



# FIRST AID LEVEL 1

## SECTION 6: SECONDARY ASSESSMENT

### **Exit Outcomes**

*At the end of this section you will be able to:*

- *Conduct a secondary assessment on a casualty (Role Play).*

The secondary assessment is done after primary assessment when the casualty is safe and breathing. The head-to-toe assessment helps the First Aider identify the cause of the first aid emergency.

### 6.1 HEAD TO TOE EXAMINATION

- Put on gloves
- Treat injuries as you find them
- If the casualty is hospitalised record your observations in the incident report
- Whatever treatment you provide must be recorded in the incident report
- As you progress from head-to-toe keep checking the casualty's response to pain
- Whether the casualty is conscious or not, starting from the head working down the body to the feet (without moving the casualty) look for the following:
  - Bleeding.
  - Abnormal breathing (sounds and rhythm).
  - Deformities, contusions (bruising), avulsions (loose skin flap).
  - Distended veins.
  - Skin colour (cyanosis, pale).
  - Puncture wounds (bites, stings, gunshot, stab wounds).
  - Burns (type and size).
  - Fractures (tenderness).
  - Swelling (oedema).

#### HEAD

- **Skull:** Feel and look for any signs of bleeding, bruising and swelling.
- **Face:** observe skin colour.
- **Eyes:** Observe pupil reaction (PEARL) and any obvious trauma (bleeding or swelling).
- **Ears:** look for bleeding or any straw-coloured discharge. This may indicate brain or spinal injury.
- **Nose:** Bleeding and swelling.
- **Mouth:** foreign objects (e.g. dentures/food particles), swelling and bleeding.





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## NECK

- Fell at the back of the neck for signs of bleeding and swelling. Look at your gloves to check for blood.
- Feel for the pulse (rate and strength).
- Check for distended neck veins.
- Look for deviation of trachea (Adam's apple).
- Check for Medic Alert necklace.

## COLLAR BONE AND SHOULDERS

Feel along the collar bone to the shoulders for swelling, deformities, and reaction to pain.



## CHEST

- Observe breathing rate and sounds (e.g. wheezing) and effort (e.g. is the casualty struggling to breath?)
- Placing both hands on either side of the breastbone, apply gentle pressure to observe pain reaction and even chest rise.
- Look for bleeding and burn wounds.

## ABDOMEN

- Apply gentle pressure to all four quadrants of the abdomen taking notice of the casualty's reaction to pain.
- Look for any bleeding, swelling, bruising or burns.
- Check for open abdominal wounds (eviscerations).

## LOWER BACK

Without moving the casualty feel in the natural hollow of the back for bleeding and response to touch (pain).





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## ARMS

- Feeling from the shoulders to the fingers, look for bleeding, swelling, deformities, bruising or burns and any insect bites.
- Check for capillary refill on the finger nails (less than 3 seconds), and feel skin temperature.
- If the casualty is conscious, have them squeeze both of your hands to check for even pressure.



## HIPS (PELVIS REGION)

- Gently pressing the hips together, check for pain response.
- Look for signs of loss of bladder or bowel control (may indicate spinal injury).

## LEGS (INCLUDING KNEES)

- Moving your hands from the casualty's hips to toes, check for any bleeding, swelling, bruising or burns and insect bites.
- Check for capillary refill on the toe nails (less than 3 seconds), and feel skin temperature. If the casualty's shoes are still on, check for capillary refill on the ankle skin.



## RECOVERY POSITION



If there are no head, neck or spine injuries suspected, place the casualty in the recovery position.

**Treat for medical shock (cover with a blanket) and monitor:**

**pulse,  
breathing  
and skin  
colour  
(vital  
signs)  
until EMS  
arrive.**





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## 6.2 TREAT FOR SHOCK

- Talk calmly to casualty.
- Lay or sit casualty down.
- Cover with a blanket to keep warm.
- If possible, elevate legs (if no signs or symptoms of back or neck injury, fractures, or snake bite).
- Loosen tight clothing around neck and chest areas.
- Reassure casualty.



## 6.3 GATHERING A SAMPLE HISTORY

- **S** Signs (something you can see) and Symptoms (something the casualty complains about).
- **A** Allergies. Does the casualty have allergies? E.g. Penicillin or bees? (Medic-Alert Jewelry?)
- **M** Medication (Does the casualty take any medication on a daily basis?)
- **P** Past medical history (E.g. Diabetes, Heart problems, Epilepsy etc.)
- **L** Last meal (when did they last eat? Shock could be from food allergy or lack of food)
- **E** Event (what caused the casualty to get injured?)





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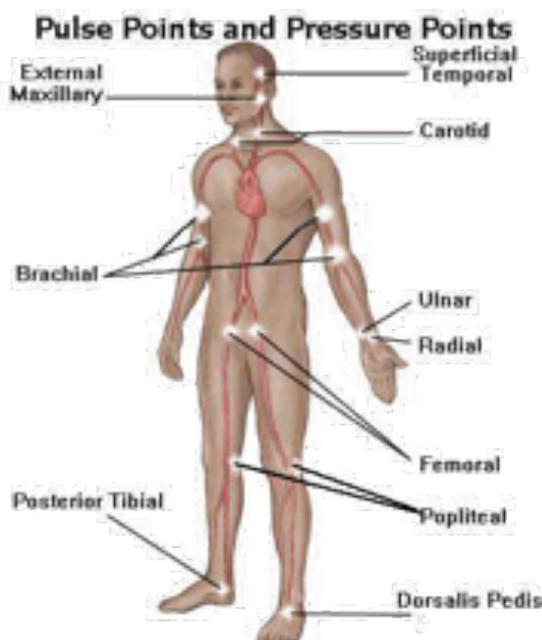
## 6.4 MONITORING VITAL SIGNS

- **Heart beat (pulse rate):** the normal heart rate at rest for an adult is 60-80 beats per minute, for children 80-100 beats per minute, and for babies 120-140 beats per minute. While counting a pulse note the rate, strength and rhythm of the heartbeat.

- **Respiration:** normal breathing rate per minute: adults is 12-20, children 15-25, and for infant's 30-40. Take note of the rate, depth and breathing sounds.

- **Skin Temperature:** Check temperature: e.g. hot-to-touch indicates possible fever or sun exposure; cool skin indicates possible shock or low body temperature. Normal skin temperature is 37°C for adults, children and babies.

- **Skin colour:** Pale skin colour indicates medical shock, heart attack or emotional stress (check tongue if unsure of paleness). Blue (cyanotic) indicates low oxygen levels in the blood. Redness may indicate severe sun exposure, high blood pressure, fever, or poisoning.



- **Pupil reaction (PEARL)**

- **P** Pupils
- **E** Equal
- **A** And
- **R** React to
- **L** Light

- **Pupil size indicators**

- Small, pinpoint pupils may be indicative of certain types of drug or alcohol intoxication.
- Dilated pupils, especially if they do not constrict in response to light, may indicate an unconscious state, or cardiac arrest.
- Uneven pupil sizes may indicate brain injury, stroke.



- **Monitor** the casualty's level of consciousness and their breathing and veins, arteries, nerves and skin colour (VANS) regularly until medical help arrives.

- **V** Veins: capillary refill. (Should be less than 3 seconds)
- **A** Arteries: presence of a pulse and pulse-rate.
- **N** Nerves: ability to feel touch on hands and feet.
- **S** Skin: colour and temperature.



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- **Incident Report writing:** A report must be written for any emergency that needs the casualty to be transported to a medical facility. The Incident Report Form in section 2 can be used as a guideline for this report. The more information that is provided, the better the medical personnel at the hospital will be informed as to the history of the incident and the Information provided helps in diagnosing the casualty's medical condition.
- **Recovery position:** If CPR is not required and you do not suspect a head or spinal injury, turn the unconscious, breathing casualty into the recovery position. This will prevent the airway from being blocked by the tongue, blood or vomit.



End of Section 6