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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 F1031 and Guides F1219, F1253, F1285, F1287, F1288, F1489 and F1651.

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, health, and environmental practices and determine the applicability of regulatory limitations prior to use.* For specific precautionary statements, see Footnote 2.²

1.5 *This international standard was developed in accordance with internationally recognized principles on standardization established in the Decision on Principles for the Development of International Standards, Guides and Recom-*

mendations issued by the World Trade Organization Technical Barriers to Trade (TBT) Committee.

2. Referenced Documents

2.1 ASTM Standards:³

- F1031 Practice for Training the Emergency Medical Technician (Basic)
- F1177 Terminology Relating to Emergency Medical Services (Withdrawn 2018)⁴
- F1219 Guide for Training the Emergency Medical Technician (Basic) to Perform Patient Initial and Detailed Assessment (Withdrawn 2006)⁴
- F1253 Guide for Training the Emergency Medical Technician (Basic) to Perform Patient Secondary Assessment (Withdrawn 1999)⁴
- F1285 Guide for Training the Emergency Medical Technician to Perform Patient Examination Techniques
- F1287 Guide for Scope of Performance of First Responders Who Provide Emergency Medical Care
- F1288 Guide for Planning for and Response to a Multiple Casualty Incident (Withdrawn 2018)⁴
- F1489 Guide for Performance of Patient Assessment by the Emergency Medical Technician (Paramedic) (Withdrawn 2003)⁴
- F1651 Guide for Training the Emergency Medical Technician (Paramedic) (Withdrawn 2018)⁴

¹ 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.

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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, 7272 Greenville Ave., Dallas, TX 75231.

³ For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard’s Document Summary page on the ASTM website.

⁴ The last approved version of this historical standard is referenced on www.astm.org.