

Module 4: Disaster Medical Operations

Lesson 13: Conducting Triage

Self-Study Guide

Lesson Overview

Lesson Purpose	This lesson introduces triage. It describes how to perform triage for the three "killers"—obstructed airway, excessive bleeding, and shock—which you learned about in Lesson 12.
Lesson Objectives	After completing this lesson, you should be able to identify the steps in conducting triage.
Estimated Time	25 minutes
Contents	<p>This lesson includes the following sections:</p> <ul style="list-style-type: none">▪ Lesson Overview▪ What is Triage?▪ General Triage Procedures▪ Conducting a Triage Evaluation▪ Lesson Summary

Lesson Overview

In the previous lesson, you learned about treating life-threatening conditions. The procedures that you learned are closely tied to triage.

In a situation with many casualties, CERTs use a process called "triage" to distinguish among:

- Those who need immediate care (tagged with an "I").
- Those who can wait (tagged with a "D" for delayed).
- Those who are dead (tagged "Dead").

What Is Triage?

Triage is a French term meaning "to sort." The goal of triage is to identify victims who are having problems with the three "killers"—breathing, excessive bleeding, or shock—and to treat them immediately.

Triage usually begins at the incident site, as soon as victims are located. During triage, victims are:

- Evaluated for airway problems, excessive bleeding, and shock.
- Sorted by those who need immediate treatment for the three "killers" and those who can wait until after others have been triaged.

Origin of Triage

Triage was initiated by the military. Military experience has shown that triage is especially effective in situations where:

- There are more victims than rescuers.
- There are limited resources.
- Time is critical.

What is Triage?

Triage Categories

During triage, victims' conditions are evaluated and sorted into the three categories shown in the table below:

Category	Description
Immediate (I)	Victim has life-threatening injuries (airway, bleeding, or shock) that demand immediate attention to save the person's life.
Delayed (D)	Injuries do not jeopardize the victim's life. The victim may need care, but it can be delayed while triaging other victims.
Dead	Not breathing after two attempts to open the airway. There is not time or resources to do CPR if others need immediate help.

Tagging and Moving

Every victim receives a tag of "I," "D," or "Dead" indicating the result of triage. All "I's" receive immediate attention for airway, bleeding, and shock problems. (Note: We have used "I," "D," and "Dead." During your classroom training, your instructors may teach you a tagging system used in your area.)

After triage, victims are taken to a medical facility, if available, or to an area that CERTs have designated as a medical treatment area. How to organize the medical treatment area is covered in Lesson 14.

Triage Precautions

In conducting triage, you must be alert to your and your buddy's welfare as well as that of the victim. If you don't protect yourself, you can make the situation worse. Triage precautions include:

- Avoiding hazardous materials.
- Avoiding unsafe situations.
- Wearing your safety equipment.
- Wearing sterile gloves (latex or nonlatex) when treating victims.
- Changing or sterilizing gloves between victims.

Safety equipment includes:

- Gloves.
- Goggles.
- Dust mask—preferably one labeled "N95."
- Helmet.
- Boots.

Let's take a closer look at sterile glove procedures.

Keeping Gloves Sterile

Each time that you handle a new victim, your latex gloves must be sterile, to avoid cross-contamination. There are two ways to ensure that your gloves are sterile:

- **Changing gloves.** Your disaster kit should include a box of latex gloves. If possible, change gloves between victims. Procedures for safe glove removal are shown on the following page.
- **Sterilizing gloves.** When supplies are limited, it may not be possible to use a new pair of gloves for every victim. In this case, you can sterilize gloves between victims using 1 part bleach to 10 parts water.

Safe Glove Removal		
To avoid self-contamination, use the following method when changing latex gloves.		
Step	Procedure	Illustration
Step 1	To remove the first glove, pinch the glove near the top edge.	 <p>Graphic showing a person with latex gloves on both hands pinching one glove near the top edge.</p>
Step 2	Roll the glove off while turning it inside out as it comes off.	 <p>Graphic showing a person rolling the glove off that was being pinched while turning it inside out.</p>
Step 3	To remove the second glove, tuck two fingers inside the glove.	 <p>Graphic showing a person tucking two fingers inside of the second glove.</p>
Step 4	Roll the glove off, being careful not to touch the outside of the glove. Be sure to dispose of gloves properly!	 <p>Graphic showing a person turning the glove inside out as it rolls off.</p>

Knowledge Review



Instructions: Select the correct answers. When you are finished, turn to the next page to check your answers.

1. The goal of triage is to:
 - Decide which CERT members will treat which victims.
 - Make sure that the workload is spread evenly among the rescuers.
 - Ensure an even flow of victims to the patient treatment areas.
 - Identify and treat victims who are "immediates" as rapidly as possible.

2. The three CERT triage categories are:
 - Critical, noncritical, and undetermined.
 - Immediate, delayed, and dead.
 - Emergency, elective, and delayed.
 - Class A, Class B, and Class C.

3. You should change or sterilize latex gloves:
 - Between victims.
 - Once every 15 minutes.
 - If you touch someone who is bleeding.
 - If your gloves become soiled.

Knowledge Review: Answer Key



Instructions: Compare your answers to the correct ones shown below.

1. The goal of triage is to:

- Decide which CERT members will treat which victims.
- Make sure that the workload is spread evenly among the rescuers.
- Ensure an even flow of victims to the patient treatment areas.
- Identify and treat victims who are "immediates" as rapidly as possible.**

The goal of triage is to **identify and treat victims who need immediate care as rapidly as possible**. Triage enables us to do the greatest good for the greatest number of people.

2. The three CERT triage categories are:

- Critical, noncritical, and undetermined.
- Immediate, delayed, and dead.**
- Emergency, elective, and delayed.
- Class A, Class B, and Class C.

The three CERT triage categories are **immediate, delayed, and dead**. The categories indicate how quickly the victim requires treatment.

3. You should change or sterilize latex gloves:

- Between victims.**
- Once every 15 minutes.
- If you touch someone who is bleeding.
- If your gloves become soiled.

Latex gloves should be changed **between victims**, if possible. If limited supplies make that impossible, you should sterilize them between victims with a solution of 1 part bleach to 10 parts water.

General Triage Procedures

The following six-step procedure is used to conduct triage. This section of the lesson will present information on each step.

- Step 1. Size up the situation.
- Step 2. Conduct voice triage.
- Step 3. Follow a systematic route.
- Step 4. Triage and tag each victim "I," "D," or "Dead."
- Step 5. Treat "I" victims immediately.
- Step 6. Document triage results.

Step 1: Size Up the Situation

Before you begin, size up the situation:

- **Stop, look around, and listen.** Take the time to gather information, such as type of incident, number of victims, "lay of the land," and risk factors. You'll need this information to make decisions and develop plans for you and your buddy.
- **Think** about your and your buddy's safety, capability, and limitations. Decide if you will approach the scene.
- **Plan.** If you decide to approach, plan how you will do it.

Remember that sizeup is a continual process because conditions that affect your safety can change.

Step 2: Conduct Voice Triage

Begin sorting victims by calling out, "Emergency Response Team. If you can walk, come to the sound of my voice."

If there are survivors who can walk, they are "D's." Survivors who can walk should be directed to a designated safe location while you continue with triage.

It's important to keep ambulatory survivors in one area. If you and your buddy need assistance, you can ask the survivors to help. They may also provide useful information about the locations of other victims.

Step 3: Follow a Systematic Route to Victims

Now you're ready to start working with nonambulatory victims. To make sure that you don't miss anyone:

- Start where you stand.
- Start with the closest victims.
- Work outward in a systematic fashion.

Step 4: Triage and Tag Each Victim

Triage each victim. Treat immediates, and tag everyone using "I" (immediate), "D" (delayed), or "Dead." We'll discuss how to conduct triage shortly.

Remember also to triage and tag the walking wounded after triaging and tagging victims who were not able to walk to you and your buddy. They may have injuries that require your attention.

Step 5: Treat "I" Victims Immediately

An "I" victim needs immediate treatment for life-threatening conditions. Treat these victims for the three "killers" and tag as "I" before continuing with triage.

All "I" victims receive:

- Airway management to keep the airway open.
- Control of excessive bleeding.
- Treatment for shock.

Step 6: Document Triage Results

After you triage victims in an area, record the number of victims by triage tag and their locations. This documentation will help responders when they arrive to:

- Identify the locations of victims.
- Deploy resources effectively.
- Estimate the number of casualties by degree of severity.

Sample Triage Documentation				
Status	Location: Tower Building			
	Room A	Room B	Room C	Room D
I	1	2	0	1
D	0	2	5	3
Dead	3	7	1	0

Knowledge Review



Instructions: Select the correct answer. When you are finished, turn to the next page to check your answers.

1. Put the triage steps in the correct order by typing a number in each box.
 - Triage and tag the victim.
 - Size up the situation with your buddy.
 - Give "I" victims treatment for airway, bleeding, and shock before moving to the next victim.
 - Start where you stand, and follow a systematic route to victims.
 - Document triage results for each location.
 - Conduct voice triage.
2. Voice triage refers to:
 - Checking the airway to see if anything is obstructing the vocal cords.
 - Asking each victim whether they are injured.
 - Checking mental status by asking the victim to respond to a simple command.
 - Directing ambulatory survivors to come to your location.
3. Which victims should be tagged at a disaster site?
 - Only victims who are determined to need immediate or delayed treatment
 - Everyone who is triaged
 - Only victims who will be sent to the delayed treatment area or morgue
 - Everyone except the walking wounded
4. Victims tagged "I" should be treated:
 - Immediately for airway, bleeding, and shock.
 - As soon as they are moved to the immediate treatment area.
 - As soon as all triage evaluations are finished.

Knowledge Review: Answer Key



Instructions: Compare your answers to the correct ones shown below.

1. Put the triage steps in the correct order by typing a number in each box.

- Triage and tag the victim.
- Size up the situation with your buddy.
- Give "I" victims treatment for airway, bleeding, and shock problems before moving to the next victim.
- Start where you stand, and follow a systematic route to victims.
- Document triage results for each location.
- Conduct voice triage

2. Voice triage refers to:

- Checking the airway to see if anything is obstructing the vocal cords.
- Asking each victim whether they are injured.
- Checking mental status by asking the victim to respond to a simple command.
- Directing ambulatory survivors to come to your location.**

Voice triage refers to **directing ambulatory survivors to come to your location**. Assembling survivors in one area separates them from those who need more immediate attention and provides a source of people who can assist you and your buddy, if needed. They may also be able to tell you where to find injured victims. Also, by calling ambulatory victims, you determine that they are breathing and can follow simple commands. Ambulatory victims who are bleeding should be treated.

Knowledge Review: Answer Key (Continued)

3. Which victims should be tagged at a disaster site?

- Only victims who are determined to need immediate or delayed treatment.
- Everyone who is triaged.**
- Only victims who will be sent to the delayed treatment area or morgue.
- Everyone except the walking wounded.

At a disaster site, everyone who is triaged is tagged as "I," "D," or "Dead." The walking wounded are considered "D's" at first but should be triaged after the victims who did not respond to your voice.

4. Victims tagged "I" should be treated:

- Immediately for airway, bleeding, and shock.**
- As soon as they are moved to the immediate treatment area.
- As soon as all triage evaluations are finished.

Victims tagged "I" should be **treated immediately**. These victims require treatment for life-threatening conditions and need airway management, control of bleeding, and treatment for shock. Immediate treatment could save their lives.

Conducting a Triage Evaluation

Triage involves three steps:

1. Check airway/breathing.
2. Check bleeding/circulation.
3. Check mental status.

As we walk through each step, you'll recognize treatment procedures that you learned in the previous lesson. Don't try these procedures until you have received classroom training!

Step 1: Check Airway/Breathing

At arm's length from the victim, shake the person's shoulder and shout, "Can you hear me?" If the person does not respond, check breathing by opening the airway using the Head-Tilt/Chin-Lift method.

Look, listen, and feel for air exchange. If the victim still is not breathing, try again to open the airway. If the victim is not breathing after two tries, tag the victim "Dead," and move on to the next victim.

If the victim is breathing, check the victim's breathing rate:

- If breathing is faster than 30 breaths per minute, tag the victim "I." Maintain the airway, control bleeding, and treat for shock before moving to the next victim.
- If breathing rate is below 30 per minute and normal, move to Step 2.

Step 2: Check Bleeding/Circulation

This step has two parts—controlling bleeding and checking circulation.

First, if the victim has severe bleeding, apply direct pressure and elevation to control the bleeding. Then tag as "I."

After controlling bleeding or if there is no severe bleeding, check circulation using the blanch test.

Continuing Step 2: The Blanch Test

The blanch test can be used to check circulation.

If capillary refill time is greater than 2 seconds, tag "I," maintain the airway, and treat for shock before moving on to the next victim.

Blanch Test

The blanch test is used to check how quickly capillaries refill. To perform this test:

- Press on an area of skin until normal skin color is gone. A good place to do this is the palm of the hand. The nail beds can also be used.
- Let go and time how long it takes for normal color to return.
- A capillary refill time of longer than 2 seconds is indicative of poor circulation and shock.

The blanch test is not valid in children. Mental status should be used as the main indicator of shock in children.

Step 3: Check Mental Status

Checking mental status is the next step in triage.

To check mental status, ask the victim to follow a simple command, such as "Squeeze my hand."

If the victim can follow a simple command, is breathing under 30 breaths per minute, and passes the blanch test, tag the person "D" for delayed. We know that this person does not have airway, circulation, or shock problems at the moment.

In Summary

When performing triage:

- If the victim fails the test for one of the three "killers," the status is "I."
- If the victim passes all tests, he or she can wait for delayed treatment. Tag the person "D."
- Everyone gets a tag.

Remember, all "I's" get airway management, bleeding control, and treatment for shock before you and your buddy move to the next victim.

Developing Your Triage Skills

To be effective at triage, you will need to develop the ability to work quickly and efficiently.

- **Work quickly.** Time is critical in a disaster. You will not be able to spend much time with any single victim. Ideally, with practice, you should be able to complete a simple triage evaluation in 15 to 30 seconds.
- **Work efficiently.** Performing efficiently and effectively means following standard procedures and avoiding triage pitfalls.

Triage Pitfalls

Triage pitfalls include:

- No team plan, organization, or goal.
- Indecisive leadership about where to start and what to do.
- Too much focus on one injury or person.
- Treatment performed rather than triaging all victims for the three "killers."

Practice, Practice, Practice!

An important component of developing quick and efficient triage skills is practice.

To develop and maintain your triage skills:

- First, complete the classroom CERT training to learn triage skills.
- Then, take advantage of local exercises as a means of developing and improving your triage skills.

Knowledge Review



Instructions: Answer the following questions. When you are finished, turn to the next page to check your answers.

1. Put the triage evaluation steps in the correct order by placing a number in front of each step.
 - Check mental status.
 - Check airway/breathing.
 - Check bleeding/circulation.
2. How would you tag each of the victims described below? Check the correct tag for each victim.

	I	D	Dead
No bleeding. Dazed and confused. Doesn't squeeze hand when asked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambulatory. Responds to voice triage. Minor bleeding. Normal blanch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very bloody thigh. Unconscious. After two attempts to open airway, still not breathing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No signs of bleeding. Unconscious. Blanch test takes 5 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor bleeding. Conscious but disoriented. Breathing rate is 40 per minute.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Knowledge Review: Answer Key



Instructions: Compare your answers to the correct ones shown below.

1. Put the triage evaluation steps in the correct order by typing a number in front of each step.

- 3 Check mental status.
- 1 Check airway/breathing.
- 2 Check bleeding/circulation.

Conducting the evaluation in this order ensures that the most immediate needs will be treated first.

2. How would you tag each of the victims described below? Check the correct tag for each victim.

	I	D	Dead
No bleeding. Dazed and confused. Doesn't squeeze hand when asked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambulatory. Responds to voice triage. Minor bleeding. Normal blanch.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Very bloody thigh. Unconscious. After two attempts to open airway, still not breathing.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
No signs of bleeding. Unconscious. Blanch test takes 5 seconds.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor bleeding. Conscious but disoriented. Breathing rate is 40 per minute.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lesson Summary

This lesson presented the steps in conducting triage:

1. Size up the situation.
2. Conduct voice triage.
3. Follow a systematic route to victims.
4. Evaluate and tag each victim by checking:
 - Airway.
 - Bleeding/Circulation.
 - Mental status.
5. Treat "I" victims immediately.
6. Document triage results.

Next Lesson

You have completed this lesson. You are now ready to begin Lesson 14: Establishing Medical Treatment Areas.