Papua New Guinea

National Department of Health

Ambulance Service Activity Report

Quarter Three

1 JULY – 30 SEPTEMBER 2025

A public service agency of the National Department of Health

National Department of Health

Executive Summary

The Quarter Three 2025 Ambulance Activity Report outlines the National St John Ambulance's growth, challenges, and operational performance across Papua New Guinea from **1 July to 30 September 2025**, the service responded to 9,350 incidents, marking an 8% decrease in demand compared to the previous quarter.

The report highlights the scale and impact of these services nationwide.

Key performance highlights include:

Call Centre Efficiency: The call centre maintained strong performance, with 91% caller satisfaction and 98% patient satisfaction, reflecting continued public confidence in the service.

Response Times: The national median response time for *Priority 1A* incidents was 14 minutes and 56 seconds. Urban centres such as the National Capital District achieved faster responses (13 minutes and 2 seconds), while provinces like Central and East New Britain experienced longer delays due to challenging terrain and limited ambulance resources.

First Aid Training: A total of 1,982 individuals received first aid training during the quarter, including 1,079 students through the *Free First Aid in Schools* program and 903 workers through workplace first aid courses.

Aeromedical Services: St John completed six fixed-wing missions, including one international evacuation and two helicopter missions. A total of 31.1 flight hours were recorded, ensuring critically ill patients from regional and remote areas received timely care.

Ambulance Revenue: While the services remained free for public hospital patients, the organisation generated PGK 30,462.50 from private and mortuary bookings to help sustain operations.

NStJA has made good progress in improving service coverage, staff training, and response times. However, fixed government funding, an aging fleet with increased maintenance downtime, and a growing demand for ambulance services beyond current capacity remains a significant challenge. Without ongoing support and additional resources, delays, especially in rural areas, will continue to persist.

We acknowledge the Marape/Rosso Government for continued funding this quarter, the NCDC under Governor Powes Parkop for their support, and our partners for the donation of new ambulances:

- Lae City Authority
- Butibam Pipeline Landowners Association
- Nambawan Trophy Limited through the Green Angels Appeal
- Motu Koita Assembly through EMPNG,
- ExxonMobil PNG

Sustained government investment in ambulances, workforce, and infrastructure is critical to ensuring timely emergency care for all Papua New Guineans.

National Department of Health

Contents

Reporting period:

This report covers National St John Ambulance activity in quarter two, from **1 July to 30 September 2025**.

This report provides key insights into clinical outcomes, patient demographics, and the geographic distribution of ambulance calls.

It covers all provinces where NStJA operates, giving a clear picture of the service's reach and performance. The data is drawn from 111 call reports and the ambulance Computer-Aided Dispatch (CAD) system.

Summary of Quarter Three

Ambulance Service Data

Table 1: Ambulance service summary data, Q3 2025 vs Q2 2025

Metric	Q2 2025	Q3 2025	% change
Emergency calls handled ☎	23,614	22,046	-7%
Emergency incidents	10,109	9,350	-8%
Patients assisted *	7,161	7,122	-1%
Patients transported	6,854	6,484	-5%
Distance covered (km)	465,139	396,063	-15%
Fuel consumed (L)	58,963	47,655	-19%
Caller satisfaction	98%	91%	-7%
Patient satisfaction	100%	98%	-2%

**Patients assisted by ambulance (treated at scene and/or transported to hospital) that are documented using an electronic medical report system.*

National Time-based Operational Performance Measures

Table 2 provides an overview of the national operational performance for this quarter. Where response times exceeded the target, this was primarily due to the distance and geographical challenges between the station and the patient's location and the availability of an ambulance at the time of the call.

Table 2: Time-based operational performance measures, National, Q3 2025

Category:	Priority 1A		Priority 1B		Priority 1C		All other priorities P2, P3, P4, P5	
Urgency:	**Critical**		**Urgent**		**Urgent**		**Non-urgent**	
Timing:	**Target**	**Q3**	**Target**	**Q3**	**Target**	**Q3**	**Target**	**Q3**
Dispatch time (median)	*< 90 seconds*	176 sec	*< 120 seconds*	221 sec	*< 3 minutes*	29 min 50 sec	*When appropriate resourcing is available*	57 min 27 sec
Response time (median)	*< 45 min. (where possible)*	14 min 56 sec	*< 60 minutes*	19 min 11 sec	*< 90 minutes*	60 min 42 sec	*As soon as practicable*	91 min 55 sec
Scene time (median)	*30 minutes*	20 min 16 sec	*30 minutes*	18 min 52 sec	*30 minutes*	16 min 25 sec	*Case dependent*	16 min 43 sec
Overall Case time (median)	*1 hr 15 minutes*	1 hr 20 min	*2 hours*	1 hr 9 min	*2 hours*	1 hr 12 min	*Case dependent*	2 hr 39 min

Ambulance Staff Trained

Table 3: Number of ambulance staff trained Q3 2025 vs Q2 2025 (courses completed)

Courses	Q2 2025	Q3 2025
First Responder ⛑	-	9
Ambulance Officer 🧍	-	0
RAO/RAD 🧍🧍🚑	-	0
Advanced First Aid ⛑	-	22
Total	**-**	**31**

Public Trained in First Aid

Table 4: Number of people trained in first aid, and student satisfaction, Q3 2025 vs Q2 2025

Metric	Number trained			Student satisfaction ☺	
	Q2 2025	Q3 2025	% change	Q2 2025	Q3 2025
Free First Aid in Schools 🏫	598	1,079	80%	-	
First Aid for Work* 👷👷👩	1,017	903	-11%	98%	97%
Public Awareness 👫	4,907	352	-93%	-	
Hosp Advanced Resus 👨‍⚕️👩‍⚕️	-	-	-	-	
Total	**6,522**	**2,334**	**-64%**		

** Workplace first aid includes L1 (BEFA), L2 (PSFA), L3 (AFA).*

Resourcing

The table below indicates the number of crewed public ambulances available in each province at any one time:

Table 5: Public ambulances on duty available at any one time, by province, 30 September 2025

24-hour resources	NCD	Central	Morobe	ENB	Total
Advanced Life Support	1	0	0	0	**1**
Basic Life Support	5	0	2	1	**8**
Reservist	0	2	0	0	**2**
Paramedic/HEO standby	2	0	0	0	**0**
Total	**8**	**2**	**2**	**1**	**11**

Table 6: On-call resources, by province, 30 September 2025

On-call resources	NCD	Central	Morobe	ENB	Total

Reservist	0	2	0	0	2
Advanced Life Support	0	0	0	0	0
Paramedic	0	0	0	0	0
Doctor	3	0	0	0	3
Command	3	1	1	1	6
Total	**6**	**1**	**1**	**1**	**9**

The number of operational and corporate staff in each province is summarised below. The workforce figures represent staffing as at 30 September 2025:

Table 7: Number of staff by clinical level and province, 30 September 2025.

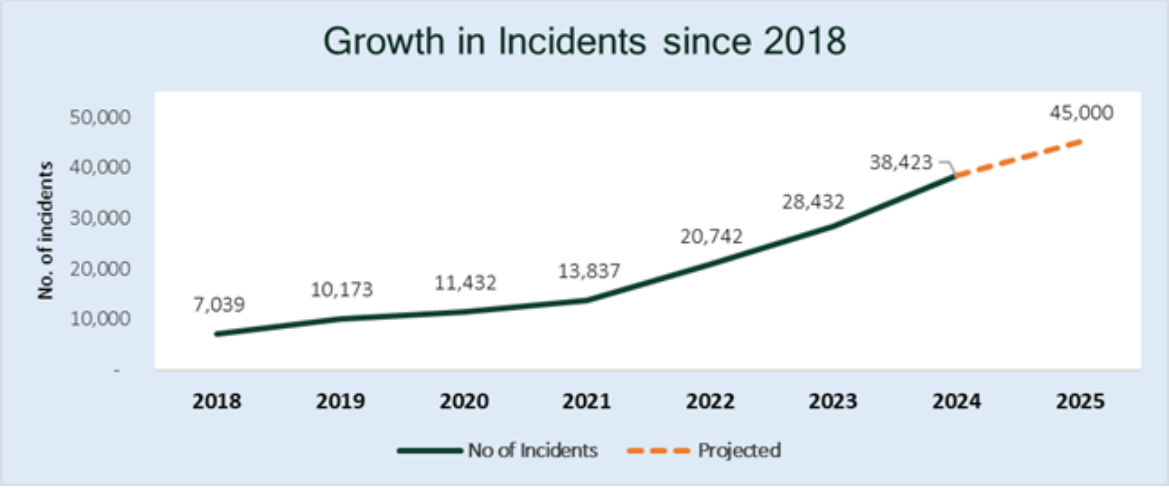
Province	NCD	Central	Morobe	ENB	Hagen	Goroka	Total
		Clinical staff					
Ambulance Driver (AD)	-	10	2	-	-	-	**12**
Reservist Ambulance Officer (RAO)	-	1	1	2	-	-	**4**
Ambulance Officer L1 (AO1)	11	2	4	2	**1**	**4**	**24**
Ambulance Officer L2 (AO2)	23	-	6	-	-	-	**29**
Ambulance Officer L3 (AO3)	27	-	2	1	-	-	**30**
Emergency Medical Technician (EMT)	1	-	1	-	-	-	**2**
Clinician L1	4	-	-	-	-	-	**4**
Clinician L2	1	-	-	1	**2**	-	**4**
Clinician L3	-	-	-	-	-	-	**-**
Clinician L1 / L2 (projects)	1	-	-	2	2	-	**5**
Paramedic (incl management)	3	-	1	1	**1**	-	**6**
SMO (Medical Officer)	3	-	-	-	-	-	**3**
Reservist SMOs	1	-	-	-	-	-	**1**
		Support Services Staff					
Fleet & Infrastructure	10	-	-	-	-	-	**10**
Service Planning	5	-	-	-	-	-	**5**
Facilities & Admin Drivers	23	-	-	-	-	-	**23**
		Other HQ staff					
Finance	5	-	-	-	-	-	**5**
People Workforce & Culture	6	-	-	-	-	-	**6**
Office of CEO	12	-	-	-	-	-	**12**
Enterprise & Education	20	-	-	-	-	-	**20**
Clinical Systems	10	-	-	-	-	-	**10**
Total	**166**	**13**	**17**	**9**	**6**	**4**	**215**

National Performance Reporting

Emergency Incident Growth

The graph below illustrates the total number of incidents responded to by NStJA since 2018. In the second quarter of 2020, NStJA opened new ambulance stations in regional centres, beginning with a station in East New Britain. This expansion is reflected in the subsequent rise in incident numbers and is projected to continue through 2025. In 2024, NStJA attended to over 38,000 incidents, falling short of the predicted 39,000, nonetheless underscoring the growing demand and pressure on NStJA services.

Figure 1. Growth in clinical incidents since 2018



Incidents by Clinical Presentation (Medical Problem)

During the reporting period, NStJA attended to 9,350 incidents, representing an 8% decrease compared to the last quarter.

Table 8: Incidents by clinical presentation Q3 2025 vs Q2 2025

Clinical Presentation	Q2 2025	Q3 2025	Change	
			Number	%
Medical general	3,611	3,097	-514	-14%
Obstetric/maternal	1,654	1,356	-298	-18%
Trauma	1,071	1,099	28	3%
Respiratory	1,458	1,622	164	11%
Gastrointestinal	781	801	20	3%
Transfer	1,025	852	173	-17%
Cardiovascular	265	261	4	-2%
Bites/stings	84	99	15	18%
Motor vehicle collision	94	91	-3	-3%
Toxicology	45	48	3	7%
Shooting	15	17	2	13%
Mental health	6	7	1	17%
Total	**10,109**	**9,350**	**-759**	**-8%**

Analysis of Clinical Presentation (Medical Problem)

The table shows an overall 8% decrease in clinical presentations, falling from 10,109 in Q2 to 9,350 in Q3 2025. The largest decline was recorded in medical general cases, which dropped by 514 cases (-14%), followed by obstetric/maternal presentations, decreasing by 298 cases (-18%). Transfer-related cases also fell significantly by 173 cases (-17%), reflecting reduced patient movement between facilities.

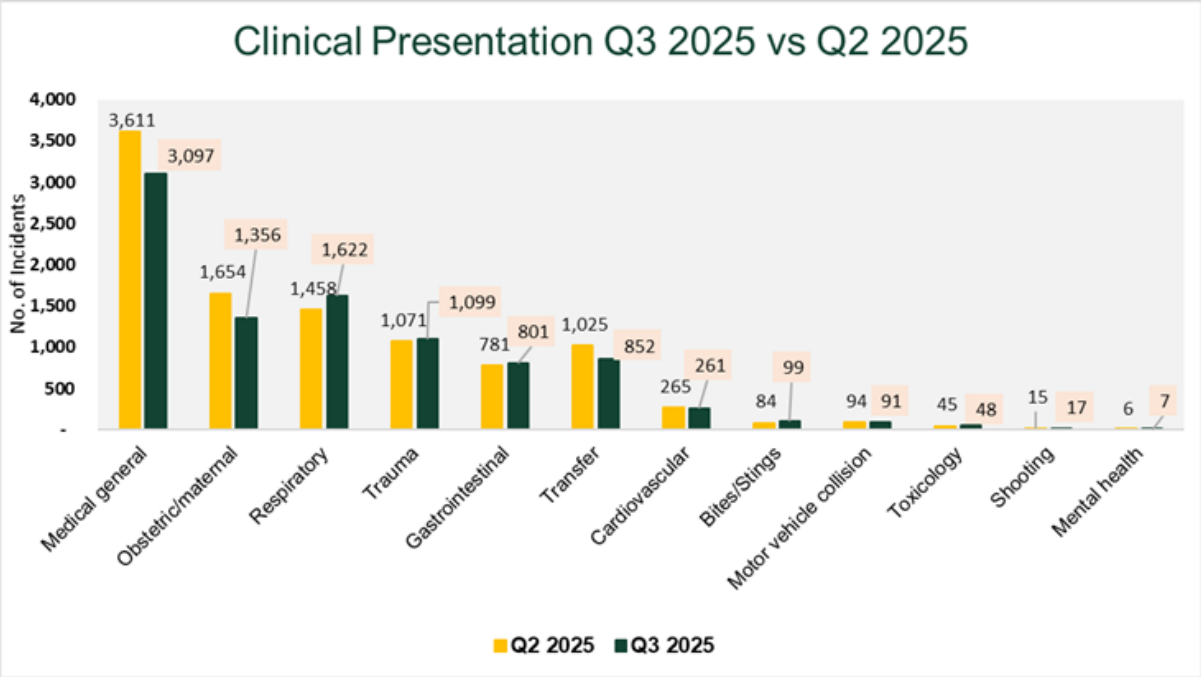
Conversely, several categories recorded increases. Respiratory cases rose by 164 (11%), while bites/stings increased by 18% (15 cases) and mental health presentations, though few in number, grew by 17% (1 case). Gastrointestinal and toxicology cases saw modest increases of 3% and 7%, respectively. Trauma presentations also rose slightly by 3% (28 cases).

Motor vehicle collisions and cardiovascular cases experienced marginal declines of 3% and 2%, respectively, while shooting incidents increased by 2 cases.

Overall, the data indicates a general reduction in clinical activity across most categories, driven mainly by fewer medical, maternal, and transfer presentations.

Figure 2 shows this quarter's incidents that NStJA attended nationally, by clinical presentation, in graphical format.

Figure 2: Clinical presentations Q3 2025 vs Q2 2025



Incidents by Province and Clinical Presentation

Table 9 indicates incidents by province and clinical presentation:

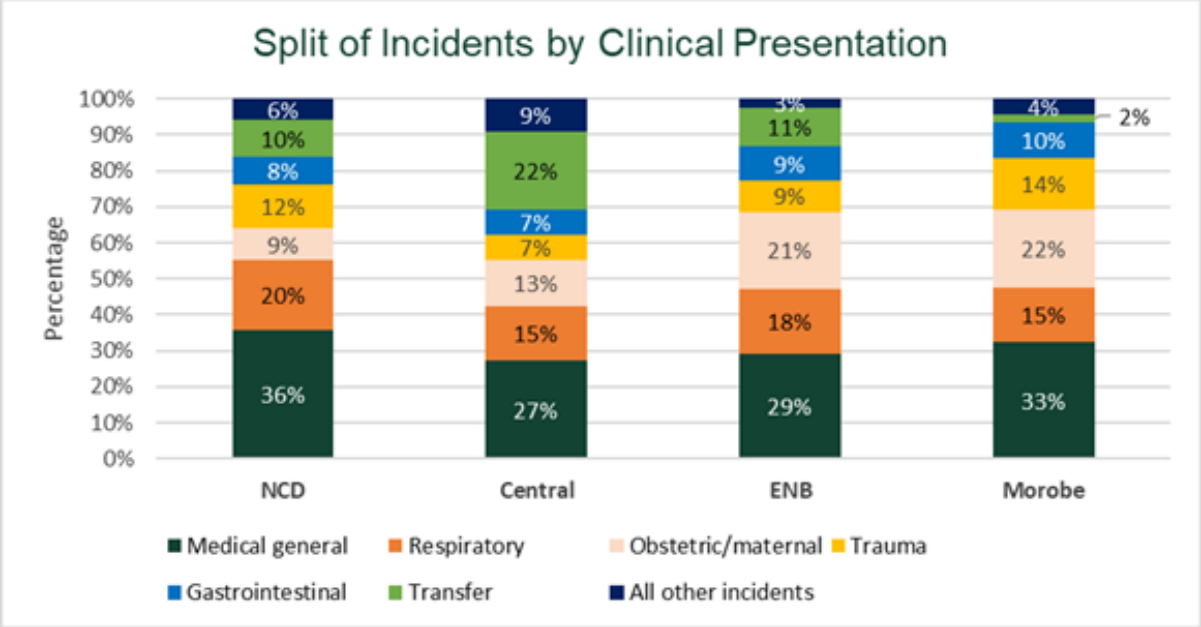
Table 9: Incidents by clinical presentation and province, Q3 2025.

Clinical Presentation	NCD	Central	ENB	Morobe	Total
Bites/Stings	20	56	2	21	99
Cardiovascular	153	36	10	62	261
Gastrointestinal	352	83	70	296	801
Medical general	1,592	327	217	961	3,097
Mental health	5	-	-	2	7
Motor vehicle collision	58	9	3	21	91
Obstetric/maternal	392	156	159	649	1,356
Respiratory	874	181	132	435	1,622
Shooting	6	4	1	6	17
Toxicology	25	5	3	15	48
Transfer	447	259	79	67	852
Trauma	537	85	64	413	1,099
Total	**4,461**	**1,201**	**740**	**2,948**	**9,350**

Split of Incidents by Clinical Presentation

The distribution of clinical presentations varies notably across provinces. For instance, obstetric and maternal cases account for a significant portion of incidents in Morobe and ENB while representing a smaller share in Central and NCD. Central also reports the highest proportion of transfer-related cases, suggesting a strong reliance on inter-facility transport. In contrast, Morobe has the lowest percentage of transfer cases, indicating differing service structures or accessibility. These variations highlight the diverse clinical priorities and healthcare demands across the regions.

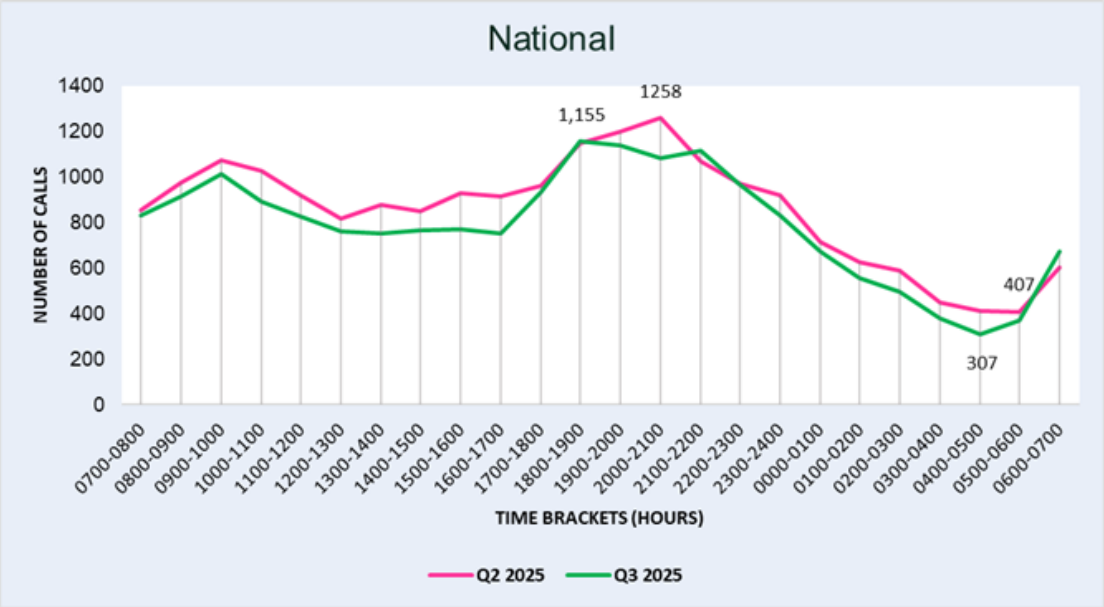
Figure 3: Split of incidents by clinical presentation, by province, Q3 2025.



Peak Call Periods

We keep track of the times at which calls for help are received. For this quarter, the busiest time when calls for help were received was between **18:00 – 19:00** with a total of 1,155 calls, while the least number of calls received was between **04:00 – 05:00 AM** with a total of 307 calls.

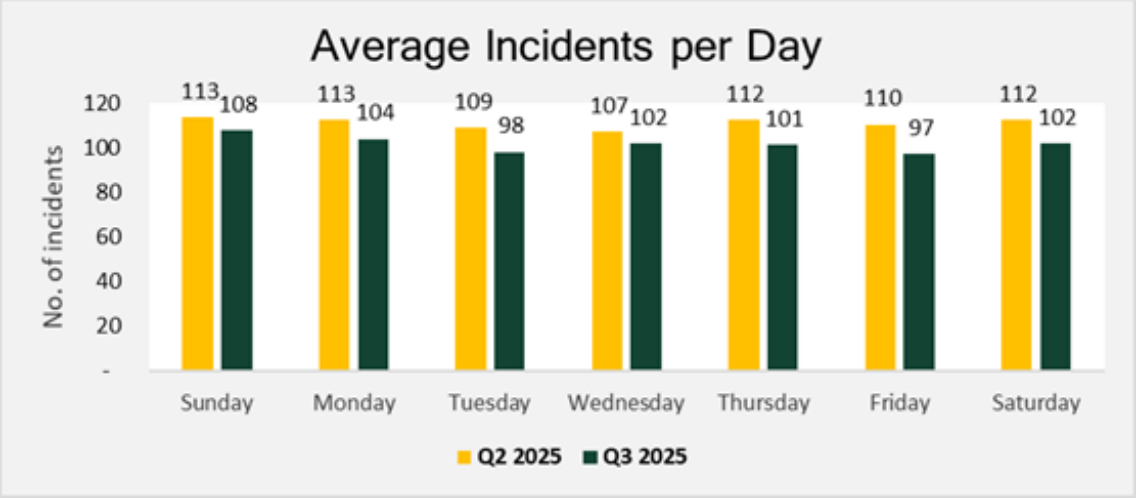
Figure 4: Number of calls per hour, Q3 2025 vs Q2 2025.



Average Cases per Day

The average number of incidents per day remained relatively stable between Q2 and Q3 of 2025. Small decreases were observed across most days, with the largest drops on Tuesday and Friday (down by 11 and 13 incidents, respectively). Overall, daily incident levels showed only minor fluctuations, indicating consistent activity patterns throughout the week.

Figure 5: Average cases per day, Q3 2025 vs Q2 2025



Patients by Age and Gender

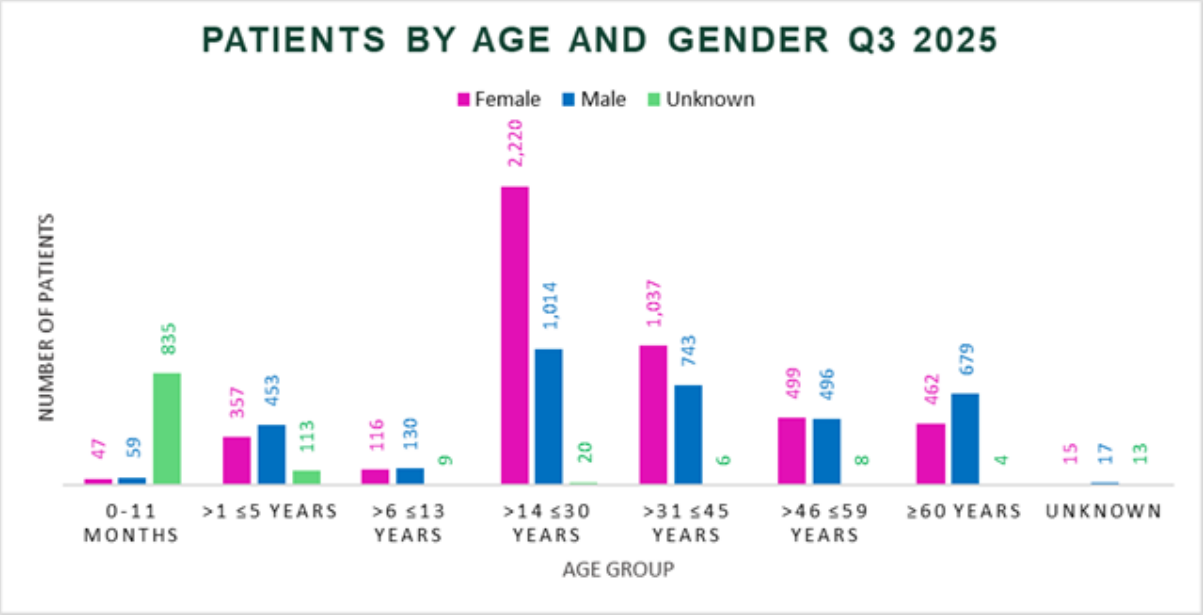
The chart presents the distribution of patients by age and gender in Q3 2025. The largest patient group falls within the 14–30 years' age range, where females (2,220) significantly outnumber males (1,014), with a small proportion recorded as unknown (20). In contrast, the 0–11 months' category is dominated by unknown gender (835) patients, highlighting ongoing data gaps for infants.

Among children aged 1–5 years, males (453) slightly outnumber females (357), with 59 cases unclassified. A similar pattern is observed in the 6–13 years' group, where males (330) exceed females (316), and 113 remain unknown.

In the 31–45 years' category, females (1,037) surpass males (743), while in the 46–59 years' group, males (496) slightly outnumber females (489). Among those aged 60 years and above, males (679) are notably higher than females (462).

Overall, the data indicates that young adult females continue to represent the largest patient segment, while older age groups are predominantly male. The high proportion of "unknown" gender cases, especially among infants, suggests persistent challenges in gender data recording.

Figure 6: Patients by age and gender, Q3 2025



Median Response Performance by Priority

The response time of the ambulance services is an elemental factor for prehospital care to be successful and, therefore, must be targeted to increase the chances of survival.

Calls to 111 are assessed and triaged by NStJA call-takers. The call-taker uses a computer-aided dispatch system to ask scripted questions. The computer automatically determines the priority based on the answers the caller gives to the scripted questions. Higher priority is automatically given according to the patient's level of consciousness and respiratory status.

Incidents are responded to in order of priority and availability of ambulances. Category 1A is the highest priority. All category 1 calls receive a lights and sirens response. Other categories generally receive a response under normal driving conditions. The time to reach a patient can be affected by many factors. Some factors are relatively within NStJA's control, such as how long it takes to handle the call (call handling time) and how long it takes an ambulance crew to go from the station to their ambulance. Other times cannot easily be controlled by NStJA, such as the distance from the station to the patient's location, and the difficulty of the terrain.

Dispatch Time

'**Dispatch time**' is defined as the time between when the call-taker first receives the call about a case and the dispatcher tasks an ambulance crew to attend the case by sending a message to the crew (usually by radio or pager). The median dispatch time in each province is shown in the table below. Extended dispatch times indicate NStJA ambulances were not available at the time of call because they were attending to other incidents. The table demonstrates that NStJA triages calls and responds much faster to Priority 1A calls, as is expected.

Table 10: Median dispatch times, by priority, Q3 2025.

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency	**Critical**	**Urgent**	**Urgent**	**Non-urgent**
NCD	2 min 32 sec	2 min 57 sec	24 min 2 sec	48 min 54 sec
Central	2 min 12 sec	4 min 4 sec	52 min 49 sec	100 min 19 sec
Morobe	4 min 35 sec	5 min 31 sec	31 min 58 sec	57 min 52 sec
East New Britain	3 min 6 sec	7 min 53 sec	36 min 37 sec	68 min 27 sec
National Median	**2 min 56 sec**	**3 min 41 sec**	**29 min 50 sec**	**57 min 27 sec**

The graph below shows national median dispatch time by quarter for priority 1A, 1B, and 1C cases, from Q1 2021 to the current reporting period.

Figure 7: Dispatch times by priority, national, Q1 2021 onwards

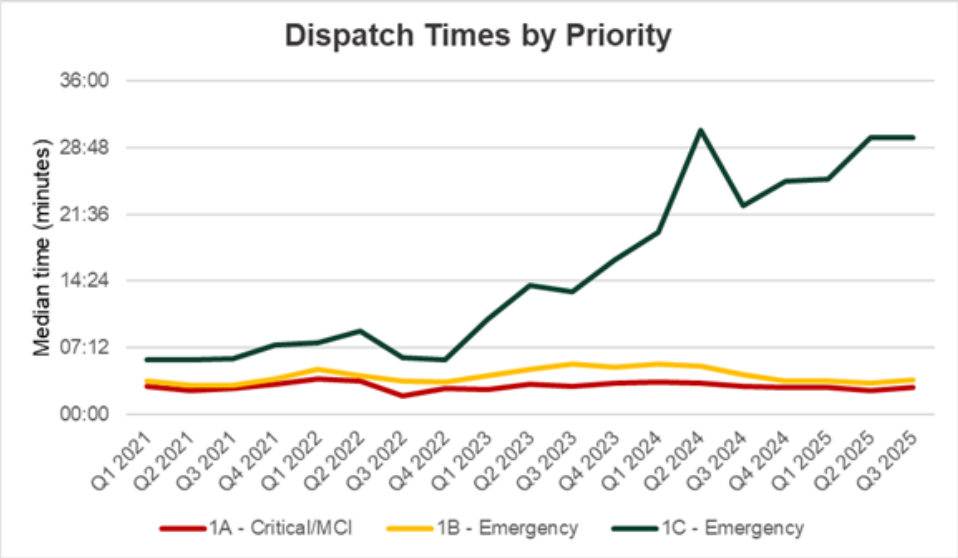


Figure 7 shows how dispatch times for different priority cases have changed over the last four years. Dispatch times for the highest priority emergencies (1A and 1B) have remained almost unchanged. This stability is attributable to having fewer 1A and 1B incidents and dispatchers being able to prioritise resources from 1C incidents to 1A and 1B when they occur. Most notable is the increase in priority 1C cases. Dispatch times for priority 1C emergencies have increased more than four-fold from 7 minutes in 2021 to over 33 minutes in 2024.

Partly, this reflects constraints on available ambulance resources – more incidents without a corresponding increase in resources (ambulances). It also reflects how incidents are categorised by the computer-aided dispatch (CAD) system. Over 2021 to 2024, the proportion of incidents categorised as Priority 1C increased from 46% to 77%. The higher the proportion of 1C incidents, the less ability dispatchers have to reallocate cases to vehicles en route to lower priority jobs. This means 1C jobs sit in the queue for longer and dispatch and response times are extended.

Table 11: Percentage of incidents by Priority since 2021

	Percentage of incidents				
Priority	**2021**	**2022**	**2023**	**2024**	**2025 YTD**
1A	1%	1%	1%	1%	1%
1B	6%	7%	7%	8%	8%
1C	46%	57%	63%	77%	73%
2	32%	25%	22%	9%	10%
3	11%	7%	6%	4%	7%
Other (P4 – P7)	4%	3%	1%	1%	1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**

Response Time

Response time is the time between notification of an occurrence and the ambulance's arrival at the scene. According to the WHO, an ideal response time for priority 1A critical cases is less than 8 minutes. NStJA targets 15 minutes in urban areas. This quarter's median response time in minutes and seconds is shown below for each province. Target response times are:

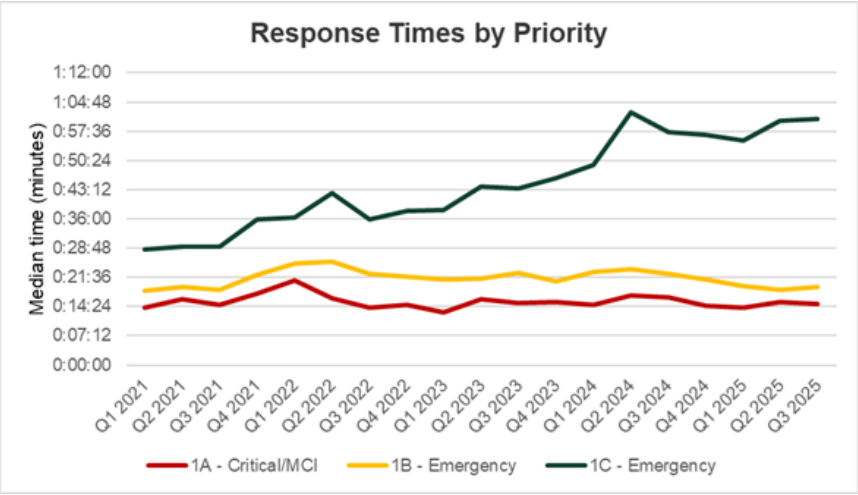
- Priority 1A: 15 minutes in urban areas, 45 minutes in rural areas
- Priority 1B: 20 minutes in urban areas, 60 minutes in rural areas

Table 12: Median response times, by priority, Q3 2025

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency	Critical	Urgent	Urgent	Non-urgent
NCD	13 min 2 sec	16 min 9 sec	52 min 16 sec	1 hr 13 min
Central	33 min 41 sec	52 min 24 sec	1 hr 59 min	2 hr 49 min
Morobe	16 min 56 sec	20 min 18 sec	55 min 24 sec	1 hr 22 min
East New Britain	47 min 5 sec	38 min 31 sec	1 hr 20 min	1 hr 46 min
National Median	**14 min 56 sec**	**19 min 11 sec**	**60 min 42 sec**	**1 hr 31 min**

Figure 8 shows how response times for different priority cases have changed over the last 4 years. For priority 1C incidents, the time from when the call is received to the crew arriving at the scene has more than doubled from 28 minutes in 2021 to over 57 minutes in 2024.

Figure 8: Response times by priority, national, Q1 2021 onwards



As with the dispatch time, the lengthening of response times for 1C incidents is a consequence of NStJA handling more emergency calls without a corresponding increase in resourcing, as well as a growing proportion of the workload categorised as 1C (reduced flexibility to take vehicles off lower priority cases).

To improve response times and manage the growing number of emergencies, NStJA needs government support for additional resources. Investing in more ambulances, staff, and equipment will ensure timely and effective responses to all priority cases, enhancing overall emergency medical services in the locations we serve in Papua New Guinea.

Scene Time

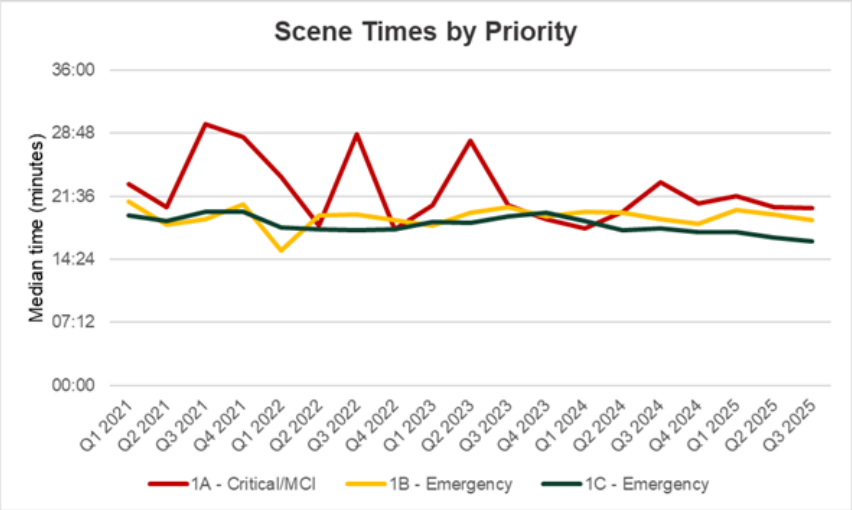
Scene time is the time between when the first ambulance arrives at the incident to when it departs the scene. The table below shows this quarter's scene time in minutes and seconds. In most provinces, scene times were below target (30 minutes), indicating that crews treat and transport patients to hospitals efficiently.

Table 13:Median scene times, by priority, Q3 2025

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency	Critical	Urgent	Urgent	Non-urgent
NCD	23 min 36 sec	17 min 27 sec	16 min 11 sec	13 min 40 sec
Central	16 min 59 sec	18 min 54 sec	18 min 54 sec	19 min 31 sec
Morobe	19 min 46 sec	19 min 54 sec	16 min	17 min 59 sec
East New Britain	42 min 21 sec	18 min 59 sec	17 min 50 sec	18 min 54 sec
National Median	**20 min 16 sec**	**18 min 52 sec**	**16 min 25 sec**	**16 min 43 sec**

The graph below shows the national median scene time by quarter for 1A, 1B, and 1C, from Q1 2021 to the current reporting period.

Figure 9: Scene times by priority, national, Q1 2021 onwards.



Overall Case Time

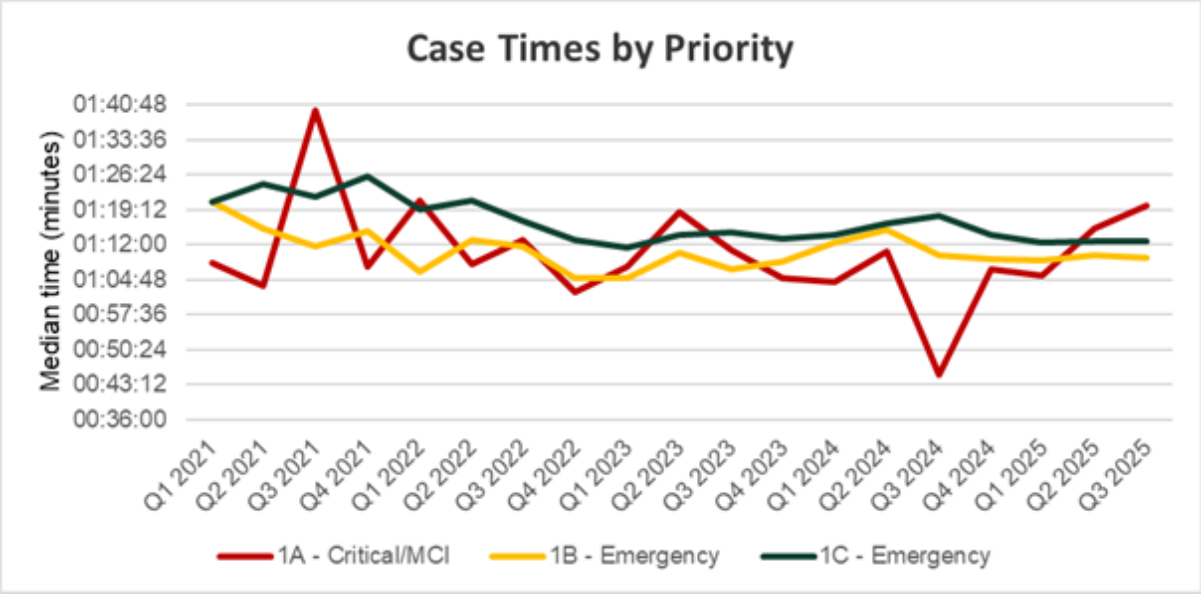
Overall case time is the time between when the emergency call is received by NStJA to when the ambulance arrives back at the station, (or is tasked to another emergency). The table below shows this median case time in minutes and seconds.

Table 14: Median case times, by priority, Q3 2025.

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency:	**Critical**	**Urgent**	**Urgent**	**Non-urgent**
NCD	1 hr 25 min	1 hr 7 min	1 hr 10 min	2 hr 11 min
Central	1 hr 37 min	2 hr 21 min	2 hr 19 min	5 hr 51 min
Morobe	1 hr 6 min	58 min	1 hr 2 min	2 hr 9 min
East New Britain	1 hr 56 min	1 hr 28 min	1 hr 29 min	3 hr 8 min
National Median	**1 hr 20 min**	**1 hr 9 min**	**1 hr 12 min**	**2 hr 39 min**

The graph below shows the national median case time by quarter for 1A, 1B, and 1C, from Q1 2021 to the current reporting period.

Figure 10: Scene times by priority, national, Q1 2021 onwards.



Vehicle Metrics (National Level)

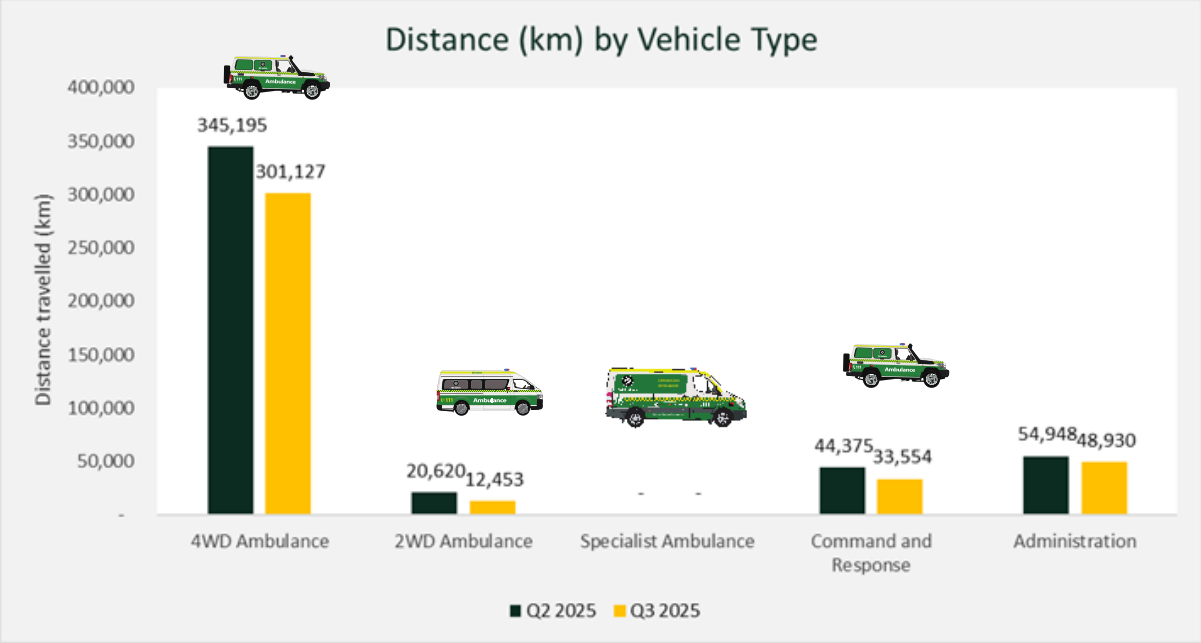
Distance Travelled

Nationally, a total of 465,139 kilometres was travelled in the previous quarter. For this quarter, the figure decreased to 396,063 kilometres, a reduction of 69,076 kilometres. The following graph and table illustrate this change. The decline is largely due to several vehicles undergoing maintenance, which temporarily limited operations and, consequently, reduced the number of patients attended to during this period.

Table 15: Distance travelled by vehicle type (km), Q3 2025 vs Q2 2025

Vehicle Class	Q2 2025	Q3 2025	Change
4WD Ambulance	345,195	301,127	-44,068
2WD Ambulance	20,620	12,453	-8,168
Specialist Ambulance	-	-	-
Command and Response	44,375	33,554	-10,821
Administration	54,948	48,930	-6,019
Total km travelled	**465,139**	**396,063**	**-69,076**

Figure 11:Distance travelled by vehicle type (km), Q3 2025 vs Q2 2025



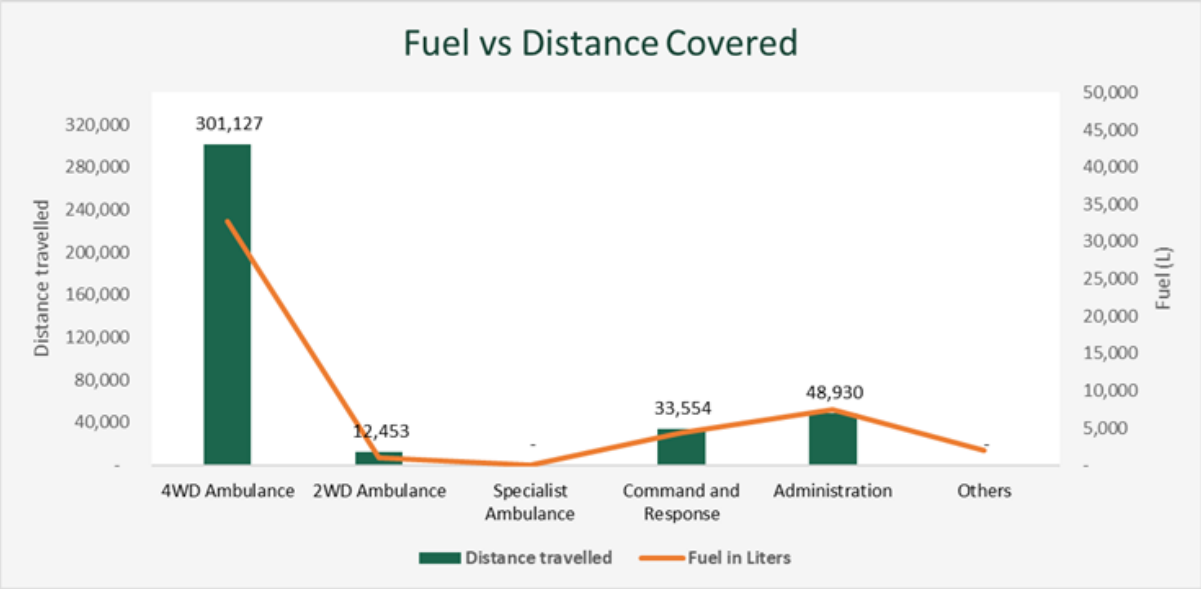
Fuel Consumption

The table and chart below show fuel consumption (in litres) for Q3 2025, compared with Q2 2025, along with fuel usage relative to the distance travelled during the quarter. The Specialist Ambulance recorded fuel usage but no mileage, as it remained largely stationary while providing support at various events.

Table 16: Amount of fuel in litres consumed by quarter, Q3 2025 vs Q2 2025

Vehicle Class	Q2 2025	Q3 2025	Change
4WD Ambulance	40,556	32,777	-7,779
2WD Ambulance	3,144	976	-2,168
Specialist Ambulance	1,021	71	-950
Command and Response	5,580	4,361	-1,219
Administration	8,642	7,436	-9,467
Others	21	2,034	2,013
Total fuel used (L)	**58,963**	**47,655**	**-11,308**

Figure 12: Fuel vs distance travelled, by quarter, Q3 2025



Reporting by **Province**

National Capital District

Incidents by Electorate

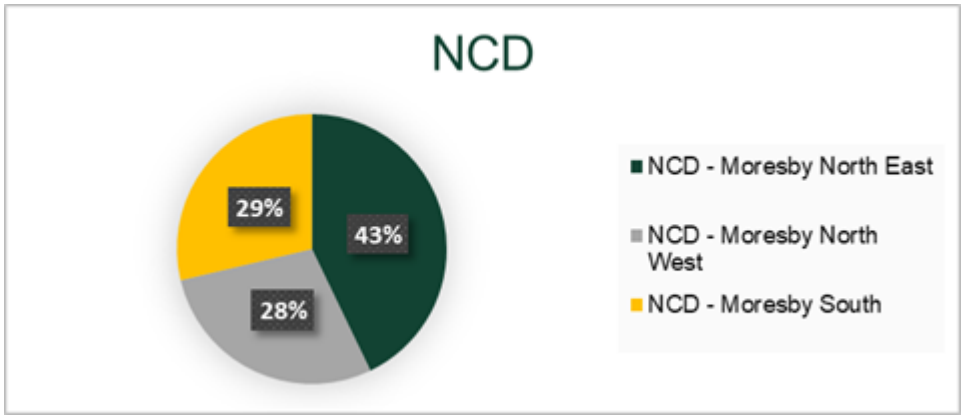
NCD incidents declined slightly overall, falling by 252 cases (5%) from Q2 to Q3 2025. The most significant reduction occurred in Moresby North West, which recorded a 12% decrease (176 cases). Moresby South also saw a 7% drop (103 cases), while Moresby North East reported a marginal 1% increase (27 cases).

Table 17: Incidents by electorate, NCD, Q3 2025.

Electorate	Q2 2025	Q3 2025	% of total	Change	
				Number	%
NCD - Moresby North East	1,885	1,912	43%	27	1%
NCD - Moresby North West	1,444	1,268	28%	-176	-12%
NCD - Moresby South	1,384	1,281	29%	-103	-7%
Total incidents	**4,713**	**4,461**	**100%**	**-252**	**-5%**

Figure 13 shows the split of incidents by electorate in NCD.

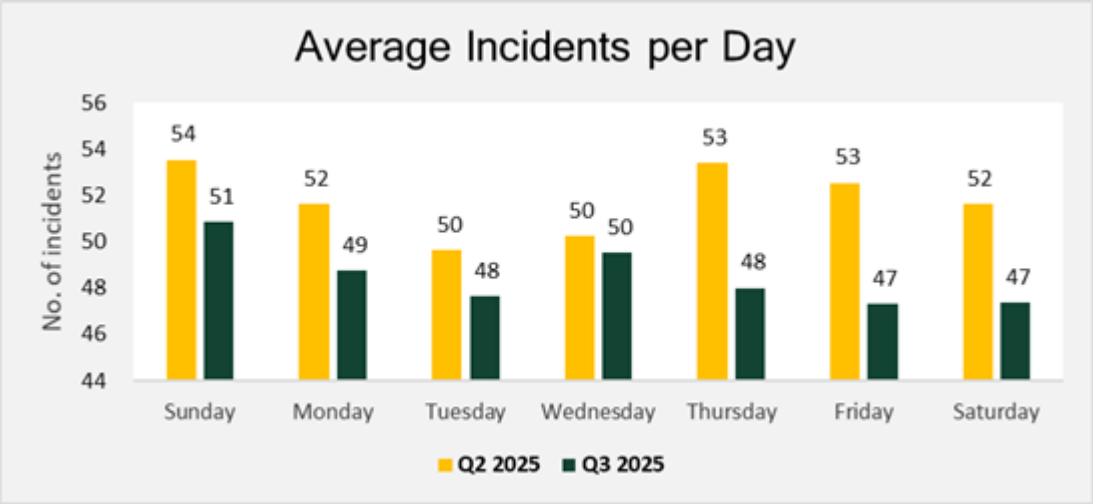
Figure 13: Share of incidents by electorate, NCD, Q3 2025



Average Cases per Day

The graph shows that the average number of incidents per day decreased across all days in Q3 2025 compared to Q2 2025. Sunday recorded the highest daily average in both quarters, while Tuesday, Friday, and Saturday had the lowest averages in Q3.

Figure 14: Average incidents per day for NCD, Q3 2025 vs Q2 2025



Distance Travelled by Vehicle Type

There was a 23% decrease in the distance travelled in NCD during Q3 2025, compared with Q2 2025, as illustrated below.

Table 18: Distance travelled by vehicle type (km), NCD, Q3 2025 vs Q2 2025

Vehicle Class	Q2 2025	Q3 2025	Change
4WD ambulance	229,592	181,299	-48,292
2WD ambulance	16,846	4,573	-12,273
Specialist Ambulance	-	-	-
Command And Response	36,288	25,806	-10,482
Administration	54,948	48,930	-6,019
Total distance travelled (km)	**337,674**	**260,607**	**-77,067**

Weekend Warrior Ambulance Reservist Program Boosts Emergency Response Capacity in NCD

Port Moresby, Thursday 31 July 2025 – The National St John Ambulance Council (NStJA) officially welcomed nine new volunteers today at a graduation ceremony marking the launch of its first-ever Weekend Warrior Ambulance Reservist Program (WWARP).

The WWARP is designed to support the ambulance service during peak periods, such as Friday and Saturday evenings and public holidays, by engaging trained volunteers known as Weekend Warriors. These volunteers assist frontline ambulance crews when demand is at its highest.

The program offers working professionals from the National Capital District's business community an opportunity to be trained in life-saving skills, connect more deeply with their community, while simultaneously enhancing the ambulance service's operational capacity.

Weekend Warriors complete the reservist ambulance first responder training course which is approved by the PNG Medical Board and overseen remotely by the Chief Medical Officer of NStJA. The training equips participants with advanced first aid, basic life support, emergency driving skills, scene management, using communication systems, and safe ambulance operation techniques.

To accommodate the work schedules of the nine participants, training was conducted over seven consecutive Sundays between June and July.

NStJA Interim Chief Executive Dr Arabella Koliwan said:

"While the Weekend Warrior Program is voluntary and unpaid, the training and responsibilities are taken very seriously. Reservists are fully supervised on duty and are an integral part of NStJA's emergency response strategy. Their participation will allow the ambulance service to scale up rapidly during peak times, ensuring faster response times. We thank those that have stepped forward to participate for volunteering to support the ambulance service and contribute to serving communities in NCD.

This marks the first time NStJA has implemented such a program, and the organisation is excited to see it move from training in the classrooms to field on ambulances.

To the families, employers, and supporters of our Weekend Warriors, thank you for standing behind them. Your encouragement makes their service possible."

The Weekend Warrior Ambulance Reservist Program reflects the National St John Ambulance Council's commitment to innovation, community involvement, and responsive healthcare delivery.

The NStJA Council extend its sincere congratulations and thanks to the nine newly inducted Weekend Warriors and look forward to expanding the program in the future.

Central Province

Incidents by Electorate

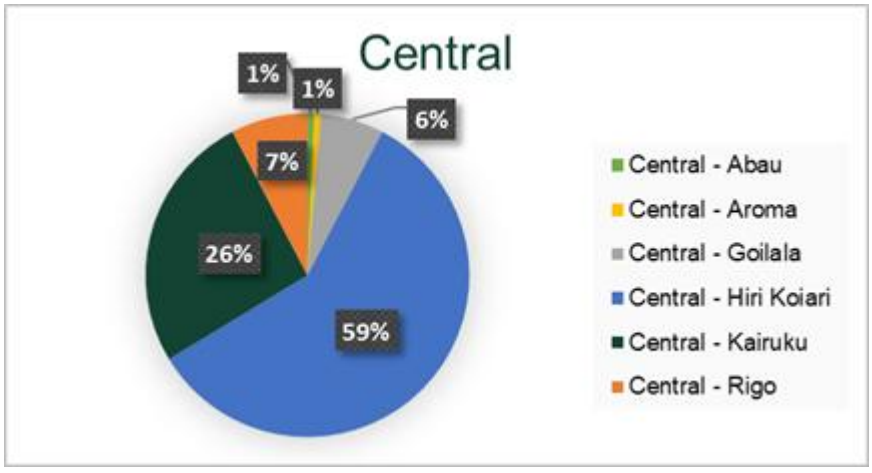
In Central Province, the Hiri-Koiari District, being the largest district in the province recorded 59% of all incidents this quarter. This high proportion reflects the growing demand for ambulance services in the area and highlights the importance of strengthening resources and support to meet community needs. Overall, there was a 6% decrease in total incidents compared with the previous quarter.

Table 19: Incidents by electorate, Central, Q3 2025

Electorate	Q2 2025	Q3 2025	% of total	Change	
				Number	%
Central - Abau	26	8	1%	-18	-69%
Central - Aroma	44	8	1%	-36	-82%
Central - Goilala	74	76	6%	2	3%
Central - Hiri Koiari	645	704	59%	59	9%
Central - Kairuku	363	312	26%	-51	-14%
Central - Rigo	130	92	8%	-38	-29%
Total incidents	**1,282**	**1,201**	**100%**	**-81**	**-6%**

Figure 15 shows the split of incidents by electorate.

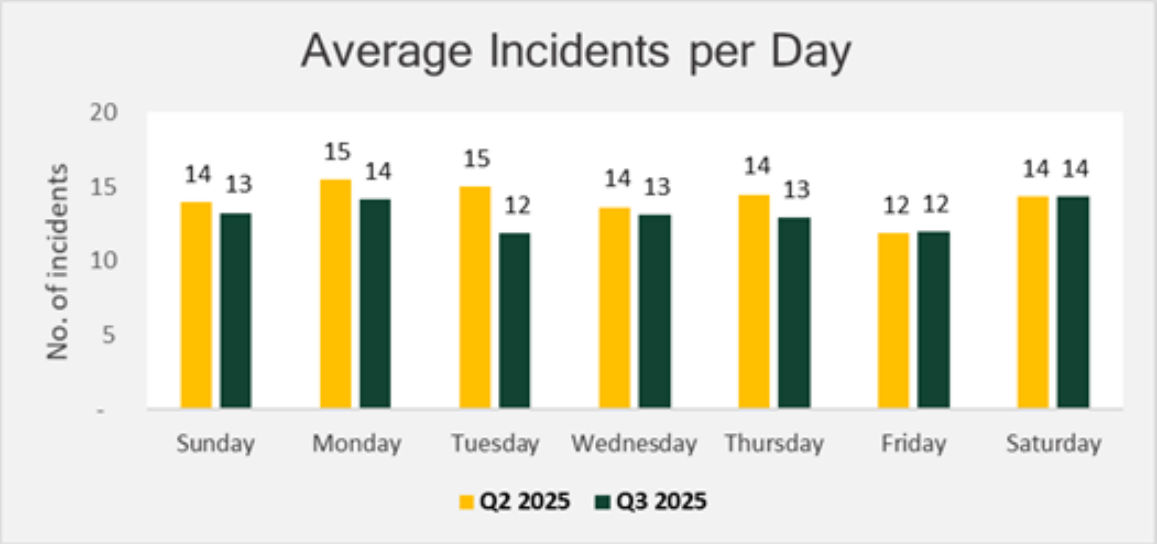
Figure 15: Share of incidents by electorate, Central, Q3 2025



Average Cases per Day

The graph shows that daily incident levels remained mostly stable between Q2 and Q3 2025, with a notable decline on Tuesday and smaller decreases on Sunday, Monday, Wednesday, and Thursday, while Friday and Saturday were unchanged.

Figure 16: Average cases per day for Central, Q3 2025 vs Q2 2025.



Distance travelled

The distance covered by 4WD ambulance in Q3 2025 compared to Q2 2025 shows a decrease in kilometres by 15%.

Table 20: Distance travelled by vehicle type (km), Central, Q3 2025 vs Q2 2025

Vehicle Class	Q2 2025	Q3 2025	Change
4WD ambulance	42,786	36,381	-6,405
Total distance travelled (km)	**42,786**	**36,381**	**-6,405**

East New Britain

Incidents by Electorate

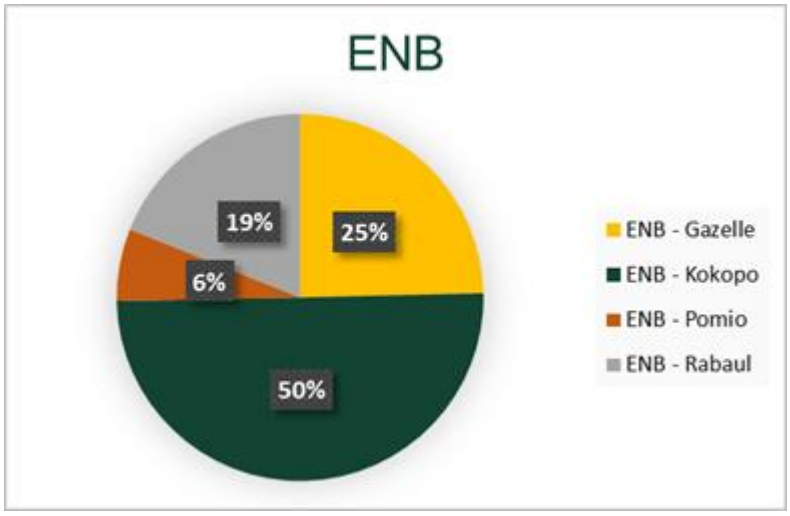
Kokopo and Gazelle in East New Britain together represented 75% of all reported incidents. Overall, the data shows incidents in East New Britain (ENB) decreased by 10% since last quarter.

Table 21: Incidents by electorate, ENB, Q3 2025

Electorate	Q2 2025	Q3 2025	% of total	Change	
				Number	%
ENB - Gazelle	201	182	25%	-19	-9%
ENB - Kokopo	425	370	50%	-55	-13%
ENB - Pomio	71	47	6%	-24	-34%
ENB - Rabaul	121	140	19%	19	16%
Total incidents	**818**	**740**	**100%**	**-78**	**-10%**

Figure 17 shows the split of incidents by electorate.

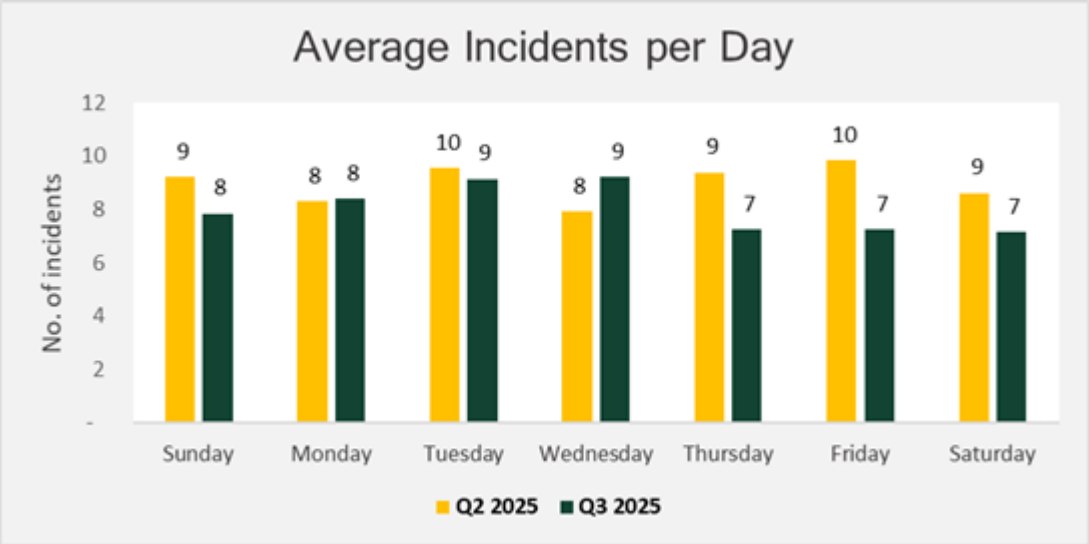
Figure 17: Share of incidents by electorate, ENB, Q3 2025



Average Cases per Day

The graph shows slight variations in the average number of incidents per day between Q2 2025 and Q3 2025. Overall, incident levels declined modestly across most days. The largest decreases were observed on Thursday, Friday, and Saturday, each dropping by two to three incidents on average, while Sunday and Tuesday recorded a smaller reduction of one incident each. Monday remained unchanged.

Figure 18: Average incidents per day for ENB, Q3 2025 vs Q2 2025.



Distance Travelled by Vehicle Type

Table 22: Distance travelled by vehicle type (km), ENB, Q3 2025 vs Q2 2025

Vehicle Class	Q2 2025	Q3 2025	Change
4WD ambulance	44,658	21,174	-23,484
2WD ambulance	3,774	1,517	-2,257
Command and Response	4,605	2,885	-1,720
Total distance travelled (km)	**53,037**	**25,576**	**-27,461**

Lae City & Morobe Province

Incidents by Electorate

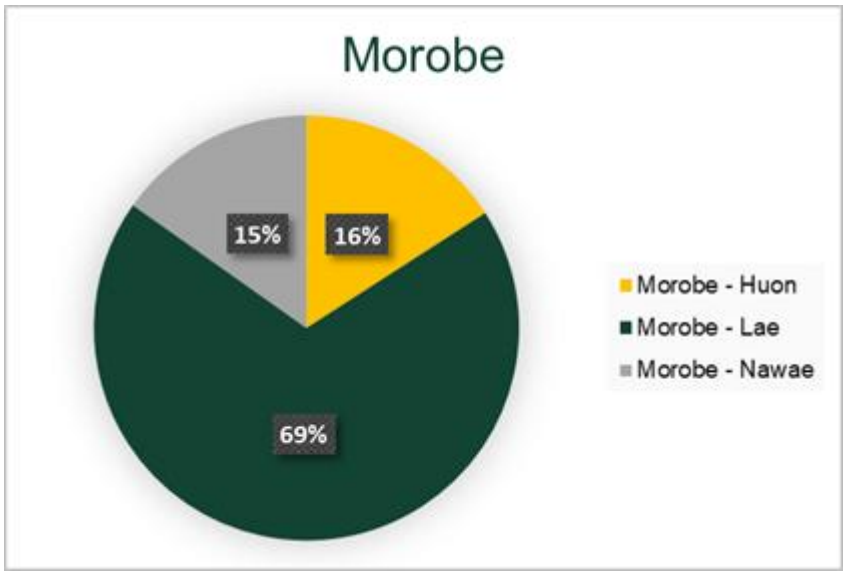
In Morobe, Lae City accounted for the largest share of incidents, representing 69% of the total across all electorates. Overall, incidents in Morobe electorates decreased by 10% from Q2 2025 to Q3 2025, indicating a decline in reported cases compared to the previous quarter.

Table 23: Incidents by electorate, Morobe, Q3 2025

Electorate	Q2 2025	Q3 2025	% of total	Change	
				Number	%
Morobe - Huon	590	469	16%	-121	-21%
Morobe - Lae	2,171	2,032	69%	-139	-6%
Morobe - Nawae	530	448	15%	-82	-15%
Total incidents	**3,291**	**2,948**	**100%**	**-343**	**-10%**

Figure 19 shows the split of incidents by electorate.

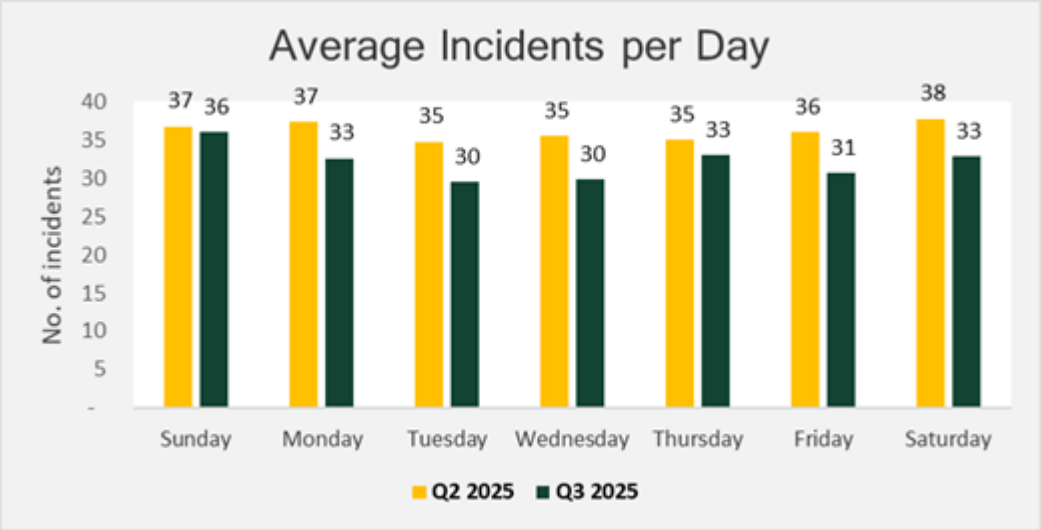
Figure 19: Share of incidents by electorate, Morobe, Q3 2025



Average Incidents per Day

The average number of incidents per day decreased slightly in Q3 2025 compared to Q2 2025. Saturday and Sunday recorded the highest averages in both quarters, while Friday had the lowest in Q3. Overall, minor declines were observed across all days, with Thursday showing the smallest change.

Figure 20: Average calls per hour, Morobe, Q3 2025 vs Q2 2025.



Distance Travelled by Vehicle Type

The table below shows vehicle usage in Morobe for Q3 2025 compared to Q2 2025 by vehicle class. Overall, total distance travelled increased from 30,937 km in Q2 to 72,144 km in Q3, a rise of 41,207 km. The largest increase was seen in 4WD ambulances, which travelled 33,463 km more, followed by 2WD ambulances, contributing an additional 6,363 km. Command and Response vehicles also recorded a smaller increase of 1,381 km.

Table 24: Distance travelled by vehicle type (km), Morobe, Q3 2025 vs Q2 2025

Vehicle Class	Q2 2025	Q3 2025	Change
4WD ambulance	27,454	60,917	33,463
2WD ambulance	-	6,363	6,363
Command And Response	3,483	4,864	1,381
Total distance travelled (km)	**30,937**	**72,144**	**41,207**

Service Fees

Every year, the National St John Ambulance (NStJA) proudly delivers thousands of emergency responses at no cost to patients or their families.

Thanks to partial support from the Government of Papua New Guinea, 8,874 emergency incidents were attended to last year, free of charge for those in need.

Emergency ambulance transport to public hospitals remains completely free for all Papua New Guineans and permanent residents, ensuring that no one is denied care in a crisis.

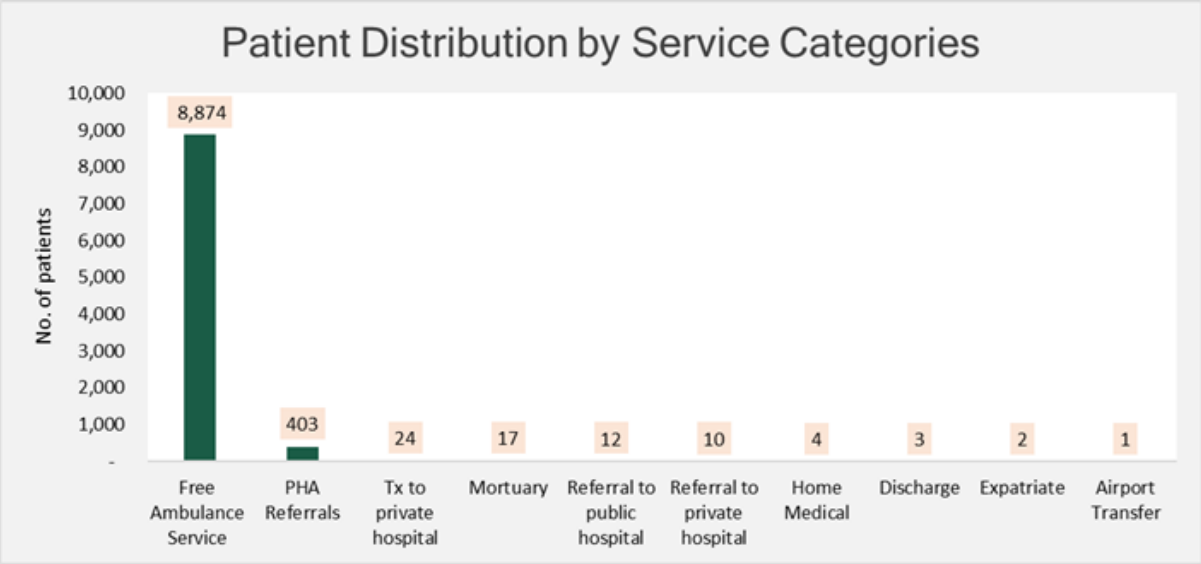
Delivering this vital service, however, comes at a cost. On average, it costs PGK 600 to care for and transport one patient. Of this amount, the Government currently contributes around PGK 400 per case, leaving NStJA to raise the remaining PGK 200 through community donations, corporate partnerships, and fundraising initiatives.

In recent years, demand for ambulance services has increased by more than 30 percent, yet government funding has remained largely unchanged since 2019. This widening gap is putting increasing strain on NStJA's ability to maintain and expand equitable ambulance coverage across the country.

To keep lifesaving emergency care free and accessible to everyone, sustained government investment is crucial.

The graph below illustrates this commitment, showing that the vast majority of cases fall under the "free ambulance service" category, which reflects NStJA's mission to deliver accessible, equitable, and lifesaving care for all Papua New Guineans regardless of their ability to pay.

Figure 21: Number of patients treated, by billing category, Q3 2025.



Private Booking Fees

As a statutory organisation, the National St John Ambulance (NStJA) is occasionally engaged by individuals or organisations for private or non-emergency ambulance bookings. In the interest of fairness to taxpayers, these services are offered on a user-pays basis.

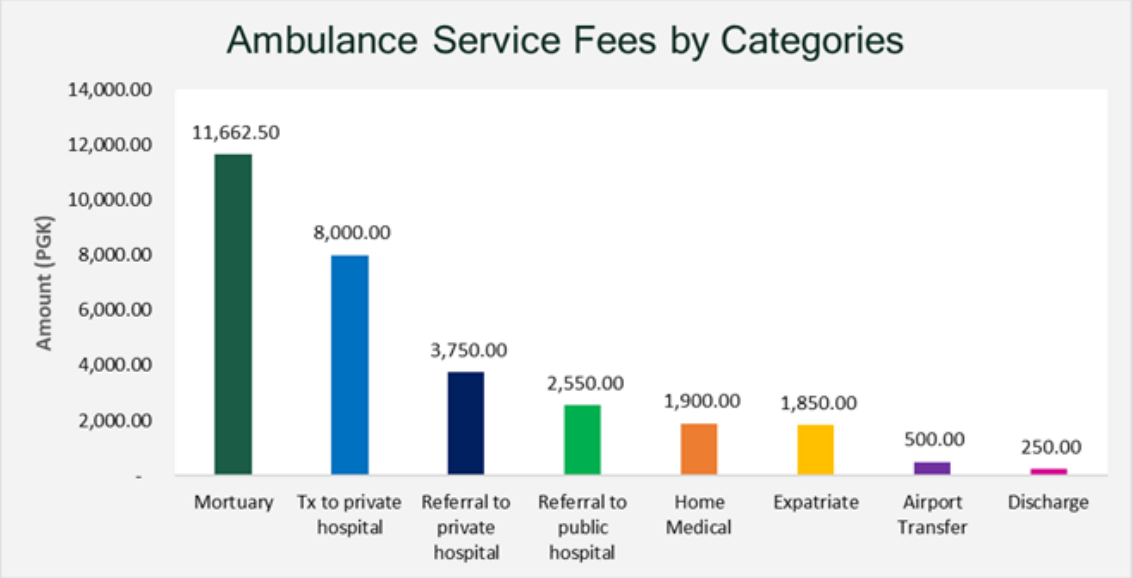
Such requests may include transport to private hospitals, patient discharges from public hospitals to home, transfers to airports for overseas medical care, or mortuary transfers requested by families. NStJA charges fees for these services on a cost-recovery basis to ensure financial sustainability and support continued delivery of essential emergency care.

Full cost recovery is applied to services for international visitors and deceased transfers. Public hospital referrals are offered at a subsidised rate, with government funding helping to keep these services more affordable for Papua New Guinean patients.

NStJA maintains a strict no-cash policy, with all payments for private services processed via EFTPOS or bank transfer since the second quarter of 2022.

For this quarter, a total of PGK 30,462.50 was collected in private patient fees. These funds directly contributed to subsidising the cost of delivering free emergency ambulance services to the public, reinforcing NStJA's commitment to equitable healthcare access.

Figure 22: Ambulance service fees by category, Q3 2025



The table below shows ambulance service fees for this quarter compared to the previous quarter.

Table 25: Ambulance fees, PGK, Q3 2025 vs Q2 2025

Form of Payment	Q2 2025	Q3 2025
Cash	-	
EFTPOS	24,974.50	6,125.00
Cheque/Internet transfer	-	24,337.50
Total (PGK)	**24,974.50**	**30,462.50**

National Aeromedical Retrieval Service

The National St John Ambulance (NStJA) operates a vital aeromedical service, bridging the gap between remote communities and advanced healthcare facilities across Papua New Guinea. With a dedicated team of flight-trained doctors, nurses, and paramedics, NStJA works aboard chartered helicopters and fixed-wing aircraft to reach patients in some of the country's most inaccessible regions and deliver them safely to PNG's leading hospitals.

By ensuring that lifesaving care extends beyond urban centres and into the most isolated villages, the service caters to both planned patient transfers and swift responses to emergent situations, such as severe injuries, critical illnesses, or obstetric emergencies, as well as scheduled patient transfers for those requiring specialist treatment unavailable locally, demonstrating NStJA's commitment to providing comprehensive and timely healthcare. This crucial service ensures that even the most isolated communities have access to urgent medical care.

Air Ambulance Services

Fixed wing missions and flight hours

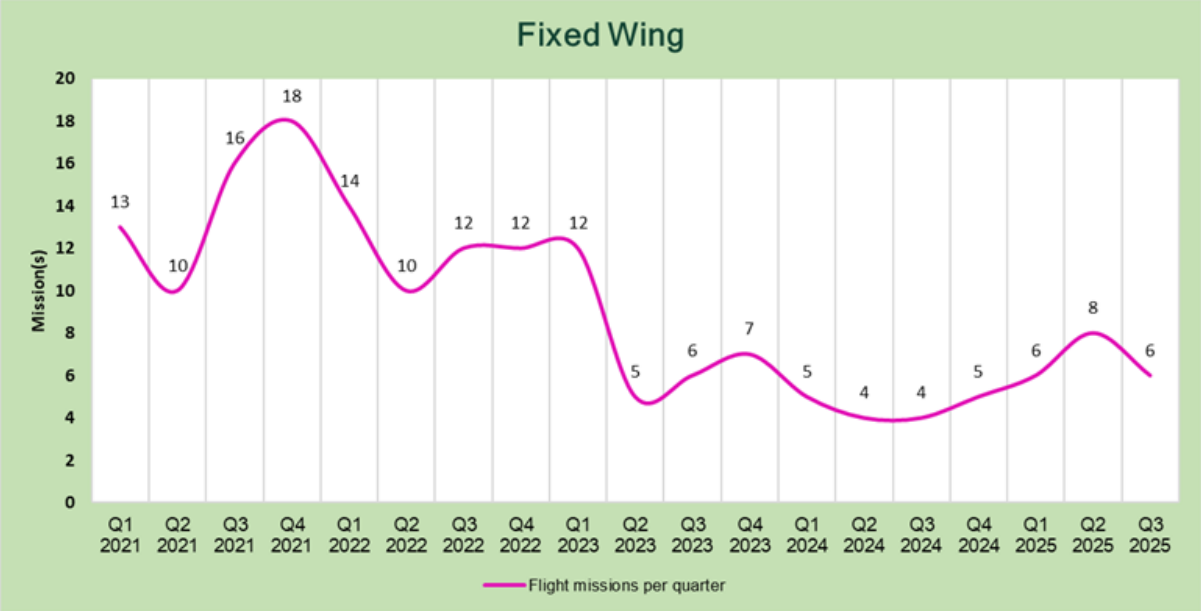
NStJA coordinated six (6) fixed-wing missions this quarter and a total of twenty (20) year-to-date.

Table 26: Fixed-wing missions, Q3 2025 vs Q2 2025

Fixed-wing	Q2 2025	Q3 2025	YTD Total
Southern	3	1	5
Momase	0	0	0
NGI	0	1	2
Highlands	3	1	7
Australia	2	2	5
International (other)	0	1	1
Total missions	**8**	**6**	**20**

The chart below shows quarterly fixed wing missions over the last four years.

Figure 23: Fixed wing missions by quarter, Q1 2021 onwards



The total hours flown by fixed-wing aircraft to provide care during this year are shown below.

Table 27: Fixed-wing flight hours, Q3 2025 vs Q2 2025

Fixed wing	Q2 2025	Q3 2025	YTD Total
Southern	3.5	3.5	9
Momase	0	0	0
NGI	0	3	7.2
Highlands	9	2.4	17
Australia	13.2	6.5	26.3
International (other)	0	12.7	12.7
Total hours	**25.7**	**28.1**	**72.2**

The chart below shows quarterly fixed-wing flight hours over the last four years.

Figure 24: Fixed-wing flight hours by quarter, Q1 2021 onwards

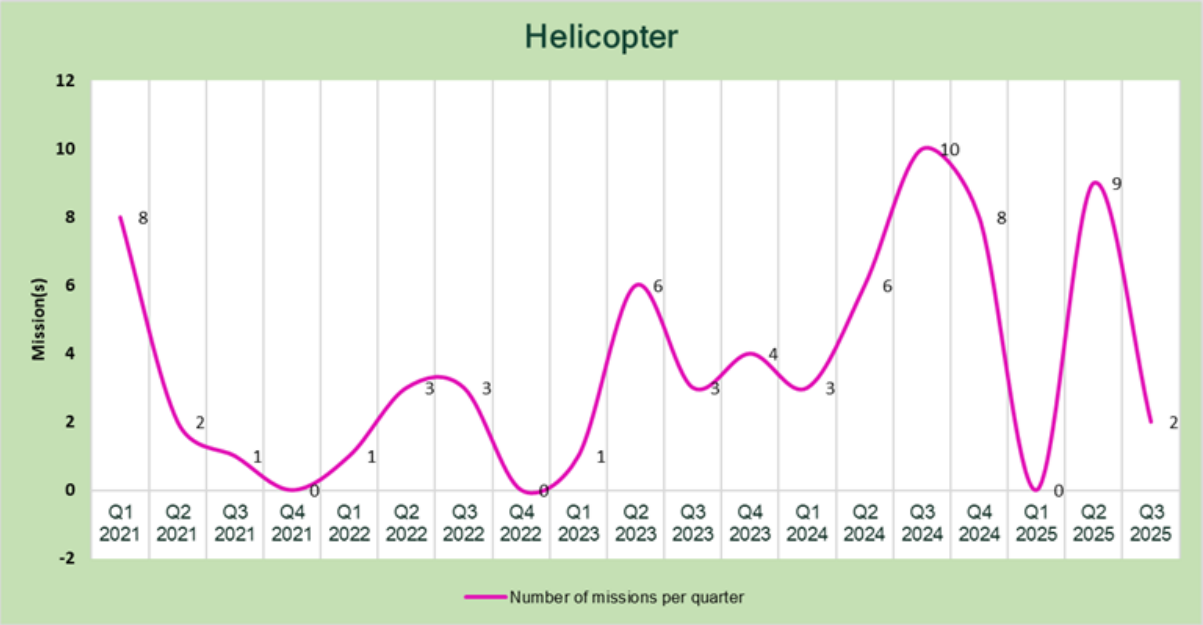
Helicopter missions and flight hours

Table 28: Helicopter missions, Q3 2025 vs Q2 2025

Helicopter	Q2 2025	Q3 2025	YTD Total
Southern	9	2	11
Momase	0	0	0
NGI	0	0	0
Highlands	0	0	0
International	0	0	0
Total hours	**9**	**2**	**11**

The chart below shows quarterly helicopter missions over the last three years.

Figure 25: Helicopter missions by quarter, Q1 2021 onwards



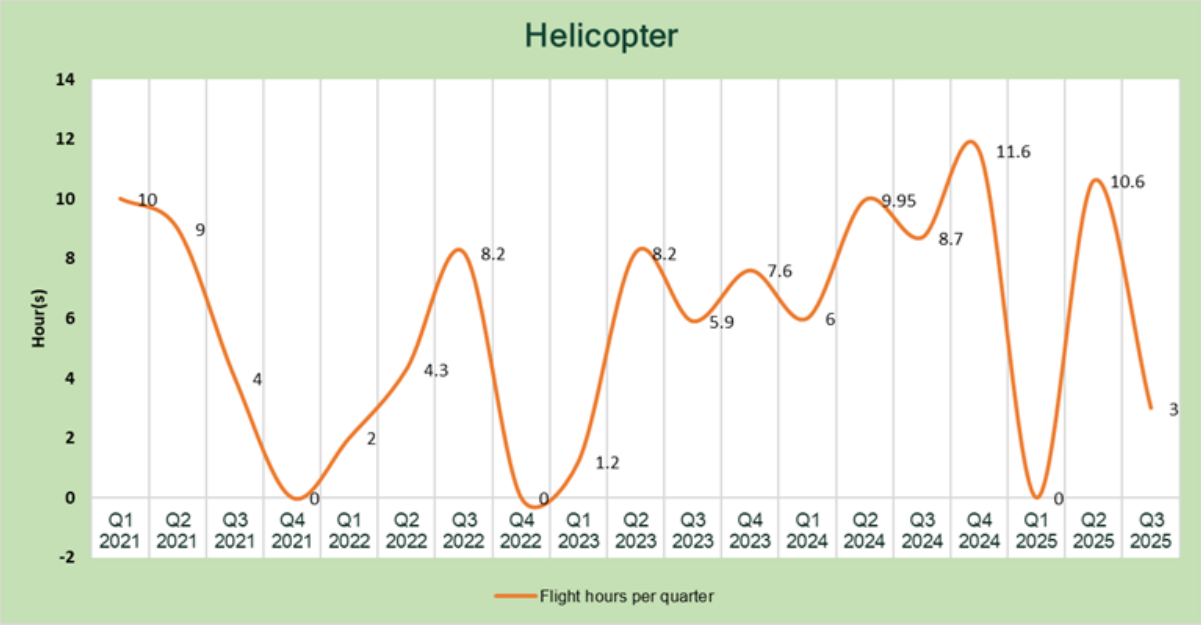
The total hours flown by helicopter to provide care last quarter compared to this quarter are shown below.

Table 29: Helicopter flight hours, Q3 2025 vs Q2 2025

Helicopter	Q2 2025	Q3 2025	YTD Total
Southern	10.6	3	13.6
Momase	0	0	0
NGI	0	0	0
Highlands	0	0	0
International	0	0	0
Total hours	**10.6**	**3**	**13.6**

The chart below shows quarterly helicopter flight hours over the four years.

Figure 26: Helicopter flight hours by quarter, Q1 2021 onwards



Mortuary Case Dispositions

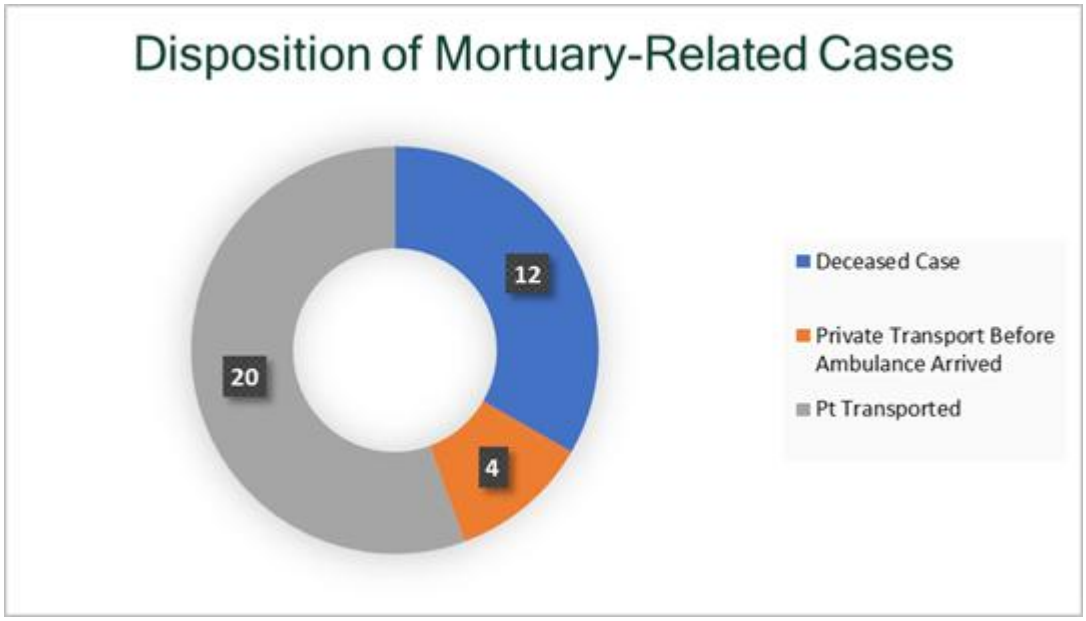
This section outlines the breakdown of mortuary-related cases attended by NStJA during the reporting period, focusing on case dispositions and identifying paid service usage.

A total of 38 mortuary-related cases were recorded. These were categorized into three main dispositions. Of the 38 mortuary-related cases recorded, 17 were identified as paid mortuary transfers. These include deceased cases formally transferred to a mortuary and specific patient transports billed as part of mortuary services.

While 20 patients were identified as transported, only 17 were confirmed as paid cases, suggesting that not all ambulance movements linked to mortuary tasks result in a chargeable event. Additionally, 4 patients were privately transported before ambulance arrival.

Mortuary responses account for a varied workload, with only a portion qualifying as paid services. Continuous tracking of dispositions is essential to support operational planning and financial reporting.

Figure 27: Distribution of mortuary case dispositions in Q3.



Key Performance Indicators

Ambulance Operations Centre 111

Area	Target	Indicator Source	Qtr 3 Indicator
Call Answering Time	Calls to 111 are answered by the call-taker within 10 seconds on average	PABX call-logs	11 seconds
Dispatch Time (NCD & Lae)	An ambulance is dispatched to life-threatening (1A and 1B) medical emergencies within 3 minutes on average of the call being received by NStJA in Port Moresby and Lae.	CAD Dispatch logs	6 minutes
Dispatch Time (Regional)	An ambulance is dispatched to life-threatening medical emergencies within 7 minutes on average of the call being received by NStJA in rural areas	CAD Dispatch logs	10 minutes
Caller Satisfaction	≥ 90% of the callers' report that the 111 call-taker was helpful	CAA Patient Experience Survey	91% caller satisfaction

Ambulance Service Key Performance Measures

Area	Target	Indicator source	Qtr 3 Indicator
Response Time (NCD)	An ambulance arrives on scene within 12 minutes from time of call for 1A cases, ≥ 50% of the time	CAD Dispatch logs	34%
Response Time (Regional)	An ambulance arrives on scene within 20 minutes from time of call for 1A and 1B cases, ≥ 50% of the time	CAD Dispatch logs	12%
Patient Satisfaction	≥ 90% of patients report being satisfied or very satisfied with NStJA's service	CAA Patient Experience Survey	98% patient satisfaction

Education & Training

Period Ending: 30/09/25

This shows the number of students who **completed** training as at the last day of the reporting period. If students are still completing (studying) the course at the end of the reporting period, the course is not to be shown here and should be shown in the next reporting period.

First Aid in Schools

Free first aid training conducted by the SBBF-SJA First Aid in Schools Team to high school students.

Province	School Name	Days of training	Students Completed	Student satisfaction score (average)
NCD	Waigani Christian Academy	4	198	NA
Morobe	Busu Secondary	1	50	NA
Morobe	Immanuel Lutheran	1	32	NA
Morobe	Malahang Technical	1	47	NA
Morobe	Bumayong Lutheran	1	53	NA
Morobe	Markham Road JHS	1	49	NA
Morobe	Lae Secondary	1	48	NA
Morobe	Taraka JHS	1	53	NA
Morobe	Igam JHS	1	46	NA
Morobe	AOG Secondary	1	50	NA
Morobe	AOG Christian Academy	1	19	NA
Morobe	Bugandi Secondary	1	56	NA
WHP	Mt Hagen Secondary	1	51	NA
WHP	Hagen Park Secondary	1	34	NA
WHP	Notre Dame Girls Secondary	1	55	NA
WHP	Kui Wamp Nga Secondary	1	52	NA
WHP	Togoba Secondary	1	43	NA
WHP	Ogelbeng Secondary	1	39	NA
Gulf	Kerema Coronation	2	104	NA
			1,079	

Total of 1079 students educated and trained through First Aid in Schools in Q3 2025.

First Aid and Ambulance Awareness (FAAA)

Free first aid and ambulance awarenesss for primary schools in NCD

Province	School Name	Student numbers	Comments
NCD	Koroboro International	130	
NCD	Caritas Primary	100	In collab with Islands Petroleum

Total of 230 educated through First Aid and Ambulance awareness in Q3 2025.

First Aid Awareness (Early Childhood Education)

Province	School Name	Student numbers	Comments
NCD	Vabukori Buk bilong Pikinini (BbP) LLC	16	
NCD	Ward 3C PMGH, BbP LLC	4	
NCD	6mile BbP LLC	40	
NCD	9mile BbP LLC	32	
NCD	UPNG BbP LLC	30	

Total number of ECE students educated in Q3 2025 was **122**

INTERNAL REPORTING ONLY

Workplace First Aid Training

Training was conducted by the National St John Ambulance during the third quarter.

Trainer	Number courses	Number students	Student satisfaction score (average)
1. Bobby Kakare	3 courses	107	97.76%
2. Nelson Mare	4 courses	165	96.66%
3. Elvis Saitere	4 courses	162	97.14%
4. Robert Kamara	4 courses	138	96.36%
5. Sharon Wabiyawi	2 courses	158	98.46%
TOTAL		**730**	

Province: NCD

Course	Students Completed	Student satisfaction score (average)
1. Emergency First Aid	434	97.4%
2. CPRAED	93	96.84%
3. Provide/Senior First Aid	24	99.16%
4. Advanced First Aid	19	96.46%
Total	**570**	

Province: Morobe & Eastern Highlands

Course	Students Completed	Student satisfaction score (average)
1. Emergency First Aid	25	96%
2. Low Voltage Rescue	30	96.66%
Total	**55**	

Province: Enga & Southern Highlands

Course	Students Completed	Student satisfaction score (average)
1. Emergency First Aid	86	97.2%
2. Advanced First Aid	19	97.6%
Total	**105**	

Affiliated Training Partners

Training conducted by the National St John Ambulance Accredited Affiliated Training Partners

Partner: OK TEDI MINE (OTML)

Course	Students Completed	Student satisfaction score (average)
CPR	40	97.7%
Emergency First Aid	67	95.28%
Provide/Senior First Aid	-	-
Low Voltage Rescue (LVR)	66	96.94%
TOTAL	**173**	

- Q3- Total students trained by NSJA Trainers- **730**
- Q3- Total students trained by Affiliated Training Partner (OTML)- **173**
- A total of **903** students trained in Quarter 3, 2025

First Aid Kit Sales

Province	AED	First Aid Kits	Total Revenue (PGK)	Gross Profit (PGK)
Total for Qtr 3	PGK 102,313.90	PGK 195,285.20	PGK 297,599.10	PGK 194,866.72

About the National St John Ambulance Council of Papua New Guinea

The National St John Ambulance Council of Papua New Guinea (NStJA) is the statutory body identified by law to deliver ambulance and related emergency services. It operates in six of Papua New Guinea's 22 provinces, covering a population catchment of approximately 3.5 million people.

Established under the St John Council Incorporation Act 1976, NStJA operates in partnership with the National Department of Health (NDoH) and Provincial Health Authorities (PHAs) to ensure timely, quality, and lifesaving ambulance services are accessible to all Papua New Guineans, including in remote and rural communities.

National Coverage and Capabilities

As the only dedicated statutory ambulance service in Papua New Guinea, NStJA is responsible for managing ambulance operations in both urban centres and rural and remote locations. The service maintains a dedicated aeromedical retrieval capability, working in partnership with Tropicair, Helifix, and Farland Aviation to provide emergency medical evacuations across the country. These capabilities are critical to reaching patients in isolated areas where road access is limited or non-existent.

Collaborative Partnerships

NStJA maintains strong operational partnerships with public hospitals, provincial health authorities, national government agencies, and private and aid sector organisations. These partnerships support an integrated emergency response system, helping to optimise scarce health resources, reduce response times, and improve clinical outcomes for patients.

Since 1983, NStJA has been engaged under an Agreement with the National Department of Health to deliver the national ambulance service. As responsibility for health services has transitioned to PHAs, NStJA continues this work under MOAs with individual provinces, ensuring local-level ownership and alignment with provincial health strategies.

Community Health and Outreach

In addition to frontline emergency response, NStJA is committed to improving community resilience and public health literacy. Through programs such as:

- First Aid, CPR, and AED training
- WHO-endorsed Basic Emergency Care courses for doctors and nurses
- Snakebite prevention and treatment partnerships, including managing the distribution of AUD $1.3m in CSL Seqirus antivenom donations across the country.
- Health care awareness and educational outreach.

NStJA empowers communities to respond to emergencies and contributes capacity within the health system. The organisation also facilitates youth development initiatives and public safety campaigns to promote a culture of preparedness.

Financial Sustainability

NStJA's lifesaving work is made possible through a combination of government funding, corporate donations, and user-pays services. While government support remains the cornerstone of service provision, rising demand and operational costs have led to an increasing reliance on enterprise-for-fundraising, private partnerships, and fee-based non-emergency services to ensure sustainability.

Ongoing investment is essential to:

- Maintain and upgrade ambulance fleets and equipment
- Train and retain skilled clinical and operational staff
- Expand coverage into unserved and underserved areas

As a public service provider, NStJA operates with a focus on equity, accountability, and national impact, striving to deliver emergency care that is accessible to all, regardless of ability to pay.

NStJA Station Locations

NStJA currently provides PNG's primary emergency ambulance service, serving a combined population of about 3 million people by road, and the entire population by air. NStJA has stations in each the following towns:

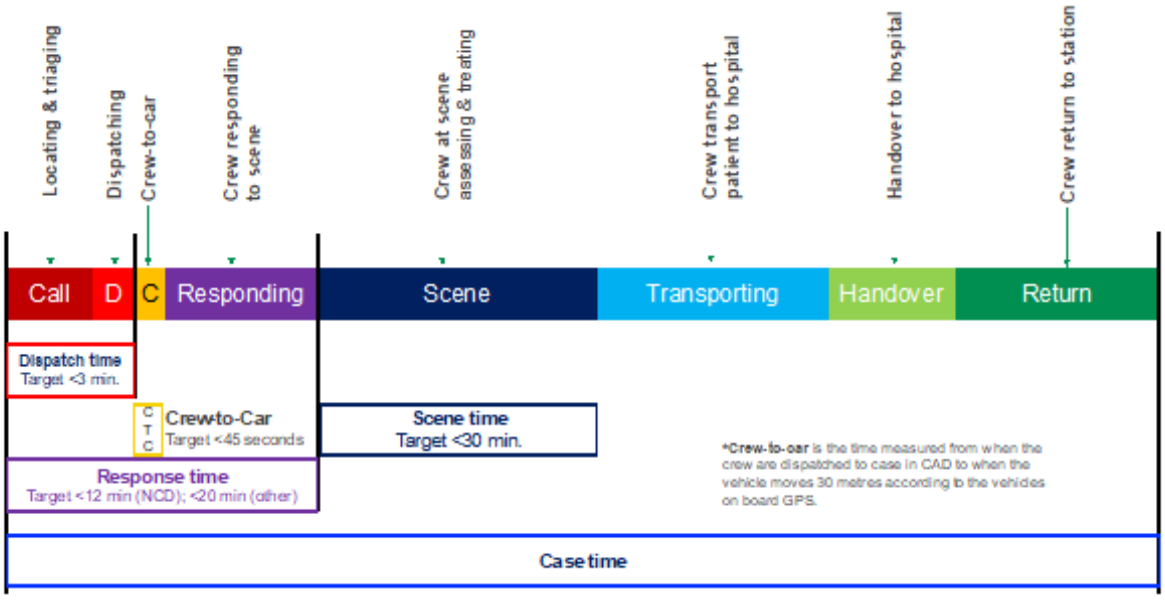
- Port Moresby (NCD)
- Waigani Sub-station (NCD)
- Baruni (NCD)
- Metoreia (NCD)
- Bereina (Central)
- Kupiano (Central)
- Lae (Morobe)
- Kokopo (East New Britain)

Terminology

These definitions match that of the Council of Ambulance Authorities Australasia's Report on Government Services.

Term	Definition	Comment
Incident	An event that results in a demand for ambulance resources to respond.	Incidents are logged in CAD as a case. Incidents are measured using CAD data.
Response	An ambulance response is a vehicle sent to an incident.	There may be multiple responses to one incident if several units are dispatched to a single incident
Patient	A patient is someone assessed, treated, or transported by the ambulance service.	Patients are counted by the number of episodes. Patients may be the subject of more than one (1) episode per year. The ambulance worker completes an individual 'patient care report' for each patient. The patient care report is documented either on a paper sheet or using NStJA's eMR system.

Key Incident Time Intervals



Response priorities

Response Code	Problem	Urgency	Lights & Sirens	Recommended resources to send	Target response time (median)
1A	Immediately life-threatening problem *e.g., cardiac arrest, ineffective breathing*	**Immediate** Highest priority response. Closest ambulances to respond.	Yes	Minimum 3, preferably 4	Within 15 minutes (Ideally < 8 minutes)
1B	Potentially life-threatening problem *e.g., unconscious, severe trauma*	**Immediate** High priority	Yes	1 – 2	Within 20 minutes
1C	Possible life-threatening emergency *e.g., serious bleeding, breathing problem*	**Priority**	Yes	1 - 2	Within 30 minutes
2A	Unlikely threat to life *e.g., abdominal pain, minor trauma*	Urgent	No	1	Within 90 minutes
2B	No immediate threat *e.g., minor illness/injury, limb injury*	Mobilise when sufficient resources available	No	1	Within 120 minutes
3	Hospital transfer, inter-facility transport	Within requested timeframe	No	1	Within 180 minutes
4-9	Non-emergency	Routine transport	No	1	-

Papua New Guinea
Since 1957

NStJA is a statutory organisation operating in accordance with the
St John Council Incorporation Act of *1976*.
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