American Red Cross

First Aid for Public Safety Personnel (r.07)

Instructor Notes for Use with the American Red Cross Emergency Response Textbook and Instructor Manual

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When combined with American Red Cross Emergency Response materials and taught by a duly certified and authorized American Red Cross instructor, this document is an integral part of the American Red Cross First Aid for Public Safety Personnel course. By themselves, these materials do not constitute complete and comprehensive training.

The emergency care procedures outlined in this document and in the American Red Cross Emergency Response materials reflect the standard of knowledge and accepted emergency practice in the United States at the time these documents were published. It is your responsibility as instructor to stay informed of changes in emergency care procedures and revisions to the American Red Cross Emergency Response materials. Staying in touch with the local chapter of the American Red Cross can help you do this.

Ron Arendas developed this course and created these notes for the American Red Cross. For more information about this course, contact the Orange County Red Cross, 601 N. Golden Circle, Santa Ana, CA 92705.

Special thanks to Tom Broadston, Debbie Graves, Margey LaRue, Judith Sperling and Vic Subarbro who reviewed this document and/or contributed to its content.

This document serves as a resource for instructors of the American Red Cross First Aid for Public Safety Personnel (FAPSP) course, also known as “Title 22 First Aid.” This course has been designed in an effort to provide California fire fighters, peace officers, and lifeguards with a certification course that meets the first aid training requirements found in Title 22 of the California Code of Regulations.

The FAPSP course is taught using these notes and the American Red Cross Emergency Response Instructor’s Manual. Participants use the American Red Cross Emergency Response textbook and, as an option, the American Red Cross Emergency Response Workbook. These notes provide an overall outline for the course, identifies portions of the Emergency Response materials that apply to the course, and provides additional resources such as skill sheets, written tests, scenario worksheets, etc.

These notes contain information unique to the FAPSP course. For general information, such as the format of the Instructor’s Manual, class safety, running practice sessions, and so on, refer to the American Red Cross Emergency Response Instructor’s Manual.

Course Purpose

The purpose of the American Red Cross FAPSP course is to provide the participant with the knowledge and skills necessary to meet the first aid requirements for lifeguards, fire fighters, and peace officers as defined in Title 22 of the California Code of Regulations.
The course content and activities will prepare participants to make appropriate
decisions about the care to provide in an emergency.

**Course Objectives**
It is your responsibility as instructor to see that participants meet the learning objectives
listed at the beginning of each chapter in the *American Red Cross Emergency
Response* textbook.

**Course Design**
The FAPSP course is composed of four units:

- UNIT 1: The First Responder/Assessment
- UNIT 2: Specific Injuries
- UNIT 3: Muscle and Bone Injuries
- UNIT 4: Medical Emergencies

Each unit is made of lessons, skill practices, and optional enrichment sections from the
Emergency Response course. Except where indicated in this document, the lessons,
skill practices, and enhancement sections are taught directly from the *American Red
Cross Emergency Response Instructor’s Manual* using the time periods and materials
indicated in the lesson plan. For more information about which lessons to use from the
Emergency Response lesson plan, refer to the course outline in these instructor notes.

**INSTRUCTOR NOTE:** The Title 22 statute calls for 6 hours of CPR and 15 hours of first
aid. Additionally, the statute indicates that AED training may be added as an option.
Since the Red Cross already has nationally sponsored courses that provide
professional CPR and AED training (e.g., Lifeguard Training with AED or CPR for the
Professional Rescuer with AED), these materials are not included in this outline. If
participants need CPR and/or AED training, the appropriate course should be taught
first, followed by the FAPSP course.

**Course Flexibility**
This course is designed to be flexible in delivery. The four units that make up the course
may be taught together as a full course, followed by a comprehensive 100-question
written test, or each unit may be taught separately, followed by a 25-question unit
written exam. In this way, the course may be planned to fit the budgetary or scheduling
constraints of an agency’s in-service training program.

**INSTRUCTOR NOTE:** When teaching the course as separate units, each unit should
be separated by no more than 30 days.

**Course Expansion**
The course is also designed for expansion, if necessary, from the basic outline by
adding optional lessons and enrichment sections listed in the course outline. When all
optional lessons and enrichment sections are added, the total time for the course can
be increased to approximately 17 hours.

**INSTRUCTOR NOTE:** The optional sections have been added as additional topics to be used, if desired, to provide a more complete in-service training session.

### Abbreviated Course Outlines

This document also contains the following abbreviated FAPSP course outlines:

- **FAPSP Review Course.** This course outline can be used to teach FAPSP to individuals with current American Red Cross FAPSP certificates or equivalent.

- **FAPSP Review Challenge.** This course outline can be used to “test out” individuals who have had FAPSP training or equivalent previously, whether or not the individuals have current certificates.

### Instructor Qualifications

To be eligible to teach this course, you must:

- Hold a current First Aid for Public Safety Personnel certification or equivalent and/or complete the First Aid for Public Safety Personnel Instructor Group Orientation or Self-Test.

  **INSTRUCTOR NOTE:** As an alternative to holding a basic certificate and/or completing a Group Orientation or a Self-Test, an instructor candidate who meets all the other qualifications may complete an apprenticeship by assisting with FAPSP course taught by a current instructor.

- Hold one of the following combinations of instructor certifications:
  - American Red Cross Emergency Response Instructor
  - American Red Cross Lifeguarding Instructor
  - American Red Cross CPR/AED for Professional Rescuer Instructor combined with any of the following: American Red Cross Responding to Emergencies Instructor, American Red Cross First Aid/CPR/AED Instructor, American Red Cross Workplace: Standard First Aid Instructor, or American Red Cross Sports Safety Training Instructor.

- Receive certification and authorization from your local Red Cross unit.

### Course Materials and Equipment

The FAPSP course uses the same participant materials as described in the American Red Cross Emergency Response course. Some of these materials are optional as indicated in the list that follows.
**For the Class**

The following is a list of required/recommended materials for the class:

- TV and VCR.
- Other viewing equipment: overhead projector and/or slide projector (optional).
- Other visual aids: Emergency Response slides, color transparencies, and/or transparency masters (optional).
- Chalk board, white board, or newsprint (optional).

**For Each Participant**

The following is a list of required/recommended materials to be provided by the instructor for each participant:

- Name tag, name tent, etc.
- FAPSP written examination from this document.
- Alternate FAPSP written exam from this document (optional).
- Blank answer sheet from Appendix O in the *American Red Cross Emergency Response Instructor’s Manual*.
- Participant Course Evaluation form from this document.
- Vinyl, and/or nitrile examination gloves in various sizes.

**Instructor Note:** Gloves should be used during all practice sessions to reinforce the importance of body substance isolation (BSI) during first aid care.

- First aid materials (per 2-3 participants):
  - 2 three-inch roller bandage.
  - 3 or 4 clean dressings or gauze pads.
  - 4 triangular bandages.
  - Pillow or blanket (may be supplied by participants).
  - Rigid splints, long and short (newspaper, cardboard, boards, etc.).
  - Air splint (optional).
  - Traction splint (optional).
In addition, the participant should provide the following during class:

- Pen or pencil.
- *American Red Cross Emergency Response* textbook.
- *American Red Cross Emergency Response Workbook* (optional).

**For the Instructor**

The following is a list of required/recommended materials for the instructor:

- American Red Cross identification.
- *American Red Cross First Aid for Public Safety Personnel Instructor Notes* (this document).
- *American Red Cross Emergency Response Instructor’s Manual*.
- *American Red Cross Emergency Response* textbook.
- *American Red Cross Emergency Response Workbook* (optional).
- Instructor aide sheets from the *American Red Cross Emergency Response Instructor’s Manual*:
  - Video Calibration Log (Appendix J).
  - Instructor Self-Assessment and Development (Appendix L).
- Participant Progress Log from this document.
- Course Record and Course Record Addendum or Lifeguard Training Activity Report and Addendum.

**Course Participants**

Many participants who take this course will be lifeguards working for public agencies and corporations within the state of California. Other participants may be California fire fighters, peace officers, and other first responders. Participants may take this course to fulfill an employment requirement or for personal satisfaction.

**Prerequisites**

Course participants must have a current CPR for the Professional Rescuer certificate.

**Health and Safety**

As the instructor, you have a responsibility to safeguard the health and safety of participants enrolled in your American Red Cross FAPSP course. The course outlines, procedures, and practice sessions described in this document and the Emergency Response materials have been designed with this in mind.

To ensure participant health and safety, follow these guidelines:

- Provide a safe environment with good lighting, tables and chairs, and a separate area for practice.
• Provide floor covering (blanket, etc.) and knee protection if the floor of the practice area is not carpeted.

• Do not allow participants to move heavy equipment.

• Do not allow participants to engage in horseplay.

• While working with partners, do not allow participants to make mouth-to-mouth contact; use a resuscitation mask; use the jaw-thrust; or give rescue breaths, abdominal thrusts, chest compressions, or finger sweeps.

  **Instructor Note:** Although the FAPSP course does not include CPR, the Initial Assessment practice in Unit 1 may include some of these skills during assessment of ABCs. You must caution participants working with partners to simulate use of the resuscitation mask, rescue breathing, abdominal thrusts/chest compressions, and finger sweeps.

• Partners should also use caution when opening the airway, palpating the carotid artery, applying direct pressure, compressing a pressure point, bandaging/splinting, and lifting/moving victims.

  **Instructor Note:** In order to meet the course completion requirements, these skills must be practiced on partners and not simulated. You should caution participants to practice these skills without causing injury.

For more information about participant health and safety, review Chapters 3 and 4 in the American Red Cross Emergency Response Instructor’s Manual.

**Course Length**
The minimum recommended course length for the FAPSP course is approximately 15 hours and 30 minutes. This minimum course length must be achieved by teaching all the mandatory lessons in the course outline. (In other words, you cannot meet the minimum course length by leaving out a core lesson and adding in options lessons or enrichment sessions.)

Participants with current American Red Cross Lifeguard Training/First Aid and CPR for the Professional Rescuer certificates are eligible to take an abbreviated FAPSP course.

Participants with prior FAPSP experience or equivalent may be able to take an FAPSP Review Course or Review Challenge. Participants must meet eligibility requirements for these courses.

**Recommended Class Size**
The FAPSP course outline and lesson plans have been developed for a class of approximately 20 participants. If your class is larger, you may need to provide more time or have co-instructor or instructor aides to help you.
Course Presentation and Completion
For information on setting up and presenting this course, running practice sessions, testing participants, and concluding the course, read applicable sections in Chapters 2-6 in the American Red Cross Emergency Response Instructor’s Manual.

COURSE OUTLINE: American Red Cross
First Aid for Public Safety Personnel (FAPSP)
The following course outline is divided into four units:

• UNIT 1: The First Responder/Assessment
• UNIT 2: Specific Injuries
• UNIT 3: Muscle and Bone Injuries
• UNIT 4: Medical Emergencies

Each unit consists of lessons and enrichment sections from the American Red Cross Emergency Response course. These lessons are presented using teaching tools from the American Red Cross Emergency Response Instructor’s Manual.

Except where indicated, each lesson and enrichment section can be taught using the time frame recommended by the American Red Cross Emergency Response Instructor’s Manual.

INSTRUCTOR NOTE: Some mandatory lessons are scheduled using the Emergency Response Review Course time frame. To achieve this time frame, cover the key points and skip or reduce the time spent on Activity sections.

When taught properly using required lessons and the time frames suggested in the outline that follows, the result is a 15-hour-and-30-minute course.

INSTRUCTOR NOTE: The 15-hour-and-30-minute time frame more than meets the minimum requirements of California State Law.

Optional lessons and enrichment sections have also been included to enhance the course when used as an in-service training tool.

INSTRUCTOR NOTE: Optional lessons and enrichments may not be substituted for mandatory lessons to meet the core 15-hour requirement specified in California State Law. If all mandatory lessons have been taught, optional lessons can then be taught.
# Unit 1. First Responder and Assessment

<table>
<thead>
<tr>
<th>Lesson</th>
<th>Content</th>
<th>Textbook Chapter</th>
<th>Workbook Unit</th>
<th>Skill</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Course Introduction/First Responder</td>
<td>1</td>
<td>1</td>
<td></td>
<td>60 min</td>
</tr>
<tr>
<td>2</td>
<td>The Well-Being of the First Responder</td>
<td>2</td>
<td>2</td>
<td></td>
<td>60 min</td>
</tr>
<tr>
<td></td>
<td>ENRICHMENT: Specific Emotional Crisis</td>
<td></td>
<td></td>
<td></td>
<td>35 min</td>
</tr>
<tr>
<td>6</td>
<td>Body Systems</td>
<td>5</td>
<td>5</td>
<td></td>
<td>30 min</td>
</tr>
<tr>
<td></td>
<td>ENRICHMENT: More on Human Body Systems</td>
<td></td>
<td></td>
<td></td>
<td>30 min</td>
</tr>
<tr>
<td>7</td>
<td>Lifting and Moving</td>
<td>6</td>
<td>6</td>
<td>Emergency Moves</td>
<td>30 min</td>
</tr>
<tr>
<td>9</td>
<td>Assessment I</td>
<td>7</td>
<td>7</td>
<td></td>
<td>30 min</td>
</tr>
<tr>
<td>10</td>
<td>Assessment II</td>
<td>7</td>
<td>7</td>
<td>Initial Assessment; Physical Exam and SAMPLE History; Glove Removal</td>
<td>60 min</td>
</tr>
</tbody>
</table>

Total Time (Basic Lessons Only): 3 hrs 30 min

Total Time (Basic Lessons Plus Optional Lessons and Enrichment Sections): 5 hrs 35 min

Unit Written Exam (if Applicable): 25 min

**NOTES:**

1. Grayed items are optional.
2. Times indicated are taken from the Emergency Response Review Course Outline. To stay on time, briefly cover key points and skip or reduce activities and closings.
3. The glove removal procedure can be found in the “Lesson 4: Preventing Disease Transmission II.”
4. The Unit Exam is only given if Unit 1 is being taught separately from other units.
## Unit 2: Specific Injuries

<table>
<thead>
<tr>
<th>Lesson</th>
<th>Content</th>
<th>Textbook Chapter</th>
<th>Workbook Unit</th>
<th>Skill</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Bleeding and Shock</td>
<td>11</td>
<td>11</td>
<td></td>
<td>45 min</td>
</tr>
<tr>
<td>26</td>
<td>Specific Injuries I</td>
<td>12</td>
<td>12</td>
<td></td>
<td>45 min</td>
</tr>
<tr>
<td>27</td>
<td>Specific Injuries II</td>
<td>12</td>
<td>12</td>
<td>Bleeding Control; Embedded Object</td>
<td>60 min</td>
</tr>
<tr>
<td>28</td>
<td>Specific Injuries III</td>
<td>12</td>
<td>12</td>
<td></td>
<td>30 min</td>
</tr>
</tbody>
</table>

Enrichment: Injuries 20 min

Total Time (Basic Lessons Only): 3 hrs

Total Time (Basic Lessons Plus Optional Lessons and Enrichment Sections): 3 hrs 20 min

Unit Written Exam (if Applicable): 25 min

### NOTES:

5. Grayed items are optional.

6. To reduce time in this section, shorten the Review of the Circulatory System, skip the External Bleeding activity, and skip or shorten the Closing.

7. To reduce the time in this section, combine Soft Tissue Injuries and Wounds and present the key points in 20 min, present Burns in 20 min, and skip or shorten the Closing.

8. To reduce time in this section, skip or reduce the initial Activity, shorten all presentations, skip the Chest Injury skill practice, and skip or shorten the Closing.

9. The Unit Exam is only given if Unit 2 is being taught separately from other units.

## Unit 3. Muscle and Bone Injuries

<table>
<thead>
<tr>
<th>Lesson</th>
<th>Content</th>
<th>Textbook Chapter</th>
<th>Workbook Unit</th>
<th>Skill</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>Muscle and Bone Injuries I</td>
<td>13</td>
<td>13</td>
<td></td>
<td>15 min</td>
</tr>
<tr>
<td>30</td>
<td>Muscle and Bone Injuries II</td>
<td>13</td>
<td>13</td>
<td>Splinting</td>
<td>75 min</td>
</tr>
<tr>
<td>31</td>
<td>Injuries to the Head, Neck, and Back I</td>
<td>14</td>
<td>14</td>
<td>Head Injury</td>
<td>60 min</td>
</tr>
<tr>
<td>32</td>
<td>Injuries to Head, Neck, and Back II</td>
<td>14</td>
<td>14</td>
<td>Spinal Injury Mgmt</td>
<td>60 min</td>
</tr>
</tbody>
</table>

Enrichment: Special Situations and Preventing Head, Neck, and Back Injuries 30 min

Total Time (Basic Lessons Only): 3 hrs 30 min

Total Time (Basic Lessons Plus Optional Lessons and Enrichment Sections): 4 hrs

Unit Written Exam (if Applicable): 25 min

### NOTES:

10. Grayed items are optional.

11. To stay on time, skip the Splinting skill practice and Closing.

12. Expand the Splinting skill practice to include skill from Lesson 29 as well as 1-2 splints suggested in Lesson 30.

13. The Unit Exam is only given if Unit 3 is being taught separately from other units.
## Unit 4: Medical Emergencies

<table>
<thead>
<tr>
<th>Lesson</th>
<th>Content</th>
<th>Textbook Chapter</th>
<th>Workbook Unit</th>
<th>Skill</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>Medical and Behavioral Emergencies I</td>
<td>15</td>
<td>15</td>
<td></td>
<td>40 min</td>
</tr>
<tr>
<td></td>
<td>Enrichment: Stroke and Diabetic Emergencies</td>
<td></td>
<td></td>
<td></td>
<td>20 min</td>
</tr>
<tr>
<td>34</td>
<td>Medical and Behavioral Emergencies II</td>
<td>15</td>
<td>15</td>
<td></td>
<td>60 min</td>
</tr>
<tr>
<td>35</td>
<td>Medical and Behavioral Emergencies III</td>
<td>16</td>
<td>16</td>
<td></td>
<td>60 min</td>
</tr>
<tr>
<td>37</td>
<td>Childbirth</td>
<td>17</td>
<td>17</td>
<td></td>
<td>50 min</td>
</tr>
<tr>
<td></td>
<td>Enrichment: Complications</td>
<td></td>
<td></td>
<td></td>
<td>10 min</td>
</tr>
</tbody>
</table>

Total Time (Basic Lessons Only): 4 hrs

Unit Written Exam (if Applicable): 25 min

Comprehensive Written Exam (Units 1-4): 90 minutes

**NOTES:**

14. To stay on time, skip both Activities and briefly cover all subjects. Include the Enrichment as a mandatory part of the course.

15. To stay on time, combine Overview, Pregnancy, and Birth Process and present in 20 minutes. Include the Enrichment as a mandatory part of the course.

16. The Unit Exam is only given if Unit 4 is being taught separately from other units.

### Course Totals

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Basic Course Time (Units 1-4):</td>
<td><strong>14 hrs</strong></td>
</tr>
<tr>
<td>Total Basic Course Time with Comprehensive Written Exam:</td>
<td><strong>15 hrs 30 min</strong></td>
</tr>
<tr>
<td>Total Course Time with Grayed Lessons and Enrichment Sections:</td>
<td><strong>16 hrs 55 min</strong></td>
</tr>
</tbody>
</table>
# Health and Safety Services Participant Fact Sheet

**Course Name:** First Aid for Public Safety Personnel r.03  
**Course Number:** 93150

## Purpose
To train lifeguards, fire fighters, and peace officers (as well as other first responders) in the knowledge and skills necessary to help sustain life, reduce pain, and minimize the consequences of injury or sudden illness until more advanced medical help can arrive in accordance with the requirements of Title 22 of the California Code of Regulations.

## Prerequisites
Current CPR for the Professional Rescuer certificate or equivalent.

## Learning Objectives
- Explain the function of the EMS system and the roles in the EMS chain of survival.  
- Understand body systems and how they interrelate.  
- Describe how and when to move a victim.  
- Explain and demonstrate victim assessment, including scene size up, initial assessment, physical exam, SAMPLE history, and ongoing assessment.  
- Recognize severe bleeding and demonstrate how to control it.  
- Recognize the signs and symptoms of shock and describe how to minimize its effects.  
- Recognize the signs and symptoms of various soft tissue and musculoskeletal injuries, and demonstrate how to care for them.  
- Recognize the signs and symptoms of medical and behavioral emergencies and childbirth, and describe general and specific care.

## Length
Approximately 15 hours 30 minutes.

## Instructor
A currently authorized American Red Cross Emergency Response Instructor.  
With an orientation to course materials and local Red Cross chapter approval:  
- Lifeguarding Instructor.  
- CPR for the Professional Rescuer Instructor with one of the following: Responding to Emergencies Instructor, First Aid/CPR/AED Instructor, Workplace: Standard First Aid Instructor, or Sports Safety Training Instructor.

## Completion Requirements
- Successfully demonstrate all required skills.  
- Pass the final written exam with a score of 80% or better. (To pass all four units of the course, you must score 80% on each 25-question segment of the test.)

## Certificate Validity
3 years.

## Participant Materials
American Red Cross Emergency Response textbook (Stock No. 656501).
### Assessment Comparisons from Red Cross Courses

<table>
<thead>
<tr>
<th>First Aid/CPR/AED for Lay Responder</th>
<th>CPR-Pro (Professional Model)</th>
<th>Title 22 (Professional Level/DOT)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHECK:</strong> Check the scene</td>
<td><strong>SURVEY THE SCENE</strong></td>
<td><strong>SCENE SIZE-UP</strong></td>
</tr>
<tr>
<td>• Is the scene safe?</td>
<td>• Is the scene safe?</td>
<td>• Scene safety</td>
</tr>
<tr>
<td>• What happened?</td>
<td>• What happened?</td>
<td>• Mechanism of injury/nature of illness</td>
</tr>
<tr>
<td>• How many are injured?</td>
<td>• How many are injured?</td>
<td>• Number of victims</td>
</tr>
<tr>
<td>• Can bystanders help?</td>
<td>• Can bystanders help?</td>
<td>• Resources needed</td>
</tr>
<tr>
<td>And check the victim</td>
<td><strong>PRIMARY SURVEY</strong></td>
<td></td>
</tr>
<tr>
<td>• Consciousness</td>
<td>• Consciousness</td>
<td></td>
</tr>
<tr>
<td>• ABCs</td>
<td>• ABCs</td>
<td></td>
</tr>
<tr>
<td><strong>CALL:</strong> Call EMS for life-threatening or serious conditions</td>
<td><strong>CALL EMS</strong></td>
<td>Call EMS and provide care for life-threatening condition before going on to the Physical Exam and SAMPLE History.</td>
</tr>
<tr>
<td>CARE: Provide care for life-threatening or serious conditions first. Then assess and care for any non-life-threatening conditions.</td>
<td><strong>SECONDARY SURVEY</strong></td>
<td><strong>PHYSICAL EXAM &amp; SAMPLE HISTORY</strong></td>
</tr>
<tr>
<td>• Victim/bystander interview</td>
<td>• Vital signs (breathing, pulse, skin condition)</td>
<td>• Head-to-toe exam</td>
</tr>
<tr>
<td>• Head-to-toe exam</td>
<td>Care for any conditions you find.</td>
<td></td>
</tr>
<tr>
<td><strong>ONGOING ASSESSMENT</strong></td>
<td></td>
<td>Note: Do not repeat Physical Exam/SAMPLE History unless there is a need to do so.</td>
</tr>
</tbody>
</table>

**Title 22 (Professional Level/DOT)**

- **INITIAL ASSESSMENT.**
  - General Impression (chief complaint, injury/illness, gender/age)
  - LOC or mental status
  - ABCs

- **PHYSICAL EXAM & SAMPLE HISTORY**
  - Head-to-toe exam: Look for DOTS (deformity, open wounds, tenderness, and swelling)
  - SAMPLE History: Interview the victim and bystanders
    - Signs/Symptoms
    - Allergies
    - Medications
    - Pertinent past history
    - Last oral intake
    - Events leading up to the incident

Care for any conditions you find.
American Red Cross First Aid for Public Safety Personnel
(Title 22) Participant Course Evaluation

We would like to know what you thought about this American Red Cross course. By answering these questions and filling out this form, you can help us maintain the quality of instruction. (Circle the desired number.)

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The textbook was easy to read.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. The textbook helped me to learn.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. The videos helped me understand how I could use first aid skills in certain emergencies.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. The demonstrations in the videos were clear and helpful.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. I have confidence that I can perform first aid skills in an emergency.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. The instructor was well prepared.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. The instructor gave clear instructions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. The instructor answered questions clearly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. The instructor helped me during practice sessions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. I had to work hard to pass this course.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. I know when to use the skills I learned in this course.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. I would recommend this course to a friend.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

13. Was the facility clean and comfortable? Yes No
14. Was the facility well suited to skill practice? Yes No
15. Was all the equipment in good order? Yes No
16. Did you have enough time to read? Yes No
17. Did you have enough practice time? Yes No
18. Your age: ___________
19. You are: Male Female
20. Do you have any comments about the course or your instructor?

Thanks for answering these questions. We hope you enjoyed this course.
### Guidelines for Conducting the Review Course and Challenge

The First Aid for Public Safety Personnel Review Course and Challenge provide opportunities for individuals to update their certifications without taking the entire course. The Review Course is an abbreviated form of the course that provides a brief review of key points before skill testing and the final written exam. The Challenge is competency testing of all critical skills and knowledge. Both Red Cross policy and California State Law support these options.

California Code of Regulations, TITLE 22, Division 9, Chapter 1.5, Article 3, Section 100025, states:

<table>
<thead>
<tr>
<th>(a) The retraining requirements of this Chapter shall be satisfied by successful completion of either:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) An approved retraining course which includes a review of the topics and demonstration of skills prescribed in the Chapter and which consists of no less than twelve (12) hours; or</td>
</tr>
<tr>
<td>2) A competency based written and skills pretest of the topics and skills prescribed in this Chapter with the following restrictions:</td>
</tr>
<tr>
<td>(A) That appropriate retraining be provided on those topics indicated necessary by the pretest, in addition to any new developments in first aid and CPR;</td>
</tr>
<tr>
<td>(B) A final test be provided covering those topics included in the retraining for those persons failing to pass the pretest; and</td>
</tr>
<tr>
<td>(C) The hours for the retraining may be reduced to those hours needed to cover the topics indicated necessary by the pretest.</td>
</tr>
</tbody>
</table>

| (b) The entire retraining course may be offered yearly by the training agency, but in no event shall the retraining course or pretest be offered less than once every three (3) years. |

This excerpt from the Title 22 statute explains that either a review course or pretest (challenge) may be offered as a retraining option. The following guidelines apply:

The Review Course and Challenge are retraining options only.

- To be eligible to take the Review Course, participants must have current CPR for the Professional Rescuer and First Aid for Public Safety Personnel certificates.

- To be eligible to take the Challenge, the participant must have a current CPR for the Professional Rescuer certificate and evidence of prior certification or training in First Aid for Public Safety Personnel or equivalent.

Participants who demonstrate deficiencies in skill performance or written testing during the Challenge should be given a review of the applicable unit followed by another opportunity to be tested.

To check written exams for deficiencies, make sure participants miss no more than 5 questions per each group of 25 questions (questions 1-25 for Unit 1, questions 26-50 for Unit 2, questions 51-75 for Unit 3, and questions 76-100 for Unit 4). A participant missing more than 5 questions per unit must review the unit and then retake the unit test.
**REVIEW COURSE OUTLINE: First Aid for Public Safety Personnel**

The Review Course is taught using the same teaching tools as with the full course. To stay on track with the reduced times, briefly review the key points, show appropriate video segments, quickly run through any practice sessions, and reduce or eliminate the time spent on activities, scenarios, and closings.

Participants should also have reviewed the textbook prior to the start of the course.

<table>
<thead>
<tr>
<th>Unit</th>
<th>Lesson</th>
<th>Contents</th>
<th>Skill</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Introduction/First Responder</td>
<td></td>
<td>20 min</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>The Well Being of the First Responder</td>
<td></td>
<td>30 min</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enrichment: Specific Emotional Crisis</td>
<td></td>
<td>10 min</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Body Systems</td>
<td></td>
<td>30 min</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enrichment: More on Human Body Systems</td>
<td></td>
<td>10 min</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Lifting and Moving</td>
<td>Emergency Moves</td>
<td>30 min</td>
</tr>
<tr>
<td></td>
<td>9-10</td>
<td>Assessment I &amp; II</td>
<td>Initial Assessment; Physical Exam and SAMPLE History; Glove Removal</td>
<td>60 min</td>
</tr>
<tr>
<td>2</td>
<td>25</td>
<td>Bleeding and Shock</td>
<td></td>
<td>30 min</td>
</tr>
<tr>
<td></td>
<td>26-28</td>
<td>Specific Injuries I-III</td>
<td>Bleeding; Bandaging</td>
<td>60 min</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enrichment: Injuries</td>
<td></td>
<td>10 min</td>
</tr>
<tr>
<td>3</td>
<td>29-30</td>
<td>Muscle and Bone Injuries I &amp; II</td>
<td>Splinting</td>
<td>60 min</td>
</tr>
<tr>
<td></td>
<td>31</td>
<td>Injuries to the Head, Neck, and Back I</td>
<td>Head Injuries</td>
<td>45 min</td>
</tr>
<tr>
<td></td>
<td>32</td>
<td>Injuries to the Head, Neck, and Back II</td>
<td>Spinal Injury Mgmt</td>
<td>45 min</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enrichment: Special Situations and Preventing Head, Neck, and Back Injuries</td>
<td>10 min</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>33-35</td>
<td>Medical and Behavioral Emergencies I-III</td>
<td>45 min</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enrichment: Specific Medical Emergencies</td>
<td>10 min</td>
<td></td>
</tr>
<tr>
<td></td>
<td>37</td>
<td>Childbirth</td>
<td></td>
<td>45 min</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enrichment: Complications</td>
<td></td>
<td>5 min</td>
</tr>
<tr>
<td>1-4</td>
<td></td>
<td>100-Question, Comprehensive Written Exam</td>
<td></td>
<td>90 min</td>
</tr>
</tbody>
</table>

**Total Course Time and Written Exam (Without Optional Lessons/Enrichments): 9 hrs 35 min**

**Total Course Time and Written Exam (with Optional Lessons/Enrichments): 10 hrs 45 min**

Grayed items are optional.
### CHALLENGE OUTLINE: First Aid for Public Safety Personnel

The Challenge consists of the written exam and a skill check of all critical skills in the course. The participant has sole responsibility for preparing for the knowledge and skill tests.

<table>
<thead>
<tr>
<th>Lesson</th>
<th>Exam or Skill Check</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Final Written Examination</td>
<td>90 min</td>
</tr>
<tr>
<td>4</td>
<td>Glove Removal</td>
<td>5 min</td>
</tr>
<tr>
<td>7</td>
<td>Emergency Moves</td>
<td>10 min</td>
</tr>
<tr>
<td>10</td>
<td>Initial Assessment and Physical Exam/SAMPLE History</td>
<td>60 min</td>
</tr>
<tr>
<td>27</td>
<td>Controlling Bleeding</td>
<td>15 min</td>
</tr>
<tr>
<td>27</td>
<td>Embedded Object</td>
<td>20 min</td>
</tr>
<tr>
<td>29-30</td>
<td>Rigid Splint/Splinting Extremities</td>
<td>60 min</td>
</tr>
<tr>
<td>31</td>
<td>Head Injuries</td>
<td>30 min</td>
</tr>
<tr>
<td>32</td>
<td>Immobilizing Head, Neck, or Back Injuries</td>
<td>40 min</td>
</tr>
</tbody>
</table>

**Approximate Challenge Time Frame (Including Written Exam):** 5 hrs 30 min
Teaching First Aid for Public Safety Personnel with American Red Cross Lifeguard Training

According to the American Red Cross Manual of Administrative Policies and Procedures (MAPP), Section II, page 11:

When two American Red Cross courses each contain an area of identical content and objectives, the two courses may be ‘overlapped’ in that identical area. This ‘overlapping’ may be done only if assurance is made by the chapter that all of the objectives will be met for each of the courses in question and only when the two courses will be taught by the same instructor with the same course participants. Requiring the same instructor ensures that all participants have adequately met the objectives for both courses.

Use the following chart when teaching the Lifeguard Training and First Aid for Public Safety Personnel (FAPSP) courses together.

<table>
<thead>
<tr>
<th>Lesson</th>
<th>Overlapping Topic(s)</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: The First Responder</td>
<td>“Introduction to the Course”</td>
<td>15 min</td>
</tr>
<tr>
<td>4: Preventing Disease Transmission II</td>
<td>“Removing Gloves” (skill)</td>
<td>10 min</td>
</tr>
<tr>
<td>26: Specific Injuries I</td>
<td>All topics</td>
<td>45 min</td>
</tr>
<tr>
<td>27: Specific Injuries II</td>
<td>“Controlling Severe Bleeding” (discussion and skill)</td>
<td>30 min</td>
</tr>
<tr>
<td>29: Muscle and Bone Injuries I</td>
<td>All topics</td>
<td>45 min</td>
</tr>
<tr>
<td>30: Muscle and Bone Injuries II</td>
<td>“Sling and Binder” (skill)</td>
<td>20 min</td>
</tr>
<tr>
<td>32: Head, Neck, and Back Injuries II</td>
<td>All topics and skills</td>
<td>60 min</td>
</tr>
<tr>
<td>33: Medical and Behavioral I</td>
<td>Reduce discussion of all topics by time indicated</td>
<td>15 min</td>
</tr>
<tr>
<td>34: Medical and Behavioral II</td>
<td>Reduce discussion of “Heat and Cold Emergencies” by time indicated</td>
<td>15 min</td>
</tr>
<tr>
<td>35: Medical and Behavioral III</td>
<td>Reduce discussion of “Poisoning” and “Anaphylaxis” by time indicated</td>
<td>15 min</td>
</tr>
</tbody>
</table>

Approximate Overlap: **4 hrs**

Approximate Time Frame for FAPSP when Taught with Lifeguard Training: **11 hrs 30 min**

Total Approximate Time Frame for Lifeguard Training (28.25 hrs) plus FAPSP: **39 hrs 45 min**

When teaching a standalone FAPSP course to individuals with current Lifeguard Training/First Aid and CPR for the Professional Rescuer certificates (that is, you are not the instructor who certified the participants in Lifeguard Training and you have no first-hand knowledge of this training), you can follow one of the following options to ensure participants have all essential knowledge and skills for FAPSP certification:

- Hold a Lifeguard Training Challenge/Review Course prior to FAPSP training;
- Challenge the participants on all FAPSP skills in Lessons 4, 27, 30, and 32 and then teach the shortened FAPSP training; or
- Teach the complete FAPSP course (15 hrs 30 min).

**Instructor Note:** With local Red Cross unit approval, different instructors working for the same organization to train staff in lifeguarding and first aid principles may take advantage of this overlapping guideline provided all training occurs within a reasonable time frame (no more than a 30-day separation between training sessions).
Using Scenarios
Scenarios challenge participants to apply skills and knowledge they are learning in the FAPSP course. Although scenarios are optional and add time to the course, you should consider including some to increase participant understanding of key learning objectives.

This attachment provides scenario samples and guidelines for incorporating scenario practice into the FAPSP course.

Selecting Appropriate Scenarios
You can select scenarios from this attachment (see following pages) or from the American Red Cross Emergency Response Instructor’s Manual, or you can create your own scenarios. Follow these guidelines:

- Select/create scenarios that closely relate to the subject matter discussed in class or the participants’ job descriptions
- Make sure that scene safety, victim condition, mechanism of injury, presence of bystanders, and other pertinent facts are clearly defined.
- Whenever possible, use definitive signals to help the first aider to identify the chief complaint, the nature of the illness/injury, or any treatable conditions.
- If role-playing the scenario, make sure the scenario can be explored without compromising the health and safety of class participants.

Running Scenarios
You can run scenarios using three methods:

- As a Class Exercise. Each participant (or small group of participants) is given a scenario description. After reading the scenario description, participants fill in the Scenario Answer Sheet to complete the decision-making exercise. A brief class discuss can follow.
- As a Reciprocal Practice Exercise. Divide the class into two-person teams, one person to play the victim and another to play the first aider. Give each first aider a scenario description and give each victim a matching complaint and set of signs/symptoms. Allow the first aider to perform an assessment of the victim and to provide care. The rescuer can later fill in the Scenario Answer Sheet, if desired.
- As a Role-play Exercise in a Fish Bowl. Participants are assigned roles based on a scenario description, which they act out under the observation of the rest of the class. After the role-play is over, the class discusses the scenario.

Each method has advantages and disadvantages. For example, the class exercise involves the entire class in the decision-making process and subsequent class discussion. The reciprocal practice exercise also involves the entire class, but the instructor cannot easily supervise the activity. The role-play exercise provides hands-on application of skills, but it is time consuming.
American Red Cross
First Aid for Public Safety Personnel

Scenario Answer Sheet

Name: _____________________________ Date: __________ Scenario: __________

INSTRUCTIONS: Read the scenario description assigned to you or your group. After
reading, think about the steps you might take to approach, assess, and care for the victim.
Then, fill out this sheet.

Size up the scene:
Is the scene safe? □ Safe □ Not safe, but the victim can be rescued
□ Not safe, but the scene can be made safe by: ______________
□ Not safe; do not approach the victim.
Mechanism of injury/nature of illness? ________________________________
Number of victims? _____ Resources needed? _________________________

Form a general impression, if possible, and determine LOC:
Chief complaint? _______________________________________________
Is the victim ill or injured? □ Ill □ Injured LOC: □ A □ V □ P □ U
Victim’s probable age? _____________ Victim’s gender? □ Male □ Female

Describe how you would activate the EMS system (9-1-1):
□ You go call right away (Call First) □ You go call after 2 minutes of care (Call Fast)
□ You send someone else to call □ EMS has already been called
□ It is not necessary to call EMS in this situation

Explain how you would assess and care for the victim:
Sample Assessment Scenarios

Victim #1
You slip while jumping into the pool and strike your head on the pool gutter, causing you to “see stars.” You climb out of the pool and hold your head. You are 7 yrs old.


Head-to-toe exam: Right forearm is also injured, although you don’t realize it until asked to move the arm.

Vitals: Your heart rate is irregular and weak. Your breathing is rapid.

First Aider #1
From your lifeguard station, you see a small child striking his/her head on the pool gutter. The victim climbs out of the water on his/her own and is holding his/her head by your station.

The victim looks hurt.

As you get closer, you notice that the victim skin is pale. The victim also seems restless and weak.

Victim #2
You feel dizzy while playing volleyball. A friend helps you into the pool office to talk to a lifeguard. You are 18.

Symptoms: You feel dizzy and weak. Allergies: None. Medications: You inject insulin. You are a diabetic. Past history: You feel this way when you don’t eat or take insulin. Last oral intake: You can’t remember if you ate or took insulin. Events leading to injury: Playing volleyball.

Head-to-toe exam: No injuries.

Vitals: Your heart rate is irregular and weak. Your breathing is normal, but your skin is cool and clammy.

First Aider #2
Someone brings a young adult into the pool office while you are on break.

The victim is pale, weak, and appears to be sweating.

The friend says that the victim was playing volleyball when he/she started to feel sick.

You notice a medical alert bracelet on the victim’s wrist.

Victim #3
A bee on the pool deck has stung you. You are 10.

Symptoms: You feel dizzy. You are having trouble breathing. Allergies: You are allergic to bee stings. Medications: You have an EpiPen in your pocket. Past history: You have been stung before. Had anaphylaxis. Last oral intake: A sandwich and milk/1 hour ago. Events leading to injury: Sun bathing when stung by a bee.

Head-to-toe exam: Stinger is still in the left forearm.

Vitals: Your heart rate is rapid and weak. Your breathing is shallow and noisy (wheezing sounds).

First Aider #3
A child comes to your station. His/her face is swollen with hives and he/she is having difficulty breathing (wheezing).

Victim #4
You are a 54 year old. You have been lap swimming when you begin to feel a dull pressure in your chest. You continued to swim for several minutes more, until the pain becomes more intense. You get out of the pool and take two steps toward the locker room when you collapse on the pool deck. You are conscious.


Head-to-toe exam: No injuries.

Vitals: Pale skin, rapid pulse, shallow breathing.

First Aider #4
An older lap swimmer collapses on the pool deck. He/she appears to be conscious, but does not get up.

His/her skin is pale and cool to the touch. He is clutching his chest and is having breathing difficulty.
Other Sample Scenarios

Scenario #1
A patron has been wounded with a knife and is lying on the floor of the locker room. The victim is laying face up and motionless on the floor, a knife protruding from the shoulder.

Bystanders surround an individual who was fighting with the victim earlier. One bystander claims the individual stabbed the victim and then tried to leave. The individual being detained is extremely upset; he is denying involvement in the incident and demanding to be allowed to leave.

Scenario #2
It is the end of the day, and you have just checked the locker rooms and locked all perimeter doors of the aquatic center. As you walk by the pool, you notice a child at the bottom of the deep end. You don’t know how long the child has been there.

You call out, and two lifeguards who were just leaving the facility respond.

Scenario #3
You go to check on a co-worker who was changing a gas chlorine cylinder. As you arrive at the door of the pump room, you see the co-worker on the ground in the room below you (at the bottom of a flight of stairs). You call to the co-worker but he does not respond. You smell a slight odor in the air and hear a faint hissing noise in the background.

You are the only other staff member at the facility.

Scenario #4
While on duty, you observe a young girl slip and fall from one of the top rungs of the 3-meter diving board. As she falls, she strikes the ladder with her face and lands on her back at the base of the ladder. She is not moving but appears to be conscious. Her jaw is swollen and bleeding, and she is holding her right arm against her chest.

A full staff is on duty.

Scenario #5
An older man who had been lap swimming earlier enters the pool office holding his face. He seems confused and in pain; he tries to speak but badly slurs his words. One of his pupils is dilated and other is constricted. He has also obviously lost bladder control.

A full staff is on duty at the pool.

Scenario #6
At a swim meet, a man appears on the pool deck from the stands screaming for help for his wife. The woman is 35 years old and full term in her pregnancy. Her contractions are less than 2 minutes apart. She says the baby is coming and feels the need to push. Her husband says that this will be her fourth child.
Attachment G

**Written Exams**
This attachment contains two 100-question written exams for the FAPSP course: Exam A and Exam B.

**Written Exam Specifications**
The specifications of both written exams are as follows:

<table>
<thead>
<tr>
<th>Unit</th>
<th>Textbook Chapter</th>
<th>Chapter Title</th>
<th># of Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>The First Responder</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Human Body Systems</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Lifting and Moving</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Assessment</td>
<td>13</td>
</tr>
<tr>
<td>2</td>
<td>11</td>
<td>Bleeding and Shock</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>Specific Injuries</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>13</td>
<td>Muscle and Bone Injuries</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>Injuries to the Head, Neck, and Back</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>15</td>
<td>Medical and Behavioral Emergencies</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>Poisoning</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>Childbirth</td>
<td>5</td>
</tr>
</tbody>
</table>

**Total: 100 questions**

**Written Exam Format**
As explained earlier in these notes, the written exam may be given at one time at the end of the course or divided into 25-question sections to be given at the end of each unit. The questions have been formatted on the page as follows to facilitate either method of delivery:

- Each section of Exam A and Exam B is labeled so it can be administered separately.
- The questions in the sections of Exam A and Exam B are numbered consecutively so the exam can be administered as a single 100-question test.

In addition, these exams have been designed so you can use the answer sheet and answer keys from the *American Red Cross Emergency Response Instructor's Manual*. Exam A and B can be corrected using the corresponding Emergency Response Exam Answer Key (A for A and B for B).
Retesting Guidelines
If the participant fails any section of the written exam, the alternate exam section may be used for a retest.

Because some participants may have difficulty with the exam questions even though they understand the course material, you should first go over the questions orally with the participants to check for basic understanding before giving an alternate written exam. For information about administering oral exams, go to Appendix E in the American Red Cross Fundamentals of Instructor Training Participant’s Manual.
American Red Cross
First Aid for Public Safety Personnel Exam A—Unit 1

INSTRUCTIONS: Read each question carefully, choose the best answer, and mark that answer on the answer sheet. Do not write on this exam.

1. In any emergency, the first action of the citizen responder is to recognize that an emergency exists. Which is the second and most crucial action?
   a. Providing care to the victim.  
   b. Activating the EMS system by dialing 9-1-1 or other local emergency number.  
   c. Directing traffic at the accident scene.  
   d. Taking the victim to the hospital.

2. Who provides a critical transition of care between the citizen responder’s initial actions and the care of more highly trained professionals?
   a. EMS dispatcher.  
   b. Bystander.  
   c. Paramedic.  
   d. First responder.

3. Medical oversight is administered by—
   a. The first responder.  
   b. A medical doctor.  
   c. A paramedic at the scene.  
   d. The first responder’s immediate supervisor.

4. Which of the following is an example of a first responder?
   a. Emergency room doctor.  
   b. Bystander.  
   c. Peace officer.  
   d. EMS dispatcher.

5. The mouth, nose, trachea, lungs, and diaphragm are major structures of which body system?
   a. Circulatory system.  
   b. Respiratory system.  
   c. Nervous system.  
   d. Endocrine system.

6. Which of the following is a general consideration for moving a victim prior to the arrival of EMS personnel?
   a. The victim desires more privacy before being cared for.  
   b. Moving the victim will help determine how seriously the victim is injured.  
   c. Moving the victim will make providing care more convenient for the rescuer.  
   d. There is immediate danger to the victim or rescuer.

7. The failure of one or more body systems can be detected by—
   a. Gauging the victim’s level of panic.  
   b. Assessing the type of accident.  
   c. Interviewing bystanders.  
   d. Checking physical signs and symptoms.
8. One way you can ensure safety at the emergency scene is to—
   a. Move the victim indoors before providing care.
   b. Wait for more advanced medical personnel before approaching any victim.
   c. Never utilize bystanders to help you in any way.
   d. Evaluate present and potential dangers.

9. The network of community resources and medical personnel that provides emergency care is known as the—
   a. Emergency Medical Services (EMS) system.
   b. Department of Transportation (DOT).
   c. Occupational Safety and Health Administration (OSHA).

10. You arrive at the scene of a vehicle collision where there are downed electrical wires. You should—
    a. Assume the wires are energized and move the crowd back.
    b. Check the wires. If they are not energized, approach the victims.
    c. Instruct the victims to remove themselves from the scene.
    d. Approach the scene if you have nonconductive footwear.

11. Muscle action is controlled by the—
    a. Nervous system.
    b. Respiratory system.
    c. Integumentary system.
    d. Genitourinary system.

12. The four components of the scene size up are: mechanism of injury/nature of illness, number of victims, resources needed, and—
    a. Weather conditions.
    b. Scene safety.
    c. Age and gender of the victims.
    d. Level of consciousness.

13. How do you open the airway of a victim with obvious trauma?
    a. Head tilt/chin lift.
    b. Head tilt/neck lift.
    c. Jaw thrust without head tilt.
    d. Jaw lift/finger sweep.

14. How do you check for breathing?
    a. Palpate the carotid pulse.
    b. Tap the victim gently.
    c. Check the victim’s pupils.
    d. Look, listen, and feel for respiration.

15. The purpose of the initial assessment is to—
    a. Determine whether the scene is safe.
    b. Assess the resources needed to provide care.
    c. Identify minor injuries/medical conditions.
    d. Identify immediate threats to life.
16. Which of the following is not a safe lifting technique?
   a. Taking big steps.
   b. Lift with your legs, not your back.
   c. Look where you are walking.
   d. Communicate frequently with helpers.

17. The four levels of consciousness are—
   a. Active, visual, painful, unaware.
   b. Alert, verbal, pale, unknown.
   c. Alert, verbal, painful, unresponsive.
   d. Active, visual, painful, unresponsive.

18. For an unstable victim, the initial assessment should be repeated every—
   a. 5 minutes.
   b. 15 minutes.
   c. 20 minutes.
   d. 30 minutes.

19. DOTS refers to deformity, open wounds, tenderness, and—
   a. Status.
   b. Swelling.
   c. Sweating.
   d. Scars.

20. The “L” in SAMPLE refers to—
   a. Lacerations.
   b. Last oral intake.
   c. Lesions.
   d. Last physical examination.

21. Where do you check the pulse of an infant, whether conscious or unconscious?
   a. Brachial artery.
   b. Radial artery.
   c. Carotid artery.
   d. Femoral artery.

22. The study of the functions of muscles in maintaining body posture is—
   a. Hydrodynamics.
   b. Body mechanics.
   c. Body aerobics.
   d. Lifting science.

23. Where do you check the pulse of an unconscious adult or child?
   a. Brachial artery.
   b. Radial artery.
   c. Carotid artery.
   d. Femoral artery.

24. Where do check the pulse of a conscious adult or child?
   a. Brachial artery.
   b. Radial artery.
   c. Carotid artery.
   d. Femoral artery.
25. Checking skin characteristics involves all but which of the following—

- a. Color.
- b. Moisture.
- c. Elasticity.
- d. Temperature.
American Red Cross
First Aid for Public Safety Personnel Exam A—Unit 2

INSTRUCTIONS: Read each question carefully, choose the best answer, and mark that answer on the answer sheet. Do not write on this exam.

26. Hypoperfusion is another name for—
   a. Shock.
   b. Diabetic coma.
   c. Seizure.
   d. High blood pressure.

27. Restlessness and irritability are common initial signs of—
   a. Shock.
   b. Diabetic coma.
   c. Seizure.
   d. High blood pressure.

28. The proper care for a closed wound may include applying—
   a. A dressing and bandage.
   b. Direct pressure, elevation, and cold.
   c. Antibiotic ointment or cream.
   d. An elastic bandage to restrict blood flow.

29. A lifeguard has been injured while moving some heavy equipment. The result is a deep laceration on the forearm. You apply direct pressure and then you apply multiple dressings and bandages. If bleeding does not stop—
   a. Use a tourniquet.
   b. Continue to apply direct pressure & contact EMS.
   c. Compress the femoral artery pressure point.
   d. Remove all bandages and reapply pressure.

30. A part of the bleachers collapses on a child’s hand, causing an avulsion of two fingers. After caring for the victim, how should you care for the fingers?
   a. Wrap the fingers in sterile dressings and place them in a plastic bag, then on ice.
   b. Wrap the fingers in sterile dressing and keep at room temperature.
   c. Place the fingers in cool water or milk.
   d. Dispose of the fingers by placing them in a biohazard container.

31. Which of the following is a signal of shock?
   a. Skin that is dry and normal in color.
   b. A rapid, weak pulse.
   c. Slow, deep breathing.
   d. High temperature.

32. Which of the following is a signal of an infected wound?
   a. Stiffness or tingling below the site of the injury.
   b. A bluish color around the wound.
   c. The area of the wound is red, swollen, and painful.
   d. The injury site is cold to the touch.
33. An occlusive dressing can be made from—
   a. Gauze.
   b. Plastic wrap.
   c. Cloth.
   d. Paper.

34. A chemical burn of the eye should be cared for by—
   a. Encouraging the person to blink and let tears wash the chemical out of the eye.
   b. Using cool, wet compresses over the eyes.
   c. Flushing the eye with running water until advanced medical personnel arrives.
   d. Doing nothing until EMS personnel arrive.

35. When a victim has an embedded object, you should control bleeding by—
   a. Applying bulky dressings to stabilize the object in place and then bandaging around the object.
   b. Removing the object and applying direct pressure.
   c. Applying direct pressure over the object.
   d. Elevate the body part with the embedded object but do not bandage.

36. A partial thickness burn is characterized by—
   a. Red and dry skin.
   b. Red, wet, and blistered skin.
   c. Charred skin.
   d. Bluish skin.

37. Treatment for shock includes—
   a. Keeping the victim active and moving.
   b. Giving the victim something to eat.
   c. Massaging arms and legs to promote circulation.
   d. Maintaining normal body temperature.

38. Which of the following is a sign or symptom of severe internal bleeding?
   a. Red skin and high body temperature.
   b. Tender, swollen, hard tissue.
   c. Seizures.
   d. Ringing in the ears.

39. Bright red, spurting blood comes from—
   a. Veins.
   b. Capillaries.
   c. Arteries.
   d. Any blood vessel.

40. A wound characterized by skin that is rubbed or scraped away is called—
   a. An avulsion.
   b. An abrasion.
   c. A laceration.
   d. A puncture wound.

41. A dressing is—
   a. Material used to apply pressure to a wound or to support an injured body part.
   b. A chemical cold pack.
   c. A sterile pad placed over a wound to absorb blood and prevent infection.
   d. A towel or blanket used to keep the victim warm.
42. A bandage is—
   a. Material used to apply pressure to a wound or to support an injured body part.
   b. A chemical cold pack.
   c. A clean or sterile pad placed directly over a wound to absorb blood and prevent infection.
   d. A blanket used to keep the victim warm.

43. Coughing up blood may indicate a serious injury to the—
   b. Abdomen.
   c. Pelvis.
   d. Legs.

44. If an organ protrudes from the victim’s abdomen—
   a. Carefully push the organ back inside the victim’s body and apply direct pressure.
   b. Have the victim stand up to apply elevation and then cover with a dressing and bandage.
   c. Do not move the victim; cover the wound loosely with moist, sterile dressings.
   d. Do nothing; let EMS personnel deal with this problem.

45. A wound caused by a sharp object that cuts the skin is called—
   a. An avulsion.
   b. An abrasion.
   c. A laceration.
   d. A puncture wound.

46. Which burn should **not** be cooled with water?
   a. Liquid chemical.
   b. All burns now cooled with water.
   c. Radiation.
   d. Heat.

47. Which of the following is a critical burn?
   a. A full thickness burn on the leg of a 30-year-old woman.
   b. A partial thickness burn to the arm of a 14-year-old child.
   c. A superficial burn to the back of a 21-year-old man.
   d. A full thickness burn to the chest of a 32-year-old woman that causes breathing difficulty.

48. A normal heart rate for an adult is—
   a. 60-100 beats per minute.
   b. 80-120 beats per minute.
   c. 100-200 beats per minute.
   d. There is no normal heart rate range.

49. A compensating heart rate for an adult is—
   a. 60-100 beats per minute.
   b. 80-120 beats per minute.
   c. 100-200 beats per minute.
   d. There is no normal heart rate range.

50. A victim has been severely burned on the entire right arm and entire right leg. This burn covers approximately what percentage of the victim’s body?
   a. 9%.
   b. 18%.
   c. 27%.
   d. 36%.
American Red Cross
First Aid for Public Safety Personnel Exam A—Unit 3

INSTRUCTIONS: Read each question carefully, choose the best answer, and mark that answer on the answer sheet. Do not write on this exam.

51. The general technique for minimizing movement of the head and neck is called—
   b. In-line stabilization.
   c. Hip and shoulder support.
   d. Full-body stabilization.

52. Which tissue connects bones together at joints?
   a. Muscle.
   b. Tendon.
   c. Nerve.
   d. Ligament.

53. Which tissue connects muscle to bone?
   a. Muscle.
   b. Tendon.
   c. Nerve.
   d. Ligament.

54. The general care for musculoskeletal injuries consists of rest, immobilization, cold and—
   a. Medication.
   b. Exercise.
   c. Traction.
   d. Elevation.

55. Which tissue contracts and relaxes to produce body movement?
   a. Bone.
   b. Nerve.
   c. Adipose.
   d. Muscle.

56. Which tissue helps to form the landmarks that define parts of the body?
   a. Bone.
   b. Nerve.
   c. Adipose.
   d. Muscle.

57. When splinting—
   a. Lower the injured part below the heart.
   b. Keep the injured part as straight as possible.
   c. Support the injured part in the position you find it.
   d. Use only rigid splints.

58. General care for head, neck, and back injuries include all but which of the following?
   b. Monitoring vital signs and maintaining an open airway.
   c. Cooling the body.
   d. Securing the victim to a backboard prior to moving the victim.
59. Which type of splint attaches an injured body part to an uninjured body part?
   a. Anatomic splint
   b. Rigid splint.
   c. Traction splint.
   d. Soft splint.

60. Which type of splint uses a blanket, towel, or other bulky material to support and immobilize the injured body part?
   a. Anatomic splint
   b. Rigid splint.
   c. Traction splint.
   d. Soft splint.

61. A victim has a scalp wound that is bleeding. As you begin to apply pressure, you notice that the injury site feels “spongy.” You should—
   a. Stop applying direct pressure directly to the wound.
   b. Continue applying direct pressure directly to the wound.
   c. Apply warm compress to the head.
   d. Compress the carotid arteries in the neck to slow the bleeding.

62. A temporary impairment of brain function resulting from a head injury is called a—
   a. Tumor.
   b. Lesion.
   c. Concussion
   d. Contusion.

63. Which of the following is not a common cause of a serious head, neck, or back injury?
   a. A fall from a height greater than the victim’s height.
   b. Asphyxiation.
   c. Diving headfirst into shallow water.
   d. A motor vehicle crash.

64. All soft-tissue injuries to the head should be treated using direct pressure except injuries to the—
   a. Cheek.
   b. Nose.
   c. Ear.
   d. Eyeball.

65. To care for a nosebleed—
   a. Pack each nostril with gauze.
   b. Cover the nose with sterile gauze and bandage it in place.
   c. Pinch the nostrils and tilt head back.
   d. Pinch the nostrils and lean slightly forward.

66. To care for a tooth that has been knocked out, you should—
   a. Dispose of the tooth.
   b. Place the tooth in the victim’s pocket.
   c. Place the tooth on ice.
   d. Place the tooth in cool water or milk.
67. Before splinting an open fracture, you should—
   a. Ask the victim to sit up so you can move the injured body part into position alongside the victim’s body.
   b. Control bleeding and bandage.
   c. Try to straighten the body part or to push protruding bones back into the body.
   d. Raise the injured body part above the heart.

68. If an air splint is properly inflated—
   a. You should be able to make a slight dent in the surface of the splint with your thumb.
   b. You should be able to press in on the splint until your finger reaches the victim’s body.
   c. You should not be able to make any dent in the splint with your fingers.
   d. You should be able to slip the splint up and down on the victim’s injured body part.

69. The most frequently injured shoulder bone is the—
   a. Clavicle.
   b. Scapula.
   c. Humerus.
   d. Patella.

70. To tie a pressure bandage at a joint, use a—
   a. Figure-four pattern.
   b. Figure-eight pattern.
   c. Overlapping turn pattern.
   d. Linear pattern.

71. To immobilize an elbow that is bent—
   a. Straighten the elbow and then immobilize it against the length of the body.
   b. Apply a rigid splint diagonally across the inside of the arm to immobilize bones above and below the elbow joint.
   c. Tie a bandage directly on the elbow.
   d. The elbow is already injured so there is no reason to immobilize it.

72. To properly immobilize a bone—
   a. Splint the joint above the injury.
   b. Splint joints above and below the injury.
   c. Splint bones above and below the injury.
   d. Splint the bone below the injury.

73. To properly immobilize a joint—
   a. Splint the joint above the injury.
   b. Splint joints above and below the injury.
   c. Splint bones above and below the injury.
   d. Splint the bone below the injury.

74. Which of the following deformities often characterizes a broken femur—
   a. The injured leg appears shorter and is turned outward.
   b. The injured appears longer and is turned outward.
   c. The injured leg appears longer and is turned inward.
   d. The injured leg is just as long as the uninjured leg but is elevated off the ground by a few inches.
75. Neck injuries may result in—
   
a. Bleeding from the ears.
b. Severe pain and headache.
c. Bleeding from the skull.
d. Severe seizures.
American Red Cross

First Aid for Public Safety Personnel Exam A—Unit 4

INSTRUCTIONS: Read each question carefully, choose the best answer, and mark that answer on the answer sheet. Do not write on this exam.

76. Abnormal conduct that is either unacceptable or intolerable should be considered—
   a. A behavioral emergency.
   b. A critical incident.
   c. An act of violence.
   d. A medical emergency.

77. After making sure you can safely reach a conscious victim of an inhaled poison, you should help the victim by—
   a. Encouraging the victim to vomit.
   b. Keeping the victim lying down and call more advanced medical personnel.
   c. Flushing the victim’s body with large amounts of water.
   d. Getting the victim to fresh air, and then summon more advanced medical personnel.

78. What is the most serious condition associated with anaphylaxis?
   a. Breathing difficulty.
   b. Nausea and vomiting.
   c. Hives.
   d. Rash.

79. Why should you apply cold to the entry site of an insect sting?
   a. To reduce the possibility of anaphylaxis.
   b. To neutralize the insect venom.
   c. To reduce pain and swelling.
   d. To prevent skin damage.

80. Why should you **not** apply cold to a snakebite?
   a. It causes further injury to the entry site.
   b. It causes the poison to be drawn deeper into the body.
   c. It increases the strength of the venom.
   d. It lowers the victim’s level of consciousness.

81. To care for a victim with an altered state of consciousness—
   a. Give fluids.
   b. Elevate the legs 8 to 12 inches if you do not suspect spinal, hip, or leg injuries.
   c. Splash water in the victim’s face.
   d. Make the victim exercise to regain full consciousness.

82. A condition resulting from a temporary reduction of blood flow to the brain is—
   a. Fainting.
   b. Hypothermia.
   c. Diabetes.
   d. Seizure.

83. Frostbite—
   a. Is only a superficial injury.
   b. Occurs only in the extremities.
   c. Is the same as hypothermia.
   d. Is the freezing of body tissue.
84. What should be your primary concern when approaching a person who appears to have been poisoned or burned?
   a. Assessing the victim quickly.
   b. Getting bystander statements.
   c. Determining scene safety.
   d. Forming a general impression.

85. General signs and symptoms of medical emergencies include all but which of the following—
   a. Tightness in the abdomen.
   b. Changes in level of consciousness.
   c. Weakness or lightheadedness.
   d. Changes in the victim’s breathing, pulse, and skin characteristics.

86. Which of the following medical emergencies is often preceded by an aura?
   a. Stroke.
   b. Seizure.
   c. Heart attack.
   d. Poisoning.

87. If you are unsure about what might be wrong with the victim—
   a. Spend as much time as needed until you diagnose the problem.
   b. Provide appropriate care for the signs you see rather than worrying about diagnosing what is wrong with the victim.
   c. Care for problems you believe to exist regardless of the signs you see.
   d. Do nothing; never provide care until you determine what is wrong with the victim.

88. A victim of a heat-related illness may not be sweating. This can result in—
   a. A condition known as heat exhaustion.
   b. Ineffective body cooling and a rapidly rising body temperature.
   c. Low levels of bodily fluids, causing tremors or convulsions.
   d. Kidney failure due to fluid retention.

89. Which of the following factors can help you determine whether to assist with a delivery?
   a. The health of the woman.
   b. The length of the pregnancy.
   c. The length of time since the woman’s last baby was born.
   d. Whether the baby’s head is crowning.

90. By focusing on an object in the room while regulating breathing, an expectant mother can—
   a. Reduce the anxiety that may be associated with childbirth.
   b. Speed up the delivery of the baby.
   c. Help her focus on the pain involved.
   d. Reduce the flow of oxygen to her baby.

91. Why should you have a clean towel to catch the baby as he/she is delivered?
   a. So the baby can be cleaned off quickly and handed to the mother.
   b. To wipe up any fluids that might be present on the ground.
   c. Because the baby will be slippery.
   d. Because gloves are not appropriate to use during emergency childbirth.
92. Which of the following characterizes the later stages of a heat-related emergency?
   a. Dry, red skin that is hot to the touch.
   b. Moist skin that is pale or ashen.
   c. Normal skin color and temperature.
   d. Bluish skin.

93. Which of the following should be done to care for a victim of hypothermia?
   a. Rewarm the victim as quickly as possible.
   b. Rub the victim’s arms and legs.
   c. Gradually rewarm the victim.
   d. Give the victim hot coffee or alcohol.

94. Where should you touch a hypothermic victim to check core body temperature?
   a. Forehead.
   b. Forearm.
   c. Abdomen.
   d. Leg.

95. Stage three of labor is—
   a. Preparation.
   b. Delivery of the placenta.
   c. Delivery of the baby.
   d. Stabilization of mother and baby.

96. If the newborn does not begin to breathe after flicking the baby’s feet—
   a. Begin rescue breathing.
   b. Continue to flick the baby’s feet.
   c. Have the mother begin nursing the baby.
   d. Keep the baby warm until breathing starts.

97. To care for a suspected diabetic emergency (conscious victim)—
   a. Give the victim an injection of insulin.
   b. Let the victim lie down for 30 minutes.
   c. Keep the victim awake and active.
   d. Give the victim some form of sugar.

98. When caring for any medical emergency, your first priority is to—
   a. Reassure the victim.
   b. Monitor the ABCs.
   c. Complete a SAMPLE history.
   d. Maintain normal body temperature.

99. A substance abuse victim is restless, talkative, and irritable. He/she may have taken a—
   a. Narcotic
   b. Hallucinogen.
   c. Stimulant.
   d. Depressant.

100. Alcohol is a—
   a. Narcotic
   b. Hallucinogen.
   c. Stimulant.
   d. Depressant.
American Red Cross

First Aid for Public Safety Personnel Exam B—Unit 1

INSTRUCTIONS: Read each question carefully, choose the best answer, and mark that answer on the answer sheet. Do not write on this exam.

1. Who provides a critical transition of care between the citizen responder’s initial actions and the care of more highly trained professionals?
   a. First responder.
   b. Bystander.
   c. Paramedic.
   d. EMS dispatcher.

2. In any emergency, the first action of the citizen responder is to recognize that an emergency exists. Which is the second and most crucial action?
   a. Providing care to the victim.
   b. Directing traffic at the accident scene.
   c. Activating the EMS system by dialing 9-1-1 or other local emergency number.
   d. Taking the victim to the hospital.

3. Which of the following is an example of a first responder?
   a. School principal.
   b. Parent.
   c. Lifeguard.
   d. Swim coach.

4. Medical oversight is administered by—
   a. The first responder.
   b. A medical director.
   c. A paramedic at the scene.
   d. The first responder’s immediate supervisor.

5. The heart, arteries, capillaries, veins, and blood are major structures of which body system?
   a. Circulatory system.
   b. Respiratory system.
   c. Nervous system.
   d. Endocrine system.

6. Which of the following is a general consideration for moving a victim prior to the arrival of EMS personnel?
   a. Moving the victim will help determine how seriously the victim is injured.
   b. Moving the victim will make providing care more convenient for the rescuer.
   c. The victim desires more privacy before being cared for.
   d. There is immediate danger to the victim or rescuer.

7. The failure of one or more body systems can be detected by—
   a. Gauging the victim’s level of panic.
   b. Assessing the type of accident.
   c. Interviewing bystanders.
   d. Checking physical signs and symptoms.
8. Why is it important to make the emergency scene safe, if possible?
   a. To ensure that more advanced medical personnel can reach the victim.
   b. To prevent additional accidents.
   c. To ensure the safety of the first responder and others at the scene.
   d. To allow you to do your job.

9. The network of community resources and medical personnel that provides emergency care is known as the—
   a. Department of Transportation (DOT).
   b. Emergency Medical Services (EMS) system.
   c. Occupational Safety and Health Administration (OSHA).

10. You arrive at the scene of a burning building. Someone tells you that a coworker is still inside. You should—
    a. Assume the scene is not safe. Call EMS and wait for EMS personnel.
    b. Wet your clothing to make the scene safe, and then approach the victim.
    c. Form a human chain using bystanders and enter the building together.
    d. Enter the building at a place where there is no fire and try to find a safe way to the victim.

11. Which body system controls all other body systems?
    a. Nervous system.
    b. Respiratory system.
    c. Integumentary system.
    d. Genitourinary system.

12. The four components of the scene size up are: scene safety, number of victims, resources needed, and—
    a. Weather conditions.
    b. Mechanism of injury/nature of illness.
    c. Age and gender of the victims.
    d. Level of consciousness.

13. How do you open the airway of a victim of a sudden illness?
    a. Head tilt/chin lift.
    b. Head tilt/neck lift.
    c. Jaw thrust without head tilt.
    d. Jaw lift/finger sweep.

14. Which of the following is not a safe lifting technique?
    a. Starting to move without communicating with helpers.
    b. Lifting with your legs, not your back.
    c. Looking where you are walking.
    d. Taking small steps.

15. The purpose of the initial assessment is to—
    a. Determine whether the scene is safe.
    b. Identify immediate threats to life.
    c. Identify minor injuries/medical conditions.
    d. Assess the resources needed to provide care.
16. For a stable victim, the initial assessment should be repeated every—
   a. 30 minutes.
   b. 20 minutes.
   c. 15 minutes.
   d. 5 minutes.

17. Look, listen, and feel is a 5-second check for—
   a. An open airway.
   b. Severe bleeding.
   c. DOTS.
   d. Breathing.

18. AVPU stands for—
   a. Active, visual, painful, unaware.
   b. Alert, verbal, pale, unknown.
   c. Active, visual, painful, unresponsive.
   d. Alert, verbal, painful, unresponsive.

19. The “D” in DOTS refers to—
   a. Depression.
   b. Dilation.
   c. Defective.
   d. Deformity.

20. The “M” in SAMPLE refers to—
   a. Musculoskeletal injury.
   b. Medications.
   c. Maintenance.
   d. Medical oversight.

21. Where do you check the pulse of a conscious adult or child?
   a. Brachial artery.
   b. Radial artery.
   c. Carotid artery.
   d. Femoral artery.

22. Where do you check the pulse of an unconscious adult or child?
   a. Brachial artery.
   b. Radial artery.
   c. Carotid artery.
   d. Femoral artery.

23. The study of the functions of muscles in maintaining body posture is—
   a. Hydrodynamics.
   b. Body mechanics.
   c. Body aerobics.
   d. Lifting science.

24. Checking skin characteristics involves all but which of the following—
   a. Color.
   b. Moisture.
   c. Elasticity.
   d. Temperature.
25. Where do you check the pulse of an infant, whether conscious or unconscious?
   a. Femoral artery.
   b. Radial artery.
   c. Carotid artery.
   d. Brachial artery.
American Red Cross

First Aid for Public Safety Personnel Exam B—Unit 2

INSTRUCTIONS: Read each question carefully, choose the best answer, and mark that answer on the answer sheet. Do not write on this exam.

26. Restlessness and irritability are common initial signs of—
   a. Shock.
   b. Diabetic coma.
   c. Seizure.
   d. High blood pressure.

27. The proper care for a closed wound may include applying—
   a. A dressing and bandage.
   b. Direct pressure, elevation, and cold.
   c. Antibiotic ointment or cream.
   d. An elastic bandage to restrict blood flow.

28. Hypoperfusion is another name for—
   a. Diabetic coma.
   b. Stroke.
   c. Shock.
   d. Heart attack.

29. Part of the bleachers collapses on a child’s hand, causing an avulsion of two fingers. After caring for the victim, how should you care for the fingers?
   a. Dispose of the fingers by placing them in a biohazard container.
   b. Place the fingers in cool water or milk.
   c. Wrap the fingers in sterile dressing and keep at room temperature.
   d. Wrap the fingers in sterile dressings and place them in a plastic bag, then on ice.

30. A lifeguard has been injured while moving some heavy equipment. The result is a deep laceration on the thigh. You apply direct pressure and then you apply multiple dressings and bandages. If bleeding does not stop—
   a. Use a tourniquet.
   b. Continue to apply direct pressure & contact EMS.
   c. Compress the femoral artery pressure point.
   d. Remove all bandages and reapply pressure.

31. A full thickness burn is characterized by—
   a. Red and dry skin.
   b. Red, wet, and blistered skin.
   c. Ashen skin.
   d. Charred skin.

32. A plastic dressing used to cover a sucking chest wound is called—
   a. An occlusive dressing.
   b. A triangular bandage.
   c. A clear dressing.
   d. An obtrusive dressing.
33. Which of the following is a signal of shock?
   a. Skin that is dry and normal in color.
   b. A rapid, weak pulse.
   c. Slow, deep breathing.
   d. High temperature.

34. Which of the following is a signal of an infected wound?
   a. Stiffness or tingling below the site of the injury.
   b. A bluish color around the wound.
   c. The area of the wound is red, swollen, and painful.
   d. The injury site is cold to the touch.

35. Treatment for shock includes—
   a. Giving the victim something to drink.
   b. Submerging the victim in cool water.
   c. Having the victim walk or jog to promote circulation.
   d. Reassuring the victim.

36. If a dry chemical spills on the victim’s arm—
   a. Leave the chemical alone until EMS personnel arrive.
   b. Carefully brush the chemical off with a gloved hand or flush with water.
   c. Wrap the arm snugly with sterile dressings and bandages.
   d. Apply isopropyl alcohol to the chemical.

37. If a victim has an embedded object, you should control bleeding by—
   a. Elevating the body part with the embedded object but do not bandage.
   b. Applying direct pressure on top of the object.
   c. Applying bulky dressings to stabilize the object in place and then bandaging around the object.
   d. Removing the object and applying direct pressure.

38. Which burn should not be cooled with water?
   a. Liquid chemical.
   b. All burns now cooled with water.
   c. Radiation.
   d. Heat.

39. Which of the following is a critical burn?
   a. A full thickness burn on the leg of a 30-year-old woman.
   b. A partial thickness burn to the arm of a 14-year-old child.
   c. A superficial burn to the back of a 21-year-old man.
   d. A full thickness burn to the chest of a 32-year-old woman that causes breathing difficulty.

40. A normal heart rate for an adult is—
   a. 60-100 beats per minute.
   b. 100-200 beats per minute.
   c. 250-300 beats per minute.
   d. There is no normal heart rate range.

41. A compensating heart rate for an adult is—
   a. 60-100 beats per minute.
   b. 100-200 beats per minute.
   c. 250-300 beats per minute.
   d. There is no normal heart rate range.
42. Which of the following is a sign or symptom of severe internal bleeding?
   a. Red skin and high body temperature.
   b. Ringing in the ears.
   c. Tender, swollen, hard tissue.
   d. Coma.

43. A wound characterized by skin that is rubbed or scraped away is called—
   a. An avulsion.
   b. A puncture wound.
   c. A laceration.
   d. An abrasion.

44. Coughing up blood may indicate a serious injury to the—
   b. Abdomen.
   c. Pelvis.
   d. Legs.

45. A dressing is—
   a. A sterile pad placed over a wound to absorb blood and prevent infection.
   b. Material used to apply pressure to a wound or to support an injured body part.
   c. A towel or blanket used to keep the victim warm.
   d. A chemical cold pack.

46. A bandage is—
   a. A sterile pad placed over a wound to absorb blood and prevent infection.
   b. Material used to apply pressure to a wound or to support an injured body part.
   c. A towel or blanket used to keep the victim warm.
   d. A chemical cold pack.

47. If an organ protrudes from the victim's abdomen—
   a. Do nothing; let EMS personnel deal with this problem.
   b. Do not move the victim; cover the wound loosely with moist, sterile dressings.
   c. Carefully push the organ back inside the victim's body and apply direct pressure.
   d. Have the victim stand up to apply elevation and then cover with a dressing and bandage.

48. Bright red, spurting blood comes from—
   a. Veins.
   b. Capillaries.
   c. Arteries.
   d. Any blood vessel.

49. A wound caused by a sharp object penetrating the body is—
   a. An avulsion.
   b. A puncture wound.
   c. A laceration.
   d. An abrasion.

50. A victim has been severely burned on the face and head and entire left arm. This burn covers approximately what percentage of the victim's body?
   a. 18%.
   b. 27%.
   c. 36%.
   d. 45%.
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First Aid for Public Safety Personnel Exam B—Unit 3

INSTRUCTIONS: Read each question carefully, choose the best answer, and mark that answer on the answer sheet. Do not write on this exam.

51. Which type of splint attaches an injured body part to an uninjured body part?
   a. Anatomic splint
   b. Rigid splint.
   c. Traction splint.
   d. Soft splint.

52. Which tissue connects muscle to bone?
   a. Muscle.
   b. Tendon.
   c. Ligament.
   d. Nerve.

53. Which tissue connects bones together at joints?
   a. Muscle.
   b. Tendon.
   c. Ligament.
   d. Nerve.

54. The general technique for minimizing movement of the head and neck is called—
   a. Full-body stabilization.
   b. Neck stabilization.
   c. In-line stabilization.
   d. Hip and shoulder support.

55. The general care for musculoskeletal injuries consists of __________, immobilization, cold and elevation—
   a. Pressure.
   b. Rest.
   c. Tension.
   d. Exercise.

56. Which tissue helps to form the landmarks that define parts of the body?
   a. Bone.
   b. Nerve.
   c. Adipose.
   d. Muscle.

57. The humerus is a bone in the—
   a. Upper arm.
   b. Forearm.
   c. Finger.
   d. Lower leg.
58. To tie a pressure bandage at a joint, use a—
   a. Figure-eight pattern.
   b. Figure-four pattern.
   c. Overlapping turn pattern.
   d. Linear pattern.

59. When splinting—
   a. Lower the injured part below the heart.
   b. Keep the injured part as straight as possible.
   c. Support the injured part in the position you find it.
   d. Use only rigid splints.

60. General care for head, neck, and back injuries include all but which of the following?
   a. Maintaining inline stabilization.
   b. Cooling the body.
   c. Monitoring vital signs and maintaining an open airway.
   d. Securing the victim to a backboard prior to moving the victim.

61. Which tissue contracts and relaxes to produce body movement?
   a. Bone.
   b. Nerve.
   c. Adipose.
   d. Muscle.

62. A victim has a scalp wound that is bleeding. As you begin to apply pressure, you notice that the injury site feels “spongy.” You should—
   a. Stop applying direct pressure directly to the wound.
   b. Continue applying direct pressure directly to the wound.
   c. Apply warm compresses to the head.
   d. Compress the carotid arteries in the neck to slow the bleeding.

63. A temporary impairment of brain function resulting from a head injury is called a—
   a. Tumor.
   b. Lesion.
   c. Concussion
   d. Contusion.

64. All soft-tissue injuries to the head should be treated using direct pressure except injuries to the—
   a. Cheek.
   b. Nose.
   c. Eyeball.
   d. Ear.

65. To care for a tooth that has been knocked out, you should—
   a. Place the tooth on ice.
   b. Place the tooth in cool water or milk.
   c. Dispose of the tooth.
   d. Place the tooth in the victim’s pocket.

66. To care for a nosebleed—
   a. Pinch the nostrils and tilt head back.
   b. Pinch the nostrils and lean slightly forward.
   c. Pack each nostril with gauze.
   d. Cover the nose with sterile gauze and bandage it in place.
67. Which of the following is not a common cause of a serious head, neck, or back injury?
   a. A fall from a height greater than the victim’s height.
   b. Asphyxiation.
   c. Diving headfirst into shallow water.
   d. A motor vehicle crash.

68. Before splinting an open fracture, you should—
   a. Control bleeding and bandage.
   b. Ask the victim to sit up so you can move the injured body part into position alongside the victim’s body.
   c. Try to straighten the body part or to push protruding bones back into the body.
   d. Raise the injured body part above the heart.

69. If an air splint is properly inflated—
   a. You should be able to make a slight dent in the surface of the splint with your thumb.
   b. You should be able to press in on the splint until your finger reaches the victim’s body.
   c. You should not be able to make any dent in the splint with your fingers.
   d. You should be able to slip the splint up and down on the victim’s injured body part.

70. To properly immobilize a joint—
   a. Splint the joint above the injury.
   b. Splint joints above and below the injury.
   c. Splint bones above and below the injury.
   d. Splint the bone below the injury.

71. Which type of splint uses a blanket, towel, or other bulky material to support and immobilize the injured body part?
   a. Anatomic splint
   b. Rigid splint.
   c. Traction splint.
   d. Soft splint.

72. To immobilize an elbow that is bent—
   a. Tie a bandage directly on the elbow.
   b. Straighten the elbow and then immobilize it against the length of the body.
   c. The elbow is already injured so there is no reason to immobilize it.
   d. Apply a rigid splint diagonally across the inside of the arm to immobilize bones above and below the elbow joint.

73. Neck injuries may result in—
   a. Severe seizures.
   b. Severe pain and headache.
   c. Bleeding from the skull.
   d. Bleeding from the ears.

74. To properly immobilize a bone—
   a. Splint the joint above the injury.
   b. Splint joints above and below the injury.
   c. Splint bones above and below the injury.
   d. Splint the bone below the injury.
75. Which of the following deformities often characterizes a broken femur—

   a. The injured leg appears shorter and is turned outward.
   b. The injured appears longer and is turned outward.
   c. The injured leg appears longer and is turned inward.
   d. The injured leg is just as long as the uninjured leg but is elevated off the ground by a few inches.
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First Aid for Public Safety Personnel Exam B—Unit 4

INSTRUCTIONS: Read each question carefully, choose the best answer, and mark that answer on the answer sheet. Do not write on this exam.

76. What should be your primary concern when approaching a person who appears to have been poisoned or burned?
   a. Forming a general impression.
   b. Determining scene safety.
   c. Assessing the victim quickly.
   d. Getting bystander statements.

77. Abnormal conduct that is either unacceptable or intolerable should be considered—
   a. A behavioral emergency.
   b. A critical incident.
   c. An act of violence.
   d. A medical emergency.

78. General signs and symptoms of medical emergencies include all but which of the following—
   a. Changes in level of consciousness.
   b. Tightness in the abdomen.
   c.Weakness or lightheadedness.
   d. Changes in the victim’s breathing, pulse, and skin characteristics.

79. Which of the following medical emergencies is characterized by headache, ringing in the ears, unequal pupils, and rigidity in one side of the face?
   a. Stroke.
   b. Seizure.
   c. Heart attack.
   d. Poisoning.

80. To care for a victim with an altered state of consciousness—
   a. Give fluids.
   b. Elevate the legs 8 to 12 inches if you do not suspect spinal, hip, or leg injuries.
   c. Splash water in the victim’s face.
   d. Make the victim exercise to regain full consciousness.

81. After making sure you can safely reach a conscious victim of an inhaled poison, you should help the victim by—
   a. Encouraging the victim to vomit.
   b. Keeping the victim lying down and call more advanced medical personnel.
   c. Flushing the victim’s body with large amounts of water.
   d. Getting the victim to fresh air, and then summon more advanced medical personnel.

82. What is the most serious condition associated with anaphylaxis?
   a. Hives.
   b. Rash.
   c. Nausea and vomiting.
   d. Breathing difficulty.
83. Why should you apply cold to the entry site of an insect sting?
   a. To reduce the possibility of anaphylaxis.
   b. To neutralize the insect venom.
   c. To reduce pain and swelling.
   d. To prevent skin damage.

84. Why should you **not** apply cold to a snakebite?
   a. It causes further injury to the entry site.
   b. It causes the poison to be drawn deeper into the body.
   c. It increases the strength of the venom.
   d. It lowers the victim's level of consciousness.

85. To care for a suspected diabetic emergency (conscious victim)—
   a. Give the victim an injection of insulin.
   b. Let the victim lie down for 30 minutes.
   c. Give the victim some form of sugar.
   d. Keep the victim awake and active.

86. When caring for any medical emergency, your first priority is to—
   a. Monitor the ABCs.
   b. Complete a SAMPLE history.
   c. Reassure the victim.
   d. Maintain normal body temperature.

87. A condition resulting from a temporary reduction of blood flow to the brain is—
   a. Fainting.
   b. Hypothermia.
   c. Diabetes.
   d. Seizure.

88. Frostbite—
   a. Is the freezing of body tissue.
   b. Occurs only in the extremities.
   c. Is the same as hypothermia.
   d. Is only a superficial injury.

89. If you are unsure about what might be wrong with the victim—
   a. Spend as much time as needed until you diagnose the problem.
   b. Provide appropriate care for the signs you see rather than worrying about diagnosing what is wrong
      with the victim.
   c. Care for problems you believe to exist regardless of the signs you see.
   d. Do nothing; never provide care until you determine what is wrong with the victim.

90. A victim of a heat-related illness may not be sweating. This can result in—
   a. A condition known as heat exhaustion.
   b. Low levels of bodily fluids, causing tremors or convulsions.
   c. Kidney failure due to fluid retention.
   d. Ineffective body cooling and a rapidly rising body temperature.

91. Stage two of labor is—
   a. Preparation.
   b. Stabilization of mother and baby.
   c. Delivery of the placenta.
   d. Delivery of the baby.
92. Which of the following factors can help you determine whether to assist with a delivery?
   a. The health of the woman.
   b. The length of the pregnancy.
   c. The length of time since the woman’s last baby was born.
   d. Whether the baby’s head is crowning.

93. By focusing on an object in the room while regulating breathing, an expectant mother can—
   a. Help her focus on the pain involved.
   b. Speed up the delivery of the baby.
   c. Reduce the anxiety that may be associated with childbirth.
   d. Reduce the flow of oxygen to her baby.

94. Why should you have a clean towel to catch the baby as he/she is delivered?
   a. Because the baby will be slippery.
   b. To wipe up any fluids that might be present on the ground around the mother.
   c. So the baby can be cleaned off quickly and handed to the mother.
   d. Because gloves are not appropriate to use during emergency childbirth.

95. Which of the following should be done to care for a victim of hypothermia?
   a. Rewarm the victim as quickly as possible.
   b. Rub the victim’s arms and legs.
   c. Gradually rewarm the victim.
   d. Give the victim hot coffee or alcohol.

96. Which of the following characterizes the later stages of a heat-related emergency?
   a. Dry, red skin that is warm to the touch.
   b. Moist skin that is pale or ashen.
   c. Normal skin color and temperature.
   d. Bluish skin.

97. A substance abuse victim is restless, talkative, and irritable. He/she may have taken a—
   a. Narcotic
   b. Stimulant.
   c. Hallucinogen.
   d. Depressant.

98. Alcohol is a—
   a. Narcotic
   b. Stimulant.
   c. Hallucinogen.
   d. Depressant.

99. Where should you touch a hypothermic victim to check core body temperature?
   a. Forehead.
   b. Forearm.
   c. Leg.
   d. Abdomen.

100. If the newborn does not begin to breathe after flicking the baby’s feet—
    a. Continue to flick the baby’s feet.
    b. Keep the baby warm until breathing starts.
    c. Have the mother begin nursing the baby.
    d. Begin rescue breathing.
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