**Introduction:** An accident victim’s chance for survival of traumatic injuries depends on the immediate identification and resolving of life threatening situations. The identification of these conditions requires a systematic, prioritized, logical process of collecting information and acting on it. This process is referred to as assessment. After determining scene safety and a general impression of the situation, the person rendering first aid can then direct priorities to assessment of the injured person’s condition. This primary survey follows a format for evaluation of the victim’s airway, breathing, and circulation. Always remember that your level of first aid training should not be exceeded.

**Airway** — It is crucial that the status of the injured person’s airway is properly assessed. Ensuring the airway is clear is the first priority when the injured person is unresponsive (unconscious). Until conclusively ruled out, the possibility of a cervical spine injury must be suspected when attempting to resuscitate an injured person. Never move the injured person unless they are in imminent danger from other elements (such as fire, smoke, or toxic gas).

**The first step** in clearing the airway should be a visual inspection of the victim’s mouth and throat. Foreign bodies in the airway can be objects that were in the person’s mouth at the time of the injury such as false teeth, real teeth, chewing gum or candy, food, vomit, or blood. Gloves should be used to sweep this material out of the victim’s mouth. The tongue is the most common cause of airway obstruction. In unresponsive victims, the tongue becomes limp, falling back and blocking the throat. Because the tongue is attached to the mandible (lower jaw) and moves forward with it, rescue maneuvers that move the mandible forward will pull the tongue out of the throat. The jaw thrust and chin lift are the two accepted techniques to use.

**Trauma jaw thrust** – This maneuver allows opening the airway with little or no movement of the head and cervical spine. The mandible is thrust forward by placing the thumbs on each cheekbone, placing the fingers on the mandible, and at the same angle, pushing the mandible forward.

**Trauma chin lift** – This maneuver is ideally used to relieve a variety of airway obstructions. The chin and lower front teeth are grasped and then lifted to pull the mandible forward. Gloves must be worn to avoid body fluid.

**Breathing** — Once the accident victim’s airway is clear, it is imperative that oxygen be introduced into the lungs.

**Following are directions for rescue breathing to assist an injured person who is not breathing:**

- Use appropriate personal protective equipment such as gloves, eye protection, mask, and breathing cup to avoid bodily fluid contact.
- Determine consciousness by tapping the victim on the shoulder and asking loudly, “Are you okay?” If you suspect that an accident victim might have neck or back injuries, open the airway by placing the tips of your index and middle fingers on the corners of the person’s jaw to lift it forward without tilting the head (jaw thrust).
- Tilt the victim’s head back so that the chin is pointing upward. Do not press on the soft tissue under the chin, as this might obstruct the airway. Place your cheek and ear close to the victim’s mouth and nose. Look at the chest to see if it rises and falls. Listen and feel for air to be exhaled for about 5 seconds.
- If there is no breathing, pinch the victim’s nostrils shut with the thumb and index finger of your hand that is pressing on the victim’s forehead.
- Blow air into the mouth by taking a deep breath and then sealing your mouth tightly around the victim’s mouth (Ideally, the breathing cup should be used to avoid transfer of bodily fluids. This device should be stored in the first aid kit). Initially, give two slow, full breaths (approximately 5 seconds each). Watch the injured person’s chest to see if it rises.
- Stop when the chest is expanded. Raise your mouth; turn your head to the side and listen for exhalation.
- Watch the chest to see if it falls. Check for any signs of circulation, i.e. movement, pulse, coughing, etc. If there are signs of circulation, continue rescue breathing (If there are no signs of circulation, start CPR if trained).
- Repeat giving 1 breath every 5 seconds until the victim starts breathing.

**Circulation** – Rapid control of blood loss is a primary concern when rendering first aid. Extreme blood loss will cause severe shock. Assistance may be required to accomplish both ventilation (breathing) and bleeding control. On external bleeding, application of direct pressure will usually control most major bleeding until EMTs arrive. If the victim has no signs of circulation, chest compressions and/or CPR may be required.

**Conclusion:** Immediate first aid response to a seriously injured person can mean the difference between life and death. This meeting only covers the fundamental elements of first aid for airway, breathing, and circulation. If you have not taken a first aid training class, now is a good time to get started. It is a useful skill that will remain with you throughout your life. Remember to never exceed the level of your first aid training!

**Work Site Review**

Work-Site Hazards and Safety Suggestions:

**Personnel Safety Violations:**

**Employee Signatures:** (My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness.)

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**Foreman/Supervisor’s Signature:**

The first aid information provided is intended to be general in nature and is based upon the “best available” guidelines. No results either general or specific are represented or guaranteed. These guidelines do not supercede local, state, or federal regulations and must not be construed as a substitute for, or legal interpretation of, any OSHA regulations.