

First Aid Questions & Answers

1. Will the manikin ever be taken from the skill station to the working problem? No, unless prop for deceased person
2. If not, will there ever be any breathing difficulties during the problem since you cannot treat them? Yes there could be, problem design.
3. Can we still use long back board that is not aluminum or wood? Yes
4. Missed discount # page 9 between #8 and #9? Yes
5. Rule #14 references Rule #24 – this is not correct - Rule #26? Yes it is Rule #26 – it was changed.
6. Statements of Fact – Why not make them more statements rather than giving the four choices? Questions for test approved by PRC & NEC.
7. If AED (such as a prop) is available anywhere that you state “Get AED if available” – Do you then use the AED instead of continuing with the skill sheet? No. Problem Design should not have an AED as a prop.
8. Page 40 “Note” Remove – the word triangular – because manufactured slings are acceptable to use? Yes we took out the word triangular.
9. Page 9 Rule 8 Red Line Rules – last sentence refers to manikin on the field and it should be removed. First Aid Problem skill station problem.
10. Airway obstruction – Page 31, #7 and Page 33, #6 – check positioning – Does this mean reposition head, attempt to ventilate? No
11. Need to finish statement “B” “by attempting ventilation again”? Same as above
12. Page 45, #4A – Add “or factory swathe”, to be consistent with Page 43, #4A. OK
13. Can you still use CPR in the problem, and if so, will the team need to use manikin or simulate? CPR can only be in the Skill station problem.
14. Taking the test – Do both team members take the same test, or can they be given different tests? Will the two working team members take the test together or take separate tests? They will be given the same test, but the questions may be in a different order. They will take the test separately.
15. Page 39 Red Line Rules – Procedure 3 – Apply Bandage * were added to all critical skills, this was a change not shown as change – see Page 31 2011 Rules. Was this done intentionally or a type error? If intentionally, will teams be required to make these statements with every wound? No - This has been corrected.
16. Page 62 – 63 Red Line Rules – Both cold injuries we have add *, are we requiring team to repeat symptoms? Symptoms must be given to team according to rules? No - This has been corrected.
17. Can you wear more than one pair and take off contaminated or torn glove? Yes.

18. Page 7 general guideline 8 is in direct conflict with rule 25. Rule 8 says the sling can be applied any time and 25 says after treatment of injuries on upper extremities. #8 says except for slings required for treatment of fractures and dislocations including slings for fractured ribs. Problem Design.
19. Page 3 Rule 11 - Spinal injury, sucking chest, and life threatening bleed paragraph was struck out. How will team know how to take support and how to treat? According to what patient presents with. Rule #3
20. Page 6 Triage - Will teams have to treat patients other than their own? Problem Design. We are extremely opposed to that. How do I know what that person has? BSI. How do you have them all the same for each team? Problem Design. All patients are not the same. We agree. An overweight person is much harder to treat than a skinny one. Depends on the injury.
21. Page 23 Rule 7c - The old manikins have paper with the .7 line also. Should not say new manikin. OK - Other
22. Page 23 B & D both say to check pulse. Do you have to check twice? No. B describes the maximum time allowed to check pulse. D describes which rescuer is to check pulse.
23. Written Exam - Will the multiple choice always be what is shown in the rule book? Yes
24. Skill Stations - Will all teams at a contest perform the same skill or could it be different for each team? Should be the same for all.
25. If you have an immediate patient which transportation is delayed, do you start treatment on delayed or non life-threatening injuries? Problem design.
26. When will you find out if patient is delayed before you put patient on stretcher or after you put on stretcher? Problem design.
27. Page 19 #1E - Follow local protocol for AED - How will this be judged? Local protocol will vary from state to state. Should be no AED in problem.
28. Immediate patients - No treatment is required for non-life threatening conditions/injuries found during the rapid patient assessment. If transportation is delayed, patient treatment will continue until transportation is available. Does this mean that you will treat non-life threatening injuries until transportation is available? Problem design.
29. Page 10, #18 - All materials are to be placed behind baseline prior to stopping the clock...Does this mean that we will now be required to remove the manikin prior to stopping the clock? No.
30. Do we have to have physical contact with all patients during triage? No.
31. Page 46-47, 5D - Splinting Pelvic Thigh Knee and Lower Leg - Remove pelvic girdle (need separate skill sheet) you can't place a pelvic injury on back board without use of a scoop stretcher. Shirt Drag can be used.

32. When do we find rule 26 Page 12, at what point at chest? Triage? Midline front, side, back.
33. CPR Skill Sheets – 3. Pulse Check – C. Is “no pulse” acceptable instead of “absence of pulse”? “No pulse” is OK.
34. Rule 25 – Slings are not required when the extremity is supported by air splint or full arm splint. This was taken out, so can you use these? If you can, do you sling? You can use any splint. If you use air splint, arm or leg must be secured on back board.
35. Rule 17 – If 1 tail is not tucked, what is dock? 0 discount. If 2 tails are not tucked, what is dock? 0 discount. Three tails – only one dock? 1 discount.
36. Page 2, #7 – How can skill sheets supersede the Brady Text, since the skill sheets came from the text? (With exception of CPR, which comes from American Heart) Guidelines of rules approved by the PRC and NEC.
37. Mouth-to-mask should also be manikin only? Yes.
38. B-Card, #7 – Is “set AED” acceptable, or must “if available” also be stated? Get AED!
39. Scorecard B, #14 – Pulse 5-10 seconds? Yes, within 10 seconds
40. CPR #14 – Change positions in 5 seconds or less – starting from when? Upstroke of last compression to start of first down stroke.
41. Will tape only be at skill station? Is not stated in the rules. Yes
42. Scorecard A Discounts - #5 – Can team be discounted for a “non-team” patient under this? Problem design.
43. Of the three patients, two must be provided. What can be designed for the two “non-team” patients? As is – Person(s) and/or a manikin, etc.
44. On Burns CS at the end Page 60, Red Line Rules – What is the meaning of “multiple burns will be treated as per procedures listed in patient assessment”? In the order found (16) – legs before arms.
45. What is the difference between a “delayed” patient and a “minor” patient? The definitions are identical. Will define – See page 590 of text – delayed & minor- Problem Design
46. If patient is immediate and transportation is delayed, patient then becomes delayed, so all injuries including non-life threats are to be treated? Problem design. Should never be a delay in transportation
47. One person CPR Critical Skill – 5.C. states the down stroke for compression must be on or through compression lines. Does this mean the down stroke has to go through both lines or below the 1st line or below? The “s” in lines will be deleted.
48. Will the triage of patients be required to be done as in the Brady Text since there is no skill sheet or rule to describe triage category constituents (example: MINOR – open wounds, minor cold injury) etc. Page 590
49. 2 Rescuer CPR (with spinal injury) – You do not have anyone maintaining spinal stabilization. Is this correct? With Spinal Injury! Yes there must be support!

50. Will you be required to verbally go through Burn Critical Skill for each burn if there is more than 1 burn on a single arm, leg? Where there are multiple burns on 1 limb? Treat limb as whole.
51. Page 39, #6 - Impaled Objects - Check for Exit Wound - Add to: (and treat at this time) as per Q and A's last year. Ok
52. Page 60 Red Line - Please explain what is meant by the last statement: Multiple burns will be treated as per procedures listed in patient assessment. Does this mean the immediate, delayed? No means in order found. (ie. legs before arms)
53. Page 7, #7 - The collar for a skull fracture and or brain injuries, will be applied after the neck has been examined.... Does this mean that we will be using MOI to place the collar or are we going to be given C-spine injury or told of a spinal injury in the problem? Problem Design
54. For triage - How do you determine the different levels? Immediate is listed in rule 26 but there are no rules for delayed or minor. Deceased? No breathing? Obvious major wounds? Initial assessment gives you guidance. The difference between Delayed and Minor will be the number of wounds and the severity of the wounds.
55. 2-man CPR - Changing rescuers - Change of rescuers made in 5 seconds. Does this mean you have max 10 seconds to complete vent and pulse checks then plus 5 seconds to change rescuers so a total of 15 seconds? You must do the vent and pulse checks within 10 seconds and change in 5 seconds.