

## Major Incident Triage Tool (MITT) Supporting Information

### Slide 4

Ask the question: So what is the first problem we are likely to come up against in a mass casualty incident?

The aim is to have the largest number of survivors from a mass casualty incident.

1 – Westminster bridge – 5 died – 50 injured – vehicle borne

2 – Boston Bombing – 260 injured – 3 died including a 8year old boy – over a dozen lower limb amputations

3 – London bridge/Borough market – 8 died, 48 injured, - 4 police injured – vehicle borne and stabbings

4 – Manchester Bombing – 22 died youngest 8years old – over 800 injured

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The emergency services normally work in a resource rich environment however with current climate, hospital waiting times. Major Incident response would be difficult.

The multiple casualty scene often presents a scenario where there are more casualties than initial resources

On scenes where an initial assessment the number of casualties out weighs the resource's, clinical intervention is often not the first priority.

#### GOLDEN HOUR VS PLATINUM TEN

Question to delegates

What number of casualties would be required to out number one of your units ?  
Expected answer Normally one seriously injured person or two or three minor injuries.

Small incidents such as motor vehicle accidents can produce a resource poor scenario.

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AIM - the importance of correct resources.

A key factor in producing maximum survivors is matching resources with the numbers of casualties.

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Clinical response options:

Treat and Leave – Rapid triage of casualties with TST

Treat and Take – Triage, treat and take patients with the greatest need as possible

But does not cover paediatrics well

Three Types of Triage: TST, MITT and Toxic.

In a normal mass casualty incident TST will be used until sufficient Healthcare resources arrive and either change to MITT or BAU .  
Toxic is for CBRN and Hazmat incidents when PPE is required.

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The TST Triage bands are used and where MITT is being used the casualties will have appropriate triage labelling

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Every incident will be different, commanders need to be confident and competent in making the decision to conduct MITT or to keep casualties triaged with TST tags. It may be possible when responder numbers are high, and casualties are low to cease using triage and revert to standard casualty treatment.

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P1, IMMEDIATE PRIORITY – Casualties who require immediate life saving procedures.

IT IS ALL ABOUT SURGERY

P1 NEEDS SURGERY NOW

Some P1 casualties will bypass the CCP and go directly from scene to the CLP and onward transportation to hospital.

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P2, URGENT PRIORITY – Casualties who require surgical or medical intervention within 2-4 hours.

Require surgery but these patients tend to be haemodynamically stable

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P3, DELAYED PRIORITY – Less serious casualties whose treatment can be safely delayed beyond 4 hours.

Manchester Arena, many casualties left scene with “minor injury” turned out to be shrapnel or human tissue embedded in limbs

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P1 Hold has not been signed off yet but this is expected.



P1 Hold is temporary decision not to treat P1 with low chance of survival at an acute incident due to severity of injury and lack of resources to treat or transfer patient. It is temporary and can be changed as resources change.

It will be made by a PHEM consultant at scene and ratified by SMA using algorithm attached.

Arguably some of these may actually be futility decisions that we make in ED and ICU on daily basis where we realign care pathway to comfort care rather than active intervention.

You may also hear the term P4

P4 is a predetermined decision made at senior level in the event of a large scale Level 4 incident like a pandemic.

This involves a decision involving 2 NHSE Medical Directors and a member of COBR. So it is too slow to react to an acute 'big bang' event.

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Terminology – DEAD is DEAD we do not use purple/ P4/ gone/ passed away/

Remember there will be cameras and phones everywhere, consider covering the bodies

Remember triage DEAD is not ROLE until formally done

Hard to walk away and not do anything but remember, most for everyone

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Triage Tape is going

It is important to recognise that MITT will over triage children

Dumblane shooting – March 1996 – 16 primary school children shot - Manchester bombing - Out of the 139 people treated by NWAS, 79 were children



National Ambulance  
Resilience Unit

**NARU**

