

- vii) try as much as possible to avoid direct contact with blood as this possess a great risk of infections.

The DRABC Routine of First Aid

DRABC is an acronym in which each letter represents what action you take as you carry out first aid on a casualty. The letters are in order from what you start with as you carry out first aid. DRABC stands for **Danger, Response, Airway, Breathing and lastly Circulation**. It involves checking for **danger**, whether the person is **responding**, opening the **airway** in case the person is unconscious, for **breathing** and then enabling **circulation**.

What do you do if an ill or injured person collapses in front of you? If you follow the DRABC routine, you could save a life. The aim of DRABC is to keep the person breathing until an ambulance arrives. This is because without oxygen, the brain is damaged within just three or four minutes and dead within ten minutes.



Activity: Practising the DRABC routine

In groups:

- i) study the steps in the DRABC routine that is elaborated below.
- ii) using a role-play, illustrate the procedures under each of the routine components of DRABC.

The DRABC routine is as follows:

- i) **D is for Danger**
 - First stop and check for danger before you rush to help the casualty. There could be danger from equipment, fire, gas, falling masonry or fumes.
 - If there is danger, do not put yourself at risk. Your own safety comes first. Shout or phone for help.
 - If there is no danger, clear the area around the casualty. This could be stopping a game.
- ii) **R is for Response**
 - Shake the casualty gently by the shoulders and shout 'can you hear me?' as shown in **Fig. 2.4.1**.



Fig. 2.2: Checking for response from an injured person

- If the casualty shows any response, he or she is conscious. You can tell from the response how weak the casualty is.
- If the casualty can speak, find out if and where he or she has pain. Do what you can to stop the condition of the casualty from getting worse. For example, stop severe bleeding and support broken bones. Send for an ambulance as soon as possible, if necessary.
- If there is no response, the casualty is unconscious. This is a very serious condition. Move on to resuscitation (make the person regain consciousness) following A, B and C.

iii) A is for Airway

- When a person is unconscious, the tongue can block the airway, so preventing this is the most important thing you can do.
- Loosen any tight clothing.
- Raise the chin and tilt the head back to open the airway fully.
- Remove any obvious fingers to scrap away any vomit.

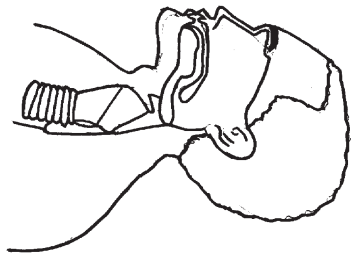


Fig. 2.3: Tongue blocking the airway

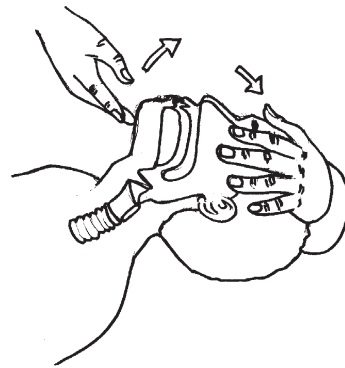


Fig. 2.4: Raise chin and tilt head back to unblock the airway

iv) **B is for Breathing**

Is the casualty breathing?

- Look for the chest rising and falling. Listen for breathing sounds. Feel for breath on your cheek. Moistening the cheek will help.



Fig. 2.5: Looking, listening and feeling for breathing

- If the casualty is breathing, do what you can to stop severe bleeding and support broken bones.
- Then place the casualty in the recovery position while you get help.
- But if the casualty shows no signs of breathing, move on to C.

v) **C is for Circulation**

- Feel for the carotid pulse (major arteries in the head and neck), below the ear, at either side of the Adam's apple.
- A pulse shows the heart is beating and the blood is circulating.
- Then give mouth-to-mouth ventilation (the kiss of life) to restore breathing.
- If there is no pulse, give both cardiac massage and mouth-to-mouth ventilation to restore circulation and breathing.

What next when there is no circulation?

In case you perform the last step of the DRABC routine and the casualty is unconscious, immediately you will need to perform the mouth-to-mouth ventilation to provide oxygen, cardiac massage to boost circulation and lastly putting the casualty into a recovery position as you wait for medical help. These procedures can be performed as elaborated below.

a. Mouth-to-mouth ventilation

In mouth-to-mouth ventilation, you force air from your lungs into the casualty's lungs. The oxygen in this air can keep the casualty alive.

1. Make sure the casualty's airway is fully open.
2. Pinch the casualty's nostrils closed with your thumbs and first finger.
3. Take a deep breath. Then seal your lips firmly around the casualty's open mouth. Breathe out smoothly and firmly until you see the casualty's chest rise as shown below.

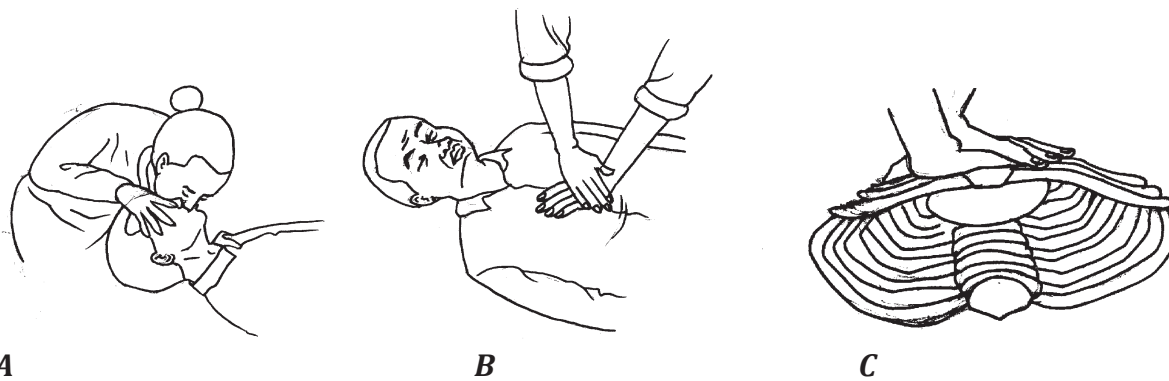


Fig. 2.6: Mouth-to-mouth ventilation

4. Take your mouth away and breathe in. The chest will fall.
5. Repeat with 1 breathe every 6 seconds for one minute.
6. If breathing has not returned within a minute, phone for an ambulance. Get back to the casualty as quickly as you can.
7. Continue with the mouth-to-mouth ventilation, if necessary.
8. If breathing also starts, place the casualty in the recovery position.
9. Check the breathing and pulse every three minutes.

b. Cardiac Massage

Cardiac massage or external chest compression is a way of squeezing the heart so that blood is forced out of it and round the body. It is used in case of cardiac arrest. This is when the heart stops beating; for example, during heart attack. Cardiac massage must be combined with mouth-to-mouth ventilation so that the blood gets oxygen too. Cardiac massage can be done as follows:



A
Fig. 2.7: Doing cardiac massage

1. Call for an ambulance.
2. Make sure the casualty's airway is open.
3. Start with 2 breaths of mouth-to-mouth ventilation.
4. Now use your weight to compress the chest 15 times as shown in **Fig. 2.7** above. Do it smoothly and quickly, but faster than once per second.
5. Next, give 2 more mouth-to-mouth ventilation.
6. Repeat the pattern of 15 compressions and 2 mouth-to-mouth ventilations until help arrives. Don't stop unless the casualty's condition improves. (NB: skin colour may improve or casualty may move.) Check the pulse.
7. Continue with mouth-to-mouth ventilation, if necessary. Check the pulse every minute.
8. If breathing also starts, place the casualty in the recovery position. Check the breathing and pulse every three minutes.

c. The recovery position

It is the safest position for an unconscious breathing person. The head is tilted so that the tongue can't block the throat. Since the head is a little lower than the rest of the body, vomit will drain from the mouth and not choke the person. You can safely leave an unconscious person in this position while you get help.

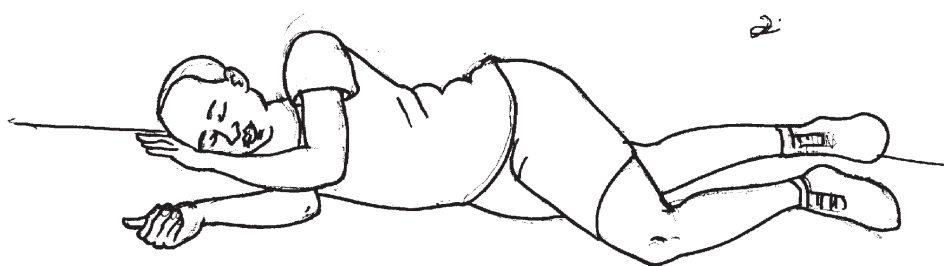


Fig. 2.8: Recovery position