



## Standard Guide for Training and Evaluation of Individuals Who are Responsible for or Perform Triage in a Prehospital Environment<sup>1</sup>

This standard is issued under the fixed designation F 1654; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon ( $\epsilon$ ) indicates an editorial change since the last revision or reapproval.

### 1. Scope

1.1 This guide covers minimum requirements for the training and evaluation of individuals who perform triage at an emergency medical incident involving multiple casualties in a prehospital environment.

1.2 All training will be in accordance with Guide F 1653.

1.3 Included in this guide is a standard for knowledge and skill evaluation.

1.4 Operating within the framework of this guide may expose personnel to hazardous materials, procedures and equipment. For additional information see Practice F 1031 and Guides F 1219, F 1253, F 1285, F 1288, F 1453 and F 1489.

1.5 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.* For specific precautionary statements, see the document cited in Footnote 3.

### 2. Referenced Documents

#### 2.1 ASTM Standards:

F 1031 Practice for Training the Emergency Medical Technician (Basic)<sup>2,3</sup>

F 1177 Terminology Relating to Emergency Medical Services<sup>2</sup>

F 1219 Guide for Training the Emergency Medical Technician (Basic) to Perform Patient Initial and Detailed Assessment<sup>2</sup>

F 1253 Guide for Training the Emergency Medical Technician (Basic) to Perform Patient Secondary Assessment<sup>4</sup>

F 1285 Guide for Training the Emergency Medical Technician (Basic) to Perform Patient Examination Techniques<sup>2</sup>

F 1288 Guide for Planning for and Response to a Multiple Casualty Incident<sup>2</sup>

F 1453 Guide for Training and Evaluation of First Responders Who Provide Emergency Medical Care<sup>2</sup>

F 1489 Guide for the Performance of Patient Assessment by the Emergency Medical Technician (Paramedic)<sup>5</sup>

F 1651 Guide for Training the Emergency Medical Technician (Paramedic)<sup>2</sup>

F 1653 Guide for Scope of Performance of Triage in Prehospital Environment<sup>2</sup>

### 3. Terminology

#### 3.1 Definitions of Terms Specific to This Standard:

3.1.1 *first priority/immediate (RED)*—those patients with serious injuries that are life threatening but have a high probability of survival.

3.1.2 *fourth priority/dead/mortally wounded (BLACK)*—Those patients who are obviously dead as determined by local medical protocol or those patients with severe injuries and a low probability of survival, despite immediate care.

3.1.3 *injured, adj*—means both sick and injured patients.

3.1.4 *ongoing triage, n*—the continuing process of patient assessment and prioritization in a multiple casualty incident. (Also known as *secondary* and *tertiary*.)

3.1.5 *primary triage, n*—the initial process of rapid assessment, provision of life saving interventions and assignment of visual priority identification to each patient in a multiple casualty incident.

3.1.6 *second priority/delayed (YELLOW)*—those patients who are seriously injured and whose lives are not immediately threatened.

3.1.7 *third priority/minor (GREEN)*—those patients who are injured but do not require immediate medical attention and those apparently not physically injured.

3.1.8 *triage, n*—the process of sorting and prioritizing emergency medical care of the sick and injured on the basis of urgency and type of condition present as well as the number of patients and resources.

<sup>1</sup> This guide is under the jurisdiction of ASTM Committee F30 on Emergency Medical Services and is the direct responsibility of Subcommittee F30.02 on Personnel, Training, and Education.

Current edition approved Oct. 10, 1995. Published December 1995.

<sup>2</sup> *Annual Book of ASTM Standards*, Vol 13.02.

<sup>3</sup> Most recent "Standards and Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care" as reprinted from the *Journal of the American Medical Association*, available from American Heart Association, 7272 Greenville Ave., Dallas, TX 75231.

<sup>4</sup> Discontinued; see 1998 *Annual Book of ASTM Standards*, Vol 13.01.

<sup>5</sup> Discontinued; See 2001 *Annual Book of ASTM Standards*, Vol 13.01.

3.2 For definitions of other terms used in this guide, refer to Terminology F 1177.

#### **4. Significance and Use**

4.1 This guide is intended for use by those responsible for the development and implementation of training programs, that include competency evaluation, for triage in the prehospital environment.

4.2 This guide is not intended to be used by itself, but as a component of Guide F 1288.

4.3 This guide acknowledges many types of individuals with varying levels of emergency medical training. It also establishes a minimum training standard and encourages the addition of optional knowledge, skill, and attitudinal objectives.

4.4 A vital role in the development and operational application of triage is that of medical control. This guide should be used by medical directors in the determination of operational and medical protocols for use during MCIs and coordinated with those who are responsible for training.

4.5 At the beginning of the program, students shall be informed of the course objectives and requirements for successful completion.

#### **5. Required Performance Objectives**

5.1 Individuals who are responsible for, or perform triage in, the pre-hospital environment shall be trained in the following skills. These objectives are listed in a suggested instructional and performance order, although some may be performed concurrently. Some incidents may not require performance of all objectives.

5.1.1 *Health and Safety Hazards*—Describe the presence of conditions or situations and actions to be taken when there exists a potential hazard to rescuers, victims, or bystanders.

5.1.2 *Incident Recognition*—Describe the elements of a multiple-casualty incident that may require utilization of triage skills.

5.1.2.1 Describe a multiple casualty incident,

5.1.2.2 Describe why, when resources are limited, the greater may be served by obtaining additional resources, and managing existing resources, rather than providing patient care immediately,

5.1.2.3 Define triage, and

5.1.2.4 Describe the general principles of providing triage.

5.1.3 *Resources*:

5.1.3.1 Describe the concept of triage of doing the greatest good for the greatest number of casualties.

5.1.3.2 Describe existing and potential incident conditions and situations under which additional resources are needed but may or may not be available.

5.1.3.3 Describe methods for requesting needed resources.

5.1.4 *Incident Management*—Describe the methods for implementation of the local emergency incident management system as it relates to multi-casualty events.

5.1.5 *Medical Control*—Describe the role and responsibilities of medical control during an MCI, the application of protocols and the use of standing orders, on-scene, or on-line medical control.

5.1.6 *Primary Triage*:

5.1.6.1 Demonstrate the method(s) to identify victims who appear to be uninjured or minimally injured and able to help themselves.

5.1.6.2 Describe methods to identify safe areas for the placement of patients.

5.1.6.3 Demonstrate methods for directing uninjured or minimally injured victims to a designated area(s).

5.1.6.4 Describe the performance of a rapid assessment of remaining victim(s).

(a) Demonstrate method(s) to assess respiratory status.

(b) Demonstrate method(s) to assess circulatory status.

(c) Demonstrate method(s) to assess level of consciousness.

5.1.6.5 Describe methods for performing immediate life saving aid without stopping the triage process.

(a) Demonstrate method(s) for opening and maintaining an airway.

(b) Demonstrate method(s) for controlling gross hemorrhage.

5.1.6.6 Describe methods for assigning a triage priority to each victim, including the uninjured.

(a) Define triage priorities.

(b) Demonstrate methods to visually identify each victim based on their individual triage priority.

5.1.6.7 Describe the categories of triage and their application in identifying patient priorities in an MCI.

5.1.6.8 Describe methods to transfer patients based upon triage priority and transport capability and availability. This may need to be accomplished several times on and off site until definitive care is provided.

5.1.7 *Ongoing Triage*:

5.1.7.1 Describe the purpose of ongoing triage.

5.1.7.2 Demonstrate methods for reassessing patients and revising triage priorities when required.

5.1.7.3 Describe conditions or situations which may dictate a decision to either treat patients at the scene, transfer them to a designated treatment area or a definitive care facility.

5.1.7.4 Describe the resources needed to provide patient care at the scene.

5.1.7.5 Describe the rationale for the continued assessment and treatment of patients.

5.1.7.6 Describe essential elements of patient information to be documented for maintaining incident status to include triage priority, assessment, treatment rendered, and patient identification.

5.1.7.7 Describe methods to transport patients based upon triage priority and transport capability.

5.1.7.8 Describe methods to communicate patient information.

5.2 *Optional Objectives*—Describe the principles of the Incident Command System (ICS).

#### **6. Evaluation**

6.1 A method to evaluate the student's knowledge and performance of these objectives shall be established.

6.2 There shall be a method for remediation.

## 7. Keywords

7.1 emergency medical service (EMS); incident command system (ICS); triage

*ASTM International takes no position respecting the validity of any patent rights asserted in connection with any item mentioned in this standard. Users of this standard are expressly advised that determination of the validity of any such patent rights, and the risk of infringement of such rights, are entirely their own responsibility.*

*This standard is subject to revision at any time by the responsible technical committee and must be reviewed every five years and if not revised, either reapproved or withdrawn. Your comments are invited either for revision of this standard or for additional standards and should be addressed to ASTM International Headquarters. Your comments will receive careful consideration at a meeting of the responsible technical committee, which you may attend. If you feel that your comments have not received a fair hearing you should make your views known to the ASTM Committee on Standards, at the address shown below.*

*This standard is copyrighted by ASTM International, 100 Barr Harbor Drive, PO Box C700, West Conshohocken, PA 19428-2959, United States. Individual reprints (single or multiple copies) of this standard may be obtained by contacting ASTM at the above address or at 610-832-9585 (phone), 610-832-9555 (fax), or [service@astm.org](mailto:service@astm.org) (e-mail); or through the ASTM website ([www.astm.org](http://www.astm.org)).*