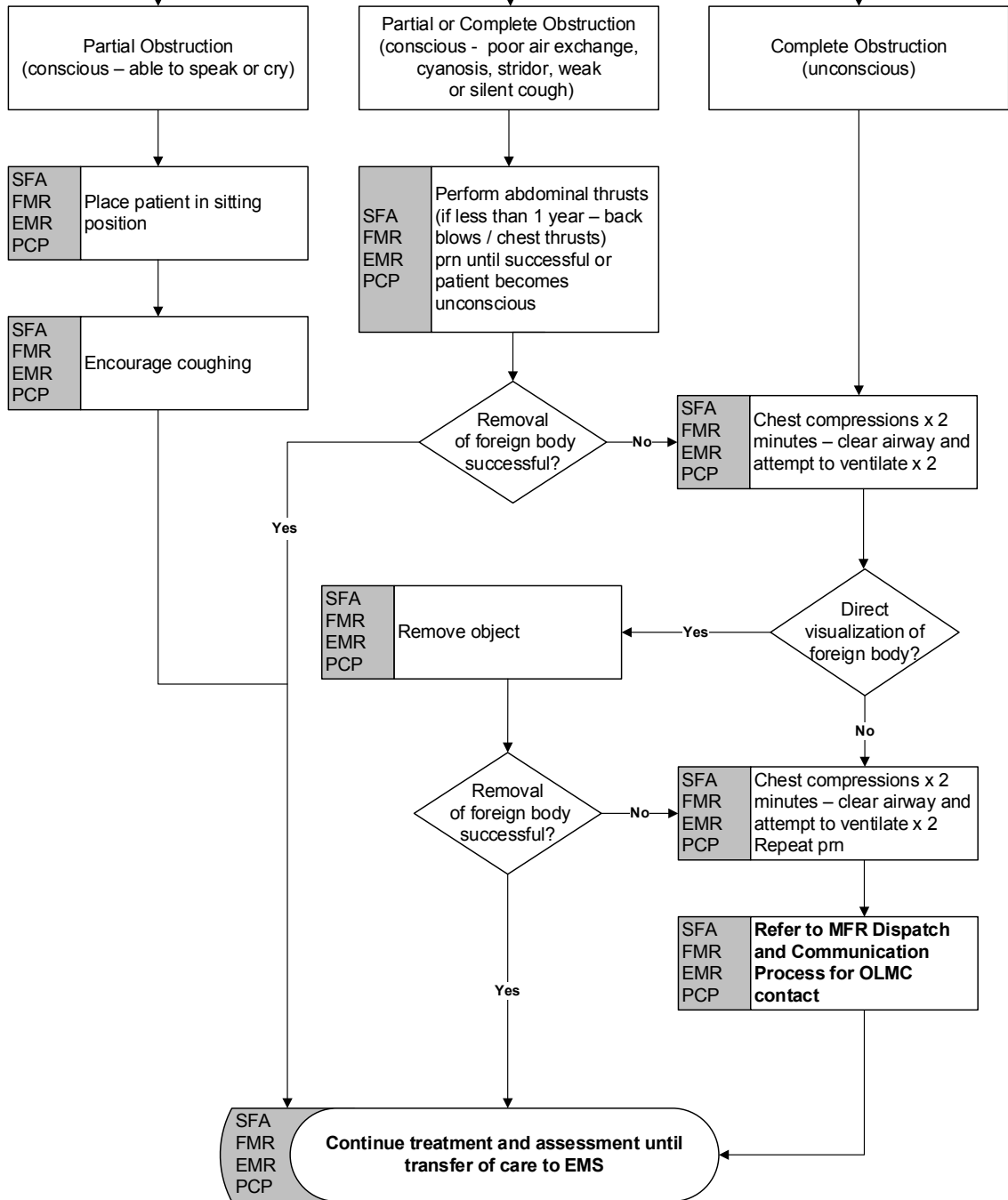


**Infection Prevention and Control (IP&C) Considerations**

- Consider Droplet and Airborne Precautions

SFA  
FMR  
EMR  
PCP

**Standard Approach and Ongoing Assessment**



## Etiology

Airway obstructions that are caused by the aspiration of food or objects may result in partial or complete airway obstruction. Foreign body airway obstruction can occur at any level from the hypopharynx, above or below the glottis, to the mainstem bronchus

## Pediatric Considerations

Childhood causes of airway obstruction include foreign bodies, anaphylaxis, epiglottitis, croup, bacterial tracheitis, and burns. A thorough assessment and detailed history will allow the practitioner to identify the probable cause of obstruction and refer to the appropriate protocol. Because infants and children have anatomically small airways and limited respiratory reserve, airway obstructions, whether resolved or not, can rapidly develop to respiratory failure; therefore, prompt recognition, appropriate treatment and transport to a hospital reduces patient morbidity and mortality.

## Interventions

Partial Obstructions (conscious with good air exchange)

1. Do not intervene as long as air exchange is adequate
2. Keep the patient relaxed and comfortably seated on the stretcher during transport

Partial or Complete Obstructions (with poor air exchange)

1. Perform abdominal thrusts (if less than 1 year perform back blows / chest thrusts); continue until successful or patient becomes unconscious. Immediate intervention is required if patient converts to a complete obstruction

Complete Obstructions (unconscious)

1. Begin the steps of CPR
4. Consider notification of incoming EMS crew

### Patient Safety Considerations

- **All** patients presenting with a history of an airway obstruction requiring intervention (e.g. chest or abdominal compressions or thrusts) **AND** refusing transport despite recommendations, **mandatory OLMC**

**Pharmacology**

Not applicable

**Special Circumstances**

In patients greater than 1 year of age, abdominal thrusts are the preferred method; whereas, in infants less than 1 year of age, back blows / chest thrusts are required since abdominal thrusts may damage the infant's large and unprotected liver.

**Infection Prevention and Control (IP&C) Considerations**

Many airway management techniques known as aerosol generating medical procedures (AGMP) produce splashes of oral secretions, as well as blood, and emesis when they are present. In the presence of an infectious state, oral secretion can transmit harmful pathogens. Personal protective equipment (PPE) that protects the pre-hospital care provider's eyes, nose and mouth as a minimum is mandatory.

Most respiratory tract infections are transmitted via the droplet route, in which case a simple face mask with safety glasses or face shield offer excellent protection. Pulmonary tuberculosis is the most likely respiratory tract infection that will be encountered that requires basic or advanced airway management. Airborne precautions are mandatory, in these cases the N-95 respirator with safety glasses or face shield are required.

During AGMP's associated with seasonal, pandemic, or avian influenza-like-illness (ILI), Severe Acute Respiratory Syndrome-coronavirus (SARS), Middle East Respiratory Syndrome (MERS), and rare exotic infections airborne precautions must be instituted.

Often the pre-hospital care provider has no way of knowing what pathogen is the causative agent and must make a quick reactive decision to determine what PPE is required during a time sensitive emergent event.

Common AGMP performed by pre-hospital care providers:

- Suctioning
- Bag-valve-mask ventilation
- Supraglottic Airway

All persons participating in any AGMP must:

- Perform hand hygiene (as time permits)
- Wear a gown (as time permits)
- Wear safety glasses or face shield
- Wear an N-95 respirator
- Wear gloves