



THE PRIMARY SURVEY (D R A B)

Are you or the casualty in any danger? If you have not already done so, make the situation safe and then assess the casualty.

Response

If the casualty appears unconscious check this by shouting

‘Can you hear me?’, ‘Open your eyes’
and gently shaking their shoulders.

If there is a response:

- If there is no further danger, put the casualty in the [Recovery Position](#) and summon help if needed.
- Treat any condition found and monitor vital signs - level of response, pulse and breathing (see note).
- Continue monitoring the casualty either until help arrives or he recovers.

If there is no response:

- Shout for help
- If possible, leave the casualty in the position found and open the airway.
- If this is not possible, turn the casualty onto their back and open the airway.

Airway

Open the airway by placing one hand on the casualty’s forehead and two fingers under the chin, then gently tilt the head back. This will move the casualty’s tongue away from the back of the mouth.

Breathing

- Look, listen and feel for no more than 10 seconds to see if the casualty is breathing normally:
- Look to see if the chest is rising and falling. Listen for breathing.
- Feel for breath against your cheek.

Note:

If the casualty is breathing normally, place them in the [Recovery Position](#).

If the casualty is not breathing normally or if you have any doubt whether breathing is normal begin [CPR](#), but **only** if you are a trained first-aider or know what you are doing!

NB. The action of CPR may not, in the end, save the casualty, but will reassure other casualties that something is being done. Prepare yourself for this eventuality.

THE RECOVERY POSITION

An unconscious casualty who is breathing but has no other life threatening conditions should be placed in the Recovery Position. But **only** if there is no risk of causing further injury, especially to the neck or spine. Motorcyclists' helmets should not be removed.

- Turn casualty onto their side by kneeling and pulling towards you, holding the middle of the casualty's arm with one hand and middle of the thigh with the other (using clothing where necessary).
- Lift chin forward in open airway position and adjust casualty's hand under the cheek as necessary for head support.
- Check casualty cannot roll forwards or backwards.
- Monitor breathing and pulse continuously.
- If injuries allow, turn the casualty to the other side after 30 minutes.

NOTE: if you suspect spinal injury, use the jaw thrust technique. Place your hands on either side of their face. With your fingertips gently lift the jaw to open the airway. Take care not to tilt the casualty's neck.

SHOCK

Recognition: In the case of a serious accident (and once you have treated any obvious injuries and called an ambulance) watch for signs of shock;

- Pale face
- Cold, clammy skin
- Fast, shallow breathing
- Rapid, weak pulse
- Yawning
- Sighing
- In extreme cases, unconsciousness

Treatment:

- Lay the casualty down, raise and support their legs. If the casualty experiences nausea, sit them up then raise and support their legs.
- Use a coat or blanket to keep them warm – but not smothered.
- Do not give them anything to eat or drink.
- Check breathing and pulse frequently. If breathing stops, follow the Resuscitation Sequence (CPR)
- Give lots of comfort and reassurance.
- Never leave the casualty alone. Untreated shock can kill!

Remember:

FIRST AID means exactly what it says! Do not attempt to treat the casualty more than you are capable of. You may do more harm than good. Keep the casualty safe, warm and reassured until help arrives.

CARDIO-PULMONARY RESUSCITATION (CPR)

- If you have someone with you, send them to Dial 999 (or 112) for an ambulance immediately.
- If you are alone Dial 999 (or 112) for an ambulance immediately and then return to help the casualty.

Give 2 Rescue Breaths.

- Ensure the airway is open.
- Pinch nose firmly closed.
- Take a deep breath and seal your lips around the casualty's mouth. Breathe like you would breathe out when taking deep breaths for 1.2 – 2 seconds until chest fully rises.
- Remove your mouth and allow the chest to fall.
- Repeat once more

Give 15 Chest Compressions as below (Adult):

- Place heel of your hand in the centre of the chest using two fingers to travel up the body to find the sternum.
- Place other hand on top and interlock fingers.
- Keeping your arms straight and your fingers off the chest, depress the sternum by 4 - 5cms, then release the pressure, keeping your hands in place.
- Repeat the compressions 15 times, at a rate of 100 per minute.

Continue resuscitation at 15 compressions to 2 Rescue Breaths.

Do not stop unless:

- emergency help arrives and takes over;
- the casualty breathes normally or
- you become so exhausted that you cannot carry on.

Notes:

- If you are alone, call an ambulance as soon as you know the casualty is not breathing - unless unconsciousness is due to drowning.
- If two first-aiders or rescuers with the knowledge of CPR are available, one should do the rescue breaths whilst the other gives the chest compressions. Positions can be changed when one becomes tired.
-
- If you are unable or unwilling to give rescue breaths, give chest compressions only. Continue at a rate of 100 per minute.

BLEEDING

Minor cuts, scratches and grazes

- Where possible, wash and dry your own hands.
- Cover any cuts on your own hands and put on disposable gloves if available.
- If dirty, clean the cut and surrounding skin under running water.
- Pat dry with a sterile dressing or clean lint-free material.
- Cover the cut completely with a sterile dressing or plaster.
- If able to, raise the affected area above the heart.
- Apply direct pressure If bleeding persists.

Severe bleeding

- Put on disposable gloves if available. Remove or cut clothes to expose wound.
- Apply direct pressure to the wound with a pad (e.g. a clean cloth) for 10 minutes or longer if necessary. **Beware of sharp objects!** If an object is protruding, press down on either side (see below).
- Raise and support the injured limb. Take particular care if you suspect a bone has been broken.
- Lay the casualty down ready to treat for [shock](#).
- Bandage the pad or dressing firmly to control bleeding, but not so tightly that it stops the circulation to fingers or toes. If bleeding seeps through first bandage, cover with a second bandage. If bleeding continues to seep through bandages, remove the second dressing only and replace with a fresh one.
- Treat for [shock](#). Dial 999 for an ambulance.

Objects in wounds

Where possible, swab or wash small objects out of the wound with clean water. If there is a large object embedded never try to remove it. Leave it in place and apply firm pressure on either side.

- Raise and support the wounded limb or part.
- Lay the casualty down ready to treat for [shock](#).
- Gently cover the wound and object with a sterile dressing.
- Build up padding around the object until the padding is higher than the object, then bandage over the object without pressing on it.
- Depending on the severity of the bleeding, dial 999 for an ambulance or take the casualty to hospital.

Remember: Protect yourself from infection by wearing disposable gloves and covering any wounds on your hands if at all possible.