

1. Is it a discount for stepping over a patient?
 - A. No. (It's bad practice)
2. Is it safe to say we will see priority change from low to high during patient assessment?
 - A. Can assume what you want.
3. On Page 10, Rule 23, Can you use a full arm splint (not inflatable), straight arm, for a lower arm fracture (elbow, wrist, etc.) without using a sling or swath?
 - A. Yes.
4. On page 38, Can a SAM sling "pre-manufactured" sling be used for a pelvic fracture and in place of a long board or living splint?
 - A. Yes
5. For a low priority patient to kick up to high priority does the written material have to say one of the exact verbatim conditions in rule 24?
 - A. Yes.
6. If the problem designer is going to determine the placement of the Annie, he should make sure it is located far enough away from the boundary line to work on each side of the Annie. Also keep in mind that some team members are long legged and need more room than others. The team should have input on where to place their Annie and then they can't complain if they get out of bounds.
 - A. Problem design.
7. How much time do you have to reassess when doing CPR, 10 or 15 seconds?
 - A. Within 10 seconds.
8. Should flail chest be added to Rule 2 as a life threatening condition? It would cause difficulty breathing.
 - A. Covered by Breathing difficulty.
9. If a mine has multiple mine rescue teams in the competition, can 1 team use a member from 1 of their other mine rescue teams as a patient?
 - A. Yes, if you only have one First Aid team, but will not qualify for combination trophy.

10. Can the straps be fixed to a back board or do they have to be separated from the back board before you start?

A. Yes.

11. Is having a pen light and scissors in your pocket considered as donning equipment under Rule 11a?

A. Yes

12. Page 10, #11 states: "Failure to reposition head when airway obstruction is suspected. 1 discount". But this is not mentioned on the Airway Obstruction skill sheet #4. And on Airway obstruction page 26, #5 should state reposition of head. Why is 2 separate skill sheets necessary for airway obstruction?

A. Use skill sheet.

13. Rule 24, states: "Any one or more of the above conditions must be clearly stated in the reading of the problem or written information presented to the team during the working of the problem". Does this "or" allow the problem designer to change priority during the working of the problem? (ie: Requiring CPR on a patient which earlier did not have any breathing difficulties?)

A. Yes.

14. If an injury is stated such as a life threatening leg injury, would the team be required to treat this if the problem was a high priority (Load and Go)?

A. Yes. (Problem Design)

15. Does each life threatening bleeding injury have to be stated in the reading of the problem or can the problem just state there is life threatening bleeding and the team will have to find them during survey? Problem may state there is life threatening bleeding but not state the locations or number of injuries?

A. Yes, Yes.

16. Splinting - Flail Chest # 6 Assist ventilations - A. Assist with ventilation as needed. If assistance with ventilation is needed - would this be a Load and Go? Also, wouldn't this needed assistance have to be written down and handed to the team?

A. Card or envelope would say "Breathing Difficulties" and Yes, Load and Go.

17. Is Rapid Assessment same as Patient Assessment except no treatment of injuries?
 - A. Yes, unless the injury is life threatening.
18. Checking back surfaces for DOTS: Can this be done in conjunction with log roll?
 - A. Yes.
19. CPR – “Max of 3 sets AV/CPR or combination thereof”. Does this mean a problem cannot go over 3 sets?
 - A. Yes.
20. Can a problem start as a Load and Go, then give the team an envelope that transportation is delayed and treat all conditions?
 - A. No
21. Can the problem start off as a non Load and Go then give the team an envelope that changes to a Load and Go?
 - A. Yes.
22. Page 7, Rule 6: Must bystander move to manikin if CPR becomes necessary, and if so, must he be shown again the proper method of holding support?
 - A. No. Team will perform all CPR/AV functions.
23. Rule 11: When doing CPR, if a contestant removes mask to give breaths, when, by rules, must it be put back on?
 - A. After he completes CPR/AV.
24. Rule 21: Can a team be discounted for a bystander breaking support?
 - A. If properly trained, no discount should be given.
25. Rule 7, Mishandling: Several contests had had extremities included. When no reason exists for rolling the patient onto the injured limb. The team should avoid this as it will cause extensive injuries inside and outside the extremity.
 - A. Yes.
26. When working a low priority problem, we get a card saying the patient is not breathing and have to go perform CPR on Annie. After CPR the patient is breathing, does this change the problem to high priority?

- A. Once High, always High.
27. Rule 24, page 9: high priority patient written information. Define clearly stated in problem. Example: (Breathing Difficulties) does it need to state "Breathing Difficulties" or can it state "Breathing at 6 times per minute"?
- A. Problem Design. Written as Breathing Difficulties.
28. Rule 18, Placing a glove over top of a torn glove does not protect the rescuer because fluids would go through the torn glove that was already on the glove. This only protects the patient.
- A. Will discuss in rules meeting January 2012. Good Point.
29. When changing out position between sets and pulse check, how long do you have 10 seconds for pulse check plus 5 for change out?
- A. Skill Sheet; Two Rescuer CPR 10A States within 5 seconds.
30. Could we incorporate the use of the CAREvent into First Aid??
- A. Future meetings and discussions required.
31. Ref. Page 8, #21. Apply manual stabilization supporting affected limb and limit movement. Can one person take support of more than one fracture on one extremity?
- A. No, not at same time. Bad problem design.
32. Rule 23, Page 9: Can full arm splint be used on upper extremity fracture when wounds are present?
- A. No.
33. Will Judges at Nationals go through the teams kit to check for entire materials list? And is there a discount?
- A. We may and yes General Rules 5 Each.
34. Patient Assessment: Will left leg/arm need to be done before right or can either one be done first?
- A. Either can be done first as long legs before arms.
35. Once team is given AV/CPR in the problem patient is then high priority. Once team has completed AV/CPR do they continue with a Rapid Assessment of patient then Load and Go?
- A. Yes.

36. Can environmental or medical emergencies be used when no skill sheets are provided?
- A. No.
37. Some teams cut tails for the ties. If this is done will team be docked for not tucking tails?
- A. No.
38. Page 8, #19: Can seat belts or straps be pre-assembled to back board?
- A. Yes.
39. Page 24 and 26: Airway Obstruction: Both skill sheets for obstructed airway are wrong according to Brady First Responder and American Heart. You do not do abdominal thrusts on an unconscious person. Critical skills need to be updated?
- A. Go by skill sheet.
40. Page 40, Pelvic girdle treatment #5 splint. Using sling does not require using a living splint as per manufacturer's specifications. Are we required to use a living splint with the sam sling when treating a pelvic girdle?
- A. Splint by manufacturer recommendation.
41. Rule 10, Page 2. The rules state check shallow breaths, deep and shallow compressions but says nothing about wrong hand placement, please clarify.
- A. Wrong hand placement has been taken out.
42. Do you have to control life threatening bleeding before rapid assessment? So you would have to know location of it because it is before rapid assessment if you don't control it after pulse check you will be discounted?
- A. Yes, if the life threatening bleeding is present and location known. If life threatening is given during rapid assessment then treat.
43. Page 32, Impaled objects #6, Check for exit wound. If you find an exit wound do you treat at the time you find the exit wound or are you out of sequence if you treat at the time found?
- A. Treat injury
44. Both 1 man and 2 man CPR procedure 9F: "A maximum of 10 sec. This will be measured from the end of the last down stroke to the start of the 1st down stroke of the next cycle". 10 seconds is impossible to comply with. We

are allowed 4 to 7 seconds to give 2 breaths and allowed 5 to 10 seconds to check pulse by other rules.

A. Follow skill sheet.

45. Patient Assessment: Will left arm/leg need to be done before right or can either one be done first?

A. Can do either first as long as legs before arms.

46. Page 16, 3A, Look, Listen and Feel within 10 seconds contraindicates page 13, 4B, 3 - 5 seconds.

A. American Heart skill sheets VS, initial assessment skill sheet.