A first aid emergency can happen anytime, and it's important to be prepared to deal with it. The Priority Action Plan recommended by St John provides a strategy for step-by-step management of a first aid emergency. Having a strategy in place before an incident occurs, ensures first aiders are prepared to quickly and accurately assess the situation, allowing them to identify and deal with the most serious conditions first. This approach will ensure that any life-threatening conditions are always dealt with promptly, and that the most important actions receive priority.


**S – SAFETY**
Always ensure your own personal safety and that of the injured person/s, and bystanders. Also consider the safety of the public and how they might be impacted if they come upon the incident scene.

**R – RESPONSE**
Check for patient response. Ask if they can hear you or ask for their name. If there is no response, speak loudly into the patient’s ear. If there is still no response, gently tap their shoulder or shake them lightly.

If the patient is conscious, check for any severe bleeding and try to control it. Then you can formulate and implement a Patient Management Plan, with regular reassessment of the patient’s condition.

If the patient is unconscious – i.e. doesn’t respond or move – get help by shouting, sending someone, or as a last resort you may have to consider leaving briefly.

If you have to ask a bystander to telephone for an ambulance, make sure the other person understands the message – verify their understanding by getting them to repeat it back to you. Always ask the bystander to report back to you after they have phoned the ambulance.

If you are alone, call loudly for help. Use any available means of making noise and attracting attention to get help.

**A – AIRWAY**
Without moving the unconscious patient, clear and open the person’s airway by tilting the head and lifting the chin. If you can’t effectively assess or assist the patient’s airway and breathing in the ‘as found’ position, move the patient onto their back or into the recovery position, taking care at all times to protect the spine from untoward movement.

Kneel beside the patient and open the airway by lifting the chin or thrusting the jaw. Gently tilt the patient’s head backward to open their airway.
Clear the airway. Open the patient’s mouth and check for any obstructions, which must be removed before attempting to perform CPR. Only remove dentures if they are loose or broken.

Open the airway. Place one hand on the patient’s forehead and lift the patient’s chin forward using index and middle fingers. Gently tilt the head backward.

Note: if you suspect the patient has neck injuries, avoid tilting the head.

B – BREATHING
Check whether the patient is breathing:
Keep the airway open, and check (i.e. look, listen, feel) for breathing for up to 10 minutes. It should be more than an occasional gasp.

If the patient is breathing, (i.e. more than an occasional gasp), place the person in the recovery position and monitor for continued breathing.

If the patient is NOT breathing, start rescue breathing. If you haven’t yet done so, send someone for help or go get help yourself if you are on your own. Turn the patient onto their back (taking care if spinal injuries are suspected) and remove any obstructions from the mouth or airway. Open the airway and give two quick effective breaths. Watch the patient’s chest for a response – if the chest doesn’t rise after the first two breaths, tilt the head into position again and give more breaths – repeat for up to five attempts. If the airway appears to remain blocked after five attempts to ventilate, unblock it using techniques for clearing an obstructed airway.

C – CIRCULATION
Assess the patient for signs of life. Look for any movement, including swallowing, coughing or regular breathing. If competent to do so, check the patient’s carotid pulse (NB: New Zealand Resuscitation Council has decided that ‘lay rescuers’ should not be taught the pulse check, although the carotid pulse check remains an important part of resuscitation techniques for levels 3-7).

If there are signs of life but the patient is not breathing, give a breath every five seconds.

If signs of life are absent, start CPR with chest compressions, interlocking the fingers of both hands and placing the heel of the lowest hand on the lower half of the patient’s sternum. Compress chest 25 times, depressing the sternum approximately one-third the depth of the chest (4-5cm for an adult). Continue chest compressions at a rate of about 100 compressions per minute – a little less than two compressions per second.

Give two effective breaths, ensuring a good seal over the mouth and watching for the rise and fall of the chest.

Continue CPR by alternating between 15 chest compressions then 2 effective breaths.

Reassess for signs of life after three minutes (finishing with two breaths) and every few minutes thereafter. Each assessment should take no more than ten seconds, as CPR must resume immediately if there are no signs of life.

Continue to perform CPR until an ambulance officer or health professional takes over responsibility for the patient. Or continue until you are exhausted. If the ambulance arrives, always continue CPR until instructed to stop by the ambulance officers.

S – SEVERE BLEEDING
If the circumstances of the incident indicate that the patient may be bleeding severely, quickly assess the patient. Check (in this order) head and neck, lower spine area, trunk, arms, and legs. If you detect severe bleeding, quickly stop it using pressure and elevation. Continue with Patient Management Plan, which can be found in the St John First Aid Manual.

The Priority Action Plan – SCRABS – gives first aid emergency responders an effective framework for maximising the effectiveness of assistance to the patient in any emergency situation.

First aid tips for dealing with a number of common first aid requirements can be accessed for free on the St John website: www.stjohn.org.nz/tips. In addition, more in-depth techniques and information about first aid procedures, including a Patient Management Plan, can be found in the St John First Aid Manual.

NZ Safety acknowledges the assistance of St John in preparing this article.