Date: 10/1/2024 Section: 12-6

AIRWAY DUST IMPACTION

Purpose: For use when patients or USAR members are exposed to high concentrations of environmental dust without adequate PPE.

1. Protect Yourself! This may require an N95 or equivalent or a half- or full-face respirator.
2. Follow **General Pre-hospital Care Protocol**.
3. Prevent continued contaminant inhalation, move the patient to fresh air as soon as safe for the patient.
    a. If unable to move the patient to a fresh air environment, consider placement of N95 or equivalent, SCBA or SABA onto the patient while in the contaminated atmosphere.
    b. A surgical mask is an acceptable initial action. N95 or equivalent would be preferred.
4. Protect the airway per the **Airway Management Protocol**
    a. Consider early intubation before any developing edema can obstruct the airway.
    b. Consider CPAP, cricothyrotomy and pleural decompression if necessary and per the following protocols, **CPAP, Airway Management and Pleural Decompression Protocols.**
5. Place the most appropriate airway protection on the patient after the airway has been assessed, maintained, established, suctioned or cleared of any foreign bodies.
    a. This may be a dust mask or a NRB with a dust mask over the NRB.
6. Administer oxygen based on airway assessment and pulse oximetry per the **Oxygen Administration Protocol.**
    a. Nebulize saline to help moisten airway secretions.
    b. Verify with the IC that it is safe to use oxygen within the incident using air monitoring.
7. Encourage patient to cough, if not effective then suction the airway. Coughing is more effective than suctioning.
    a. Nebulize saline to improve patient's ability to cough and clear mucus.
    b. Consider bronchodilators for respiratory distress per the **Respiratory Distress Protocol**.
8. Provide psychological support
9. Gross skin decontamination and protection as outlined in **General HAZMAT Treatment** protocols

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