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Indiana University Health

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Owner: *Kristin Cummins: ACNO-Ped & Mat Qual & Safety*
Area: *Patient*
Tag: *Education Level 1*
Applicability: *Indiana University Health AHC*

Child Passenger Safety

PURPOSE

To provide standards of care for injury prevention promotion through the safe transportation of children based on the current Indiana Child Passenger Law and best practice guidelines recommended by the American Academy of Pediatrics and The National Highway Traffic Safety Administration.

SCOPE

This policy applies to IU Health Academic Health Center Patient Care team members that provide education to parents or guardians of patients from birth to 16 years of age.

EXCEPTIONS

None

DEFINITIONS

Car Bed: A type of child restraint system, usually for small, premature or medically fragile infants who must lie prone, side-lying, or supine. The car bed must be labeled as meeting Federal Motor Vehicle Safety Standard 213.

Car Seat: (also called a car safety seat or child restraint system) A crash tested device designed to provide infant/child crash protection in a motor vehicle. The car seat must meet Federal Motor Vehicle Safety Standards and secure a child in a motor vehicle increasing child safety in a crash when used properly. Term is often used as a general term for a variety of child passenger safety devices.

Certified Child Passenger Safety Technician: (CPST, also called a Technician) An individual who has successfully completed the NHTSA standardized certification course and maintains certification requirements. Capabilities include bedside education on general child passenger safety, selection of an appropriate car seat, and proper use of the car seat to include installation in the vehicle when needed. A CPST may also serve as technical resource for evaluators.

High Risk Infant Car Seat Evaluator: Staff who have successfully completed the Indiana University Health training specific to related parent education and implementation of the Car Seat Evaluation for High Risk Infants. A competency assessment is completed once per calendar year. Capabilities include bedside education on infant/rear-facing child passenger safety, patient identification for car safety seat evaluation need based on policy, selection and proper use of the rear-facing car safety seat and implementation of the policy and procedures for the Car Seat Evaluation for High Risk Infants policy.

Permanent Inspection Station: (Also call a Permanent Fitting Station) A place where parents/caregivers can make an appointment to have their car seat inspected in their vehicle by a Certified Child Passenger Safety Technician.

Specialized Restraint System: A crash tested child restraint system to provide protection for children with special needs when traveling in a motor vehicle. This may include specialized vests, car beds and large medical seats designed to meet a variety of special needs.

Team Member: Refers to all team members which includes "Trained Team Members" as well as team members without training.

Trained Team Members: Refers to IU Health team member who has successfully completed and maintained competency assessment for IU Health child passenger safety training and/or Child Passenger Safety Technician certification. Includes High Risk Infant Car Seat Evaluator and Certified Child Passenger Safety Technician.

POLICY STATEMENTS

- A. Accurate information will be available for trained team member (High Risk Car Seat Evaluators and Child Passenger Safety Technicians) to provide to parents/guardians on safe transportation of children based on the current Indiana Child Passenger Law and best practice recommendations of the American Academy of Pediatrics (AAP) and National Highway Traffic Safety Administration (NHTSA).
 1. Indiana Child Passenger Law.
 - a. Children birth to age 8 must ride properly restrained in child restraints.
 - b. Children 8 to 16 years of age must use child restraints or seat belts.
 - c. This law applies to all vehicle seating positions in all vehicles including trucks and SUV's.
 2. The AAP/NHTSA best practice of recommendations for safe transportation include:
 - a. Parents of infants and toddlers will be advised to transport their child rear facing car seat (CSS) until they reach the highest weight or height allowed by the manufacturer of their car seat. Infants who have outgrown their infant only car seat by height or weight will need to use a convertible rear-facing car seat until they outgrow that seat by height or weight. Parents will be

advised to never install a rear-facing car seat in front of an active airbag. Parents will be instructed to follow the car seat manufacturer's guidelines for proper positioning of the child and installation in the vehicle.

- b. Parents of children who have outgrown the rear-facing weight or height limit for their convertible car seat, will be advised to use a forward facing car seat with a harness for as long as possible, up to the highest weight or height allowed by the manufacturer of their car seat. Parent will be instructed to follow the car seat manufacturer's guidelines for proper positioning of the child and installation in the vehicle. Parents will be advised to use top tether strap if tether anchor available in vehicle and seat belt or lower anchor belts per vehicle manufacturer's guidelines.
 - c. Parents of children whose weight or height is above the forward-facing limit for their car seat will be advised to use a belt-positioning booster seat until the vehicle lap/shoulder seat belt fits properly, typically when they have reached 4 feet 9 inches in height and between 8 and 12 years of age. Parents will be advised to use a high-back belt positioning booster seat for vehicles without a head rest in their vehicle seating position.
 - d. Parents of children who have outgrown their belt positioning booster seat and fit properly in their vehicle lap/shoulder belt will be advised to always use a lap/shoulder belt for optimal protection.
 - e. Parents will be advised to maximize safety by keeping their child in a car seat or belt positioning booster seat for each stage of protection (1- rear-facing, 2-forward facing, 3-belt positioning booster and 4-lap/shoulder belt) as long as the child fits within the manufacturer's height and weight requirements before moving to the next stage of protection.
 - f. Parents of children younger than 13 years old will be advised to restrain them in the rear seats of vehicles for the best protection.
- B. Trained team members will provide child passenger safety information and education to families after demonstrating competency in child passenger safety based on the content of their IU Health approved education. Information and education will not exceed their expertise based on this standardized content and competency demonstration.
 - C. Trained team members that have completed IU Health training on proper use of specialized vests, car beds and large medical car safety seats can provide training to parents/guardians on proper use of specialized restraint systems. Only certified child passenger safety technicians that have received training on the proper use of the specialized restraint systems can demonstrate proper use of the system at the vehicle.
 - D. Trained team members will document education and any parent decisions related to conflicts with recommendations based on current state law, manufacturer guidelines, and patient's medical condition in the medical record. Team members will document any child passenger safety resources provided to the parent in the medical record.
 - E. Team members will provide education to parents of children who are seen at the hospital as a result of a motor vehicle crash about the need to properly dispose of the car seat involved in the crash

(disassemble and mark "Damaged" with permanent marker on plastic shell and/or fabric cover) and the need to replace with an appropriate car seat for the protection of their child.

- F. Parent/guardians are responsible for the safe transportation of their child. Parent/guardians are responsible for providing an appropriate car seat, seat belt system, or specialized restraint system prior to discharge from the hospital. Parent/guardians who indicate plans to transport their child without an appropriate car seat will receive education about the need for an appropriate car seat for safety and compliance with the Indiana child passenger safety law. Team members will document conversations with parent/guardian regarding the transporting of children without appropriate car seats.
- G. If parents/guardian unable to provide an appropriate car seat or specialized restraint system, trained team members may provide the family with a proper car seat if available. If not available, team members will provide information on resources for purchasing a car seat (at hospital or in the community) or the option to bring a borrowed car seat appropriate for the child for safe transportation home until they are able to obtain one.
- H. Parents/guardians are responsible for installing car seats or specialized restraint systems in their vehicle upon discharge from the hospital. Only child passenger safety technicians that have a current certification through Safe Kids Worldwide, the certifying body, are allowed to teach proper installation of car seats at the vehicle.
- I. Team members will have access to a list of permanent fitting stations throughout Indiana where they can refer families interested in local resources to have their child's car seat checked for proper selection and installation. This information will be available upon request.

PROCEDURES

- A. When educating the family of an infant/child younger than 8 years old or one who does not yet fit properly in a vehicle lap/shoulder belt due to size or special medical needs, trained team members will:
 - 1. Provide current child passenger safety information that includes:
 - a. Best practice recommendations for the types and proper use of car safety seats or specialized restraint system.
 - b. Proper use of car seat based on manufacturer instructions.
 - 2. Trained team members will explain the minimum standards of the Indiana Law vs. best practice and advise the families of children at least 8 years old how to check their child for proper fit in a lap/shoulder belt in the vehicle.
- B. Team members will complete the child passenger safety assessment as part of the admission assessment.
- C. Patients determined to need new car seat or specialized restraint system prior to discharge will be assessed for hospital car seat distribution eligibility to include:
 - 1. Replacement seat needed based on:
 - a. Available seat is expired (often 6 years from date of manufacturer unless otherwise stated)

- b. Car seat has been in a motor vehicle crash
 - c. History of car seat is unknown (ex. Purchased at garage sale and crash history unknown)
 - d. Car seat missing parts, labels missing or obvious damage or improper working parts of seat
 - e. Child exceeds the manufacturer's stated height or weight limits for the car seat
 - f. Child does not meet the manufacturer's minimum stated height or weight limits for the car seat.
 - g. Specialized restraint system needed based on current medical needs
2. Family unable to provide appropriate car seat prior to discharge based on limited resources or special medical need.
 3. An appropriate car seat for child's need is available for distribution.
 4. Trained staff member is available to identify appropriate car seat and provide needed education.
 5. Family has not received same type of car seat (for same child) previously from the hospital (unless car seat has been in motor vehicle crash).
 6. Family does not have appropriate car seat at hospital or at home (within reasonable driving distance) or have family member/friend able to bring to hospital for discharge needs.
- D. Trained team members will give verbal instructions, guidance and hands-on demonstrations as appropriate on proper placement of child in car seat or specialized restraint system and correct installation in the vehicle based on their level of IU Health standardized training. Trained team members will document education provided and any parent decisions related to conflicts with current state law, car seat manufacturer guidelines and patient's medical condition via electronic medical record. Team members will not exceed their expertise based on their level of training.
- E. Team members will encourage parent/guardian to read car seat instructions and vehicle manual for additional information regarding proper use of car seat or specialized restraint system in their vehicle.
- F. Parent/guardian will be responsible to place the child in the car seat and install the car seat in their vehicle upon discharge. Only a Certified Child Passenger Safety Technician is allowed to provide hands-on assistance/education with the installation of a car seat in the vehicle.
- G. Trained team members will document teaching provided on safe transportation of child in the electronic medical record.

CROSS REFERENCES

Car Seat Evaluation of High Risk Infants Policy

REFERENCES/CITATIONS

American Academy of Pediatrics, <http://www.healthychildren.org/english/safetyprevention/on-the-go/Pages/default.aspx>. accessed December 19, 2012

Committee on Injury, Violence, and Poison Prevention. Policy Statement: Child Passenger Safety. *Pediatrics*. 2011;127:788-793

Committee on Injury, Violence, and Poison Prevention. Technical Report: Child Passenger Safety. *Pediatrics*. 2011;127:e1050-e1066

Indiana Code 9-19-11 Child Restraint Law, <http://www.state.in.us/legislative/ic/code/title9/ar19/ch11.html>. accessed June 12, 2012

National Highway Traffic Safety Administration. Child Safety, <http://www.nhtsa.gov/Safety/CPS>. accessed June 12, 2012

Safe Kids USA, <http://www.safekids.org/assets/docs/for-educators/CPS-Kids-Can-With-Live-It.pdf>. accessed December 19, 2012

FORMS/APPENDICES

Appendix A: IU Health Child Passenger Safety Levels of Training and Capabilities

RESPONSIBILITY

Policy Developed by: Child Passenger Safety Program Coordinator

APPROVAL

Policy Oversight Committee

DATES

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- Effective Date: 2/29/2016
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Attachments:

[A: Child Passenger Safety Levels of Training and Capabilities](#)

Approval Signatures

Step Description	Approver	Date
Sign	Elizabeth Linden: VP CNO AHC-Pediatrics	4/4/2019
Vet	Judy Hamilton: Project Coordinator	3/29/2019
	Kristin Cummins: ACNO-Ped & Mat Qual & Safety	3/5/2019

Step Description	Approver	Date
Sign	Elizabeth Linden: VP CNO AHC-Pediatrics	4/4/2019
Vet	Judy Hamilton: Project Coordinator	3/29/2019
	Kristin Cummins: ACNO-Ped & Mat Qual & Safety	3/5/2019

[Older Version Approval Signatures](#)

Applicability

Indiana University Health AHC