Recommendations for Maryland Hospitals for Child Passenger Safety Policies

Hospital policy/policies on child passenger safety ("CPS") to include:

Essential	Recommended	Exemplary
Requirements for a child's discharge and transport home in an appropriate car seat, especially for newborns.	The caregiver brings in their car seat prior to discharge or the having the Car Seat Tolerance Screen, and staff assesses if it is an appropriate car seat for the child.	Hospital staff instruct the caregiver on the basic harnessing of the child in his/her car seat and the caregiver is the last person to position a child in his/her car seat prior to discharge.
The unit/s and patients covered by the child passenger safety ("CPS") policy, and which unit/s oversee these policies and programs.	The recognized cost center/s that will include CPS activities. (All staff and other resources should be appropriately and accurately included in the budget).	
Who is responsible for oversight of the CPS services.	The hospital's CPS coordinator is trained by MIEMSS' CPS Program or Maryland Kids in Safety Seats and knows of all CPS resources in the hospital community. Extra duties are recognized on the staff/nurse's clinical ladder.	The CPS Coordinator is a currently certified Child Passenger Safety Technician ("CPST") through Safe Kids Worldwide. Other relevant hospital units refer to this person on CPS issues. Extra duties and certifications are recognized on the nurse's clinical ladder.
A statement that no hospital staff do any car seat installations unless they are currently certified as a Child Passenger Safety Technician ("CPST") through Safe Kids Worldwide.	Maintain a current list of locations and contact information for closest CPST resource to the hospital. (*Note: most car seat checks are by appointment only.*)	The hospital has 1+ staff certified as a CPST to help train other staff and be an in-house CPS resource. As job description and time permits, the hospital CPST/s can assist caregivers with installing their car seats.
Referral of caregivers to Maryland Kids in Safety Seats (MD KISS: www.mdkiss.org; 410-767-6016) or a local CPS program with CPSTs if they need assistance in installing or obtaining a car seat or referral to other resources (e.g., www.NHTSA.gov/car seat).	Assist families in planning an in-person or virtual car seat check prior to delivery or discharge. Collaborate with local or county CPS agencies, where they exist.	The hospital has its own Car Seat Assistance Program (partnership with KISS) to help caregivers in need get a car seat.

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A system of documentation for any car seat procedures or assessments.	Documentation includes a waiver form for any caregivers who do not comply with the hospital's policy or best practice recommendations	Car seat fittings, assessments and waivers are integrated into the patient's electronic medical records.
Caregiver education on CPS is current and relevant, and includes the Maryland CPS laws and referral to Maryland Kids in Safety Seats for personal assistance.	Educational materials include handouts and referral to online resources (i.e., videos, websites).	Low literacy and other-language materials are available to caregivers. Up-to-date patient handouts are available through online patient educational systems.
A regular cycle for review of policies and procedures.	Policies and procedures are dated and signed.	Policies and procedures are reviewed at least every three years.
For hospitals with a level II-IV Nursery/NICU/Special Care Nursery, the policy should include:		
A requirement to conduct the Car Seat Tolerance Screen (CSTS) consistent with the American Academy of Pediatrics' current recommendations.		
Criteria for who is tested.	Use of the inclusion criteria from the "Best Practice guidelines for Maryland Hospitals on the Car Seat Tolerance Screen" (latest version: MIEMSS 2022).	An in-hospital or local Car Seat Assistance Program with car seats for babies starting at 3 or 4 lbs. birth weight, for families in need.
Identification of who is trained to conduct the CSTS and what training they should receive.	Clinical staff with newborn or NICU experience should conduct the CSTS after receiving training on the test (e.g., listening to MIEMSS' CSTS webinar/s or attending an in-person training).	A clinical staff member who is also a CPST and has completed the CSTS training conducts the training of other staff on the CSTS.
Equipment and process for screening; importance of using the infant's own car seat and used according to the manufacturer's guidelines for harnessing and recline of the seat during the test.	Equipment and process for the CSTS follow the "Best Practice Guidelines for Maryland Hospitals on the Car Seat Tolerance Screen" (latest version: MIEMSS 2022).	A clinical staff member who is also a Child Passenger Safety Technician with CSTS training conducts the CSTS, or consults when the baby fails the test.

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Educational materials and messages to give to the caregiver about the CSTS and travel with vulnerable infants.	Materials include MIEMSS' "Information for Parents: The Car Seat Tolerance Screen" and "Premature and Small Babies: Car Seat Tips."	Low literacy and other-language materials are available to caregivers. Up-to-date patient handouts are accessed through online patient educational systems. Materials are reviewed and updated regularly.
Testing parameters (e.g., how long to conduct test) and pass/fail parameters.	Use of the pass/fail criteria from the "Best Practice guidelines for Maryland Hospitals on the Car Seat Tolerance Screen".	Use of the pass/fail criteria from the "Best Practice guidelines for Maryland Hospitals on the Car Seat Tolerance Screen".
A follow-up plan for babies who fail the CSTS to re-test babies in their car seats for one or more times, delay discharge, send babies home on monitor/oxygen, and/or have a sub-specialty consult.	After 2-3 fails over several days, have sub-specialty consults. If baby has no medical issues and per physician order, consider discharge on oxygen or do CSTS on baby in car bed. Discharge in car bed if a pass with a plan for when and where the baby will be re-tested in their own car seat. (e.g., referral to Mt Washington Pediatric Hospital, Fax: 410-578-5245.)	Consultation with a CPST who has training in the CSTS. Consultation with MIEMSS' CPS Coordinator or MD KISS regarding car bed use for the rare child discharged in one. A return to patient's hospital for baby post-discharge to have the CSTS repeated in his/her own car seat. Use of the billing code for payment for this service.
In addition, hospitals that discharge children with medical conditions that involve special positioning requirements or considerations for travel should include in their policy:		
Identification of which staff work with children having disabilities that require adaptions for transport.	Referral to Maryland Kids in Safety Seats or MIEMSS' CPS Program for assistance with adaptive pediatric transportation (equipment, consultation, installation assistance).	Staff that are a multi-disciplinary team that could include: doctors, nurses, occupational therapists, physical therapists, transport staff, etc. Extra duties and certifications in CPS are recognized on the staff's clinical ladder.
Training of staff on adaptive transport.	At least one staff member should be a current CPST who has taken the 2-day course on Safe Transport of All Children training.	CPSTs with special needs training should consult on each patient requiring adaptive transport.