



## First Aid Contest Questions and Answers from the Rules Interpretation Meeting

1. Materials list: 2 rolls of tape, a box of rags, (4) 2" x 4" boards. Is this what we will use?
  - A. The materials list is only a minimum required list.
2. Will we use the skill sheets this year?
  - A. Yes
3. Why do all the teams have to start at the same time?
  - A. They don't. This year we will try first round teams starting at the sound of the bell. Second round teams will start when field is reset.
4. Is there a rule about docking a team after the contest is over?
  - A. No
5. In skill sheets where it says "Check for motion and circulation", Can you say PMS instead, or must motion and circulation be stated?
  - A. No, follow skill sheets.
6. Under Splinting (soft) upper extremity fractures: 2C. states, "Pillow should extend past fingertips". And 3E. states, "Fingertips should be exposed", can both be correct?
  - A. Yes, you can extend past the fingers without covering them.
7. P23 states, "....Props for special effects." Does this mean we may be given a new skill sheet or is this referring to an existing skill sheet?
  - A. Existing skill sheets.

8. Under Splinting Pelvic, Page 50-Red, 5D states, "How is it recommended to place patient on long spine board?" Brady recommends scoop stretcher.
  - A. 5D states "carefully place patient on long spine board". Depending on the injuries, skill sheets will need to be utilized.
9. Air Splint, Page 52-Red: How can you re-assess fingers and toes if using a full arm/leg splint?
  - A. Re-assessment can be visual in this instance.
10. If we use the air splint for the lower leg fracture, how do we reassess circulation when the air splints are boot type?
  - A. You can only reassess visually.
11. Page 51, Splinting lower fractures and dislocations. Instead of the pillow, can pre-manufactures splints still be used?
  - A. Yes
12. Page 46, Upper extremity fractures and dislocations. Critical skills call for reassessment of PMS 4 times. Why?
  - A. Skill sheet has you first assess PMS to see condition of patients' extremity. Procedure No. 2 G is checking to see if you have changed or impaired the condition of the patient with immobilization. Procedure No. 3 H is checking to see if the sling has changed or impaired the patient and finally Procedure No. 4 is reassessing the patient after the swath is complete, again to be sure that the patients condition has not been compromised.
13. Page 48, Splinting upper extremity (wrist/hand) critical skills call for reassessment of PMS 3 times. Why?
  - A. To ascertain that the patients' extremity is not compromised.

14. Page 49, Splint (rigid or soft) knee and lower leg critical skill sheet calls for only 1 PMS assessment. Why?
- A. This skill sheet requires 3 assessments; Procedure No. 1A, Procedure No. 4B and Procedure No. 6A
15. Page 51, Splinting (soft) critical skill sheet calls for only 1 PMS check at the beginning. Why?
- A. There are two PMS checks; Procedure No. 1A and Procedure No. 2G.
16. Page 52, Splinting Upper extremity/lower extremity fractures. Air splint skill sheet calls for 3 PMS reassessments. Why not assess at the beginning and reassess after splinting?
- A. To ascertain that the patients' extremity is not compromised. Follow the skill sheet.
17. Page 48, Does this mean you can't use rigid splint for hand and wrist fractures and dislocations?
- A. No.
18. Page 56, For pelvic injuries, do you elevate the legs?
- A. No.
19. Page 31, Life threatening bleeding, 1E states, "Elevate extremity except when spinal injury exists." So direct pressure alone will not control bleeding?
- A. No, direct pressure may control bleeding, problem design.
20. Page 59, Immobilization of cervical spine, 2A states, "Assess PMS if this is done. Is this not out of order/sequence?"
- A. No

21. Artificial ventilation, Failure to give artificial ventilation \_\_\_\_\_ 20 (maximum of 3 sets AV/CPR or combination thereof).  
What is 3 sets of AV? 3 minutes of 12-20?
- A. 1 minute of AV = 1 cycle.....5 cycles = 1 set
22. Rule 23, Page 10 states, "Slings are not required when the extremity is supported/secured by an air splint or full arm splint. Do we have to swath these to the body?
- A. Secure to stretcher or body.
23. Page 49, red line rules, How do we support and tie a fractured pelvic girdle or fractured hip?
- A. Brady text and skill sheet.
24. After the team covers the patient, lifts the patient and verbalizes "transporting patient", does the team now set the patient back on the floor?
- A. Yes
25. Page 33, Red line rules, Impaled objects, Number 6 states, "Check for exit wound! Should this be done before you tie and stabilize the wound? Because you would be covering the exit wound before you look for it. Should this be Number 4?
- A. Do skill sheet as required.
26. Teams clearly verbalize PMS after initially stating What PMS stands for?
- A. Yes
27. If during a low priority problem, a CPR task is given, will that change the problem to high priority per rule number 24 on page 11, no presence of pulse? Should this remain a low priority problems since "lack of pulse" was not stated in the problem?
- A. No. Patient becomes a High Priority Patient

28. Page 7, Number 2, Why list the life threatening conditions when they are listed in high priority conditions on page 11, number 24? The first sentence of the statement should suffice "All life threatening conditions shall be located and started before patient assessment can begin".

A. For the benefit of the team.

29. Page 14, Initial Assessment, 6B: When you make the statement "Removing clothing, exposing and cleaning wound surfaces", does this cover you for the entire problem? Or do you have to also state this for life threatening bleeding and bandaging open wounds? It is listed in all of these skill sheets.

A. Follow the skill sheets.

30. Can we use manufactured (Velcro) splints?

A. Yes

31. Can a high priority progress to a low priority?

A. No, but a Low Priority Patient can progress to a High Priority Patient

32. Can both team members simultaneously perform rapid training assessment?

A. No.

33. If a patient speaks is he still considered responsive?

A. No.

34. If saying first line in skill sheet starting treatment, when is the C-collar applied?

A. No. When the skill sheet is complete for C-collar.

35. Do you have to verbalize dressing and bandaging skill sheet on every wound?

A. Yes

36. Are all patients treated for shock, or just those that are exhibiting signs and symptoms?
- A. All patients
37. Initial Assessment Skill sheet, What is the difference between rapid patient assessment and rapid trauma assessment? What are their respective skill sheets?
- A. Patient Assessment
38. Will the judge instantly notify team when the bleeding is controlled or will they have to ask?
- A. The judge will notify.
39. A-card, Rule 18: Would placing a new glove over a torn glove not isolate the patients body fluids against the caregivers hand? How does this affect the caregiver?
- A. No.
40. Page 14, Are we to assume that rapid patient assessment and rapid trauma assessment mean the same thing?
- A. Yes
41. Pages 26-29, Airway Obstructions. If a victim loses consciousness or an unconscious victim is witnessed should the skill sheets be the same for either patient?
- A. Skill sheets rule
42. Are teams allowed to use mechanical tourniquets?
- A. Yes
43. How long or how many ventilations equal a set of AV?
- A. AV – 1 cycle = 1 minute of AV; 5 cycles = 1 set
44. Do we have to use a cravat for a sling or can a pre-made sling be used?
- A. You can use a pre-made

45. Can you state, "Expose the wound and clean wound surface once during the initial assessment so you don't have to repeat verbalizing during the entire problem?"
- A. Skill sheets will dictate.
46. Page 59, 2A, When assessing PMS if all extremities before doing #3, is this working out of sequence?
- A. No
47. CPR Skill sheet: What visible actions would describe intentionally resting fingers on the chest? How is this to be judged?
- A. Intentionally resting fingers on chest.
48. If the rules override the Brady text, why have the Brady text? Also, CPR doesn't reference AHA, ASHI or Red Cross, why reference anything else?
- A. For legal issues – the Brady text and American Heart Standards are tried and tested in the legal system. This is for our protection.
49. Are teams expected to perform 15 minutes of AV?
- A. Yes
50. As for treating other life threatening conditions, would saying the first line of the skill sheet for such condition be considered starting treatment?
- A. No. Depends on life threatening condition.
51. Can a patient progress from high priority to low or visa versa?
- A. Not high to low. Can progress from low to high.