Safe Transportation of Children with Special Health Care Needs:

Do you know what you need to know?





Introduction

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Objectives

- Participants will learn the structured approach to addressing transportation practices for children with special health care needs.
- Participants will become familiar with common restraint resources utilized for children with special health care needs.
- Participants will learn how to identify local resources for children who have special transportation needs.





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Definition

"Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who require health care and services of a type or amount beyond that required by children generally."

> Merle McPherson, MD *Pediatrics*, July 1998





National Survey of Children's Health – Information on Children with Special Health Care Needs (CSHCN)

- In 2017-2018 approximately 13.6 million (18.5%) children in the US, 0-17 years had a special health care need
- One in four households (24.8%) in the US had one or more CSHCN
- One in four CSHCN (26.6%) had functional limitations
- One in five CSHCN (19.9%) were consistently and/or significantly impacted by their health condition

National Survey of Children's Health, 2017-2018 www.childhealthdata.org





Issues Affecting Transportation of Children with Special Health Care Needs (CSHCN)

- Lack of awareness
- Lack of resources
- Limited research and data

PEDIATRICS	
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS	
Transporting Children With Special Health Care Needs: Comparing Recommendations and Practice Joseph (Orivii, Janell Yonkum, Jaidh Taliy and Marilyn J. Bull Pediatrics 2009;124:596; originally published online July 13, 2009; DOI: 10.1542/peds.2008-1124	
The online version of this article, along with updated information and services, is located on the World Wide Web at: http://pediatrics.aappablications.org/content/124/2/596.full.html	
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American Academy of Pediatrics	

Article on transporting children with special health care needs





Issues Affecting Transportation of Children with Special Health Care Needs (CSHCN)

- Funding
- FMVSS 213
- State law exemptions for CSHCN
- School Bus Transportation



Source: Google Images





The Role of the Child Passenger Safety Technician

- Access appropriate resources
- Provide families with current information
- Develop community-based partnerships
- Solve problems



- Assist families with proper use and installation
- Know your limits





Working with Families

- Person-first terminology
- Recognize family is the constant
- Share complete and unbiased information
- Be aware of the impact of change



Occupational therapist trialing large medical seat with patient and family





Working with Families

- Be open-minded and non-judgmental
- Be prepared to repeat information
- Consider all people who are significant to child's care
- Respect choices





Team Approach

- Child
- Parents
- Caregivers
- Family members
- CPSTs
- Nurses
- Physicians
- Therapists
- And many more!



Nurse, mother, occupational therapist, physician, and child





Medical Conditions





Conditions with Challenges for the CPST

- Airway Obstruction
- Orthopedic Procedures and Conditions
- Developmental and Behavioral Challenges
- Neuromuscular Problems
- Gastrointestinal Conditions





Restraint Options for Children with Special Health Care Needs





Restraints Overview

- Considerations for Restraint Selection
- Basic Guidelines
- Conventional Restraints
- Adaptive / Specialized Restraints





Considerations for Restraint Selection

- Child's size, age, developmental and behavioral characteristics
- Medical condition or procedures
- Optimal safety and positioning





Considerations for Restraint Selection

- Recommended position during travel:
 - Does the child need to travel flat? Prone? Supine?
 - Does the child need to travel on his/her side?
 - Does the child have breathing difficulty when sitting?
 - Can the child bend at the hips?
 - Can the child sit unsupported?





Considerations for Restraint Selection

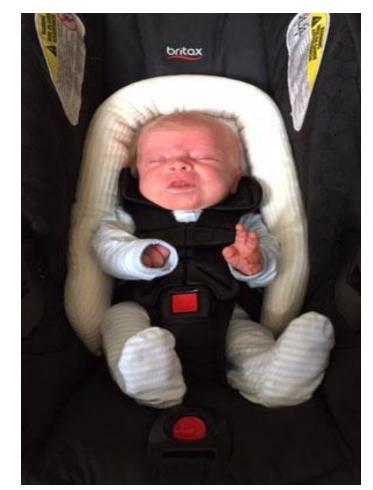
- Availability and/or affordability of restraints
- Vehicle(s)
- Other occupants
- Family choices





Basic Guidelines

- Avoid use of non-approved products
- Never modify structure unless crash tested with modification to meet FMVSS-213
 - Seemingly minor modifications can compromise performance of the restraint



Infant using nonapproved support pad





Basic Guidelines

- Minimize travel
- Make frequent stops
- Travel with medical care plan
- For long trips, have list of health care providers and durable medical equipment providers, if applicable
- Position child in back seat with adult supervision



Adult in back seat observing child





Basic Guidelines

- Securing medical equipment:
 - Place on floor of vehicle wedged with pillows, foam, or blankets
 - Secure with adjacent, unoccupied seat belts
 - Check vehicle owner's manual about placing items under vehicle seat
- Have enough power for equipment and oxygen supply for double the length of the trip



Apnea monitor being wedged under vehicle seat with towel roll









- Use conventional restraints whenever possible
 - Easier to find
 - Easier to use
 - Less expensive
- Rear-facing as long as possible
- Use restraint with higher-weight harness as long as possible





Features helpful for children with special health care needs:

- Multiple harness slots and buckle strap positions
- Accessories from manufacturer (newborn inserts, extra padding, etc.)
- Rear-facing weight ranges from 3-4 pounds up to 40-50 pounds





- Forward-facing with multiple tilt settings
- Forward-facing harnesses up to 65/85 pounds
- Boosters with weight limits up to 120 pounds and/or adjustability features
- Always read and follow instructions for restraint and manual for vehicle





AAP Car Seats: Product Listing for 2021

- American Academy of Pediatrics Car Seat Listing
- Search engine: AAP car seat product list 2021
- Toggles between English and Spanish
- Rear-Facing Only, Convertible, All-in-One, Combination, Booster
 - Price Ranges
 - Rear-Facing Weight Limits and Height Limits
 - Forward-Facing Weight Limits, Height Limits, and Age Limits
 - Booster Weight Limits, Height Limits, and Age Limits
 - Recline Options in Forward-Facing
 - Travel Vests
- www.healthychildren.org/English/safety-prevention/on-the-go/pages/Car-Safety-Seats-Product-Listing.aspx





NOTE: The restraints presented in these slides may not be all inclusive and do not imply product endorsement.





Rear-Facing Only

- More supportive
- Installed with recline
- Extra padding and inserts from manufacturer



Infant born preterm positioned in car seat designed with positioning inserts



Infant born prematurely positioned in car seat with blanket rolls





Rear-Facing Only

Many different models:

- Chicco KeyFit
- Cosco Light 'n Comfy
- Graco SnugRide
- Maxi Cosi Mico
- Safety 1st Onboard 35



Safety 1st Onboard 35 Source: Safety 1st





Rear-Facing Only

- The Evenflo LiteMax and Evenflo SafeMax infant car seats have updated weight and height requirements, noted below, to allow their use with small occupants:
 - Weight: 3 35 pounds
 - Height: 15.75 32 inches
- Approval of your child's healthcare provider
- This update is a retroactive change to existing Evenflo LiteMax and SafeMax infant car seats.
- Date of manufacture 1/1/2018 or newer infant insert is OPTIONAL for child fit
- Date of manufacture 12/31/2017 or older infant insert is REQUIRED for infants who weigh between 3 – 4 lbs and OPTIONAL for infants who weigh over 4 lbs.



Source: Evenflo





Forward-Facing Harness to Higher Weight

- Children who have outgrown convertible or combination seats and cannot sit unassisted or who may have behavior challenges
- Can potentially use towel rolls and/or soft cervical neck collar for positioning
- These can be used as interim solution too



Five year-old with cerebral palsy and scoliosis





Forward-Facing Harness to Higher Weight

Many different models:

- Britax Boulevard
- Cybex Sirona
- Diono Radian
- Evenflo Titan 65
- Safety 1st Grow and Go



Britax Boulevard

Source: Britax





Forward-Facing Harness to Higher Weight

Maxi-Cosi Pria 85 Max

- 22-85 pounds
- 29–52 inches



Source: Maxi Cosi

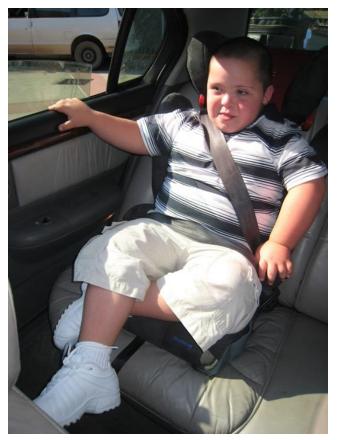




Booster Seats



Ten year old with achondroplasia in booster and head support seat with adjustable sides



Six year old, who weighed about 100 pounds, in booster seat





Vests and Harnesses



Five year old with autism in Ride Safer Vest



86Y-Harness with halo



86Y-Harness from EZ-ON Source: EZ-ON





Adaptive / Specialized Restraints





Adaptive / Specialized Restraints

- Designed for CSHCN who:
 - Have outgrown conventional car seat and still require a five-point harness
 - Require devices or accessories to assist with positioning during transportation
 - Demonstrate severe behavioral challenges
- Usually ordered through local durable medical equipment (DME) provider
- Third party payers may cover cost with documentation





Adaptive / Specialized Restraints

NOTE: The restraints presented in these slides may not be all inclusive and do not imply product endorsement.





Types of Adaptive / Specialized Restraints

- Car Beds
- Restraints for Casts
- Jefferson Rear-Facing Car Seat
- Large Medical Seats
- Adaptive Booster Seats
- Adaptive Vests











Car Beds

- For infants who must lie down
- Preterm/premature birth, low birthweight, apnea, Pierre Robin Sequence, osteogenesis imperfecta





Angel Ride

Dream Ride



Hope Car Bed





Angel Ride Car Bed

- Less than 9 pounds
- Less than 21.5 inches
- Supine
- Right side or prone (only with MD order)







Recall Information: Angel Ride

- Merritt Manufacturing has recalled certain Angel Guard Angel Ride car beds. The restraint harness may not have been properly sewn where the buckle is attached
- Production Dates: August 8, 2019 October 24, 2019
- In the event of a crash, the harness may not restrain the bed occupant, increasing their risk of injury
- Merritt will notify owners, and will provide replacement harnesses, free of charge. The recall began January 15, 2020. Owners may contact Merritt customer service at 317-409-0146 to order free replacement harness





Dream Ride

- 5-20 pounds
- 26 inches or less
- Supine
- Prone (only with MD order)







Hope Car Bed

- 4.5-35 pounds
- Restraint bags 4.5-10 pounds; 10-35 pounds
 - Supine
 - Prone or right side-lying (only with MD order)
- 3-point harness 10-35 pounds
 - Supine
 - Prone (only with MD order)



Source: Merritt Car Seat





Car Seat Tolerance Screening

- Observe infants born

 37 weeks gestation in car seats for apnea, bradycardia, oxygen desaturation
- Observe a minimum of 90-120 minutes or duration of travel (whichever is longest)
- Shorter studies may miss significant events
- American Academy of Pediatrics (AAP) Clinical Report, May 2009, reaffirmed 2019





Car Seat Tolerance Screening

- Significant documented events warrant interventions, such as: additional medical assessment, supplemental oxygen, continued hospitalization, or use of car bed
- If car bed selected, baby should be retested in car bed prior to discharge
- Follow-up testing needed before transition to car seat



AAP Clinical Report, May 2009, reaffirmed 2019





Transporting Low Birth Weight and Preterm Infants Training

- Currently LBW curriculum is under revision
- Designed for hospital staff who are responsible for evaluating preterm infants in car seats <u>or</u> CPSTs interested in learning more about issues related to the transport of preterm infants.
 - Selection
 - Positioning
 - Installation Considerations
- Approximately 4-hour training with lecture and hands-on exercises
- Information on training available through the National Center for the Safe Transportation of Children with Special Health Care Needs





Restraints for Casts





Casts

- Immobilize a part of the body to stabilize limbs and trunk after trauma or surgery
- Lower Extremities Fractures, developmental dysplasia of the hip (DDH), muscle or tendon lengthening procedures
- Upper Extremities Fractures, dislocations, tendon or ligament lengthening procedures, and nerve issues (i.e., brachial plexus injuries) are all common reasons
- Body casts, hip spica casts, long leg casts, shoulder spica casts, and other orthopedic devices can present challenges







Casts

- If a child can sit up a conventional car seat could potentially work
- If a child cannot sit up during transportation, a specialized restraint may be necessary:
 - Never transport on a reclined vehicle seat
 - Some children may require professional transport





Hope Car Bed

- Up to 29" long (longer if legs are permitted to bend)
- Contact Merritt Manufacturing regarding potential cutting out of EPS foam and/or car bed shell to accommodate hip spica casts



Source: Merritt Car Seat





Wallenberg

- Convertible seat designed for hip and arm casts
- Rear-facing 5-40 pounds
- Forward-facing 25-80 pounds and 60 inches or less
- Optional hammock
- Lighter, narrower version under development due out 2021



Source: Merritt Car Seat





Quokka

- Convertible seat for children who have difficulty sitting in conventional seat
- Rear-facing: 5-39.6 pounds and less than 41 inches
- Forward-facing: 22.2-39.6 pounds and less than 41 inches
- Spica cast wedge positioning system



Source: ETAC/Convaid/R82





Spirit Spica

- 25-130 pounds
- Less than 66 inches
- Optional wedge cushions and seat depth extender



Source: inspiredbydrive.com





Wallaroo

- 22.2-106 pounds
- Up to 56 inches
- Hip Spica Kit
 - Cushion, Positioning wedge, 10-inch buckle strap





Source: ETAC/Convaid/R82





Hippo

- Convertible seat for children with hip/lower body casts
- Utilizes optional wedge system to accommodate multiple cast configurations
 - Discontinued in 2015 and no longer available
 May still be around with expiration in 2021

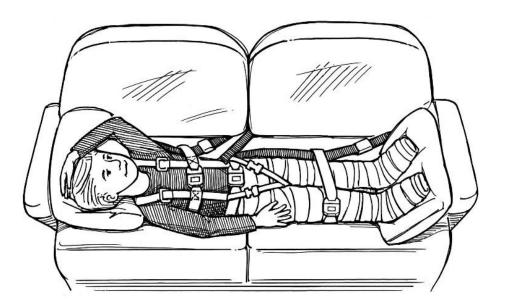






Lay Down EZ-ON Vest

- One year and older
- 22-106 pounds
- Body casts, hip spica casts, braces
- Supine or side-lying on bench seats







Jefferson Rear-Facing Only Car Seat





Jefferson Rear-Facing Only Car Seat

- Designed for children with an omphalocele
- Rear-Facing Only
- 7.5-40 pounds
- 19-37 inches



Source: Merritt Car Seat





Large Medical Seats





Large Medical Seats

- Children who have outgrown conventional restraints
- Children who may need increased and/or specialized positioning support
- Forward-facing restraints
- Five-point harness similar to conventional restraint
- Mandatory tethering systems





Large Medical Seats - Accessories

- Provide child with a more customized fit
- Variety and types differ with manufacturer
- Not interchangeable from one restraint to another
- Check with manufacturer for ordering instructions online ordering forms





Large Medical Seats - Accessories

- Seat extenders
- Abductors
- Head support systems
- Lateral Supports













Roosevelt

- 35-115 pounds
- 33.5-62 inches
- Scoliosis harness kit
- Extra long harness kit
- Anti-escape options



Seven years old, 48 pounds, with diagnoses of Autism & CP





Roosevelt



- Chest Clip Guard
 - Requires key to lock/unlock
- EZ Guard Buckle Cover
- A-lok Cover (not pictured)





Wallaroo

- 22.2-106 pounds
- Up to 56 inches
- 30-degree tilt wedge
- Support tray
- Spica kit







Inspired by Drive Products



IPS Car Seat



Spirit Car Seat



Spirit Spica



Spirit Plus

Source: inspiredbydrive.com





IPS Car Seat

- 20-102 pounds
- Up to 60 inches tall
- Consider ability of caregiver to transfer since child must be lifted up and over sides
- Speedway Gray Only Color Now



Abductor wedge





Spirit / Spirit Plus

- 25-130 pounds
- Less than 66 inches
- Adjustable swing-away lateral and hip supports
- Retainer clip guard and buckle guards





Swing away trunk and hip support





Adaptive Booster Seats





Adaptive Booster Seats

- Require lap-and-shoulder belt over child as occupant restraint
- Harnesses or vests used for positioning, not an occupant restraint
- Standard or optional features and accessories to aid positioning
- Some require use of lower anchors and tether
- Some recommend use of lower anchors and/or tether





Carrot 3 Child Restraint

- 30-108 pounds
 37-60 inches
- "LATCH Equipped"
- Lower anchors attached to restraint and tether strap must be added to order form
- Recline and tilt options
- Requires use of lap-and-shoulder belt
- Footrest, tray



Etac/Convaid/R82





Recaro Monza Nova 2 Reha

- 33.1-110.2 pounds, 37-59 inches
- Requires use of lap-and-shoulder belt
- 5-point positioning harness
- Swivel base, table/tray, footrest
- Integrated speakers in headrest for phone/tablet



Source: Thomashilfen





Pilot

- 40-120 pounds
- 38-63 inches
- Width adjusting seat back
- Requires use of lap-and-shoulder belt
- Positioning vest
 - Discontinued in Fall 2020



Etac/Convaid/R82





Churchill

- 65-175 pounds
- 48-72 inches
- Requires use of lap-and-shoulder belt
- Lower anchors and tether required for installation
- Anti-escape 5-point harness option (same as Roosevelt)



Merritt Manufacturing





Carrot 3 Booster Seat

- 79-165 pounds
- 55-69 inches
- "LATCH Equipped"
- Lower anchors attached to restraint and tether strap must be added to order
- Utilizes 4-point positioning "H-harness"
- Requires use of lap-and-shoulder belt



Source: Etac/Convaid/R82





Adaptive Vests





EZ-ON Vest

- 31-168 pounds
- 2 years or older
- May be helpful with children with behavioral challenges
- Alternative for children who have outgrown large medical seats or for vehicles with limited space
- Manufacturer recommends replacement after six years
- Standard push button in front or zipper in back



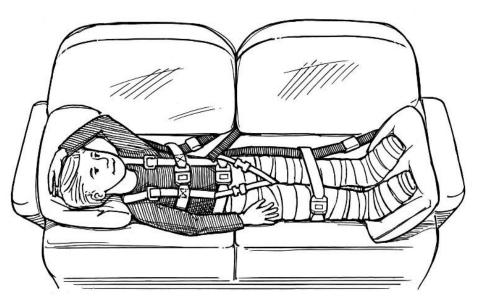
EZ-On Products





Lay Down EZ-ON Vest

- One year and older
- 22-106 pounds
- Body casts, hip spica casts, braces
- Supine or side-lying on bench seats



EZ-On Products





Chamberlain

- Positioning vest only
- 81-225 pounds
- Top of child's ears must not be above top of vehicle seat back
- Requires use of lap-and-shoulder belt
- Leg straps for pelvic positioning
- Lower anchors and tether required for installation



Merritt Manufacturing





Moore Support Vest

- Positioning vest only
- Lap belt or lap-and-shoulder belt required
- Tether required
- 65 pounds and up
- Sizing according to waist size 30-44 inches



Source: Besi





Wheelchairs





Background

- In general, wheelchairs (WC) not designed for transportation purposes in vehicles
- If possible, transfer occupant to appropriate restraint







Background

In some cases, children are transported in wheelchairs

- Transfer difficulties
- No restraint fits
- Independent mobility





Source: Google





Occupant Protection in Wheelchairs

- Secure the wheelchair independent of the rider
- Secure/protect the rider
 - Face rider forward
 - WC tilted 30 degrees or less
 - Upper and lower torso (lap) restraint belts required
 - Lap belt angles between 45-75 degrees to vertical

Source: University of Michigan Transportation Research Institute (UMTRI)





Voluntary Standards

- There is no government regulation to address the safety needs of using a wheelchair as a transportation device. In response to lack of legislation/standards the Society of Automotive Engineers and Rehabilitation and Engineering Assistive Technology Society of North America (RESNA)
- WC18-Compliant
 - Wheelchair Tie-Down and Occupant Restraint Systems (WTORS)
- WC19-Compliant
 - Wheelchairs (frames and seating) used as seats in motor vehicles
- WC 20-Compliant
 - Seating systems





WC19-Compliant

- Have clearly marked securement points on the frame for tie down attachment
- Must be able to hook using one hand in 10 seconds or less







Rehabilitation Therapist





Rehabilitation Therapist

- Includes occupational therapists and physical therapists
- Assess a child's physical capabilities and determine ways to improve a child's interaction with their environment
- Often work with children who have complex positioning needs
- Individualized positioning guidelines if questions arise regarding how to position a child in a car seat
- Most rehab therapists are not CPSTs but important to involve them when working with children with complex positioning needs





Rehabilitation Therapist

- Patient and family interview
- Positioning assessment and intervention
- Recommendations
- Order equipment DME provider third party payer
- Deliver equipment





What resources are available to a CPST?





Next Steps

- Identify child passenger safety services in your facility and in the community
- If you work in a hospital or rehab environment -Review your discharge policies and protocols
- Identify additional individuals in your facility to attend the NHTSA CPST training course
- Identify CPSTs who have taken or are interested in taking the Safe Travel for All Children training course

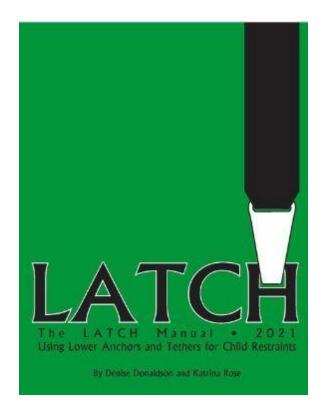






Resources

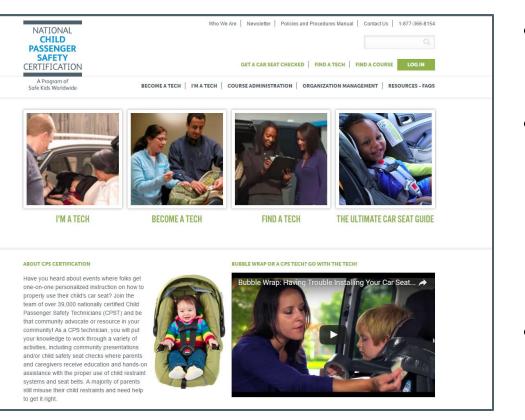
- LATCH Manual
 - Safe Ride News
 - www.saferidenews.com
- Adaptive / Specialized Restraint information by manufacturer







Become a Tech/Find a Tech/Find a Course



- <u>cert.safekids.org</u>
- Information about becoming a certified child passenger safety technician and finding technicians in your area
- Check 'Special Needs' in Extra Training to find CPSTs that have taken the Safe Travel for All Children training





Special Needs Transport In-Service for Hospital Personnel





PROGRAM RESOURCES: Automotive Safety Program www.preventinjury.org American Academy of Pediatrics www.healthychildren.org National Child Passenger Safety Board www.cpsboard.org Safe Kids Worldwide www.safekids.org Safe Kids Ultimate Car Seat Guide www.safekids.org/ultimate-car-seat-guide

www.safekids.org/safe-travel-inservice

SAFE KIDS



- Designed to increase awareness among medical professionals regarding transportation of CSHCN
- Can be taught by any CPST
- Approximately 1 hour
- <u>www.safekids.org/safe-travel-</u> inservice





Hospital Discharge Recommendations

CHECKLIST FOR HOSPITAL DISCHARGE RECOMMENDATIONS FOR SAFE TRANSPORTATION OF CHILDREN Children's Hospital Association was part of the Expert Working Group convened by National Highway Traffic Safety Administration that developed the recommendations. Other members of the working group and a link to the recommendations are listed at the end of this checklist 1. Develop a child passenger safety discharge policy based 5b. Your policy should specify staff responsibilities, including on these recommendations and best practices. the individual(s) who will: Develop policy 2. Participation of the following areas should be considered: Develop/review/obtain undate materials for family education Train other staff members. When available, it is preferable that a certified Child Passenger Safety Technician Instructor Risk management Trauma services, emergency department, and train staff about CPS injury prevention center or program Women's hospital/obstetrics Assure the quality of policy implementation and program 6a. Preterm and Low Birth Weight Infants Pediatrics A hospital policy regarding Car Seat Tolerance Screeningt (CS15), also sometimes referred to as Car Seat Iolerance Testing, consistent with the American Academy of Pediatrics clinical report "Safe Transportation of Proterm and Low Birth NICU Marketing Community outreach Development Administration Weight Infants at Hospital Discharge," should state: Human resources/education Which staff conduct the test Rehab - OT/PT What training they should receive Case managemen Equipment used for testing Others as appropriate Importance of using the infant's own car seat, placed at the angle recommended by the manufacture Longth of time for which the car seat tolerance screening is conducted Threshold values for considering a car seat tolerance four policy should explicitly state the following The units and patients covered by the CPS policy Which units house the CPS policies and program Which individuals are responsible for oversight Which recognized cost conter(s) will include CPS activitie eening to have been "failed How parents will be educated about the car seat All staff and other resources should be appropriately and tolerance screening Need for follow up testing for infants discharged in accurately included in the budget A regular cycle for review of policies and procedures car bods appropriate site for retesting 4. To manage risk, hospitals should provide for the following when the retesting should occur when implementing their policies: Appropriate documentation Consistent application of all policies 6b. Children with Special Healthcare Needs Appropriately trained staff for children with medical conditions that involve special positioning requirements or Appropriate staffing and training, a CPS Technician ommended onsiderations for travel Appropriate referrals to outside resources The inclusion of patient education (e.g., written m When possible, defer safe transportation guestions for children vimer possate, over sare rankportition quotientos not causa viente with special healthcare needs to a CPS Technician with special Needs training, or, at a minimum, provide referral to resources to families with children with special healthcare needs Ancillary pieces of medical equipment in transit (e.g., walkers, the time of admission with regards to the discharge policy 5a. Hospitals should specify the responsibilities of the health crutches, oxygen tanks, monitors), should be secured on the vehicle floor, underneath a vehicle seat or wheelchair, or to care facility and providers. CPS Technicians/hospital staff should provide education regarding best safety practices the bus seat, bus floor or bus wall below the window line inal decisions are made by the parent or legal caregiver. Ensure proper documentation is used D Provide education to families and referral to Provide car seat use and installation education and/or referra C * Provide quidance for management of non-compliant.

Discharge checklist from Children's Hospital Association

CHILDREN'S HOSPITAL

- Comprehensive hospital discharge policy and protocol necessary to ensure safe travel
- Recommendations from Expert Working Group including NHTSA, AAP and NSC
 - www.cpsboard.org/wpcontent/uploads/2020/04/Checklist-for-Hospital-Discharge-Recommendationsfor-Safe-Transportation-of-Children.pdf





Wheelchairs

- Ride Safe brochure
 - Available online
 - Spanish and French versions available
- Information for families
 - www.travelsafer.org



Information to help you travel more safely in motor vehicles while seated in your wheelchair. Charge style: standard large text simpl

Vehicle Safety for People Who Use Wheelchairs

HomeWhen traveling in a motor vehicle, it is
generally safest for wheelchair users to
transfer to a vehicle seat and use the
vehicle seatbelt system or a child safety
seat that complies with federal safety
standards. The wheelchair should then be
stored and secured in the vehicle.

Other Factors Glossary

Resources



Have vou been in a

please dick here.

crash while seated in a wheelchair? If so.

-

If transferring is not feasible, it is very important to

very important to secure the wheelchair to the vehicle facing forward and to use crash-tested seatbelts for the wheelchairseated rider.

This website presents information on selecting wheelchairs and tiedown equipment, securing wheelchairs in vans and buses, and properly restraining the rider. Follow the links at the left or click here to see step-by-step procedures.

The information in this website is also available as a brochure (PDF) in Adobe Acrobat format (PDF) or as a hard-copy brochure.

Brochures are available from: University of Michigan Transportation Research Institute Email: umtridocs@umich.edu Phone: 734-764-2171 Fax: 734-936-1081

Development of the brochure and website was supported by:

WTS Logo Rehabilitation Engineering Research Center on Wheelchair Transportation Safety

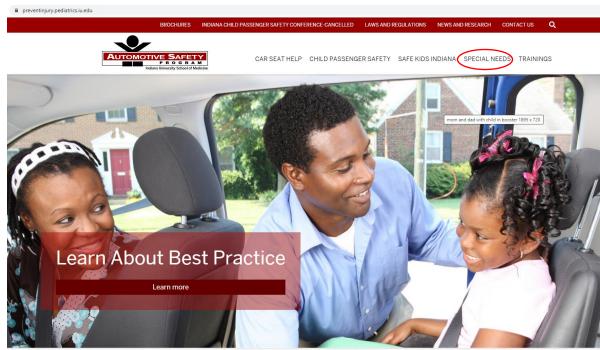
University of Michigan Transportation Research Institute University of Michigan Health System





National Center for the Safe Transportation of Children with Special Health Care Needs at IU School of Medicine

- preventinjury.pediatrics.iu.edu
- Info on adaptive transportation:
 - Medical conditions
 - Restraint options
 - Trainings
 - Research
 - Brochures
- Occupational therapist on staff
- 1-800-755-0912



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Safe Travel for All Children: Transporting Children with Special Health Care Needs

> C

- Enrichment course on adaptive / specialized transportation developed by the National Center
- Two-day course
- Course offered throughout US
- MUST be a CPST to take course
- preventinjury.pediatrics.iu.edu

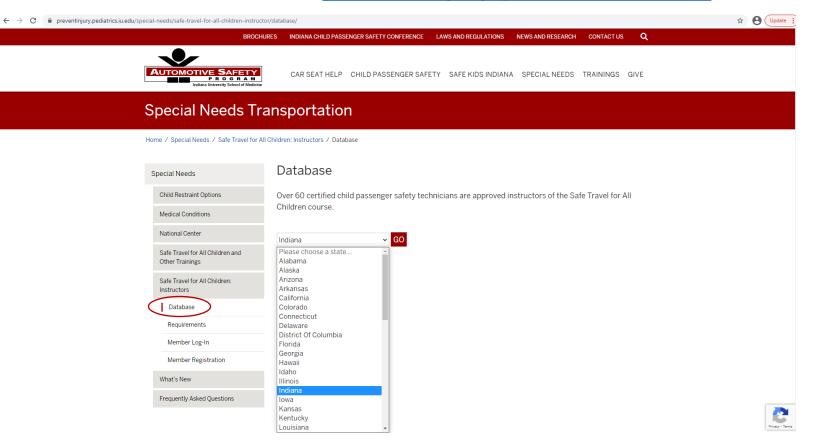
preventinjury.pediatrics.ue.du/special-needs/		
	BROCHURES IND	IANA CHILD PASSENGER SAFETY CONFERENCE-CANCELLED LAWS AND REGULATIONS NEWS AND RESEARCH CONTACT US Q
		CAR SEAT HELP CHILD PASSENGER SAFETY SAFE KIDS INDIANA SPECIAL NEEDS TRAININGS
Special Needs Transportation		
	Home / Special Needs	
	Special Needs	Special Needs Transportation
	Child Restraint Options Medical Conditions	All children deserve to be protected as occupants in motor vehicles in restraint systems appropriate for their size and development. However, some children who have certain medical conditions or procedures require special consideration when selecting restraints.
	National Center Safe Travel for All Children and Other Trainings	Regardless of whether or not a child's medical condition presents short-term or long-term challenges, a child should travel in a restraint system that provides optimum protection. Oftentimes, a conventional child safety seat will meet the safety and positioning needs of a child with special health care needs. Other times, an adaptive or specialized restraint will be necessary.
	Safe Travel for All Children: Instructors What's New	This section contains basic information about transporting children who have certain medical conditions or procedures. It is by no means all-inclusive. The information contained in this section was adapted from the curriculum, "Safe Travel for All Children: Transporting Children with Special Health Care Needs," developed by the Automotive Safety Program with funding from the National Safety Council. If
	Frequently Asked Questions	you would like additional information or are interested in training opportunities, please contact the National Center for the Safe Transportation of Children with Special Healthcare Needs at 1-800-755- 0912.





Safe Travel for All Children Instructors

National database of instructors at preventinjury.pediatrics.iu.edu







National Center Brochure

- Order or download copies free of charge from <u>preventinjury.pediatrics.iu.edu</u>
- Opens into poster of adaptive /
 specialized restraints
- Great resource for CPSTs, parents, caregivers, families, therapists, etc.



National Center for the Safe Transportation of Children with Special Health Care Needs





National Center for the Safe Transportation of Children with Special Health Care Needs



Angel Ride Weight: Less than 9 pounds

Height: Less than 21.5 inches For infants who must travel lving down in a car bed. (Contact: Merritt Car Seat, 317-409-0148, merrittcarseat com)



Modified EZ-ON Vest

Ages: 1 year and older Weight: 22-106 pounds Height: Child must fit lengthwise on vehicle bench seat. For children who must travel lying down.

(Contact: EZ-ON Products, 800-323-6598, ezonpro.com)



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Dream Ride SE Weight: 5-20 pounds

Hope Car Bed

Weight: 4.5-35 pounds

merrittcarseat.com)

Wallenberg

to bend)

Height: 26 inches or less For infants who must travel lying down in a car bed. (Contact: Dorel Juvenile Group, 800-544-1108, na.doreljuvenile.com)

Height: Up to 29 inches (longer if legs permitted

(Contact: Merritt Car Seat, 317-409-0148.

25-80 pounds forward-facing

Height: Up to 60 inches forward-facing

(Contact: Merritt Car Seat. 317-409-0148.

Weight: 5-40 pounds rear-facing

For children in hip casts.

merrittcarseat.com)

For infants who must travel lying down in a car bed.



EZ-ON Vest

Ages: 2 years and older Weight: 31-168 pounds For children who have behavioral challenges.

Tether mount or Floor mount required. (Contact: EZ-ON Products, 800-323-6598, ezonpro.com)

IPS Car Seat

Weight: 20-102 pounds Height: Up to 60 inches

For children who need more support because of difficulty sitting upright or behavioral challenges. Tether required. FAA approved.

(Contact: Inspired by Drive, 800-454-6612, inspiredbydrive.com)

difficulty sitting upright or behavioral challenges. Tether required.

inspiredbydrive.com)



Weight: 35-115 pounds Height: 33.5-62 inches For children who need more support because of

The Roosevelt

difficulty sitting upright or behavioral challenges. Tether/EZ tether required. FAA approved. (Contact: Merritt Car Seat, 317-409-0148, merrittcarseat.com)



Wallaroo Weight: 22-106 pounds Height: Up to 56 inches

For children who need more support because of difficulty sitting upright or behavioral challenges. Tether required.

(Contact: Etac/Convaid/R82, 888-266-8243, convaid.com)

Convaid Carrot 3 Car Seat Weight: 30-108 pounds Height: 37-60 inches

For children who need more support because of difficulty sitting upright or behavioral challenges. Internal harness for positioning and uses lap/ shoulder belt for occupant protection. Lower anchors required. Tether highly recommended.

(Contact: Etac/Convaid/R82, 888-266-8243, convaid.com)



Convaid Carrot 3 Booster Seat Weight: 79-165 pounds Height: 55-69 inches

For older children who need more support because of difficulty sitting upright or behavioral challenges. Internal harness for positioning and uses lap/ shoulder belt for occupant protection. Lower anchors required. Tether highly recommended.

(Contact: Etac/Convaid/R82, 888-266-8243, convaid.com)

Recaro Monza Nova 2 Reha Weight: 33.1-110.2 pounds Height: 37-59 inches

For older children who need more support because of difficulty sitting upright or behavioral challenges. Internal harness for positioning and uses lap/shoulder belt for occupant protection.







For older children who need more support because of difficulty sitting upright or behavioral challenges. Internal harness for positioning and uses lap/ shoulder belt for occupant protection.

(Contact: Etac/Convaid/R82, 800-336-7684, r82.com)

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Weight: 65-175 pounds Height: 48-72 inches

For older children who need more support because of difficulty sitting upright or behavioral challenges. Uses lap/shoulder belt for occupant protection. LATCH required.

(Contact: Merritt Car Seat, 317-409-0148, merrittcarseat.com)





Height: 48 inches until top of ears exceed top of vehicle seat back or headrest For older children who need more support because of difficulty sitting upright or behavioral

protection. LATCH required. (Contact: Merritt Car Seat. 317-409-0148. merrittcarseat.com)









For children who need more support because of

(Contact: Inspired by Drive, 800-454-6612,











This poster does not imply product endorsement and may not be all inclusive 800-755-0912 preventinjury.pediatrics.iu.edu





























Questions?

Contact Information

- Marilyn Bull, MD, FAAP
- Joseph O'Neil, MD, MPH, FAAP
- Anthony McGovern, MS OTR, CPST
 - <u>ajmcgove@iu.edu</u> / 1-800-755-0912 or 317-274-6716





