

## ESSENTIAL FIRST AID

### EMERGENCY ACTION PLAN

The emergency action plan consists of five steps, **Danger** (Safety), **Response**, **Airway**, **Breathing**, **Compressions and Defibrillation**.

These steps are known as **DRABCD** and are the major consideration for everyone involved in the care and treatment of casualties.

#### Danger (Hazards, risks, safety)

Once an emergency has occurred you need to ensure the safety of all those at the scene by checking for hazards. Check for any risk to:

- Yourself
- Bystanders
- Casualties

Take the time to conduct a primary survey of the scene to look for anything that may threaten the safety of those on or around the scene.

#### Hazards that may be present include:

- △ bio-hazards
- △ bombs
- △ bullets
- △ chemicals
- △ electricity
- △ fire
- △ fumes
- △ gases
- △ smoke
- △ fallen power lines
- △ falling masonry
- △ fast flowing water
- △ flammable material
- △ on coming traffic
- △ risk of explosion
- △ sharp metal edges
- △ slippery surfaces
- △ unstable structures

Leave dangerous situations to the emergency personnel who have the training and equipment to manage the situation. Risking your own safety in a dangerous situation may increase the number of casualties to manage.

Other situations may permit the removal of the hazard, or the removal of the casualty

from the hazard. Examples of removing a hazard would be cleaning away broken glass at a motor vehicle accident scene, or turning electricity off at the main powerboard in an electrocution incident.



As a general rule you should avoid moving casualties unless there is a hazard that you cannot remove, such as fire or poisonous fumes. Moving a casualty, especially an unconscious casualty, is very difficult and should be left to ambulance personnel who have the training and equipment necessary to protect themselves and the casualty.

If it is essential to move a casualty before an ambulance arrives, take extreme care and use good manual handling practice.

Provided they are not at further risk, you should check casualties in the position in which you find them.

In the event that you are unable to check a casualty in the position that they are in, gently roll them onto their back, supporting the head and neck during movement.

#### Response

Check the casualty for a response by touching the casualty's shoulders and asking loudly '**are you all right?**'.

**DO NOT** shake children and infants, and there is no need to aggressively shake a casualty to gain a response, just touching the casualty on the shoulders and talking loudly is an effective method and will awaken a sleeping person.

A casualty that is unresponsive should be considered unconscious.



#### If The Casualty Responds

If the casualty responds by answering and appears conscious, leave them in the position in which you find them (provided they are not at further risk).

- ✓ check the casualty's condition and send or go for help, or call '**000**' for an ambulance if required
  - if you are on your own, leave the casualty and go for help
- ✓ observe and reassess the casualty's regularly

#### If The Casualty Does Not Respond

- ✓ shout for help
- ✓ check airway

#### Airway

Ensuring an open airway is essential.



#### Open Airway

- ✓ place your hand on the forehead
- ✓ place your fingertips under the point of the casualty's chin
- ✓ gently tilt the head back and lift the chin to open the airway

- ✓ remove any visible foreign bodies
  - in infants, the head should be kept in the neutral position
- ✓ check for signs of life – unconscious, unresponsive, not breathing normally, not moving

**i** Try to avoid excessive force especially if injury to the neck is suspected. If suspected use chin lift to open the airway.

**i** In children and infants do not press on the soft tissues under the chin as this may block the airway

#### Breathing

Keep the airway open and check for *normal breathing*.



- ✓ **look, listen and feel** for **no more** than 10 seconds for normal breathing
  - **look** to see if the chest rises
  - **listen** for the sound of normal breathing
  - **feel** for air against your cheek

In the first few minutes of a casualty's cardiac arrest, sounds of gurgling, sighing or coughing may be present, as well as movements of the chest and stomach. This type of breathing is ineffective, as it does not move air into or out of the lungs and the casualty should be treated as if they are not breathing.

**i** If you are in any doubt that the casualty is breathing normally, treat as if they are not breathing.

### If Breathing Present

- ✓ roll into recovery position



- ✓ check the casualty's condition and get help if needed
- ✓ observe and reassess the casualty for continued breathing regularly

### If Breathing Absent

- ✓ send or go for help, or call '000' for an ambulance
- if you are on your own, leave the casualty and go for help
- ✓ send someone for the AED
- ✓ give 2 breaths
  - open the airway with head tilt and chin lift
  - close the casualty's nose
  - blow into the casualty's mouth for about 1 second



- watch for chest rise
- give second breath
- ✓ start chest compressions

### Compressions

If the casualty has no signs of life (unconscious, unresponsive, not moving and not breathing normally), commence compressions.

- ✓ kneel by the side of the casualty
- ✓ place your hands, or two fingers with an infant, in the centre of the casualty's chest interlocking your fingers
- ✓ press straight down on the sternum 100 times per minute (a little less than 2 compressions a second)
- ✓ give 30 compressions



- ✓ compress  $\frac{1}{3}$  chest depth
- ✓ give 2 breaths
- ✓ return your hands or fingers quickly to the centre of the casualty's chest and then give the next compressions and breaths
- ✓ continue 30 compressions and 2 breaths cycles
- ✓ apply Automated External Defibrillator (AED) if available
- ⚠ **DO NOT** apply any pressure over the casualty's ribs, upper abdomen or the bottom end of the bony sternum (breastbone)

### Defibrillation

Defibrillation is the emergency procedure where first aiders apply an electronic device called an Automated External Defibrillator or AED to the chest of a cardiac arrest casualty

and the device delivers a controlled electric shock to the casualty's heart.

- ✓ send someone for the AED if not already done
- ✓ ensure safety
  - If multiple rescuers are present, assign tasks for each rescuer
- ✓ turn on the AED
- ✓ attach the electrode pads
  - if multiple rescuers, continue CPR while the pads are attached
- ✓ follow the voice/visual prompts of the AED
- ✓ ensure that nobody touches the casualty while the AED is analysing the rhythm

### If a shock is indicated:

- ✓ ensure that nobody touches the casualty



- ✓ push the shock button as directed.
  - fully-automatic AEDs will deliver the shock automatically
- ✓ continue to follow the voice/visual prompts of the AED

### If no shock is indicated:

- ✓ immediately resume CPR using a ratio of 30 compressions to 2 rescue breaths.
- ✓ continue to follow the voice/visual prompts of the AED

### Unsuccessful rescue breaths

If rescue breaths do not make the chest rise with each attempt, proceed to compressions and give 30 compressions and then before your next attempt at rescue breaths:

- ✓ check the casualty's mouth and remove any visible obstructions
- ✓ ensure that there is adequate head tilt and chin lift
- ⚠ **DO NOT** attempt more than two rescue breaths each time before returning to chest compressions

### Chest compression only CPR

If for any reason rescue breaths can not be given, chest compressions should still be administered as some oxygen will still be circulated. Compress in the centre of the casualty's chest continuously 100 times per minute.

### Re-checking for circulation

You should only stop to re-check the casualty if they start breathing normally again, otherwise do not interrupt resuscitation.

### Multiple rescuers

- ✓ if there is more than one rescuer present, change over the roll of performing CPR approximately every 2 minutes to reduce fatigue

### When to stop CPR

- The scene becomes unsafe
- Qualified help arrives and takes over
- Signs of life return
- You become physically unable to continue
- An authorised person pronounces life extinct

### Useful Resource

[Australian Resuscitation Council](http://www.resus.org.au)

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