

National Survey of Child Passenger Safety in US Emergency Departments

We are conducting a survey to learn more about child passenger safety within the field of emergency medicine. For each question, please mark the response that best describes your experience or opinions. All responses will be kept confidential and will only be used in the aggregate.

1) Do you personally care for children (under age 15) who present to the ED with traumatic injuries?

- a. Yes → CONTINUE survey b. No → STOP and return survey

PRACTICE CHARACTERISTICS

2) In your best estimation, which of the following describes the proportion of ALL patients you treat who are children under 15 years of age?

- a. 1-24% b. 25-49% c. 50-74% d. >75%

3) Which of the following best describes the setting in which you work the majority of your shifts?

- a. General ED caring for both children and adults in the same treatment area
b. Pediatric treatment area within a general or community ED
c. Pediatric ED that treats only children

4) Please indicate if your hospital is currently verified as an adult and/or pediatric trauma center by the American College of Surgeons. *Choose one from each column.*

Adult Trauma Center (Choose ONE)

- a. Level I Adult
b. Level II or III Adult
c. Level IV Trauma Center
d. Not an adult trauma center
e. I don't know

Pediatric Trauma Center (Choose ONE)

- a. Level I Pediatric
b. Level II Pediatric
c. Not a pediatric trauma center
d. I don't know

5) Does your ED have a Broselow Tape to estimate a child's weight for medication dosing?

- a. Yes
b. No
c. I don't know

PRACTICES RELATED TO CHILD PASSENGER SAFETY FOLLOWING AN MVC

For the following two clinical scenarios, please indicate how often you would perform each option.

- 6) A **6-year-old** is brought to the ED by their parent after a minor MVC. The child was restrained in the front seat with a lap-shoulder belt and has no apparent injuries.

| How often would you: | Always | Often | Sometimes | Rarely/ Never |
|--|--------|-------|-----------|------------------|
| a. Inform the parent that the child is too young to sit in the front seat. | 1 | 2 | 3 | 4 |
| b. Recommend this child use a booster seat. | 1 | 2 | 3 | 4 |
| c. Discuss the risk of injury to children in MVCs who are restrained in seat belts that do not fit properly. | 1 | 2 | 3 | 4 |
| d. Help the family determine if the child is big enough to recommend using a lap-shoulder belt alone. | 1 | 2 | 3 | 4 |

- 7) A **3-year-old** was restrained in a forward-facing car seat during a roll-over MVC. The child is brought to the ED via EMS still in their car seat. The child is alert with no sign of injury.

| How often would you: | Always | Often | Sometimes | Rarely/ Never |
|---|--------|-------|-----------|------------------|
| a. Assess the car seat for visible signs of damage. | 1 | 2 | 3 | 4 |
| b. Recommend that this family replace the car seat, even if there are no signs of damage. | 1 | 2 | 3 | 4 |
| c. Recommend the family purchase a belt-positioning booster seat for this child. | 1 | 2 | 3 | 4 |
| d. Provide the family with a replacement seat before ED discharge. | 1 | 2 | 3 | 4 |

- 8) Please indicate the likelihood with which the parent of a **2-year-old** child who was being discharged home from your ED following an MVC would receive the following:

| | Very Likely | Somewhat Likely | Unlikely | Unsure |
|--|-------------|-----------------|----------|--------|
| a. Written information about car seats as a part of their discharge instructions. | 1 | 2 | 3 | 4 |
| b. Contact information for a Certified Child Passenger Safety Technician to complete a car seat inspection. | 1 | 2 | 3 | 4 |
| c. Instructions to contact their local police or fire department for assistance with proper car seat installation. | 1 | 2 | 3 | 4 |
| d. A recommendation to talk with their child's PCP for questions about car seats. | 1 | 2 | 3 | 4 |

9) Recognizing that parents reliably know their child’s age and assuming age is a reasonable proxy for child size, at what age would you recommend a child:

a. START using a belt-positioning booster seat? _____ years old

b. START using a seat belt alone? _____ years old

10) Please indicate the extent to which you agree or disagree with each of the following statements related to the role of the emergency physician and ED in child passenger safety.

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|----------------|-------|----------|-------------------|
| a. It is my role as an emergency physician to educate parents about child passenger safety and child safety seats. | 1 | 2 | 3 | 4 |
| b. I feel comfortable answering questions from parents about child safety seats including both car seats and booster seats. | 1 | 2 | 3 | 4 |
| c. I can say things during an ED visit that make a difference in how a parent restrains their child in their car. | 1 | 2 | 3 | 4 |
| d. Parents view me as an expert in passenger safety. | 1 | 2 | 3 | 4 |
| e. While in the ED, parents should be made aware of state laws about child passenger restraints. | 1 | 2 | 3 | 4 |
| f. Parents should receive information about child passenger safety at ED discharge regardless of the reason for visit. | 1 | 2 | 3 | 4 |
| g. Parents are too overwhelmed to learn about passenger safety prior to discharge from the ED after a minor MVC. | 1 | 2 | 3 | 4 |

11) Please indicate the availability of the following child passenger safety resources. *Select all that apply.*

| | Available in my ED/hospital | Available in my area | Not available | Unsure of availability |
|---|-----------------------------|----------------------|---------------|------------------------|
| a. Free or reduced-price car seat distribution program. | 1 | 2 | 3 | 4 |
| b. Free or reduced-price booster seat distribution program. | 1 | 2 | 3 | 4 |
| c. Certified Child Passenger Safety Technician. | 1 | 2 | 3 | 4 |
| d. Police or fire department car seat installation program. | 1 | 2 | 3 | 4 |

12) In your opinion, who would be the most appropriate person to deliver child passenger safety information to parents at the end of their child's visit to your ED? *Select only ONE.*

- a. Physician
- b. NP/PA
- c. Resident
- d. Medical student
- e. Nurse
- f. Social Worker
- g. ED Technician
- h. Other: _____

TRAINING AND DEMOGRAPHIC INFORMATION

13) Please indicate the type of Residency training you received. *Select all that apply.*

- a. Emergency Medicine
- b. Pediatrics
- c. Family Medicine
- d. Internal Medicine
- e. Other: _____

14) What year did you graduate from Residency? _____

15) Have you completed formal pediatric emergency medicine Fellowship training?

- a. Yes
- b. No

16) Please indicate your gender.

- a. Male
- b. Female

17) If you are a parent, please indicate the age of your child(ren). *Select all that apply.*

- | | |
|--|---|
| a. <input type="checkbox"/> <1 year old | d. <input type="checkbox"/> 9 to 12 years old |
| b. <input type="checkbox"/> 1 to 3 years old | e. <input type="checkbox"/> 13 to 15 years old |
| c. <input type="checkbox"/> 4 to 8 years old | f. <input type="checkbox"/> 16 years old or older |

*Thank you for taking time to participate in this study.
Please return the survey in the envelope provided.*