NHS Major Incident Triage Tool (MITT) for England

Background

Efficacy of the previously used 'triage sieve' and 'triage sort' has been extensively reviewed as a result of inquiries into a number of mass casualty events that have occurred in recent years. Detailed research has been undertaken and the NHS Major Incident Triage Tool (MITT) developed (Figure 1). It has been tested both in field exercises and as part of the research process. It has been issued by NHS England for use in all NHS hospitals and Ambulance Trusts in England from June 2024. The 'triage sieve', 'triage sort' and paediatric triage tape have all been removed and replaced with this single algorithm for use both at the scene and in hospitals.

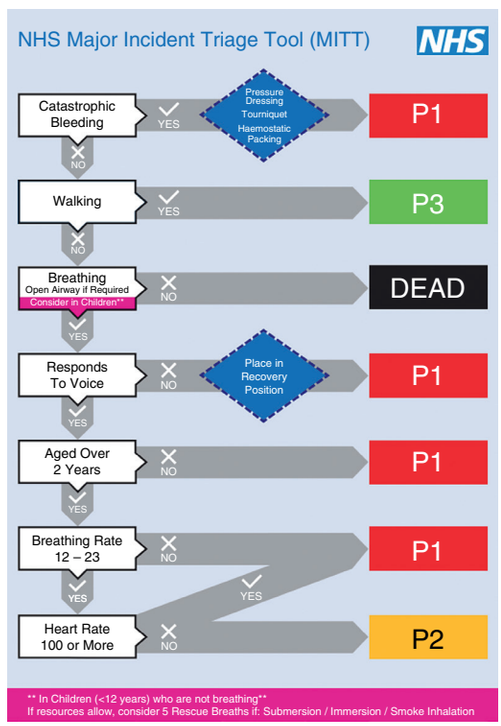

Figure 1 Major Incident Triage Tool (NHS England)

The MITT provides clinicians with a structured assessment process whilst also facilitating them to use their clinical judgement.

Major Incident Medical Management and Support: The Practical Approach in the Hospital, Second Edition.
Edited by Kevin Mackway-Jones and Simon Carley.

The principal changes are that the MITT is used with children as well as adults, and that it addresses catastrophic bleeding first in line with changes throughout clinical practice.

The MITT allows for *consideration* of rescue breaths in non-breathing children after submersion, immersion or smoke inhalation. Children who are deemed to be under 2 years of age who are not walking are categorised P1. This will inevitably increase the number of P1s in children, so staff will need to be aware of pressure on the P1 area and ensure that they carry out early reassessments.

Reassessment

Triage remains a dynamic process, so once into the P1, P2 or P3 areas reassessment should take place. This can be done either using the MITT or your hospital's usual clinical assessment method depending on the resources available at the time.

It is important to beware of those triaged as P3 because they are still able to walk and ensure early reassessment because of the risk of underlying injuries for which the patient is currently compensating.

Following reassessment patients can be moved to the appropriate area in order to ensure they are in the right clinical environment, and appropriate equipment and skills are available to provide safe care.

Ten Second Triage (TST)

There is a very brief immediate triage tool which has been developed for use by all responders *at the scene* before the NHS response arrives or when resources are overwhelmed. This has been named the 'Ten Second Triage' (Figure 2).

Patients who have been triaged on scene using this tool but have not had MITT applied might arrive at the hospital with a wristband to denote the triage category initially awarded. Labels for TST should have a checked border (Figure 3) to distinguish them from solid colour labels which are used to denote having been triaged using MITT. These patients should be reassessed as soon as possible, using the MITT.

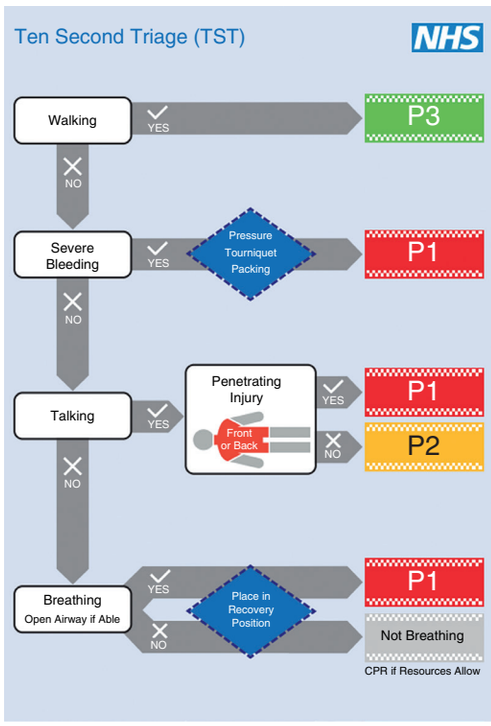

Figure 2 Ten Second Triage (TST) (NHS England)

Figure 3 Triage category label (NHS England)

Summary

The MITT has been developed and trialled in response to learning from recent major incident responses. It recognises the urgency of addressing catastrophic haemorrhage and provides a single tool that can be used on several occasions during the pre-hospital and reception phases of an incident. It is a structured assessment algorithm, but it incorporates the application of an individual's clinical judgement.