**Section 520.40 Approved Methods**

The Illinois Department of Public Health has determined that the following methods in accordance with the "Standards and Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care," American Heart Association (1992), no further amendments or editions included, can be used safely and effectively in an emergency by laymen to remove food lodged in a person's throat. (Published in the Journal of the American Medical Association, 515 N. State St., Chicago, Illinois 60610.)

a) Emergency Care for Obstructed Airway – Rescuer should approach victim and ask if victim is able to speak.

1) If victim is unable to speak, the EMS system should be activated. The rescuer shall deliver subdiaphragmatic abdominal thrusts (Heimlich Maneuver) until the obstruction is relieved or the victim becomes unconscious.

2) To deliver the subdiaphragmatic abdominal thrusts, the rescuer shall position the victim in front of the rescuer. The rescuer then places his/her arms around the victim's waist and makes a fist with one hand. Place the thumbside of the fist against the victim's abdomen, in the midline slightly above the navel and well below the tip of the xiphoid process. Grasp the fist with the other hand. Press the fist into the victim's abdomen with a quick, upward thrust. Each new thrust shall be a separate and distinct movement. The thrust should be repeated and continued until the object is expelled from the airway or the patient becomes unconscious.

b) Recommended Sequence for Victim Who is or Becomes Unconscious.

1) If a syncopal episode is witnessed and a foreign body is suspected, the rescuer should open the mouth of the unconscious victim and perform the finger sweep.

2) If the victim is found unconscious (establish unresponsiveness) or no foreign body is suspected during witnessed loss of consciousness, rescue breathing should be attempted. Activate EMS System.

3) If the victim cannot be ventilated even after attempts to reposition the airway, an abdominal thrust for an unconscious victim should be performed up to five times.

4) The victim's mouth should be opened and a finger sweep performed.

5) Again, if the victim cannot be ventilated even after attempts to reposition the airway, an abdominal thrust for an unconscious victim should be performed up to five times.

6) Those efforts specified in subsections (b)(4) and (5) of this Section should be repeated and continued as long as necessary.

7) If the obstruction is removed, begin cardiopulmonary resuscitation, if necessary.

8) Use chest thrusts on pregnant women and markedly obese victims.

c) Recommended Sequence for an Infant with a Foreign Body Airway Obstruction.

1) Deliver back blows to infant in prone position straddling the rescuer's forearm, which should rest on his/her thigh to support the infant.

2) Deliver up to five back blows forcefully between the infant's shoulder blades, using the heel of the hand.

3) After delivering the back blows, place the free hand on the infant's back, holding the infant's head. The victim is sandwiched between the rescuer's two hands; one hand supports the head, neck, jaw, and chest while the other supports the back.

4) Turn the infant while the head and neck are carefully supported, and hold the infant in the supine position, draped on the thigh. The infant's head should remain lower than the trunk.

5) Provide up to five quick downward chest thrusts in the same location as chest compressions – lower third of sternum, approximately one finger's breadth below the intermammary (nipple) line.

6) If these maneuvers are difficult to perform, place the infant supine on the lap, the head lower than the trunk, with the head firmly supported. Perform up to five chest thrusts. If not successful, turn the infant as a unit to the prone position, with the head firmly supported, keeping the head lower than the trunk. Deliver up to five back blows. Turn the infant as a unit to the supine position and perform up to five chest thrusts.

7) Remove the foreign body if it is visible. Do not perform finger sweep.

8) Open the airway and attempt rescue breathing. If the airway remains obstructed (chest does not rise), reposition the head and attempt rescue breathing.

9) If the airway remains obstructed, repeat back blows and chest thrusts and rescue breathing attempts until the object is removed and rescue breathing is successful.

d) Recommended Sequence for a Child with a Foreign Body Airway Obstruction

1) Perform an abdominal thrust using the same technique as described in subsections (a)(2) and (b) of this Section for a child one year to eight years old with the exception of finger sweep. Children over eight are treated in the same manner as adults with the exception of finger sweeps.

2) Do not perform finger sweeps on infants or children.

3) Repeat the sequence of abdominal thrusts in a series of five thrusts, open the airway and attempt rescue breathing. If the airway remains obstructed (chest does not rise), reposition the head, and attempt rescue breathing again. If the airway remains obstructed repeat up to five Heimlich Maneuvers. Continue sequence as necessary.

4) Remove foreign body only if it is visible.

5) If an airway obstruction is not relieved after one minute, activate EMS system.

(Source: Amended at 18 Ill. Reg. 15433, effective October 10, 1994)