## CHILD PASSENGER SAFETY

## CHILDREN WITH SPECIAL HEALTHCARE NEEDS

A SUMMARY FOR HEALTHCARE CENTRES & PROFESSIONALS

## **DEFINING SPECIAL HEALTHCARE NEEDS**

## **Neurological**



## **Physical**



## **Developmental**



CSHCN are defined as those who have or are at risk for a physical, developmental, behavioural or emotional condition and who also require health and related services beyond what is required by children generally.



Some health care conditions for CSHCN are temporary and will require short term solutions. For example a hip spica cast.

Some healthcare conditions for CSHCN are permanent and will require ongoing and lifelong support. For example behavioural concerns.



In North America, 15% of children considered to have special health care needs.

A study found that for all children

- 92% of infants.
- 74% of toddlers.
  - 96% of school-aged children were not using proper restraints at the time of a crash.

The total direct and indirect cost for transport related injuries in all children (0-14) is \$381 million.

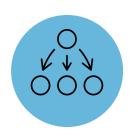
## CHALLENGES

- Lack of awareness about resources and recommendations.
- Liability concerns for hospitals and healthcare centres.
- Unsafe alternative solutions due to lack of access.
- Lack of comprehensive discharge/education policies
- Risk management not being involved from beginning.
- Insufficient training for key stakeholders.



CSHCN have greater need for correct and safe positioning during transportation.

Healthcare providers have the responsibility to ensure families have support to access safe and appropriate seating.







## STAKEHOLDERS

#### **Parents**



Parents & caregivers.
Accessing appropriate
resources. Being
educated.

#### Government



Health/Transport Canada,
Province/Territory law &
community services,
regulations, legislation
and policy.

#### **Medical Staff**



Occupational &
Physical therapists.
Identifying position and
support needs of
CSHCN.

## **Technicians**



Providing education to parents and working with other stakeholders.

## LEGISLATION

- Canadian Motor Vehicle Standard System 213.3 & 213.5
  - Allows for importation of restraint systems into Canada as custom.
- Transport Canada develops and enforces standards for car seat testing.
- Health Canada estbalishes how child restraint systems can be sold.
- Medical exemptions support children with special healthcare needs.



All provinces and territories require that car seats and booster seats be used in accordance to the manufacturer's instructions and specifications.

## **RECOMMENDATIONS**

# Capacity Building & Partnerships

- Create comprehensive impatient & outpatient services.
- Collaborate with legal departments to address liability concerns.
- Increase community involvement to improve sustainability of programming.

# Communication & Public Relations

- Communicate effectively with parents to ensure best practice.
- Increase awareness surrounding appropriate resources.
- Utilize case studies to evaluate medical, physical or behavioural conditions for CSHCN.

# Advocacy and Healthy Public Policy

- Advocate for increased funding to support proper training and education.
- Incorporate risk management strategies when developing protocol for safe transportation.
- Create policies to increase access.

# Research & Evaluation

- Identify the existing gaps in transportation based resources.
- Conduct an environmental scan on current child passenger safety sytems.
- Increase research surrounding the effects of a crash for CSHCN.

## TYPES OF SPECIALIZED RESTRAINTS

**Adaptive Booster Seats** 

**Large Medical Seats** 

Car Beds

**Seats for Hip Casts** 

Vests

FOR MORE INFORMATION VISIT:



### REFERENCES

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