WHAT ARE THE MAIN PRIORITIES FOR ASSESSMENT AND MANAGEMENT OF FIRST AID PATIENTS?

- setting priorities for managing a first aid situation and assessing the casualty
- plan and conduct appropriate assessment and management procedures in response to a range of first aid scenarios

First aid is the initial help given to someone who has become ill or is injured. Anyone can administer first aid based on their experience, training and knowledge. The first aider could be on the spot of an emergency situation or a non life-threatening sporting accident. But whatever the situation is, an immediate evaluation of the priority of treatment for the injured person is required to ensure that further danger can be prevented.

**ACTIVITY 1**

What is first aid?

The aims of first aid are to:
- promote a safe environment
- preserve life
- prevent injury or illness from becoming worse
- help promote recovery
- provide comfort to the ill or injured.

A first aider should:
- assess the situation quickly

- identify the nature of the injury or illness as far as possible
- arrange for emergency services to attend
- manage the casualty promptly and appropriately
- stay with the casualty until able to hand over to a healthcare professional
- give further help if necessary

**SOURCE:** ST JOHN AMBULANCE, WHAT IS FIRST AID?, P. 36
– situational analysis

Making the emergency scene safe for the first aider, bystanders and the injured person can be done by assessing the situation and removing immediate danger or preventing further dangers from occurring. This should always be performed in a calm and controlled manner to ensure that the emergency is handled speedily, effectively and efficiently. The first aider is of no use if they are panic-stricken, as this will only increase the injured person's anxiety and contribute to an unstable situation.

Making an analysis of the situation should include:
• identifying the cause of the injury and obvious surrounding dangers, such as: a vehicle accident, a live power source, heart attack, drowning, serious sporting injury or hazardous chemicals
• assessing the possible danger of the situation in relation to where the injured person is and whether it will place the first aider in serious danger
• identifying the resources available to deal with the emergency
• notifying emergency services
• identifying immediate first aid equipment available for the first aider to use
• taking precautions to prevent transmitting blood or bodily fluids from the injured person to the first aider.

Before the first aider can help the injured person, they must ensure that the situation is safe for them to approach or to attempt any treatment. Some situations the first aider could face are:
• swimming ability if the injured person is in the water
• protection from any chemical spills
• entrance into a smoke-filled environment without appropriate protection
• treatment of a casualty at a vehicle accident that maybe unseen to approaching traffic
• structural stability on a work site.

After the initial analysis of the situation has been completed and it is safe to continue, the first aider must be aware that the injured person may feel uncertain about a stranger approaching them, and this could add an unknown concern to the situation. The injured person may at first behave a little aggressively and be uncooperative, which could be the result of alcohol or other drug use, so it is important for the first aider to attempt to establish a rapport with them by introducing themself and asking their name. By letting the injured person know that someone is now there to help them in whatever possible way will instil a sense of trust and reassurance.

– priority assessment procedures

The following basic analysis plan can be administered in any situation to assess the area of the incident and what may have caused the emergency situation:
1. Look around for any obvious dangers and check to see if the area is safe.
2. Analyse what the incident or emergency may involve.
3. Work out how many people are involved in the incident.
4. Find out if there is anyone else who is able to assist, firstly, by ringing ‘000’ for emergency services.

When making an assessment of the level of injury the casualty has incurred, the most experienced person should take management of the situation and provide direction for others. Life-threatening cases such as the level of consciousness and whether the casualty is breathing, should be the first priority. Once vital signs have been controlled, bleeding, burns and fractures become the next level of management. The most unresponsive casualty should be the first to receive treatment in the case of multiple casualties.
DRABCD (Danger, Response, Airways, Breathing, Compressions, Defibrillation)

DrabCD is an acronym which represents the six-step procedure when administering an emergency action plan.

**Danger (Risks, safety, hazards)**

When an emergency situation has occurred the first aider must first ensure that their safety and those of the casualty and bystanders at the scene are secured and not at risk. This is done by taking the time to conduct a primary survey of the scene, to look for anything that may threaten the safety of those on or around the scene. In the event of a dangerous situation, it should be left in the hands of emergency personnel who have the training and equipment to manage it.

If the situation is safe and the casualty is not at further risk, the first aider should take extreme care and check the injured in the position they were found. If this cannot be done in the position the injured person is, then the first aider should gently roll them onto their back, supporting the head and neck during movement.

**Response**

To check for a response from the injured person, the first aider should ask them to squeeze their hand, or gently squeeze the casualty’s shoulders and loudly ask: ‘Are you all right? Can you hear me?’ (Fig 1.1a). This is an effective method and will awaken a sleeping person.

If the injured person does not respond they should be considered unconscious. If there is a response and the person appears to be conscious, leave them in the area in which they were found (provided they are not at further risk), reassure them, check for any further injuries and place them in the recovery position. Ensure that the casualty is reassessed regularly. If the injured person is not responding the first aider needs to continue with DRABCD.

![Figure 1.1](image)

(a) Checking for a response (b) Ensuring airway is open (c) Checking for breath (d) Giving breaths
Airway

Before administering CPR it is essential to ensure that the casualty’s airway is open (Fig 1.1b). This is done by:
1. Placing a hand on the forehead of the casualty.
2. Placing fingertips on the point of the casualty’s chin.
3. Gently tilting the casualty’s head backwards and slowly pushing on the chin to open the mouth and look in the airway.
4. If there is an obstruction, gently roll the casualty onto their side to clear it. Gently use the fingers to carefully remove any obstructions. Do not remove false teeth if they have not become dislodged. Do not use excessive force in case there is an injury to the neck.
5. If there is no obstruction, roll the casualty onto their back and continue with breathing.

Breathing

Keep the casualty’s airway open and check to see if they are now breathing (Fig 1.1c). This is done by checking the following for 10 seconds:
• looking to see if the casualty’s chest is rising and falling
• listening for any sounds of breathing in or out by the casualty
• feeling for any expired air by the casualty against your cheek.

If there is any doubt that the casualty is breathing normally, then treat the person as if they are not breathing.

If the person’s breathing is present, then roll the casualty into the recovery position (Fig 1.2), check their condition and send for help if required. Continue to observe and reassess the casualty for regular breathing.

If the person’s breathing is absent, send for help, or call ‘000’ for an ambulance. It is important to ask for the Automated External Defibrillator (AED). Until help arrives, continue with expired air resuscitation (EAR) (Fig 1.1d). This is done by giving TWO breaths to the casualty in the following way:
1. Open the casualty’s airway with the head tilt and open the mouth (ensure that the fingers are not resting on the casualty’s throat).
2. Pinch the casualty’s nose closed with the index finger and thumb.
3. Blow into the casualty’s mouth for about ONE second and watch for the chest to rise.
4. Give a second breath and start compressions.

When resuscitating children, ensure that a smaller amount of air is in each breath, but enough to inflate the child’s lungs. With an infant, do not tilt the head back as this may obstruct the airways. Use the mouth-to-nose method, by breathing into the infant’s mouth and nose at the same time. Only use puffs when resuscitating an infant as their lungs are very small.

If the casualty has their mouth clenched and you are unable to open it, use the mouth-to-nose method to resuscitate them.

Compressions

If the injured person shows no signs of life—that is, they are unconscious, unresponsive, not moving and not breathing
normally—begin compressions or external cardiac compressions (ECC), which is outlined on the following page.

When performing compressions, the casualty should be on a firm surface to ensure that the first aider is giving compressions effectively, so that pressure on the heart is maintained and acts as an artificial pump for the blood supply in the body.

If the casualty does not respond to CPR (refer to Figure 1.1), then an automated external defibrillator (AED) device needs to be applied, if one is available.

**Defibrillation**

Defibrillation is the emergency procedure where an electronic device called an Automated External Defibrillator (AED) is applied to the chest of a person in cardiac arrest, and delivers a controlled electric shock to the casualty’s heart. The device can be used by anyone as long as they carefully follow the step-by-step instructions. Many of these devices provide a voice instruction, but the basic instructions are:

1. Ensure safety to the injured person and those around.
2. Turn on the AED.
3. Attach the electrode pads to the assigned areas of the casualty’s body.
4. If there is more than one rescuer present, continue CPR while the pads are attached.
5. Follow the voice/visual prompts of the AED.
6. Ensure that no one touches the casualty while the AED is analysing the heart rhythm.
7. Fully automatic AEDs will deliver the shock automatically; if the casualty starts breathing, place them in the recovery position.
8. Continue compression if the casualty does not start breathing.

(Parasol EMT)

A video demonstration of DRABCD is available at the Cardiac Arrest Survival Foundation website:


Another useful resource is the Australian Resuscitation Council. This is a voluntary coordinating body which represents all major groups involved in the teaching and practice of resuscitation.

www.resus.org.au

--- STOP (Stop, Talk, Observe, Prevent further injury)

Where a person is conscious, the injury can still be severe. The STOP method is used in the management of other injuries, most in the case of sporting injuries. It refers to:

**Stop**

Stop the injured person from participating or moving and, if necessary, stop the game.

**Talk**

Ask the injured person what happened, how did it happen, and what did they feel when it happened. For example: ‘Did you hear a snap or crack when you fell? Where does it hurt? Does it hurt anywhere else? Have you had a previous injury to this area?’
Observe

While talking to the injured person observe if the athlete appears to be distressed or lying in any unusual position. Check the injured area for signs of deformity, swelling or dislocation. Compare the injured site with the opposite side and ask the athlete if they can move the injury.

Assess if the athlete’s range of movement is restricted compared to normal or to the other side of limb. If there is no range of movement, arrange appropriate transport—such as an ambulance for a broken bone—to move the injured person.

Prevent further injury

Prevent any further injury by ensuring a detailed assessment using the TOTAPS method or similar:

- **Talk:** talk to the injured person to determine what has happened and what they may have heard.
- **Observe:** look at the injury and compare it to the other side to see if there is any swelling or deformity.
- **Touch:** gently feel the area to feel for anything that may be out of place or unusual.
- **Active movement:** ask the injured person if they can move the injured area. If they are unable to continue, ensure that further medical attention is referred to if necessary.
- **Passive movement:** gently try to move the injured area to see where the pain is occurring.
- **Skills test:** ask the injured person to do a skills test using movements they were doing before the injury, such as passing a ball or running.

- crisis management
- demonstrate CPR procedures using a manikin
- use safe procedures when moving a casualty

It is important for the first aider to be aware of how to promote a safe environment, preserve life, prevent any further injury or illness, promote recovery and provide comfort to the ill or injured. By acting calmly and confidently in a crisis, will help the first aider to assess and manage situations that may arise.

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Cardiopulmonary resuscitation (CPR) is a combination of expired air resuscitation (EAR), where the first aider is breathing for the injured person by artificially ventilating the lungs and external cardiac compressions (ECC) or chest compressions. CPR is used when there are no signs of life, that is, when there is no breathing, no response and no movement from the injured person.

When administering compressions, use the following procedure:

1. Kneel by the side of the casualty.
2. Place the heels of both hands, one on top of the other (two fingers for an infant or the heel of one hand for a small child) on the lower half of the sternum (breastbone), and interlock the fingers.
3. Lean over the casualty and, with the arms straight, press down about one third of the casualty’s chest.
4. Administer 30 compressions at a rate of approximately 90 compressions per minute. Compressions and release should take equal amounts of time.
5. Give 2 more breaths (follow EAR instructions).
6. Return your hands or fingers quickly to the casualty’s chest again and give the next set compressions and breaths.

7. Continue 30 compressions and 2 breaths cycles until AED or emergency services arrive.

8. If there is more than one rescuer present, change roles every 2 minutes to prevent fatigue.

9. Only stop to re-check the casualty if they start breathing normally, otherwise do not interrupt resuscitation.

Continue CPR until:
- the scene becomes unsafe
- qualified help arrives and takes over
- signs of life return

• you become physically unable to continue
• an authorised person pronounces life extinct.

— bleeding

Bleeding can be either external from the body’s arteries, veins or capillaries, or internal which may not be easily recognised. External bleeding can come from the:
• arteries—where the blood will be oxygen-rich, bright red in colour and tend to spurt out from the wound. Arterial bleeding is the hardest to control
• veins—where the blood will tend to be dark red in colour and will flow more evenly from the body due to less pressure
• capillaries—where small blood vessels are ruptured and blood will ooze from the wound and tends to clot quickly. If vessels are ruptured under the skin’s surface, blood escapes into the surrounding tissue and causes bruising.

Symptoms and signs of major bleeding in the casualty include:
• feeling faint or dizzy
• feeling restless
• feeling nauseous
• being thirsty
• having a weak and rapid pulse
• skin being cold and clammy
• being sweaty
• progressively losing consciousness.

The management of severe bleeding in a casualty include these steps:
1. Follow DRABCD in the first instance.
2. Lay the casualty down and remove or cut clothing to expose the wound.
3. Apply direct pressure to the wound by using a sterile dressing or pad if available (use gloves if available to avoid infection).
4. If bleeding continues through dressing, do not remove it, add another dressing.
5. When bleeding stops, firmly bandage the dressing pad to hold it firmly.
6. Raise and rest the injured part where possible.
7. Call or refer for medical advice.
8. Staying with casualty and watch for any signs of shock or unconsciousness.

Where there is only minor bleeding to the wound, wash the wound in water or a saline solution, and cover with a sterile or non-stick dressing before bandaging.

— shock

Shock is the result of the circulatory system not functioning properly and can become fatal. The blood is depressed from circulating through the body, and therefore oxygen is not being carried to tissues and
vital organs of the body, such as the brain, heart and lungs. Some of the causes of shock can be from witnessing a distressing event, heart attack, poisoning, burns, severe bleeding, heat exhaustion or bites and stings.

Symptoms and signs of a casualty suffering from shock are:

- a weak and rapid pulse
- cold and clammy skin
- rapid and shallow breathing

The management of a casualty in shock include these steps:
1. Calm the casualty and lay them down (try to protect them from the cold ground).
2. Follow DRABCD.
3. Control any bleeding.
4. Raise the casualty’s legs (unless broken) above the heart.
5. Dress any wounds or burns.
6. Immobilise any fractures or dislocations.
7. Keep the casualty warm, but make sure they do not overheat.
8. Do not administer anything to eat or drink; however moisten their lips if they are thirsty.
9. Loosen any tight clothing around the neck, chest or waist.
10. Monitor the casualty’s breathing and pulse.

## neck and spinal injury

Any suspected neck or spinal injuries are classified as serious, as they may lead to paralysis if not managed correctly. If the spinal cord is damaged, no messages are able to be sent from or received to the brain from the body below the injured part. Common causes of neck and spinal injuries are falls from a height, diving accidents, high-speed accidents which may include whiplash, a direct blow to the spine, or a penetrating injury such as a knife or gunshot wound.

The first person at the accident site will play a major role in minimising any further injury to the spinal cord. If a person is unconscious through a head injury, the first aider should always suspect a spinal injury.

Symptoms and signs of spinal injuries include:

- pain at, near or below the site of the injury
- numbness or tingling in the hands or feet
- tenderness over the site of the injury
- loss of power, movement or impaired movement below the site of the injury.

The management of a casualty suspected of a spinal injury include these steps:
1. Calm the casualty if conscious.
2. Follow the DRABCD plan if the casualty is unconscious. Whenever moving the casualty, always ensure that the neck and spine are supported at all times to prevent any twisting or bending movement.
3. Carefully loosen any tight clothing.
4. DO NOT move the casualty unless they are in danger.
5. Hold the casualty’s head and spine steady with supports or apply a cervical collar, if available. A folded towel or newspaper can be used as a collar.
6. Call for an ambulance.

## moving the casualty

An injured person should never be moved unless they are in immediate danger from a collapsing structure, fire, poisonous fumes or traffic hazard. Unnecessary movement can cause further injury to the person. If the casualty has to be moved, it should be done by the quickest means available, informing the casualty of what is happening to make sure they feel secure.
If the first aider has to lift a casualty remember to bend at the knees, keeping the back straight and head up. Keep in a balanced position, holding the weight of the casualty close to the body and move with small steps. If others are available to help, work as a team.

Emergency lifts and moves include:
- A clothes drag. This is used when someone is suspected of having a head or spinal injury; the head is cradled by the first aider by the back of the person’s collar and the first aider’s hands.
- A human crutch. This is used where a casualty has an injured foot or leg, but is able to walk with assistance after the injury is immobilised.
- A four-handed seat. This can be used by TWO first aiders to carry the casualty. Hold each other’s wrist firmly (left to right; right to left). Squat down and allow the casualty to sit on the hands. Lift and move together.
- A two-handed seat. This is when TWO first aiders hold the wrists of one arm and lift the casualty while supporting their back with the free arm.

Transport on a stretcher is best for any injured person if one is available and there is enough help to carry the casualty in a secure manner to reduce any further injury.

- medical referral

In most injury situations it is important to get medical assistance as quickly as possible. In an emergency situation, always call ‘000’ or if possible send someone else for help, and continue to follow the DRABC method. It is important that the emergency services receive the accident location, nature of the injury to the casualty, the management of the injury thus far, a name and contact number of the person calling.

Where the accident is not an emergency situation, it is still important to seek medical advice for an injury, to prevent any further injury and enhance treatment and rehabilitation. For example, burns need medical attention to prevent infections, lacerations may require stitches, sports injuries may require x-rays to diagnose injuries and recommended treatment.

- care of the unconscious casualty

After the first aider has completed the DRABC method, the casualty may be breathing, however they may still be unconscious. It is important to ensure the utmost care is continued by the first aider until help arrives or until the casualty can be moved to medical attention. Caring for the unconscious casualty include these steps:
1. Roll the casualty onto their side in the recovery position, being aware of supported movement in case of neck or spinal injury.
2. While waiting for assistance, ensure to monitor the casualty’s airways, breathing, pulse and level of consciousness.
3. Treat other injuries, such as bleeding, burns or bones (breaks, fractures or dislocations).
4. Loosen any tight clothing to make the casualty more comfortable.
5. Protect the casualty from the environment.
   If the casualty gains consciousness do not move them or leave them; but reassure them until assistance arrives.

Activity 1 (Page 136)
In pairs, discuss and outline the appropriate assessment procedure and management plan for the following scenarios:

- While bushwalking with a friend, you hear someone calling from a ditch where two bike riders have gone off the road. One rider is semi-conscious and is bleeding from the lower leg. The other rider is conscious but has a lump on the side of their forearm and complaining of it being very painful.

- You are playing football in the park when your friend Tom lands on Jack's knee. Jack is clutching his knee and appears to be in a lot of pain.

- Your seven-year-old brother has fallen out of the tree in the backyard and appears to be lying on the ground unconscious.

Activity 2 (Page 141)
In pairs, demonstrate CPR on a manikin. Use the DRABCD technique checklist below to assess each other's rescue procedures.

<table>
<thead>
<tr>
<th>DRABCD CHECKLIST</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td><strong>1. DANGER. Have you:</strong></td>
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<tr>
<td>• checked for potential dangers? Give examples</td>
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<td><strong>2. RESPONSE. Have you:</strong></td>
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<tr>
<td>• squeezed and shouted at the patient to find out if they are conscious?</td>
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<tr>
<td>• called '000' for help?</td>
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<tr>
<td>• rolled the patient into the recovery position?</td>
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<td><strong>3. AIRWAY. Have you:</strong></td>
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<tr>
<td>• cleared the patient's airway?</td>
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<td>• tilted the patient's head to open the airway?</td>
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<td><strong>4. BREATHING. Have you:</strong></td>
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<tr>
<td>• looked, listened and felt to see if the patient is breathing?</td>
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<tr>
<td><strong>5. IF THE PATIENT IS BREATHING. Have you:</strong></td>
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<tr>
<td>• continued to check and monitor the patient's breathing while he or she is in the recovery position?</td>
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<tr>
<td><strong>6. IF THE PATIENT IS NOT BREATHING. Have you:</strong></td>
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<tr>
<td>• rolled the patient onto their back?</td>
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<tr>
<td>• maintained the head tilt and the correct grip on the patient's mouth (the pistol grip)?</td>
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<tr>
<td>• given 2 quick, full breaths?</td>
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</table>
Activities cont.

**DRABCD CHECKLIST**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>• observed the patient’s chest rise and fall after each breath?</td>
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<tr>
<td>7. IF THE PATIENT IS STILL NOT BREATHING. Have you:</td>
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<tr>
<td>• placed your hand on the correct position on the sternum and used the correct action?</td>
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<tr>
<td>• given 30 compressions (3 times 2 breaths and 30 compression per minute)</td>
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<td>• counted out loud?</td>
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<td>8. Use practice AED if available (or substitute equipment)</td>
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<td>9. RECOVERY. Have you:</td>
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<tr>
<td>• placed the patient in the recovery position after restoring his or her breathing?</td>
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<tr>
<td>• continue to monitor the breathing and pulse of the patient while they are in the recovery position?</td>
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</table>

Activity 3 (Page 141)
Your worksite has collapsed and you are the closest person to an injured person who has received a hard blow to the back of the head and is unconscious. The area is still unstable. **Demonstrate** the safety procedures for moving the casualty to safety.

Review Questions

1. **Explain** the priorities for managing a first aid situation.
2. **Describe** the purpose of the head tilt and jaw lift.
3. **Construct** a flow chart, outlining the procedures of DRABCD.
4. **Identify** the steps for the control of external bleeding.
5. **Justify** the importance of calling for emergency services.
6. **Explain** the necessity of monitoring an injured casualty.