
Lesson Overview

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").
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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"—obstructed airway, 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.
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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.
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Triage Categories

During triage, victims' conditions are evaluated and sorted into three categories:

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 designated as a medical treatment area.

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.
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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.
 - 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**.
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Safe Glove Removal

To avoid self-contamination, use the following method when changing latex gloves.

- Step 1. To remove the first glove, pinch the glove near the top edge.
 - Step 2. Roll the glove off while turning it inside out as it comes off.
 - Step 3. To remove the second glove, tuck two fingers inside the glove.
 - Step 4. Roll the glove off, being careful not to touch the outside of the glove. Be sure to dispose of gloves properly!
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General Triage Procedures

The following six-step procedure is used to conduct triage.

- 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.
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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, capabilities, 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.
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General Triage Procedures (Continued)

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.
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Step 6: Document Triage Results

After you triage victims in an area, record the number of victims by triage tag and their location. 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.
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Conducting a Triage Evaluation

Triage involves three steps:

- Check airway/breathing.
 - Check bleeding/circulation.
 - Check mental status.
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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.
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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.

The 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.

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.

- 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.
 - Performing efficiently and effectively means following standard procedures and avoiding triage pitfalls.
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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.
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Lesson Summary

This lesson presented the steps in conducting triage:

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