# Basic Training Module Specifications

| Functional Area: | IV.                  | Police Skills     |
|------------------|----------------------|-------------------|
| Subject Area:    | A.                   | First Aid         |
| Module Title:    | 2.                   | AIRWAY MANAGEMENT |
| Hours:           | Not less than 1 hour |                   |

#### Notes to Instructor:

### IV.A.2.1. Describe the Common Causes of Respiratory Compromise.

a. Recognizes that a patient who is not breathing is in respiratory compromise, which can be caused by such events as a heart attack, exposure to toxic substances, blunt trauma, or wounds.

### b. Describes the common causes of respiratory compromise as:

- (1) insufficient level of oxygen in the blood and tissues;
- (2) respiratory complications, where the patient struggles to breathe;
- (3) respiratory arrest, where the patient stops breathing; or
- (4) cardiac arrest or the absence of a heartbeat.

### IV.A.2.2. <u>Recognize the Causes and Signs of Airway Obstruction.</u>

- a. Describes the signs of abnormal breathing, including irregular tinted blue skin, inability to talk, labored breathing, and a shallow rise and fall of the chest.
- b. Identifies common causes of airway obstruction, including:
  - (1) the tongue, as the most common in unresponsive patients;
  - (2) any object, including vomit, blood, food, or teeth;
  - (3) burns or punctures;
  - (4) allergic reactions; or
  - (5) swelling, due to trauma or infection.
- c. Identifies the sounds and signs of airway obstruction as:
  - (1) unusual breathing sounds;
  - (2) gurgling, from secretions in the airway;
  - (3) spasms of the voice box; or
  - (4) wheezing; usually due to swelling.

## IV.A.2.3. <u>Clear the Airway</u>.

- a. Recognizes that when an airway is completely obstructed, a responsive patient will be unable to speak, breathe, or cough.
- b. Considers the special cases of a responsive and unresponsive patient as well as adult/child and infant when clearing the airway.
- c. Opens the airway:
  - (1) reposition the head, if victim is unresponsive;
  - (2) head tilt/chin lift if there is no suspicion of neck or cervical spine injury;
  - (3) jaw thrust maneuver, if spine injury is suspected;
  - (4) abdominal thrusts, if the victim is responsive; or
  - (5) finger sweep through the mouth only if an object can be seen and the victim is unresponsive.

### IV.A.2.4. <u>Ventilate the Victim.</u>

- a. Considers using barrier devices, such as:
  - (1) mouth to mask ventilation;
  - (2) mouth to nose ventilation; or
  - (3) bag-mask assistance.
- b. Distinguishes the special cases of infants and children, the elderly, or a victim with a stoma.
- c. Ventilates using CPR

# **Module History**

| Implemented | 01/16 |
|-------------|-------|
| Reviewed    | 12/22 |