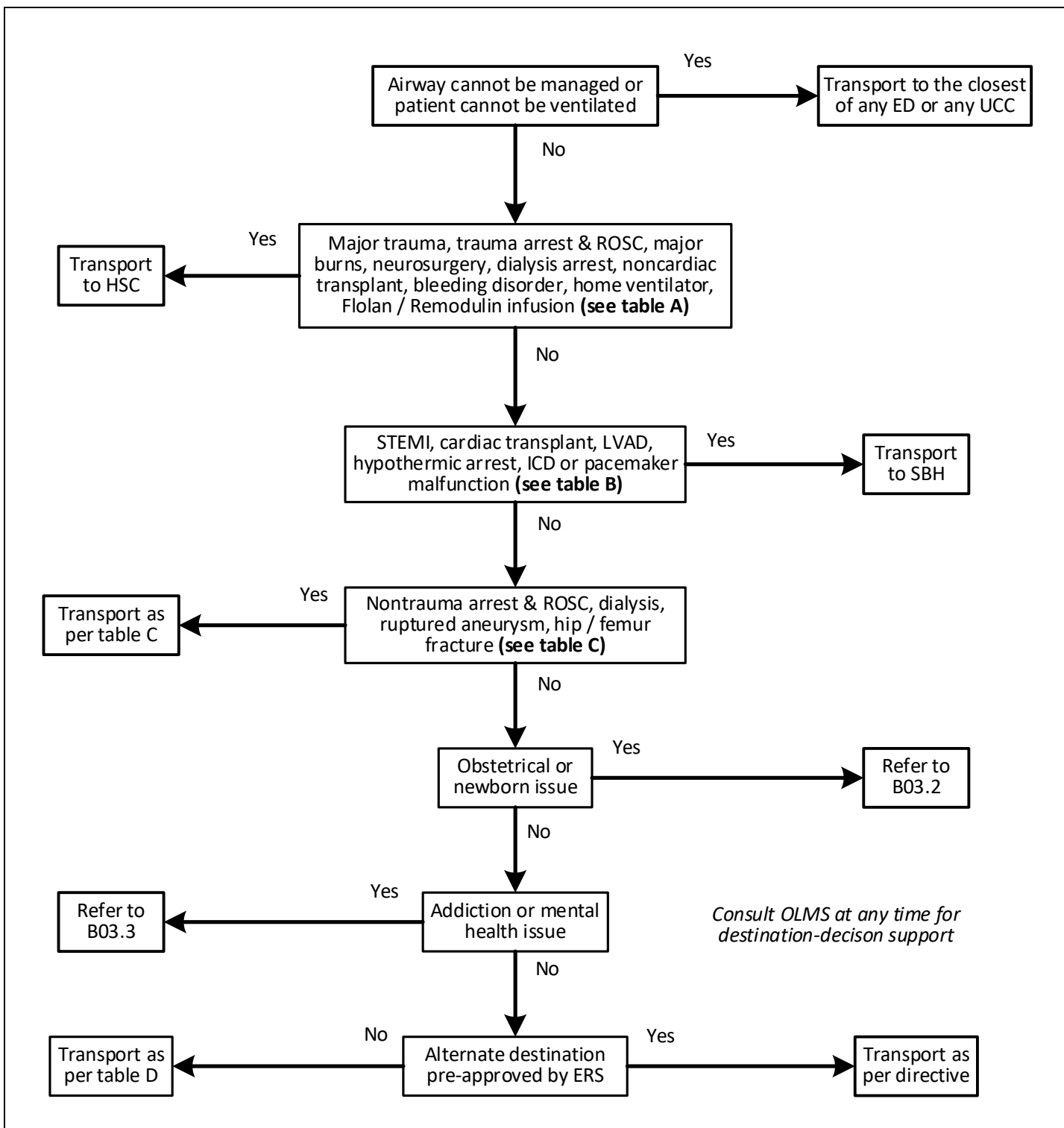
	B03.1 - WINNIPEG DESTINATIONS FOR ACUTE CARE	
	DESTINATION	
Version date: 2024-06-18	Effective Date: 2024-08-13 (0700)	



INDICATIONS

- For primary response when the location where the patient is picked up is closer to the Perimeter Highway than any other regional health care facility

CONTRAINDICATIONS

- Patients with an obstetrical / maternal or neonatal /newborn condition and none of the conditions listed in table A through C will be transported as per destination protocol B03.2
- Patients with a mental health or addictions condition and none of the conditions listed in tables A through C will be transported as per destination protocol B03.3

TABLE A: TRANSPORT TO HSC

17 years & older → transport to HSC-AED

Up to 17 years → transport to HSC-CED (except major penetrating trauma → transport to HSC-AED)

Acute stroke & less than 6 hours since onset ⁵

Major trauma with indicator for transport to the trauma center (appendix A) ⁶

- 12 years & older → HSC-AED
- Up to 12 years → HSC-CED

Major burns with indicator for transport to burn center (appendix B) ⁶

Non-traumatic neurosurgical emergency (e.g. subarachnoid or intracerebral hemorrhage)

Traumatic cardiopulmonary arrest with return of spontaneous circulation (ROSC)

Traumatic cardiopulmonary arrest without ROSC, if directed to transport or transport indicated

Cardiopulmonary arrest in a dialysis patient, regardless of ROSC

Transplant recipient other than heart, regardless of complaint

Known bleeding disorder (e.g. hemophilia, von Willebrand's disease), regardless of complaint

Home ventilation, regardless of complaint

Pulmonary hypertension on continuous infusion of Flolan or Remodulin, regardless of complaint

TABLE B: TRANSPORT TO SBH-ED

ST-segment elevation myocardial infarction (STEMI) ⁷
Hypothermic cardiopulmonary arrest, regardless of ROSC
Malfunction of an implanted cardiac defibrillator (ICD) or pacemaker
Left ventricular assist device (LVAD) regardless of the complaint, except for major trauma (appendix A)
Cardiac transplant regardless of the complaint, except for major trauma (appendix A)

TABLE C: CONDITIONS WITH VARIABLE DESTINATIONS

Non-traumatic cardiac arrest with ROSC	17 years & older → SBH-ED Up to 17 years → HSC-CED
Non-traumatic cardiac arrest without ROSC if directed to transport or transport is indicated	
Hemodialysis or peritoneal dialysis	Primary dialysis site → HSC-AED, SBH-ED or SOH-UC
Known or suspected ruptured aortic aneurysm	Closest vascular surgery site → HSC-AED or SBH-ED
Known or suspected hip or femur fracture (excluding major trauma)	Monday / Wednesday / Friday → CH-UC Sunday / Tuesday / Thursday → GH-ED Saturday → Closest of GH-ED or CH-UC

TABLE D: CONDITION NOT LISTED IN TABLES A - C ^{8,10}

PATIENT PROFILE	ANY OF THE FOLLOWING:	ALL OF THE FOLLOWING:
		<ul style="list-style-type: none"> Transporting CTAS = 1, 2 or 3 Total NEWS-2 score = 5 or greater Any 3-point NEWS-2 parameter
Patient is 17 years or older	Closest of any ED	Closest of any UCC or any ED
Patient is up to 17 years of age	HSC-CED	Closest of any UCC or any ED
Patient is PCH resident	Closest of any ED	Closest of any UCC or ED other than HSC

FACILITY ABBREVIATIONS

CH-UC: Concordia Hospital Urgent Care Center	HSC-CED: HSC Children's Emergency
ED: emergency department	PCH: personal care home
GH-ED: Grace Hospital Emergency Department	SBH-ED: St. Boniface Hospital Emergency Department
HSC: Health Sciences Center	SOH-UC: Seven Oaks Hospital Urgent Care Center
HSC-AED: HSC Adult's Emergency Department	UCC: urgent care center

NOTES

1. A facility is considered closest if it has the shortest estimated transport *time* from the patient's current location. When two facilities have similar transport times, closest is that which has the shortest estimated transport *distance* from the patient's current location.
2. Patients or their proxies cannot request transport to a particular destination out of convenience or preference.
3. The UCCs at Concordia Hospital, Seven Oaks Hospital, and Victoria Hospital have appropriate personnel, equipment and expertise for the initial stabilization of patients with critical issues related to airway and ventilatory management.
4. Some conditions that require special equipment or expertise. The patient's physician may request transport to a specific destination. This must be done in advance and requires approval by ERS, who will provide paramedics with notification or documentation for transport to that approved destination. In the absence of such documentation paramedics should consult on-line medical support (OLMS) or transport to the closest ED.
5. Contact the Virtual Emergency Care & Transport Resource Service (VECTRS) for stroke-25 activation (E15).
6. Contact VECTRS for trauma team activation (B04.1).
7. Contact the Code-STEMI physician for cath-lab activation (E04).
8. Patients who are transported to a UCC must be able to reasonably care for themselves and not be at risk for wandering, if discharged or transferred from ERS care.
9. Paramedics will ensure appropriate pre-arrival notification of receiving facility staff and update as necessary. OLMS may facilitate communications with receiving facility staff as required.
10. In exceptional circumstances, such as a mass casualty incident, certain patients may be redirected from HSC or SBH to preserve capacity for services not available at any other facility (e.g. trauma).

LINKS / REFERENCES

- B03.3 - WINNIPEG DESTINATIONS FOR MATERNAL & NEWBORN CARE
- B03.3 - WINNIPEG DESTINATIONS FOR MENTAL HEALTH & ADDICTIONS
- B04.1 - TRAUMA DESTINATION FOR IERHA & SHSS GEOGRAPHIC AREAS
- E04 - ACUTE CORONARY SYNDROME
- E15 - ACUTE STROKE
- F03 - MAJOR BURNS

APPROVED BY



EMS Medical Director



EMS Associate Medical Director

VERSION CHANGES (refer to X02 for change tracking)

- Renumbered and renamed
- Simplified flow chart, expanded information in tables
- Major trauma and major burns defined (appendix A and B)
- Non-traumatic cardiac arrest with ROSC divided into age over 17 (SBH) and age under 17 (Children's)
- Obstetrical emergencies & addictions / mental health conditions moved to new protocols (B03.2 & B03.3)
- Removal of ambulatory for possible transports to UCC, but CTAS & NEWS-2 criteria added

APPENDIX A: INDICATORS FOR TRANSPORT TO TRAUMA CENTER (B04.1)

PENETRATING INJURIES

- Head or neck
- Chest, shoulder, or axilla
- Abdomen or groin
- Extremities proximal to elbow or knee

BLUNT INJURIES

- Chest:
 - Flail chest
 - Sucking chest wound
 - Tension pneumothorax
- Pelvis / extremity:
 - Two or more long bone fractures proximal to elbow or knee (example - humerus & femur)
 - Open fracture or open dislocation
 - Fracture or dislocation with no pulse in affected limb
 - Major amputation of extremity proximal to wrist or ankle

- Crushed, de-gloved, mangled, or pulseless extremity
- Major extremity hemorrhage (requiring tourniquet to control bleeding)
- Open book pelvic fractures / injuries
- Head / spine:
 - Paraplegia or quadriplegia
 - Open or depressed skull fracture(s)
 - Focal neurological deficit with evidence of head trauma

UNSTABLE VITAL SIGNS

- GCS less than or equal to 13 with evidence of head trauma
- SBP less than 90 mmHg (adult)
- Heart rate greater than 120 beats per minute (adults)
- RR less than 10 or greater than 29 breaths per minute (12 months or older)
- RR less than 20 breaths per minute in infants (up to 12 months)

AUTO COLLISION

- Intrusion into passenger compartment greater than 12 inches, or anywhere on vehicle greater than 18 inches
- Ejection (partial or complete) from automobile
- Death or significant injury in the same passenger compartment
- Vehicle telemetry data consistent with high risk of injury

AUTO VERSUS PEDESTRIAN / CYCLIST

- Victim thrown or run-over
- Impact between vehicle and victim greater than 30 kilometers per hour
- Motorcycle crash greater than 30 kilometers per hour (without controlled slide)

FALL

- Adults - greater than 10 feet or one building story
- Children - greater than two times the height of the child

SPECIAL CONSIDERATIONS

- Patients on anticoagulants, or with bleeding disorders (e.g., Hemophilia, von Willebrand's disease)
- Pregnancy greater than 20 weeks gestation (excluding isolated minor extremity injuries)

APPENDIX B: INDICATORS FOR TRANSPORT TO BURN CENTER (F03)

- Inhalational injury / airway burns
- Inhalation of toxic gases
- Full thickness > 5% body surface area (BSA)
- Partial / full thickness > 20% BSA
- Partial / full thickness < 20% BSA to face, eyes, ears, hands, feet, perineum , or genitalia
- Burns due to explosion / blast injury
- Lightning or high-voltage injury
- Chemical burns
- Blast injury