

Stand Alone 6 – First Aid
Session 9 – Airway Obstructions and Rescue Breathing
LD 34 – First Aid

Date Revised: 11/19/19

Course Goal: To teach recruit officers how to provide first aid and CPR. Utilize CAPRA.

Session Goal: To teach recruit officers the knowledge and skills necessary to provide basic life support for a victim experiencing an airway obstruction [34.VIII.C.1] and to provide rescue breathing. [34.VIII.C.2]

Learning Objectives:

- Recognize circumstances under which a victim’s airway should be opened by using a: [34.III.D]
 - Head tilt/chin lift maneuver [34.III.D.1]
 - Jaw-thrust maneuver [34.III.D.2]
- Identify the difference between a mild and severe airway obstruction [34.III.E]
- Demonstrate procedures for clearing an obstruction from the airway of a conscious or unconscious: [34.III.F]
 - Adult [34.III.F.1]
 - Child [34.III.F.2]
 - Infant [34.III.F.3]
 - Pregnant or obese individual [34.III.F.4]
- Discuss rescue breathing techniques including [34.III.G]
 - Mouth-to-mouth [34.III.G.1]
 - Pocket mask or other barrier devices [34.III.G.2]
 - Bag valve mask [34.III.G.3]
- Discuss the recovery position [34.III.H]
- Recruits will demonstrate basic life support techniques [34.VIII.C.1-2]

Session Time: 1 hour

Resources:

- Classroom with tables
- White board
- Dry-erase markers
- Adult mannequins (6)
- Infant mannequins (6)

Session Summary: This module begins with a facilitated discussion of airway obstructions, including open a victim’s airway and clearing mild and severe airway obstructions. The students will then participate in a learning activity to practice clearing an airway obstruction. Next is a facilitated discussion about rescue breathing techniques. Finally, the students will participate in a learning activity to practice rescue breathing on both adults and infants.

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Outline	Instructor Notes
<p>I. Airway obstructions and rescue breathing</p> <p>A. Airway obstructions [1]</p> <p>1. Opening an airway [2] [34.III.D]</p> <p>a. Head tilt/chin-lift [34.III.D.1]</p> <ol style="list-style-type: none"> 1) Provides maximum airway opening 2) Place one hand on the victim’s forehead 3) Technique [3] <ol style="list-style-type: none"> a) Place the fingers of the other hand under the bony area at the center of the victim’s lower jaw b) Tilt the victim’s head back c) If necessary, use the thumb of the hand supporting the chin to pull open the victim’s mouth 4) Do not use the head-tilt/chin-lift if there are any indications of possible head, neck, or spinal cord injury 5) Do not place thumb or finger(s) inside the victim’s mouth <p>b. Jaw-thrust [4] [34.III.D.2]</p> <ol style="list-style-type: none"> 1) Use when a head, neck, or spinal injury is suspected 2) To open an airway on an unconscious victim 3) Allows airway to be opened without moving the victim’s head or neck 4) Technique <ol style="list-style-type: none"> a) Place one hand on each side of the victim’s head b) Place your fingers under the victim’s lower jaw and lift with both hands c) Place thumbs on the victim’s cheeks d) Stabilize the victim’s head e) Gently push the victim’s jaw forward f) If necessary, use thumb to pull open the victim’s lips 5) Do not tilt or rotate the victim’s neck if airway does not open <p>c. Special considerations when attempting to open a victim’s airway [5]</p> <ol style="list-style-type: none"> 1) Infants and Children 	<p>Facilitated discussion:</p> <p>[1] Ask – How does an airway obstruction affect CPR?</p> <p>[2] Ask – What is the importance of opening the airway?</p> <ul style="list-style-type: none"> • Ask – What causes an airway to be obstructed? <p>[3] Ask – How do you open an airway and why are there different ways?</p> <p>[4] Ask – Why is a jaw-thrust better than a head-tilt/chin-lift for victims with a suspect head, neck or spinal injury?</p> <p>[5] Ask – In what situations do you need to take special care when attempting to open the airway?</p>

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<p>a) Trachea is narrower, softer, and more flexible than adults</p> <p>b) Over extension of an infant's/child's neck may occlude the trachea</p> <p>c) Tongue takes up more space in the mouth</p> <p>d) Airways are smaller and easily obstructed</p> <p>2) Facial injuries</p> <p>a) Severe swelling</p> <p>b) Bleeding</p> <p>3) Dental appliances</p> <p>a) Full/partial dentures should be left in</p> <p>b) Remove only if they have become dislodged and endanger the victim's airway</p> <p>2. Mild airway obstructions [6] [34.III.E]</p> <p>a. The victim can speak or cough</p> <p>b. There is adequate air exchange to prevent respiratory failure</p> <p>c. A victim who is conscious with a mild airway obstruction should be encouraged to cough forcefully to dislodge and expel the object</p> <p>1) Do not interfere with the victim's attempts to cough</p> <p>2) Do not pound on the victim's back</p> <p>d. Treat as a severe airway obstruction if</p> <p>1) The obstruction cannot be removed by coughing and the victim has labored breathing</p> <p>2) The victim is making unusual breathing sounds, or is turning blue/grey</p> <p>3. Severe airway obstructions [7] [34.III.E]</p> <p>a. The victim is unconscious and unable to be ventilated after the airway has been opened</p> <p>b. Conscious but unable speak, cough, or breathe</p> <p>4. Removing obstructions [34.III.F]</p> <p>a. Finger sweep [8]</p> <p>1) Only if the object can be seen</p> <p>a) Do not use a blind finger sweep</p> <p>b) The object must be seen clearly</p>	<p>[6] Ask – Why are some airway obstructions considered mild?</p> <ul style="list-style-type: none">• How could you determine if an obstruction is mild? <p>[7] Ask – When is an airway obstruction considered severe?</p> <p>[8] Ask – What is the purpose of a finger sweep?</p> <ul style="list-style-type: none">• Why should you only use a finger sweep when you can clearly see the object? <p>[9] Ask – What is an abdominal thrust?</p> <ul style="list-style-type: none">• What is another name for an abdominal thrust?• When would you choose to use an abdominal thrust? <p>[10] Ask – Where should you place your fist when performing an abdominal thrust?</p>
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<p>2) Open the victim’s mouth by grasping the tongue and lower jaw between the thumb and index fingers</p> <p>3) Insert index finger of the other hand down along the cheek in a hooking motion</p> <p>4) If the object can be felt, grasp it and remove it</p> <p>b. Abdominal thrust [9] [34.III.F.1] [34.III.F.2]</p> <p>1) Conscious adult or child</p> <p>a) Determine that the victim is choking</p> <p>b) Inform the victim before acting</p> <p>c) Stand or kneel behind the victim and wrap your arms around the victim’s waist</p> <p>d) Make a fist with one hand</p> <p>e) Place the thumb side of the fist against the victim’s abdomen [10]</p> <p>(1) at the midline, slightly above the navel</p> <p>(2) Well below the breastbone</p> <p>f) Grasp your fist with your other hand and press your fist into the victim’s abdomen with a quick, forceful upward thrust</p> <p>g) Give each new thrust with a separate, distinct movement to relieve the obstruction</p> <p>h) Do not use on infants, pregnant women, or obese patients</p> <p>2) Conscious adult or child becomes unconscious [11]</p> <p>a) Activate the EMS system</p> <p>b) Place the victim in a supine position</p> <p>c) Open the victim’s airway</p> <p>d) Look inside the victim’s mouth</p> <p>e) Conduct a finger sweep if you see the object</p> <p>f) Attempt to ventilate</p> <p>g) If the breaths do not go in, reposition the head and attempt to ventilate again</p> <p>h) If airway remains obstructed, give 30 chest compressions</p> <p>i) Repeat until chest rise is achieved</p>	<p>[11] Ask – How does your treatment change when a conscious choking victim becomes unconscious?</p> <p>[12] Ask – What is the benefit of chest thrusts vs. abdominal thrusts?</p> <ul style="list-style-type: none">• On what type of victim would you use a chest thrust? <p>[13] Ask – In what ways is clearing an airway obstruction in an infant different?</p> <p>[14] Ask – Has anybody ever experienced a choking infant situation?</p> <ul style="list-style-type: none">• How did you feel when you observed the infant not breathing?• Why is it more common for infants to choke than adults?• What are some of the common items that an infant could choke on?
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<p>c. Chest thrust [12] [34.III.F.4]</p> <ol style="list-style-type: none">1) Used when the victim is<ol style="list-style-type: none">a) Pregnantb) Obese2) Conscious adult<ol style="list-style-type: none">a) Determine that the victim is chokingb) Inform the victim before actionc) Take a position behind the victimd) Slide arms under the victim's armpits and encircle the victim's cheste) Form a fist with one handf) Place the thumb side of fist on the midline of the victim's sternum, level with the armpitsg) Grasp the fist with the free handh) Direct thrusts straight back toward the victim's spinei) Use care not to direct the thrusts up, down, or to either sidej) Repeat thrusts until the object is expelled or victim loses consciousness3) Infants [13] [34.III.F.3]<ol style="list-style-type: none">a) Conscious choking infant [14]<ol style="list-style-type: none">(1) Kneel or sit with the infant in your lap(2) If it is easy, remove clothing from infant's chest(3) Deliver up to 5 back slaps<ol style="list-style-type: none">(a) Forcefully(b) Between the infant's shoulder blades(c) Using the heel of your hand(d) Deliver each slap with sufficient force to attempt to dislodge the foreign body(4) Place your free hand on the infant's back, supporting the back of the head(5) Turn the infant as a unit while carefully supporting the head and neck(6) Hold the infant face up	<p>[15] Ask – For how long should you repeat the sequence back blows and chest thrusts?</p> <ul style="list-style-type: none">• What factors would cause me to stop giving back blows and chest thrusts? <p>[16] Ask – How would you feel if an infant was choking and you forgot how to clear the obstructed airway?</p> <ul style="list-style-type: none">• Why is it so important to clear the airway quickly?• If the infant becomes unconscious, what steps do I need to take? <p>Run learning activity (15 minutes) – Basic Life Support – Airway Obstructions</p> <p>Facilitated discussion:</p> <p>[17] Ask – What is Rescue Breathing?</p> <ul style="list-style-type: none">• Why is it important to know Rescue Breathing? <p>[18] Ask – Why is the rate of breaths different for an adult vs. a child?</p> <ul style="list-style-type: none">• How is it different? <p>[19] Ask – Why is it important to periodically re-check the victims breathing and circulation?</p> <p>[20] Ask – When would you stop rescue breathing?</p>
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<ul style="list-style-type: none">(a) Rest your forearm on your thigh(b) Keep the infant’s head lower than the trunk(7) Provide up to 5 quick downward chest thrusts<ul style="list-style-type: none">(a) Middle of the chest(b) Over the lower half of the breastbone(c) Rate of 1 per second(d) Each with the intention of creating enough force to dislodge the foreign body(8) Repeat the sequence of up to 5 back slaps and up to 5 chest thrusts [15]<ul style="list-style-type: none">(a) Until the object is removed(b) Or the infant becomes unresponsiveb) Conscious infant becomes unconscious [16]<ul style="list-style-type: none">(1) Activate EMS(2) Place the infant on a firm, flat surface(3) Begin CPR<ul style="list-style-type: none">(a) Starting with compressions(b) Every time you open the airway, look for the obstructing object <p>B. Rescue breathing [34.III.G]</p> <ul style="list-style-type: none">1. The process of using one’s own breaths to artificially breathe for a victim [17]<ul style="list-style-type: none">a. If the victim is not breathingb. But has a pulse2. Rate [18]<ul style="list-style-type: none">a. Adult<ul style="list-style-type: none">1) Puberty and above2) Give 1 breath every 5-6 seconds3) 10-12 breaths per minuteb. Child<ul style="list-style-type: none">1) Newborn to puberty2) Give 1 breath every 3-5 seconds3) 12-20 breaths per minute3. Each breath is 1 second long4. Each breath should result in visible chest rise	<p>Run learning activity (15 minutes) – <u>Basic Life Support – Rescue Breathing</u></p>
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<ul style="list-style-type: none">5. Check the pulse every 2 minutes [19]6. Technique<ul style="list-style-type: none">a. Open the victim’s airway using the head-tilt-/chin-lift or jaw-thrust maneuver (whichever is most appropriate for the situation)b. Take a position at the top of the victim’s headc. Place portable pocket mask, if available, on the victim so the top of the mask is over the victim’s nose while the base of the mask is between the lower lip and chin. When using a barrier device, place the barrier of victim’s mouth [34.III.G.2]d. Take a breath and exhale directly into the victim’s mouth, for mouth-to-mouth, or through the one-way valve of the mask or barrier. [34.III.G.1-2]e. If using a bag valve mask, squeeze the bag gently instead of exhaling into valve[34.III.G.3]7. Stopping rescue breathing [20]<ul style="list-style-type: none">a. Victim begins to breathe without assistance<ul style="list-style-type: none">1) Continue to assess the victim’s condition2) Place in recovery position [34.III.H]<ul style="list-style-type: none">a) Roll the victim onto their left side toward the rescuerb) Keep the victim’s body in one unit with the spine straightc) Move the victim’s lower arm up and bend at the elbowd) Move the victim’s top leg toward the victim’s cheste) Continue to monitor the victim’s breathing3) Provide care for shockb. Officer is relieved by an equally or higher medically trained personc. Officer becomes too exhausted to continued. Unable to detect a pulse after 2 minutes of rescue breathinge. Victim is declared dead by an authority8. Gastric distention	
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<ul style="list-style-type: none">a. When air is forced into the victim's stomach as well as lungsb. Reposition the airwayc. Give smaller, slower breaths9. Vomiting<ul style="list-style-type: none">a. Turn the victim on left sideb. Turn the entire body, not just the headc. Wipe vomit from the victim's mouthd. Return the victim to the supine positione. Open the airwayf. Continue rescue breathingg. This process should take less than 10 seconds	
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Learning Activity – Basic Life Support - Airway Obstructions

Purpose: Peace officers may be required to provide basic life support for a victim, fellow officer, or themselves until additional medical service become available. This may include check for responsiveness [34.VIII.C.1.a] , check pulse [34.VIII.C.1.b], check airway [34.VIII.C.1.c], check for breathing [34.VIII.C.1.d] , and clearing an obstructed airway of a victim until emergency medical services arrive. This learning activity will reinforce the students' knowledge and give them an opportunity to physically practice these techniques. [34.VIII.C]

Description: The instructor will begin the activity by explaining the purpose and expectations. Next, the instructor will demonstrate the proper execution of treatment for each scenario that the students will practice. The instructor will then break the class into the smallest groups possible based on the number of mannequins available. The instructor should write each of the scenarios on the board for reference.

Each student in the group will play the role of the responding officer at least once. The students will rotate playing the role of victim. The students not participating will direct and oversee the scenario, advising the responding officer of the results of each step of treatment. The students should use only the space immediately around their table. The student may choose to perform the technique on the table, on the floor or in a chair. When not participating in the scenario, students should observe and make notes of questions or issues noticed during the scenario. Each group should complete the scenarios below. Each group will be given an adult and an infant mannequin. Students will need their pocket masks.

Scenario #1: Obstructed airway, conscious adult or child. [34.VIII.C.1.a]

The responding officer finds a conscious adult or child with an obstructed airway. The victim role will be played by a member of the group. The victim may be standing, sitting or lying on the ground. The role player should demonstrate or state the common signs of a choking victim.

Scenario #2: Obstructed airway, conscious infant. [34.VIII.C.1.b]

The responding officer finds a conscious infant with an obstructed airway. The responding officer will use an infant mannequin for the victim. Another student in the group will give the responding officer the objective signs of the victim.

Scenario #3: Obstructed airway, obese or pregnant person. [34.VIII.C.1.c]

The responding officer finds a conscious obese or pregnant person with an obstructed airway. The victim role will be played by a member of the group. The victim may be standing or sitting. The role player will either demonstrate or state the common signs of a choking victim.

Scenario #4: Obstructed airway, unconscious adult or child. [34.VIII.C.1.a]

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The responding officer finds an unconscious adult or child with an obstructed airway. The responding officer will use an adult mannequin for the victim. The victim may be on the table or on the floor. Another student in the group will give the responding officer the objective signs of the victim.

Scenario #5: Obstructed airway, unconscious infant. [34.VIII.C.1.b]

The responding officer finds an unconscious infant with an obstructed airway. The responding officer will use an infant mannequin for the victim. Another student in the group will give the responding officer the objective signs of the victim.

Scenario #6: Obstructed airway, unconscious obese or pregnant person. [34.VIII.C.1.c]

The responding officer finds an unconscious obese or pregnant person. The responding officer will use an adult mannequin for the victim. The victim will be on the ground. Another student in the group will give the responding officer the objective signs of the victim.

Resources needed:

- Classroom with tables
- White board
- Dry erase marker(s)
- Adult and infant mannequins

Key learning points:

- The inability to take in oxygen to the point where life cannot be sustained is respiratory failure.
- When breathing stops completely, the victim is respiratory arrest.
- Respiratory arrest can quickly lead to cardiac arrest if action is not taken quickly.
- Establishing and maintaining an open airway is of the highest priority.

Time required: 15 minutes

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Learning Activity – Basic Life Support - Rescue Breathing

Purpose: Peace officers may be required to provide basic life support for a victim, fellow officer, or themselves until additional medical service become available. This may include rescue breathing for a victim (adult, child, or infant) until emergency medical services arrive. This learning activity will reinforce the students’ knowledge and give them an opportunity to physically practice these techniques. **[34.VIII.C.2.a-d]**

Description: The instructor will begin the activity by explaining the purpose and expectations. Next, the instructor will demonstrate the proper execution of treatment for each scenario that the students will practice. The instructor will break the class into the smallest groups possible based on the number of mannequins available. The instructor should write the scenarios on the board for reference.

Each student in the group will play the role of the responding officer at least once. The students not participating will direct and oversee the scenario, advising the officer on the result of their treatment. The students should use only the space immediately around their table. The student may choose to perform the technique on the table or on the floor. When not participating in the scenario, students should observe and make notes of questions or issues noticed during the scenario. Each group should complete the scenarios below. Each group will be given an adult, child, or an infant mannequin. Students will need their pocket masks.

Scenario #1: Rescue breathing, adult or child. **[34.VIII.C.2.a-b]**

The responding officer conducts a primary survey on an adult or child and finds the victim with a pulse but not breathing. The responding officer will use an adult mannequin for the victim. The victim will be lying on the ground. As the officer proceeds, another student in the group will direct the scenario and give the officer details where options are available.

Scenario #2: Rescue breathing, infant. **[34.VIII.C.2.c]**

The responding officer conducts a primary survey on an infant and finds the victim with a pulse but not breathing. The responding officer will use an infant mannequin for the victim. As the officer proceeds, another student in the group will provide various options.

Resources needed:

- Classroom with tables
- White board
- Dry erase marker(s)
- Adult and infant mannequins

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Key learning points:

- Rescue breathing is the process of using one's own breaths to artificially breathe for the victim
- Rescue breathing continues until the victim can breathe without assistance or other breathing support is provided by EMS personnel.

Time required: 15 minutes