeping infant's head toward center of patient compartment.
  - c. Fully raise backrest and anchor car bed to cot with 2 belts, utilizing the 4 attachment sites supplied with car bed.
  - d. Only appropriate for infants from 5 20 lbs.





# Pediatric Transportation

- 4. Isolette/Incubator must be secured to ambulance according to manufacturer's guidelines.
  - a. Secure infant using manufacturer's restraint. (Five-point harness restraint is preferred.)
  - b. Blankets or towels may be used for additional stabilization

### **NON-PATIENT TRANSPORT**

Best practice is to transport well children in a vehicle other than the ambulance, whenever possible, for safety.

If no other vehicle is available and circumstances dictate that the ambulance must transport a well child, he/she may be transported in the following locations:

1. Captain's chair in patient compartment using a size appropriate integrated seat or a convertible safety seat.

2. Passenger seat of the driver's compartment if child is large enough (according to manufacturer's guidelines) to ride forward-facing in a child safety seat or booster seat. Airbag should be turned off. If the air bag can be deactivated, an infant, restrained in a rear-facing infant seat, may be placed in the passenger seat of the driver's compartment.



### USE OF PATIENT'S CHILD SAFETY SEAT AFTER INVOLVEMENT IN MOTOR VEHICLE CRASH

The patient's safety seat may be used to transport child to the hospital after involvement in a minor crash if ALL of the following apply:

1. It is a convertible seat with both front and rear belt paths.

- 2. Visual inspection, including under movable seat padding, does not reveal cracks or deformation.
- 3. Vehicle in which safety seat was installed was capable of being driven from the scene of the crash.
- 4. Vehicle door nearest the child safety seat was undamaged.
- 5. The air bags (if any) did not deploy.

#### MOTHER AND NEWBORN TRANSPORT

- 1. Secure and transport mother on the cot.
- 2. Consider transporting mother and newborn in separate ambulances to properly secure each patient to a cot.
- 3. Transport newborn secured to the rear-facing provider seat /captain's chair using a size-appropriate child restraint system. Either a convertible safety seat with a forward-facing belt path or an integrated child restraint system certified by the manufacturer to meet FMVSS No. 213 may be used to secure infant.
- 4. Do NOT use a rear-facing only safety seat in the rear-facing provider seat / captain's chair as this is dangerous and may lead to significant injuries.

