



Policy for Restraint in Motor Vehicles 2024

Purpose

The purpose of this policy is to ensure that all staff at Jacana School for Autism and staff contracted by the Department of Education Training for Jacana School for Autism are aware of the process to restrain students in vehicles according to the Australian Standards - *AS/NZS 4370:2013 'Restraint of children with disabilities or medical conditions, in motor vehicles'*. This policy entails procedures and circumstances involving a student's restraint in a motor vehicle. This policy also informs parties of their obligation to follow Australian Standards and guidelines when restraining a child within a motor vehicle.

Introduction

The Australian Standard *AS/NZS 4370* was developed in 1996 to enable prescribers to assess the need for special-purpose restraints for children travelling in motor vehicles. This policy was reviewed, updated and reissued in May 2013 as *AS/NZS 4370:2013*. Changes in this edition include an updated comprehensive assessment guide, including considerations for children with complex and challenging behaviours. Also included is a new appendix providing a sample prescribing proforma and VicRoads safety rules for seatbelts. See Table 1 Assessment guide and Background Information Appendix F and Appendix G in this policy.

This policy supports the prescriber in assessing the needs, identifying the available options and recommending the most suitable option for restraining a child with one or more disabilities or a medical condition. The guidelines provide restraining options in order of preference, which range from the least restrictive to the most restrictive, and clearly outline the options to minimise the risk of injury to the student. The guideline provides health professionals, carers and additional staff with current legislation concerning the restraint of children in motor vehicles.

At Jacana School for Autism, the primary need for a special purpose restraint in a motor vehicle is for the students who habitually release themselves and others from the seatbelt. Our students may have a poor understanding of the need to remain seated in a moving vehicle and how this can affect their safety and the safety of other passengers. Jacana School for Autism supports students travelling to/ from school on DET-contracted and school-owned buses. The school cannot provide support for the use of restraints in private vehicles.

What is the Australian Standard?

A child restraint that complies with Australian Standard *AS/NZS 1754* is identifiable by the Standards Australia "5 Tick" certification mark. These are commercially available car seats or harnesses. The child does not require a medical certificate to purchase and use commercially available options. All other special-purpose child car seats or restraints (mechanical restraints) prescribed must be accompanied by a medical certificate.

Bus Incident Report Process

The following steps are to be completed after each incident report:

1. MEES emails Principal Individual Bus Incident Reports.
2. Principal forwards the report to the individual SSL, relevant classroom staff and OHS Committee.
3. SSL seeks recommendations / Tier 1 strategies from classroom staff, parents or carers. Multiple Tier 1 strategies should be trialled to accurately ascertain the need for restrictive practices. Refer to the checklist for Tier 1 strategies (Appendix A).
4. SSL completes the hard copy MEES Bus Incident Report and includes the recommendations to be implemented. The SSL communicates the strategies to family, other classroom staff and bus staff.
5. SSL logs the Bus Incident Report on XUNO – This is located under Incident Type / School Bus Incident – a digital copy can be saved on XUNO.
6. SSL email completed MEES bus incident report to relevant classroom staff and Cc members of PCT.
7. Principal will oversee the completion of strategies in the checklist and forward the completed report to MEES **OR** generate an OT referral if indicated.

*** All Tier 1 strategies should be exhausted prior to an OT referral for Special Purpose Restraint**

Tier 1 Procedure

1. Once an incident report has been received, SSL/ relevant classroom staff will gather further information from relevant bus staff regarding incidents.
2. Assess and implement appropriate Tier 1 strategies as follows:

Option A: Increase supervision.

Option B: Trial Tier 1 supports. Examples include –

Visual aids:

- Individual schedules (e.g. transition schedules)
- Timers to indicate the length of the journey
- First/ Then strategy
- Social story
- Video self-model
- Visuals (e.g. seatbelt on, wait)

Sensory supports/ motivators:

- Tactile/ Fidget toys
- Technology e.g. iPad/ iPhone
- Preferred toys
- Books/ colouring book
- Headphones

Positive reinforcers:

- Verbal reinforcement
- Tangible reinforcement with the use of reward systems (e.g. providing a reward of choice at the end of the bus journey, such as chocolates)

Option C: Minimise the length of the journey.

- The completed MEES incident report will include documentation of Tier 1 strategies implemented.

OT Referral and Procedure

- The Principal may refer students to the OT for an assessment and potential prescription of a special purpose restraint for a motor vehicle.
- The OT will then conduct an assessment using the **Special Purpose Restraint Assessment Form**. Refer to Appendix B.
- Based on the OT assessment, the OT will determine a special purpose restraint is required.
 - For students aged 4-8 years, a car restraint (with tether strap) may be used; however, a bolt (anchor point) must be installed on the bus prior to use.
 - Special Purpose Restraint can include: Buckle guard or harness system (Refer to Appendix E)
- If the OT determines that a special purpose restraint is required, they will select the necessary equipment and advise the parents/ carers of recommendation and cost.

The following letters must be signed (please refer to Appendix C, D and E for examples of letters required).

- A letter signed by the student's parents acknowledging that they have been advised their child cannot be transported on the school bus in a manner that complies with Australian Standards and that they will require a special purpose restraint when travelling.
- A consent form for the usage of a special purpose restraint on the school bus.
- A letter signed by the student's medical practitioner that acknowledges that the student is unable to be transported in a manner that complies with the Australian Standards.

Note: When the OT is prescribing equipment, refer to the following Australian Standards:

- AS/NZS 1754- Child Restraint Systems for use in Motor Vehicles
- AS/NZS 4370:2013- Restraint of Children with Disabilities or Medical Conditions in Motor Vehicles
- Where a student has been identified to have difficulties when travelling in a motor vehicle, the OT must refer to the options specified in AS/NZS 4370: 2013 3.3 Children with Complex and Challenging Behaviour (Appendix G). Options listed are from the most preferred to least preferred. All options require a medical certificate from a General Practitioner or Paediatrician.

- Funding for the motor vehicle restraint is the family's responsibility.
 - DET bus transport to and from school is a privilege for eligible students. It is not a right.
 - Parents who would like their children to access the DET-contracted buses are responsible for funding any restraint devices required for their child to access the bus services safely. It is not the responsibility of MEES Bus or Jacana School for Autism.

NOTE: Any modification to the manufacturer's instructions for the restraint or its use constitutes non-compliance with AS/NZS - 1754.

The OT should demonstrate the restraint's installation and use to parents, carers, teachers, education support staff and bus staff working with the child. This should also include the following information:

- a) The child restraint or recommended method of transporting the child should not be changed without further advice from the prescriber.
- b) The child restraint and the installation of the restraint should be maintained in good order.

c) The bus staff should check the restraint is fastened and correctly adjusted before each trip.

- Provide guidelines for the use of prescribed special purpose restraints (Appendix I) to the relevant bus staff. A copy of the Guidelines, manufacturer's instructions, medical certificate and parent letters should always be carried on the bus.
- A record of all actions and recommendations should be kept in the student's Therapy Service Record. Copies of the restraint letters and other written correspondence must be placed in the student's therapy file and emailed to all involved parties. Update the Special Purpose Restraint Database in Y drive.
 - All students at JSA using special purpose restraints on MEES Bus will be reviewed by the Occupational Therapist in Week 5 of Term 1 and Term 3 or as required.*
- After a review, the Mechanical Transition Plan must be completed if the special purpose restraint is no longer needed, MEES buses are required to return the equipment to the school's Occupational Therapist.

Equipment Purchase References:

- FAS - Therapeutic Equipment
6 Bate Drive, P.O Box 840 Braeside VIC 3195
Tel: 03 9587 6766
Fax: 03 9587 6899
- Independent Living Centre
705 Geelong Rd, Brooklyn
P.O Box 1101, Altona Gate VIC 3035
Tel: 03 9362 6111
Fax: 03 9314 9825
- Royal Children's Equipment Distribution Centre
Tel: 03 9345 5402
Fax: 03 9345 5561
- Active Rehab
78 Beischer St, Bendigo Vic 3550
Tel: 03 5441 8966
Fax: 03 5442 8375

References

- Royal Children's Hospital Safety Centre. (2007) Car Passenger Safety, Parkville, Victoria; The Royal Children's Hospital.
- Standards Australia. 4370:2013 Restraint of children with disabilities, or medical conditions, in motor vehicles.
- Rogers, S. (2007) Protocol for Prescription of Motor Vehicle Restraints for Students of Western Autistic School. Niddrie, Victoria; Western Autistic School.
- Vicroads – Child Restraints for Children with a Disability, June 2011



- Vicroads website <https://www.vicroads.vic.gov.au/safety-and-road-rules/vehicle-safety/child-restraints>

Please note:

VicRoads – Child Restraints for Children with a Disability (June 2011): VicRoads has provided guidelines on child restraints, including considerations for children with disabilities. However, as VicRoads updates these guidelines periodically, it is advisable to check for any newer guidelines on their [official website](#).

Evaluation: This policy will be reviewed during the school's review cycle.

Ratified at School Council	31 October 2024
Review Date	Term 4 2026

Appendix A

Tier 1 Checklist – Bus Support

Student name:

Bus:

Date:

Tier 1 Strategy	Yes/No	Duration trialled	Comments
Increased Supervision	Yes/No		
Single large visual (e.g. seatbelt on, wait)	Yes/No		
First and Then strategy	Yes/No		
Individual transition schedule	Yes/No		
Video Self Model	Yes/No		
Timer to indicate length of journey	Yes/No		
Tactile/ Fidget toys	Yes/No		
Technology (e.g. iPad/iPhone)	Yes/No		
Preferred toy	Yes/No		
Book/colouring book	Yes/No		
Headphones	Yes/No		
Verbal reinforcement (e.g. good sitting)	Yes/No		
Tangible reinforcement (e.g. reward system)	Yes/No		
Reduce length of journey/circuit breaker	Yes/No		

Additional notes:

Appendix B

Occupational Therapy Special Purpose Restraint Assessment Form

Bus Chaperone's Name:

Student's Name:		Student's Age:	
Student's Weight:	kg	Student's Height:	cm
Classroom:		Date:	

1. What behaviour is the student demonstrating that could cause injury in a motor vehicle?

2. When is this behaviour occurring?

(At a specific time during the travel or particular triggers, e.g. noise)

3. How often is this behaviour occurring?

4. Can you identify the precursors of the behaviour?

5. How does the child get out of the seat?

(For example: Is the child undoing the seatbelt or slipping under the seatbelt)

6. What strategies have been trialled to assist the student to remain seated?

Please try the following strategies and document the success of each strategy or indicate reasons why a strategy is inappropriate in this case.

Option B: Increase supervision.

Option C: Trial Tier 1 supports. Examples include –

Visual aids:

- Individual schedules (e.g. transition schedules)
- Timers to indicate the length of the journey
- First/ Then strategy
- Social story
- Video self-model
- Visuals (e.g. seatbelt on, wait)

Sensory supports/ motivators:

- Tactile/ Fidget toys
- Technology e.g. iPad/ iPhone
- Preferred toys
- Books/ colouring book
- Headphones

Positive reinforcers:

- Verbal reinforcement
- Tangible reinforcement with the use of reward systems (e.g. provision of a reward of choice at the end of a bus trip, such as chocolates)

Option D: Minimise the length of journeys.

Comments:

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Please return this to the classroom Occupational Therapist.

Appendix C

Example letter from Parent

[DATE]

To Whom It May Concern,

My child, [NAME OF STUDENT], attends Jacana School for Autism and is transported to and from school on a bus contracted by the Department of Education and Training. [NAME] has recently had difficulty on the school bus, such as repeatedly unbuckling the seatbelt and walking up and down the bus while it is moving. I am aware that [NAME OF STUDENT] cannot use the standard seatbelt provided on the bus and can no longer be transported in a way approved according to the Australian Standards Committee.

[NAME OF OT], an Occupational Therapist at Jacana School for Autism, has discussed the various restraint options with me and has chosen the safest and most practical option available. I acknowledge that my child needs to be restrained for their safety when travelling on the school bus, and this will be reviewed by the school's Occupational Therapist as scheduled (Week 5 of term 1 and Term 3) or as required.

The restraint issued is only to be used by [NAME OF STUDENT] in accordance with the prescriber's instructions and manufacturer's guidelines. I understand that no further modification to the restraint should occur without reference to the person who prescribed the restraint.

.....
Parent / Carer

.....
Prescriber

Date: / /

Date: / /



Appendix D

Parent Consent Form

PARENT CONSENT FORM FOR SAFE TRAVEL ON THE SCHOOL BUS

I, (name of parent/carer), give permission for a seat belt buckle guard to be used with my child,, on the Jacana School for Autism and MEES bus to and from the school. The buckle guard will ensure my child's safety and that of other students, the bus drivers, and the chaperones.

I am aware that my child needs to be restrained when travelling on the school bus, and the use of the buckle guard will be reviewed by the school's Occupational Therapist every six months.

Name of parent/carer: _____

Signature: _____

Date: _____



Appendix E

Example Letter from a General Practitioner

[DATE]

To Whom It May Concern,

Re: STUDENT'S NAME AND ADDRESS

[STUDENT'S NAME] has the following medical diagnosis:
Autism Spectrum Disorder

Due to their condition, [STUDENT'S NAME] does not know the basic safety concepts, including wearing a seatbelt when travelling in a moving vehicle.

I have been informed by the parent/carer and school staff that [STUDENT'S NAME] unbuckles the seatbelt when travelling on the school bus and behaves unsafely. Due to these safety concerns, [STUDENT'S NAME] cannot be transported in a manner that complies with Australian Standards.

I recommend that [STUDENT'S NAME] wear a special-purpose harness or car seat as prescribed by an Occupational Therapist.

The prescription for the harness can be reviewed in six months. A new medical certificate will be issued in twelve months.

Yours sincerely,

Dr [NAME]
General Practitioner

Appendix F

Restraint Options for Consideration of the Prescribing Therapist

Buckle guard



Seat Belt Buckle Guard:

- Designed to fit over a seat belt buckle to prevent it from being undone when it is not appropriate.
- Made from clear polycarbonate and is made to fit the majority of standard seat belt buckles.
- The buckle guard is released when a key is inserted to release the buckle when required.

Commercially Available Options

(Note: Meets Australian standards, and these do not require a medical certificate)



Safe n Sound Maxi Rider (0-8 years approx.):

- Booster seat with in-built harness
- Higher back rest than booster seat or toddler seat, therefore catering more for taller children
- Push button harness adjuster
- Anti-submarine clip to improve the child's safety when seat is used as a Booster Seat



- Available in four different sizes to fit children from two years of age up
- With a zipper closure are the back.
- Assists to position students who independently release seatbelts during travel in the car or bus. to adults.
- Adjustable vest assist the user to maintain an upright position and features adjustable shoulder, chest and waist straps.
- Vest is placed on the user prior to sitting, then the vest can be clipped into the mounting straps in the vehicle.
- Choice of mounting straps depends on the type of vehicle: portable seat mount, permanent seat mount, tether strap mount and wheel chair mount.
- Three positions for the zipper placement to provide adjustability in fit of the vest.

Other Restraints/ Special Purpose Car Adaptations Available

(None of the following meet Australian standards, so families will require a medical certificate and documentation of the problem-solving process as outlined in the restraint policy)

E-Z-On Vest:

Houdini 31 7-point Harness: Available from Active Rehab

Respect | Inclusion | Empathy



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- Vehicle positioning harness for children and adults with special need.
- This harness can also be used to offer postural support and assist in seating the occupant in an upright sitting position for persons with physical disabilities
- Suitable for bench vehicle seats only, or in the case of 'deep-bucket' style single backrest seats
- Attaching straps go vertically around the rear of the seat it is installed on
- Full 7-point harness with superior torso control and stability (crotch strap between the legs doesn't need to be used if not required)

Note: There are several other restraint options available. The special needs harnesses mentioned above are considered the most appropriate for the students attending Jacana School for Autism. Please consider the individual needs of the student before selecting a special restraint. Also, consider gathering further information from manufacturers and suppliers.

APPENDIX G

Australian/New Zealand Standard™

Restraint of children with disabilities or medical conditions in motor vehicles

AS/NZS 4370:2013 Excerpts copied with permission.

Licensed to Jacana School for Autism on 12 March 2014.

TABLE 1

ASSESSMENT GUIDE p 9-10

Child

• The nature of the disability or medical condition, for example, physical ability, challenging behaviours, sensory processing issues, short or long-term disability or condition, environmental context.

- The child's current restraint.
- The urgency of restraint needs.
- Age, height and weight.
- Ancillary equipment is required during transport.

Parent(s) /Carers

- Ability for parent(s) to safely transfer child into the restraint.
- Ability for parent(s) to access additional adult support for the child during travel.
- Ability of parent(s) to move the restraint to other vehicle(s) the child may regularly travel in.
- Distance/time of most frequent journeys.
- Family configuration, including siblings or other passenger(s) regularly transported.
- Financial constraints.
- Funding options

NOTE: This assessment may also be required for other persons responsible for the regular transport of the child.

Vehicle

- The type of motor vehicle(s) where the child will regularly travel. For example, vehicle size, vehicle age, anchorage locations, access, space and methods for securing ancillary equipment.

NOTE: Additional child restraint anchorages or additional devices will need to be installed in the motor vehicle if the combined weight of the compliant child restraint or special purpose child restraint, the occupant, and any other items (e.g. postural supports, plaster cast) exceeds 36 kg. This may require engineering certification; refer to the laws of the jurisdiction.

Restraint- Availability and accessibility of restraints.

In order of preference

- Compliant child restraint.
- Modified compliant child restraint (see Notes below).
- Special purpose child restraint.
- Modified special purpose child restraint (see Notes below).
- Customised restraint or other option.

NOTES:

- Compliant accessories should be considered in preference to non-compliant accessories.
- When considering modifying a child restraint, the integrity of the restraint supplied by the manufacturer should be maintained. For example:

- The foam or plastic shell of the child restraint cannot be modified. For example, do not cut off pieces of foam, armrests or any other part of the restraint.
- The harness or webbing straps cannot be cut or sewn.
- Padding used beneath or behind the occupant should be avoided, as it will collapse/compress in a crash, causing harness slack. If padding is required for a specific positioning, then it should:
 - be firm foam (i.e. not spongy, soft, flexible, or easily compressed);
 - not exceed 2 kg in total weight;
 - be flame retardant and slow-burning; and
 - be suitably covered and secured, as appropriate, with flame retardant material to prevent access to the foam by the occupant.
- Folded cloth nappies or towels should only be prescribed for short-term use.

3.3 CHILDREN WITH COMPLEX AND CHALLENGING BEHAVIOUR p 15-16

3.3.1 General

Children with complex and challenging behaviour may habitually release themselves and others from the restraint system or partially release themselves from the restraint straps. This type of behaviour may represent only one part of a broader range of behaviours relating to transport. Behavioural strategies must be trialled before the prescriber can consider a modified, special purpose or customised restraint, or other options. Habitual release should be assessed and managed in this broader context (refer to Appendix A).

Behavioural strategies are recommended in preference to prescribing a modified, special purpose or customised restraint, or other option.

3.3.2 Assessing and prescribing

Review the child's current behaviour management plan together with the assessment guide in Table 1.

(a) Is a compliant child restraint suitable?

Assess the following:

- (i) If the child is using a compliant child restraint. This may be suitable for use.
- (ii) If the child is using a compliant child restraint that is not suitable, assess if an appropriate child restraint is available for trial/hire/purchase.

If not suitable, go to (b).

(b) Is a modified compliant child restraint suitable?

Examples to consider:

- (i) An accessory buckle cover to restrict access to the release button by the child.
- (ii) An accessory cross-chest strap.

NOTE: Item (ii) is to be considered together with applicable requirements of AS/NZS 1754 and AS/NZS 8005.

If not suitable, go to (c).

(c) Is a special purpose child restraint suitable?

Assess the following:

- (i) The range of suitable special purpose child restraints available.
- (ii) If a suitable special purpose child restraint is available to trial/hire/purchase.

If not suitable, go to (d).

(d) Is a modified special purpose child restraint suitable?

Assess the following:

- (i) If a special purpose child restraint with modifications is suitable.
- (ii) If the recommended special purpose child restraint with modifications is available for trial/hire/purchase.

If not suitable, go to (e).

(e) Is a customised restraint or other option suitable?

Assess the availability of customised restraints (refer to organisations specialising in customised restraints).

NOTE: Other forms of suitable transport, such as public transport or ambulance, may need to be considered for short-term conditions.

BACKGROUND INFORMATION p18, 19

(Informative)

Children with a disability, due to a medical condition or challenging behaviour, often require special consideration when being transported in motor vehicles. Children with a permanent disability require long-term solutions that need to be reassessed as the child grows, while children with a temporary disability require short-term solutions.

Children with complex and challenging behaviour.

In 2009, the most common disability types among children were intellectual, reported for an estimated 161,600 children. On average, there is one child with an autism spectrum disorder for every 160 children aged between six and 12 years. This represents 10,625 children in Australia. The recent Australian Bureau of Statistics report on Autism in Australia states that 64 600 Australians have an Autism Spectrum Disorder, with 25% of those aged 0–9 years (or approximately 14 800 children aged 0–9 years).

* The Australian Institute of Health and Welfare (AIHW). A Picture of Australia's Children 2012.

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737423340> (accessed April 2013).

† Autism Advisory Board on Autism Spectrum Disorders. The Prevalence of Autism in Australia. 2005.

<http://autismaus.com.au/uploads/pdfs/PrevalenceReport.pdf> (accessed April 2013).

‡ The Australian Bureau of Statistics. Autism in Australia, 2009

<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4428.0Main%20Features42009?opendocument&ta>

Epidemiological research* suggests that approximately 13–30% of children exhibit problem behaviour requiring intervention. Challenging behaviour can be a barrier to social inclusion and education, and young children with Autism are especially likely to develop challenging behaviours. Furthermore, Horner et al. (2007) argue that waiting out the problem is ineffective as the behaviour is more likely to worsen with time.

Carers of children with an intellectual disability, Autism and behavioural challenges report a range of challenges associated with motor vehicle travel. For example, children with Autism may attempt to escape from the vehicle, exhibit distracting behaviour, engage in physical fighting with siblings and may physically interfere with the driver. This range of behaviour usually involves the child releasing, or partially releasing, themselves from the child's restraint.

In addition to the risks to the driver and passengers from driver distraction, research also shows that it is safer for front-seat passengers if all rear passengers are restrained in the event of a crash. The research notes that wearing seatbelts by 'rear seat passengers is effective for reducing not only their own injury severity but also the injury severity of front occupants who sit in front of rear seat passengers.'

It is necessary to implement a range of short and long-term strategies to support safe travel for the child, driver and other passengers in a motor vehicle. To provide longer-term solutions, the range of factors impacting the child's behaviour during travel requires regular assessment, management and review.

For example, assessing a child's restraint requires a comprehensive understanding of the factors contributing to the habitual releasing/escaping behaviour. For some children, this may be related to sensory sensitivity to touch; for others, it may reflect anxiety about the destination, travel route or the vehicle itself.

References:

* Horner, R.H., Carr, E.G., Strain, P.S., Todd, A.W. & Todd, H.K. (2002). Problem behaviour interventions for young children with Autism: A research synthesis. *Journal on Autism and Developmental Disorders*, 32 (5), 423–446.

† Munemasa Shimamura/Minoru Yamazaki/Goro Fujita. Method to evaluate the effect of safety belt use by rear seat passengers on the injury severity of front seat occupants. *Accident Prevention and Analysis* 37 (2005) 5–17.

APPENDIX H

Is your child ready for an adult seatbelt?

Take the 5-Step Test today.

1. Can the child sit with their back against the vehicle seat?



2. Do the child's knees bend in front of the edge of the seat?



3. Does the sash belt sit across the middle of the shoulder?



4. Is the lap belt sitting low across the hips, touching the thighs?



5. Can the child stay seated like this for the whole trip?



Children up to 145 cm

As children grow and develop, they vary considerably in height and weight. For many children 4 years of age, a forward-facing child restraint will be the correct size restraint. Children should always travel in a restraint suitable for their size.

With the introduction of booster seats with shoulder height markers for children aged approximately 4 years to 6 to 8 years, children can now continue to travel in a restraint suitable for their size for longer.

Children travelling in a booster seat should continue using the booster seat until they have outgrown it. An adult lap-sash seatbelt is designed for people with a minimum height of 145 cm.



Choosing a booster seat

When choosing a booster seat:

- Check that the booster seat meets the Australian Standard for child restraints (AS/NZS 1754) by finding the Standards sticker on the restraint.
- Consider a booster seat that has an anti-submarine feature. This device holds the lap section of the seatbelt down low on the child's hip to stop them from sliding under the seatbelt in a crash.



A booster seat with an anti-submarine feature.

- Choose the safest booster seat for your child. Visit the [Child Restraint Evaluation Program \(CREP\) website](#).
- Make sure the booster seat is the right size for your child.
- Check that the booster seat is no more than ten years old, has never been involved in a severe crash and is in good condition.
- Choose a booster seat with an expandable headrest, as this booster seat can be easily adjusted as your child grows.
- Booster cushions (with no seat back) are not recommended as they provide no protection in a side-impact crash. Booster cushions have been deleted from the 2010 child restraint standard and will no longer be manufactured.

Using a booster seat

Some booster seats have a top tether strap. If there is a top tether strap, it must always be used.



Examples of tether straps

Booster seats are held in place by the child's body and the vehicle's lap-sash seatbelt. A child can be injured in a crash if the seatbelt is not adjusted correctly.

Safety tips:

- Check that the sash part of the seatbelt crosses the child's shoulder and does not touch the child's neck. Use the sash guide on the booster seat to prevent this.
- Booster seats must never be used with a lap-only seatbelt. If the seating position has a lap-only seatbelt, you must use a child safety harness to hold the child's upper body back.

Adult seatbelts

The road rules require a child aged 7 years to under 16 years of age to travel in either an approved booster seat or an adult seatbelt. The type of restraint will depend on the child's size. Drivers and passengers 16 years and over are required to travel in an adult seatbelt.

A child should continue using a booster seat until they have outgrown it. An adult lap-sash seatbelt is designed for people with a minimum height of about 145 cm. The average child will reach this height between 10 to 12 years of age.

Children not yet tall enough to use an adult seatbelt tend to slump into the vehicle seat so that their legs bend at the seat edge. This means the lap part of the seatbelt is positioned too high on their stomach, and they are at risk of more severe injury in a crash.

Lap-sash seatbelts offer greater protection to passengers than lap-only seatbelts, but they must fit correctly. This means the lap part of the seatbelt is positioned low over the hip, and the sash part of the seatbelt sits in the middle of the shoulder and does not touch the neck.

If your vehicle has a lap-only seatbelt, replace this, if possible, with a lap-sash seatbelt.

A seatbelt fits properly if:

- the sash sits flat on the shoulder without touching the face or neck
- the sash crosses low over the hips, not the abdomen
- it is not twisted
- all slack is removed.



Appendix I

Guidelines for (student) 's Buckle Guard Use on the MEES Bus.

The buckle guard is the restraint purchased for *(student's name)*. It supports their safe travel on the MEES bus to and from Jacana School for Autism.

The buckle guard is to be used only by (student) on the school bus.

Ensure the following documents and items are on the bus at all times: medical certificate stating it is safe for (student) to use the buckle guard on the bus, parent consent form, manual for operating instructions and care and maintenance of the buckle guard and belt cutter.

Operating instructions:

1. Slide the seat buckle into the Buckle Guard. Insert the buckle tongue to fasten the seat belt.
2. Make sure that the buckle sits inside the buckle guard, but it is removable whenever needed.
3. Store the box and the belt cutter in the glove box for emergencies.
4. To release, insert any key in one of the slots and push to release the buckle.

In an emergency, cut the seat belt with the belt cutter.

Attachments to this document:

- Medical certificate stating it is safe for (student) to use the buckle guard on the bus
- Manual
- Parent consent form

Therapist name:

Therapist signature:

Date:

APPENDIX J

Mechanical Restraint Transition Plan

Student details:	
School name:	
Consent information: (As per any student intervention)	
Document the device involved: (Include as much detail as possible, including Origin of equipment, manufacturer's details, Weight of equipment Size (S, M, L) and Colour)	
What is the function of the device for the student? What need is the device responding to? (e.g. comfort, routine)	
What strategies will be used to address the student's needs to support the transition?	
What is the goal of this Transition Plan? (Use the SMART acronym as a guide S – Specific M – Measurable A – Agreed Upon R – Relevant T – Time Related. See more information below.)	
Schedule planned check-ins by the Lead Professional:	Date: Date: Date:
Supervision support: Detail any specific support or actions school staff may need to provide whilst the student is using the device.	
Communication: Document how the Transition Plan will be communicated to the student and the student's family/carer. (Consider the Fact Sheets for students and parents/carers at https://www2.education.vic.gov.au/pal/restraint-seclusion/resources)	