

CHAPTER 2

APPROACH TO THE INCIDENT

Reassuring the casualty is very important in first aid and the best reassurance for both casualty and bystanders is a confident first aider taking decisive action. In order to treat a casualty you must first manage the incident and the most important skills in first aid are those that allow you to quickly:

1. identify the causes of the incident,
2. identify potential dangers to yourself, bystanders and the casualty,
3. obtain a good History to assist in the provisional diagnosis, and
4. provide effective leadership and manage the scene until help arrives

Effectively managing an incident is very demanding, no matter how experienced we are. It is important that the first aider develops a systematic approach to all incidents. A systematic approach allows you to quickly identify and deal with problems, and, more importantly, it gives you the confidence to take control of an incident. The systematic approach to an incident covers the areas of danger, provisional diagnosis and triage, and life saving treatment.

DANGER

All emergency incidents are chaotic and there are many dangers. However, all these dangers come from the environment, the casualty and the bystanders.

Take your time. Be alert and wary. Approach the incident by identifying potential dangers, then neutralise or remove them, or move yourself, bystanders and the casualty clear of the danger.

Your job is to reduce chaos and not add to it by allowing others, including yourself, to become victims. In some situations such as high voltage electrocution or poisonous atmospheres, you may be powerless to help a casualty. If this is the case you must wait and let the experts handle the rescue of the casualty.

Always Protect Yourself First - If you are injured you cannot help anyone else. The emergency services will have an extra casualty, and you may find yourself uninsured and off work.

Protect the Bystanders next - Your next priority is to protect bystanders. If necessary, move bystanders well back from the incident, but remember they will provide valuable help in managing the incident so make full use of them. However, if you give a bystander a task you must ensure that:

1. they understand exactly what you want done,
2. they can safely carry out the task.

Protect the casualty Last: If you are to effectively deal with a casualty you must have a safe and ordered environment so minimise danger for the casualty by removing it or, if absolutely necessary, moving the casualty.

TRIAGE

Where there is more than one casualty you must decide which casualty is to be treated first. To make this decision you have to look at all the casualties and prioritise them. This process is called triage, which is a word derived from the French word for three. It is used in medicine to describe the three levels of seriousness of a casualty's condition:

1. life threatening
2. serious injury

3. minor injury

If you are first to arrive at a multi-patient scene you will contribute greatly to the treatment of casualties if you are able to direct ambulance staff to those most in need of immediate care. Concentrating on a single seriously injured casualty may allow the unnecessary death of another casualty. By triaging all of the casualties at a scene you will be able to:

1. give accurate information to the emergency services,
2. know which casualties should be seen first, and
3. direct the emergency services personnel to the areas of most concern

Therefore:

1. look at all of the injured and triage them,
2. use bystanders and the lightly injured to care for all the injured, and
3. ensure you direct arriving ambulance personnel to the most badly injured

Only after you have organised the incident can you begin to treat individual casualties.

THE PROVISIONAL DIAGNOSIS

To treat the individual casualty you have to decide what is wrong with them. The process of coming to such a decision is called making a provisional diagnosis. Remember that it is more important to be guided by the casualty's perfusion status; if they are sick - get help immediately. The provisional diagnosis is obtained by considering a casualty's History, Signs, and Symptoms.

History - The History is the story of the accident or the incident and is a very dependable element in finding out what is wrong with a casualty. It is essential that you take the time to look at the evidence at an incident and collect information by talking to people including eyewitnesses, bystanders and casualties. Their stories and the physical evidence provide you with valuable clues to the casualty's condition. As you approach the incident:

LOOK:

1. at the Incident: A sign of a severe accident can be a casualty's belongings, especially their shoes being spread over a large area
2. at the direct cause of the injuries: inspect the object which caused the injury or damage. The greater the damage to it, the more serious the injury to the casualty
3. at the casualty: How old is the casualty? The young or elderly often suffer more serious injury at lower speeds

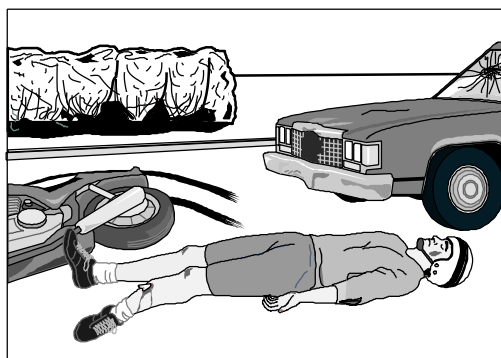


Fig. 3-1: The accident scene contains much information

4. Talk to bystanders, eye-witnesses and the casualty
5. Note and Record the time, what you saw and what you were told

When you collect a History try not to make it an interrogation. Take care not to intimidate or antagonise and be especially careful not to put words into their mouths.

PATTERN OF INJURY

A useful guide to the possible injuries a casualty may suffer at an accident is the 'pattern of injuries'. The term 'Pattern of Injuries' describes the most common types of injury caused to a human body by the forces involved in a particular type of accident. Common patterns of injury are:

1. three or more points of injury following falls,
2. fracturing of the collar-bone following a fall on an out-stretched hand,
3. head injuries following falls from moving vehicles,
4. the association of airway burns with burns to the body,
5. pedestrians struck by cars have a pattern of injuries depending on their age, size, how the car hits them and the speed of impact. Adults most commonly get hit by vehicles on their sides because they instinctively turn side-on to danger. Children turn to face danger. Thus adults are usually injured on one side whilst children suffer injuries to both sides. Adults also suffer more lower limb injuries than children due to their respective heights

PATIENTS AT SERIOUS RISK¹

Suspect serious injury where there is:

1. a combined speed over 60KPH,
2. major deformity of the vehicle/airbag deployment,
3. a death in one of the vehicles involved,
4. a casualty is ejected or falls from a vehicle,
5. a cyclist/pedestrian hit is by vehicle travelling over 30KPH,
6. a fall of 3 metres or more, especially for adults,
7. injury to more than one body region,
8. burns of more than 20% of an adult's body or 10% for a child

or where the casualty complains of:

1. central chest pain,
2. acute respiratory distress, or
3. loss of consciousness

SIGNS

Signs are those things on or about the casualty that you can see, hear, touch, smell or taste for yourself. They are identified by using a systematic examination. Remember the most important set of Signs in first aid are those which tell you the casualty's perfusion status.

SYMPTOMS

Symptoms are the feelings and sensations (pain, nausea, visual disturbances, dizziness, tingling) that only the casualty can feel. Only the casualty can tell you about their Symptoms. This means that, unlike History or Signs, Symptoms cannot be substantiated from other sources.

Before we look at life saving it is perhaps worth considering death and first aid.

¹ Ambulance Service of New South Wales, Ambulance Protocols, Protocol 4, 2004.

DEATH AND THE FIRST AIDER

Death is a natural and normal part of our lives. When you are called upon to provide first aid to a casualty it is important that you appreciate that, even with the best first aid and medical treatment, they may still die. Such an outcome is very seldom the fault of the first aider. It is usually the inevitable result of the serious injury or illness the casualty has suffered.

APPROACH TO AN INCIDENT AND EXAMINING A CASUALTY

CAREFULLY APPROACH SCENE AND CASUALTY

1. Check area for danger:
 - look at the scene
 - look at the direct cause of Injury
 - look at the casualty
2. Take history:
 - ask questions:
 - of bystanders
 - of eye-witnesses
 - of casualty
 - check for medical history card, pendant, etc.
3. Move into casualty's body space, near the head
4. Watch casualty's eyes and begin assessment of casualty's conscious state
 - i.e. opens eyes spontaneously
5. Introduce self
 - tell casualty to open eyes
 - if no response crouch down and repeat order
 - then tap cheek, flick eyelash and watch response
 - if no response observed casualty is unconscious



Fig. 3-2: Try to wake casualty by tapping cheek

CHECK AIRWAY

- Position self at casualty's head and watch reactions
- 1. Extend casualty's head:
 - place hand nearest top of casualty's head on their forehead
 - push casualty's head firmly but gently back
 - keep head in that position
- 2. Jaw lift:
 - take hold of casualty's chin between thumb and forefinger
 - and open mouth
- 3. Look into mouth:
 - check for injury to teeth and gums
 - check for missing teeth
 - foreign objects
- 4. Smell for:
 - blood and vomit

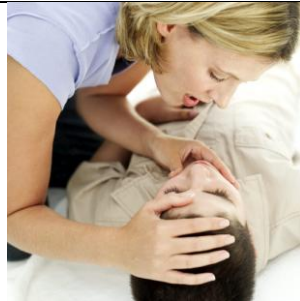


Fig. 3-3: Clearing the airway using head extension and jaw lift

CHECK BREATHING

1. note skin colour
2. place ear near casualty's lips, look, feel and listen for breathing
3. place hand on casualty's lower chest and feel for chest movement
4. listen for air movement in casualty's airway



Fig. 3-4: Check for breathing

CHECK FOR SIGNS OF LIFE

1. Check for Signs of Life:
 - conscious or unconscious
 - responsive or unresponsive
 - breathing normally or not breathing normally
 - check skin condition/muscle tone

CONTROL ANY LIFE THREATENING HAEMORRHAGE