Unconscious & Not Breathing – Compressions to Breaths						
Adult	Child	Infant				
(over 8 years old)	(between 1 and 8 years old)	(under 1 year old)				
2 hands lower 1/3rd of the Sternum	2 hands lower 1/3rd of the Sternum	• 2 fingers lower 1/3rd of the Sternum				
• 1/3 depth of chest (4-5cm)	• 1/3 depth of chest (2-3cm)	• 1/3 chest depth (1-2 cm)				
30 compressions for every 2 BreathsFull Head Tilt	30 compressions for every 2 (Small) BreathsHalf Head Tilt	30 compressions for every 2 puffsNo Head Tilt				
2 Rescue Breaths	2 Small Rescue Breaths	• 2 Puffs over nose/mouth				
Approx 5 Cycles of 30:2 every 2mins (100 per minute)	Approx 5 Cycles of 30:2 every 2mins (100 per minute)	Approx 5 Cycles of 30:2 every 2mins (100 per minute)				
 Keep going until Medical aid arrives or Signs of Life 	Keep going until Medical aid arrives or Signs of Life	Keep going until Medical aid arrives or Signs of Life				

Our recommended method is to sing Twinkle Twinkle Little Star to assist in achieving the correct speed of compressions. You compress on every syllable, and when you sing the work SKY – you look up to the casualty's face and perform 2 rescue breaths

Twin	kle	Twin	kle	Lit	tle	Star	pause
Compress							

How	I	Won	der	What	You	Are
Compress						

Up	Α	bove	the	World	So	High	Pause
Compress							

Like	Α	Dia	mond	In	The	sky	Pause
Compress	2 Breaths						

Fractured ribs –This is a common consequence of CPR, however this is acceptable given that the alternative to CPR is likely death of the casualty.

First aider change-over – When possible, it is recommended that first aiders change every 2 minutes (5 cycles) to prevent fatigue and also to help ensure that the depth and speed of compressions in maintained. If this is performed, it is important to minimise interruptions to compressions

CPR – Rescue Breath methods

Perform 2 rescue breaths after 30 compressions using one of the following methods.

Mouth to Mask involves the first aider using a CPR mask for providing rescue breaths. The first aider exhales through a 1-way valve through the mask into the casualty's mouth. The valve prevents air from returning into the first aider's mouth and therefore prevents contact with potentially infectious fluids such as saliva, blood or vomit. Head tilt is still required to open up the casualty's airways and full head tilt for adults should be used if there is no suspected cervical injury.

