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Standard Guide for Scope of Performance of Triage in a Prehospital Environment¹

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INTRODUCTION

Triage is a word taken from the French verb *trier*, that means “to sort”. During the time of the Napoleonic wars, a technique for assigning priorities to the treatment of battlefield casualties was established in order to maximize the use of limited resources. The basic principle of triage is to do the greatest good for the greatest number of casualties. Care is provided first to those with the most serious emergencies and to those who are most salvageable. This technique is identified as essential for good disaster medical care.

1. Scope

1.1 This guide covers minimum requirements for the scope of performance for individuals who perform triage at an emergency medical incident involving multiple casualties in a pre-hospital environment.

1.2 This guide acknowledges objectives based on an individual’s required knowledge of signs and symptoms, patient assessment and basic life support.

1.3 Operating within the framework of this guide may expose personnel to hazardous materials, procedures, and equipment. For additional information see Practice F 1031, Guides F 1219, F 1253, F 1285, F 1287, F 1288, F 1489 and F 1651.

1.4 *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 Footnote 3.²

2. Referenced Documents

2.1 ASTM Standards:

F 1031 Practice for Training the Emergency Medical Technician (Basic)³

F 1177 Terminology Relating to Emergency Medical Services³

¹ This guide is under the jurisdiction of ASTM Committee F-30 on Emergency Medical Services and is the direct responsibility of Subcommittee F30.02 on Personnel, Training and Education.

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² Most recent “Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care,” as reprinted from the *Journal of the American Medical Association*, available from American Heart Association, 7320 Greenville Avenue, Dallas, TX 75231.

³ *Annual Book of ASTM Standards*, Vol 13.01.

F 1219 Guide for Training the Emergency Medical Technician (Basic) to Perform Patient Primary Assessment³

F 1253 Guide for Training the Emergency Medical Technician (Basic) to Perform Patient Secondary Assessment³

F 1285 Guide for Training the Emergency Medical Technician (Basic) to Perform Patient Examination Techniques³

F 1287 Guide for the Scope of Performance of First Responders Who Provide Emergency Medical Care³

F 1288 Guide for Planning for and Response to a Multiple Casualty Incident³

F 1489 Guide for the Performance of Patient Assessment by the Emergency Medical Technician (Paramedic)³

F 1651 Guide for Training the Emergency Medical Technician (Paramedic)

3. Terminology

3.1 Definitions of Terms Specific to This Standard:

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

3.1.2 *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.

3.1.3 *triage, n*—the process of sorting and prioritizing 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 available. The objective is to properly treat and transport patients to medical facilities appropriately situated and equipped for their care.

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