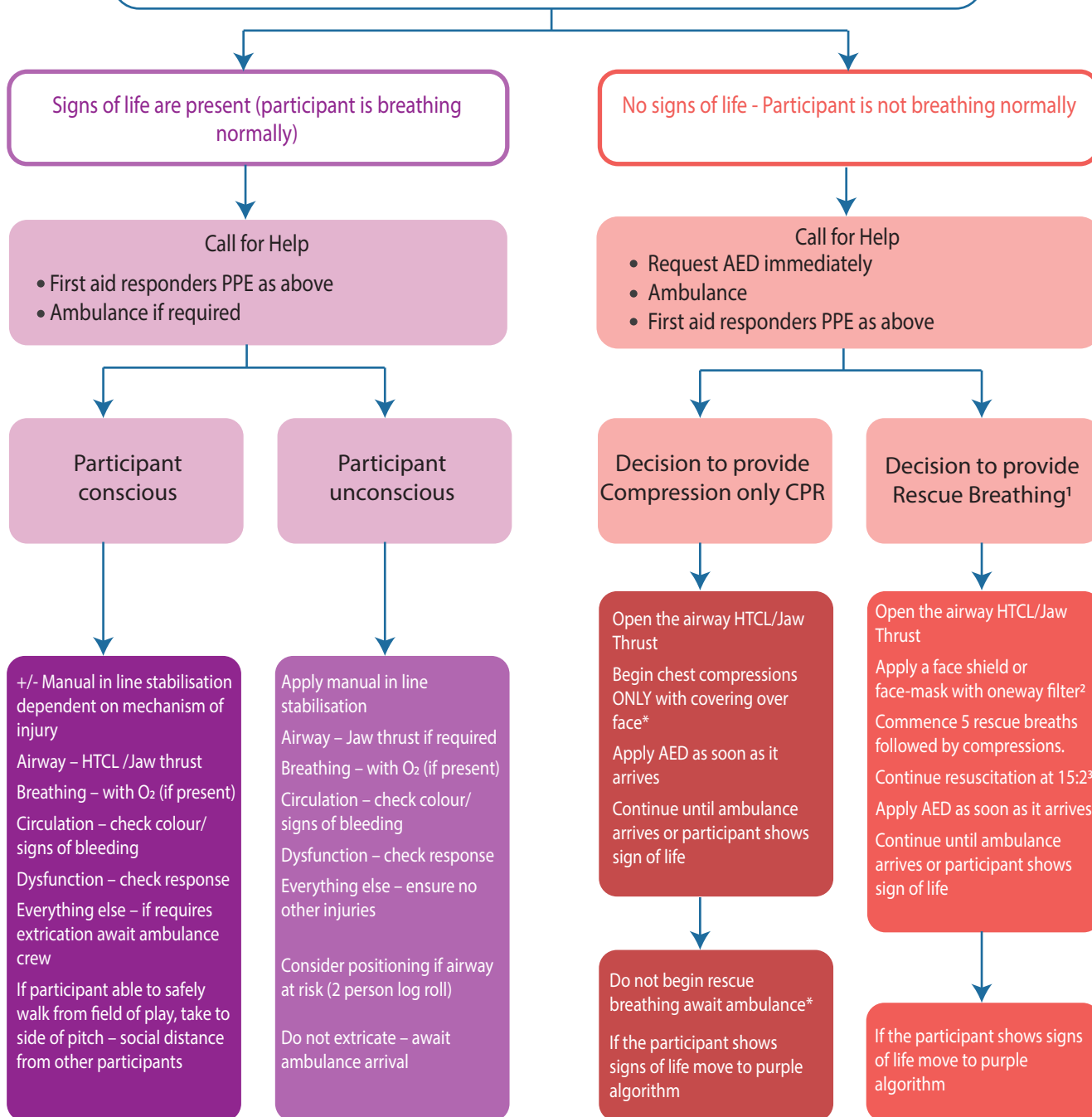




- Safe approach in appropriate PPE (gloves, apron, fluid-resistant surgical mask and eye protection)
- Look for signs of life – chest rise/fall (do not listen or feel at the mouth for breathing)
- Head tilt - chin-lift (HTCL)/Jaw thrust as required
- If no PPE worn – establish signs of life from the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



\*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.