

TAKING ACTION

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Learning Objectives

- At the end of this learning unit you be able to :
 - State the first aid priorities.
 - State precautionary measures before initiating care.
 - Apply emergency action steps into practice.

Learning Unit Content

- First Aid Priorities
- Emergency Action Steps
 - Check
 - Call
 - Care



First Aid Priorities

First Aid Priorities

1. Get help
2. Survey the scene / situation
3. Make sure the area is safe
4. Assess all casualties
5. Give emergency first aid until arrival of professional help



Emergency Action Steps

Emergency Action Steps



Emergency Action Steps:

1. **CHECK**
the scene and the victim
2. **CALL**
9-9-9 or the local emergency number
3. **CARE**
for the victim

Applying the Emergency Action Steps

1. Check

a) CHECK the scene

- Scene safety
 - Safe for you, victim, bystanders?
 - Is the environment free of hazards?
 - DO NOT move a seriously injured victim unless immediate hazards are present
- Scene size-up
 - How many people involved?
 - Extent of the situation and any other information about the scene.
 - Is anyone else available to help?



Applying the Emergency Action Steps

1. Check



b) CHECK the victim

- What happened?
 - Look for what caused the emergency – ask the victim, bystanders or look for clues from surrounding
- What is wrong?
 - Any life-threatening conditions?
 - Response:
 - A – alert
 - V – responds to verbal stimulus
 - P – responds to pain stimulus
 - U – unresponsive
 - The victim's response will also tell you about his/her:
 - Airway status
 - Adequacy of ventilation
 - Level of consciousness
 - Unconsciousness is a life-threatening emergency.

Applying the Emergency Action Steps

1. Check



c) Finding the Problem

- Tap the victim and shout “are you ok?”
 - *If the victim responds, tell him you are there to help, ask permission to help and ask what the problem is.*
 - *If the victim doesn't responds, phone or send someone to activate the emergency response system and get the AED.*
- Check if the person is breathing.
 - *If the victim is not breathing begin CPR and connect the AED.*
- Look for any obvious signs of injuries.
- Look for medical information jewelry / tags.

Applying the Emergency Action Steps

1. Check

d) Obtain Consent to Give Care

- One important aspect of giving care is to get permission.
- Before giving care to a conscious adult, get consent to give care.
- To get consent, you must:
 - Introduce yourself as a first aid provider.
 - Ask if you may help
- Do not give care to a conscious victim who refuses it.
- Special situations:
 - The conscious victim is an infant or child
 - When the victim is unconscious or unable to respond, consent is implied.

Applying the Emergency Action Steps

2. Call

CALL 9-9-9 / Local Emergency Number

- If you send someone to call for help, instruct the person to return after calling.
- **CALL FIRST** for :
 - An unconscious adult
 - An unconscious child/infant whose sudden collapse was witnessed
 - Unconscious child/infant known to have heart problems
- **CARE FIRST** for :
 - If you are alone, provide 2mins of care, then call for:
 - Unconscious child/infant whose collapse was NOT witnessed
 - Any victim of submersion or near drowning



Applying the Emergency Action Steps

2. Call



CALL 9-9-9 / Local Emergency Number Con't ..

- Stay calm and collected
- Listen to dispatcher instructions
- Give the dispatcher the necessary information:
 - Telephone number from which the call is being made
 - The caller's name
 - The exact address
 - Prominent landmarks
 - What happened
 - How many victims are involved
 - Condition of the victim(s)
 - What help is being rendered
- Stay on the line

Applying the Emergency Action Steps

3. Care

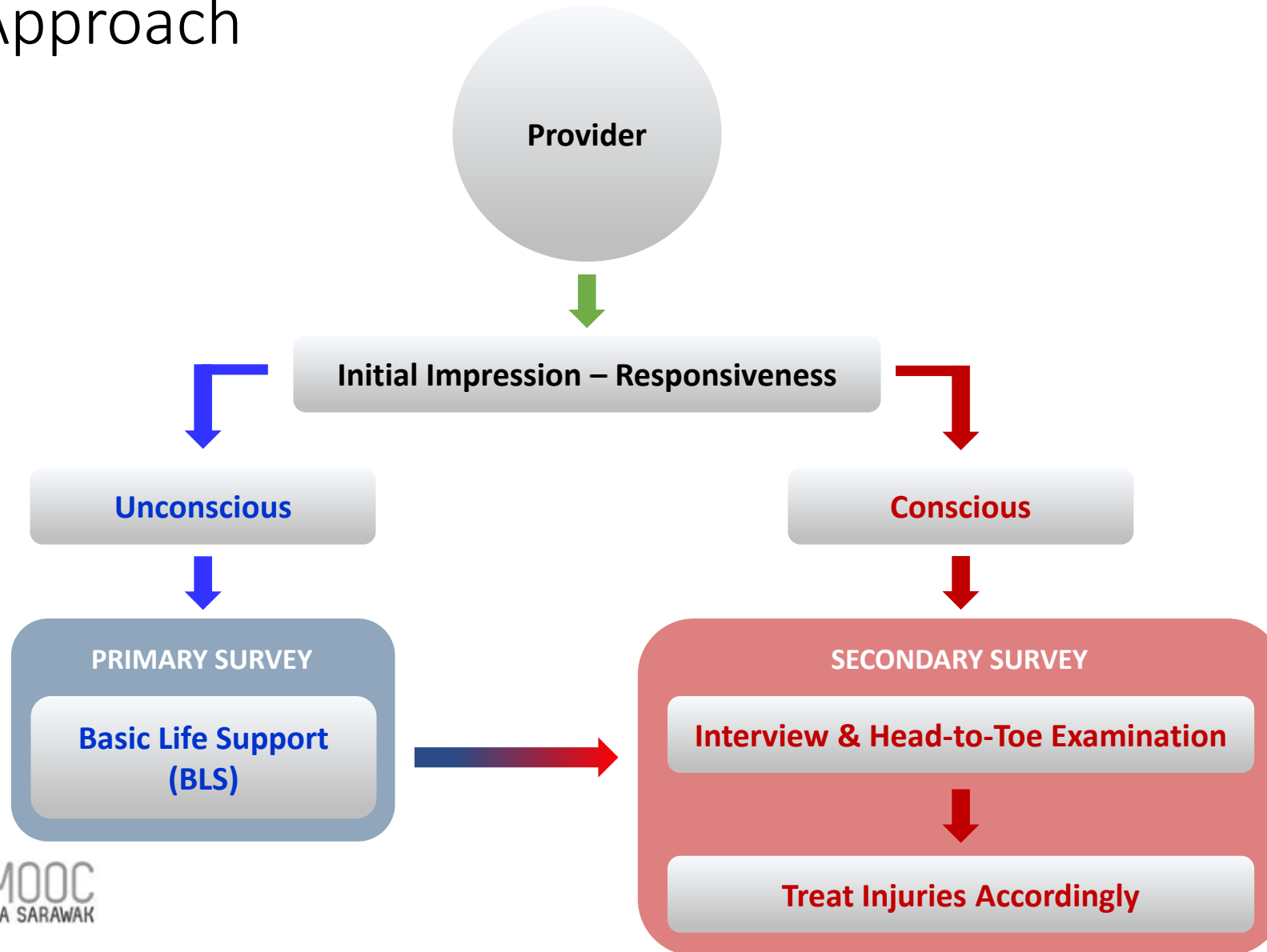
CARE

- Care for life-threatening emergencies FIRST.
 - As identified in the primary survey
- If there are none
 - Proceed to secondary survey
 - Treat obvious injuries
 - Watch for changes in the victim's ABC's
 - Help the victim rest comfortably
 - Keep the victim from getting chilled or overheated
 - Reassure the victim
- Give care till the arrival of professional help.



Using the Right Assessment

Systematic Approach



Checking a Conscious Victim



- If you determine that a victim is conscious and has no other immediate life threatening conditions, you can begin to check for other conditions by performing the secondary survey:
 - Interview the victim and/or bystanders
 - Check the victim from head-to-toe
 - Treat any obvious injury accordingly.

Checking a Conscious Victim

Conducting Interviews

- Ask the victim and/or bystanders to learn more about what happened.
- Identify yourself and obtain a consent to help.
- Build a rapport by asking for the victim's name and addressing him/her by it.

Checking a Conscious Victim

Conducting Interviews

- Gather additional information (using the S.A.M.P.L.E history):

S	<u>S</u> igns and symptoms	<i>Signs</i> : what you see for yourself - outward indications of illness/trauma. <i>Symptoms</i> : what the victim tells you - subjective complaints by the victim (e.g pain).	Do you feel pain or discomfort anywhere?
A	<u>A</u> llergies	History of any known allergies.	Do you have any allergies?
M	<u>M</u> edications	Any medications which the victim is taking; has taken or; is with the victim.	Are you taking any medications?
P	<u>P</u> ast medical history	Any previous medical problems which may be associated with the current condition.	Do you have any medical conditions?
L	<u>L</u> ast oral intake	Oral intake is not necessarily a “meal” – anything that the victim has consumed.	When did you last have something to eat or drink?
E	<u>E</u> vents leading to the incident	The series of events preceding the call for help or the current situation.	What happened?

Checking a Conscious Victim

Head-To-Toe Examination

- Check the victim systematically from head-to-toe to avoid overlooking any problems.
- Wear personal protective equipment (e.g. glove)
- Practice points:
 - Do not move any areas where there is pain, or if you suspect a neck or spinal injury.
 - Any part where the victim reports pain or immobility is considered injured until proven otherwise.
 - Look for any abnormalities (e.g. cuts, bumps, bruises, deformities, bleeding etc.).
 - Compare body part appearance against the opposing limb if you are unsure if a body part looks injured.
 - Watch for changes in consciousness by constantly talking to the victim (take note of orientation to people, place and time).
 - Look for changes in breathing patterns and chest wall movement against normal breathing (note: apprehensive breathing may be faster).
 - Note how the victim's skin looks and feels compared against normal skin.
 - Look for a medical tag or ID
- Treat any injuries or potential injuries as you identify them.

Checking a Conscious Victim

Head-To-Toe Examination

1. Head and Neck



The Canadian Red Cross Society (2006)

- **Head and neck** - The head and neck are important areas to assess, and you should take time and care to look for any potential problems.
 - **Head** - Using both hands (with gloves on), gently run your hands across the skull, pressing in gently but firmly, starting at the forehead and working around to the back of the head. Feel for indentations, look for blood or fluid and watch the victim for signs of discomfort. If it is a trauma injury, check both ears and nose for signs of blood or fluid drainage.
 - **Neck** - Start at the sides of the neck and gently press in. Watch carefully for signs of pain. Move around until you reach the spine, moving as far down the neck as possible without moving them, if they are on their back. If there is pain, tenderness or deformity here, then you should stop the survey and immediately immobilize the head and neck. If there are two people, one should immobilize the head, whilst the other continues the survey. If there is only one person, immobilize the head and wait for help.

Checking a Conscious Victim

Head-To-Toe Examination

2. Shoulders, Chest and Back



The Canadian Red Cross Society (2006)

- **Shoulders, chest and back** - This area of the body contains many of the vital organs, such as the heart and lungs, so it is important to look for damage which could indicate internal injury.
 - **Shoulders** - look for obvious deformity, especially around the collar bones. You can try pressing along the line of the collar bone, watching for deformity or pain. You should then place a hand on each shoulder, and gently push down, looking to ensure that one side does not move more than the other.
 - **Chest** - The chest is ideally done exposed, although you should be aware of the sensitivity of females to this. You should be looking for sections of the chest which are out of line with the rest of it, or which are moving differently to the rest of the chest whilst breathing. You should also look for obvious wounds. You can then gently press on the chest.
 - **Back** - If the victim is lying on their side, or front, you can also feel down their spine. If they are lying on their back, then skip this part of the check, and leave it for the ambulance crew.

Checking a Conscious Victim

Head-To-Toe Examination

3. Arms and Hands



The Canadian Red Cross Society (2006)

- **Arms and hands** - Run both your hands down one arm at a time, looking for deformity or pain. Ask the victim to lift the arm him/herself. If he/she complaints of pain or inability to move, the arms is considered injured until proven otherwise.

Checking a Conscious Victim

Head-To-Toe Examination

4. Abdomen and Pelvis



The Canadian Red Cross Society (2006)

- **Abdomen** - The abdomen contains the remainder of the body's critical organs, such as the intestines, so it should be checked for potential damage. The abdomen is mostly done by gentle pushing, using the flat surface of your hands. Again, use symmetry, and push both sides simultaneously. Check if the abdomen feels hard or pain caused by the palpation.
- **Pelvis** - The pelvis (hips) is a large bone, with potential for a fair amount of damage. The main diagnostic test to place a hand on each hip and first gently compress the hips together with both hands (there should be very little movement, and little to no pain). If the victim has moderate to severe pain when the hips are compressed, or the hips move when compressed, **do not** rock the hips from side to side. If there is no pain or movement, gently push down on the hips in a "rocking" motion to see if there is any movement.

Checking a Conscious Victim

Head-To-Toe Examination

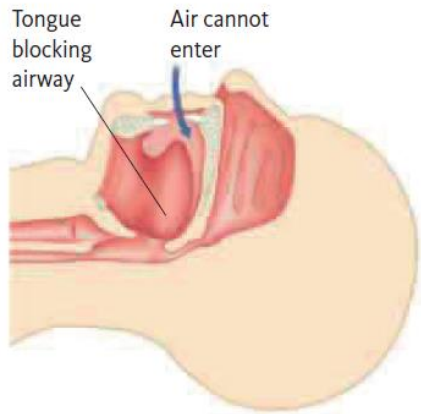
5. Legs and Feet



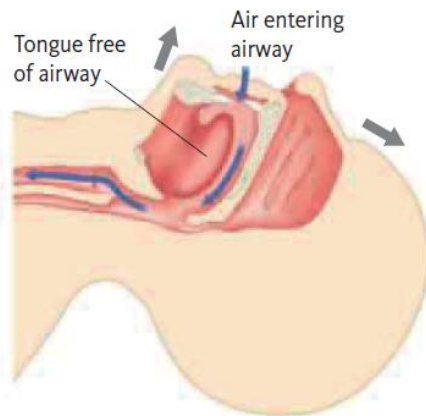
The Canadian Red Cross Society (2006)

- **Legs and feet** - As with arms, use both hands at the same time, running them down the inside and outside of each leg simultaneously (avoiding the groin area on the inside). You should also look for any shortening or rotation of one leg compared to the other. Finally, you take each foot, check that it has normal motility (can be moved normally) and has no obvious injuries. Ask the victim to lift the each leg him/herself. If he/she complaints of pain or inability to move, the extremity is considered injured until proven otherwise.

Checking an Unconscious Victim



Blocked airway
In an unconscious casualty, the tongue falls back, blocking the throat and airway.



Open airway
In the head tilt, chin lift position, the tongue is lifted from the back of the throat and the trachea is open, so the airway will be clear.

American College of Emergency Physicians (2014)

- There are many causes of unconsciousness:
 - Low blood sugar
 - Low blood pressure
 - Syncope (loss of consciousness due to lack of blood supply to the brain)
 - Problems with the heart's rhythm
 - Neurological problems – brain injury, seizure, strokes
 - Worst of all ... a cardiac arrest
- One of the complications of unconsciousness is airway blockage. You will need to open the airway.
- For an unconscious victim, initiate the steps of the primary survey and be prepared to perform CPR if the victim is in cardiac arrest (note: this will be discussed in a later learning unit)

Checking an Unconscious Victim

Recovery Position



- If the unconscious victim is not in cardiac arrest and spinal injury is not suspected, assist the victim into the recovery position.
- This side-laying position maintains an open airway and prevents the victim from inhaling vomitus into his/her lungs (aspiration) in the event of vomiting.

Checking an Unconscious Victim

Recovery Position (Steps)

1



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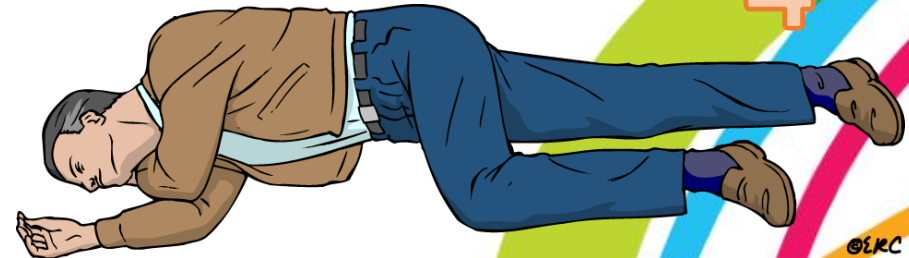
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