

State of Minnesota
Emergency Medical Services Regulatory Board
EMSRB Ambulance Standards Ad-Hoc Work Group Meeting

Monday June 5, 2017 – 9:00am

Conference Call: 1-888-742-5095 – 3908550771#

Agenda

1. **Call to Order – (9:00 a.m.)** – Pat Coyne, Ad-Hoc Work Group Chair
2. **Approve Agenda** – Pat Coyne, Work Group Chair
[Motion: To approve the agenda for the June 5, 2017 Ambulance Standards Ad-Hoc Work Group meeting]
3. **Approve Meeting Draft Notes from March 27, 2017 meeting** – Attachment One
[Motion: To approve meeting notes from October 18, 2016 Work Group meeting]
4. **Chairs Comments** – Pat Coyne, Work Group Chair
5. **Work Group Initiatives Prioritization and Discussion** – Pat Coyne, Work Group Chair
 - Re-Mount/Rechassis of Ambulances
 - Ambulance Vehicle Maintenance
 - Ambulance Equipment Maintenance
 - Emergency Vehicle Driving Requirements
 - Pediatric Patient Transport Best Practices – *Michigan Document* – Attachment Two
 - ❖ [Safe-transport-of-children-by-EMS Guidance](#)
 - Ongoing Changes, Exceptions, Considerations on Current Standards Implementation
 - ❖ [Improving EMS Worker Safety Through Ambulance Design and Testing](#)
6. **Other Work Group Business**
7. **Next Meeting**
8. **Adjourn Meeting**
Motion: To adjourn

Note: Work group members will be attending this meeting through an on-line meeting tool called LYNC or by conference call. In accordance with Minn. Stat. § 13D.015, subdivision 4, the public portion of this meeting, therefore, may be monitored by the public remotely. If you wish to attend by LYNC or conference call, please contact Robert Norlen by email at robert.norlen@state.mn.us for connection information. Please make contact for LYNC or conference call information no later than **2:00 p.m. on Friday, June 2, 2017** to ensure a response in time to connect to the meeting.

If you plan to attend the meeting and need accommodations for a disability, please contact Melody Nagy at (651) 201-2802 or melody.nagy@state.mn.us. In accordance with the Minnesota Open Meeting Law and the Internal Operating Procedures of the Emergency Medical Services Regulatory Board, this meeting notice was posted at: <http://www.emsrb.state.mn.us>

State of Minnesota
Emergency Medical Services Regulatory Board
Board Ambulance Standards Ad-Hoc Work Group Meeting

Attachment One

Monday March 27, 2017 – 9:00am

Draft Meeting Notes

Attendance by Conference Call: Pat Coyne; Jeff Czysyn, Aarron Reinert; Chad Dotzler, Fred Pawelk, Matt Will, Joe Konckel, Kjelsey Polzin, Tom Frost, Tony Spector, Bob Norlen

1. **Call to Order – (9:00 a.m.)** – Pat Coyne, Ad-Hoc Work Group Chair
Pat Coyne, Work Group Chair, called the meeting to order at 9:01am and began the meeting with introductions.
2. **Approve Agenda** – Pat Coyne, Work Group Chair
Agenda was approved by consensus of the Work Group members.
3. **Approve Meeting Draft Notes from October 18, 2016 meeting**
Meeting notes from October 18, 2016 meeting where approved by consensus of the Work Group members.
4. **Chairs Comments** – Pat Coyne, Work Group Chair
Mr. Coyne will provide comments and further information under item 6 of the agenda.
5. **Update from November 17, 2016 Board Meeting**
 - Board Approval of Ambulance Standards Recommendation
Mr. Coyne reviewed what was presented to the Board for recommendation on changes to the ambulance standards language in Minnesota Rule. Mr. Coyne thanked the work group members that attended the Board Meeting, for presenting the work group recommendations to the Board and answering questions and providing additional information as requested.
 - Revisor's draft #RR-4463 of Proposed Rule Change
The work group reviewed the changes to the proposed rule changes as edited by the Office of the Revisor. No specific discussion occurred related to the clarifying edits made by the Office of the Revisor. Motion to move this to the legislative work group for review by (Czysyn and Reinert).
Motion passed by work group consensus.
6. **Planning and Strategy for Work Group Initiatives, Focus, Membership**
Mr. Coyne commented that the initial work for this work group had been completed with the recommendation to the Board for the necessary changes needed related to ambulance build and manufacturing standards. Throughout the work group meetings over the last year, a number of other areas surfaced that also needed further discussion and possible recommendations including ambulance vehicle maintenance requirements/standards; driving requirements, etc., and the work group would need additional charges from the Board to research and make recommendations in these areas. Mr. Coyne also discussed the current makeup of the work group and does the committee need to expand to include additional subject matter experts for work group charges the Board may give to the work group for research, discussion and recommendations to the Board.

Mr. Reinert indicated that ambulance standards for remount and rechassis ambulances still needs to be addressed by the work group for recommendation to the Board. Mr. Pawelk indicated he would be attending national meetings on this subject. Mr. Reinert and Mr. Pawelk said more information on the subject of standards for rechassis ambulances would be available for the work group to review following these national meetings.

Mr. Will brought forward the subject of emergency vehicle driving education needing attention and review. At the conclusion of this discuss the work group listed the following areas the work group could research and develop recommendation to be brought to the Board for consideration:

- Re-Mount/Rechassis of Ambulances
- Ambulance Vehicle Maintenance
- Ambulance Equipment Maintenance
- Emergency Vehicle Driving Requirements
- Pediatric Patient Transport Best Practices
- Ongoing Changes, Exceptions, Considerations on Current Standards Implementation

Mr. Coyne will present these proposed work group charges to the Board for consideration. In addition to the above mentioned charges, the current work group makeup will be discussed with the Board with a recommendation to expand the work group to get input on new work group charges as directed by the Board.

Proposed recommendation to the Board: The ambulance standards work group is recommending the Board authorize the Ambulance Standard Work Group to continue as an Ad-Hoc Work Group of the Board to address, research and provide recommendations to the Board on the above list of ambulance standards related topics. The work group is also requesting authorization from the Board to expand the work group to seek other ambulance standards subject matter experts to assist the work group in the research and development of recommendations these areas.

7. Other Work Group Business

None

8. Next Meeting – Monday June 5th 9:00am – Conference call.

9. Adjourn Meeting

Motion: To adjourn at 9:35am

SAFE TRANSPORTATION OF CHILDREN IN AMBULANCES

Safe transportation of children in ambulances is very important. This protocol will serve as a guideline to the safe transportation of children in an ambulance. These are a limited set of circumstances that may not fit every situation.

Criteria for Transport

1. This protocol applies to every EMS response resulting in the need to transport pediatric patients who are of an age/weight that require the use of a child safety seat from the scene of an emergency. Pediatric patients that do not require a child safety seat should be transported following the same procedure as adult patients.
2. This protocol is based on recommendations, as published by the National Highway Traffic Safety Administration (NHTSA), for the transportation of children in five possible situations:
 - a. The transport of a child who is not injured or ill.
 - b. The transport of a child who is ill and/or injured and whose condition does not require continuous and/or intensive medical monitoring or intervention.
 - c. The transport of an ill or injured child who does require continuous and/or intensive monitoring or intervention.
 - d. The transport of a child whose condition requires spinal motion restriction and/or lying flat, refer to Spinal Precautions Procedure
 - e. The transport of a child or children who require transport as part of a multiple patient transport (newborn with mother, multiple children, etc.)

MFR/EMT/SPECIALIST/PARAMEDIC

1. The child's age and weight shall be considered when determining an appropriate restraint system. Child seat models offer a wide range of age/weight limits, so each individual device must be evaluated to determine the appropriateness of use.
2. When possible, and with the exception of a minor vehicle crash (e.g. "fender-bender"), avoid transporting children in their own safety seats if the seat was involved in a motor vehicle crash. Use of the child's own seat can be considered if no other restraint systems are available and the seat shows no visible damage/defect.
3. Transportation of a child in any of the following ways is not allowed under normal circumstances:
 - a. Unrestrained;
 - b. On a parent/guardian/other caregiver's lap or held in their arms;
 - c. Using only horizontal stretcher straps, if the child does not fit according to cot manufacturer's specifications for proper restraint of patients;
 - d. On the multi-occupant bench seat or any seat perpendicular to the forward motion of the vehicle, even if the child is in a child safety seat.
4. For infants and newborns, be sure to maintain body heat.

MCA Name: [Click here to enter text.](#)

MCA Board Approval Date: [Click here to enter text.](#)

MCA Implementation Date: [Click here to enter text.](#)

Protocol Source/References: National Highway Traffic Safety Administration. (2012). Working group best-practice recommendations for the safe transportation of children in emergency ground ambulances. <https://www.nasemso.org/Committees/STC/documents/NHTSA-Safe-Transportation-of-Children-in-Ambulances-2012.pdf>

Situation Guidelines:

(*Ideal transport method is in **bold**, with acceptable alternatives listed if ideal is not achievable)

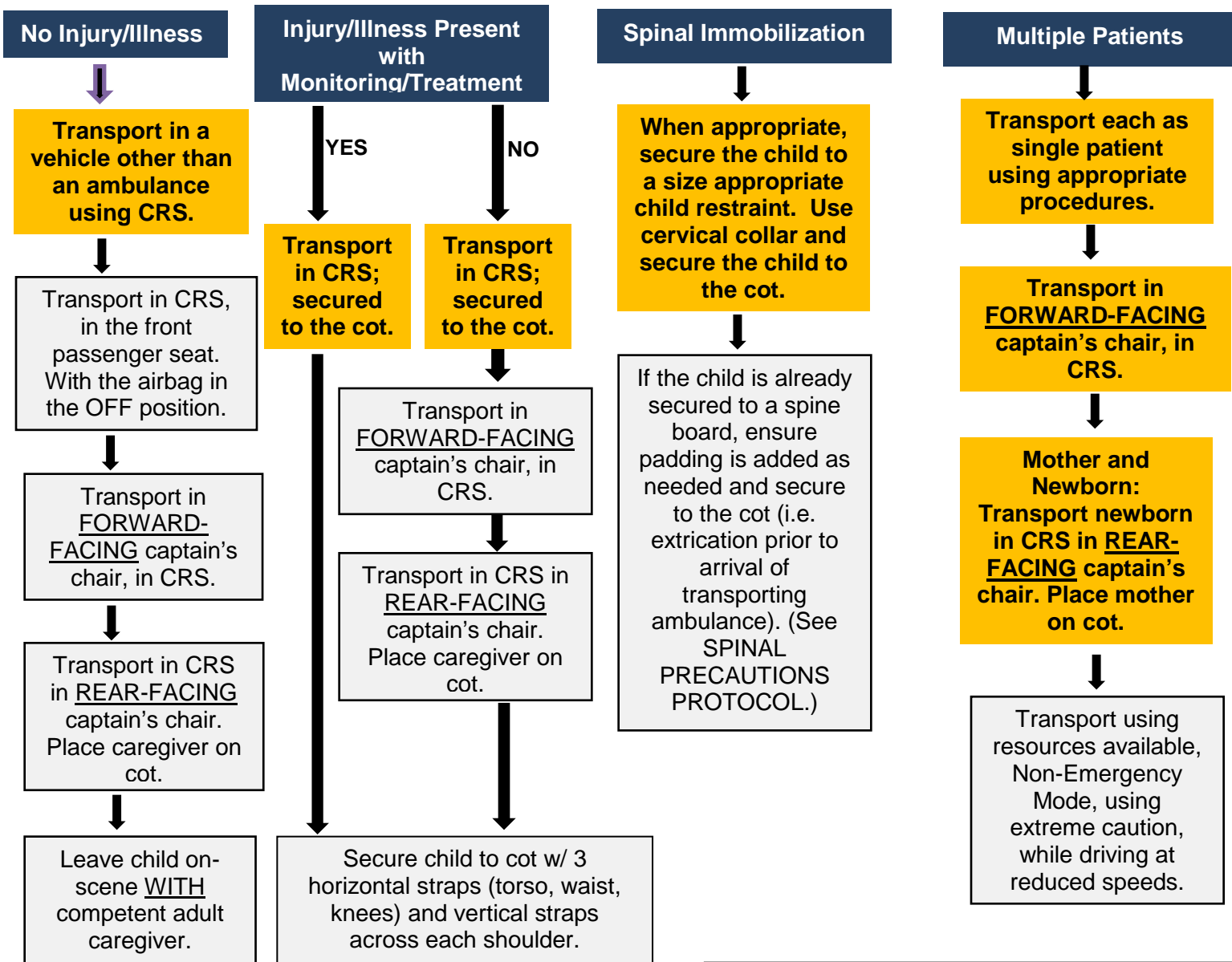
1. Transport of an uninjured/not ill child
 - a. **Transport child in a vehicle other than a ground ambulance using a properly-installed, size-appropriate child restraint system.**
 - b. Transport in a size-appropriate child seat properly-installed in the front passenger seat of the ambulance with the airbags off or in another forward-facing seat.
 - c. Transport in a size-appropriate child seat properly-installed on the rear-facing EMS provider's seat.
 - d. Consider delaying the transport of the child (ensuring appropriate adult supervision) until additional vehicles are available without compromising other patients on the scene. Consult medical control if necessary.
2. Transport of an ill/injured child not requiring continuous intensive medical monitoring or interventions
 - a. **Transport child in a size-appropriate child restraint system secured appropriately on the cot.**
 - b. Transport child in the EMS provider's seat in a size-appropriate restraint system.
3. Transport of an ill/injured child whose condition requires continuous intensive monitoring or intervention.
 - a. **Transport child in a size-appropriate child restraint system secured appropriately to the cot.**
 - b. With the child's head at the top of the cot, secure the child to the cot with three horizontal straps and one vertical strap across each shoulder. If assessment/intervention requires the removing of restraint strap(s), restraints should be re-secured as quickly as possible.
4. Transport of an ill/injured child who requires spinal motion restriction or lying flat.
 - a. **Secure the child to a size-appropriate child restraint when appropriate, use Cervical Collar, and secure child to the cot.**
 - b. If the child is already secured to a spine board, ensure padding is added as needed and secure to the cot (i.e.: extrication prior to arrival of transporting ambulance). (See **Spinal Precautions protocol**).
5. Transport of a child or children requiring transport as part of a multiple patient transport (newborn with mother, multiple children, etc.)
 - a. **If possible, for multiple patients, transport each as a single patient according to the guidance provided for situations 1 through 4. For mother and newborn, transport the newborn in an approved size-appropriate restraint system in the rear-facing EMS provider seat with a belt-path that prevents both lateral and forward movement, leaving the cot for the mother.**
 - b. Consider the use of additional units to accomplish safe transport, remembering that non-patient children should be transported in non-EMS vehicles, if possible.
 - c. When available resources prevent meeting the criteria for situations 1 through 4 for all child patients, transport using space available in a non-emergency mode, exercising extreme caution and driving at a reduced speed.
 - d. **Note:** Even with childbirth in the field, it is NEVER appropriate to transport a child held in the parent/guardian/caregiver's arms or on a parent/guardian/caregiver's lap.

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TRANSPORTATION OF A CHILD IN ANY OF THE FOLLOWING WAYS IS NOT ALLOWED UNDER NORMAL CIRCUMSTANCES:

- 1) Unrestrained
- 2) On someone's lap
- 3) Only using horizontal stretcher straps when the child does not fit according to the manufacturers recommendations
- 4) On the bench seat or any seat perpendicular to the forward motion of the vehicle, even if the child is in a child safety seat

LEGEND

= Ideal Transport Method

= Acceptable Alternative Transport Method if Ideal is not achievable

CRS: Appropriately Sized Child Restraint Device (car seat, ACR, Pedi-Mate, Safe Guard, integrated captain's chair, etc.)

MUST REFER TO MANUFACTURER'S INSTRUCTIONS.

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