

OTAS Level	Best Effort Time to receiving	Description	Examples
<b>Emergent 1</b> CACC Code 4	< 4 hours	<p>Conditions that are threats to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions that cannot beyond the scope at the sending hospital or nursing station or patients are requiring immediate intervention at the receiving facility</p> <p>*** Emergent 1 calls are automatically approved for Unable To Return To Base (UTRTB) and overtime. The most appropriate CCLA shall be dispatch or aircraft shall be weather checked with 10 minutes of Patient Details Complete.</p>	<ul style="list-style-type: none"> <li>• Scene Response or Modified Scene</li> <li>• Declared Life or Limb</li> <li>• Acute STEMI that requires time-sensitive or rescue intervention i.e. not reperused by TNK</li> <li>• Acute multisystem trauma</li> <li>• Acute vascular emergency requiring immediate surgical intervention- type A dissection, AAA</li> <li>• Complicated Labour (preterm, breach, abruption)</li> <li>• Intracranial hemorrhage requiring neurosurgical intervention</li> <li>• Orthopaedic injury with neurovascular compromise</li> <li>• Pre-term labour in a facility without resources to manage the neonate</li> </ul>
<b>Emergent 2</b> CACC Code 4	< 6 hours	<p>Conditions that are a potential threat to life, limb or function requiring rapid medical interventions. These patients have an acute illness or injury and have the potential for further deterioration. They need prompt treatment to stabilise developing problems and treat severe conditions. These may be patients with relatively stable conditions that overwhelm a local hospital/nursing stations ability to care for them</p> <p>*** Emergent 2 calls require TMP approval for Unable To Return To Base (UTRTB) and overtime. The most appropriate CCLA shall be dispatch or aircraft shall be weather checked with 10 minutes of Patient Details Complete.</p>	<ul style="list-style-type: none"> <li>• Intubated patient in a setting without a ventilator</li> <li>• ACS or NON-STEMI with ongoing chest pain</li> <li>• Septic patient with early end organ failure in rural hospital requiring tertiary level care.</li> </ul>
<b>Urgent 3</b> CACC Code 3	< 12 hours	<p>Patient conditions that could potentially progress to a serious problem requiring emergency intervention. These patients are stable, but their diagnosis or presenting problem suggests a potentially more serious process. These may be patients that are undifferentiated without a precise diagnosis but are stable currently but there is a concern for possible deterioration beyond the capabilities of the sending facility.</p>	<ul style="list-style-type: none"> <li>• Stable NON-STEMI without chest pain going for PCI</li> <li>• Ventilated/septic patient in community hospital requiring tertiary level care</li> <li>• SOB patient with stable vital signs going to rule out pulmonary embolism from rural hospital</li> </ul>
<b>NonUrgent 4</b> CACC Code 2	< 24 hours	<p>Acute conditions that are treated appropriately and stabilised at sending facility going for a consultation at a higher level of care. The potential seriousness of their problem based on their presenting problem or diagnosis is not as acute. The need for potential acute intervention is minimal. This group would also include patients for whom a transfer was pending a bed, and</p>	<ul style="list-style-type: none"> <li>• Closed fractures requiring orthopaedic assessment (with no risk of delay in possible surgical reduction)</li> <li>• Stable abdominal pain going for assessment (with low risk of surgical cause).</li> <li>• Repatriation of patients currently holding a tertiary care ICU bed that</li> </ul>

that bed is now available within this time frame, but the transfer is not of a clinical time-sensitive nature.

require return to open the bed for future acutely ill patient.

**NonUrgent 5**  
*CACC Code 1*

< 48 hours

Non-urgent, next day booked transports. Conditions that may be acute but non-urgent as well as conditions which may be part of a chronic problem. The investigation or interventions for some of these illnesses or injuries. These are minor complaints that do not pose any immediate risk to the patient.

- Next day Non-Urgent/Scheduled calls
- Repatriation of patients who are not holding a tertiary care ICU bed.

**Oscar**  
**(Special Operations)**

NA

Bariatric patient, Intra Aortic Balloon Pump (IABP), Extracorporeal membrane oxygenation (ECMO)

Any patient that requires specialized equipment