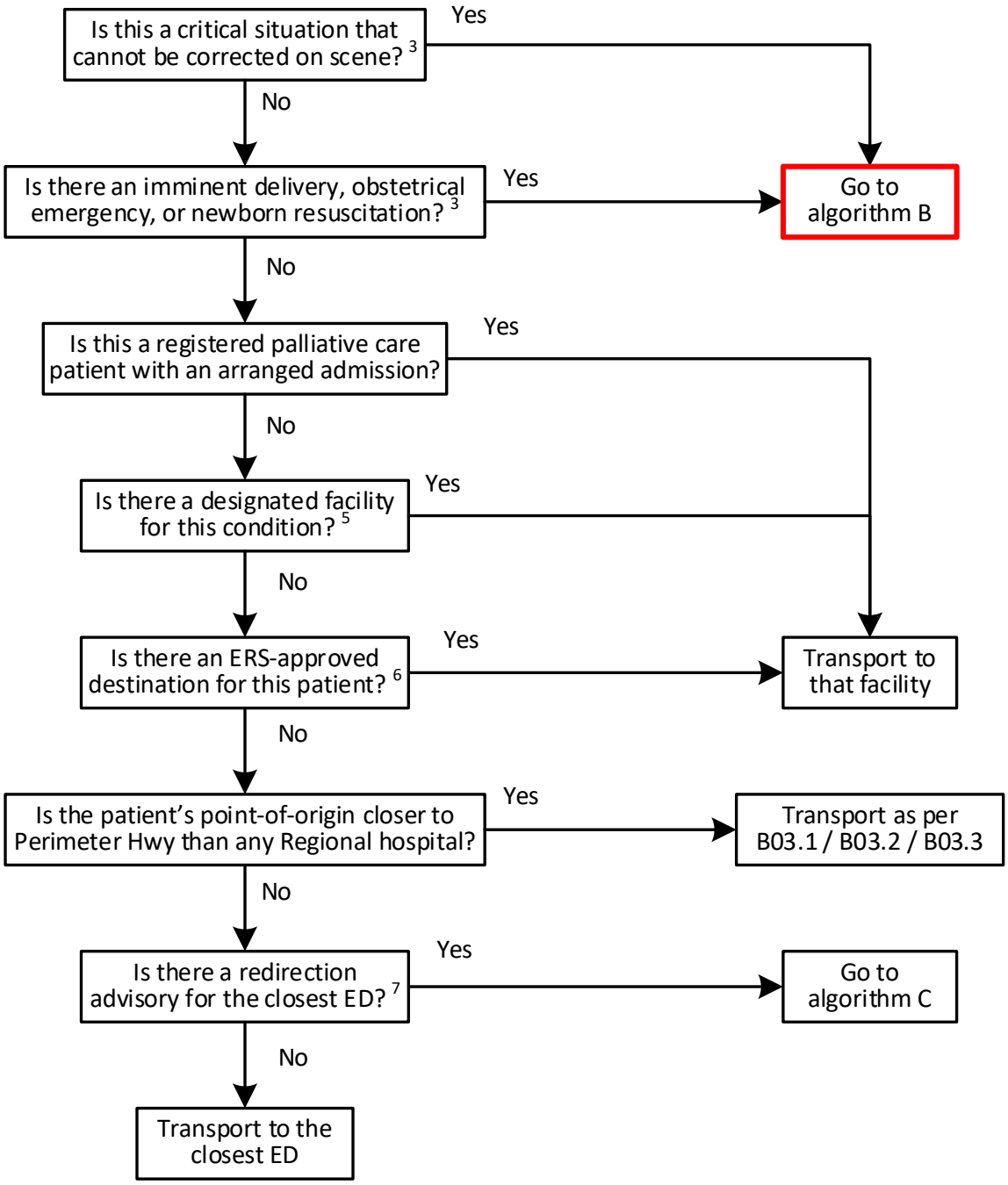
Shared health Soins communs Manitoba	B01 - STANDARD DESTINATION & REDIRECTION	
	Version date: 2025-03-19	Effective Date: 2025-04-30 (07:00)
EMR / PCP / ICP / ACP	ALL AGES	

ALGORITHM A: STANDARD DESTINATION



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ALGORITHM B: DESTINATION WITH CRITICAL SITUATIONS

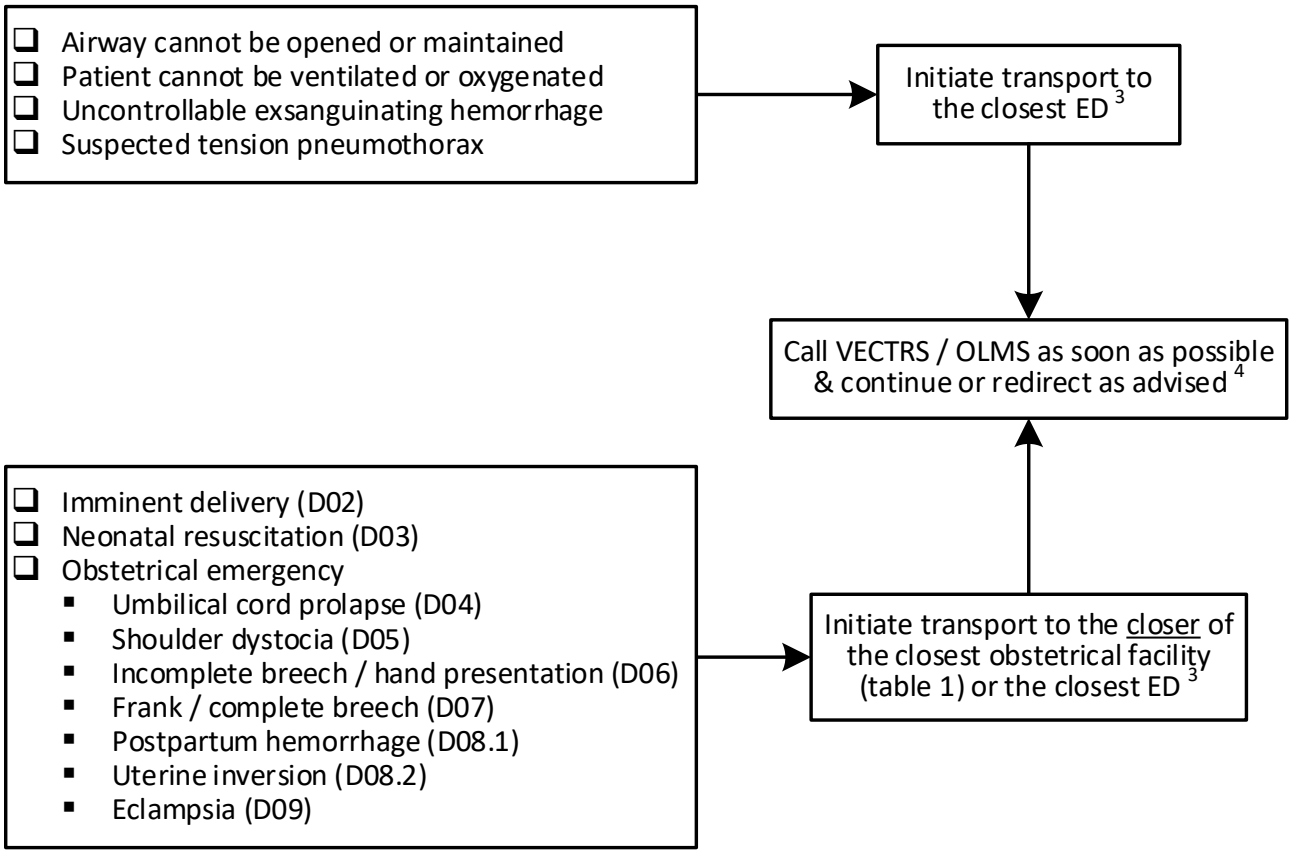

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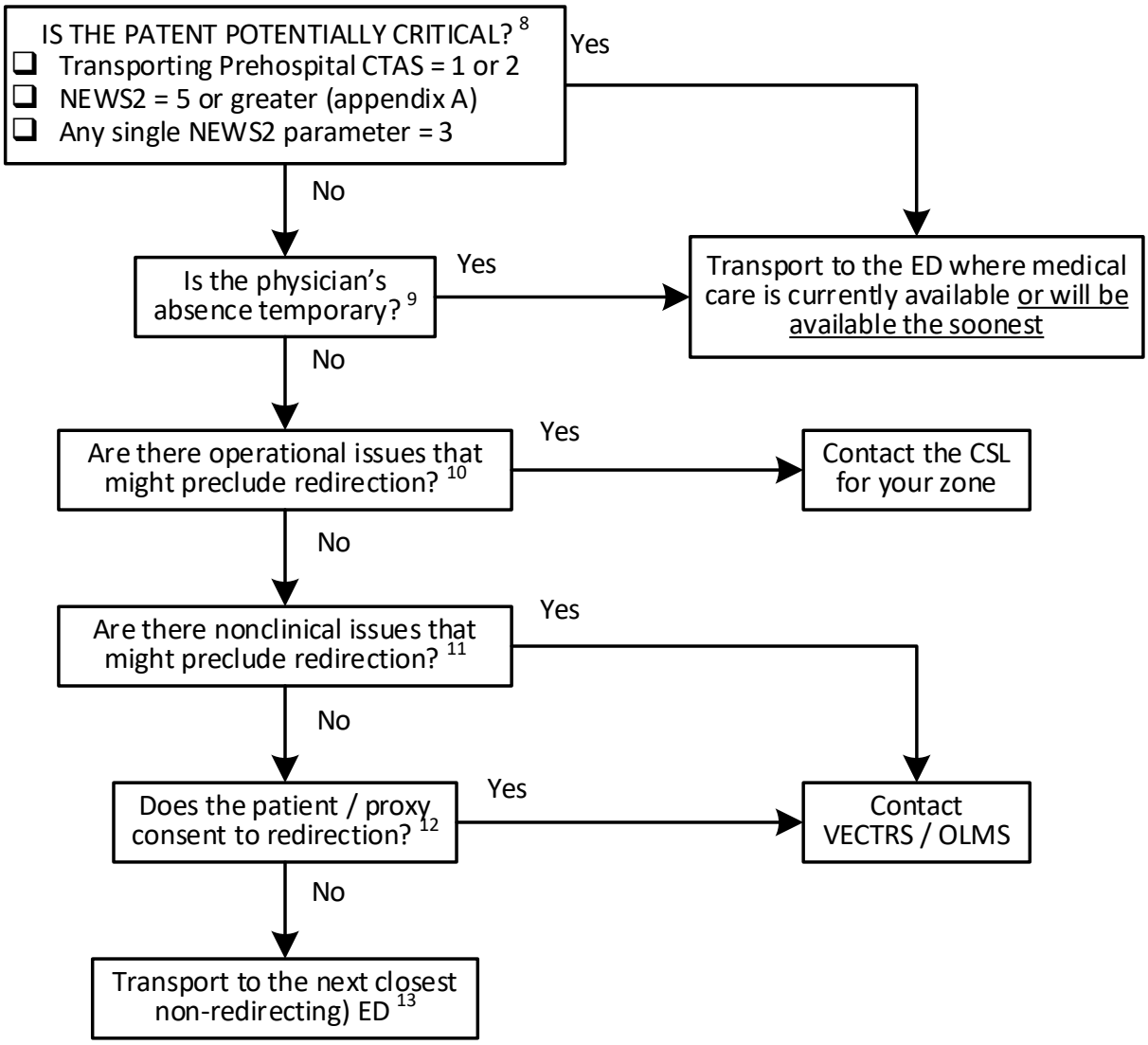
TABLE 1: OBSTETRICAL CENTERS & OBSTETRICAL-CAPABLE FACILITIES IN OR NEAR MANITOBA	
• Bethesda Health Center (Steinbach) • Boundary Trails Health Center (Winkler) • Brandon Regional Health Center • Dauphin Regional Health Center • Health Sciences Center (Winnipeg) • Lake of the Woods District Hospital (Kenora, ON) * • Neepawa Health Center	• Portage & District General Hospital (Portage la Prairie) • Selkirk Regional Health Center • St. Anthony's General Hospital (The Pas) • St. Boniface Hospital (Winnipeg) • Thompson General Hospital • Yorkton Regional Health Center (Yorkton, SK) *
(*) Where indicated paramedics should call ahead to conform that obstetrical services are currently available there	

ALGORITHM C: REDIRECTION ADVISORY



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INDICATIONS
• For all primary response calls when the location where the patient is picked up is closer to a Regional health care facility than the Winnipeg Perimeter Highway

WARNINGS

- For primary response calls when the location where the patient is picked up is closer to the Winnipeg Perimeter Highway than a Regional health care facility refer to B03.1, B03.2, or B03.3

NOTES

1. An emergency department (ED) will be considered closest if it has the shortest estimated transport *time* from the patient's current location. When two facilities have similar transport times, the closest will be considered that which has the shortest estimated transport *distance* from the patient's current location. When both have similar transport times and distances, transport to the one in the direction of the most likely referral center should be considered.

   Note that in some locations in the Province there may be a nursing station (NS) instead of a local hospital and paramedics will transport there when directed to transport to the closest ED.

2. Destination decisions have implications not only for an individual patient, but impact local hospitals (e.g. offload delays) and ERS operations (e.g. 911 response times). For this reason, a patient or their proxy cannot request transport to a particular facility out of convenience or preference. Except for exigent circumstances, paramedics must transport as specified in ERS care maps and destination protocols.

3. For these critical conditions, time is of the essence. Initiate emergency transport regardless of a redirection advisory, physician availability, or the Provincial border or Regional boundary. If they cannot be resolved on scene with the available personnel and expertise, transporting the patient to a better-resourced environment may be only option. The benefits of additional "hands", a stable treatment platform, and reliable communications outweigh the disadvantage of no physician present.

4. As soon as possible during transport, paramedics must call the Virtual Emergency Care & Transport Resource Service (VECTRS) and consult online medical support (OLMS). Depending on your location, VECTRS / OLMS may advise bypass of the closer ED and rerouting to an alternate destination. If there is no local physician available, the VECTRS emergency physician will be provide medical direction.

5. A facility may be designated by Shared Health or by the Regional Health Authority (RHA) as the hospital for the management of the following conditions:
   - Major trauma
   - ST Elevation Myocardial Infarction (STEMI)
   - Acute Stroke
   - Left Ventricular Assist Device (LVAD)

   Paramedics must transport as outlined and staff at the designated hospital cannot redirect a patient with one of these conditions.

6. A patient with a particular condition may require transport to a facility that has specialized equipment or expertise to manage the condition. The patient's physician may have requested this in advance. If approved by ERS medical leadership, the patient or their proxy will be provided with a signed authorization which they will present to responding paramedics. In it's absence, paramedics should consult VECTRS / OLMS or transport to the closest ED.

7. In the event of a service reduction at an ED, facility staff will request an EMS redirection (ambulance diversion). Depending on the reason for the request and the status of both the EMS and hospital systems, the Medical Transportation Coordination Center (MTCC) will issue a **redirection advisory** to transporting paramedics. Paramedics cannot accept a redirection advisory directly from facility staff.

   Paramedics will consider the reason for the redirection advisory, the condition of the patient, the status of adjacent hospitals, and EMS operational issues within the zone to determine the most appropriate destination for each patient.

8. Paramedics will transport these potentially critical patients (formerly referred to as “reds” and “ambers”) to where medical care is currently available or will be most promptly available, regardless of the Regional boundary or Provincial border. Paramedics are authorized to over-ride a redirection advisory if necessary, but must remain with the patient until medical care becomes available or a transfer of care is accepted.
9. In the event that a hospital requests redirection due to the *temporary* unavailability of a physician, such as being away on a transport or not yet starting their shift, paramedics can transport to the redirecting ED if the physician will be available in less time than it would take to transport elsewhere. Paramedics are authorized to over-ride a redirection advisory if necessary, but must remain with the patient until a transfer of care is accepted. Notify the clinical service lead (CSL) if the transfer of care is unnecessarily delayed.
10. Operational considerations include transport conditions (road / weather), excessive transport time, multiple adjacent facilities on redirections, call volume & capacity, staffing / scheduling and paramedic fatigue.
11. Patient or family considerations not specifically related to the medical complaint include advanced age or decreased mobility of the patient or their caregiver, the ability to safely return home after discharge, and the impact of a longer transport duration on their well-being or comfort.
12. The patient or their proxy must be informed of, and consent to, redirection to an alternate location (A05).
13. Paramedics will transport these non-critical patients (formerly referred to as “greens”) to the next closest ED that is not on a redirection advisory within Manitoba.
14. You must ensure appropriate pre-arrival notification of receiving facility staff, especially if over-riding a redirection advisory.

LINKS

- A05 - Treatment & Transport Refusal
- B03.1 - Winnipeg Destination for Acute Care
- B03.2 - Winnipeg Destination for Maternal & Newborn Care
- B03.3 - Winnipeg Destination for Mental Health & Addictions
- B04.1 - Trauma Destination for IERHA & SHSS Geographic Areas
- B04.2 - Trauma Destination for PMH Geographic Area
- B04.3 - Trauma Destination for NRHA Geographic Area

- D02 - Prehospital Delivery
- D03 - Newborn Care & Neonatal Resuscitation
- D04 - Umbilical Cord Prolapse
- D05 - Shoulder Dystocia
- D06 - Incomplete Breech or Hand Presentation
- D07 - Frank or Complete Breech
- D08.1 - Postpartum Hemorrhage
- D08.2 - Uterine Inversion
- D09 - Preeclampsia & Eclampsia

- C08 - Left ventricular Assist Device
- E04 - ACS / STEMI / NSTE-ACS
- E15 - Acute Stroke

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X02 for change tracking)
• Renamed & combined with B02 to avoid redundancy • Revised flow chart and notes for greater clarity and ease of use

APPENDIX A: NATIONAL EARLY WARNING SCORE (NEWS2)

Physiological parameter	Score 3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO_2 Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO_2 Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

SPO2 SCALE 2: For patients with hypercapnic respiratory failure, most commonly due to COPD) scale represents the ideal SpO2 of 88 to 92% for patients receiving supplemental oxygen. Paramedics should use sclae 2 for all patients on home oxygen therapy.

CVPU: New onset of confusion, responsiveness to voice or pain, or unresponsiveness.