

**2018 MINE RESCUE, FIRST AID, BENCH AND PRESHIFT RULES
QUESTIONS AND ANSWERS**

Section I

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MINE RESCUE Q&A

Q: Does time clock need shut off for problem to be considered completed?

A: Yes, if completed under the time limit, however once time limit is reached the problem is over.

Q: How many discounts if time runs out and judge shuts off time clock?

A: 15 points if the problem is not completed. 5 points if exploration is complete and the team is on its way out of the mine or in the FAB.

Q: Are gas tests required when a team makes the required 20 minute apparatus checks?

A: No.

Q: If the fan is off at the end of the problem is it required to state if it is blowing or exhausting?

A: Map must indicate changes to the fan and how the fan was left at the end of the problem. If the problem states that the fan can only be used one way (blowing or exhausting) then on and off will suffice if changed during the working of the problem.

Q: All placards that require an action in an intersection must be addressed prior to any team member breaking the imaginary rib line(s) of an opening off the intersection. What about a patient? Will they need to be treated and taken out before returning to the intersection to break the imaginary lines or can they be prepared to be taken out and then break the imaginary lines and do what we would normally do at the team stop?

A: Once the patient is passed off to a team member to complete the assessment then the captain can break the plane, once all placards requiring an action has been addressed in the intersection.

Q: Teams will not be required to perform roof and rib tests or take gas tests where a withdrawal situation is encountered. I think you mean exactly where the withdrawal is encountered but this could be argued that as the team retreats they do not have to perform roof and rib tests or gas tests.

A: On the retreat, roof and rib test or gas tests would be necessary at required locations, per rules.

Q: Will teams be discounted if they use the gas symbol at a seal sample pipe test?

A: Yes.

Q: If a barricade is put back up after patient is retrieved, is a roof and rib required?

A: No, only if barricade is moved.

Q: If a team passes by a fire that they have extinguished, on the way out, do they still have to do that roof test? Also if you changed vent do you have to take gas tests at the outby gas placards?

A: Yes, still have to comply with all of the rules.

Q: If a live patient is encountered in an intersection and the captain touches and D&I's location and the #2 man does the assessment, can the captain continue on and explore while this is being completed?

A: Yes.

Q: Proper method of a roof test for a diagonal unsafe roof in an intersection, this situation requires a GT, DI at the unsafe. How do teams do this and comply with 23 and 29?

A: Captain makes the RR test and DI at the unsafe roof, anyone behind can take gas test.

Q: Are gas tests and RR tests required at outby locations on retreat out? Such as an extinguished fire in an intersection, or gas placards where constituents have changed that are enroute to the outside?

A: Yes.

Q: Is a gas test considered an action at a diagonal unsafe roof in an intersection. All actions talked about are captain actions. If you have a diagonal unsafe roof, water over knee deep, or caved required an action from the captain, it also requires a gas test which can be done by any other team member. Does this have to be done before breaking imaginary rib line?

A: Gas test required in an intersection must be taken before leaving the intersection but captain doesn't have to be the one to take test.

Q: If you find a newly caved area retreating with patient and a gas test is taken and D&I caved area is this delay of patient?

A: If traveling out and the team encounters a newly caved area, to make sure it is safe for the team, then the team MUST make a RR and GT and DI the area. If the team does not encounter the newly caved area, the team does not have to go to the area

to conduct the tests.

Q: Do teams have to put unconscious person on CAREvent regardless of the atmosphere team is in or traveling through?

A: No, patient has to be on stretcher regardless and if found or taken into irrespirable atmospheres, the patient must be protected by an approved breathing apparatus or device with full face piece.

Q: After team signs off on contest packet after appeals, judges may grant or deny appeals but can discounts be added that were not previously on scorecard? If so the team would not have the opportunity to appeal this?

A: Discounts are not to be added to scorecards after team appeals, other than time discounts added after all teams completes the problem.

Q: Can the BO or CCA speak person to person, or do they have to use radios to communicate?

A: They can speak anyway (person to person or radios), just can't compare maps.

Q: Will the contest director be available during team appeals for all teams to present their argument face to face along with writing their protest?

A: No.

Q: If team is discounted under an incorrect rule (mistake from the judges) and the team appeals the discount under the grounds that team did not commit said rule violation, should appeal judges grant the appeal or deny because if field judges on field?

A: Judges should ensure teams are discounted under the correct rule if a rule was broken, and scorecard examiners should ensure the scorecards are correct before team appeals. Discounts for field work are not to be added to scorecards after team appeals.

Q: If a gas is found behind a seal after taking a gas test at the sampling pipe will that be considered the contaminated entry?

A: Not if seal hasn't been breached, problem designers should make it clear what the "Sealed areas" are.

Q: If no changes are made to the fan throughout the entire working of the problem, fan was left exactly how it was when the clock was started/stopped, would team still have to write on map how fan was left?

A: No.

- Q: If elongated unsafe roof is encountered on the solid rib of an intersection, will the RR test still be required to be made before any team member leaves the intersection?
- A: Yes, captain has to make the test in the intersection so no one can break the planes, until he completes the test for the area in the intersection.
- Q: Is an overcast considered airtight ventilation structure?
- A: Yes, unless otherwise told it is damaged or a door is open.
- Q: Rule 23 does not say that a team member cannot be in by the captain in an intersection.
- A: Rule 23 states "No team member may perform work or move into any area during a team stop until the captain makes the appropriate roof examination for that area. This would include either a sound and vibration method or a visual examination by the captain's physical presence." This means no one can go in by a captain anywhere until the captain has been in that area first.
- Q: If radios are already programmed before nationals will they still need to be turned in to be verified?
- A: Yes, at the nationals they will be turned in to be checked for frequencies and PL codes.
- Q: If statement says "Fan on - blowing" but nothing is indicated on team map when they receive it, is this information required on the map?
- A: Team must denote changes to the fan.
- Q: BG-4 apparatus battery warning is just a warning. Warning 1 - you have 4 hours. Warning 2 - you have 15 minutes. Need clarification.
- A: If apparatus battery warning alarms, you must treat it as a malfunction and return to the FAB/surface.
- Q: When mapping heavy smoke do you need an X or just the smoke symbol? Does the end of smoke require an X or just the symbol?
- A: When mapping heavy smoke, draw the symbol on the map and write the word "Heavy" beside it. Teams are required to show the extent using the smoke symbol.
- Q: Rule 29 change - An action in an intersection must be addressed prior to any team member breaking the imaginary rib lines. Rule 23 change seems to allow the team members to break the imaginary rib lines before the captain made necessary roof

and rib tests. These changes are in conflict.

A: The rules are not in conflict. No rule will require you to break another rule. Rule 29 requires teams to address all placards in the intersection before leaving the intersection. Rule 23 would require teams to make necessary roof and rib tests before leaving the intersection. Teams do not have to break the planes of the intersection when making the roof and rib tests, and should not until all placards requiring an action be addressed before doing so.

Q: Do the Q and A for 2016 or 2017 apply to the 2018 season?

A: No.

Q: What is the proper way to handle a placard in unsafe roof, caved areas, or water over knee deep?

A: If you mean what do you do if the placards are face down and the teams are required to turn them over, the captain should be sure not to pass them before turning them over. Teams should not be discounted for handling such placards to turn them over if they are found face down as long as the captain/team member does not pass them.

Q: Can a placard be placed under water over knee deep? If the placard is an explosive, will the gas be able to blow the mine up?

A: Problem designers should not put placards under water or caved areas.

Q: Rule 29 paragraph 3 – If there is an area of unsafe roof in an intersection with a live unconscious person under the unsafe roof and the team has multiple options by the rules to enter the intersection, would a problem designer be required to place means/materials to reach the person on both sides of the unsafe roof? Or could timbers be placed at only one location prior to advancing into the intersection where a team could retreat back into explored areas and retrieve those timbers before advancing into another intersection?

A: Problem designers should not design a problem that makes a team break a rule. Means or materials must be provided so teams can reach/address all placards that require an action before the team having to leave the intersection TO AN UNEXPLORED AREA. If the team passed timbers and had to go back to previously explored areas to get them, that is ok as long as the team does not go into an unexplored area before going back to the intersection in question.

Q: To comply with Rules 23 and 29, how is a team to perform roof tests on initial exploration at intersections with a “wrap-around” unsafe roof?

A: See Figure 1A in rules. Same as always. Team should not break the imaginary rib

line(s) until the entire area in the intersection has been tested.

Q: Rule 35 – If both sides of a barricade have been made and an irrespirable is in front of it, do you have to vent it out before taking the barricade down even though you have been on both sides.

A: No. The rule is referring to breaching the barricade if a team has not been on both sides.

Q: Rule 34 – do you have to put a CAREvent on an unconscious patient if you are not taking him through an irrespirable atmosphere?

A: No.

Q: If a team finds a patient in an intersection, does the patient have to be taken to the FAB before the captain explores the openings to that intersection?

A: No. The captain must first touch the patient, but then he can turn the patient over to other team members and explore all extents up to the limits allowed by Rule 29 before the team takes the patient to the FAB. (The team may choose to take the patient to the FAB before the captain completes the allowable exploration, but if it does, it must return to this stop and complete the exploration before going to another unexplored area.

FIRST AID Q&A

- Q: General Rule: this rule states that to prepare for transport, patient will be secured to a backboard and lifted from the floor. The team is only required to have one backboard but can have up to three patients. Would a team be discounted for not placing a patient on a backboard if they do not have any spinal injuries or can walk?
- A: Part of problem design should not discount team for not placing a patient on a backboard if one is not available. Problem designers should not design a problem with more than one patient requiring a stretcher.
- Q: Rule 10, Mishandling of Patient: does this include rolling patient to the side that is injured or rolling a patient more than one time that has a spinal injury? Teams were discounted at the National Contest for rolling a patient more than once that had a spinal injury.
- A: No. Mishandling of Patient (Rule 10) does not include the rolling of the patient to the side that is injured or rolling a patient more than one time that has signs/symptoms of spinal injury. Teams are required to roll the patient with the correct log roll procedures following the skill sheet for the log roll technique selected whether it is two or three person log roll.
- Q: Score Card B, Rule 18: a ten-point discount for failure of tape to print results of AV and it is rule 17 for CPR. Is this a one-time discount or is it 10 points for AV and another 10 for CPR?
- A: Yes, total 10-points otherwise it would be the 20 that it currently is for not performing CPR at all.
- Q: AV Rule 2: is the discount 1 point per breath or 1 point for each set?
- A: This is a timing discount: 1-point for each breath not within the 58-62 second time period.
- Q: During CPR with AED, will the team complete four cycles of compressions and breaths and then apply the AED or complete 5?
- A: The AED will be applied after the 5th cycle of compressions and 5th cycle of breaths.
- Q: If it is applied during the 5th cycle, would only the first four cycles of compressions and breaths be judged on that portion of the tape, disregard the 5th cycle and judge the remaining cycles as outlined in the problem?

A: See answer to previous question.

Q: Does the AED have to be placed behind the base line prior to stopping the clock if used?

A: AED with all of its components will be placed behind the baseline.

Q: Please define what a factory tourniquet is. Those Velcro bands and latex blood draw bands cannot be effectively used to stop life threatening bleeding even though they are in a package that says tourniquet. I understand this is for contest purposes only but don't think would should be training teams that this is acceptable.

A: Tourniquets will be considered a tourniquet if it meets the criteria in the Section 2, Item A and skill sheet is followed.

Q: Do any life-threatening conditions on a patient dictate whether they are an immediate patient or is this only defined by the START Triage chart?

A: Triage is to be based on the chart taken from the 10th Edition Brady Text Chart Figure 27.5.

Q: Can a patient's determination change during the working of the problem? For instance, can the patient go from a delayed to an immediate due to change in breathing, pulse or mental status?

A: Yes, but the team will be notified of the condition change as per the rules, which reads that injuries/conditions requiring treatment will be identified by cards, envelopes or labels attached to the patient at or as near the location of the injury as possible on the outside of the clothing, be identified by simulated wounds, or be in the reading of the problem.

Q: What amount of time will the time limits be if they are utilized?

A: After discussions with the committee, no less than 30-minutes for working the problem will be imposed.

Q: What docks will occur if a team meets the time limits if utilized?

A: Docks will be calculated based on what injuries or critical skills that the team failed to treat before the time ran out and put on the proper discount cards. If a team hasn't started the treatment for a wound, it will be just like not treating the wound (not to exceed 20 docks). Those will be determined by the problem design.

- Q: Life-threatening bleeding if stated or the team used the pressure points will the team be docked?
- A: To save confusion and prevent controversy YES. If a team utilizes pressure point as a treatment the team will be docked under rule Scorecard A, Rule #10.
- Q: When does the AED analyze, after the 5th cycle of compressions or 5th cycle of breaths?
- A: The AED will analyze after the 5th cycle of two breaths are given.
- Q: When does the team get the AED before starting CPR or during CPR?
- A: This is addressed in the skill sheets for CPR Section (I), Item E it reads, "Get AED".
- Q: Discuss the timing of the envelopes being given to the teams.
- A: This was discussed during the Problem Designers meeting. Prior to the 1st Aid Contest beginning, the Chief Judge or his/her assigned person(s) will go over the problem and discuss the timing of the envelopes to be given to the teams.
- Q: In regards to burns to the eyes, if only one eye is burned is it required that the other eye be bandaged?
- A: Yes, both eyes are to be bandaged (page 375 Chapter 19 and page 383 of the Brady Text 10th Edition).
- Q: Shock treatment: do you have to check the blood pressure where it reads "check vital signs" or what is the intent of "check vital signs"?
- A: Vital Signs in this case will mean check ABC: Airway (remains open), Breathing check- look, listen and feel for 5-10 seconds, and Circulation-a carotid artery check for pulse for 5-10 seconds. **These steps can be conducted simultaneously.**
- Q: Will judges' sheets be in the packets that the team receives during their protest time?
- A: Yes the judges' packets indicating what the team did not do as per the skill sheets will be in the packets for review to ensure that at least two judges concurred.
- Q: Should Option 2—Lay the patient flat, face-up— still be an option for the treatment of shock?
- A: This is in the skill sheet to keep the patient lying supine.

- Q: Skill Sheet # 9 on page 27 the Procedure List states, “first rescuer applies the AED during the 5th cycle” but under Critical Skill Sheet it states “first rescuer continues compressions while second rescuer turns on AED and applies pads”. Which one is it?
- A: Whether it indicates first or second rescuer as long as the team is following the skill sheet as CPR is to be performed it matters not. This should read simply “rescuer”.
- Q: Support of fractures and/or dislocation shall not be broken or released except during the use of an AED when shock is delivered. Both “Two-Rescuer CPR with AED” (pages 24 and 27) state you must clear victim to analyze and to shock. Rule 23 does not cover when teams analyze victim. Does this cover both analyze and shock?
- A: This covers when you analyze and shock.
- Q: Regarding 3-person log roll, could you clarify what is to be verbalized in Item 4, Section A?
- A: Page 38 First Aid Rules, what will be verbalized is, “On three, slowly roll. One, two, three roll together”.
- Q: Regarding 3-person log roll, what is considered “Give instructions to bystander” if used to support?
- A: “Physically Show” the bystander how to take support, inform on when and how long to take support.
- Q: Regarding life-threatening bleeding, are direct pressure and tourniquet the only options for external bleeding?
- A: Page 33, Item 1, Section C indicates to elevate the extremity except when spinal injury is present.
- Q: If you have multiple teams in First Aid, can they share manikins and AEDs?
- A: No. See page 5 Materials List
- Q: In regards to burns, do we have to verbalize Item 3, Section B? If so, what part?
- A: Verbalize the type of burn and percentage of burn to the body.
- Q: Is First Aid Statement of Facts # 40 worded wrong? # 40 says, “During one-rescuer CPR on an adult, ventilations are delivered two: 30 breaths every compressions”. Shouldn't it say, “Provide ventilations at a ratio of two breaths for every 30 compressions”?

- A: The Statement of Fact needs corrected.
- Q: Is the Brady book referred to “Emergency Medical Responder: First on Scene”, Edition 10?
- A: Will send e-mail about the book.
- Q: Should the AED be powered up?
- A: The AED will not be powered up and can be a training model. A shockable rhythm or not will be determined by the envelopes given to the team.
- Q: Does anyone have any recommendations for the printers for the new recording manikins? I know they are Bluetooth compatible. Does anyone have preferences of printers that work? Please send any recommendation to address: Johnhelmick@consolenergy.com
- A: I have been told by other teams that use the “New” mannequins that the HP Office Jet 100 mobile printer will work and it is Bluetooth capable.
- Q: CPR Spinal Injury Traction? Get AED, Maintain Support, Apply AED
- A: If without a BYSTANDER- During two-person CPR with a problem that indicates a spinal injury the person will be required to utilize the modified jaw thrust maneuver. Getting the AED will be obtained while determining the level of responsiveness as in the skill sheets for CPR.
- Q: How much lead time is needed to approve a problem?
- A: Give as much time as possible but always send the problems in a PDF or readable format only. E-mailing the problems to (Sturgill.Vernus@dol.gov or Mullins.Vicki@dol.gov) two weeks prior for review and possible changes if required should give enough time.
- Q: If I understand you correctly I do not have to open the package. So, if my patient’s entire chest and abdomen are burned, I do not have to open my burn sheet just place the wrapped package on the chest?
- A: Page 5 Material List “for CONTEST PURPOSES ONLY” dressings need not be opened. No dock will occur if a team (or teams) decides to open them.
- Q: I have a patient that is immediate and I have finished the examination, treated life threats, and prepared him for transportation. The judge tells me transportation is delayed. The rule says a detailed assessment would be required treating all wounds as found. A detailed assessment would entail saying all the verbalization as

described on the skill sheet. Is that what you want? When you were describing the rule, it sounded as you only wanted treatment. Please clarify this rule to the group.

A: Yes, teams will be required to verbalize a detailed assessment as per the skill sheets, until you are notified that transportation is available. Page 8, Transportation Delayed Immediate Patient, "After completing rapid assessment and treating life-threatening conditions, if transportation is delayed, patient treatment will continue until transportation is available. A detailed patient assessment would be required, treating conditions/injuries as found. Straps may be released as necessary. Support would have to be taken as required. Team will re-strap and transport when transportation is available or treatment completed. Patient is then prepared for transport and/or transported as required by written problem. To prepare for transportation, a team will be required to properly place and secure a patient on a backboard as outlined in the skill sheets, cover with a blanket and lift patient from the floor. After the patient has been lifted from the floor, the team will verbalize, "Transporting patient".

Q: Can a team choose which log roll?

A: YES, it will be determined by whether you have a bystander since a team is made up of only two rescuers and a patient.

Q: For the three-person log roll, would this be used for someone found face down?

A: It can be for a patient who is found to be in the Supine position, Prone position, or Recovery (lateral recumbent) position.

Q: If not, why would the face be on the side?

A: See answer for previous question.

Q: Why would you assess the arms?

A: Section 2, Item C, states, "Assess the patient's arms to ensure no obvious injuries".

Q: What are the life threats that will be in "RED"?

A: Life-threatening conditions will be considered a patient having any one or more of the following conditions: breathing difficulties, no pulse, spinal injury, skull fracture, a sucking chest wound or life-threatening bleeding.

Q: Will the life threats if not attached to the patient, be in "RED" in the envelope when handed to the team(s)?

A: YES, but only life-threatening conditions.

Q: Do we keep patient positioned on the injured side unless other injuries prohibit?

A: Position of the patient during treatment and transportation shall be determined by the skill sheets of the injuries being treated, such as the skill sheet for treatment of a sucking chest wound "Keep patient positioned on the injured side unless other injuries prohibited".

PRESHIFT Q&A

Q: Should contestants get 20 minutes to review the field discounts and 20 minutes to review the preshift page discounts? (Doesn't seem like enough time for both combined.)

A: No, 20 minutes should be sufficient.

Skills Q&A

Q: Is the Mine Rescue Field problem working times by each team going to be averaged? If so will you get discounts if you are over the average working time?

A: Yes they will be averaged unless the problem has a time limit, which by rule the working time will only be used as a tie breaker. If the working times are averaged any team exceeding the average working time will be discounted on the Mine Rescue A-Time card accordingly

Q: On the Mine Rescue Field Problem during treatment of the Life Threatening Injury can the Tail Captain move?

A: Yes, if needed for assistance with the First Aid treatment ONLY

Q: Are Ribs, Roof and Floor Applicable for placement of placards and/or items?

A: Yes.

Q: Treatment for shock no longer calls for elevation. Can we get consistent with First Aid?

A: Yes, This will be addressed in the rules for 2019

Q: Why can teams not use calculators to calculate air flow and pressure readings? Everyone uses them to calculate air quantity:

A: Calculators cannot be used because they are not permissible or intrinsically safe. Also the purpose of not using a calculator is to teach the Math Skills of figuring out the correct amount of air quantity. There may be a time when a Team is asked to collect an air reading and they do not have a calculator with them so they need the skill of calculating it the formula way.