The Primary Survey

The primary survey is the foundation, or building block, on which all first aid is based. A thorough understanding of it will allow the first aider to deal with most emergency situations in a balanced, logical way.

All medical and emergency staff follow the same basic routine of:

1. Check for Danger then check for Response
2. If unresponsive shout for “help”
3. Open the Airway
4. Check for Breathing for a maximum of 10 seconds
5. If breathing normally Circulation is present check for and control obvious bleeding

This can be remembered as DRABC or Doctor ABC.
The Secondary Survey

This is only done once the primary survey is complete and any life saving interventions are done. It is important to note that in certain circumstances the first aider may never move past the primary survey and onto the secondary survey. This is especially true when there are life saving interventions to make during the primary survey.

There are three factors that go to help make a diagnosis:

History and external clues
- The forces involved
- Casualties age and state of health
- The environment
- Warning bracelets
- Medicines and inhalers

Symptoms-what the casualty can tell you
- Pain
- Loss of sensation/movement
- Dizziness/faintness
- Nausea
- Anxiety

Signs-what you can see, feel, hear or smell
- Bleeding
- Bruising
- Swelling
- Deformity
- Vomit
- Noisy breathing
- Alcohol

Another part of the secondary survey is a detailed examination of the casualty looking for other injuries. It is important to remember that local, workplace guidelines may be in place to assist the first aider at this point as to what they are allowed to do. In general you should follow the principles listed below:

- It is only performed once any vital actions have been done
- You may need to remove clothing—but no more than is absolutely necessary
- Do not move the casualty more than is necessary
- Always start at the head and move down in a logical sequence

See over for a detailed look at the examination
Examining a Casualty

1. Start at the head
2. (a and b) Work logically down the casualty
3. Don't forget the back
4. Check the entire casualty
5. Consider medical alert bracelets and other "clues"

At all times your treatment priorities are based on:

- Airway, Breathing and Circulation
- Control bleeding
- Treat large wounds and burns
- Immobilise bone and joint injuries
- Treat other conditions
- Check A.B.C's regularly

All of the pictures on these pages are taken from our forthcoming "Essential First Aid" DVD—it will be out soon and promises to be a good way to keep first aid trained staff current in their skills.
The Recovery Position

The recovery position is used for all unconscious casualties who are breathing and who are going to be left alone for any period of time, for example while the first aider goes for assistance. In addition, any casualty who has an airway that may be at risk should be placed in this position. Care should be taken when rolling casualties with major injuries and in cases of suspected spinal trauma.

The recovery position:

1. Helps prevent the tongue from blocking the throat
2. Aids drainage

1. The nearest hand is placed in the “how” position, the other hand is across the face supporting the head
2. Bend the opposite leg and roll the casualty towards you
3. Ensure an open airway

4. Check for breathing
5. Bring the leg up to support the casualty
6. It is now safe to leave the casualty if you have to get help. Return ASAP and check ABCs