Course Syllabus

Triage Principles: the Australasian Triage Scale in Practice · OBA-TRI-2026 · 10.0 CPD hours · fully self-directed online

DOCUMENT CONTROL

- Programme: Triage Principles: the Australasian Triage Scale in Practice (OBA-TRI-2026)
- Audience: Student and Facilitator
- Version 1.0 | Issued 19/09/2026 | Review due 19/09/2027
- Provider: OBA Nursing Academy

SCOPE OF PRACTICE AND CURRENCY

- This programme is professional development. It is not a qualification and it does not authorise any learner to perform triage. ACEM's G24 states that triage is carried out by staff members who are BOTH SPECIFICALLY TRAINED AND EXPERIENCED, and it names the Emergency Triage Education Kit as the nationally recognised educational resource for the role. Completing this course is not completing ETEK, and neither is a substitute for your own department's training, supervised practice and assessment. Where an organisation's policy is more restrictive than this course, the organisation's policy applies.
- The Australasian Triage Scale, its clinical descriptors, treatment acuity times and performance indicator thresholds are quoted from ACEM G24 V6 (November 2023) and P06 V5 (November 2023), retrieved 19/09/2026. CHECK THE VERSION ON THE DOCUMENT ITSELF: the file names in ACEM's own URLs read 'Jul-16' and 'Jul-13-v04' while the documents are the November 2023 revisions. Age-specific paediatric vital sign ranges, local escalation contacts, departmental streaming and fast-track criteria, and any medicine dose are NOT stated in this course - they come from your own observation charts, policies and prescribing references.

1. Programme overview

Triage Principles: the Australasian Triage Scale in Practice is a fully self-directed, entirely online professional development programme delivered through the OBA Nursing Academy learning management system. There are no scheduled classes, no live sessions and no clinical placement. Learners complete eleven modules at their own pace, followed by a case study assessment and a single summative assessment.

Who it is for

- Registered nurses working towards, or newly appointed to, a triage role in an emergency department - for whom this is the theory that sits underneath ETEK and supervised practice
- Emergency department nurses who are not yet triage-trained, and who need to understand the scale they are working inside every shift
- Internationally qualified nurses, for whom the Australasian Triage Scale is usually entirely new - it is not the Manchester scale they may have trained on, and the differences matter

- Medical officers, including interns and residents rotating through emergency, who are governed by ATS timeframes without often being taught them
- Urgent care centre, rural and remote, and single-nurse-post clinicians who triage without an emergency department around them
- Nurses in general practice, aged care and community settings who make urgency decisions by telephone or at a front desk and have never been given a framework for it
- Student nurses, educators and quality staff who need to read waiting time data honestly

How it is delivered

- Fully self-directed. No scheduled classes, no live sessions, no clinical placement.
- Eleven modules, each with a narrated video, a student learner guide, a reflective workbook activity and a knowledge check.
- A case study assessment of five unfolding presentations, and a 60-item summative assessment.
- Five optional interactive practice tools, excluded from the claimable CPD figure.
- Three fillable workplace instruments: a triage audit tool, a re-triage and waiting room round record, and a triage competency and orientation record.

Programme outcomes

On completion, learners will be able to:

1. State what a triage system is for, what the triage assessment is and is not intended to do, and the three functions triage performs
2. State the 5 ATS categories with their maximum treatment acuity times and performance indicator thresholds
3. Apply the allocation rule - the most urgent clinical feature identified determines the category - and explain why absolute physiological measurements must not be the sole criterion
4. Work through a systematic triage assessment, including the environmental check that precedes the patient and the stop rule that overrides the sequence
5. Identify the descriptors that place a patient in Category 1 or 2, including the high-risk history routes that apply to a patient who looks entirely well
6. Distinguish Categories 3, 4 and 5 on the descriptor that separates them, and describe how and why category drift occurs
7. Apply the humane practice clauses for pain, including the assessment of a patient who cannot self-report
8. Apply the combined-presentation rule to behavioural disturbance, and place a departmental mental health assessment tool correctly in relation to the ATS category
9. Apply the paediatric, geriatric and pregnancy conventions, and explain why each exists
10. State both triggers for re-triage, what must then be documented, and who must be notified immediately when a waiting patient deteriorates
11. List the essential elements of a triage record, and name the four things G24 says emergency departments should audit
12. Complete a triage audit against the published descriptors, and identify category drift from a department's own data

2. Module structure

Module	Title	CPD hours	Knowledge check items
00	Orientation: How This Course Works	0.50	5
01	What Triage Is, and What It Is Not	0.75	5
02	The Australasian Triage Scale	0.50	7
03	The Triage Assessment: A Systematic Approach	0.75	6
04	Categories 1 and 2: the Time-Critical End	0.50	6
05	Categories 3, 4 and 5: Where Most Patients Are	0.50	6
06	Pain, and the Humane Practice Clauses	0.50	5
07	Mental Health and Behavioural Disturbance	0.50	6
08	Children, Older People and Pregnancy	0.50	6
09	Re-triage, the Waiting Room and Deterioration	0.75	6
10	Documentation, Audit and Safety at Triage	0.75	5
	Module subtotal	6.50	63
	Programme information documents	1.58	-
	Case study assessment (5 unfolding cases)	0.53	-
	Summative assessment	0.97	60
	CLAIMABLE CPD TOTAL	10.0	

Module hours are the measured time for that module's video, learner guide, knowledge check and workbook activity. Section 2 below shows how every figure in this table was measured.

Indicative workload, and how the CPD hours were arrived at

The CPD figure for this programme is not asserted. It is measured from the content: narration at 135 words per minute, reading at 130 words per minute for dense clinical prose, knowledge checks timed to include reading every rationale, and the assessments timed as measured reading plus a stated decision allowance. Individual learners vary, and a learner who claims a different figure should claim their actual time.

Component	Measured time	How it was measured
Module videos (11)	89 min	Narration word count at 135 wpm
Student learner guides (11)	121 min	Guide word count at 130 wpm
Module knowledge checks (11)	108 min	Stem, options and every rationale, read and answered
Reflective workbook activities (11)	88 min	Writing time for the five prompts in each module
Programme information documents	95 min	Rendered page word counts at 130 wpm
Case study assessment	32 min	19 minutes measured reading plus 30 seconds per decision across 25 steps
Summative assessment	58 min	28 minutes measured reading plus 30 seconds per item across 60 items
MEASURED TOTAL	591 min (9.85 h)	Sum of the above
CLAIMABLE CPD	10.0 hours	The measured total, to the nearest half hour

The five optional practice tools - the category allocator, the red flag spotter, pressure at the desk, the mental health triage drill and the scope of practice self-check - add approximately a further 90 minutes. They are deliberately excluded from the claimable figure, because they are optional. A learner who completes them may claim that time as additional self-directed CPD.

Module 00 - Orientation: How This Course Works

How the programme is structured and assessed. What the Australasian Triage Scale is for, and the sentence that governs everything after it - the ATS describes clinical urgency ONLY. Why completing this course does not put you at a triage desk, and what does. And the nine questions only your own department can answer.

Learning outcomes

- Describe the structure of the programme and how it is assessed
- State what the Australasian Triage Scale describes, and what it does not
- Explain what G24 requires of a person performing triage, and where ETEK sits
- State the three things completing this course does not establish
- Identify the questions only your own department can answer
- Locate the documents you will need from ACEM, ACSQHC and your own workplace

Key terms: Australasian Triage Scale; ATS; clinical urgency; ACEM; G24; ETEK; scope; local policy

Module 01 - What Triage Is, and What It Is Not

The definition of a triage system, and the three functions G24 gives it. Five things the ATS is not - a diagnosis, a severity measure, a judgement on appearance, a workload tool, or negotiable by demand. Where streaming and fast-track models sit. And the six pressures that will be applied to you at a triage desk, with what to say to each.

Learning outcomes

- State the definition of a triage system and the three functions of triage

- Explain why triage is not intended to produce a diagnosis
- Distinguish urgency from severity, complexity and workload
- Explain how streaming and fast-tracking relate to the ATS category
- Recognise the six common pressures to alter a category, and respond to each
- Explain why a category changed for a non-clinical reason is a data integrity problem

Key terms: clinical urgency; diagnosis; case-mix; streaming; fast-track; access block; category drift; data integrity

Module 02 - The Australasian Triage Scale

The scale itself. Each category's treatment acuity, description and performance indicator threshold, quoted from ACEM. What a maximum waiting time actually means, and why Category 5's is different from the others. The most-urgent-feature rule. The status of the clinical descriptors - indicative, not absolute. The colours, and why they are only an adjunct. And what the performance thresholds are for.

Learning outcomes

- State the five ATS categories with their treatment acuity times and performance thresholds
- Explain what the maximum waiting time means, and how Category 5's differs
- Apply the rule that the most urgent clinical feature determines the category
- Explain the status of the clinical descriptors and the caution against physiological criteria alone
- Explain what the triage colours are, and what they are not
- Explain what a performance indicator threshold measures, and what it does not

Key terms: ATS; treatment acuity; performance indicator threshold; clinical descriptors; most urgent feature; triage colours; reproducibility

Module 03 - The Triage Assessment: A Systematic Approach

How to actually do it. The ETEK recommended systematic approach - five steps beginning with the environment, not the patient - and the stop rule that overrides the sequence. What G24 requires of the assessment: the two-to-five-minute standard, vital signs, Category 1 and 2 going straight through, and what belongs to the treatment nurse instead. Primary survey findings mapped to categories. And handover.

Learning outcomes

- Describe the five steps of the ETEK recommended systematic approach, in order
- Apply the stop rule that overrides the sequence
- State what G24 requires of the triage assessment, including the vital signs rule
- Map primary survey findings to ATS categories
- Explain what belongs to triage and what belongs to the treatment nurse
- Describe what must be handed over to the receiving clinician

Key terms: ETEK; systematic approach; stop rule; primary survey; ABCDE; red flags; vital signs; handover; two to five minutes

Module 04 - Categories 1 and 2: the Time-Critical End

The two categories where time changes outcome. Category 1's descriptors, and what 'immediate simultaneous assessment and treatment' actually means. Category 2's three separate routes -

imminently life-threatening, time-critical treatment, and very severe pain - and its twenty-one descriptors. The high-risk history route, which catches patients who look entirely well. And what happens when there is no bed.

Learning outcomes

- State Category 1's response and describe its clinical descriptors
- Describe the three separate routes into Category 2
- Explain the high-risk history route and why it catches well-looking patients
- Identify the Category 2 descriptors that depend on history rather than findings
- Explain what must happen when a Category 1 or 2 patient is identified
- Describe the correct response when no assessment or treatment area is available

Key terms: Category 1; Category 2; simultaneous assessment and treatment; high-risk history; time-critical treatment; very severe pain; access block; escalation

Module 05 - Categories 3, 4 and 5: Where Most Patients Are

Most patients live here, most disagreements happen here, and this is where category drift begins. Category 3's three routes and its seventeen descriptors, including the two that catch people out. Category 4's four routes, including complexity. Category 5, and why it is not 'the ones who should have gone to a GP'. Distinguishing 3 from 4 from 5. And the descriptors that sit at boundaries.

Learning outcomes

- Describe the three routes into Category 3 and its key descriptors
- Describe the four routes into Category 4, including the complexity route
- State what Category 5 covers, including clinico-administrative problems
- Distinguish between Categories 3, 4 and 5 at the common boundaries
- Explain why category drift happens here, and how to resist it
- Explain why the 'could have seen a GP' judgement has no place in the scale

Key terms: Category 3; Category 4; Category 5; situational urgency; complexity; clinico-administrative; category drift; boundaries

Module 06 - Pain, and the Humane Practice Clauses

Pain has its own route into every category from 2 to 5, and the guideline uses an unusual word for it: HUMANE PRACTICE MANDATES the relief of pain within the timeframe. What that means, how pain maps to categories, why severity of pain and severity of disease are unrelated, and the documented inequity in pain assessment and treatment in Australia - which begins at a triage desk.

Learning outcomes

- State how pain maps to each ATS category
- Explain what the humane practice clauses require, and why the wording is unusual
- Explain why the cause of the pain does not determine the category
- Describe the documented inequities in pain assessment and treatment in Australia
- Assess pain in patients who cannot self-report
- Explain what a triage clinician can do about pain within their own scope

Key terms: pain; humane practice; very severe pain; analgesia; oligoanalgesia; self-report; cognitive impairment; equity

Module 07 - Mental Health and Behavioural Disturbance

Mental health presentations have their own descriptors in every ATS category and their own tool inside ETEK. The combined-presentation rule - where physical and behavioural problems co-exist, the HIGHEST appropriate category applies. Observed versus reported features. The physical causes of agitation that triage must not miss. Why 'unable to wait safely' is a Category 2 criterion. And the difference between assessing risk and managing it.

Learning outcomes

- Apply the Mental Health Triage Tool's categories and their observed and reported features
- Apply the combined-presentation rule where physical and behavioural problems co-exist
- Explain where departmental mental health assessment tools sit relative to the ATS category
- List the physical causes of agitation that must be excluded
- Explain what 'unable to wait safely' and 'high risk of absconding' mean for placement
- Describe what psychological instability means in the ETEK red flag step

Key terms: Mental Health Triage Tool; behavioural disturbance; combined presentation; observed and reported; absconding; unable to wait safely; delirium; P41

Module 08 - Children, Older People and Pregnancy

G24's specific conventions. Paediatrics: the same standards in all settings, all five categories used everywhere, and fast-tracking separated from category allocation. Geriatrics: the physiological, behavioural and physical changes of ageing, and why abdominal pain over 65 has its own descriptor. Pregnancy: two patients, atypical presentations, and pregnancy-specific vital signs. Plus what this course will not give you.

Learning outcomes

- State what G24's paediatric convention requires of all ED settings
- Explain why fast-tracking must be separated from objective category allocation
- Describe how the changes of ageing affect presentation and triage
- Explain why abdominal pain in a patient over 65 has its own Category 3 descriptor
- Apply the pregnancy convention, including the two-patient principle
- Identify what is local - paediatric observation ranges, and pregnancy-specific vital signs

Key terms: paediatric triage; geriatric triage; pregnancy; atypical presentation; fast-tracking; P11; P51; parental concern

Module 09 - Re-triage, the Waiting Room and Deterioration

What happens after the category. Re-triage's two triggers - a change in condition OR new information - and the immediate escalation the guideline requires when a patient deteriorates. The process and staffing P06 requires for re-assessing waiting patients. The waiting room as an unmonitored clinical area. Who tells you something has changed, and why they sometimes do not. And what to do about the patient who leaves.

Learning outcomes

- State the two triggers for re-triage and what must be documented
- Describe the escalation required when a patient deteriorates to a more urgent category
- Explain what P06 requires of a process for re-assessing waiting patients
- Describe a structured waiting room round and what it looks for
- Explain why patients and families do not always report deterioration, and what to do about it

- Describe the correct response to a patient who leaves before being seen

Key terms: re-triage; escalation; waiting room round; deterioration; did not wait; new information; senior medical officer; reassessment

Module 10 - Documentation, Audit and Safety at Triage

The last module. G24's eight essential documentation elements and the three time definitions behind every waiting time statistic. What emergency departments should audit - including equity of triage scores across populations, which almost nobody runs. And section 3.5, Safety at Triage: an obligation the guideline places squarely on employers, naming ED design and duress systems alongside training.

Learning outcomes

- List the eight essential elements of a triage assessment record
- Define arrival time, time of medical assessment and treatment, and waiting time
- Describe what G24 says emergency departments should audit, including the equity limb
- Explain what triage performance is compared against, and with whom
- State what G24 requires of employers in relation to aggression at triage
- Describe what to do after an aggressive incident, and where to get support

Key terms: documentation; arrival time; waiting time; audit; equity; occupational violence; safety at triage; incident reporting; peer hospitals

3. Assessment

Component	Type	Weighting	Attempts
Module knowledge checks (11)	Formative, immediate feedback with rationales	Not graded	Unlimited
Reflective workbook	Formative, self-directed	Completion required	n/a
Case study assessment	Formative, branching decisions with feedback	Completion required	Unlimited
Summative assessment	60 single-best-answer items	100% - pass mark 80%	2

Summative assessment blueprint

Module	Items
00	2
01	5
02	7
03	6
04	6
05	6
06	5
07	6
08	6
09	6
10	5
TOTAL	60

Pass mark is 80 per cent (48 of 60). Learners have 2 attempts. The certificate of completion is issued automatically on a pass.

4. Standards and regulatory mapping

Framework	Elements addressed	Where
ACEM G24 V6 (November 2023)	The clinical descriptors for all five categories, the general principles, quality standards and specific conventions	Modules 01-10; it is the spine of the programme
ACEM P06 V5 (November 2023)	The scale itself - treatment acuity and performance indicator thresholds - plus practicality, reproducibility and the re-assessment requirement	Modules 02, 09, 10
ACSQHC Emergency Triage Education Kit (ETEK), second edition	The nationally recognised educational resource for the triage role: the systematic approach, primary survey mapping, pain mapping and the	Modules 03, 06, 07

	Mental Health Triage Tool	
NSQHS Recognising and Responding to Acute Deterioration Standard	Recognition of deterioration in a waiting patient, escalation and the organisation's response systems	Module 09
NSQHS Communicating for Safety Standard	Handover from triage to the receiving clinician, and documentation of the triage assessment	Modules 03, 10
NSQHS Comprehensive Care Standard	Screening and assessment on presentation, and the care of patients at risk of self-harm	Modules 07, 09
NSQHS Clinical Governance Standard	Audit of triage allocation, equity of triage scores, and incident reporting for occupational violence	Module 10
ACEM P41, P51 and P11	Access to care for patients with acute mental and behavioural conditions; care of older persons in the ED; and ED services for children and young persons	Modules 07, 08
Work health and safety legislation (state and territory)	The employer's duty in relation to aggression and violence at triage, which G24 names explicitly	Module 10
NMBA standards for practice and Decision-making framework	The scope layer, applied to who may triage and to assigning an untrained clinician to the role	Module 00 and the scope documents

5. Scope of practice

This programme is written for a mixed audience. Every module identifies what each role may and may not do. The full activity-by-role matrix is published separately as the Scope of Practice Mapping document (facilitator) and the Student Scope of Practice Card.

THE RULE THAT GOVERNS THE PROGRAMME

- Completing this course does not authorise any learner to perform any procedure described in it.
- Knowledge is one of three requirements. The others are assessed competence and authority from the employer, or - for a family carer - individual instruction from a clinician for the person they care for.
- Where an organisation's policy is more restrictive than this course, the organisation's policy applies.

6. Resources and further reading

A full directory of Australian and Australasian organisations, with live links and a currency note, is published as the Further Reading and Organisation Directory. Four sources matter more than the rest and all four are free. ACEM's Guidelines on the Implementation of the Australasian Triage Scale in Emergency Departments (G24) is the document this entire programme teaches, and it carries every category descriptor in full - download it and keep it. ACEM's Policy on the Australasian Triage Scale (P06) is two pages and states the things people argue about, including that reproducibility is never perfect. The Emergency Triage Education Kit is the nationally recognised educational resource G24 names, and it is the systematic approach this course teaches. And your own department's triage procedure, streaming criteria and escalation pathway, which are the operative documents where you work and which this course cannot replace. Note a currency trap: the G24 URL reads Jul-16 but the current document is V6 November 2023, and the P06 URL reads Jul-13-v04 but the current document is V5 November 2023 - check each document's own title page. Nurse & Midwife Support (1800 667 877) is free, confidential and available 24 hours to nurses, midwives and students, including after a difficult shift, an assault at the desk or a patient outcome you are carrying.

7. Completion and CPD

13. Complete all eleven module knowledge checks.
14. Complete the case study assessment.
15. Achieve 80 per cent or above in the summative assessment within 2 attempts.
16. The certificate of completion is then issued automatically, carrying the learner's name, the completion date, 10.0 CPD hours and a unique certificate identifier.
17. Registered and enrolled nurses should retain the certificate together with their reflective workbook as CPD evidence, as required by the NMBA registration standard.