

# Principles of Emergency Scene Management

*Emergency Scene Management* is the sequence of actions you follow at the scene of an emergency to ensure safe and appropriate first aid is given. It consists of 4 steps (St. John Ambulance) or 3 steps (International Trauma Life Support – ITLS). **Note:** the following is for the trained lay rescuer.

## 1. Scene Survey (ITLS Primary Survey – Scene Size-up)

- Take charge of the situation
- Call out to attract bystanders (Note: **NOT** part of ITLS)
- Assess hazards of the scene and make the area safe for yourself and others (Gas, Glass, Fire, Wire)
- Put on personal protective equipment. (e.g. examination gloves, CPR mask)
- Assess the mechanism of injury: are head/spinal injuries likely? Has the casualty fallen from a height, been in a car collision, bleeding from the ear, nose or mouth, received a blow to the head or spine, or is the history is not known. Head/spinal injuries should be suspected when the first aider sees unusual lumps on the head or spine, bruising of the head especially around the eyes and behind the ears, blood or straw-coloured liquid coming from the ears or nose.
- Identify yourself as a first aider and offer to help: **obtain consent**. If casualty is unconscious, then consent is implied. Support head and neck in position found if suspected head/spinal injury; if available have a bystander do this.
- Assess responsiveness of casualty (are they conscious? responsive to pain? can they talk?) If casualty is unresponsive then send for help immediately.

Call or send for medical help if any of the above presents a problem. Provide information about what has happened, the location and the number of casualties. Tell the person going for help to report back to you after help has been summoned.

## 2. Primary Survey (ITLS Primary Survey – Initial Assessment)

The **ABCs** of first aid. Examine the casualty for :

- **Airway:** Ask the casualty "Where do you hurt?" If the casualty can speak clearly then the airway is clear. Use a head tilt/chin lift if casualty is unconscious. Do a quick visual check for airway obstruction.
- **Breathing:** Ask "How is your breathing?" Look, listen and feel to see if the casualty is breathing (not less than 5 seconds or more than 10 seconds). If breathing is absent, begin CPR (30 compressions in 20 seconds, hard and fast, compression depth one-third depth of chest: head tilt/chin lift give 2 breaths).
- **Circulation:** If severe bleeding is obvious, then first aid to control the bleeding should be given before proceeding to the next step (Rest, Direct compression). Note the skin condition and its temperature to see if there is adequate circulation to the body tissues. Assess skin temperature with the back of the hand on the forehead, cheek or neck. Is the casualty pale or blue? Look for presence of sweating. Look for external and internal bleeding using the Rapid Body Survey (should take no more than 30 seconds). Treat any severe bleeds when found (Rest, Direct compression). Manually support any injured limb after you have completed the Rapid Body Survey until medical help arrives.

### **3. Secondary Survey (ITLS Secondary Survey)**

This step may not be required if medical help is on the way. Establish and record the:

- Personal medical history: **S**ymptoms, **A**llergies, **M**edications, **P**ast medical history, **L**ast meal, **E**vents leading up to the incident (**SAMPLE**)
- Vital signs (pulse, breathing, skin colour and temperature, level of consciousness)
- Look for secondary injuries with a detailed head-to-toe exam

**- OR -**

### **Modified Secondary Survey**

When only one injury and mechanism of injury is known:

- begin with a focus on examining injury
- only if transporting: **SAMPLE** and vitals

### **4. Ongoing Casualty Care (ITLS Ongoing Exam)**

Keep the casualty comfortable while waiting for medical help and monitor to ensure:

- an open airway in an unconscious casualty (place casualty in the recovery position if no head/spinal injuries are suspected)
- effective breathing
- treat for shock: keep casualty dry and warm (cover with blanket if necessary)
- Do **NOT** give anything by mouth. Moisten casualty's lips if thirsty.

Give an oral report when you hand the casualty over to medical help.