Triage Qualifications and Competency

Position Statement

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Triage Qualifications and Competency

Description

Triage is a rapid and dynamic process to prioritize the care of patients in emergency settings (Aghababaeian et al., 2019; Wolf et al., 2023). This process can occur wherever patients present for care; it is not limited to a designated triage area. Effective triage is essential in emergency care and affects both operational flow and quality of care (Wolf et al., 2023). The process includes collecting pertinent patient information, performing a focused assessment, and assigning an acuity level using a valid and reliable triage acuity scale (American College of Emergency Physicians, 2025; Wolf et al., 2023; Zhang et al., 2024). Accuracy in problem identification is a crucial component of clinical decision-making, especially in the triage encounter, and requires the assessment of physiological and psychological stability and risk for deterioration. To make effective and safe triage decisions, clinicians draw from an extensive internal base of knowledge and clinical experience to identify salient cues and appropriate actions based on the patient's presentation. The process of triage is best carried out by clinicians with the education and scope of practice commensurate with or beyond that of a registered nurse in the U.S., who has at least one year of emergency care experience and has completed a triage education program (Emergency Nurses Association, 2023). Competency validation is essential for safe practice; it is an ongoing process that includes knowledge assessment, observation, and audit of healthcare records to ensure accurate clinical decision-making (American Nurses Association, 2014; Wolf et al., 2025).

ENA Position

It is the position of the Emergency Nurses Association (ENA) that

1. Triage is a critical assessment process performed by a clinician with education and scope of practice commensurate with or beyond that of a registered nurse in the U.S. who has a minimum of one-year of emergency department experience.

2. It is preferred that triage clinicians have additional verifications such as Emergency Nursing Triage Education Program (ENTEP), Trauma Nursing Core Course (TNCC), Emergency Nursing Pediatric Course (ENPC), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) as well as certifications such as Certified Emergency Nurse (CEN) and Certified Pediatric Emergency Nurse (CPEN).

3. Emergency clinicians complete a comprehensive, evidence-based triage education program including clinical orientation with an experienced preceptor. Triage education includes, but is not limited to, performing a brief focused history and physical assessment, appropriate application of a triage acuity scale, attitudes and bias recognition assessment, and environmental awareness.

4. Education for triage encompasses the use of a reliable, valid, five-level scale such as the Emergency Severity Index (ESI), Canadian Emergency Department Triage and Acuity Scale (CTAS), or Australasian Triage Scale (ATS).

5. Triage clinicians are engaged in an ongoing triage competency validation process that includes observation and review of documentation for accurate triage acuity decisions, with remediation and further education as appropriate.

6. Emergency department leadership ensures that clinicians receive appropriate education and demonstrate the knowledge application and situational awareness required to successfully function in triage according to professional and regulatory standards.

7. Emergency department leadership participates in benchmarking clinicians' performance based on educational competencies and interventions.

8. Validated artificial intelligence and machine learning programs may support the triage process, but they cannot replace the clinical judgement and real-time involvement of a competent triage clinician.

9. Emergency nurses support and participate in research involving the triage process and patient outcomes in the emergency care setting.

Background

Emergency department triage decisions can be complex and multifaceted. In the current emergency care environment, with increasing patient volume and acuity, overcrowding, and boarding of patients, it is more important than ever to ensure that clinicians performing triage have the appropriate competencies. Emergency care knowledge and experience are essential for accurate triage assessment, and a minimum of one year of ED experience is recommended prior to triage education and training (Aghabarary et al., 2023; Wolf et al., 2023; Reay et al., 2020; Song & Park, 2025). In addition to emergency care knowledge and experience, triage capability is influenced by educational courses, communication skills, and clinical reasoning ability (Aghabarary et al., 2023; AlShatarat et al., 2022; Butler et al., 2023; Eaid Elgazzar et al., 2021; Essam Ali Sliem et al., 2025; Fekonja et al., 2023; Hwang & Shin., 2023; López Hernández et al., 2024; Oh & Jung, 2024; Wolf et al., 2025).

Education improves triage accuracy, knowledge, and behavior (Aghabarary et al., 2023; Butler et al., 2023; Moon & Cho, 2022). Comprehensive educational programs incorporate expert assessment and risk identification; specialty population considerations; clinical judgement, thinking, and reasoning skills; communication with patients and colleagues; management of resources; timely decision-making; emotional support; cultural sensitivity; documentation; the role of experience versus intuition and biases; responding to emergency situations; reevaluating waiting patients; assessing the needs of patients and families; responding to complaints; privacy considerations; and prioritization of tasks (Hwang & Shin, 2023; Oh & Jung, 2024; Wolf et al., 2025; Zhang et al., 2024). There are many platforms available for the delivery of triage education including textbooks, online modules/courses, in-person classes, written and video case studies, simulation, podcasts, and precepted clinical time in triage (Aghababaeian et al., 2019; Butler et al., 2023; Moon & Cho, 2022; Wolf et al., 2025; Zagalioti et al., 2023). The superiority of one modality over another has not been established (Butler et al., 2023). To address the varied learning styles of clinicians, a multimodal approach is preferrable.

Years of experience in ED nursing or triage are not a proxy for initial or continued ED triage competency assessment. Experienced triage nurses may place an unfounded reliance on their ability to correctly interpret ambiguous clinical signs and symptoms (Ryan et al., 2016; Oh & Jung, 2024). In contrast, less-experienced triage nurses may be more likely to adhere strictly to protocols in making their decisions (Ryan et al., 2016). Mis-triage or incorrect triage acuity level assignment can cause delays in treatment for the patients involved as well as other patients in need of care, ultimately compromising patient outcomes and possibly leading to deterioration or death.

Ongoing competence in triage is assured with education and validation (Phukubye et al., 2021). In addition to the modalities listed above, ongoing competency validation and education may include written tests and case studies, review of triage notes and acuity assignations, observation, real-time feedback, and reports from nursing leaders (López Hernández et al., 2024; Phukubye et al., 2021;

Rahmad et al., 2021; Wolf et al., 2025). Written case scenarios alone may not be an effective way to assess triage competency (Jordi et al., 2015). As with education, multimodal evaluation methods are preferrable.

Additional considerations include the role and impact of artificial intelligence (AI), such as machine learning (ML), in triage acuity designation. Advantages of ML programs include the ability to integrate prompts and alerts while eliminating subjective contextual factors, external pressures, and biases (Ivanov et al., 2021). The evidence on the accuracy of AI/ML systems is mixed. One study found an ML program to be significantly more accurate than the triage nurses in assigning triage acuity (Ivanov et al., 2021). A systematic review concluded that ML models are better at predicting significant outcomes like mortality, need for critical care, and hospitalization than conventional triage scales (Sánchez-Salmerón et al., 2022). Zaboli et al. (2024) noted a tendency for AI to over-triage, which could delay care for truly urgent patients. This led them to conclude that the reliability of AI is insufficient to replace the expertise of triage clinicians. Combining AI with a triage clinician's clinical judgment makes clinical prediction more robust because it incorporates more data (Sánchez-Salmerón et al., 2022).

To maintain the quality, safety, and efficacy of care in emergency settings, competency in triage is essential. Experience, knowledge, and education are required to attain competency. Assessment of ongoing competence is a fluid, dynamic process with periodic reassessment of all clinicians who practice in this high-risk role.

Resources

American College of Emergency Physicians, *& the Emergency Nurses Association*. (2025). *Emergency department triage* [Joint policy statement]. https://www.ena.org/sites/default/files/2025-08/Emergency%20Department%20Triage.pdf

Emergency Nurses Association. (2022). *Triage curriculum* [Online course]. https://enau.ena.org/URL/TriageCurriculum

Wolf, L., Ceci, K., McCallum, D., & Brecher, D. (2023). *Emergency Severity Index handbook* (5th ed.). Emergency Nurses Association. https://enau.ena.org/URL/EmergencySeverityIndexHandbook5thEdition

References

Aghababaeian, H., Ahvazi, L. A., Moosavi, A., Mazhin, S. A., Tahery, N., Nouri, M., Kiarsi, M., & Kalani, L. (2019). Triage live lecture versus triage video podcast in pre-hospital students' education. *African Journal of Emergency Medicine, 9*(2), 81–86. https://doi.org/10.1016/j.afjem.2018.12.001

Aghabarary, M., Pourghaedi, Z., & Bijani, M. (2023). Investigating the professional capability of triage nurses in the emergency department and its determinants: A multicenter cross-sectional study in Iran. *BMC Emergency Medicine, 23*(1), Article 38. https://doi.org/10.1186/s12873-023-00809-7

AlShatarat, M., Rayan, A., Eshah, N. F., Baqeas, M. H., Jaber, M. J., AlBashtawy, M. (2022). Triage knowledge and practice associated factors among emergency department nurses. *SAGE Open Nursing, 8*. https://doi.org/10.1177/23779608221130588

American College of Emergency Physicians, *& the Emergency Nurses Association*. (2025). *Emergency department triage* [Joint policy statement]. https://www.ena.org/sites/default/files/2025-08/Emergency%20Department%20Triage.pdf

American Nurses Association. (2014). *Professional role competence* [Position statement]. https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/professional-role-competence/

Butler, K., Anderson, N., & Jull, A. (2023). Evaluating the effects of triage education on triage accuracy within the emergency department: An integrative review. *International Emergency Nursing*, *70*, Article 101322. https://doi.org/10.1016/j.ienj.2023.101322

Eaid Elgazzar, S. (2021). Knowledge of triage and its correlated factors among emergency department nurses. *Egyptian Journal of Health Care, 12*(4), 1772–1780. https://doi.org/10.21608/ejhc.2021.270296

Emergency Nurses Association. (2023). *Emergency nursing: Scope and standards of practice* (3rd ed.). Jones & Bartlett Learning.

Essam Ali Sliem, K., Gaber Mohamed, H., Fathy Mohamed, R., & Mohammed Allam, H. (2025). Effect of educational program on the nurses' triage competency for emergency patients. *Journal of Nursing Science Benha University, 6*(1), 449–463. https://doi.org/10.21608/jnsbu.2025.418399

Fekonja, Z., Kmetec, S., Fekonja, U., Mlinar Reljić, N., Pajnkihar, M., & Strnad, M. (2023). Factors contributing to patient safety during triage process in the emergency department: A systematic review. *Journal of Clinical Nursing, 32*(17-18), 5461–5477. https://doi.org/10.1111/jocn.16622

Hwang, S., & Shin, S. (2023). Factors affecting triage competence among emergency room nurses: A cross-sectional study. *Journal of Clinical Nursing, 32*(13-14), 3589–3598. https://doi.org/10.1111/jocn.16441

Ivanov, O., Wolf, L. Brecher, D., Lweis, E., Masek, K., Montgomery, K., Andrieiev, Y., McLaughlin, M., Liu, S., Dunne, R., Klauer, K., & Reilly, C. (2021). Improving ED Emergency Severity Index Acuity assignment using machine learning and clinical natural language processing. *Journal of Emergency Nursing, 47*(2) 265–278.e7. https://doi.org/10.1016/j.jen.2020.11.001

Jordi, K., Grossmann, F., Gaddis, G. M., Cignacco, E., Denhaerynck, K., Schwendimann, R., & Nickel, C. H. (2015). Nurses' accuracy and self-perceived ability using the Emergency Severity Index triage tool: A cross-sectional study in four Swiss hospitals. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine, 23*, Article 62. https://doi.org/10.1186/s13049-015-0142-y

López Hernández, M., Puig-Llobet, M., Higon Fernández, S., Franco Freirut, M., Moreno Mateos, Y., & Galimany Masclans, J. (2024). Patient satisfaction with the level of competence of the triage nurse in hospital emergency departments. *Journal of Clinical Nursing*. Advance online publication. https://doi.org/10.1111/jocn.17605

Moon, S. H., & Cho, I. Y. (2022). The effect of competency-based triage education application on emergency nurses' triage competency and performance. *Healthcare*, *10*(4), Article 596. https://doi.org/10.3390/healthcare10040596

Oh, W. O., & Jung, M. J. (2024). Triage—clinical reasoning on emergency nursing competency: A multiple linear mediation effect. *BMC Nursing, 23*(1), Article 274. https://doi.org/10.1186/s12912-024-01919-8

Phukubye, T. A., Mbombi, M. O., & Mothiba, T. M. (2021). Strategies to enhance knowledge and practical skills of triage amongst nurses working in the emergency departments of rural hospitals in South Africa. *International Journal of Environmental Research and Public Health, 18*(9), Article 4471. https://doi.org/10.3390/ijerph18094471

Rahmad, M. N., Ahsan, A., & Utami, Y. W. (2021). The relationship of triage competence with the performance of emergency room nurses at general hospitals. *Jurnal Aisyah: Jurnal Ilmu Kesehatan, 6*(4), 733–738. https://doi.org/10.30604/jika.v6i4.732

Reay, G., Smith-MacDonald, L., Then, K. L., Hall, M., & Rankin, J. A. (2020). Triage emergency nurse decision-making: Incidental findings from a focus group study. *International Emergency Nursing, 48*, Article 100791. https://doi.org/10.1016/j.ienj.2019.100791

Ryan, K., Greenslade, J., Dalton, E., Chu, K., Brown, A. F. T., & Cullen, L. (2016). Factors associated with triage assignment of emergency department patients ultimately diagnosed with acute myocardial infarction. *Australian Critical Care, 29*(1), 23–26. https://doi.org/10.1016/j.aucc.2015.05.001

Sánchez-Salmerón, R., Gómez-Urquiza, J. L., Albendín-García, L., Correa-Rodríguez, M., Martos-Cabrera, M. B., Velando-Soriano, A., & Suleiman-Martos, N. (2022). Machine learning methods applied to triage in emergency services: A systematic review. *International Emergency Nursing*, *60*, Article 101109. https://doi.org/10.1016/j.ienj.2021.101109

Song, J.-W., & Park, H.-R. (2025). Effects of critical thinking disposition, clinical judgement, and nurse–physician collaboration on triage competency among triage nurses. *Healthcare, 13*(4), Article 405. https://doi.org/10.3390/healthcare13040405

Wolf, L., Ceci, K., McCallum, D., & Brecher, D. (2023). *Emergency Severity Index handbook* (5th ed.). Emergency Nurses Association. https://enau.ena.org/URL/EmergencySeverityIndexHandbook5thEdition

Wolf, L., Delao, A., Simon, C., & Jodelka, F. M. (2025). Establishing triage competencies and verification processes: A survey study. *Journal of Emergency Nursing*, *51*(1), 59–78. https://doi.org/10.1016/j.jen.2024.

09.005

Zaboli, A., Brigo, F., Sibilio, S., Mian, M., & Turcato, G. (2024). Human intelligence versus Chat-GPT: who performs better in correctly classifying patients in triage? *The American Journal of Emergency Medicine*, *79*, 44–47. https://doi.org/10.1016/j.ajem.2024.02.008

Zagalioti, S.-C., Fyntanidou, B., Exadaktylos, A., Lallas, K., & Ziaka, M. (2023). The first positive evidence that training improves triage decisions in Greece: Evidence from emergency nurses at an academic tertiary care emergency department. *BMC Emergency Medicine*, *23*(1), Article 60. https://doi.org/10.1186/s12873-023-00827-5

Zhang, L., Gao, B., He, F., Wu, C., Du, J., Zhang, L., Liang, J., & Lang, H. (2024). Construction of learning objectives and content for emergency triage nurses in tertiary general hospitals: A Delphi study. *Nurse Education in Practice*, *80*, Article 104145. https://doi.org/10.1016/j.nepr.2024.104145