Mouth to Mouth is the recommended form of rescue breathing when a mask is not available. The following steps should be taken to correctly provide mouth to mouth:

- Tilt the casualty's head back to open the airways
  - Adults – Full head tilt
  - Children (1-8) – Half head tilt
  - Infants – No head tilt required
- Block the casualty's nose using one hand
- Use the pistol grip to open up the casualty's mouth
- Make a firm seal of your mouth onto the casualty's mouth
- Blow firm enough to make the casualty's chest rise and fall

Mouth to Nose can be used if preferred by the first aider. For infants, an adaptation of mouth to mouth is for the first aider to cover the infant's mouth and nose with their own mouth instead of attempting to pinch the infant's nose. If providing mouth to nose on adults, the same method as mouth to mouth is used, except instead of blocking the nose, the first aider should ensure the casualty's mouth is closed when exhaling into the casualty's nose (this involves sealing the mouth by pushing the casualty's lips together with your thumb).

Blocked Airway - If the casualty's chest does not rise during rescue breathing, check that:

- The head is tilted back correctly
- There is no foreign material in the airway
- The seal of your mouth on the casualty's is firm
- The nose has been blocked
- Enough air is being blown in.

Vomiting and Regurgitation –It should be noted that about one in four casualties will regurgitate whilst having CPR performed on them, especially when drowning is the cause of unconsciousness. This is because when unconscious, the casualty's muscles are totally relaxed, including the valve that stops regurgitation above the stomach.

If the casualty does vomit or regurgitate during CPR, turn them into the recovery position and clear the airways using the 2 finger scoop method. If they are still not breathing once the obstruction is cleared from the airway, place them on their back again and re-commence CPR.

Although full CPR is recommended, in the event that you are unwilling or unable to perform rescue breaths, you should continue performing CPR using chest compressions only. Remember – any attempt is better than no attempt!

D - Defibrillation

This step is only to be applied to an **unresponsive** and **non-breathing** casualty.

A defibrillator is a very useful and effective device and can play a great part in saving a person's life.

AED (Automated External Defibrillators) are portable devices that can be used effectively with minimal training, as all the current model units are designed not to function unless the unit cannot detect a normal heart beat.

AED use is not restricted to trained personnel – any first aider can use an AED. Time is a key factor when using an AED. For casualties suffering from VF (ventricular fibrillation), for every minute defibrillation is delayed, there is approximately a 10% reduction in survival rate.

AED units can accurately identify the casualty's cardiac rhythm as 'shockable' or 'non-shockable'.