




New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Super cedes/Updates: 87-10, 98-13

No. 08-04

Date: July 16, 2008

**Re: Passenger
Restraint Devices in
Emergency Response
Vehicles**

Page 1 of 3

For the previous five (5) years, the New York State Department of Motor Vehicles reported an annual average of 489 ambulance vehicle crashes. A growing number of these crashes have cost the lives or seriously injured EMS providers, patients and the general public. The NYS Vehicle & Traffic Law requires drivers and all front seat passengers in motor vehicles to be restrained in safety seats or by safety belts. While an exemption in the law specifically excludes those vehicles defined as an “authorized emergency vehicle (V&T section 101)” which includes ambulances, it is vitally important that seatbelts are used at all times by every occupant of an emergency vehicle.

National Highway Traffic Safety Administration (NHTSA) data shows that when lap/shoulder seat belts are used properly, they reduce the risk of fatal injury to front-seat passenger car occupants by 45 percent and the risk of moderate-to-critical injury by 50 percent. For light-truck front-seat occupants, seat belts reduce the risk of fatal injury by 60 percent and the risk of moderate-to-critical injury by 65 percent. (Light trucks, weighing less than 10,000 lbs., also include truck-based station wagons.)¹

The New York State Department of Motor Vehicles 2006 data reported a total of 506 ambulance crashes. The data indicated that 1,427 individuals were involved, of that 876 (61.4%) were wearing a lap and harness seatbelt. The injury severity is reported as follows:

- 16 serious injuries
- 19 moderate injuries
- 257 minor injuries
- 584 reported no injuries

PURPOSE

It is the purpose of this policy to strongly remind EMS agencies and individual providers to evaluate their overall operations and develop practices or internal controls that lead to a safe working environment and a ***culture of safety*** in all aspects of the agency. This policy also assists EMS agencies in reviewing or developing policies and practices that insure safe driving habits, the appropriate use of seat belts by all crew members,

¹ Excerpted from the NHTSA – Crash Outcome Data Evaluation System (CODES).

passengers and patients as well as a review of practices in the patient care compartment to improve safety.

RECOMMENDATIONS

New York State Emergency Medical Services Council (SEMSCO) and the Bureau of EMS strongly recommend that all EMS agencies develop and periodically review, service specific policies for their personnel that include the provision of appropriate emergency driver training programs, proper driving skills and behaviors. The policies should also include, but are not limited to the following:

- All drivers and front seat passengers of ambulances must use seat belts at all times when the vehicle is in motion.
- All operators & passengers of non-ambulance response vehicle (EASV, ALSFR, etc.) must use seat belts at all times when the vehicle is in motion.
- All patients not located on a patient carrying device - stretcher, as well as any passengers riding in the patient compartment must use seat belts at all times when the vehicle is in motion.
- All EMS personnel in the patient compartment must use seat belts when they are not attending to a patient and the vehicle is in motion. In as much as possible, EMS personnel should perform patient care activities while restrained by a seatbelt. Only if it becomes necessary to care for the patient, should the seat belt be removed. Examples of necessary care are CPR, artificial ventilation, medication administration, or reassessment of unstable patients.
- All patients on the stretcher must be secured at all times when the vehicle is in motion or the stretcher is being carried or moved. Manufacturer recommendations often include the use of shoulder harnesses and those restraints should be used at all times.
- Any child transported to the hospital should be in the child's own protective restraining device – child safety seat - when available. He/she should be placed in the device and the device should be belted to an ambulance seat. If the child actually is the patient, he/she should be secured onto the stretcher and if appropriate, kept in the child safety seat.
- If the ambulance service does have an ambulance equipped with child safety seats, it is recommended that the agency purchase an approved child safety seat for each ambulance.
- Agencies should consider the acquisition of patient monitoring devices (such as automated blood pressure cuffs) and positioning of equipment in the patient care area that would allow for personnel to remain restrained while providing patient care.

CONCLUSION

Whether paid or volunteer, commercial, municipal, independent or fire based, the EMS community can not afford to lose EMS providers because of death, injury or disability when the circumstances can be prevented through education and policy improvements. It is the responsibility of every EMS agency and prehospital care provider to establish and/or continue the culture of safety in the emergency medical services.

RESOURCE INFORMATION

Below is a small selection of web sites that may provide additional resource information:

National Highway Traffic Safety Administration

<http://www.nhtsa.gov>

Emergency Vehicle Operators Course (EVO) Information

<http://www.nhtsa.dot.gov/people/injury/ems/web%20site%20intro.htm>

United State Fire Administration

<http://www.usfa.dhs.gov/downloads/pdf/publications/fa-110.pdf>

National Safety Council – Coaching Emergency Vehicle Operators (CEVO)

<http://www2.nsc.org/onlinetraining/driving/cevo.cfm>

Volunteer Fireman's Insurance Service, Inc. (VFIS)

http://www.vfis.com/education_training.htm

International Association of Fire Chiefs

<http://www.iafc.org/displaycommon.cfm?an=1&subarticlenbr=413>

New York State Department of Motor Vehicles – 2006 Crash Summary Data

http://www.nydmv.state.ny.us/Statistics/2006_NYS_Accident_Summary_Final.pdf