



Client Health Record #
Client Surname
Given Name
Date of Birth
Gender
MFRN
PHIN
Address

Triage Scale of Behavioural Emergencies

Consider: The higher the potential for something to go wrong quickly, the higher the triage rating should be.

- Risk of Aggression
- Risk of Suicide / Self harm
- Risk of Absconding
- Risk of Physical Problem

NOTE: The observation level should be determined by the assessed risk. Violence does not occur in isolation rather it is an interactional process. **Remember: S.A.C.C.I.T** **S = Safety, A = Assessment, C = Confirmation of Provisional Diagnosis, C = Consultation, I = Immediate Treatment (Biological, Psychosocial & Social), T = Transfer of Care**

Behavioural Emergencies Adult Triage Scale (Select those that apply)

Triage & Acuity	Description	Typical Presentation	General Management Principles
1 <input type="checkbox"/> Non-urgent (within 120 minutes)	<input type="checkbox"/> No Danger to self or others <input type="checkbox"/> No Acute Distress <input type="checkbox"/> responsive behavior(s) <input type="checkbox"/> Known individual with chronic symptoms <input type="checkbox"/> Social crisis, clinically well individual	Observed <input type="checkbox"/> Cooperative <input type="checkbox"/> Communicative and able to engage in developing management plan <input type="checkbox"/> Able to discuss concerns <input type="checkbox"/> Compliant with instructions Reported <input type="checkbox"/> Known individual with chronic psychotic symptoms <input type="checkbox"/> Pre-existing non-acute mental health disorder <input type="checkbox"/> Known individual with chronic unexplained somatic symptoms <input type="checkbox"/> Request for medication <input type="checkbox"/> Minor adverse effect of medication <input type="checkbox"/> Financial, social, accommodation, or relationship problems	Supervision: Routine Observation¹ Actions to Consider 1) Consult with Mental Health Worker / Mobile Crisis Services @ [9]-204-940-1781 2) Refer back to Mental Health team or Mobile Crisis Team if a known individual 3) Refer to Guide for Primary Care Providers to access Crisis Response Services See http://www.wrha.mb.ca/professionals/familyphysicians/files/CRC_FP_Guide_2014_FINAL.pdf 4) Canadian Mental Health Association, Mental Health Resource Guide latest edition See http://mbwpg.cmha.ca/mental-health/finding-help/ 5) Over the phone Language Access Interpreter Services (LAIS) can be offered. One can request immediate telephone services of a WRHA qualified interpreter for any language 24/7 by calling the central intake line at [9]-204-788-8585 .
2 <input type="checkbox"/> Semi Urgent (within 60 minutes)	<input type="checkbox"/> Moderate distress <input type="checkbox"/> Semi urgent mental health problem <input type="checkbox"/> Under observation and / or no immediate risk to self or others	Observed <input type="checkbox"/> No agitation / restlessness <input type="checkbox"/> Irritable without aggression <input type="checkbox"/> Cooperative <input type="checkbox"/> Gives coherent history Reported <input type="checkbox"/> Pre-existing mental health disorder <input type="checkbox"/> Symptoms of anxiety or depression without suicide ideation <input type="checkbox"/> Willing to wait	Supervision: Intermittent observation¹ Actions to Consider 1) Refer to Guide for Primary Care Providers to access Crisis Response services http://www.wrha.mb.ca/professionals/familyphysicians/files/CRC_FP_Guide_2014_FINAL.pdf 2) Re-triage if evidence of increasing behavioural disturbance for example: 3) Restlessness 4) Intrusiveness 5) Agitation 6) Aggressiveness 7) Increasing distress 8) Intoxication by drugs& alcohol may cause an escalation in behavior requiring management



Triage & Acuity	Description	Typical Presentation	General Management Principles
3 <input type="checkbox"/> Urgent (within 30 minutes)	<input type="checkbox"/> Possible danger to self or others <input type="checkbox"/> Moderate behavioural disturbance <input type="checkbox"/> Severe distress <input type="checkbox"/> Very distressed, risk of self-harm <input type="checkbox"/> Acutely psychotic or thought – disordered <input type="checkbox"/> Situational crisis, deliberate self-harm <input type="checkbox"/> Agitated / withdrawn	Observed <input type="checkbox"/> Agitation (<i>minor disagreement, nuisance or complaint</i>) <input type="checkbox"/> Verbal Aggression (<i>anger, shouting cursing demanding, insulting, gesturing, intrusive behavior, ambivalence about treatment</i>) <input type="checkbox"/> Not likely to wait for treatment Reported <input type="checkbox"/> Suicide ideation <input type="checkbox"/> Situational Crisis <input type="checkbox"/> Presence of Psychotic symptoms <input type="checkbox"/> Hallucinations <input type="checkbox"/> Delusions <input type="checkbox"/> Paranoid Ideas <input type="checkbox"/> Thought Disordered <input type="checkbox"/> Bizarre / agitated behavior <input type="checkbox"/> Presence of Mood disturbance <input type="checkbox"/> Severe symptoms of depression <input type="checkbox"/> Withdrawn / uncommunicative <input type="checkbox"/> Anxiety elevated and/or <input type="checkbox"/> Irritable mood	Supervision: Close Observation¹ Actions to Consider <u>STAGE 1 (MINOR) – AGITATION</u> 1) Recruit a back-up person for a paired approach 2) Do not leave individual in waiting room without a support person and suggest moving to private/ quiet area 3) Calmly discuss and seek resolution 4) If necessary for a non-threatening intoxicated person, call non-emergency police [9]-204-986-6222 Or: 5) Notify Mobile Crisis Services @ [9]-204-940-1781 <u>STAGE 2 (MODERATE) – VERBAL AGGRESSION</u> 1) Press silent or audible alarm Or: Recruit one back-up person for a paired approach Or: Contact Mobile Crisis Services @ [9] 204-940-1781 2) Notify Community Disturbance Response Team to ensure safe environment for individual and others as may require [9]-911 if not able to de-escalate situation 3) Do not leave individual in waiting room without a support person and suggest moving to private/ quiet area 4) Calmly discuss and seek resolution 5) Review if access to Mental Health Services needed http://www.wrha.mb.ca/professionals/familyphysicians/files/CRC_FP_Guide_2014_FINAL.pdf 6) Review / discuss with individual the recommendation for voluntary or involuntary assessment. If involuntary assessment complete Form 4 under Manitoba's - Mental Health Act for involuntary admission (Application by Physician for Involuntary Psychiatric Assessment (Form #4 (triplicate)) which authorizes that an individual be taken to a psychiatric facility for an assessment by a psychiatrist.
Triage & Acuity	Description	Typical Presentation	General Management Principles
4 <input type="checkbox"/> Emergency (within 10 minutes)	<input type="checkbox"/> Probable risk of danger to self or others AND / OR individual is chemically	Observed <input type="checkbox"/> Extreme agitation / restlessness <input type="checkbox"/> Physical Aggression (<i>physical aggression, screaming, out of control, throwing items around</i>) <input type="checkbox"/> Confused / unable to cooperate <input type="checkbox"/> Hallucinations / Delusions	Supervision: Continuous visual observation, or 1:1 special observation¹ Actions to Consider <u>STAGE 3 (MAJOR) - PHYSICAL AGGRESSION (Code White):</u> 1) Press silent or audible police alarm



	restrained or requires containment AND / OR <input type="checkbox"/> Severe Behavioural Disturbance Violent or aggressive: Immediate threat to self or others Requires or has required restraint Severe agitation or aggression	<input type="checkbox"/> Paranoia <input type="checkbox"/> Requires restraint / containment Reported <input type="checkbox"/> Attempt at self-harm <input type="checkbox"/> Threat to self-harm <input type="checkbox"/> Threat of harm to others <input type="checkbox"/> Unable to wait safely	and / or retreat to safety and call [9]-911 2) Notify Community Disturbance Response Team to recruit back up person(s) as may require several staff to contain individual 2.1 Provide safe environment for individual and others 2.2 Use defusing techniques (oral medication, time in quiet area) 2.3 Ensure adequate personnel to provide restraint / detention until EMS & Police arrive 2.4 If defusing techniques ineffective, retriage to category 5 Intoxication by drugs and alcohol may cause escalation in behavior that requires management
5 <input type="checkbox"/> Immediate	<input type="checkbox"/> Definite Danger to self and / or others -Severe behavioural disorder with immediate threat of dangerous violence	Observed <input type="checkbox"/> Violent Behaviour Possession of weapon -Self harm <input type="checkbox"/> Displays extreme agitation or restlessness <input type="checkbox"/> Bizarre / Disoriented behavior Reported <input type="checkbox"/> Verbal commands to do harm to self or others that the person is unable to resist (command hallucinations) <input type="checkbox"/> Recent violent behaviour	Supervision: Continuous visual observation, or 1:1 special observation ¹ <u>STAGE 4 WEAPON OR POTENTIAL WEAPON (Code White - Stage 4)</u> Actions to Consider 1) Press silent Police alarm and/or retreat to safety and call [9]-911. Avoid using an audible alarm when a weapon is involved 2) Notify Community Disturbance Response Team as may require barricade or lockdown by several staff to contain individual and keep staff/visitors away from incident area or evacuate staff to a safer room or area until Police arrive NOTE: Intoxication by drugs and alcohol may cause escalation in behavior that may require this level of security management



Supervision / Observation Levels for use with the triage scale of Behavioural Emergencies

Note: The definitions here are included to explain the levels of observation used in the scale.

1. 1:1 'Special' Observation : Individual is within close physical proximity of one dedicated staff /security guard member at all times, under constant visual observation.
2. Continuous Visual Observation Individual is under direct visual observation at all times.
3. Close Observation- Regular visual observation of individual at a maximum of 10 minute intervals
4. Intermittent Observation Regular visual observation of individual at a maximum of 30 minute intervals
5. Routine Observation Regular visual sighting of individual at a maximum of one hour intervals
6. See Appendix E Frequently Asked Questions to consider with a Form 4: Application by Physician for Involuntary Psychiatric Assessment and Form 21: Certificate of Capacity
7. Notify Manager/ designate as per Community Disturbance Response plan

Assessment, Intervention and Follow-up:

☐ Copy of Medication Record

☐ Copy of Crisis Prevention, Management and Wellness Plan provided at time of transfer to EMS

Transfer to EMS

Time

Provider

Emergency

Department Phone Contact

Time

Provider