Unable to open/maintain airway and/or achieve adequate oxygenation/ventilation and/or control exsanguinating hemorrhage

Patient management beyond delegated scope of practice

Yes

No

Transport to CH-ED

0 up to 17 years of age

Yes

No

Transport to SBGH-ED

- STEMI
- CPA with ROSC
- Hypothermic CPA
- LVAD / ICD
- Cardiac transplant

Refer to table A for specific directions

No

- Traumatic CPA
- Major trauma
- Major burns
- Transplant (non-cardiac)
- Bleeding disorders
- PPH
- Ventilator dependent

Refer to table B for specific directions

No

- Acute stroke
- Pregnancy > 20 wks
- Dialysis dependent
- AAA

Refer to table C for specific directions

No

Transport as per Table C

Authorized destination directive

Yes

No

Transport to directed site

Yes

No

Transport to closest ED

Yes
INDICATIONS:
- All patients picked up within IERHA or SHSS where the closest ED is within a WRHA facility.

REMINDER: Victoria General Hospital (VGH) will convert to an urgent care center on October 3, 2017 and will no longer accept rural ambulances. The remaining Winnipeg Regional Health Authority (WRHA) sites providing ED services will be:
  - Concordia General Hospital (CGH)
  - Grace General Hospital (GGH)
  - Health Sciences Centre – Adult (HSCA)
  - Health Sciences Centre – Children’s Hospital (CH)
  - Seven Oaks General Hospital (SOGH)
  - St. Boniface General Hospital (SBGH)

NOTES:
- “Closest ED” refers to the ED that has the shortest transport time from the scene of the patient encounter regardless of RHA boundaries.
- Transport must be expedient but safe (Z09.1 EMERGENCY VEHICLE OPERATIONS). Non-clinical issues affecting patient, provider and public safety such as road and weather conditions will be at the discretion of the EMS vehicle operator, and must be considered in estimating transport time.
- If two facilities have similar transport times, providers should then transport to the ED that has the shortest transport distance from the scene of the patient encounter irrespective of RHA boundaries.
- Providers may contact MTCC at any time to help identify the closest ED.
- Providers may contact OLMS at any time for assistance with clinical decision-making.
- The local or provincial EMS medical director must approve in advance any destination directive.

<table>
<thead>
<tr>
<th>TABLE A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known or suspected STEMI (excluding STEMI confirmed by Code-STEMI physician on-call)</td>
</tr>
<tr>
<td>Non-traumatic CPA with ROSC</td>
</tr>
<tr>
<td>CPA without ROSC where hypothermia is known or suspected to be the cause of arrest</td>
</tr>
<tr>
<td>LVAD</td>
</tr>
<tr>
<td>ICD</td>
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<tr>
<td>Cardiac transplant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE B</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPA due to penetrating trauma</td>
</tr>
<tr>
<td>CPA due to blunt trauma (only when arrest has been witnessed by EMS personnel)</td>
</tr>
<tr>
<td>Trauma meeting criteria outlined in appendix A</td>
</tr>
<tr>
<td>Burns meeting criteria outlined in appendix B</td>
</tr>
<tr>
<td>Organ transplant other than cardiac</td>
</tr>
<tr>
<td>Bleeding disorders not due to anticoagulant use (e.g. Hemophilia, von Willebrand’s disease)</td>
</tr>
<tr>
<td>Flolan or Remodulin continuous infusion for PPH</td>
</tr>
<tr>
<td>Long term mechanical ventilation (excluding CPAP for OSA)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONDITION</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Acute stroke with positive CPSS</td>
</tr>
<tr>
<td>Pregnancy with EGA greater than 20 weeks</td>
</tr>
<tr>
<td>Dialysis dependent</td>
</tr>
<tr>
<td>Known AAA with abdominal pain and stable VS</td>
</tr>
<tr>
<td>Suspected ruptured AAA</td>
</tr>
</tbody>
</table>
APPENDIX A:
Transport directly to Provincial Trauma Centre (HSCA-ED) for any of the following:

Unstable VS:
- Evidence of head trauma and GCS less than 14
- RR greater than 30 or less than 10 rpm
- SBP less than 90 mmHg
- HR greater than 120 bpm

Anatomical Injury:
- Penetrating injury to head, neck, chest, axilla, shoulder, abdomen, groin
- Two or more proximal long bone fractures (humerus or femur)
- Open fracture or dislocation
- Fracture or dislocation with absent pulse in injured limb
- Open pelvic fracture/injury
- Life threatening chest injuries
  - Tension pneumothorax
  - Flail chest
  - Open (sucking) chest wound
- Amputation of extremity proximal to ankle or wrist
- Paraplegia or quadriplegia
- Any pregnant patient

Mechanism of Injury:
- Fall from a height greater than 10 feet (1 story)
- Ejection (partial or complete) from a motorized vehicle
- Death in the same passenger compartment
- Pedestrian struck by motor vehicle at greater than 30 kph, or run over, or thrown any significant distance
- MVC with intrusion greater than 12 inches into occupant location

APPENDIX B:
Transport directly to Provincial Burn Centre (HSCA-ED) for any of the following burns:

- Greater than 20% BSA (any thickness)
- Greater than 5% of BSA (full thickness)
- Location:
  - Face
  - Neck
  - Hands
  - Feet
  - Perineum
- Potential airway involvement
- High voltage electrical burns
ABBREVIATIONS:

AAA = abdominal aortic aneurysm
bpm = beats per minute
BSA = body surface area
CPA = cardiopulmonary arrest
CPAP = continuous positive airway pressure
CPSS = Cincinnati Prehospital Stroke Scale
ED = emergency department
EGA = estimated gestational age
GCS = Glasgow coma score
HR = heart rate
ICD = implantable cardiac defibrillator
IERHA = Interlake-Eastern Regional Health Authority
kph = kilometres per hour
LVAD = left ventricular assist device
mmHg = millimeters of mercury
MTCC = Manitoba Transportation Coordination Centre
MVC = motor vehicle collision
OLMS = on-line medical support
OSA = obstructive sleep apnea
PC = palliative care
PPH = primary pulmonary hypertension
RHA = regional health authority
ROSC = return of spontaneous circulation
rpm = respiration per minute
RR = respiratory rate
SBP = systolic blood pressure
SHSS = Southern Health /Santé Sud
STEMI = ST segment elevation myocardial infarction
VS = vitals signs