



- Safe approach in appropriate PPE (gloves, apron, fluid-resistant surgical mask and eye protection)
- Look for signs of life – chest rise/fall (do not listen or feel at the mouth for breathing)
- Head tilt - chin-lift (HTCL)/Jaw thrust as required
- If no PPE worn – establish signs of life from the Government advised social distance

Signs of life are present (participant is breathing normally)

No signs of life - Participant is not breathing normally

Call for Help

- First aid responders PPE as above
- Ambulance if required

Call for Help

- Request AED immediately
- Ambulance
- First aid responders PPE as above

Participant conscious

Participant unconscious

Decision to provide Compression only CPR

Decision to provide Rescue Breathing¹

+/- Manual in line stabilisation dependent on mechanism of injury
 Airway – HTCL /Jaw thrust
 Breathing – with O₂ (if present)
 Circulation – check colour/ signs of bleeding
 Dysfunction – check response
 Everything else – if requires extrication await ambulance crew
 If participant able to safely walk from field of play, take to side of pitch – social distance from other participants

Apply manual in line stabilisation
 Airway – Jaw thrust if required
 Breathing – with O₂ (if present)
 Circulation – check colour/ signs of bleeding
 Dysfunction – check response
 Everything else – ensure no other injuries
 Consider positioning if airway at risk (2 person log roll)
 Do not extricate – await ambulance arrival

Open the airway HTCL/Jaw Thrust
 Begin chest compressions ONLY with covering over face*
 Apply AED as soon as it arrives
 Continue until ambulance arrives or participant shows sign of life

Open the airway HTCL/Jaw Thrust
 Apply a face shield or face-mask with oneway filter²
 Commence 5 rescue breaths followed by compressions.
 Continue resuscitation at 15:2³
 Apply AED as soon as it arrives
 Continue until ambulance arrives or participant shows sign of life

Do not begin rescue breathing await ambulance*
 If the participant shows signs of life move to purple algorithm

If the participant shows signs of life move to purple algorithm

*If the club has health care professionals (HCPs) on site a face covering can be a non-rebreather mask attached to oxygen at 15L/min. If suitably qualified and Level 3 PPE available rescue breathing with airway adjuncts can be commenced before ambulance arrives. Once airway intervention has occurred all staff in Level 2 PPE must move away 2m pitchside (or out of the room indoors), leaving only responders wearing Level 3 PPE.

1. An individual decision to perform rescue breathing due to compression only CPR likely to be less effective if a respiratory problem is the cause in a child.
2. If rescuer is wearing a mask this will have to be removed. There are no additional actions to be taken after providing rescue breathing other than to monitor for symptoms of possible COVID-19 over the following 14 days. HCPs can use a bag valve mask with a viral filter.
3. The paediatric ratio of 15:2 [15 compressions to 2 rescue breaths] can be provided or if more familiar with the adult provision of 30:2 this can be equally applied. The emphasis is on the speedy provision of resuscitation. Breath provision is 1 second as per an adult and depress the chest 4-5cm in a younger child/ adolescent.