

MOUTH TO MOUTH ARTIFICIAL RESPIRATION

The mouth to mouth method of artificial respiration is also known as the Rescue Breathing method, the Expired Air method, the Intermittent Positive Pressure Breathing method and the Direct method. The first name, however, has caught the public fancy and has been widely used. The Society in Canada was the first organization in this field to officially recognize and adopt this method as part of its program. During the past

year under the leadership of our First Vice-President, Kirk A. W. Wipper, the Society has carried out continuous research and development of a teaching system for this method. The following is a reprint of a brochure prepared for the Society by Mr. Wipper and represents the most developed techniques on this method available to date. We urge all our members to study and learn this technique.



Several significant considerations exist in the application of this method of artificial respiration.

1. *This method does not involve any delay in commencing.* Do not waste time by feeling pulse, finding equipment, moving the victim, going for help or getting to shore. If the *first inflation fails*, make sure the tongue or some foreign object is not blocking air flow to the lungs. Sweep fingers through throat, to clear obstruction. Remember *you can tell* you are succeeding when the chest rises and falls gently. This is an advantage of the application of the "direct" method. It is obviously important to ensure proper head and jaw position so that an air passage to the lung area is achieved.
2. *This method may be applied by any rescuer* regardless of size, either of the operator or the victim. In the rescue breathing technique the rescuer may adjust his efforts to fit the size of the victim. The control is the manner in which the chest rises and falls.
3. *The method does not require apparatus or particular facilities.* In rescue breathing, the victim does not generally need to be moved or placed on the ground. Success can be realized in a wide variety of situations including a victim in water or in a boat. Indirect methods such as Holger-Nielson do not enjoy this advantage as a flat surface is necessary.
4. *This method is very efficient.* Rescue breathing is *direct* through an unobstructed airway and enjoys a very high level of ventilation which can be regulated by the operator according to the size of the victim.

5. *This method is easy to learn and apply.* It is a natural and quite simple technique to acquire and does not produce difficult teaching problems when properly presented. The method is now widely used by a host of prominent organizations around the world. It is readily learned but should be practiced in training situations only by persons *who do not have colds* or other infections. A handkerchief may be used to cover the victim's nose or mouth, without decreasing efficiency of the method. It is important that all serious minded persons, who have a sincere motivation to learn, actually practice this method at least once in order to fully appreciate its effectiveness. The author of this brochure acknowledges the following sources for the material included:

New York State Department of Health
New York Civil Defense Commission
Dr. James Elam and Associates at the
Roswell Park Memorial Institute,
Buffalo, N.Y.

and also gratefully acknowledges the co-operation of the University of Toronto students who have assisted in experimenting with teaching methods as well as serving as subjects at numerous clinics.

Kirk A. W. Wipper
First Vice-President, Ontario Branch
Royal Life Saving Society Canada

RESCUE BREATHING FOR DROWNING VICTIMS

Start rescue breathing as soon as you reach the victim.

Only the victim's face need be out of water. You can breathe for him standing or kneeling in the water, or leaning over the edge of a boat or a swimming pool.

Support the victim's body by locking your arm under his.



Don't wait to get him ashore.

A 10-second delay may make the difference between life and death. Water in his stomach is secondary. Air in his lungs is vital.



The first need is to blow air... and fast.

If necessary quickly, and between rescue breaths, drain fluid from the victim's throat.



Press over belly. To assist fluid removal

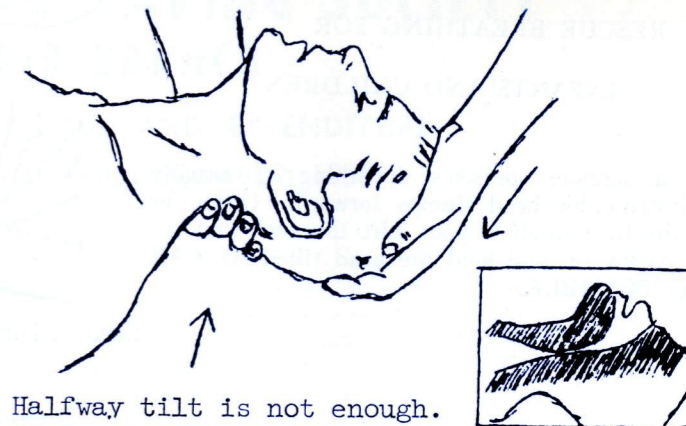
Place him so any liquid will run out of his mouth. Pull his shoulder up over your knee to raise his chest.



Then blow again.

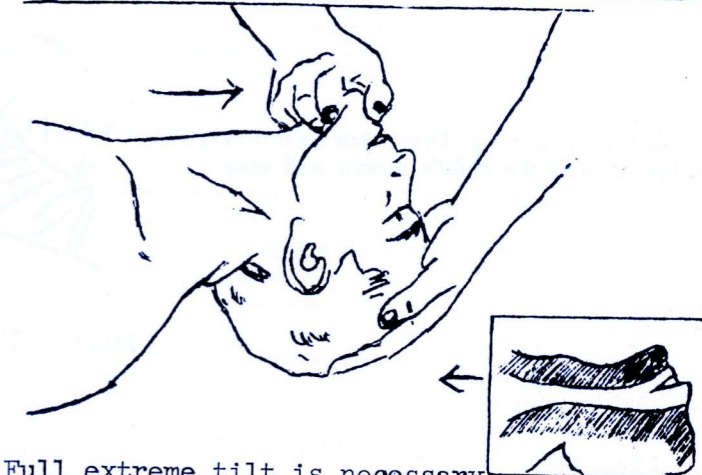
RESCUE BREATHING FOR ADULT VICTIMS

Lift the neck and tilt the head backward. Hold the head tilted AS FAR BACK AS POSSIBLE. One hand pushes the head, the other pulls the chin. The extreme tilt prevents obstruction and assists in ensuring a clear open passage.



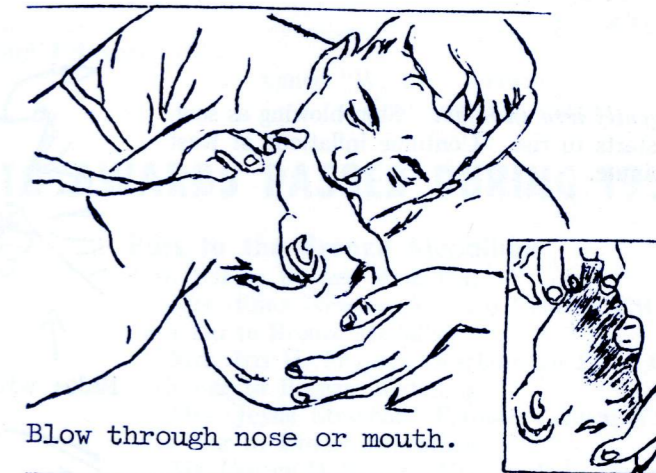
Halfway tilt is not enough.

Take a deep breath. Open your mouth as wide as you can. Seal your lips on the victim's cheeks around nose. IF THE LIPS PRESS THE VICTIM'S NOSTRILS, YOUR MOUTH IS NOT OPEN WIDE ENOUGH. Prevent escape of air through nose by pinching nostrils shut with thumb and forefinger of most available hand.



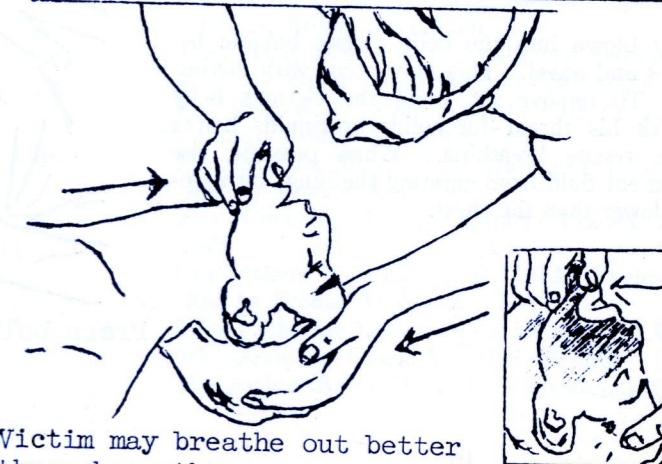
Full extreme tilt is necessary.

Blow air into the victim's mouth until you see the chest rise. To do this, push his mouth open as you blow, or pull his lower lip down. Seal your lips around his opened mouth. If mouth opening cannot be used, change to nose passage and pinch victim's lips shut.



Blow through nose or mouth.

Then remove your mouth to let him breathe out. Some victims accept inflation easily through the nose but must breathe out through the mouth. Take your next breath as you listen to the sound of his exhalation. Reinflate his lungs again as soon as he has exhaled. CONTINUE INFLATIONS AT LEAST 10 TIMES A MINUTE for adults.



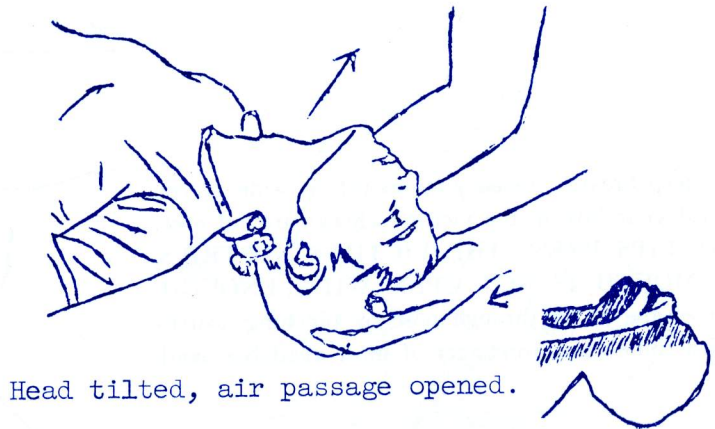
Victim may breathe out better through mouth.

RESCUE BREATHING FOR
INFANTS AND CHILDREN

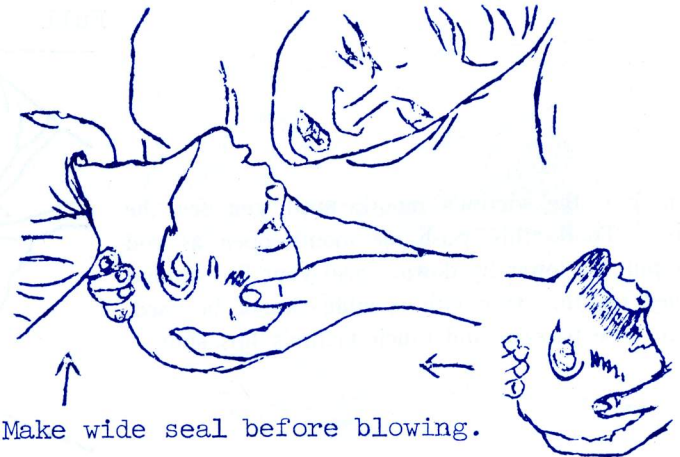
Any unconscious person's breathing is usually blocked because his head slumps forward. Often, he may breathe by himself if you: Lift the neck and tilt the head backward, and hold the head tilted AS FAR BACK AS POSSIBLE.



If he does not breathe at once: Open your mouth WIDE. Seal your lips around the child's mouth and nose.



Blow air gently into an infant. Stop blowing as soon as the chest starts to rise. Continue inflations at least 20 times a minute.



Excess air blown into the belly causes bulging between the ribs and navel. This may occur with victims of all ages. To remove air, press the victim's belly gently. Check his throat for solids or liquids before you continue rescue breathing. When possible, use gravity to prevent fluid from entering the lungs by keeping the head lower than the chest.

