

Implementation Guide

Life or Limb Policy
Supplemental Resource



**Ontario
Health**

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Purpose

This implementation guide supports hospitals, clinicians, medical transport providers, and other system partners in interpreting and operationalizing Ontario's Life or Limb Policy (the Policy). An overview of the Policy purpose, stakeholder roles and responsibilities, and new escalation pathways are provided to foster consistency in implementation in hospitals and across regions.

What is the Life or Limb Policy?

Ontario's Life or Limb Policy outlines the minimum expectations of health service providers (e.g., hospitals, physicians) to ensure that persons with a Life or Limb threatened illness receive timely and appropriate care. The Life or Limb Policy applies to all persons in Ontario. This includes adults, children and infants. The Policy states that:

"Persons with an episode of treatable time-sensitive critical illness (i.e., threats to Life or Limb) presenting at one Ontario hospital who would benefit from specific treatment at another hospital, will have access to that treatment at the closest most-appropriate hospital within a best effort window of 4 hours."

A threat is 'confirmed Life or Limb' when the following criteria are met:

- 1) Treatable – clinical intervention(s) within standard of care is available
- 2) Time-sensitive – critical threats are mitigated with treatment received within 4 hours.
- 3) Critical – a clinical condition that poses a threat to a person's life and/or a threat to the minimally essential function of an organ or body system (e.g., vision, limb function); this includes threats related to pregnant persons and/or in-utero transfers when newborns are anticipated to need a higher level of care.

There are three central accountabilities anchoring this Policy, (1) Identification & Consultation, (2) Transfer and, (3) Repatriation. The expected compliance rate of this Policy is 100%. The central accountabilities for the care of persons experiencing a Life or Limb condition are understood to be shared across the system. To support health service providers navigate processes related to the Policy, escalation pathways are available when required.

All consultations for Life or Limb cases should be coordinated through CritiCall Ontario (CritiCall) For patients confirmed Life or Limb and transfer is required, CritiCall will facilitate the coordination of transport.

Key Stakeholders

The Life or Limb Policy applies to all Ontario hospitals and system partners involved in the identification and consultation, transfer, and repatriation of Life or Limb patients. An overview of stakeholder roles and responsibilities is provided.

Referring Physicians

- The referring physician is the most responsible physician for the person at the hospital at which the patient initially presents. In the absence of a physician, the most appropriate responsible practitioner at the hospital where the patient initially presents is responsible for the patient.
- They are familiar with the Policy as well as condition-specific guidelines (e.g., neurosurgery) to appropriately identify a provisional Life or Limb case (i.e., is treatable, time-sensitive, and critical).
- They contact CritiCall to provisionally declare a Life or Limb case and request a specialist consultation. They collaborate with the consulting physician to confirm if the case is Life or Limb.
- When a case is confirmed Life or Limb, they advise CritiCall on the appropriate method of transport based on the care requirements of the patient.

Consulting Physicians

- The consulting physician is at the receiving hospital; they respond to Life or Limb consultation requests from CritiCall. The target for responding is within 10 minutes.
- Provide medical consultation to the referring physician, to determine if the patient meets the definition of Life or Limb (i.e., is treatable, time-sensitive, and critical).
- If the consulting physician confirms the case is Life or Limb, they accept the patient and initiate their hospital's intake process.
- They also provide guidance to the referring physician on the immediate management of the patient.

Hospital Administration

- The hospital administrative team oversees the local implementation of the Policy by incorporating the three central accountabilities (i.e., identification and consultation, transfer, and repatriation) in hospital policy and procedures.

CritiCall Ontario

- CritiCall Call Agents coordinate the communication and logistics for Life or Limb consultations and transfers.
- Medical Director/Associate Medical Directors provide facilitation direction for cases that may require escalation.
- CritiCall collects case facilitation data and produces reports to inform provincial, regional and health service provider performance monitoring and quality improvement.

Transport Medicine Providers

- Transport Medicine Providers (TMP) (e.g., Ornge, Paramedic Services) ensure timely (within a 4-hour best effort window) and safe transport of Life or Limb patients. They also assist with repatriation (within a 48-hour best effort window).
- They maintain escalation processes for transport-related delays.

Ontario Health

- Ontario Health provides oversight, system support, and monitors Policy implementation.
- They collaborate with health system partners to address regional issues and operational improvements.
- They support escalation pathways and monitor policy compliance and outcomes.

Managing a Life or Limb Case

The three central accountabilities within the Life or Limb Policy are: (1) identification and consultation; (2) transfer of person to the receiving hospital; (3) when required, repatriation of person to the closest to home most-appropriate hospital following the critical phase of illness. A step-by-step outline of how to manage a Life or Limb case is provided.

1. Identification and Consultation

A. The referring physician identifies a provisional Life or Limb case and seeks internal consultation

- The emergency department or inpatient physician (i.e., the referring physician) identifies a patient has a potential threat to Life or Limb that may require subspecialty or higher-level care.
- Prior to initiating the Life or Limb processes, an internal consultation with the appropriate on-call service should be completed.
- If the required service is not provided internally, the referring physician initiates an external consultation via CitiCall.

B. The referring physician contacts CitiCall for support accessing an external consultation at [1-800-668-4357 (HELP)].

- The referring physician provides the requested patient information to the Call Agent and indicates the case urgency is Life or Limb (i.e., is treatable, time-sensitive, and critical).

C. The CitiCall Call Agent identifies and contacts a consulting physician at the closest hospital with the required service(s).

- The Call Agent locates a consulting physician in the appropriate service area at the closest, most appropriate hospital [using geography and CitiCall's Provincial Hospital Resource System (PHRS) inventory] or as defined by established specialty rotation or referral pathways. The closest most appropriate hospital is called the receiving hospital.
- The Call Agent contacts the receiving hospital, via switchboard, and requests that the required on-call specialist (i.e., consulting physician) be paged to CitiCall for a Life or Limb consultation.
- If the consulting physician does not respond within 10 minutes, the Call Agent will contact the receiving hospital again requesting a second page, or depending on the service required may work with switchboard to contact them in another way (e.g., calling the operating room).
- If the consulting physician does not respond within 10 minutes of the second page, the Call Agent will identify and contact a consulting physician at the next closest most appropriate hospital.

D. Physician consultation provided

- When the consulting physician responds to CritiCall, the Call Agent connects the referring and consulting physicians.
- Following consultation, the consulting physician confirms if the case is Life or Limb (i.e., is treatable, time-sensitive, and critical).
 - When a case is confirmed Life or Limb, the consulting physician accepts the patient for transfer. There is no-refusal of confirmed life or limb cases.
 - When a case is not confirmed Life or Limb, but the patient requires urgent care within 24 hours, the consulting physician may recommend a transfer to a higher level of care. Note that in this case, the referring hospital is responsible for coordinating the transfer.
- The consulting physician should provide the referring physician guidance for the stabilization and immediate management of the person and remain accessible, where appropriate, they may be required to provide ongoing guidance to the referring hospital/physician following the initial consultation.

2. Transfer of Patient to the Receiving Hospital

- Upon confirmation of Life or Limb, the receiving hospital must be ready to accept the patient. The absence of hospital beds is not a consideration.
- CritiCall arranges patient transportation in coordination with the referring physician and Ornge or the Central Ambulance Communication Centres (CACCs). Adjustment of logistics may occur based on both case-specific factors (e.g., patient acuity, level of paramedic required) and on the appropriate transport mode (e.g., land or air).
- The target for accessing appropriate treatment is 4 hours.
- Timely documentation and handover between clinical teams are expected.

3. Repatriation to Closest Most-appropriate Hospital

- Planning for repatriation begins at the time of transfer. Wherever possible, the patient and/or their caregivers should be informed that the patient will return to their referring or closest-to-home hospital for continued care after their specialized care at the receiving hospital is completed.

- The target for repatriation under the Policy is prompt acceptance at the hospital for repatriation, allowing up to 48 hours from when the transfer request is initiated for arranging transport logistics.

Special Populations: Pregnant Persons and Neonates

The Policy reinforces that Life or Limb includes ‘threats related to pregnant persons and/or in-utero transfers when newborns are anticipated to need a higher level of care.’ When possible, an in-utero transfer is preferred for any newborn anticipated to meet Life or Limb criteria.

To support this, when a pregnant person who presents in labour and meets Life or Limb criteria, or when a neonate is anticipated to meet Life or Limb criteria at birth, CritiCall will coordinate a call via the bridgeline that includes the referring physician, consulting physician (OB/MFM), neonatal transport team (NTT) and an appropriate TMP. The health care providers on this call will collaborate to plan the care and transfer.

To support referring and consulting physicians in identifying a Life or Limb case, [‘Example Clinical Criteria for Life or Limb-Threatened Neonates and Pregnant Persons’](#) was developed.

Escalation Pathways

The Life or Limb Policy requires time-sensitive decision making. If there is deviation from the Policy in which access to treatment and/or patient safety may be compromised, escalation pathways will be invoked to facilitate patient access within the scope of this Policy.

Real-time Escalation

The real-time escalation pathway is invoked when deviation occurs at the stage of either the ‘identification and consultation’ and/or ‘transfer of person to the receiving hospital’ and is led by CritiCall Ontario, in partnership with Ontario Health Regions.

CritiCall’s Medical Director and Associate Medical Directors area available to assist the call agent, referring and consulting physicians in navigating the Policy’s processes to ensure optimal patient access and safety.

Escalation for Delayed Repatriation

Escalation to Ontario Health Regional Teams is advised when deviation occurs at the stage of 'repatriation to closest most-appropriate hospital'.

Quality Improvement

To support all parties who participate in care delivery and who provide oversight under the Policy to advance the Policy's guiding principles,

- People in Ontario can expect to receive the right level of care at the hospital most appropriate for their needs.
- Health service providers across the province have a shared accountability in providing timely, high quality, safe, and accessible care.

A process for enabling continuous quality improvement has been developed. A collaborative quality structure, led by Ontario Health and CitiCall, will review feedback from relevant stakeholders to inform local, regional and provincial process and quality improvement. Where a Life or Limb case required real-time escalation, participating hospitals may be asked to complete an internal case review.

You can share feedback on the Life or Limb Policy or a specific Life or Limb case by emailing lifeorlimb@criticall.org (do not include personal information or personal health information in your email).

Additional Resources

- The Ontario Life or Limb Policy is available on the Ministry of Health [website](#).
- CitiCall has several resources available on their website to support hospitals and physicians (see [Urgent and Emergent Support](#) page).
- Critical Care Services Ontario (CCSO) has additional resources available on their website to support hospitals and physicians (see [Life or Limb resource](#) page)

In collaboration with the Ministry of Health, Ontario Health and Critical Care Services Ontario, the [Ontario Life or Limb Policy](#) was updated and released in October 2025. The Policy was updated with the guidance of a leadership team that included the Ontario Health provincial program of critical care, CorHealth, Ontario Health Regions, Critical Care Services Ontario, CritiCall Ontario, and Ornge, as well as feedback received from over 30 partner engagement sessions with health system providers, clinicians, and patient and family advisors from each region of the province. The updated Policy aims to ensure equitable access to Life or Limb care for every person in Ontario.

For more information, contact lifeorlimb@criticall.org.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.
Document disponible en français en contactant info@ontariohealth.ca