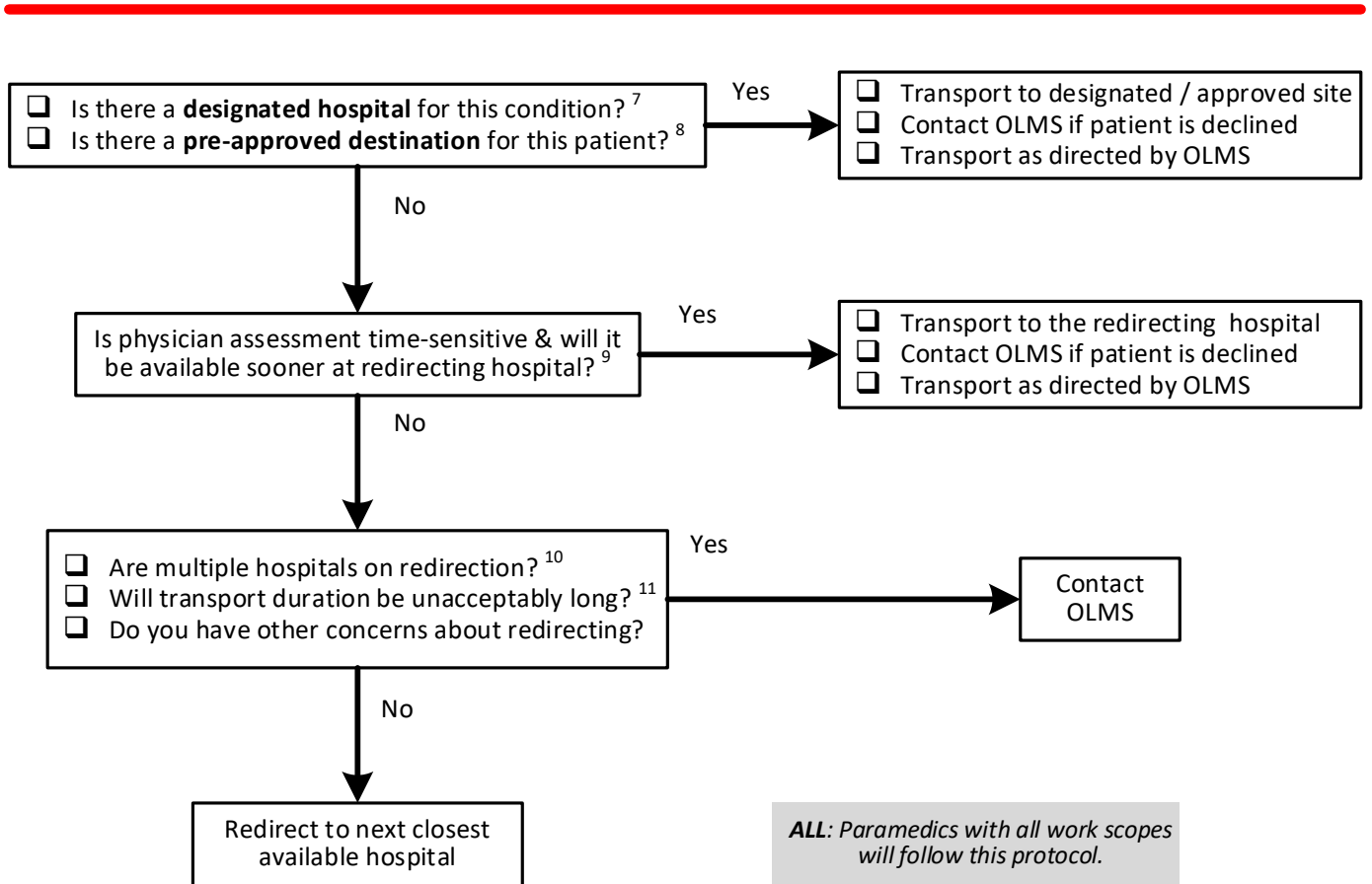
	B02 - REDIRECTION ADVISORY	
	All ages	DESTINATION
<i>ERS employees and the employees of providers operating under a service purchaser agreement (SPA) with ERS, will comply with all EMS/PT policies & procedures, patient care maps, and medication documents (excepting WFPS and other providers by agreement with ERS).</i>		
Version date: 2022-04-16	Effective Date: 2022-05-17 (0700 hrs)	

- DO NOT REDIRECT (TRANSPORT AS PER B01 / B03) ¹**

 - Airway cannot be opened or maintained
 - Patient cannot be ventilated or oxygenated
 - Uncontrollable exsanguinating hemorrhage
 - Suspected tension pneumothorax
 - Imminent delivery
 - Newborn requiring resuscitation
 - Prolapsed umbilical cord, shoulder dystocia, breech presentation



INDICATIONS

- The Medical Transportation Coordination Centre (MTCC) advises that the closest site, hospital, or emergency department (ED) has requested a redirection advisory

CONTRAINDICATIONS

- Not applicable

NOTES

1. PARAMEDICS CAN OVER-RIDE A REDIRECTION ADVISORY FOR THESE CRITICAL, TIME-SENSITIVE CONDITIONS.

Survival is measured in minutes. If these cannot be resolved with the personnel, equipment, and expertise available on scene, emergency transport to a higher level of care (or at least a better resourced environment) may be the best of limited options.

2. For the purposes of this policy & procedure, an emergency department (ED) will be considered next closest if it has the shortest estimated transport *time* from the patient's current location.

When two destinations have similar transport times, paramedics will transport to that which has the shortest estimated transport *distance*.

When two destinations have similar transport times or distances, a patient known or suspected to require a subsequent urgent interfacility transfer (IFT) will be transported to the ED *closest to the most likely referral centre*.

Estimated transport times must be based on safe vehicular speed. Non-clinical issues affecting patient, provider, and public safety such as road and weather conditions will be at the discretion of the vehicle operator.

3. In the event of a reduction in services at a hospital, local or Regional staff may request a diversion, or redirection, of ambulances. ERS *may* issue a **redirection advisory**.

Paramedics will only comply with a redirection advisory that has been communicated to them by Medical Transportation Coordination Centre (MTCC) personnel.

MTCC staff can advise paramedics regarding the location and status of the next closest hospital(s).

4. Paramedics may consult the on-line medical support (OLMS) physician at any time for destination decision and/or clinical support.

5. Paramedics will ensure the appropriate pre-arrival notification of staff at the receiving hospital and provide updates as necessary. This is especially important with one of the critical, time-sensitive conditions as it may enable local staff to pre-alert the physician to be on-site prior to patient arrival.

If over-riding a redirection advisory, paramedics should indicate the reason for the over-ride if requested.

6. When redirecting, the patient and/or their representative must be informed of the redirection and the reason for it (eg. no physician at the redirecting site).

7. A facility may be the **designated hospital** for the management of a specific condition. They cannot redirect a patient who meets the criteria for transport there but can redirect non-qualifying patients to other sites to preserve their capacity for patients with the specific condition (eg. *HSC may redirect certain non trauma patients to maintain its trauma capacity*).

8. Some patients with complicated conditions may have a **pre-approved destination** for their care. Depending upon their chief complaint and condition, redirection may or may not be appropriate.
9. If a site is on a redirection due to the *temporary* absence of the physician (eg. accompanying a patient on transport) but the physician is expected to return sooner than the transport time to the next available ED, the OLMS physician *may* direct paramedics to over-ride the redirection advisory and transport the patient to the redirecting ED. Paramedics *may* be directed to remain with the patient until the physician returns.
10. If multiple adjacent sites are simultaneously on redirection, the OLMS physician *may* direct paramedics to transport to a site that has a physician available, even if that site is on a redirection for other reasons.
11. If the transport duration to another hospital will be unacceptably long and potentially impact the patient's safety or the response capabilities of the EMS system, the OLMS physician may advise paramedics to transport to the redirecting site.

LINKS

B01 - STANDARD DESTINATION
 B03 - DESTINATION WHEN THE CLOSEST ED IS IN WINNIPEG

APPROVED BY



Medical Director - Provincial EMS/PT



Associate Medical Director - Provincial EMS/PT

VERSION CHANGES (refer to X02 for change tracking)

- Renumbered from A04.2 and moved to section B
- Reformatted (replacement of coloured boxes with scope of work statement & 3 letter indicators)
- Revised flow chart for ease of use & expanded notes for greater clarity
- Increased role of OLMS in managing redirections
- Patient must be informed of redirection but consent not required
- Clarification that redirection advisory might be over-ruled in some specific situations
- Removal of table C

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