



**Manchester
Triage
System**



Non Healthcare Professional Triage

October 2017

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**Non-HCP
Triage**



**Non-HCP
Triage**



Two examples of ‘non Healthcare Professional’ triage

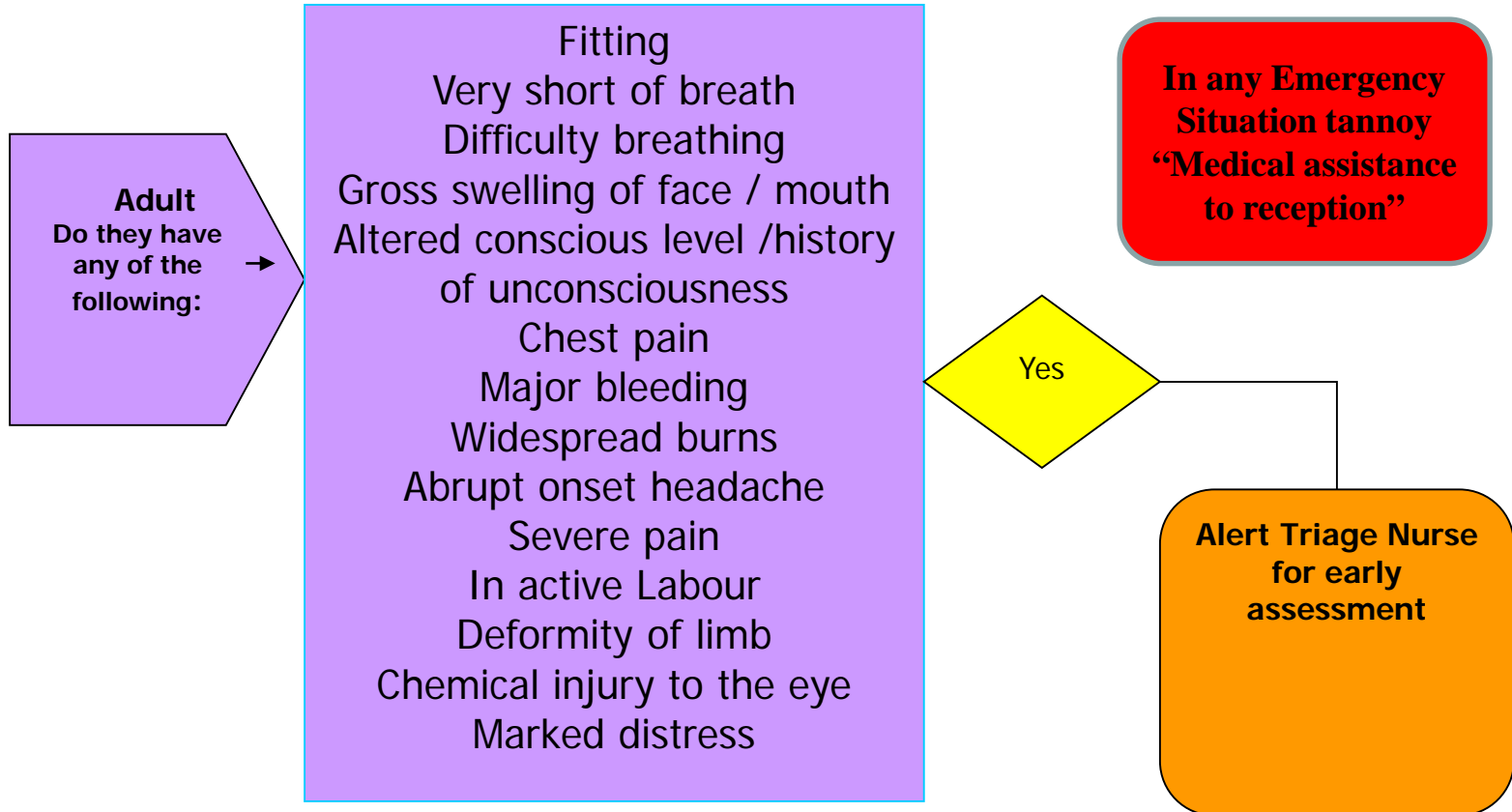
‘red flags’ and police triage

'Red Flags'

- This was developed for a service where the receptionist was the only person visible and the qualified HCP might be away from the situation (in a Walk-in Centre)
- Has become a useful tool in the ED when triage is not immediate



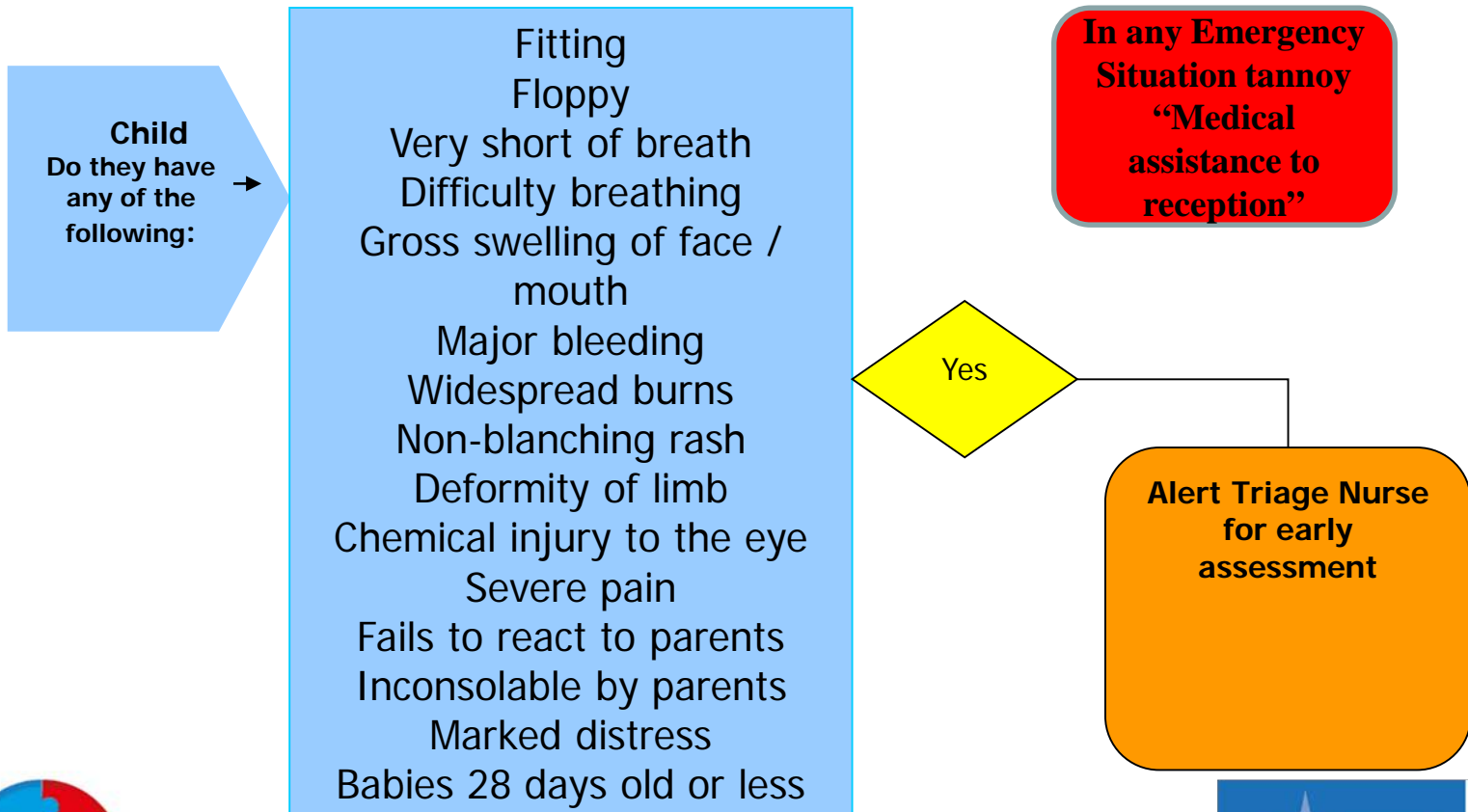
Adult presenting to Reception Red Flags for Triage Nurse Alert



**Non-HCP
Triage**



Child presenting to Reception Red Flags for Triage Nurse Alert



**Non-HCP
Triage**



- This has been audited
- Is safe
- Is useful
- Reception staff find it helps them in worrying situations
- Triage nurses have confidence that nothing urgent is waiting, or being delayed



MTS Police Triage Tool

- North West Ambulance Service was approached by GMP to help reduce the length of time officers were spending on scene whilst waiting for an emergency response to arrive
- A number of initiatives were trialled, including a clinician in the police control room and a police triage tool for officers on scene.



- Currently, all calls to the Ambulance Service originating from the Police receive an automatic emergency ambulance response priority, regardless of acuity of condition
- Many of these patients could be safely referred to alternative pathways of care, without the need for ambulance intervention, and without the need for officers to remain on scene.



- Does not require officers on scene to make a clinical assessment of the patient, rather to go through a checklist of presenting symptoms
- Enables officers on scene to make an informed decision as to the timeframe required for which a clinical assessment should take place



MTS Police Triage Tool Exclusions

Any patients falling into the exclusions below will be exempt from the triage tool and an ambulance should be requested in the normal manner.

- Presenting complaint is illness - including overdose and Acute Behavioural Disorder (ABD)
- Patients thought to be vulnerable either due to age, capacity, learning difficulties or language barriers
- No return contact for patient or officer on scene

999 Emergency Vehicle Response

Ambulance to be requested via 999 as usual

Please ensure that a return telephone number for patient or officer on scene is given to ambulance control

Further Clinical Assessment Required

Urgent Care Desk - Either the officer on scene or the police control room contacts 999. Once initial questions completed with calltaker, you should advise ambulance control that you require further clinical assessment from the Urgent Care Desk

Please ensure that a return telephone number for the patient or officer on scene is given to ambulance control to enable a clinician call back.

Street Triage – If appropriate and Street Triage are available they should be contacted. If Street Triage not available or there is likely to be a long delay, contact 999 and request further assessment from UCD



Manchester Triage System



Cheshire Constabulary

Manchester Triage System Police Triage Tool

V3.8

Airway Compromise
Shortness of breath
Currently fitting
Penetrating eye injury
Altered conscious level
Significant mechanism of injury

Major haemorrhage
Vascular compromise
Open fracture
Risk of self harm
Risk of harm to others
Severe pain

Smoke exposure
Minor Haemorrhage
Direct trauma to the back or neck
Deformity
Unable to use limb
Signs of moderate pain

Has been unconscious
Recent head injury
Facial swelling
Worrying wound
Marked distress
Significant psychiatric history

As per Yellow outcome.

Clinician will assess and potentially advise patient to go to nearest Emergency Department, Walk in Centre or Minor Injuries Unit or may advise self care



Manchester Triage System

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MTS Police Triage Tool
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Discriminator Dictionary

- **Altered conscious level** – Not fully alert, either responding to voice or pain only
- **Major haemorrhage** - A haemorrhage that is not rapidly controlled by the application of sustained direct pressure and in which blood continues to flow heavily or soak through large dressings quickly
- **Vascular compromise** - There will be a combination of pallor, coldness, altered sensation and pain to the injured limb

- **Deformity** – this will always be subjective. Abnormal angulation or rotation is implied
- **Facial swelling** – Localised swelling to the face
- **Has been unconscious** -- There may be a reliable witness who can state whether the patient was unconscious (and for how long). If not, a patient who is unable to remember the incident should be assumed to have been unconscious





Exclusions

- Presenting complaint is illness - including overdose and Acute Behavioural Disorder (ABD)
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- No return contact number for patient or officer on scene



Pilot at present

- Evaluation built into the process
- Pilot at present





Non Healthcare Professional triage: red flags and police



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