**Accident Procedure – Primary Survey** (LO 2.1, 2.2, 2.3)

So how do we manage a first aid incident when they happen? Once we’ve ensured the environment is safe for us to approach and made sure any other people in the area are not at risk we need to assess the casualty – from minor injuries through to life-threatening conditions we always carry out what we call a **PRIMARY SURVEY**.

A ***PRIMARY SURVEY*** is a fast and systematic way to identify any life-threatening conditions in priority order. If a life threatening condition is found it should be treated immediately before moving on to the next step. Carrying out a primary survey on a conscious casualty who’s feeling nauseous may take seconds – it will take longer with an unresponsive casualty who is seriously injured or unwell.

The primary survey is learned using a system based on the letters of the alphabet and backed up using actions – sometimes called the ABC of first aid. There are different systems around but all are fundamentally the same and assess ***airway, breathing & circulation.*** Managing first aid incidents can be very stressful so learning a system based on letters of the alphabet with a set of actions actually makes it easier for us to remember what we need to do when we are faced with difficult situations.

In this course we use the system ***DRS ABC*** and for learning purposes we assume the casualty is unresponsive but breathing, we are on our own and have not witnessed the event.

**So our first letter is D: *D* stands for *DANGER***

Always assess the situation for **DANGER** before approaching a casualty and minimise the risks of environmental and cross infection dangers.

Ask yourself is there a risk of fire, explosion or building collapse? May there be dangerous chemicals on the ground, oil or other slip hazards. Road traffic collisions are very dangerous environments with hazardous liquids and the continuing risk of oncoming traffic. Think about electrical cables, leaking gas, the risk of drowning in open water etc – Always protect yourself first, then protect others. If it is not safe to approach and you cannot make the scene safe, then don’t – call the emergency services and reassure the casualty from a distance.

If a casualty is bleeding there is also a DANGER of cross infection from blood borne viruses such as Hepatitis B (HBV) and Human Immunodeficiency Virus (HIV) so if we see blood consider how to best protect yourself and wear gloves if possible.

In the current climate where there is a risk of Covid-19 you will need to consider your safety carefully – Covid-19 can enter the body through the eyes, nose and the mucous membranes of the eye – consider PPE (personal protective equipment) you may need to wear gloves, a face mask and eye protection before approaching a casualty.

**Our next letter is *R* for *RESPONSE***

Remember the AVPU scale in our vital signs – well we now use this to assess our casualty’s **LEVEL OF RESPONSE**

As you approach the casualty let them know you are there by speaking to them eg ‘Hi, I’m Lucy – What’s happened? Are you OK’ - if they do not respond to us as we would expect they are **NOT ALERT**

If they do not respond, kneel down next to them and speak clearly to them to see if they will respond to your ***VOICE*** eg ‘open your eyes’ If you are concerned they may have a neck or back injury we do not want them to move their head, so speak clearly over the top of them. If they are elderly it may be worth speaking into each ear – they may be deaf.

If the casualty does not respond to your voice tap them on the shoulders or squeeze their trapezium muscles – this is what we call a noxious stimuli rather than a painful one.

If the casualty does not respond to your voice or a noxious/painful stimuli – we assess the patient is ***UNRESPONSIVE***

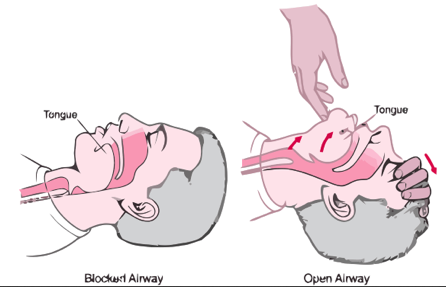
**Our next letter is S for SHOUT for *HELP!***

Managing a first aid incident is much easier if someone can help you to call for an ambulance, go and wait for an ambulance, manage bystanders etc. make it loud ***“Help, help – I need some help over here!”***

We then move on to the Primary Survey and assess the casualty for any life-threatening conditions that could cause the casualty to die. Do not be distracted by more superficial non life-threatening conditions.

***Our next letter is A is for Airway***

When someone is unresponsive, it is difficult for them to maintain their airway. The most common cause of a blocked airway in an unresponsive casualty is the tongue. If the airway is blocked or narrowed the casualty cannot breathe and they will die. Allergic reactions , smoke inhalation and burns can cause airway swelling, objects can block an airway causing choking. Strangulation and hanging can also narrow or block an airway. If a life-threatening condition is identified we need to treat it immediately.



To open the airway, we need to turn the casualty onto their back. Place one hand on the forehead and gently tilt the head back. Using the fingertips of your other hand lift the chin to open the airway. This will lift the tongue away from the back of the airway. (show picture)

When the airway is clear or open we move onto:

**Our next letter is B for BREATHING**

To assess breathing we look, listen and feel for normal breathing for no more than 10 seconds. Whilst still supporting the airway, get down close to the casualty’s face – Look down their body – can you see their chest rising and falling, can you hear the casualty breathing (what does it sound like?) and can you feel their breath on your cheek (again consider the risk of COvid-19 ) You are looking for 2 to 3 breaths in no more than 10 seconds. Is the breathing normal, absent or agonal?

Life threatening conditions that can affect breathing include asthma, crush injuries, chest injuries, collapsed lungs, poisoning, anaphylaxis and cardiac arrest. When life-threatening conditions have been ruled out we move onto:

**Our final letter is Cfor CIRCULATION or CPR**

If our casualty is breathing we need to look for serious bleeding. We carry out a quick head to toe assessment looking for any life-threatening bleeding injuries. Blood can pool inside waterproof outdoor clothing so open jackets and check in the hollow of the back. Dark hair can also hide the appearance of blood as can dark surfaces like earth and grass. **Once you have assessed for any bleeding injuries move back to the casualty’s head and assess for breathing again.**

If you find any life-threatening bleeding injuries you need to fix these (see **BLEEDING** resource)

If the casualty is not breathing C becomes CPR – we will discuss this later when we look at how to manage a casualty who is unresponsive and not breathing.



**Swift First Aid**

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