

Triage

Triage is a French term meaning “to sort.”

During triage, victims are evaluated, sorted by the urgency of the treatment needed, and set up for immediate or delayed treatment.

Triage was, in fact, initiated by the military and experience has shown that triage is an effective strategy in situations where:

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

Triage occurs as quickly as possible after a victim is located or rescued.

During triage, victims' conditions are evaluated and the victims are prioritized and labeled (tagged) into three categories:

- **Immediate (I):** The victim has life-threatening (airway, bleeding, or shock) injuries that demand immediate attention to save his or her life; rapid, life-saving treatment is urgent.
- **Delayed (D):** Injuries do not jeopardize the victim's life. The victim may require professional care, but treatment can be delayed.
- **Dead (DEAD):** No respiration after two attempts to open the airway. Because CPR is one-on-one care and is labor-intensive, CPR is not performed when there are many more victims than rescuers.

The CERT program goal is to do the greatest good for the greatest number.

Triage in a Disaster Environment

The general procedures for conducting triage are:

- **Step 1: Stop, Look, Listen, and Think.** Before you start, stop and size up the situation by looking around and listening. THINK about your safety, capability, and limitations, and decide if you will approach the situation and how.
- **Step 2: Conduct voice triage.** Begin by calling out, “Emergency Response Team. If you can walk, come to the sound of my voice.” If there are survivors who are ambulatory, instruct them to remain at a designated location, and continue with the triage operation. (If rescuers need assistance and there are ambulatory survivors, then these survivors should be asked to provide assistance.) These persons may also provide useful information about the location of the victims.
- **Step 3: Start where you stand, and follow a systematic route.** Start with the closest victims and work outward in a systematic fashion.
- **Step 4: Evaluate each victim and tag them** “I” (immediate), “D” (delayed), or “DEAD.” Remember to evaluate the walking wounded.

- **Step 5: Treat “I” victims immediately.** Initiate airway management, bleeding control, and treatment for shock for “I” victims.
- **Step 6: Document triage results for:**
 - Effective deployment of resources.
 - Information on the victims’ locations.
 - A quick record of the number of casualties by degree of severity.

The rescuer’s safety is paramount during triage. Wear proper protective equipment so as not to endanger your own health.

Identify The “Killers”:

- ♦ Airway obstruction
- ♦ Excessive bleeding
- ♦ Shock

All “immediates” receive airway control, bleeding control, and treatment for shock.

Triage Procedure

Step	Procedures
1	<p>Check airway/breathing. At an arm’s distance, shake the victim and shout. If the victim does not respond:</p> <ul style="list-style-type: none"> ▪ Position the airway. ▪ Look, listen, and feel. ▪ Check breathing rate. Abnormally rapid respiration (above 30 per minute) indicates shock. Treat for shock and tag “I.” ▪ If below 30 per minute, then move to Step 2. ▪ If the victim is not breathing after 2 attempts to open airway, then tag “DEAD.”
2	<ul style="list-style-type: none"> ▪ Check circulation/bleeding. ▪ Take immediate action to control severe bleeding. ▪ Check circulation using the blanch test (for capillary refill). <ul style="list-style-type: none"> • Press on an area of skin until normal skin color is gone. A good place to do this is on the palm of the hand. The nailbeds are sometimes used. • Time how long it takes for normal color to return. ▪ Treat for shock if normal color takes longer than 2 seconds to return, and tag “I.”
3	<p>Check mental status. Give a simple command, such as “Squeeze my hand.” Inability to respond indicates that immediate treatment for shock is necessary. Treat for shock and tag “I.”</p>

Part of your mission is to do the greatest good for the greatest number of people. For that reason, if breathing is not restored on the first try using the Head-Tilt/Chin-Lift method, CERT members should try again using the same method. If breathing cannot be restored on the second try, CERT members must move on to the next victim.