

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 on these recommendations and best practices.

2. Participation of the following areas should be considered:

- Nursing and medical staff
- Risk management
- Trauma services, emergency department, and injury prevention center or program
- Women's hospital/obstetrics
- Pediatrics
- NICU
- Marketing
- Community outreach
- Development
- Administration
- Human resources/education
- Rehab - OT/PT
- Case management/social work
- Others as appropriate

3. Your policy should explicitly state the following:

- The units and patients covered by the CPS policy
- Which units house the CPS policies and programs
- Which individuals are responsible for oversight
- Which recognized cost center(s) will include CPS activities. All staff and other resources should be appropriately and accurately included in the budget
- A regular cycle for review of policies and procedures

4. To manage risk, hospitals should provide for the following when implementing their policies:

- Appropriate documentation
- Consistent application of all policies
- Appropriate staffing and training, a CPS Technician is recommended
- Appropriate referrals to outside resources
- The inclusion of patient education (e.g., written materials) at the time of admission with regards to the discharge policy

5a. Hospitals should specify the responsibilities of the health care facility and providers. CPS Technicians/hospital staff should provide education regarding best safety practices. Final decisions are made by the parent or legal caregiver.

- Ensure proper documentation is used
- Provide education to families and referral to community resources
- Provide car seat use and installation education and/or referral (if necessary) to families
- Provide guidance for management of non-compliant patients

5b. Your policy should specify staff responsibilities, including the individual(s) who will:

- Develop policy
- Develop/review/obtain update materials for family education
- Train other staff members. When available, it is preferable that a certified Child Passenger Safety Technician Instructor train staff about CPS
- Assure the quality of policy implementation and programs

6a. Preterm and Low Birth Weight Infants

- A hospital policy regarding Car Seat Tolerance Screening¹ (CSTS), also sometimes referred to as Car Seat Tolerance Testing, consistent with the American Academy of Pediatrics clinical report "Safe Transportation of Preterm and Low Birth Weight Infants at Hospital Discharge," should state:
 - Which staff conduct the test
 - What training they should receive
 - Equipment used for testing
 - Importance of using the infant's own car seat, placed at the angle recommended by the manufacturer
 - Length of time for which the car seat tolerance screening is conducted
 - Threshold values for considering a car seat tolerance screening to have been "failed"
 - How parents will be educated about the car seat tolerance screening
 - Need for follow-up testing for infants discharged in car beds
 - appropriate site for retesting
 - when the retesting should occur

6b. Children with Special Healthcare Needs

- Appropriately trained staff for children with medical conditions that involve special positioning requirements or considerations for travel
- When possible, defer safe transportation questions for children 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, crutches, oxygen tanks, monitors), should be secured on the vehicle floor; underneath a vehicle seat or wheelchair; or to the bus seat, bus floor or bus wall below the window line

7. Your policy should specify the training and qualifications necessary for staff involved in CPS activities. In general, training and qualifications should be commensurate with the level of involvement in family education; staff should only perform the tasks for which they are trained. Specific considerations include:

A. Conducting the car seat tolerance screening:

- Define training and qualifications for conducting the screening
- A CPS Technician with newborn or NICU experience should position the infant in the car seat. Alternatives include allowing staff or a parent who has received education from the Technician to position the infant. If the hospital policy dictates that a parent should position the child in the seat, also include this information during admission
- Specify who can educate families about how to properly place their infant in a car seat
 - Staff should receive angle tolerance testing training
 - It is recommended that a CPST assist with the testing

B. Other CPS activities

Staff members who are not CPS Technicians should:

- Refer families to community resources (e.g., local Technicians and inspection stations),
- Provide verbal information about correct car seat use as described in the American, Academy of Pediatrics policy statement “Child Passenger Safety” and
- Distribute written educational materials to families
- Any additional tasks (e.g., providing hands-on education to families, providing information not included in the AAP policy statement) should only be performed by a CPS Technician
- Generally, CPS Instructors teach CPS Technicians and CPS Technicians conduct education and hands-on training with parents and families. CPS Instructors have more training and a higher level of knowledge regarding CPS issues and practices in the field

8. All hospitals should adopt policies regarding provision of family education on CPS. Your policy should include:

- A definition of the components of family education (e.g., education on transportation of infants, toddlers, and preschoolers; education on use of booster seats and seat belts for older children)
- Written educational materials that:
 - Have been reviewed by a certified CPS Technician
 - Are current and from the following nationally-recognized organizations with CPS expertise:
 1. National Highway Traffic Safety Administration (NHTSA)
 2. American Academy of Pediatrics (AAP)
 3. Safe Kids Worldwide
 4. Children’s Hospital of Philadelphia (CHOP)
 5. For children with special healthcare needs, please see materials from the Automotive Safety Program, Riley Hospital for Children at IU Health at www.preventinjury.org
- A specified annual or biannual review cycle for educational materials
 - Should include a current list of CPS Technicians employed by the hospital and available in the community
- A procedure for collecting, maintaining, and disseminating current information on community resources including CPS Technicians and car seat inspections stations.
 - A responsible party should be indicated, and could be the organization’s senior CPS Technician or CPS Instructor
- Staff who are not certified as CPS Technicians should refer families to community resources

9. & 10. If a hospital provides (gives, sells, or loans) car seats to families, we recommend the adoption of a policy stating the following:

- How to access the car seat
- Eligibility criteria
- How car seats will be checked for recall or expiration
- How the hospital will ensure that the seat provided is appropriate for the child’s age and size, per manufacturer’s instructions
- How the condition of the car seat will be ensured and monitored (for loaner programs)
- How car seats will be cleaned and processed for the next use (for loaner programs)
- That the instruction manual should always be provided with the car seat
- Procedures for documentation and inventory control (for loaner programs)
- Release of liability
- That the parent must read and familiarize themselves with the car seat manual
- Whether families should be notified if the seat has been previously used, and if so, how such information will be provided (for loaner programs)

11. Hospital CPS discharge policy should reflect:

- State CPS laws (if your hospital services multiple states, describe how different state laws will be followed) State CPS laws are often less rigorous than best practice recommendations for car seat use. This information should be shared with families during their education.
- AAP best practices
<http://pediatrics.aappublications.org/content/127/4/788.full.pdf+html>
- NHTSA best practices
<http://www.nhtsa.gov/ChildSafety/Guidance>

12. An incremental approach to policy development and implementation increases the likelihood of success.

- Such an approach can be modeled on other hospital quality improvement or performance excellence efforts; specific metrics can be defined, monitored, and used to inform policy and program refinement and expansion. The collection of hospital-based data (e.g., number of emergency department visits for motor vehicle crash-related injuries) is encouraged.

Source: Hospital Discharge Recommendations for Safe Transportation of Children: Best Practice Recommendations developed by an Expert Working Group convened by National Highway Traffic Safety Administration, March 25, 2014

- American Academy of Pediatrics
- Children’s Hospital Association
- National Child Passenger Safety Board
- National Highway Traffic Safety Administration
- National Safety Council

http://cpsboard.org/cps/wp-content/uploads/2014/04/FINAL_dischargeprotocol_2014_logos.pdf

These recommendations have been adapted into a checklist by Children’s Hospital Association to use in the development or review of a discharge policy for safe transportation of children. The recommendations have been lightly copy edited for clarity in a checklist format. They have not been re-interpreted; however, they have been shortened in some cases. Supporting text can be found in the original document.