

TRITHIYA SOPAN

CAMPCRAFT

Whipping, Hitches, Knots



West Country Whipping

The West Country whipping works equally well on any type of rope, twisted or braided, or rope made from natural fibers or plastic filament. (All plastic ropes should have the end melted back first.) The success of the whipping depends on the tightness of the knots formed by the cord and the interlocking action of the Overhand Knots.

To make a West Country Whipping on a 1/4"-diameter rope, start with a 14" length of waxed flax cord. Wrap the cord around the end of the rope about 1/2" to 3/4" from the end, and tie an Overhand Knot. If the rope is badly frayed, it can be pulled together with a clove hitch or Constrictor Knot to begin the whipping.

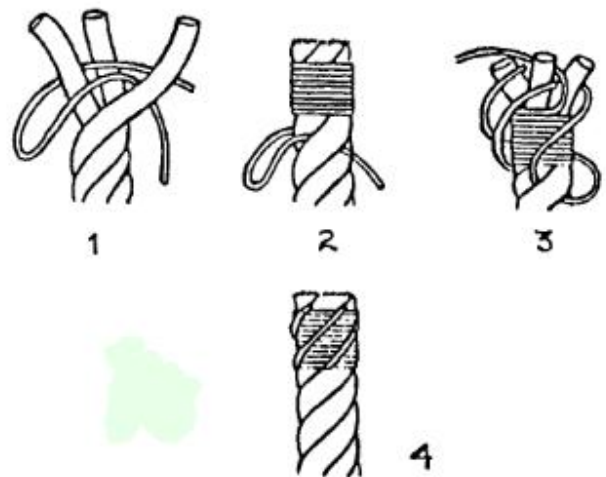
Continue by taking the two ends of the whipping cord around the the back of the rope (away from you), and tie another Overhand Knot. Keep repeating Overhand Knots, front and back until the whipping has been formed. A good rule of thumb to follow when making this kind of whipping is to make the whipping as long as the diameter of the rope.

Sailmaker's Whipping

Open the lay of the rope and place a loop of twine around one strand. Re-lay the rope.

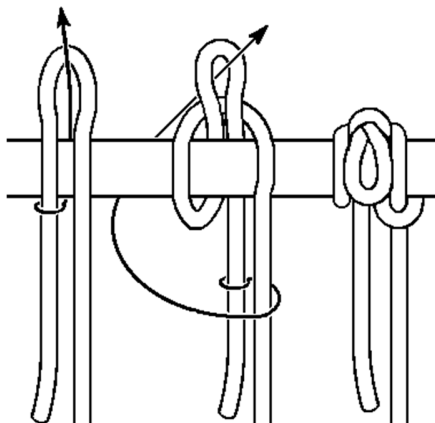
Hold the loop down with one hand, leaving the short end free. With the long end of the twine make tight turns around the rope, close together, towards the end of the rope.

Raise the loop and slip it over the end of the strand it is around. Pull the short end to tighten. Join the ends of the twine with a Reef Knot. Trim the end of the sharp knife and rub with wax.



Draw Hitch

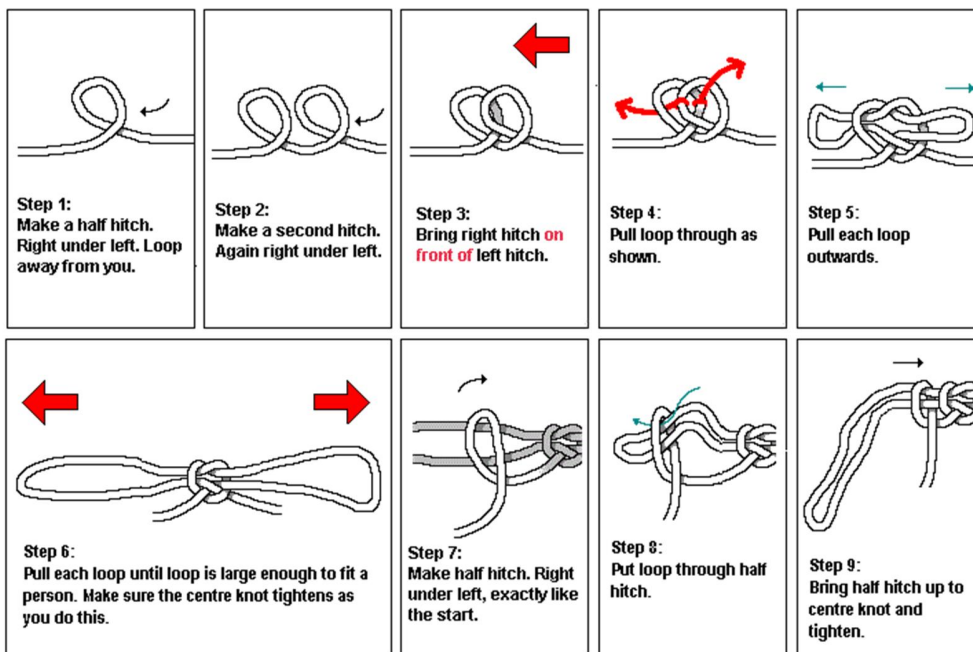
This is a neat quick-release knot that can hold a considerable strain. It's also known as the Fireman's Hitch and the Highwayman's Hitch. Though there is no verifiable evidence that it was ever used by robbers on horseback to unhitch their horses for a quick getaway, it is ideal for reliably securing a boat to a mooring (or horse to a hitching post) with the assurance that you can easily release the knot with a simple tug and quickly be on your way. And all you need is one hand to do it.



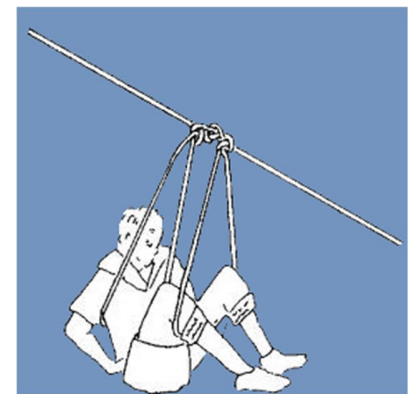
Pioneering Use: When hoisting a large structure that is not intended for climbing, e.g. a tall gateway, and the lines you're using for lifting and preventing over-pulling are not guy lines, tie the middle of the hoisting ropes to the structure with Draw Hitches. Then, when the structure is standing, these lines can be easily removed with a simple tug on the free end.

Fireman's Chair Knot

The knot was first introduced by the Victorian chief fire officer Eyre Massey-Shaw in 1876.



Made with suitable rope by qualified personnel this knot can be used as a rescue harness capable of supporting a person while being hoisted or lowered to safety. One loop supports the body, around the chest and under the arms, and the other loop supports the legs, under the knees. Tied towards the middle of



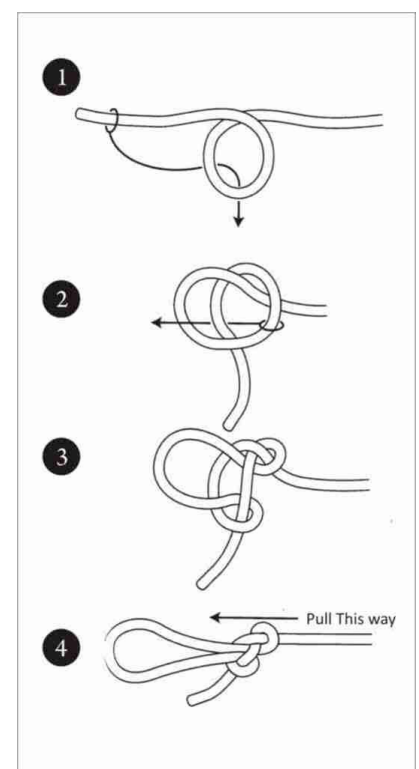
a line, one end is used for lowering and the other end can serve as a tagline, to control the victim's position with respect to hazards during the descent. A snug fitting of this knot should restrain the victim, even if unconscious. The fireman's chair can also be used to move a victim laterally when used as a part of a tensioned horizontal high line system.

Manharness Knot

The Man harness is a knot with a loop on the bight for non-critical purposes. This knot is used when multiple people are to pull a load. Typically one end of the rope is tied to a load, and one man harness knot per puller will be tied along its length. Each loop is then pulled by a different person.

1. Lay the rope flat
2. Make a loop in the rope with the running end going beneath the standing part.
3. Pull the running end down so that it crosses over the loop.
4. Pull the bottom of the loop through the gap between the top of the loop and the running end.

WARNING: The Man harness knot must have the loop loaded or it will slip and contract easily.

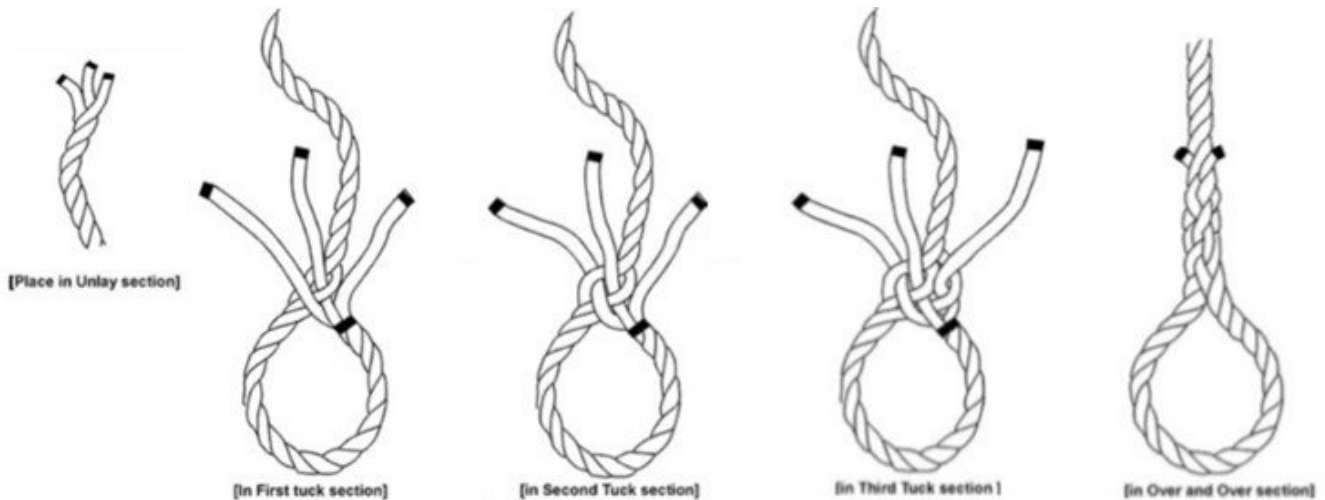


Splicing

Rope splicing in rope work is the forming of a semi-permanent joint between two ropes or two parts of the same rope by partly untwisting and then interweaving their strands. Splices can be used to form a stopper at the end of a line, to form a loop or an eye in a rope, or for joining two ropes together. Splices are preferred

to knotted rope, since while a knot typically reduces the strength by 20–40%, a splice is capable of attaining a rope's full strength. However, splicing usually results in a thickening of the line and, if subsequently removed, leaves a distortion of the rope.

Eye Splicing

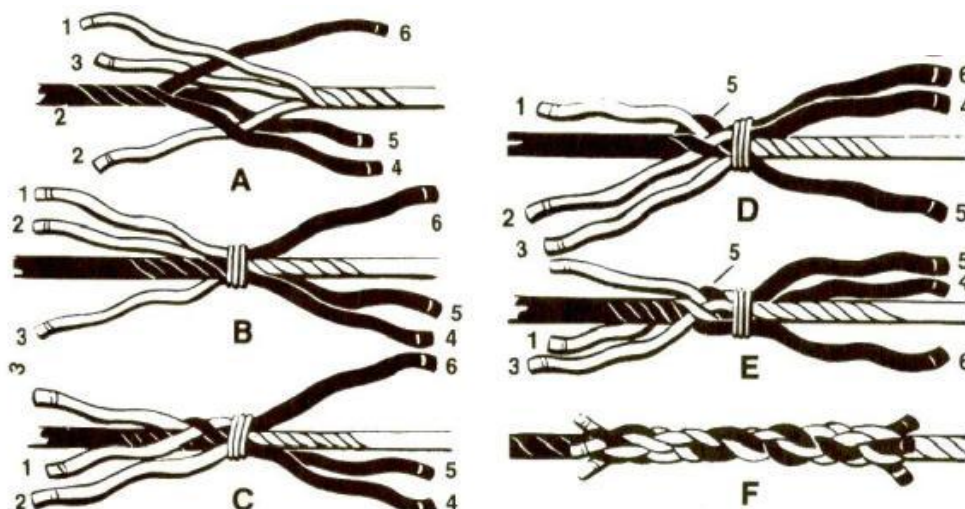


For conventional stranded ropes, the ends of the rope are tucked (plaited) back into the standing end to form the loop. Three tucks are the minimum for natural fibers, five tucks are necessary for synthetics.

The ends of the rope are first wrapped in tape or heated with a flame to prevent each end from fraying completely. The rope is unlaid for a distance equal to three times the diameter for each "tuck", e.g., for five tucks in half inch rope, undo about 7.5 inches. Wrap the rope at that point to prevent it unwinding further. Form the loop and plait the three ends back against the twist of the rope. Practice is required to keep each end to retain its twist and lie neatly. In stiff old rope or in new rope which has been tightly wound, a marlinspike or fid can facilitate opening up the strands and threading each end.

In some cases, the splice is tapered by trimming the working strands after each tuck. Also, the splice can be whipped to protect and strengthen the splice. A rope thimble can be inserted in the eye to prevent chafing if the eye is to be permanently attached to a fixture (used when attaching a rope to a chain, for example).

Short Splicing



Begin by unlaying (untwisting) the ropes a few turns. If the rope is large, make temporary whippings on the ends of the strands.

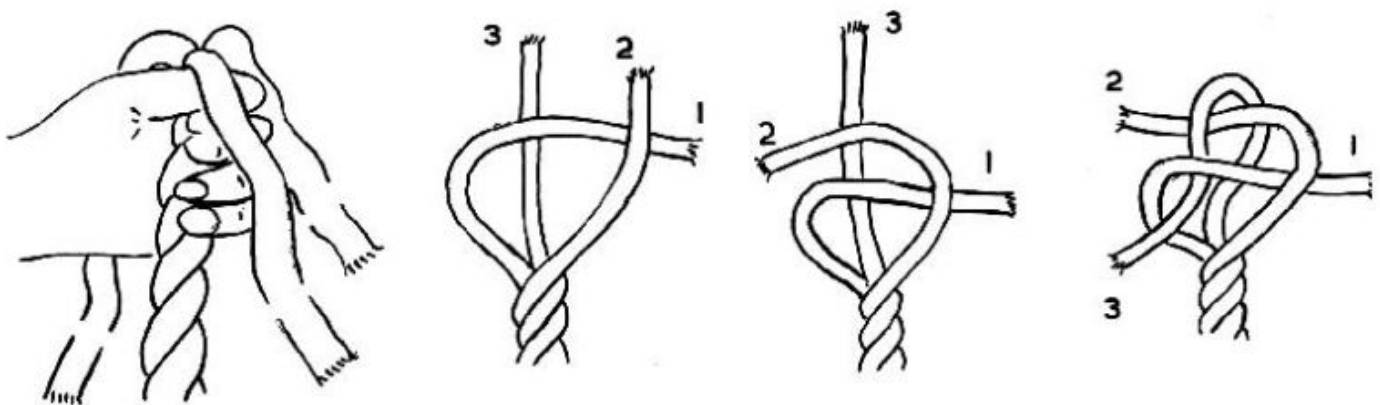
- A. Alternate the strands of the two ropes.
- B. Tie strands down to prevent more unlaying.
- C. Tuck strand 1 over an opposing strand and under the next strand.
- D. Tuck of strand 2 goes over strand 5, under the second, and out between the second and third.
- E. Repeat operation with strands 1 and 3 from same rope end.
- F. Remove tie and repeat operation on other rope end. Make two or more tucks for each strand. Then roll the tucks and cut off ends.

You can smooth the splice by rolling it under your foot on the floor.

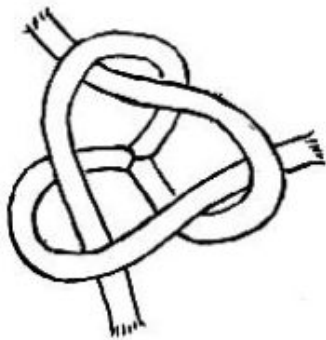
Pros and Cons: The Short Splice makes a secure join between two lengths of three-strand rope. This is entirely satisfactory for some purposes, e.g., making a longer tow rope or dinghy painter. However, it is useless for any running rigging because the splice will be too fat to pass through any blocks.

Back Splicing

Form a Crown Knot by tucking each strand over its neighbor and back down beside the standing end. Splice each strand into the rope by passing it over and under alternate strands in the standing end. Three complete tucks – two more than the one shown here – are sufficient.



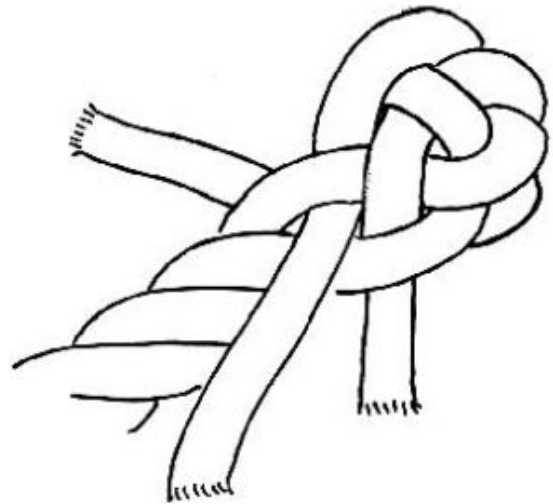
1. Unlay more than sufficient to make the splice and spread the strands evenly.
2. Make a crown knot by bending each end over its neighbour in turn, going the same way round as the lay of the rope.



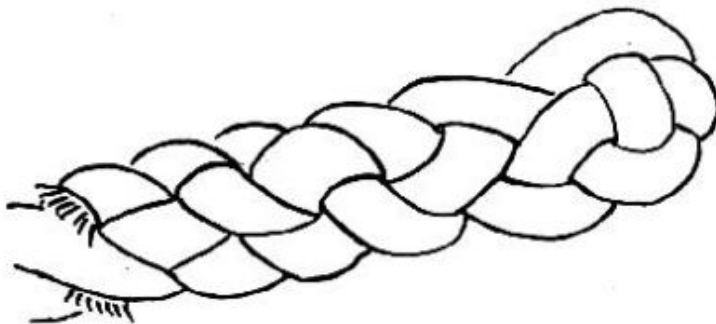
3. Pull the crown knot into shape.



4. Tighten it on top of the rope.



5. Tuck each end in turn over the adjoining main strand and under the next. Draw tight close up to the crown knot.



6. Continue in this way over and under one in turn for at least three times. Draw tight after each round of tucks.

Uses: The Back Splice provides a secure method of preventing the end of a rope from fraying.

Structure: The back splice consists of two parts: a Crown (on right) to redirect the strands back towards the standing end; and the braiding to tuck the ends into the standing strands. About three complete “tucks” are sufficient as no load is applied to a back splice.

Disadvantages: It makes a bulky end to a rope and usually prevents the rope’s end from passing through blocks and pulleys. For most purposes, a whipping is preferred – see Sailmakers, Sailors, or West Country whipping.

Advantages: No additional tools or equipment are required and it is easily learned and quickly tied.

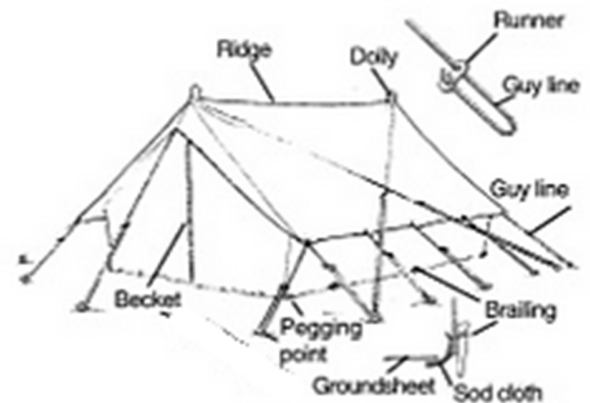
Pitching, Striking and Packing a Tent

Tent Terminology

Let us understand a few terms associated with tents.

- **Beckets:** used on older and traditional style tents to close up doors, in place of a zip. They can be loops and toggles or loops and eyelets, which should be threaded through each other.
- **Groundsheet:** a heavy-duty waterproof sheet that forms the floor of the tent. The groundsheet may be separate or sewn-in.
- **Guy lines:** also known as guys or guy ropes. These lines are tied to the tent and secured in the ground with pegs. They pull the tent fabric tight to create its shape and anchor the tent to the ground. They should be kept taut to avoid sagging.

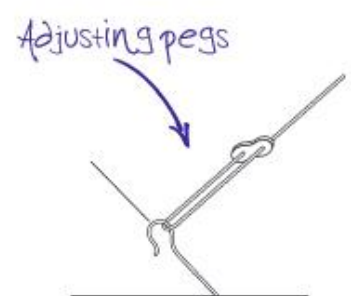
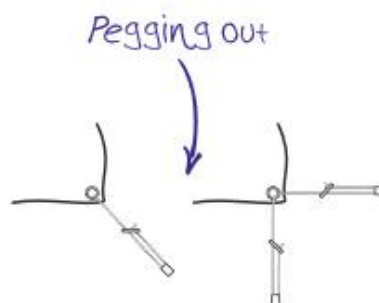
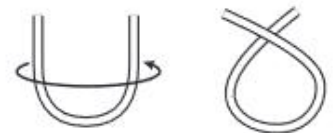
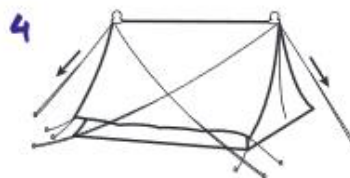
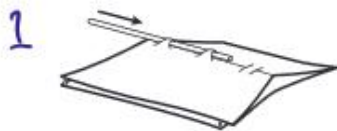
- **Guy-out loops:** fabric or rubber loops located along the edges of the tent, for securing guy lines.
- **Pegs:** used to secure tents and guy lines. They can be made from plastic, wood, steel or aluminum.
- **Poles:** are typically made from wood, steel, fiberglass, aluminum or carbon fibre. Wooden and steel poles are used for older and traditional style tents. They are strong and durable, but also heavy.
- **Runners:** wooden or plastic brackets that are attached to guy lines. They are used to tighten the line.



PITCHING A PATROL TENT

A patrol tent is the traditional Scouting tent. It usually requires at least three people to pitch it.

1. Find a clear, flat area of ground. Ensure that the door of the tent will not face into the prevailing wind.
2. Empty the tent bag and lay out the various parts of the tent. Ensure that you are not missing any vital parts.
3. Peg out the groundsheet in the intended position.
4. Open out the tent on the ground, inner side uppermost.
5. Assemble the ridge pole and uprights, and feed the ridge pole through the loops attached to the ridge of the tent, taking care not to stand on or damage the canvas.
6. Put in four large pegs for the main guy lines. Don't anchor them too deeply – they will probably need to be adjusted later.
7. Place the spikes on the uprights through the holes in the ridge pole and the eyelets in the canvas. Then fold the canvas over to form the ridge of the tent.
8. Attach the main guy lines to the previously placed pegs and put the dollies over the spike of the uprights. Reposition the pegs as necessary.



9. Stand the tent upright, raising the uprights simultaneously to avoid bending the spikes. Hold the uprights until the main guy lines have been tightened.

10. The tent should now be upright but unsteady. Ensure that the doors of the tent are done up. Peg out the door and corner brailings.
11. Peg out the other guy lines, starting in the middle and working towards the corners. This allows sag to be taken out and keeps walls taut. Generally, if a guy-out loop has one guy line it should be pitched straight out. If it has two guy lines, they should be placed in line with the seam they are supporting. Place pegs so that, when taut, the runner is about a third of the way up the guy line.
12. Loop and peg out the brailings to keep the tent walls straight. Looping the brailings helps prevent them slipping off the pegs.
13. Adjust the main guy lines as necessary, checking that the tent poles are upright. Do not move the poles when the guy lines are taut. A patrol tent can be storm set to provide extra protection against bad weather by crossing the main guys diagonally backwards.

STRIKING A TENT (Removing a tent)

In general, a tent is 'struck' (taken down) in the reverse way to which it was pitched. However, there are a few useful points to consider.

1. If your tent has a separate groundsheet, take this up first. Remove it from the tent and turn it over to dry the underside. Remove grass and dirt before packing away for storage.
2. Remove tent pegs by slackening the guy line and using it as a handle, caught under the peg notch. Pull in line with the direction of entry by bending your knees and then standing up.
3. Scrape dirt and soil from pegs before packing them away.
4. Tie guy lines up by folding its length into thirds, then tie the whole bundle in an overhand knot. This means it will always come out straight and unknotted by simply undoing the overhand knot.
5. When folding collapsible tent poles, start from the center to prevent excess strain on the inner shock cord.

PACKING A TENT

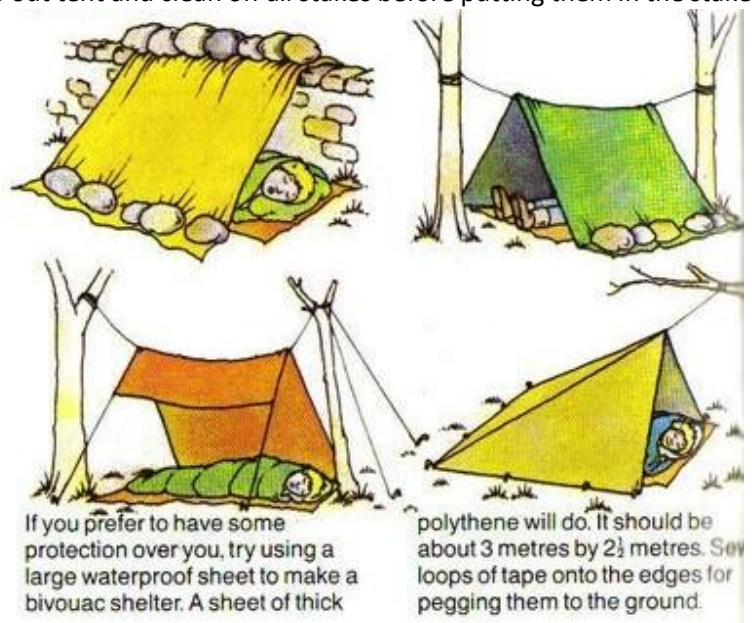
1. Most tents can be easily packed back into their bags by simply folding the inner and flysheet into a long thin shape, the same width as the bag. Then roll the tent around the poles to expel the air.
2. Try not to pack a wet tent. In some instances, this is unavoidable, but ensure that tents are unpacked and dried as soon as possible. Damp tent fabric and guy lines are soon affected by mildew and will start to rot.
3. Before packing make sure you thoroughly sweep out tent and clean off all stakes before putting them in the stake bag.

Improved shelters for two people

Shelter is your top priority in most survival emergencies. Severe weather conditions can kill within a few hours if you don't have some type of shelter to defend you from the elements. Luckily, there are a wide array of techniques and materials for escaping the elements.

Wedge Tarp

This tarp shelter is best suited for windy conditions with a constant prevailing wind direction. The wedge provides an aerodynamic shape which should resist the most biting wind and driving rain. With a minimum of 5 tie down points, the wedge is more



secure than most tarps, and it even provides two corners that act as rain catches. To build the wedge tarp shelter, stake down two corners of the tarp into the wind (not opposing corners). Then tie up a line to the center of the opposite side of the tarp. Tie the remaining two corners down toward the ground. Use more cord and a less steep angle for open wings and better ventilation. Tie the last corners down sharply for the best weatherproofing. Place a few rocks or log chunks under the tarp by the first tie downs to create deeper basins to catch water. This shelter is a dwelling and a water harvester in one.

Leaf Hut

The leaf hut is a two-sided, wedge-shaped lean-to with much better weatherproofing and insulating qualities. To build one, select a long, sturdy pole 9 to 12 feet long. Prop it up in the fork of a tree; or set it on a rock, stump, or two forked prop sticks. Then, cover the sides of the pole with tree branches to act as ribs. These are placed at an angle along both sides of the ridge pole. Place the ribs close together so that your hut covering won't fall through. Next, heap vegetation over the framework (this can be anything that traps air, including grass, ferns, moss, pine needles, brush, or pine boughs). Two to 3 feet of vegetation covering all sides of the shelter is enough to keep you dry inside. Finally, fill the inside of the hut with a thick pile of vegetation for your bedding.

In case of high winds: A layer of brush, sticks, twigs or branches should be thrown over the whole hut to keep the wind from stripping the vegetation away.

ESTIMATION

Estimate any two given heights / depths not more than 30 mts.

Height / Depth - 1

- Accurate Height/Depth:
- Estimated Height/Depth:
- Estimation Method Used:

Height / Depth - 2

- Accurate Height/Depth:
- Estimated Height/Depth:
- Estimation Method Used:

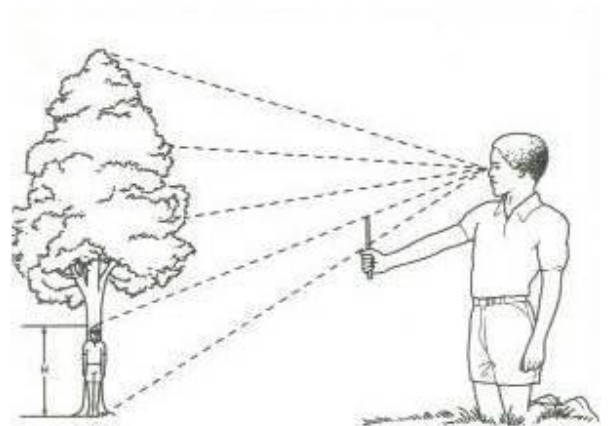
Estimate two weights not more than 2 kg

Weight - 2

- Accurate Weight:
- Estimated Weight:
- Estimation Method Used:

Estimate 2 different type of things in numbers

- Estimate the number of stones in a pile
- Estimate the number of people in a crowd



FIRST AID

Shock

Shock (not to be confused with emotional shock) is a life-threatening condition which happens when the body isn't getting enough flow of blood. This means that the cells don't get enough oxygen to enable them to work properly, which can lead to damage of the vital organs like the brain and the heart.

Shock can be caused by anything that reduces the flow of blood, including:

- heart problems, such as a heart attack, or heart failure
- severe internal or external bleeding
- loss of body fluids, from dehydration, diarrhoea, vomiting or burns
- severe allergic reactions and severe infection

Signs of Shock

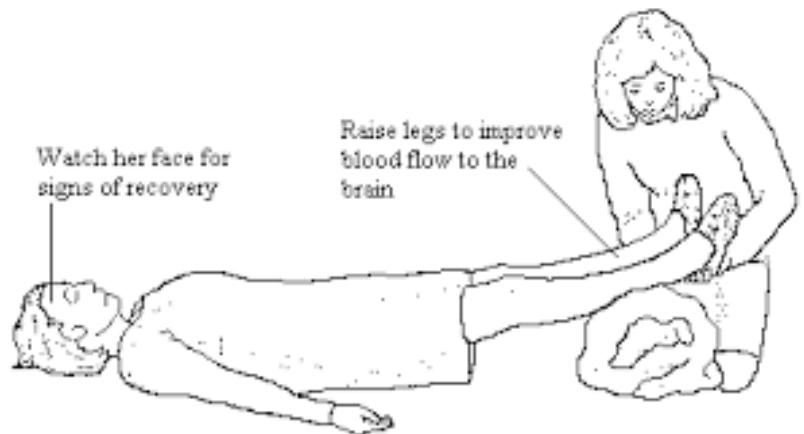
If you think somebody could be suffering from shock, there are seven key things to look for:

- Paleness of the face (pallor)
- Cold, clammy skin
- Fast, shallow breathing
- Fast, weak pulse
- Yawning or sighing
- Confusion
- Loss of response (in extreme cases)

First Aid for Shock

If they are showing signs of shock:

- Lay them down with their head low and legs raised and supported, to increase the flow of blood to their head. Do not raise an injured leg.
- Call for medical help and say you think they are in shock, and explain what you think caused it (such as bleeding or a heart attack).
- Loosen any tight clothing around the neck, chest and waist to make sure it doesn't constrict their blood flow
- Fear and pain can make shock worse, by increasing the body's demand for oxygen, so while you wait for help to arrive, it's important to keep them comfortable, warm and calm. Do this by covering them with a coat or blanket and comforting and reassuring them
- Keep checking their breathing, pulse and level of response.
- If they become unresponsive at any point, open their airway, check their breathing, and prepare to treat someone who has become unresponsive.



Fainting

Fainting occurs when the blood supply to your brain is momentarily inadequate, causing you to lose consciousness. This loss of consciousness is usually brief.

Fainting can have no medical significance, or the cause can be a serious disorder. Therefore, treat loss of consciousness as a medical emergency until the signs and symptoms are relieved and the cause is known. Discuss recurrent fainting spells with your doctor.

If you feel faint

- Lie down or sit down. To reduce the chance of fainting again, don't get up too quickly.
- Place your head between your knees if you sit down.

If someone else faints

- Position the person on his or her back. If the person is breathing, restore blood flow to the brain by raising the person's legs above heart level — about 12 inches (30 centimeters) — if possible. Loosen belts, collars or other constrictive clothing. To reduce the chance of fainting again, don't get the person up too quickly. If the person doesn't regain consciousness within one minute, call 911 or your local emergency number.
- Check the person's airway to be sure it's clear. Watch for vomiting.
- Check for signs of circulation (breathing, coughing or movement). If absent, begin CPR. Call medical emergency number. Continue CPR until help arrives or the person responds and begins to breathe.
- If the person was injured in a fall associated with a faint, treat any bumps, bruises or cuts appropriately. Control bleeding with direct pressure.



Choking

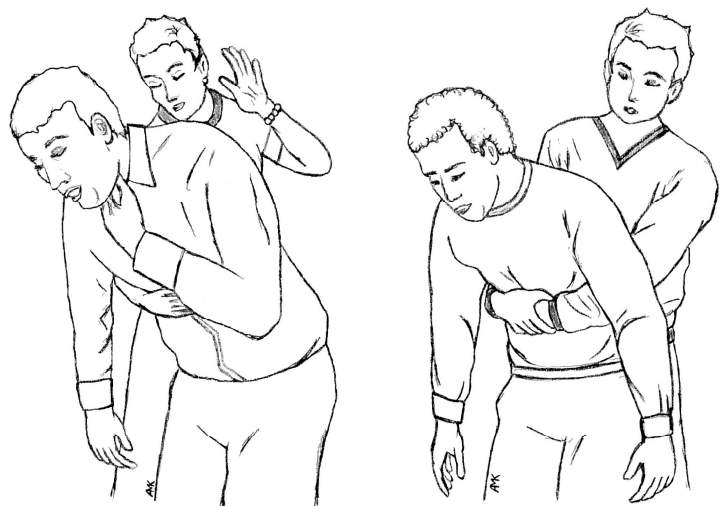
Choking occurs when a foreign object becomes lodged in the throat or windpipe, blocking the flow of air. In adults, a piece of food often is the culprit. Young children often swallow small objects. Because choking cuts off oxygen to the brain, administer first aid as quickly as possible.

The universal sign for choking is hands clutched to the throat. If the person doesn't give the signal, look for these indications:

- Inability to talk
- Difficulty breathing or noisy breathing
- Inability to cough forcefully
- Skin, lips and nails turning blue or dusky
- Loss of consciousness

If choking is occurring, the **Red Cross** recommends a **"five-and-five" approach to delivering first aid**:

- Give 5 back blows. First, deliver five back blows between the person's shoulder blades with the heel of your hand.
- Give 5 abdominal thrusts. Perform five abdominal thrusts (also known as the Heimlich maneuver).
- Alternate between 5 blows and 5 thrusts until the blockage is dislodged.



To perform abdominal thrusts (**Heimlich maneuver**) on someone else:

- Stand behind the person. Wrap your arms around the waist. Tip the person forward slightly.
- Make a fist with one hand. Position it slightly above the person's navel.
- Grasp the fist with the other hand. Press hard into the abdomen with a quick, upward thrust — as if trying to lift the person up.
- Perform a total of 5 abdominal thrusts, if needed. If the blockage still isn't dislodged, repeat the five-and-five cycle.

Simple fractures of arm, collar bones and jaw

A fracture is a broken bone. It requires medical attention.

There are two classifications of fractures, closed fractures and open fractures. Closed fractures include any fracture where the bone does not penetrate the skin (the skin stays closed). In such instances, proper treatment includes immobilizing the fracture and seeking medical help.

Open fractures occur when a bone or bone fragment breaks through the skin or the skin and bone are broken in a traumatic, crushing injury. Proper treatment for open fractures must also include concern for possible infection.

Recognizing Fractures:

An open fracture will typically be self evident due to the exposed bone. The following clues suggest you are dealing with a probable closed fracture:

- The victim felt a bone break or heard a “snap”.
- The victim feels a grating sensation when he/she moves a limb. (This condition is known as crepitus.)
- One limb appears to be a different length, shape or size than the other, or is improperly angulated.
- Reddening of the skin around a fracture may appear shortly after the fall.
- The patient may not be able to move a limb or part of a limb (e.g., the arm, but not the fingers), or to do so produces intense pain.
- Loss of a pulse at the end of the extremity.
- Loss of sensation at the end of the extremity.
- Numbness or tingling sensations.
- Involuntary muscle spasms.
- Other unusual pain, such as intense pain in the rib cage when a victim takes a deep breath or coughs.

If you discover any of these symptoms and cannot attribute them to any other obvious cause, assume them to be a fracture.

Don't move the person except if necessary to avoid further injury. Take these actions immediately while waiting for medical help:

- Stop any bleeding. Apply pressure to the wound with a sterile bandage, a clean cloth or a clean piece of clothing.
- Immobilize the injured area. Don't try to realign the bone or push a bone that's sticking out back in. If you've been trained in how to splint and professional help isn't readily available, apply a splint to the area above and below the fracture sites. Padding the splints can help reduce discomfort.
- Apply ice packs to limit swelling and help relieve pain. Don't apply ice directly to the skin. Wrap the ice in a towel, piece of cloth or some other material.
- Treat for shock. If the person feels faint or is breathing in short, rapid breaths, lay the person down with the head slightly lower than the trunk and, if possible, elevate the legs.

If the broken bone is the result of major trauma or injury, call your local emergency number.

Collarbone Fractures:

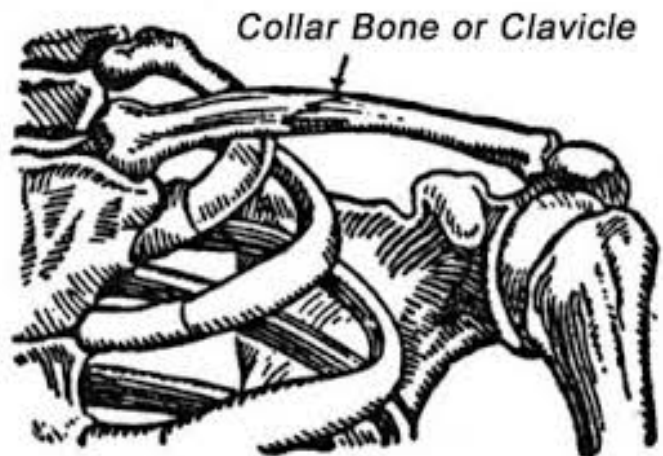
- A collarbone fracture is commonly caused by indirect force resulting from a fall on an outstretched hand or the point of the shoulder.
- Collarbone fracture due to a direct force are rare.

Symptoms and Signs:

Casualty may support the arm on the injured side at the elbow and may keep the head inclined towards the injured side to relieve pain.

Treatment:

- Gently place the limb on the injured side across the casualty's chest with the fingertips almost resting on the opposite shoulder.
- Place padding between the limb and chest on the affected side.
- Support the limb and padding in an elevation sling.
- For additional support, secure the limb to the chest by applying aboard bandage over the sling, tie the knot in front on the uninjured side.
- Remove to hospital.

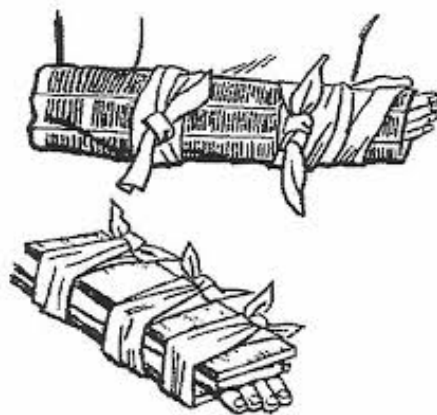


Arm Fractures:

Fractures can occur anywhere along the length of the upper-arm bone or the two forearm bones, and may involve the elbow and upper arm bone.

Treatment:

- Place a pad in the person's armpit.
- Use a padded splint.
- Support the lower arm with a narrow pad around the neck and wrist.
- Use a wide bandage to bind



For lower-arm fracture



For upper-arm fracture

Jaw fracture

The term "jaw fracture" usually refers to fracture of the lower jaw (mandible). A fractured jaw causes pain and usually changes the way the teeth fit together. Often, the mouth cannot be opened wide, or it shifts to one side when opening or closing.

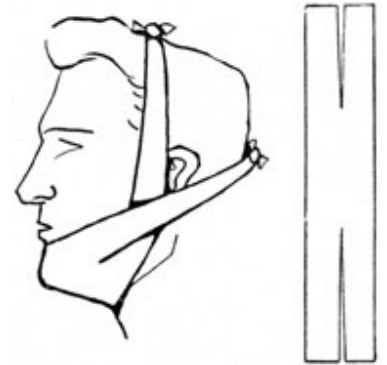
Any injury forceful enough to fracture the jaw may also injure the spine in the neck or cause a concussion or bleeding within the skull. Jaw fractures cause swelling, which rarely becomes severe enough to block the airway. Sometimes a fracture extends through a tooth or its socket (called an open fracture), creating an opening into the mouth that can allow oral bacteria to infect the jaw bone.

First Aid

If people suspect their jaw is fractured, they should hold the jaw still with the teeth together. Emergency personnel may wrap a bandage under the jaw and over the top of the head several times (Barton's bandage). When wrapping the bandage, people must be careful not to cut off breathing.

Symptoms of Jaw Fracture

Symptoms include Pain in the face or jaw, located in front of the ear on the affected side(s), worse with movement, inability to close your mouth, drooling because of inability to close the mouth. difficulty speaking, jaw may protrude forward, your teeth may not align normally, your ite feels "off" or crooked



Drowning

Drowning is when someone is unable to breathe because their nose and mouth are submerged in water, or in another liquid.

What to look for - Drowning

- If someone has been rescued from drowning you need to check if they're breathing or not.
- If they aren't breathing, then you'll need to give CPR (cardio pulmonary resuscitation) straight away.

What you need to do - Drowning

- As soon as the casualty has been rescued from the water, check if they're breathing.
- Ask someone to call for medical help.
- If the person is unresponsive and not breathing, give them five initial rescue breaths before starting CPR.
- Once you've done this, start CPR: 30 chest compressions, then two rescue breaths. Keep giving CPR until help arrives, the casualty regains responsiveness, or you're too exhausted to keep going.
- If you're on your own, give CPR for one minute, before you call for medical help.
- If they start breathing again at any time, treat them for hypothermia by covering them with warm clothes and blankets. If they recover completely, replace their wet clothes with dry ones.
- Keep checking breathing, pulse and level of response until help arrives.



Electric shock

The danger from an electrical shock depends on the type of current, how high the voltage is, how the current traveled through the body, the person's overall health and how quickly the person is treated.

An electrical shock may cause burns, or it may leave no visible mark on the skin. In either case, an electrical current passing through the body can cause internal damage, cardiac arrest or other injury. Under certain circumstances, even a small amount of electricity can be fatal.

Caution

- Don't touch the injured person if he or she is still in contact with the electrical current.
- Call your local emergency number if the source of the burn is a high-voltage wire or lightning. Don't get near high-voltage wires until the power is turned off. Overhead power lines usually aren't insulated. Stay at least 20 feet (about 6 meters) away — farther if wires are jumping and sparking.
- Don't move a person with an electrical injury unless he or she is in immediate danger.

Call your local emergency number if the injured person experiences:

- Severe burns
- Confusion
- Difficulty breathing
- Heart rhythm problems (arrhythmias)
- Cardiac arrest
- Muscle pain and contractions
- Seizures
- Loss of consciousness

Take these actions immediately while waiting for medical help:

- Turn off the source of electricity, if possible. If not, move the source away from you and the person, using a dry, non-conducting object made of cardboard, plastic or wood.
- Begin CPR if the person shows no signs of circulation, such as breathing, coughing or movement.
- Try to prevent the injured person from becoming chilled.
- Apply a bandage. Cover any burned areas with a sterile gauze bandage, if available, or a clean cloth. Don't use a blanket or towel, because loose fibers can stick to the burns.

Mouth to mouth resuscitation

1. Make sure the person is lying on a hard, flat surface. Look into the mouth and throat to ensure that the airway is clear. If an object is present, try to sweep it out with your fingers (wear disposable surgical gloves if they are available). Apply the Heimlich maneuver if unsuccessful and the object is blocking the airway. If vomiting occurs, turn the person on his or her side and sweep out the mouth with two fingers. Do not place your finger in the mouth if the person is rigid or is having a seizure.

2. Tilt the head back slightly to open the airway. Put upward pressure on the jaw to pull it forward.

3. Pinch the nostrils closed with thumb and index finger. Place your mouth tightly over the person's mouth. Use a mouthpiece if one is available. Blow two quick breaths and watch for the person's chest to rise.

