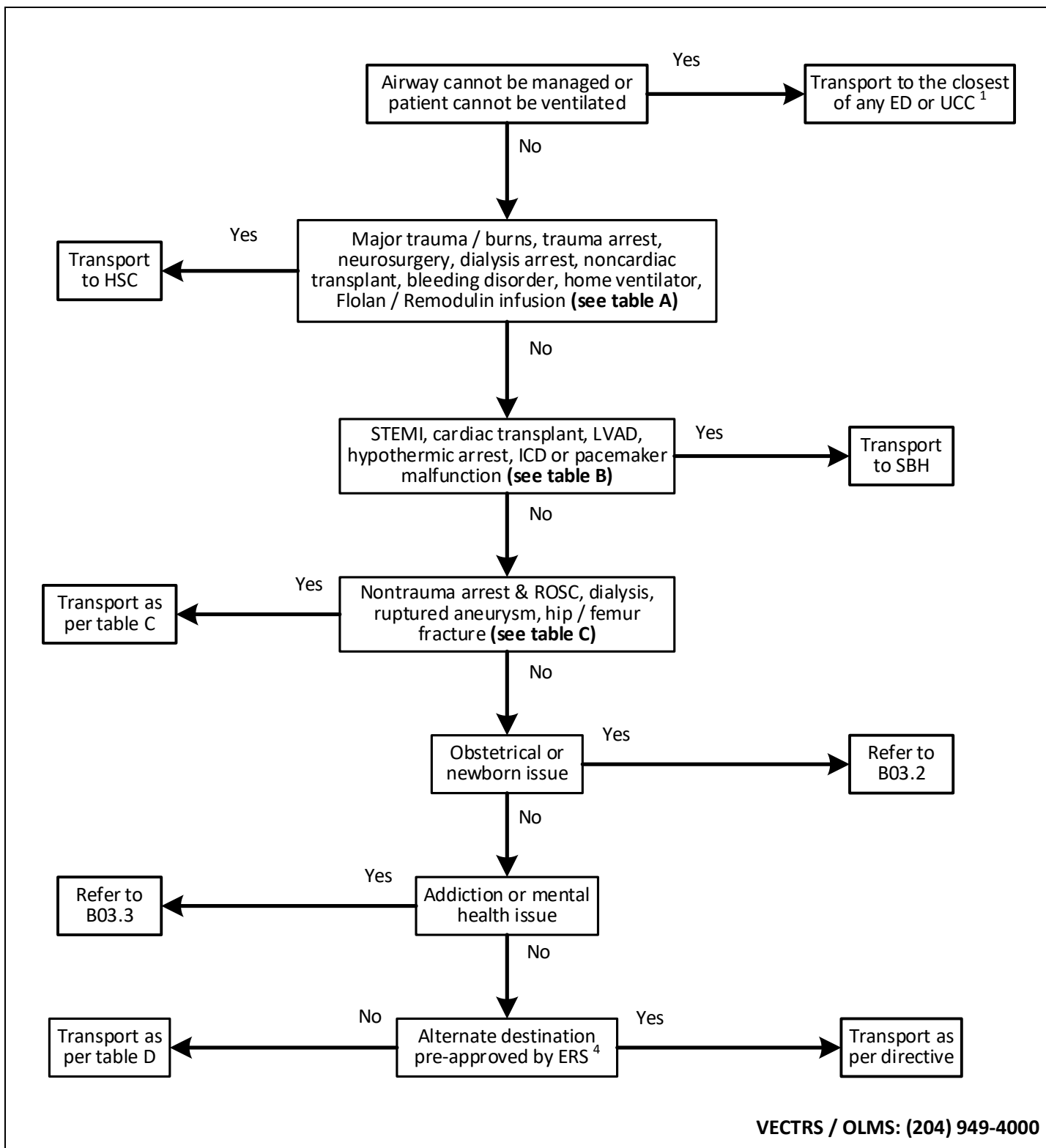
	<b>B03.1 - WINNIPEG DESTINATIONS FOR ACUTE CARE</b>	
	Version date: 2025-05-04	Effective Date: 2025-05-13 (07:00)
EMR / PCP / ICP / ACP	ALL AGES	



### 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

### WARNINGS

- 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

Major trauma (appendix A), major burns (appendix B), or trauma arrest with ROSC (or without ROSC when directed to transport by VECTRS / OLMS) <sup>5</sup>

- 17 years & older → AED
- Up to 17 years → CHED (EXCEPTION: penetrating neck or torso trauma and over 12 years of age → AED) <sup>6</sup>

Acute stroke & less than 23 hours since last known to be normal or at baseline <sup>7</sup>

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

Cardiopulmonary arrest in a dialysis patient, with or without 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

ST-segment elevation myocardial infraction (STEMI) <sup>8</sup>

Hypothermic cardiopulmonary arrest, with or without 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) and major burns (appendix B)

Cardiac transplant regardless of the complaint, except for major trauma (appendix A) and major burns (appendix B)

**TABLE C: CONDITIONS WITH VARIABLE DESTINATIONS**

Non-traumatic cardiac arrest with ROSC (or without ROSC when directed by VECTRS / OLMS to transport)	17 years & older → SBH Up to 17 years → CHED
Hemodialysis or peritoneal dialysis	Primary dialysis site → AED, SBH or SOH
Known or suspected ruptured aortic aneurysm <sup>9</sup>	Closest vascular surgery site → AED or SBH
Known or suspected hip or femur fracture (excluding major trauma)	Monday / Wednesday / Friday → CH Sunday / Tuesday / Thursday → GH Saturday → Closest of GH or CH

**TABLE D: CONDITION NOT LISTED IN TABLES A - C**

	ANY OF THE FOLLOWING: <ul style="list-style-type: none"> <li>• Transporting CTAS = 1, 2 or 3</li> <li>• Total NEWS-2 score = 5 or greater</li> <li>• Any 3-point NEWS-2 parameter</li> </ul>	ALL OF THE FOLLOWING: <ul style="list-style-type: none"> <li>• Transporting CTAS = 4 or 5</li> <li>• Total NEWS-2 score = 4 or less</li> <li>• No 3-point NEWS-2 parameter</li> </ul>
17 years or older	Closest of any ED	Closest of any UCC or ED
Up to 17 years of age <sup>10</sup>	CHED	Closest of any UCC or ED
Care home resident	Closest of any ED	Closest of any UCC or ED other than HSC

**ABBREVIATIONS**



<b>WINNIPEG EMERGENCY DEPARTMENTS (ED)</b>	<b>WINNIPEG URGENT CARE CENTERS (UCC)</b>
AED - HSC Adult ED CHED - HSC Children's ED SBH: St. Boniface Hospital ED GH: Grace Hospital ED	CH - Concordia Hospital UCC SOH - Seven Oaks Hospital UCC VH - Victoria Hospital UCC
ED - emergency department PCH - personal care home ROSC - return of spontaneous circulation UCC - urgent care centre VECTRS / OLMS - Virtual Emergency Care & Transport Resource Service / online medical support	

### NOTES

1. **If EMS cannot manage the airway or ventilate the patient, transport to the closest Winnipeg emergency department (ED) or urgent care center (UCC).** All Winnipeg hospitals have the necessary equipment and expertise for the initial stabilization of these patients.
2. 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.
3. Patients or their proxies cannot request transport to a particular destination out of convenience or preference.
4. Some conditions 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 call the VECTRS / OLMS if time allows, or transport as per this protocol if the situation is emergent.
5. You must call VECTRS / OLMS for trauma team activation.
6. **ADOLESCENT PENETRATING TRAUMA:** Patients from 12 up to 17 years of age with penetrating trauma to the neck, chest, axilla, abdomen, pelvis or groin will be transported to the HSC Adult ED (AED). Patients from 12 to 17 years of age with penetrating trauma to the head or limbs will be transported to HSC Children's ED (CHED).
7. You must call VECTRS / OLMS for stroke-25 activation.
8. You must call VECTRS to consult the Code-STEMI physician.
9. You must call VECTRS / OLMS to prealert the vascular surgery team at either site.
10. **PEDIATRIC PATIENTS:** Excluding any of the conditions listed in tables A through C, pediatric patients with a Canadian Triage Acuity Scale (CTAS) score of 1 to 3, a National Early Warning Score (NEWS-2) of 5 or greater, or any single NEWS-2 parameter of 3 should be transported to CHED. All other pediatric patients will be transported to the closest ED or UCC.
11. Patients who are transported to an urgent care center must be able to reasonably care for themselves and not be at risk for wandering, if discharged or transferred from ERS care.
12. Paramedics will ensure appropriate pre-arrival notification of receiving facility staff and update as necessary. VECTRS / OLMS may facilitate communications with receiving facility staff as required.
13. 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

- B03.2 - Winnipeg Destinations for Maternal & Newborn Care
- B03.3 - Winnipeg Destinations for Mental Health & Addictions
- B04.1 - Trauma Destination for IERHA & SHSS
- E04 - ACS & STEMI & NSTEMI-ACS
- E09 - Abdominal Aortic Aneurysm
- E15 - Acute Stroke

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X02 for change tracking)
<ul style="list-style-type: none"> <li>• Emphasis that airway or ventilation issues can be transported to UCC if necessary</li> <li>• Clarification that adolescent penetrating trauma to the head or limbs will be transported to CHED</li> <li>• Clarification that stable pediatric patients will be transported to the closest ED or UCC</li> <li>• Direction to call VECTRS / OLMS for pre-alert of vascular surgery team with known / suspected ruptured AA</li> </ul>

## 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