ASSESSMENT FUND

for discipline «Emergency medicine»

The level of higher education

SPECIALTY

Direction of preparation

Specialisation 31.05.01. - RF, 560001 - KR General medicine

(the code and Direction of preparation)

2023

The assessment fund is designed to control the knowledge of students in the direction of preparation (specialisation) *General medicine* in the discipline (practice) "Emergency medicine".

The assessment fund is reviewed and approved at the meeting of the department
Emergency medicine

Record of 28.02. 2023. № 7

The Head of Department
Emergency medicine

Name of the department	*signature*	Idirisov A.N. *transcription of signature*

исполнители

The Head of Department
Emergency medicine

должность	*signature*	Idirisov A.N *transcription of signature*

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1. STUDENTS' COMPETENCIES RESULTING FROM THE COURCE UNIT (MODULE)

Formation of competence	Planned learning outcomes in the discipline, characterizing the stages of competencies formation	Types of assessment tools/ section code in this document
PC-13: capable and ready to carry out anti-epidemic measures, protect the population in the foci of especially dangerous infections, in case deterioration of the radiation situation and natural disasters and other emergencies.	**Knowledge:**	*- Test* *- Report* *- Presentation*
	Objectives, aims of sanitary and epidemiological survey of the population of emergency situations.	
	Organization of anti-epidemic measures in emergency situations of various kinds.	
	Tasks and organization of a network of observation and laboratory control.	
	-	
	Skills:	*- Self-monitoring on situational tasks*
	-	
	Carry out measures to prevent the occurrence and spread of infectious diseases.	
	Identify infectious patients, their isolation , and hospitalization.	
	Carry out recording and sanitation of carriers of pathogens, analysis of the dynamics and structure of morbidity by epidemiological features.	
	Expertise:	*-individual work*
	The methods of interviewing patients, vict emergency situations (emergency situations) in the center.	
	Emergency prevention in the event of an emergency.	
	Methods of disinfection of foci (disinfection, disinsection and deratization).	
	-	

STUDENTS' COMPETENCIES RESULTING FROM THE COURCE UNIT (MODULE)

Formation of competence	Planned learning outcomes in the discipline, characterizing the stages of competencies formation	Types of assessment tools/ section code in this document
PC-30: capable and ready to organize medical assistance in emergency situations, including medical evacuation	**Knowledge:**	*- Test* *- Report* *- Presentation*
	Basic of medical-evacuation activities in emergency situations.	
	Types of emergency situations (ES) peacetime - man-made, biological, social, their traumatic factors and types of possible injuries in people as a result of these emergency situations (ES).	
	Preparation of health facilities for work in emergency situations (ES) of civil and and military time.	
	-	
	Skills: -	*- Self-monitoring on situational tasks*
	Conduct medical sorting	
	To characterize the medical and tactical situation of various types of emergency situations (ES).	
	Provide first medical assistance to victims in emergency situations (ES).	
	Expertise:	*-individual work*
	The methods of providing first aid to the affected, sick, wounded in the emergency situations of military and peacetime	
	The main technical means of cardiopulmonary resuscitation, individual and medical means of protection.	
	The methods of rendering pre-medical care to victims in the lesions of emergencies.	
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The planning sheet of discipline

Discipline **Emergency medicine**
Field of study/specialization General medicine/ Specialist

Course/semester 6,1
Credit units (CU) 2

Title of module according to WPD	Type of control	Forms of control	Minimal credit points	Maximal credit points	Week of control
Module 1					
Tasks, organizational structure and bases of activity of the Ministry of Emergency Situations of the Kyrgyz Republic. Medical and sanitary support in the aftermath of emergency situations of anthropogenic character. Medical and sanitary support in the aftermath of emergency situations of a natural nature.	Formative assessment	Activity, attendance, lecture notes, performance and presentation of lab works, individual work with tables, discussion of situational tasks	20	35	9
	Midterm examination	Evaluation test	3	5	
Module 2					
Module 2. **Organization of anti-epidemic support in emergency situations. Medical protection of the population and rescuers in emergency situations. Preparation and organization of the work of medical and preventive institutions in emergency situations.**	Formative assessment	Activity, attendance, lecture notes, performance and presentation of lab works, individual work with tables, discussion of situational tasks, writing of reports	14	25	18
	Midterm examination	Evaluation test	3	5	
Total			40	70	
Midpoint assessment			20	30	
Summative assessment			60	100	

3. STANDARD CONTROL TASKS AND OTHER MATERIALS IMPORTANT FOR EVALUATING PLANNED LEARNING RESULTS IN THE DISCIPLINE “EMERGENCY MEDICINE” (ASSESSMENT TOOLS)

Tests on Emergency Medicine (EM)

1. The All-Russian Emergency Medicine Service is organizationally included:
a) EMS MSSWLUS, EMS MH RF, EMS MWM, EMS MIA
b) EMS MH RF, EMS MDRF, EMS MIA, Force and Means of MWM, and other FEA
c)EMS MH, forces and means of liquidation of consequences EFSS, Ministry of Atomic Energy MES, USS PE ES
d)MES, USS PE ES, SD and ES
e) MSCD, AREMS, USS ES SD, MES and CD

2. Forces and means of the EMS of the Ministry of Health of the Russian Federation for liquidation of medical and sanitary consequences of emergencies:
a) Movable detachments, brigades, groups of specialists of MTO, units of SMP
b) Mobile hospitals, detachments, brigades, groups of specialists
v) Established and non-standard formations
g) Forces and facilities of TPI, SES, CSSES
d) Mobile formations and institutions of the ACEM, RCEM, TCEM, stations and substations of emergency medical aid

3. The main regular staff of the FMH from the ACEM "Protection":
a) Reception-diagnostic, surgical, anesthesia-resuscitation, hospital, evacuation
b) Management, main offices, department MTO, SMP brigades
v) Receiving and sorting, special treatment department, surgical dressing, hospital, evacuation department
g) Reception-evacuation, department of private sector, surgical, hospital, laboratory and diagnostic departments
d) Receiving and sorting, laboratory, intensive care, hospital, evacuation department

4. The means of the EMS are:
a) medical equipment and equipment consisting of equipment
b) basic, low-value and expendable medical equipment
c) medical property suitable new, suitable for use and after repair
d) medical, sanitary and technical equipment and equipment
e) medical, sanitary and technical and special equipment and equipment, consisting of equipment

5. Possible number of profiles of SMAB attached to FMH:
a) 8
b) 9
v) 16
g) 17
d) 21

6. The main tasks of the SMAB are not:
a) medical sorting of the affected, in need of specialized medical care
b) provision of specialized medical assistance to the affected and treatment of non-transportable people affected; c) preparation of those affected for evacuation to specialized health facilities
g) evacuation of the infected in specialized health facilities
d) rendering of the advisory-methodical help to the struck in TPI

7. The possible number of profiles of SMAB created in AREMS:
a) 8

b) 9
v) 16
g) 17
d) 21

8. Staff of the SMAB:
a) The head is a surgeon, 1 surgeon-traumatologist, 1 anesthesiologist, 2 opera. m / s, 1 m / s-anesthetist
b) The head is a surgeon, 2 surgeons-traumatologists, 1 anesthesiologist, 2 opera. m / s, 1 m / s-anesthesist, 1 m / s - dressing (gypsum)
c) Head - surgeon, 1 surgeon-traumatologist, 1 neurosurgeon, 1 anesthesiologist, 2 opera. m / s, 1 m / s-anesthetist
d) Head - neurosurgeon, 2 neurosurgeons, 1 anesthesiologist, 2 opera. m / s, 1 m / s-anesthetist
e) 2-3 specialist doctors, 3-5 medical employee, 1-2 orderlies

9. Opportunities for rendering medical care SMAB of surgeon profile:
a) Within 10 hours of operation - up to 6 surgical interventions
b) 12 hours of operation - up to 6 surgeries
c) 12 hours of operation - up to 10 surgical interventions
d) 12 hours of operation - up to 30 surgeries
e) 12 hours of operation - up to 50 surgeries

10. Possibilities for rendering medical care of infectious SMAB:
a) 12 hours of work - up to 6 people
b) 12 hours of work - up to 10 people
c) 12 hours of work - up to 30 people
d) 12 hours of work - up to 50 people
e) 12 hours of work – up to 50 - 100 people

11. Possibilities for rendering medical care of traumatological SMAB:
a) 12 hours of work - up to 6 people
b) 12 hours of work - up to 10 people
c) 12 hours of work - up to 30 people
d) 12 hours of work - up to 50 people
e) 12 hours of work up to 50 - 100 people

12. Possibilities for rendering medical care of katabustiological SMAB:
a) 12 hours of work - up to 6 people
b) 12 hours of work - up to 10 people
c) 12 hours of work - up to 30 people
d) 12 hours of work - up to 50 people
e) 12 hours of work up to 50 - 100 people

13. Composition of the Nursing Brigade:
a) 1 doctor, 2 nurses, 1 ambulance driver
b) 1 doctor, 1 senior nurse, 2 nurses, 1 paramedic, 1 ambulance driver
3) 1 - 2 doctors, 2-3 nurses, 1 link of orderlies, 1 ambulance driver
4) 2-3 doctors, 3-5 nurses, 1-2 units of springs, 1 bus driver
5) 1 doctor, 3 nurses, 1 paramedic, 1 driver - sanitary officer

14. Opportunities of the visiting medical and nursing brigade for providing medical care in ES:
a) For 6 hours - 12 affected, 1 medical assistance
b) For 10 hours - 500 people affected, 1 medical care
c) For 6 hours 50 injured, 1 medical help
d) For 10 hours 50 injured, 1 medical assistance
e) For a day of work - 150 injured, pre-medical and 1-st medical help

15. Composition of paramedic visiting ambulance brigade:
a) 1 doctor, 2 average medical workers, 1 paramedic, 1 ambulance driver
b) 1 paramedic, 1 nurse, 1 paramedic, 1 driver-ambulance
c) 1 paramedic, 2 nurses, 1 paramedic, 1 driver-ambulance
d) 2 medium paramedics, 2 paramedics, 1 ambulance driver
e) 2-3 average paramedics, 3-5 nurses, 1 driver-ambulance

16. Types of AREMS formations intended for conducting sanitary-hygienic and anti-epidemic measures in case of ES peacetime:
a) PPEO, SEB, SAEU, GEI
b) SEB, SAEU, GEI
c) SEU, SEB, SAEU, GEI
d) CSSES, SEU, SEB, SAEU, GEI
e) RCEM, SEB, SAEU, GEI

17. The need to have children's surgical care SMAB is caused by the presence among the affected children in the ES on average:
a) 25%
b) 30%
c) 35%
d) 40%
e) 15%

18. Non-standard specialized rapid response units are:
a) SEA
b) SEB
c) SMAB
d) GEI
e) PPEO

19. The formations of EMS intended for the provision of first medical assistance include:
a) mobile teams of specialists, medical ambulance brigades and medical and nursing teams
b) mobile teams of specialists
c) non-standard health care teams
d) groups of epidemiological reconnaissance (GEI), medical outreach ambulance brigades and medical-nursing teams
e) medical outreach ambulance brigades and medical-nursing teams

20. Brigades of pre-medical care are mobile medical formations of public health services intended for:
a) reception, registration, medical sorting of the affected, providing them with first aid and preparation for evacuation
b) medical sorting of the affected, providing them with pre-hospital care and preparing for evacuation
c) reception, partial special processing, medical sorting of the affected, providing them with pre-hospital care and preparation for evacuation
d) medical sorting of the affected, providing them with pre-hospital care and further evacuation
e) medical sorting of the affected, providing them with pre-hospital care and treatment before the outcome

21. The centers of the State Sanitary and Epidemiological Supervision in cities and districts form:
a) sanitary-epidemiological units and brigades, groups of epidemiological intelligence
b) Sanitary and epidemiological units and brigades
c) sanitary and epidemiological
d) groups of epidemiological intelligence
e) Sanitary-epidemiological brigades and groups of epidemiological intelligence

22. Sanitary-epidemiological brigades (SEB) are created according to profiles:
a) radiological, toxicological, bacteriological brigades

b) epidemiological, radiological, bacteriological teams
c) epidemiological, radiological, sanitary-hygienic (toxicological) brigades
d) toxicological, radiological, bacteriological brigades
e) epidemiological, radiological, virological teams

23. For the first time in the history of medicine, the concept of "medical sorting" was introduced:
a) N.N. Burdenko
b) S.P. Botkin
c) V.A. Oppele
d) N.I. Pirogov
e) N.A. Semashko

24. A group of wounded, injured and sick who are to be referred to the place of residence belong to the following direction of medical sorting:
a) based on the possibility and feasibility of evacuation
b) in need of homogeneous medical evacuation and prof. activities
c) by appointment
d) based on the need for medical care
e) based on the need for sanitation and the need for isolation

25. Colored sorting brands at first was introduced by:
a) N.I. Pirogov
b) V.A. Oppele
c) N.A. Semashko
d) N.N. Burdenko
e) N.V. Sklifosovsky

26. "Medical sorting" is called:
a) a certain list of medical and prophylactic measures taken in case of lesions (injuries and illnesses), personnel of the medical service on the battlefield and stages of medical evacuation
b) the forces and means of medical service deployed on the medical evacuation routes for the reception, sorting of the wounded and sick, providing them with medical care, treatment and preparation for them according to the indications for further evacuation
c) it is a unified understanding of the pathological processes occurring in the body with modern combat trauma and diseases, as well as unified views on their treatment and prevention
d) a set of measures for the delivery of the wounded and sick from the area of occurrence of sanitary losses to medical centers and medical institutions for the timely and full provision of medical care and treatment
e) distribution of the wounded and sick to groups on the basis of need for homogeneous preventive and treatment-evacuation measures in accordance with medical indications established by the amount of assistance for this EME and the accepted evacuation procedure

27. At the stage of medical evacuation, as a result of medical sorting, the following group of wounded (injured) and sick persons is primarily distinguished:
a) seriously wounded and seriously ill
b) lightly wounded and lightly ill
c) having penetrating wounds
d) present a danger to others
e) having multiple injured heads

28. Medical sorting on the sorting site of the stage of medical evacuation is carried out:
a) a sanitary instructor-dosimeter
b) paramedic
c) doctor
d) by a doctor as a surgeon or as a therapist
e) sorting brigade

29. A group of wounded and sick to be isolated corresponds to the following direction of medical sorting:
a) by appointment
b) based on the need for sanitation and isolation
c) based on the need for medical care
d) dangerous to others
e) proceeding from the possibility and expediency of evacuation

30. Medical sorting in the sorting area of the medical evacuation stage is carried out:
a) orderlies
b) sanitary instructors
c) sorting brigades
d) paramedic
e) personnel of the auto-technical platoon

31. The wounded and sick are subject to sanitation:
a) Affected PS, RS, BM
b) only infectious patients or suspicious of an infectious disease
c) being in a state of psychomotor agitation
d) non-transportable
e) dangerous and not dangerous to others

32. A group of wounded and patients subject to sanitary treatment correspond to the following direction of medical sorting:
a) based on the need for medical care
b) based on the need for sanitation and the need for isolation
c) by appointment
d) proceeding from the possibility and expediency of evacuation
e) dangerous and not dangerous to others

33. The composition of the sorting brigade for the severely ruptured stage of medical evacuation:
a) paramedic, sanitary instructor, 2 paramedics, 4 medical orderlies
b) a doctor, 2 paramedical medical workers, 2 registrars, 1-2 links of paramedics
c) doctor, operating nurse, registrar, anesthesiologist
d) 2 doctors, senior operating nurse, operating nurse, anesthesiologist, registrar, nursing staff
e) dentist, nurse

34. The composition of the sorting brigade for easy-armed stages of medical evacuation:
a) paramedic, sanitary instructor, 2 paramedics, 4 medical orderlies
b) dentist, nurse
c) doctor, operating nurse, registrar, anesthesiologist
d) 2 doctors, senior operating nurse, operating nurse, anesthesiologist, registrar, nursing staff
e) doctor, 1 average medical professional, 1 registrar

35. A group of wounded and sick people who have injuries and illnesses incompatible with life correspond to the following direction of medical sorting:
a) in need of homogeneous medical-evacuation and preventive measures
b) by appointment
c) based on the need for medical care
d) proceeding from the expediency and possibility of evacuation
e) in the direction

36. The definition of "medical sorting" is correct:
a) a certain list of medical and preventive measures carried out in wounds (injuries) and diseases by the personnel of troops and medical service on the battlefield and EME

b) the forces and means of medical service deployed on evacuation routes for receiving, sorting the wounded and sick, assisting them, treating them and preparing them for evidences for further evacuation
c) this is a unified understanding of the pathological processes occurring in the body with modern combat trauma and illnesses, as well as unified views on their treatment and prevention
d) a set of medical services for the delivery of the wounded and patients from the areas of sanitary damage to EME for timely and full assistance and treatment
e) distribution of the wounded and sick to groups on the basis of need for homogeneous preventive and treatment-evacuation measures in accordance with medical indications established by the amount of assistance for this EME and the accepted evacuation procedure

37. The main direction of medical sorting at the stage of medical evacuation:
a) based on the need for assistance, on the urgency and place of its provision
b) to be left on a given EME
c) proceeding from the danger to those around and needs, in this connection, in sanitation and isolation
d) those who do not need help at this stage
e) proceeding from evacuation signs

38. A group of wounded and sick to be abandoned at this stage of medical evacuation corresponds to the following direction of medical sorting:
a) based on the need for sanitation and the need for isolation
b) by appointment
c) based on the need for medical care
d) proceeding from the expediency and possibility of evacuation
e) in the direction

39. At the stage of medical evacuation, the wounded and sick from the sorting post are sent to the surrounding:
a) on a sorting platform
b) in the reception and sorting tents
c) in the special treatment department (site) and insulators
d) to the department for medical assistance
e) to the hospital department

40. When conducting medical sorting at the stage of medical evacuation, the 2nd main direction is singled out:
a) based on evacuation signs
b) proceeding from the danger to others and the need for this in sanitation and isolation
c) based on the needs for medical property
d) based on the need for medical care for urgency and the place of its delivery
e) based on the needs of the medical staff

41. When conducting medical sorting at the stage of medical evacuation, the third main direction is singled out:
a) based on the need for medical care for the urgency and the place of its delivery
b) the evacuation to be left at this stage
c) proceeding from the danger to others and need in connection with this in sanitation and isolation
d) those who do not need medical assistance at this stage
e) proceeding from evacuation signs

42. The results of the medical sorting at the stage of medical evacuation are recorded:
a) a record in the primary medical record
b) a record in the primary medical record, attachment of the sorting mark, a record in the medical history
c) a record in the book of records of the wounded and sick
d) a record in the medical history
e) an evacuation envelope

43. Hospitalization and treatment of the delivered wounded, sick, injured is carried out in the functional division of the stage of medical evacuation:
a) in the special processing unit
b) in the business unit
c) in the reception and sorting department
d) in the health care unit
e) in the hospital unit

44. Priority of the practical application of medical sorting in the practice of medical care belongs to:
a) V.I. Chuikov
b) F.I. Komarov
c) I.M. Chizh
d) N.I. Pirogov
e) P.I. Oppel

45. The main purpose of medical sorting during the medical evacuation phase:
a) providing the wounded and sick with the timely provision of medical care and rational evacuation
b) the temporary elimination of phenomena that threaten the life of the wounded and sick and the prevention of the development of life-threatening complications
c) fighting life-threatening disorders
d) elimination of the consequences of damage (disease) threatening the life of the wounded (sick), preventing the development of life-threatening complications and preparing for further evacuation
e) with the purpose of delivering the wounded and sick to medical centers and medical institutions for the timely and full delivery of honey. care and treatment

46. Principles of medical evacuation in emergency situations of peacetime:
a) from myself
b) in the direction, according to destination
c) approaching to places of the greatest sanitary losses
d) consistency and continuity
e) on myself

47. The volume of medical assistance provided for EME in peacetime emergency situations depends on:
a) from the combat and medical situation
b) from the decision of the head
c) the availability of means of amplification
d) from the training of the population to the methods of providing self- and mutual assistance
e) from the training of the population to methods and methods of approaching the wounded (affected)

48. The path of medical evacuation:
a) this is a system of activities aimed at the fastest and possible complete return to work, the maximum reduction in mortality and disability of people who have received injuries or diseases
b) these are the formations of the medical service into which the wounded (injured) are evacuated,
c) this is the way by which the wounded (affected) and patients from the affected area are carried out and transported to the suburban zone
d) it is a set of measures for the delivery of the wounded and sick from the area of occurrence of sanitary losses to medical posts and to medical institutions for the timely and full provision of medical care and treatment
e) This is the totality of evacuation routes deployed on them by EME and used sanitary vehicles.

49. The stage of medical evacuation, in emergency situations of peacetime is:
a) the forces and means of medical units deployed on evacuation routes for receiving, sorting the wounded and sick, providing them with medical assistance, and treating them and preparing them for evidences for further evacuation
b) this is a unified understanding of the pathological processes occurring in the body with modern combat trauma and illnesses, as well as unified views on their treatment and prevention
c) a certain list of medical and prophylactic measures taken during wounds (injuries) and illnesses, personnel

of the medical service on the battlefield and EME
d) a set of medical service activities for the delivery of the wounded and sick from the areas of the occurrence of sanitary losses to medical stations and to medical institutions for the timely and full provision of medical care and treatment
e) distribution of the wounded and sick to groups on the basis of need for homogeneous preventive and medical evacuation measures in accordance with medical indications established by the amount of assistance at this stage of medical evacuation and the accepted evacuation procedure

50. The main tasks of the stage of medical evacuation in emergency situations of peacetime:
a) registration and sorting of the wounded and sick, sanitary and special treatment, medical care, hospitalization and treatment, isolation of infectious patients, preparation of the wounded and patients for evacuation
b) medical care, preparation of the wounded and sick for the evacuation and treatment in the subsequent stages of evacuation
c) medical sorting, medical care, hospitalization and treatment of the wounded and sick
d) hospitalization and treatment of the wounded and sick
e) medical sorting of the wounded and sick, sanitation and medical care

51. Medical evacuation is:
a) the forces and means of the medical service deployed on the evacuation routes for the reception, sorting of the wounded and sick, assisting them, treating them and preparing them for evidences for further evacuation
b) a set of activities of the medical service for the delivery of the wounded and patients from the sanitary losses for EME for timely and full delivery of medical care and treatment
c) distribution of the wounded and sick to groups on the basis of need for homogeneous preventive and medical evacuation measures in accordance with medical indications established by the amount of assistance on this EME and the accepted evacuation procedure
d) a certain list of medical and preventive measures taken in case of injuries (diseases) and diseases, personnel of the troops and medical service on the battlefield and EME
e) it is a unified understanding of the pathological processes occurring in the body with modern combat trauma and illnesses, as well as unified views on their treatment and prevention

52. As part of the medical evacuation phase, the following main functional units are deployed:
a) management, sorting and evacuation department, dressing, pharmacy, insulators
b) management, sorting post, sorting platform, site special. treatment, evacuation, receiving and sorting tent, dressing, pharmacy, insulators
c) management, reception and sorting, surgical dressing, hospital and special treatment department, insulators
d) management, reception and sorting, surgical dressing, hospital and special treatment department
e) management, distribution post, sorting platform, receiving and sorting department, special treatment unit, medical care unit, hospital department, diagnostic department, evacuation, insulators, pharmacy, household.

53. The "volume" of medical care is understood as:
a) the forces and means of the medical service deployed on the evacuation routes for the reception, sorting of the wounded and sick, assisting them, treating them and preparing them for evidences for further evacuation
b) a list of therapeutic and prophylactic measures conducted on EME
c) a certain list of medical and prophylactic measures taken in case of injuries (diseases) and diseases, the personnel of the medical service on the battlefield and EME
d) is the timeliness in the provision of medical care on EME
e) a set of activities of the medical service for the delivery of the wounded and sick from the areas of sanitary damage to EME for timely and full assistance and treatment

54. Medical evacuation is understood as:
a) a set of medical service activities for the delivery of the wounded (injured) and patients from the areas of sanitary damage to EME for the timely and full provision of medical care and treatment
b) distribution of the wounded (injured) and patients to groups on the basis of need for homogeneous preventive and medical evacuation measures in accordance with medical indications established by the amount of assistance on this EME and the accepted evacuation procedure

c) is continuity and consistency in the implementation of therapeutic and prophylactic measures at the stages of honey. evacuation
d) forces and means of medical service deployed on evacuation routes for the reception, sorting of the wounded and sick, assisting them, treating them and preparing them according to indications for further evacuation
e) temporary removal of phenomena that threaten the lives of the wounded, preventing the development of life-threatening complications

55. The definition of the "stage of medical evacuation" is correct:
a) this is a unified understanding of the pathological processes occurring in the body with modern combat trauma and illnesses, as well as unified views on their treatment and prevention
b) a certain list of medical and preventive measures carried out in wounds and illnesses by the personnel of the troops and medical service on the battlefield and the stages of medical evacuation
c) a set of activities of the medical service for the delivery of the wounded and sick from the areas of the occurrence of sanitary losses to medical stations and to medical institutions for timely and full assistance and treatment
d) distribution of the wounded and sick to groups on the basis of need for homogeneous preventive and medical evacuation measures in accordance with the medical indications established by the amount of assistance at this stage. evacuation and the accepted order of evacuation
e) the forces and means of the medical service deployed on evacuation routes for receiving, sorting the wounded and sick, assisting them, treating them and preparing them for evidences for further evacuation

56. The volume of medical care provided at the stage of medical evacuation depends on:
a) on the severity of the state of incoming wounded
b) from the combat and medical situation
c) from the time of EME deployment
d) on the speed of medical sorting
e) on the training of EME personnel

57. The definition of "volume of medical care" is correct:
a) the forces and means of the medical service deployed on the evacuation routes for the reception, sorting of the wounded and sick, assisting them, treating them and preparing them for evidences for further evacuation
b) a list of therapeutic and prophylactic measures conducted on EME
c) a certain list of medical and prophylactic measures taken in case of injuries (diseases) and diseases, personnel of troops and medical service on the battlefield and EME
d) timeliness in the provision of medical care on EME
e) a set of activities of the medical service for the delivery of the wounded and patients from the sanitary losses of EME for timely and full care and treatment

58. In order for the medical unit to be the stage of medical evacuation, the following basic requirement must be realized:
a) it must be staffed entirely in accordance with the state
b) it must be fully equipped with equipment, in accordance with the time table to the state
c) it must be deployed on site
d) it should be completed with a tent fund
e) personnel should have work experience

59. Hospitalization and treatment of the delivered wounded, sick, injured is carried out in the functional division of the stage of medical evacuation:
a) in the special processing unit
b) in the business unit
c) in the reception and sorting department
d) in the health care unit
e) in the hospital unit

60. Unplanned and uncontrolled release (strait, placer, leakage) AOXV negatively affecting human and

the environment is:
a) chemical reaction
b) biological accident
c) chemical accident
d) radiation accident
e) biological reaction

61. The number of economic entities in the Russian Federation that have a significant number of hazardous chemicals is:
a) less than 1,5 thousand
b) less than 3,5 thousand
c) more than 3,5 thousand
d) more than 5 thousand
e) less than 1 thousand

62. The total area of the territory of Russia on which a chemical contamination may occur is:
a) less than 100 thousand sq.km
b) 100 thousand square kilometers
c) 200 thousand square kilometers
d) 300 thousand square kilometers
e) more than 500 thousand square kilometers

63. Enterprises of the national economy that produce, store and use AOXV, in the event of an accident on which a mass defeat of people may occur are called:
a) OXO
b) XOO
c) OOX
d) XXO
e) OXX

64. The largest accident with the release of AOXV occurred on 3 December, 1984:
a) in China
b) in South Africa
c) in Korea
d) in Japan
e) in India

65. In view of the magnitude of the consequences, accidents should be distinguished:
a) small and large
b) urban and international
c) chemical and biological
d) local and large-scale
e) internal and external

66. The territory within which the outflow, the strait, the leakage of the AOXV occurred and the mass death and damage of people, agricultural animals and plants occurred, and also the damage to the natural environment is caused:
a) foci of chemical accident
b) the epicenter of the chemical accident
c) the radius of the chemical accident
d) foci of bacteriological accident
e) foci of a radiation accident

67. The focus of the chemical accident is the territory within which the outflow, the spill, the leakage of AOXV and as a result of the impact of the damaging factors occurred:
a) there was a mass death and defeat of people

b) there was a mass death of farm animals
c) there was a mass death of plants
d) environmental damage is caused
e) all of the above is correct

68. A non-rapid lesion with high-speed substances causes:
a) phosgene, methanol
b) acetic acid, formic acid
c) sulfuric acid, alcohol, gasoline
d) chlorine, ammonia, benzene
e) nitric acid and nitrogen oxides, metals, dioxides

69. A stable focus of destruction by high-speed substances causes:
a) phosgene, methanol
b) nitric acid and nitrogen oxides, metals, dioxides
c) sulfuric acid, alcohol, gasoline
d) acetic acid, formic acid
e) chlorine, ammonia, benzene

70. A non-acute lesion with slow-acting substances causes:
a) phosgene, methanol
b) acetic acid, formic acid
c) sulfuric acid, alcohol, gasoline
d) chlorine, ammonia, benzene
e) nitric acid and nitrogen oxides, metals, dioxides

71. A stable focus of defeat with slow-acting substances causes:
a) acetic acid, formic acid
b) nitric acid and nitrogen oxides, metals, dioxides
c) phosgene, methanol
d) sulfuric acid, alcohol, gasoline
e) chlorine, ammonia, benzene

72. Measures to eliminate the consequences of major industrial accidents and disasters at the XOO of the national economy are carried out on the basis of a plan that includes:
a) the list of AOXV and the number of them at the site (reference information about AOXV)
b) a scheme of possible real situation in the ES on the site
c) participation in chemical reconnaissance carried out by the forces of the USS PE ES
d) the plan for the provision of medical care and its scope for certain types of AOXV (a list of forces and facilities of health facilities and various departments)
e) all of the above

73. The main measures of health care in a chemical accident are:
a) special treatment of the affected:
b) approaching the focus of the first medical aid
c) evacuation of people affected from the outbreak
d) rendering the first medical aid to the affected as soon as possible, organization of qualified and specialized medical care
e) all of the above

74. In the emergency situation with the release into the environment of AOXV in the order of the first medical aid:
a) the introduction of an antidote, the speedy removal of the contaminated zone (evacuation)
b) protection of the respiratory, vision and skin by applying individual protection (gas mask, respirator, cotton-gauze bandage)

c) partial sanitary and special treatment
d) when AOXV enters the stomach - copious drink, milk intake, adsorbents
e) all of the above together

75. In the course of medical sorting, the following groups of people who are affected by a chemical accident are identified in the treatment facility that accepts a chemical accident:
a) In need of medical assistance for life indications and treatment before being removed from a non-transportable condition (evacuation to a specialized hospital)
b) Those in need of medical care (those affected by moderate severity are evacuated to a specialized hospital)
c) Those in need of observation (easily affected)
d) Those in need of outpatient care (who are easily seen under the supervision of a doctor at their place of residence), practically healthy people
e) all of the above

76. Radiation-hazardous facilities include:
a) nuclear power plants
b) plants for processing nuclear fuel
c) radioactive waste storage facilities
d) nuclear facilities MO
e) all of the above

77. An event that could lead or resulted in unplanned exposure of people or radioactive contamination of the environment exceeding the limits regulated by regulations for controlled conditions resulting from loss of management of the ionizing radiation source caused by equipment malfunction, improper personnel actions, natural disasters or other reasons is called:
a) a chemical accident
b) a biological accident
c) a radiation accident
d) a chemical foci
e) a radiation foci

78. At nuclear power plants as a result of an accidental release, the following factors of the radiation impact on people are possible:
a) external irradiation from a radioactive cloud
b) external irradiation from a radioactive cloud from radioactively contaminated surfaces of the earth, buildings, structures
c) internal irradiation with the inhalation of radioactive substances in the air and when consuming contaminated food and water
d) contact irradiation due to radioactive contamination of the skin
e) all of the above

79. Local radiation accident:
a) this is an accident with the release of radioactive products or ionizing radiation for the prescribed boundaries of equipment, technological systems, buildings and structures
b) it is an accident with the release of radioactive products within the sanitary protection zone
c) this is an accident with the release of radioactive products outside the sanitary protection zone
d) it is an accident with the release of radioactive products abroad of the country's subject
e) this is an accident with the release of radioactive products abroad

80. Local radiation accident:
a) this is an accident with the release of radioactive products or ionizing radiation for the prescribed boundaries of equipment, technological systems, buildings and structures
b) it is an accident with the release of radioactive products within the sanitary protection zone
c) this is an accident with the release of radioactive products outside the sanitary protection zone
d) it is an accident with the release of radioactive products abroad of the country's subject
e) this is an accident with the release of radioactive products abroad

81. General radiation accident:
a) this is an accident with the release of radioactive products or ionizing radiation for the intended boundaries of equipment
b) it is an accident with the release of radioactive products within the sanitary protection zone
c) this is an accident with the release of radioactive products outside the sanitary protection zone
d) it is an accident with the release of radioactive products or ionizing radiation for the envisaged boundaries of technological systems
e) this is an accident with the release of radioactive products or ionizing radiation for the prescribed boundaries of buildings and structures

82. The techno genic background of human irradiation is determined by:
a) the work of nuclear power plants (NPP)
b) the work of uranium springs
c) using radioisotopes in industry
d) using radioisotopes in the branches of the national economy
e) all of the above

83. The average annual dose of human exposure due to anthropogenic background is approximately:
a) 1-2 rem per year
b) 3-5 rem per year
c) 7-10 rem per year
d) 0.3-0.4 rem per year
e) 5,3-5,4 rem per year

84. Radiation emergencies include:
a) acute radiation sickness from combined external and internal irradiation;
b) acute pneumonia
c) chronic bronchitis
d) myocardial infarction
e) tuberculosis

85. Radiation injuries include:
a) rheumatism;
b) acute radiation sickness from uneven exposure
c) angina
d) hepatitis
e) peptic ulcer disease

86. Radiation injuries include:
a) acute pneumonia
b) angina
c) local radiation damage
d) myocardial infarction
e) chronic bronchitis

87. Radiation injuries include:
a) stomach ulcer
b) tuberculosis
c) rheumatism
d) radiation reactions
e) hepatitis

88. Radiation emergencies include:
a) chronic bronchitis
b) stomach ulcer

c) rheumatism
d) angina
e) radiation sickness from internal exposure

89. Radiation injuries include:
a) chronic radiation sickness from combined exposure
b) acute pneumonia
c) hepatitis
d) tuberculosis
e) chronic bronchitis

90. A single dose of ionizing radiation with external radiation, leading to the development of acute radiation sickness I (light) severity is:
a) 100-200 rad
b) 50 rad
c) 200-400 rad
d) 400-600 rad
e) more than 600 rad

91. A single dose of ionizing radiation with external radiation, leading to the development of acute radiation sickness II (medium) severity is:
a) 100-200 rad
b) 50 rad
c) 200-400 rad
d) 400-600 rad
e) more than 600 rad

92. A single dose of ionizing radiation with external irradiation, leading to the development of acute radiation sickness III (severe) severity is:
a) 100-200 rad
b) 50 rad
c) 200-400 rad
d) 400-600 rad
e) more than 600 rad

93. A single dose of ionizing radiation with external radiation, leading to the development of acute radiation sickness IV (extremely severe) severity is:
a) 100-200 rad
b) 50 rad
c) 200-400 rad
d) 400-600 rad
e) more than 600 rad

94. A single dose of ionizing radiation with external radiation, leading to the development of acute radiation sickness I (light) severity is:
a) 0.5 g
b) 1-2 g
c) 2-4 g
d) 4-6 g
e) more than 6 g

95. A single dose of ionizing radiation with external irradiation leading to the development of acute radiation sickness II (medium) severity is:
a) 0.5 g
b) 1-2 g
c) 2-4 g

d) 4-6 g
e) more than 6 g

96. A single dose of ionizing radiation with external radiation, leading to the development of acute radiation sickness III (severe) severity is:
a) 0.5 g
b) 1-2 g
c) 2-4 g
d) 4-6 g
e) more than 6 g

97. A single dose of ionizing radiation with external radiation, leading to the development of acute radiation sickness IV (extremely severe) severity is:
a) 0.5 g
b) 1-2 g
c) 2-4 g
d) 4-6 g
e) more than 6 g

98. The success of eliminating the health consequences of radiation accidents provides:
a) timely notification of workers of the facility and the population of adjacent areas about radiation hazard
b) the ability of medical personnel of the medical-sanitary unit, the district health institutions to provide first medical assistance to the victims
c) timely (in the first hours, day) arrival in the zone of defeat of specialized radiological teams of a hygienic and therapeutic profile and the existence of a clear plan for the evacuation of the affected in a specialized radiological station
d) readiness of the hospital to receive and treat the victims; the readiness of the health system at the local and territorial level to provide health care to the population
e) all of the above

99. The organization of public health care for the population in a radiation accident does not include:
a) provision of pre-medical and first medical assistance
b) qualified and specialized treatment of people affected in specialized medical institutions
c) investigation of the terrain in the zone of radiation contamination
d) a survey of the population in the radiation contamination zone
e) outpatient monitoring of the population in the radiation contamination zone

100. The first stage of medical evacuation does not carry out the following measure:
a) specialized medical care
b) medical sorting
c) sanitary treatment
d) first medical aid
e) evacuation

101. Natural disasters (natural disasters) are:
a) the situation in a certain territory, a dangerous natural phenomenon, a catastrophe, a natural or other disaster that may result in or result in human casualties, damage to human health or the environment, a significant material loss and a violation of the normal living conditions of the population
b) catastrophic situations that arise suddenly as a result of natural forces, resulting, as a rule, in disrupting the daily life of large groups of people, in the overwhelming majority of cases accompanied by human casualties, the destruction of material values, the destruction of housing stock, economic objects and environmental pollution of the environment
c) natural disasters, a major production or transport accident, which led to abrupt changes in the habitat and, as a rule, mass death of people, animals and enormous economic damage
d) abnormal events of a natural origin that are unpredictable over time, capable of causing death of the population, damage to the economy and the environment

e) Ground tremors and fluctuations of the earth's surface, caused mainly by tectonic causes

102. Types of earthquakes by origin:
a) telluric, volcanic
b) tectonic, telluric (volcanic), oblong
c) tectonic, cosmic, oblong
d) geological (horst, fault, due to graben), meteoritic (volcanic), surf
e) techno genic, natural, mixed

103. The epicenter of an earthquake is called:
a) a piece of land from which the waves emanate
b) the point located above the center of the earthquake on the surface of the earth
c) the projection of the center of the earthquake on the distal sphere of the earth's crust
d) a section of the earth's surface with disruptions that exceed design and design in terms of degree
e) the territory of the settlement nearest to the source of the earthquake.

104. The center of the earthquake is called:
a) a plot of land from which the waves emanate
b) the point located above the center of the earthquake on the surface of the earth
c) the projection of the center of the earthquake on the distal sphere of the earth's crust
d) a section of the earth's surface with disruptions that exceed design and design in terms of degree
e) the territory of the locality closest to the source of the earthquake

105. To determine the strength of the earthquake, a scale is adopted:
a) 12 point Mercalli
b) 10 point
c) Richter
d) an independent scale adopted in the USSR
e) nine-point

106. The majority of the injured gets damage, according to the profile relating to:
a) traumatic
b) with thermal
c) chemical
d) biological
e) combined

107. When an earthquake often (from 3.8 to 29 %% of all sanitary losses), this type of lesion occurs, such as:
a) combined lesions
b) long-term compression syndrome or crash syndrome
c) thermal damage
d) combined lesions
e) acute situationally caused acute psycho-reactive state

108. The magnitude of sanitary losses due to earthquakes is affected by:
a) the area of the earthquake, density in the area of the earthquake, type of construction, suddenness, etc.
b) the strength and area of the earthquake, the density of the population in the area of the earthquake, type of construction, suddenness, etc.
c) the strength of the earthquake, density of the built-up area of the earthquake, type of settlement, suddenness, etc.
d) the strength and area of the earthquake, the time of the year and the day, the type of construction, the suddenness, etc.
e) population density in the area of the earthquake, type of construction, suddenness, geographic position of the earthquake epicenter, etc.

109. Among all the heavy-handed, there is a correlation in the time of the onset of the lethal outcome:
a) up to 10% can die under the rubble during the first 6 hours, 40% - in the first day, and almost all - within 3 days
b) up to 20% can die under blockages during the first 6 hours, 50% - on the first day, and almost all - within 3 days
c) up to 30% can die under blockages during the first 6 hours, 60% - on the first day, and almost all - within 3 days
d) up to 40% may die under blockages during the first 6 hours, 60% in the first day, and practically all within 3 days
e) up to 50% can die under the rubble during the first 6 hours, 70% - in the first day, and almost all - within 3 days

110. Among all those affected with moderate and mild severity of injury, there is a correlation between the time of onset of the lethal outcome:
a) begin to die from 2 days and 55% of them die on the 5th-6th day
b) begin to die from 2 days and 65% of them die on the 5th-6th day
c) begin to die from 3 days and 75% of them die on the 5th-6th day
d) begin to die from 3 days and 85% of them die on the 5th-6th day
e) begin to die from 4 days and 95% of them die on the 5th-6th day

111. Among those injured with minor and moderate injuries who are trapped under the rubble, death most often occurs as a result of:
a) bleeding and shock
b) intoxication and infection of wounds
c) dehydration of the body and hypothermia
d) limb ischemia and bleeding
e) static immobilization

112.Under underwater and coastal earthquakes, as a result of shifts in the seabed areas up and down, there are:
a) sea waves - tsunami
b) faults of the earth's crust with the release of magma in the fault
c) dangerous for shoal navigation - banks
d) new islands
e) areas of volcanic activity

113. During the liquidation of the consequences of the earthquake, the following works should be performed as a priority:
a) localization and elimination of accidents on communal-energy and technological lines, the consequences of which threaten people's lives
b) collapse or strengthening of structures of buildings in emergency condition and threatening to collapse
c) organization of water supply and nutrition of the population in the earthquake zone
d) the extraction of people from under the rubble, dilapidated and burning buildings
e) rendering medical assistance to the affected

114. In the areas of the earthquake, great importance is acquired by:
a) prevention of traumatic lesions
b) prevention of massive mental reactions and panic attacks
c) prevention of crash syndrome
d) prevention of hypothermia
e) prevention of burns

115. When extracting people from the rubble it is important to know:
a) the structure of the earthquake damage
b) the presence of heavy equipment in the area of the earthquake
c) the capabilities of the AREMS formations

d) how many people need to be found in each district, quarter, house
e) ambient temperature

116. One of the important features of the conditions of medical and evacuation support for an earthquake is that:
a) the simultaneous arrival of a large number of affected
b) the arrival of the affected is prolonged in time
c) a more or less significant part of the affected is under the rubble
d) it is required to conduct psychological assistance to the injured and rescuers
e) to provide comprehensive material and personal support for the population extracted from the rubble

117. "It's hard to stand on your feet. Collapse of tiles and eaves. Damage to fragile buildings. Waves in water are signs of an earthquake:
a) by force of 4 points
b) by force of 5 points
c) by force 6 points
d) by force of 7 points
e) by force of 8 points

118. The first type of structures for seismic resistance are:
a) buildings of baked brick, sawn stone, reinforced concrete
b) buildings from unfired bricks (adobe), broken stone
c) wooden lumber and log buildings of low stores, special seismic resistant high-tech buildings
d) underground structures and industrial workings
e) floating structures not attached to the bottom surface

119. The second type of structures for seismic resistance are:
a) buildings of baked brick, sawn stone, reinforced concrete
b) buildings from unfired bricks (adobe), broken stone c)
c) wooden lumber and log buildings of low stores, special seismic resistant high-tech buildings
d) underground structures and industrial workings
e) floating structures not attached to the bottom surface

120. The third type of structures for seismic resistance are:
a) buildings of baked brick, sawn stone, reinforced concrete
b) buildings from unfired bricks (adobe), broken stone c)
c) wooden lumber and log buildings of low stores, special seismic resistant high-tech buildings
d) underground structures and industrial workings
e) floating structures not attached to the bottom surface

121. Under eliminating of medical and sanitary consequences of most earthquakes in our country, the system is applied:
a) MES
b) EMS MH RF, EMS MD RF, EMS MIA. force and means of MWM and other FEA
c) EMS MH, the forces and means for eliminating the consequences of the EFSS, Ministry of Atomic Energy, MES, USS PE ES
d) Step-by-step treatment with evacuation of the MES, USS PE ES, CD and ES
e) MSCD, AREMS, USS PE ES, MES and CD

122. Organization of medical care for earthquakes:
a) does not differ in the organization and conduct of
b) has no significant differences in different earthquakes
c) has significant differences in various earthquakes
d) has significant differences not only in this or that earthquake, but even in different parts of the outbreak of the same earthquake
e) is radically different in each new case and is introduced impromptu

123. The first medical care affected in the earthquake of low earthquake is:
a) First aid teams
b) the surviving TPI
c) newly created formations and existing on the basis of MPI formations MSCD
d) injected into the foci lesions of the AREMS
e) in the order of self and mutual assistance, as well as the personnel of the rescue formation

124. Sanitation losses due to earthquakes are formed:
a) almost simultaneously
b) over a relatively short period of time
c) in a sufficiently long period of time
d) for a long period
e) as soon as the

125. In the initial period (within the first few hours) the provision of first aid to the affected by the earthquake and their evacuation from the hearth is of the following character:
a) planned
b) more conducted according to plan
c) to a lesser extent carried out according to plan
d) more unmanageable than managed
e) spontaneous

126. The pace of work on the first aid:
a) depend on the promptness of the management and management bodies of the Service of the Ministry of Emergency Situations
b) directly depend on the time of day and year, the speed of submission to the center of rescue units
c) depend only on the capacity of rescue units
d) depend only on the force of earthquake shocks
e) different depending on the conditions of the situation, the capabilities of regular and non-standard formations for performing search and rescue operations are possible

127. During the organized provision of first aid to those remaining in the outbreak, the specific gravity of the injured, having traumas of severe and moderate severity, increases due to the fact that:
a) the severity of the lesion of the majority of those affected in the outbreak is heavier.
b) before the emergence of the possibility of receiving first aid in an organized manner, a significant part of those affected alone or with the help of other people are evacuated outside the hearth(foci)
c) light-weighted ones are not taken into account due to less need for medical care
d) the first medical aid is not easily armed because of the acute shortage of medical supplies and the lack of personnel rendering assistance to the more severe wounded and injured
e) they simply do not seek medical help for themselves, because do not consider it necessary

128. Factors causing the evacuation of a significant proportion of victims to a fairly large distance from the source of the earthquake:
a) large territory, seized by an earthquake
b) lack of practice of medical personnel to provide assistance in such conditions
c) the absence of a legal framework regulating the financial relationship between the parties: the Ministry of Emergency Situations of the Russian Federation and the Ministry of Health of the Russian Federation
d) refusal of those affected by medical care in inappropriate conditions
e) the large territory seized by the earthquake, "binding" of the main part of medical institutions to settlements located in seismically dangerous areas is quite far apart, the absence or lack of specialized beds in a particular profile

129. Treatment-evacuation measures are organized and implemented:
a) forces and resources of local and territorial levels of the EMS MH RF
b) forces and facilities of the object and local levels of the EMS MH RF

c) the forces and facilities of the object, local and territorial levels of the AREMS, the territory and objects of which were in the earthquake zone, regardless of their departmental affiliation
d) the structures and institutions of the AREMS territorial level, attracted to the source of the earthquake
e) the population, emergency rescue units, militarized units of the MES

130. In the provision of medical care to people affected in the outbreak of earthquakes, as a rule:
a) expansion of the volume of medical care from own resources
b) expanding the volume of medical care through imported resources
c) a decrease in the volume of medical care due to lack of own resources
d) a decrease in the volume of medical care due to the transfer of some of its own resources to the needy of TPI
e) the volume of medical care will not change

131. The following is true:
a) the need to attract formations of the territorial level appears in earthquakes of 4 or more points
b) the need to attract formations of the territorial level appears in earthquakes of 5 or more points
c) the need to attract a significant number of formations of territorial, and sometimes federal, levels appears in earthquakes of 6 or more points
d) the need to attract a significant number of units of territorial, and sometimes federal, levels appears in earthquakes of 7 or more points
e) the need to involve the formation of the territorial level appears when the number of victims exceeds 13% of the total population

132. The total loss of population during earthquakes of 9-12 points can reach:
a) 55-81% of the population
b) 65-81% of the population
c) 75-91% of the population
d) 85-91% of the population
e) 90-95% of the population

133. Injuries of severe and moderate severity among those affected by an earthquake with the strength of 9 to 12 points can have:
a) 35-50%.
b) 45-60%
c) 55-70%
d) 65-80%
e) 75-90%

134. The system of rendering the stricken first medical, qualified and specialized medical care with the involvement of the necessary forces and means is created during:
a) 4-6 hours
b) 8-12 hours
c) 12-16 hours
d) 16-24 hours
e) 1-2 days

135. In the case of an earthquake of magnitude 9 in the earthquake zone, the first stage of medical evacuation is put forward:
a) the formation of EMS of local and territorial levels
b) the formation of the EMS of territorial and regional levels
c) the formation of the EMS of the regional and federal levels
d) the formation of a territorial, regional and federal EMS
e) the formation of the EMS of the federal level

136. Choose the wrong item: When evacuating victims from both the earthquake source and between the stages of medical evacuation, the following provisions should be considered:
a) near all medical centers and health facilities intended for medical assistance to victims, helicopter landing

sites should be equipped
b) on the helicopter landing site, if it is located far from the medical facility, and a medical point (evacuation receiver) must be deployed at the aerodrome,
c) among the main tasks is the task of preventing the development of the epidemic process
d) during the evacuation of victims of road transport on the evacuation route, medical distribution points
e) special attention should be paid to the organization of escorting evacuated victims of severe and moderate severity

137. The main purpose of the medical adjusting (distribution) points created on the evacuation routes from the outbreak to the first stage of medical evacuation:
a) rendering medical evacuation from extraneous transport and determination of the direction of movement of transport with the affected
b) rendering emergency medical care to those in need and determining the direction of traffic with the injured
c) rendering of planned medical care to the needy and determination of the direction of traffic with the injured
d) performing the function of medical support for the affected
e) informing the TPI, as the receiving party, about the movement of vehicles with the injured

138. To ensure a clear medical evacuation of the affected is not necessary:
a) in places of waiting for the evacuation of groups of affected to deploy evacuation receivers, which should, as a rule, provide first aid to those in need
b) before loading the affected earthquake in vehicles, monitor their condition with the necessary emergency medical assistance
c) on the way of evacuation from the hearth to the first stage of medical evacuation, to create medical regulation (distribution) points, to ensure the provision of urgent medical care to the needy and determine the direction of traffic with
d) to ensure the evacuation of hospital-type patients afflicted in the hospital for significant removal from the source of earthquakes, it is necessary to organize a clear work of the dispatch service and medical support
e) check the presence of a documentary registration of the fact of injury for further insurance coverage before loading on transport

139. To ensure the evacuation of hospitalized patients in the hospital, located at a significant distance from the source of earthquakes, it is necessary:
a) arrange support for the road patrol service and medical support
b) organize a clear work on medical support
c) organize a clear work of the dispatch service and medical support
d) organize clear operation of the warning service and medical support
e) organize a clear operation of the communication and alerting system, and medical support

140. Aerodromes, landing areas, piers, collection points during the evacuation of convoys by road transport deploy:
a) Checkpoints
b) auxiliary distribution points
c) medical distribution points
d) evacuation receivers
e) medical centers

141. Possible flood damage:
a) trauma, hypothermia, drowning
b) hypothermia, drowning, poisoning
c) thermal damage, injuries, poisoning, electric shock
d) drowning
e) thermal defeats, drowning, traumatic injuries as a high-pressure head of a breakthrough wave, as well as fragments of destroyed structures and involved fragments

142. The types of drowning do not include:
a) aspirating

b) the true
c) asphyxiation
d) syncopal (reflex)
e) Floods that occur under the influence of the wind on the seashores and in the mouths of rivers flowing into the sea

143. Congestion is:
a) accumulation of loose spongy sludge and small ice in the riverbed without opening the ice cover, which hinders its flow
b) temporary significant flooding of the area with water as a result of the rise of its level in a river, lake or sea, with the formation of temporary streams
c) a flood that occurs under the influence of wind on the seashores and in the mouths of rivers flowing into the sea
d) congestion of the forest with the molten alloy in the river bed, which hinders its flow
e) accumulation of broken ice in the river bed at the opening of the ice cover, which hinders its flow

144. Gluttons are:
a) Temporary significant flooding of the area with water as a result of raising its level in a river, lake or sea, with the formation of temporary streams
b) accumulation of loose spongy sludge and small ice in the river bed without opening the ice cover, hampering its course
c) the accumulation of broken ice in the river bed at the opening of the ice cover, hampering its flow
d) flooding, which occurs under the influence of wind on the seashores and in the mouths of rivers flowing into the sea
e) Floods that occur under the influence of the wind on the seashores and in the mouths of rivers flowing into the sea

145. Tsunami is:
a) the flood that occurs under the influence of wind on the seashores and in the mouths of rivers flowing into the sea
b) flooding caused by underwater earthquakes, eruptions of underwater or island volcanoes and other tectonic processes
c) a temporary significant flooding of the terrain with water as a result of the rise of its level in a river, lake or sea, with the formation of temporary streams
d) a flood caused by a giant wave that occurred in the coastal zone due to the imposition of energy of smaller storm waves and arrived to the coast
e) a giant wave formed by the combined effect of storm phenomena and large tidal phenomena (the joint attraction of the moon and the sun)

146. Floods of frequency of occurrence, area of distribution, total annual damage are:
a) first place
b) second place
c) third place
d) fourth place
e) Fifth place

147. Floods for human victims are:
a) first place
b) second place
c) third place
d) fourth place
e) Fifth place

148. Hydro-dynamically dangerous objects include:
a) hydraulic structures having a difference in water levels before and after the water mirror
b) engineering structures that pose a potential threat: for people living in close proximity and destruction of

material values, with possible deterioration of living conditions
c) structures or natural formations that create a difference in water levels before and after the water mirror
d) folds of the terrain, able to fill with natural processes in nature with damage to the population
e) technical facilities that create obstacles to the natural current of large masses of water

149. Breakthrough wave is:
a) area of sharply compressed air, formed when an explosive is triggered
b) the main damaging factor of the accident at the hydrodynamic object, which is formed in the tail pool as a result of a rapid fall of water from the overflow during the breakdown of the hydro-unit or another hydro-dynamically dangerous object
c) the accumulation of large masses of water, moving at high speed along the declining terrain
d) spontaneous melting of the snow cover, leading to an increase in the level of rivers and disturbance of the living conditions of coastal settlements
e) spontaneous destruction of river congestion due to an increase in air temperature, leading to the movement of large masses of water down the river bed

150. The speed of the breakthrough wave movement on the plain:
a) 100 km / h or more
b) up to 100 km / h
c) up to 60 km / h
d) up to 40 km / h
e) up to 25 km / h

151. The speed of the breakthrough wave movement on rough terrain (in the mountains) can reach:
a) 100 km / h or more
b) up to 100 km / h
c) up to 60 km / h
d) up to 40 km / h
e) up to 25 km / h

152. In case of floods caused by destruction of GOO, the total losses of the population in the area of the breakthrough wave can be as follows:
a) at night 90%, and in the daytime - 60% of the population
b) at night 80%, and in the daytime - 50% of the population
c) at night 70%, and in the daytime - 40% of the population
d) at night 60%, and in the daytime - 30%, from the population
e) at night 50%, and in the daytime - 20% of the population

153. In the case of floods caused by destruction of GOO, irretrievable losses can be:
a) at night - 35%, in the daytime - 20%
b) at night - 45%, in the daytime - 25%
c) at night - 55%, in the daytime - 30%
d) at night - 65%, in the daytime - 35%
e) at night - 75%, in the daytime - 40%

154. In the case of floods caused by the destruction of GOO, sanitary losses may be:
a) 25% at night and 60% in the afternoon
b) 30% at night and 70% in the afternoon
c) 35% at night and 75% in the afternoon
d) 40% at night and 80% in the afternoon
e) 45% at night and 85% in the afternoon

155. In the structure of sanitary losses, victims with phenomena predominate:
a) chills, with cardiovascular disorders, traumas, brain concussions
b) fever, with acute impairment of respiratory activity, soft tissue injuries, concussions of the brain
c) asphyxia, fever, with acute disturbances of respiratory and cardiovascular activity

d) asphyxia, fever, with acute disorders of respiratory and cardiovascular activity, soft tissue injuries, brain concussions
e) restitution, with acute disorders of respiratory and cardiovascular activity, soft tissue injuries, brain concussions

156. According to the speed of the wind,
a) weak wind - up to 3 m / s, strong - up to 8 m / s, very strong - 10-12 m / s, storm (storm) - 15-18 m / s, hurricane (typhoon) - over 20 m / s, sometimes reaching 45-50 m / s
b) a weak wind - up to 4 m / s, a strong wind - up to 9 m / s, very strong - 13-15 m / s, a storm (storm) - 18-23 m / s, a hurricane (typhoon) - over 23 m / s, sometimes reaching up to 80 m / s
c) a weak wind - up to 5 m / s, a strong wind - up to 10 m / s, very strong - 15-18 m / s, a storm (storm) - 18-29 m / s, a hurricane (typhoon) - over 29 m / s, sometimes reaching up to 120-210 m / s
d) a weak wind - up to 7 m / s, strong - up to 15 m / s, very strong - 18-29 m / s, a storm (storm) - 29-35 m / s, a hurricane (typhoon) - over 35 m / s, sometimes reaching up to 120-210 m / s
e) weak wind - up to 10 m / s, strong - up to 15 m / s, very strong - 20-28 m / s, storm (storm) - 28-39 m / s, hurricane (typhoon) - over 39 m / s, sometimes reaching up to 120-210 m / s

157. The decisive moments in the liquidation of the health consequences of the flood are:
a) the number of affected population; destruction of housing stock; lack of food and drinking water; impact of wind and other factors
b) the scale of the location of the affected population; destruction of the industrial fund; lack of expertise in food and drinking water; exposure to cold water, wind and other meteorological factors
c) the extent of the flooding area; number of affected population; destruction of housing stock; lack of food and drinking water; exposure to cold water, wind and other meteorological factors
d) the territory of resettlement; number of affected population; destruction of housing stock; lack of food and drinking water; exposure to cold water, wind and other meteorological factors
e) the scale of the flooded area; exposure to cold water, wind and other meteorological factors

158. Meteorological emergencies do not include:
a) the storm
b) a hurricane
c) typhoon
d) cyclone
e) mudflow

159. The entire territory of the fire is divided into zones:
a) active burning, passive involvement in the fire zone, thermal impact; smoke
b) active combustion, thermal impact; smoke
c) psychological effects, heat exposure, active burning, smoke
d) public alert, evacuation zone, smoke, active burning, heat exposure
e) a zone for carrying out preventive measures, a zone for carrying out rescue and rescue activities, a warning zone for the population and personnel, a zone of forced resettlement of the resettled population

160. The severity of damage caused to a person from the effects of high temperatures during a fire, depends on:
a) the time of exposure, the spread of the lesion and the distance from the zone of active burning
b) temperature, time of exposure and a number of other moments (finding in the atmosphere a high temperature of the ambient air, direct exposure to the flame, etc.)
c) temperature and time of impact of the defeat factors
d) temperature, type of impact (shock-explosive, remote impact, presence of unheated products), fire area and a number of other moments
e) temperature, time of exposure, spread of the lesion, and a number of other moments (exposure to high ambient air, direct exposure to flame, etc.)

161. Flooding is:
a) temporary significant flooding of the area with water as a result of raising its level in a river, lake or sea,

with the formation of temporary streams
b) significant flooding of the area with water as a result of the rise of its level in a river, lake or sea, with the formation of watercourses
c) temporary flooding of the area with water as a result of the rise of its level in the river, the lake with the formation of temporary streams
d) a temporary significant rise in the river, lake or sea, with the formation of temporary streams
e) a rapid but relatively short-term rise in the water level in the river, caused by heavy rains or intensive melting of the snow cover, glaciers, as well as the formation of congestion and gluttons in its basin

162. Flooding is:
a) a rapid rise in the level of water in the river, caused by heavy rains or intensive melting of the snow cover, glaciers
b) temporary significant flooding of the area with water as a result of the rise of its level in the river, with the formation of temporary streams
c) a rapid but relatively short-term rise in the water level in the river, caused by heavy rains or intensive melting of the snow cover, glaciers, as well as the formation of congestion and gluttons in its basin
d) flooding, which occurs under the influence of wind on the seashores and in the mouths of rivers flowing into the sea

163. Congestion is:
a) accumulation of loose spongy sludge and small ice in the riverbed without opening the ice cover, which hinders its flow
b) temporary significant flooding of the area with water as a result of the rise of its level in a river, lake or sea, with the formation of temporary streams
c) a flood that occurs under the influence of wind on the seashores and in the mouths of rivers flowing into the sea
d) congestion of the forest with the molten alloy in the river bed, which hinders its flow
e) accumulation of broken ice in the river bed at the opening of the ice cover, which hinders its flow

164. Gluttons are:
a) Temporary significant flooding of the area with water as a result of raising its level in a river, lake or sea, with the formation of temporary streams
b) accumulation of loose spongy sludge and small ice in the river bed without opening the ice cover, hampering its course
c) the accumulation of broken ice in the river bed at the opening of the ice cover, hampering its flow
d) flooding, which occurs under the influence of wind on the seashores and in the mouths of rivers flowing into the sea
e) Floods that occur under the influence of the wind on the seashores and in the mouths of rivers flowing into the sea

165. Tsunami is:
a) the flood that occurs under the influence of wind on the seashores and in the mouths of rivers flowing into the sea
b) flooding caused by underwater earthquakes, eruptions of underwater or island volcanoes and other tectonic processes
c) a temporary significant flooding of the terrain with water as a result of the rise of its level in a river, lake or sea, with the formation of temporary streams
d) a flood caused by a giant wave that occurred in the coastal zone due to the imposition of energy of smaller storm waves and arrived to the coast
e) a giant wave formed by the combined effect of storm phenomena and large tidal phenomena (the joint attraction of the moon and the sun)

166. Floods of frequency of occurrence, area of distribution, total annual damage are:
a) first place
b) the second place
c) third place

d) fourth place
e) Fifth place

167. Floods for human victims are:
a) first place
b) the second place
c) third place
d) fourth place
e) Fifth place

168. Hydro-dynamically dangerous objects include:
a) hydraulic structures having a difference in water levels before and after the water mirror
b) engineering structures that pose a potential threat: for people living in close proximity and destruction of material values, with possible deterioration of living conditions
c) structures or natural formations that create a difference in water levels before and after the water mirror
d) folds of the terrain, able to fill with natural processes in nature with damage to the population
e) technical facilities that create obstacles to the natural current of large masses of water

169. Breakthrough wave is:
a) area of sharply compressed air, formed when an explosive is triggered
b) the main damaging factor of the accident at the hydrodynamic object, which is formed in the tail pool as a result of a rapid fall of water from the overflow during the breakdown of the hydro-unit or another hydro-dynamically dangerous object
c) the accumulation of large masses of water moving at high speed along a declining terrain
d) spontaneous melting of the snow cover, leading to an increase in the level of rivers and disturbance of the living conditions of coastal settlements
e) spontaneous destruction of river congestion due to an increase in air temperature, leading to the movement of large masses of water down the river bed

170. The speed of the breakthrough wave movement on the plain:
a) 100 km / h or more
b) up to 100 km / h
c) up to 60 km / h
d) up to 40 km / h
e) up to 25 km / h

171. The speed of the breakthrough wave movement on rough terrain (in the mountains) can reach:
a) 100 km / h or more
b) up to 100 km / h
c) up to 60 km / h
d) up to 40 km / h
e) up to 25 km / h

172. In case of floods caused by destruction of GOO, the total losses of the population in the area of the breakthrough wave can be as follows:
a) at night 90%, and in the daytime - 60%
of the population
b) at night 80%, and in the daytime - 50%
of the population
c) at night 70%, and in the daytime - 40%
of the population
d) at night 60%, and in the daytime - 30%
of the population
e) at night 50%, and in the daytime - 20%
of the population

173. In the case of floods caused by destruction of GOO, irretrievable losses can be:
a) at night - 35%, in the daytime - 20%
b) at night - 45%, in the daytime - 25%
c) at night - 55%, in the daytime - 30%
d) at night - 65%, in the daytime - 35%
e) at night - 75%, in the daytime - 40%

174. In the case of floods caused by the destruction of GOO, sanitary losses may be:
a) 25% at night and 60% in the afternoon
b) 30% at night and 70% in the afternoon
c) 35% at night and 75% in the afternoon
d) 40% at night and 80% in the afternoon
e) 45% at night and 85% in the afternoon

175. In the structure of sanitary losses, victims with phenomena predominate:
a) chills, with cardiovascular disorders, traumas, brain concussions
b) fever, with acute impairment of respiratory activity, soft tissue injuries, concussions of the brain
c) asphyxia, fever, with acute disturbances of respiratory and cardiovascular activity
d) asphyxia, fever, with acute disorders of respiratory and cardiovascular activity, soft tissue injuries, brain concussions
e) restitution, with acute disorders of respiratory and cardiovascular activity, soft tissue injuries, brain concussions

176. According to the speed of the wind:
a) weak wind - up to 3 m / s, strong - up to 8 m / s, very strong - 10-12 m / s, storm (storm) - 15-18 m / s, hurricane (typhoon) - over 20 m / s, sometimes reaching 45-50 m / s
b) a weak wind - up to 4 m / s, a strong wind - up to 9 m / s, very strong - 13-15 m / s, a storm (storm) - 18-23 m / s, a hurricane (typhoon) - over 23 m / s, sometimes reaching up to 80 m / s
c) a weak wind - up to 5 m / s, a strong wind - up to 10 m / s, very strong - 15-18 m / s, a storm (storm) - 18-29 m / s, a hurricane (typhoon) - over 29 m / s, sometimes reaching up to 120-210 m / s
d) a weak wind - up to 7 m / s, strong - up to 15 m / s, very strong - 18-29 m / s, a storm (storm) - 29-35 m / s, a hurricane (typhoon) - over 35 m / s, sometimes reaching up to 120-210 m / s
e) weak wind - up to 10 m / s, strong - up to 15 m / s, very strong - 20-28 m / s, storm (storm) - 28-39 m / s, hurricane (typhoon) - over 39 m / s, sometimes reaching up to 120-210 m / s

177. The decisive moments in the liquidation of the health consequences of the flood are:
a) the number of affected population; destruction of housing stock; lack of food and drinking water; impact of wind and other factors
b) the scale of the location of the affected population; destruction of the industrial fund; lack of expertise in food and drinking water; exposure to cold water, wind and other meteorological factors
c) the scale of the flooding area; number of affected population; destruction of housing stock; lack of food and drinking water; exposure to cold water, wind and other meteorological factors
d) the territory of resettlement; number of affected population; destruction of housing stock; lack of food and drinking water; exposure to cold water, wind and other meteorological factors
e) the scale of the flooded area; exposure to cold water, wind and other meteorological factors

178. Meteorological emergencies do not include:
a) the storm
b) a hurricane
c) typhoon
d) cyclone
e) mudflow

179. The entire territory of the fire is divided into zones:
a) active burning, passive involvement in the fire zone, thermal impact; smoke

b) active combustion, thermal impact; smoke
c) psychological effects, heat exposure, active burning, smoke
d) public alert, evacuation zone, smoke, active burning, heat exposure
e) a zone for carrying out preventive measures, a zone for carrying out rescue and rescue activities, a warning zone for the population and personnel, a zone of forced resettlement of the resettled population

180. The severity of damage caused to a person from the effects of high temperatures during a fire, depends on:
a) the time of exposure, the spread of the lesion and the distance from the zone of active burning
b) temperature, time of exposure and a number of other moments (finding in the atmosphere a high temperature of the ambient air, direct exposure to the flame, etc.)
c) temperature and time of impact of the defeat factors
d) temperature, type of impact (shock-explosive, remote impact, presence of unheated products), fire area and a number of other moments
e) temperature, time of exposure, spread of the lesion, and a number of other moments (exposure to high ambient air, direct exposure to flame, etc.)

181. When eliminating medical and sanitary consequences of most earthquakes in our country, the system is applied:
a) MES
b) EMS MH RF, EMS MD RF, EMS MIA , the forces and assets MWM and other FEA
c)EMS MH, the forces and means for eliminating the consequences of the EFSS, Ministry of Atomic Energy, MES, USS PE ES
d) step-by-step treatment with evacuation of the MES, USS PE ES, CD and ES
e) MSCD, AREMS, USS PE ES, MES and CD

182. Organization of medical care for earthquakes:
a) does not differ in the organization and conduct of
b) has no significant differences in different earthquakes
c) has significant differences in various earthquakes
d) has significant differences not only in this or that earthquake, but even in different parts of the outbreak of the same earthquake
e) is radically different in each new case and is introduced impromptu

183. The first medical care affected in the earthquake of low earthquake is:
a) First aid teams
b) the surviving TPI
c) newly created formations and existing on the basis of MPI formations MSCD
d) injected into the lesion lesions of the AREMS
e) in the order of self-and mutual assistance, as well as the personnel of the rescue formation

184. Sanitation losses due to earthquakes are formed:
a) almost simultaneously
b) over a relatively short period of time
c) in a sufficiently long period of time
d) for a long period
e) as soon as the

185. In the initial period (within the first few hours) the provision of first aid to the affected by the earthquake and their evacuation from the hearth is of the following character:
a) planned
b) more conducted according to plan
c) to a lesser extent carried out according to plan
d) more unmanageable than managed
e) spontaneous

186. The pace of work on the first aid:
a) depend on the promptness of the management and management bodies of the Service of the Ministry of Emergency Situations
b) directly depend on the time of day and year, the speed of submission to the center of rescue units
c) depend only on the capacity of rescue units
d) depend only on the force of earthquake shocks
e) are different depending on the conditions of the situation, the capabilities of regular and non-standard formations for performing search and rescue operations are possible

187. During the organized provision of first aid to those remaining in the outbreak, the specific gravity of the injured, having traumas of severe and moderate severity, increases due to the fact that:
a) the severity of the lesion of the majority of those affected in the outbreak is heavier.
b) before the emergence of the possibility of receiving first aid in an organized manner, a significant part of those affected alone or with the help of other people are evacuated outside the hearth
c) light-weighted ones are not taken into account due to less need for medical care
d) the first medical aid is not easily armed because of the acute shortage of medical supplies and the lack of personnel rendering assistance to the more severe wounded and injured
e) they simply do not seek medical help for themselves, because do not consider it necessary

188. Factors causing the evacuation of a significant proportion of victims to a fairly large distance from the source of the earthquake:
a) large territory, seized by an earthquake
b) lack of practice of medical personnel to provide assistance in such conditions
c) the absence of a legal framework regulating the financial relationship between the parties: the Ministry of Emergency Situations of the Russian Federation and the Ministry of Health of the Russian Federation
d) refusal of those affected by medical care in inappropriate conditions
e) the large territory seized by the earthquake, "binding" of the main part of medical institutions to settlements located in seismically dangerous areas is quite far apart, the absence or lack of specialized beds in a particular profile

189. Treatment-evacuation measures are organized and implemented:
a) forces and resources of local and territorial levels of the EMS MH RF
b) forces and facilities of the object and local levels of the EMS MH RF
c) the forces and facilities of the object, local and territorial levels of AREMS, the territory and objects of which were in the earthquake zone, regardless of their departmental affiliation
d) the structures and institutions of the AREMS territorial level, attracted to the source of the earthquake
e) the population, emergency rescue units, militarized units of the Ministry of Emergency Situations

190. In the provision of medical care to people affected in the outbreak of earthquakes, as a rule:
a) expansion of the volume of medical care from own resources
b) Expanding the volume of medical care through imported resources
c) a decrease in the volume of medical care due to lack of own resources
d) a decrease in the volume of medical care due to the transfer of some of its own resources to the needy TPI
e) the volume of medical care will not change

191. The following is true:
a) the need to attract formations of the territorial level appears in earthquakes of 4 or more points
b) the need to attract formations of the territorial level appears in earthquakes of 5 or more points
c) the need to attract a significant number of formations of territorial, and sometimes federal, levels appears in earthquakes of 6 or more points
d) the need to attract a significant number of units of territorial, and sometimes federal, levels appears in earthquakes of 7 or more points
e) the need to involve the formation of the territorial level appears when the number of victims exceeds 13% of the total population

192. The total loss of population during earthquakes of 9-12 points can reach:

a) 55-81% of the population
b) 65-81% of the population
c) 75-91% of the population
d) 85-91% of the population
e) 90-95% of the population

193. Injuries of severe and moderate severity among those affected by an earthquake with the strength of 9 to 12 points can have:
a) 35-50%
b) 45-60%
c) 55-70%
d) 65-80%
e) 75-90%

194. The system of rendering the stricken first medical, qualified and specialized medical care with the involvement of the necessary forces and means is created during:
a) 4-6 hours
b) 8-12 hours
c) 12-16 hours
d) 16-24 hours
e) 1-2 days

195. In the case of an earthquake of magnitude 9 in the earthquake zone, the first stage of medical evacuation is put forward:
a) the formation of EMS of local and territorial levels
b) the formation of the EMS of territorial and regional levels
c) the formation of the EMS of the regional and federal levels
d) the formation of a territorial, regional and federal EMS
e) the formation of the EMS of the federal level

196. Choose the wrong item: When evacuating victims from both the earthquake source and between the stages of medical evacuation, the following provisions should be considered:
a) near all medical centers and health facilities intended for medical assistance to victims, helicopter landing sites should be equipped
b) on the helicopter landing site, if it is located far from the medical facility, and a medical point (evacuation receiver) must be deployed at the aerodrome,
c) among the main tasks is the task of preventing the development of the epidemic process;
d) during the evacuation of victims of road transport on the evacuation route, medical distribution points
e) special attention should be paid to the organization of escorting evacuated victims of severe and moderate severity

197. The main purpose of the medical adjusting (distribution) points created on the evacuation routes from the outbreak to the first stage of medical evacuation:
a) release medical evacuation ways from extraneous transport and determination of the direction of movement of transport with the affected
b) rendering emergency medical care to those in need and determining the direction of traffic with the injured
c) provision of planned medical care to the needy and determination of the direction of traffic with the injured
d) performing the function of medical support for the affected
e) informing the health facility, as the receiving party, about the movement of vehicles with the injured

198. To ensure a clear medical evacuation of the affected is not necessary:
a) in places of waiting for the evacuation of groups of affected to deploy evacuation receivers, which should, as a rule, provide first aid to those in need
b) Before loading the affected earthquake in vehicles, monitor their condition with the necessary emergency medical assistance
c) on the way of evacuation from the hearth to the first stage of medical evacuation, to create medical

regulation (distribution) points, to ensure the provision of urgent medical care to the needy and determining the direction of traffic with the affected;
d) to ensure the evacuation of hospital-type patients afflicted in the hospital for significant removal from the source of earthquakes, it is necessary to organize a clear work of the dispatch service and medical support
e) check the presence of a documentary registration of the fact of injury for further insurance coverage before loading on transport

199. To ensure the evacuation of hospitalized patients in the hospital, located at a significant distance from the source of earthquakes, it is necessary:
a) arrange support for the road patrol service and medical support
b) organize a clear work on medical support
c) organize a clear work of the dispatch service and medical support
d) organize clear operation of the warning service and medical support
e) organize a clear operation of the communication and alerting system, and medical support

200. Aerodromes, landing areas, piers, collection points during the evacuation of convoys by road transport deploy:
(a) Checkpoints
b) auxiliary distribution points
c) medical distribution points
d) evacuation receivers
e) medical centers

201. Sanitary-hygienic and anti-epidemic measures are carried out with the aim:
a) timely provision of medical care to the population
b) distribution of affected groups in need of isolation and sanitation
c) preservation and strengthening of public health, as well as the prevention of infectious diseases and the eradication of epidemic foci
d) preventing the occurrence and spread of infectious diseases among the population
e) ensuring the sanitary well-being of the population and eliminating the adverse sanitary consequences of the use of weapons of mass destruction by the enemy

202. Nonspecific and specific prevention of the population conducts:
a) medical service
b) communal and technical service
c) curfew
d) firefighting and engineering services
e) Trade and Nutrition Service

203. Disinfection of apartment centers is carried out by:
a) medical service
b) communal and technical service
c) curfew
d) firefighting and engineering services
e) Trade and Nutrition Service

204. The definition of "disinfection" is considered correct:
a) the destruction of insect vectors of infectious diseases
b) the destruction of rodents - sources of infectious agents
c) destruction in the environment of pathogens of infectious diseases
d) isolation and anti-epidemic measures aimed at the localization and elimination of the OBP
e) restrictive measures and enhanced medical surveillance aimed at preventing the spread of infectious diseases

205. The definition of "pest control" is considered correct:
a) the destruction of insect vectors of infectious diseases
b) the destruction of rodents - sources of infectious agents

c) destruction in the environment of pathogens of infectious diseases
d) isolation and anti-epidemic measures aimed at the localization and elimination of the OBP
e) restrictive measures and enhanced medical surveillance aimed at preventing the spread of infectious diseases

206. The definition of "deratization" is considered correct:
a) the destruction of insect vectors of infectious diseases
b) the destruction of rodents - sources of infectious agents
c) destruction in the environment of pathogens of infectious diseases
d) isolation and anti-epidemic measures aimed at the localization and elimination of the OBP
e) restrictive measures and strengthened honey. Monitoring aimed at preventing the spread of infectious diseases

207. The main methods of carrying out pest control are:
a) biological and chemical
b) chemical and physical
c) physical and biological
d) mechanical and chemical
e) thermal and biological

208. The main methods of deratization are:
a) biological and chemical
b) chemical and physical
c) physical and biological
d) mechanical and chemical
e) thermal and biological

209. The definition of "quarantine" is considered correct:
a) the destruction of insect vectors of infectious diseases
b) the destruction of rodents - sources of infectious agents
c) destruction in the environment of pathogens of infectious diseases
d) isolation and anti-epidemic measures aimed at the localization and elimination of the OBP
e) restrictive measures and strengthened honey. Monitoring aimed at preventing the spread of infectious diseases

210. The definition of "observational" is considered correct:
a) the destruction of insect vectors of infectious diseases
b) the destruction of rodents - sources of infectious agents
c) destruction in the environment of pathogens of infectious diseases
d) isolation and anti-epidemic measures aimed at the localization and elimination of the OBP
e) restrictive measures and strengthened honey. Monitoring aimed at preventing the spread of infectious diseases

211. The regime of observance is introduced for a period of:
a) for two incubation periods of the corresponding infectious disease
b) from the moment of isolation of the last patient and the end of disinfection in the source of infection
c) for the maximum incubation period of the corresponding infectious disease
d) for one incubation period of an infectious disease
e) for two weeks

212. The quarantine mode is entered for the period:
a) for two incubation periods of the corresponding infectious disease
b) from the moment of isolation of the last patient and the end of disinfection in the source of infection
c) for the maximum incubation period of the corresponding infectious disease
d) for one incubation period of infectious diseases;
e) for two weeks

213. The quarantine regime persists with the use of BM of pathogens of infectious diseases:
a) diphtheria, influenza, smallpox
b) yellow fever, anthrax
c) cholera, dysentery, typhoid fever
d) plague, typhoid fever, anthrax
e) plague, cholera, smallpox

214. The regime of observation persists with the use of BM of pathogens of infectious diseases:
a) especially dangerous infections
b) slightly contagious infections
c) airborne infections
d) intestinal infections
e) viral infections

215. Quarantine includes:
a) the cordon of the contamination zone, the organization of barrier posts and checkpoints, the prohibition of entry, exit and transit passage, etc.
b) the posting of posts, the strengthening of medical control over the organization of food, water supply, trade, polls and thermometry of the population, vaccination, etc.
c) strengthening the anti-epidemic regime
d) protection of infectious patients, strengthening of sanitary education work
e) prohibition of transit passage

216. Observations include:
a) the cordon of the contamination zone, the organization of barrier posts and checkpoints, the prohibition of entry, exit and transit passage, etc.
b) the establishment of posts, the strengthening of medical control over the organization of nutrition, water supply, trade, public opinion polls and thermometers, vaccination, etc.
c) strengthening the anti-epidemic regime
d) protection of infectious patients, strengthening of sanitary education work
e) prohibition of transit passage

217. If there are single cases of infectious diseases among the population with a satisfactory sanitary and hygienic state of the territory, the sanitary-epidemic state of the territory is assessed:
a) satisfactory
b) dysfunctional
c) safe
d) unsatisfactory
e) unstable

218. If there is an increase in infectious morbidity not previously observed infectious diseases with a satisfactory sanitary and hygienic state of the territory, sanitary and epidemic state of the territory measured:
a) dysfunctional
b) unstable
c) unsatisfactory
g) emergency
d) prosperous

219. If group infectious diseases have appeared, there are single cases of OOI disease, the sanitary-epidemic state of the territory is estimated:
a) unsatisfactory
b) emergency
c) unstable
d) dysfunctional

e) satisfactory

220. If the sanitary-epidemic state of the territory and the area of accommodation is safe, the territory of the location area is not contaminated with PS, RS, BM, the sanitary-hygienic state of the territory is assessed:
a) unsatisfactory
b) safe c) unsustainable
d) satisfactory
e) emergency

221. If sanitary - the epidemic state of the territory and the location area is unstable, unfavorable or extreme, the territory of the area is contaminated with PS, RS and BM, the sanitary-hygienic state of the territory is assessed:
a) unsatisfactory
b) safe
c) unstable
d) satisfactory
d) emergency

222. If there is an increase in infectious morbidity, there are single, not previously observed infectious diseases with a satisfactory sanitary and hygienic state of the territory, the sanitary-epidemic state of the territory is assessed:
a) unsatisfactory
b) unstable
c) satisfactory
d) emergency
e) safe

223. If repeated cases of disease of the OOI are recorded, the sanitary-epidemic state of the territory is assessed:
a) unsustainable
b) unfavorable
c) satisfactory
d) extreme
d) unsatisfactory

224. Sanitary and hygienic state of the territory may be:
a) satisfactory and unsatisfactory
b) safe and unstable
c) dysfunctional and emergency
d) good, satisfactory, poor
e) excellent, satisfactory, unsatisfactory

225. The main principles of the organization of sanitary and epidemiological provision of the population in emergency situations are (all true, except):
a) the state and priority nature of the sanitary and epidemiological service, the constant readiness of its forces and means
b) a unified approach to the organization of sanitary and anti-epidemic measures
c) a differentiated approach to the formation of forces and means
d) interaction with bodies and institutions of other departments
e) teaching the population behavior in the foci of chemical and radiological contamination

226. The main lines of activity of sanitary-and-preventive formations on sanitary-hygienic and anti-epidemic support are:
a) carrying out organizational and engineering activities
b) monitoring the implementation of specific and non-specific prophylaxis of infectious diseases

c) ensuring control over the readiness of the laboratory base
d) ensuring a constant readiness of the management system, forces and means to work in the emergency situations
e) participation in state expertise in the field of protection of the population and territories of emergencies

227. The main tasks of sanitary and epidemiological surveillance of the sanitary and epidemiological situation at the local level are (all true, except):
a) the implementation of sanitary and epidemiological surveillance of water supply facilities, food
b) teaching the population behavior in the foci of chemical and radiological contamination
c) conducting sanitary and epidemiological surveys
d) issuing radio-protectors and antidotes, carrying out emergency prevention

228. The main tasks of sanitary-epidemiological surveillance at the object level are (all true, except):
a) preparation of general practice on the peculiarities of radiation injuries, poisoning and infectious pathology in ES
b) the transfer of the object to the operating mode in the conditions of emergencies
c) organization of work of specialized formations of the object
d) protection of personnel, materiel
e) monitoring of the health and working capacity of employees working on the object

229. Characteristic signs of an emergency epidemic situation (all true, except):
a) the risk of transmission outside the emergency zone
b) possible social and economic damage
c) the risk of skidding and spreading of infectious diseases among the affected population
d) issuing radio-protectors and antidotes, carrying out emergency prevention
e) the threat of a significant number of cases of infectious diseases of different etiology due to the "mixing factor"

230. With a view to preventing and eliminating the health consequences of emergencies, sanitary-epidemiological institutions and formations carry out the following main activities (all true, except for):
a) organize the examination of food and water
b) training of workers and employees of food objects for carrying out measures to protect food and water
c) conduct special training for employees
d) monitor compliance with sanitary rules, hygienic standards
e) predict the possibility of epidemics

231. The Sanitary and Epidemiological Service organizes and conducts the following sanitary and hygienic measures (all true, except):
a) assessment of the sanitary and hygienic state of the territory
b) sanitary supervision of accommodation conditions
c) examination of food and water
d) sanitary supervision over food, water supply
e) Sanitary supervision of bath-and-laundry servicing

232. The main anti-epidemic measures in the emergence of an epidemic focus are (all true, except):
a) registration and notification
b) Sanitary and Epidemiological Surveys
c) identification, isolation and hospitalization of patients
d) general and special emergency prevention
e) Sanitary supervision of the conditions of population distribution in the emergency area, its nutrition, water supply

233. The identification of infectious patients should be notified:
a) head doctor of the CRH
b) head physician of the CSES (city)
c) Head of IPG

d) Head of TTPG
e) Chief of SEU

234. Objectives of the epidemiological survey of an infectious disease (all true, except):
a) identify the source of infection
b) identifying the transmission path (transmission factors)
c) identifying the transmission mechanism
d) carrying out the main measures aimed at preventing the spread of infection
e) isolation and hospitalization of patients

235. The composition of the group of sanitary-epidemiological intelligence (all true, except):
a) doctor-hygienist
b) infectious disease doctor
c) an epidemiologist
d) bacteriologist
e) laboratory assistant

236. Sanitary-epidemic state of the district can be (all true, except):
a) well-being
b) an unstable
c) satisfactory
d) unfavorable
e) emergency

237. Quarantine is introduced when patients appear in the population (all true, except):
a) plague
b) Lossa fever
c) Ebola fever diseases
d) typhoid fever
e) diseases of Marburg fever

238. Observation is introduced in the following areas:
a) with an unfavorable sanitary and epidemiological condition
b) with an unstable sanitary and epidemiological condition
c) with an emergency sanitary and epidemiological condition
d) with the emergence of group non-communicable diseases
e) with the emergence of single cases of contagious diseases

239. Observation and quarantine are canceled (all true, except):
a) after the expiration of the maximum incubation period of the given infectious disease
b) from the moment of isolation of the last patient
c) conducting final disinfection
d) carrying out vaccination prevention
e) Sanitary treatment of attendants and the public

240. Emergency prophylaxis is carried out (all true, except):
a) with a safe sanitary-epidemic state of the region
b) immediately
c) after establishing the fact of bacterial contamination
d) occurrence of cases OOI
e) appearance of mass infectious diseases of unclear etiology

241. The following are used as means of general emergency prevention:
a) broad-spectrum antibiotics
b) serum
c) vaccines

d) toxoids
e) sulfonamides

242. Antibiotics are used as means of general emergency prevention:
a) penicillin, tetracycline
b) doxycycline, sulfadimethoxin
c) doxycycline, rifampicin, tetracycline
d) erythromycin, gentamicin, rifampicin
e) tetracycline, streptomycin, levomycetin

243. The order on conducting emergency prevention issues:
a) chief SEU doctor
b) Sanitary and anti-epidemiological commission
c) Chief Medical Officer of the CSSES
d) head doctor of infectious diseases hospital
e) epidemiologist

244. The composition of the disinfection group:
a) doctor, nurse, driver
b) disinfector and driver
c) the disinfector and the attendant
d) dis-instructor, disinfector and two orderlies
e) doctor, disinfector, dis-instructor and driver

245. Possibilities of the disinfection group:
a) conduct current and final disinfection
b) 500 people should be vaccinated against
c) examine the territory with a population of 2 thousand people
d) select 8 samples from environmental objects
e) process 25 apartments with an area of 60 m2 each

246. Sanitary-epidemiological brigades are formed according to the profile:
a) disinfection, zoological, epidemiological
b) radiological, toxicological, hygienic
c) epidemiological, radiological, sanitary-hygienic (toxicological)
d) disinfection, disinsection, deratization
e) parasitological, sanitary and hygienic

247. The main tasks of SEU (SEB) in the area of radiation injury are:
a) laboratory control and issuing recommendations for decontamination of food and water
b) laboratory control and issuing recommendations for the degassing of food and water
c) laboratory control and issuing recommendations for the disinfection of food and water
d) examination of food and water
e) sampling and delivery of samples to the laboratory

248. The main tasks of SEU (SEB) in the focus of chemical contamination are:
a) laboratory control and issuing recommendations for decontamination of food and water
b) laboratory control and issuing recommendations for the degassing of food and water
c) laboratory control and issuing recommendations for the disinfection of food and water
d) examination of food and water
e) sampling and delivery of samples to the laboratory

249. The main tasks of SEU (SEB) in the focus of biological damage are:
a) laboratory control and issuing recommendations for decontamination of food and water
b) laboratory control and issuing recommendations for the degassing of food and water
c) laboratory control and issuing recommendations for the disinfection of food and water

d) examination of food and water
e) sampling and delivery of samples to the laboratory

250. The specialized anti-epidemic brigade (SAEB) includes the following departments:
a) disinfection, deratization, disinsection
b) radiological and toxicological
c) epidemiological with zooparasitological group and bacteriological with the virological group
d) bacteriological and virologic
e) zooparasitological and epidemiological

251. For the localization and elimination of foci of especially dangerous infections, the formation of AREMS is intended:
a) Sanitary detachments and a sanitary post
b) first aid unit, medical unit
c) a specialized anti-epidemic team
d) epidemiological surveillance group of the GEI
e) an infectious mobile hospital

252. For the conduct of epidemiological reconnaissance and sampling from objects of the external environment, the formation of AREMS is intended:
a) Sanitary detachments and a sanitary post
b) first aid unit, medical unit
c) a specialized anti-epidemic team
d) the epidemiological investigation group (GEI)
e) an infectious mobile hospital

253. GEI capabilities:
a) 50 radiometric and 100 hygienic studies
b) 30 bacteriological and 50 chemical studies
c) provide first aid to 100 affected
d) to survey the territory in 2 km2 with the selection of 8 samples from the objects of the external environment
e) selection of 30 samples for bacteriological studies

254. Supervision and laboratory control is organized and conducted for purposes (true all except):
a) detection and indication of radioactive contamination of food and water
b) detection and indication of chemical contamination of food and water
c) detection and indication of biological contamination of food and water
d) disinfection, disinsection, deratization
e) taking emergency measures to protect the population from AHOV, BS.

255. The NOLC has the following levels:
a) federal, regional and local
b) local, object and territorial
c) regional, object and local
d) federal, territorial and object
e) federal, territorial and regional

256. Operating modes of NOLC:
a) daily activities, high alertness and emergency situations
b) federal, regional
c) unstable, prosperous
d) satisfactory and unsatisfactory
e) unsatisfactory and emergency situation

257. The NOLC system includes (all true, except):
a) CSSES

b) antiplague center (station)
c) veterinary laboratories
d) CRH
e) posts of radiation and chemical observation

258. The main tasks of city, district CSSES are (all true, except):
a) conducting sanitary and epidemiological reconnaissance
b) establishing presence in the environmental objects of the BM
c) investigation of samples for infestation by known pathogens
d) measuring the dose rate of radiation in the area in the vicinity of the facility
e) disinfection, disinsection, deratization

259. The CSSES can daily examine:
a) 25-30 microbiological samples, 48-50 toxicological and 90-100 radiological samples
b) 100 sanitary-hygienic samples
c) 50 toxicological and radiological samples
d) 30 bacteriological samples
e) 90 sanitary-bacteriological samples

260. Disinfection of water carries out:
a) medical service.
b) communal and technical service
c) engineering service
d) Trade and Nutrition Service
e) firefighting service

261. Disinfection of food carries out:
a) medical service
b) communal and technical service
c) engineering service
d) Trade and Nutrition Service
e) firefighting service

262. The penetration depth of RS in milk, vegetable oil, water is:
a) 3-8 cm
b) to the full depth
c) 8-10 cm
d) up to 3 cm
e) 2-6 cm

263. The depth of penetration of AOXV (PS) into solid fats is:
a) 3-8 cm
b) to the full depth
c) 8-10 cm
d) up to 3 cm
e) 2-6 cm

264. If the product is not contaminated, the decision of the sanitary expert:
a) the product is authorized for use in food purposes without restrictions
b) the product is fit for use by healthy people for a certain period, but cannot be directed to children's and medical institutions
c) the product is usable, but is to be sold through the public catering system
d) the product is subject to disinfection, after which a re-examination is necessary
e) the product is not suitable for use and is subject to destruction

265. If the quantity of RS (concentration of PS) in the product does not exceed the maximum permissible

standards, the decision of the sanitary expert:
a) the product is authorized for use in food purposes without restrictions
b) the product is fit for use by healthy people for a certain period, but cannot be directed to children's and medical institutions
c) the product is usable, but is to be sold through the public catering system
d) the product is subject to disinfection, after which a re-examination is necessary
e) the product is not suitable for use and is subject to destruction

266. If the depth of penetration of RS (PS) in the product to the full depth, the decision of the sanitary expert:
a) the product is authorized for use in food purposes without restrictions
b) the product is fit for use by healthy people for a certain period, but cannot be directed to children's and medical institutions
c) the product is usable, but is to be sold through the public catering system
d) the product is subject to disinfection, after which a re-examination is necessary
e) the product is not suitable for use and is subject to destruction

267. Sanitary examination of individual food stocks is carried out:
a) yes and no
b) yes
c) no
d) after disinfection
e) 1 time in 3 months

268. The decision of the sanitary expert, if the depth of penetration of RS (PS) in the product 1cm:
a) the product is authorized for use in food purposes without restrictions
b) the product is fit for use by healthy people for a certain period, but cannot be directed to children's and medical institutions
c) the product is usable, but is to be sold through the public catering system
d) the product is subject to disinfection, after which a re-examination is necessary
e) the product is not suitable for use and is subject to destruction

269. Sanitary expertise is subject to food:
a) suspicious for contamination and food after its disinfection
b) suspicious for infection
c) after disinfection
d) the product has no infection
e) individual food stocks

270. Disinfection of drinking water is done in ways (all true, except):
a) upholding
b) coagulation followed by settling
c) by filtration through sorbents and ion exchangers
d) by chlorination
e) removal of the infected layer

271. Artificial decontamination is made (all true, except):
a) boiling
b) removal of the infected layer
c) transferring products into clean containers
d) washing of the container with water
e) sedimentation of liquid products

272. Natural disinfection is carried out:
a) leaving contaminated food for a certain period of time
b) removal of the infected layer

c) transferring products into clean containers
d) washing of the container with water
e) sedimentation of liquid products

273. The main areas for protecting food and water are (all true, except):
a) carrying out anti-epidemic measures
b) organization of events
c) engineering events
d) Sanitary and hygienic measures

274. The protection of food and water is achieved (all true, except):
a) accumulation of disinfection means
b) hermetic sealing of the room
c) use of various types of packaging, packaging materials
d) sealing of enclosing structures
e) with the help of sanitary-hygienic measures that promote the preservation of products

275. Artificial decontamination is performed (all true, except):
a) washing of the container with water
b) treatment with disinfectants
c) transferring products into clean containers
d) removal of the contaminated product layer
e) leaving contaminated food for a certain period, for which the product is self-decontaminated

276. Disinfection of food and water includes (all true, except):
a) decontamination
b) degassing
c) disinfection
d) pest control

277. Decontamination of water is carried out (all true, except):
a) sedimentation with preliminary coagulation
b) draining the top layer and filtering
c) filtration of contaminated water through ion exchangers
d) distillation of contaminated water
e) boiling for 14 minutes

278. Degassing of water is carried out (all true, except):
a) boiling for 14 minutes.
b) filtration through special filters-absorbers
c) by chlorination
d) coagulation
e) distillation

279. Individual stocks of water are disinfected with the help of:
a) boiling
b) filtration
c) antibiotic
d) pantocide
e) sulfanilomides

280. The epidemic focus is characterized by factors (all true, except):
a) the presence of infectious patients among the affected population and the possibility of spreading or pathogens
b) the presence of a degassing site, decontamination, disinfection
c) the presence of the affected, requiring hospitalization

d) the presence of contact with infectious patients
e) an external environment that poses an infectious danger

281. The characteristic features of the epidemic focus in the areas of emergency are (all true, except):
a) lack of protection of the population from contact with infectious patients due to untimely isolation of infectious patients
b) reducing the resistance of the body in the emergency situation
c) an environment that presents an infectious danger
d) mass infection of people
e) reduction of the incubation period as a result of constant contact with unexplained sources of infections

282. Types of Areas of Infectious Diseases:
a) ubiquitous and regional
b) local and object
c) federal and regional
d) territorial and ubiquitous
e) local and territorial

283. The threat of emergence of epidemic foci in the areas of emergencies depends (that is all, except):
a) destruction of communal facilities
b) a sharp deterioration in the sanitary and hygienic condition of the territory
c) increasing the susceptibility of people to infection
d) mass reproduction of rodents, the appearance of an epizootic among them, activation of natural foci
e) an external environment that presents an infectious danger

284. The measures for medical protection include:
a) assistance in providing individual means of prevention of injuries with medical products for the provision of first aid, as well as participation in training rules and methods for using them
b) conducting sanitary and hygienic and anti-epidemic measures to prevent or reduce the negative impact of damaging factors of emergencies
c) development (based on an assessment of the ES) and the implementation of a set of measures for the medical protection of the population and rescuers; Participation in the psychological preparation of the population and rescuers
d) the organization and observance of the sanitary regime at the stages of medical evacuation, the control of radioactive and chemical contamination of the affected (sick) and rescuers, as well as the performance of other protective measures in the formations and establishments of the All-Russian Disaster Medicine and MSCD
e) all of the above

285. The following requirements are imposed on the medical equipment for individual protection (MSIS) of the population and rescuers;
a) the possibility of their early application before the onset of the impact of damaging factors
b) simple methods of application and the possibility of storage by the population and rescuers
c) elimination of adverse consequences of use by the population and rescuers and favorable economic characteristics
d) effectiveness of protective action
e) all of the above

286. Medical personal protective equipment (MSIS) for its intended use is divided into:
a) used in radiation accidents
b) used in chemical accidents and domestic poisoning with various toxic substances
c) used for the prevention of infectious diseases and the weakening of the damaging effect on the body of toxins
d) ensuring the most effective partial special treatment for the removal of radioactive, chemical substances, bacterial products from human skin
e) all of the above

287. The medical means of individual protection (MSIS) include:
a) radio-protectors (radio-protective agents)
b) antidotes (remedies against exposure to PS and AOXV)
c) antibacterial agents (antibiotics, sulfonamides, vaccines, serums)
d) special treatment means
e) all of the above

288. Medical means of anti-radiation protection are subdivided:
a) means of preventing radiation damage during external exposure
b) means of preventing or reducing the primary general reaction of the body to irradiation
c) means of preventing radiation damage during the incorporation of radionuclides
d) all of the above
e) there is no correct answer

289. Medicines, which are not only means of medical protection, but to a greater extent - by means of medical care and treatment of radiation injuries:
a) adaptogens
b) stimulators of hematopoiesis
c) stimulants of the central nervous system
d) anti-hemorrhagic agents
e) all of the above

290. Antidotes (antidotes) are medical means of chemical protection:
a) capable of neutralizing poison in the body by physical interaction with it
b) capable of neutralizing poison in the body by chemical interaction with it
c) providing antagonism with the poison when acting on enzymes and receptors
d) all of the above
e) there is no correct answer

291. Medical personal protective equipment (MSIS) against adverse effects of elevated temperature are called:
a) Frigoprotectors
b) Actoprotectors
c) antihypoxicants
d) thermal Protectors
e) analgesics

292. Medical means of individual protection (MSIS) increasing the cold-resistance of the body are called:
a) Actoprotectors
b) Frigoprotectors
c) Thermal protectors
d) antihypoxants
e) bronchodilators

293. Medical personal protective equipment (MSIS), based on the optimization of systemic and cellular metabolic reactions, are called:
a) Actoprotectors and antihypoxants
b) Frigoprotectors
c) Thermal protectors
d) antidotes
e) anticholinergics

294. Medicinal products that can be used as preventive agents to increase the resistance of the human body to the effects of various chemicals, high and low air temperature, and also under the action of impulse noise:

a) budaxime and biseptol
b) baralgin and promedol
c) Biseptol and bicillin
d) Bromantane and bromityl
e) belallgin and betin

295. Victims with psychotic disorders are accommodated:
a) in the operating room
b) in the dressing room
c) in the insulator
d) in intensive care
e) in the procedural

296. All victims who are in a state of psychomotor agitation are evacuated:
a) by sanitary (other) transport in the sitting position and with accompanying
b) sanitary (other) transport in the supine position, fixed to the litter
c) sanitary (other) transport in the supine position, fixed to the stretcher and with accompanying
d) sanitary (other) transport
e) by sanitary (other) transport, with accompanying

297. Victims with mental disorders shall be referred to:
a) into an infectious inpatient facility
b) in the psycho-neurological hospital
c) to the hospital
d) in the therapeutic hospital
e) to the surgical hospital

298. Victims, who, along with the main lesion (trauma, burn, intoxication, etc.), have mental disorders and are subject to the direction:
a) in the relevant profiled hospitals
b) into the surgical hospital
c) in the therapeutic hospital
d) to the hospital
e) to the infectious inpatient facility

299. Victims, who, along with trauma, have mental disorders and are subject to the following directions:
a) in the therapeutic hospital
b) into the surgical hospital
c) to the hospital
d) into the infectious inpatient facility
e) in the psycho-neurological hospital

300. Victims, who, along with a burn, have mental disorders, are subject to the following directions:
a) to the hospital;
b) in the therapeutic hospital
c) to an infectious inpatient
d) in the psycho-neurological hospital
e) to the surgical hospital

301. Victims who, in addition to the infectious disease, have mental disorders as well:
a) in the therapeutic hospital
b) into the surgical hospital
c) to the hospital
d) to the infectious inpatient facility
e) in the psycho-neurological hospital

302. Victims who, in addition to the therapeutic illness, are also mentally handicapped:
a) in a surgical hospital
b) in the psycho-neurological hospital
c) in the therapeutic hospital
d) to the infectious inpatient facility
e) to the hospital

303. Medical equipment includes:
a) medicinal products
b) chemical reagents
c) dressings
d) medical devices and devices
e) listed in points a), b), c) and d)

304. The core set developed by WHO includes:
a) 12 items of medicinal products
b) medicines from 11 pharmacological groups
c) 12 names of medicines from 11 pharmacological groups
d) 55 items of medicinal products
e) all medicines used in medical practice

305. The core set developed by WHO is designed to:
a) rendering of the first medical aid
b) providing assistance to 1000 victims within 3 months
c) provision of qualified assistance
d) providing assistance to 10,000 people affected
e) assistance to victims with traumatic lesions

306. The supplementary kit developed by WHO includes:
a) 55 items of medicinal products
b) medicines of 40 pharmacological groups
c) medicines primarily used in therapy
d) all of the above
e) listed in points a) and b)

307. The supplementary kit is designed to assist:
a) 10,000 victims
b) work of medical personnel within 3 months
c) 10,000 victims within 3 months
d) 3000 victims
e) all needy

308. The composition of the medical service property is determined on the basis of:
a) the nature of the disaster
b) calculating the needs of the formation according to its purpose
c) total number of victims
d) the possibility of providing medical assistance
e) qualification of medical personnel

309. The composition of the medical service property is determined on the basis of:
a) the need to provide an established type and amount of assistance over a period of time
b) qualification of staff
c) total number of victims
d) the nature of the disaster
e) listed in points a) and b)

310. Currently, equipment reports have been developed:
a) 10 types of SMAB
b) 15 types of SMAB
c) 19 types of SMAB
d) 25 types of SMAB
e) 30 types of SMAB

311. The service property of the toxicological team is designed to provide assistance:
a) 10 injured
b) 15 injured
c) 25 injured
d) 50 injured
e) 100 injured

312. The staff of the transfusion team is designed to provide assistance:
a) 10 injured
b) 15 injured
c) 25 injured
d) 50 injured
e) 100 injured

313. The personnel of the infectious brigade is designed to provide assistance:
a) 10 injured
b) 15 injured
c) 25 injured
d) 50 injured
e) 100 injured

314. The staff of the surgical team is designed to provide assistance:
a) 10 injured
b) 15 injured
c) 25 injured
d) 50 injured
e) 100 injured

315. The personnel of the infectious brigade is designed to provide assistance:
a) 10 injured
b) 15 injured
c) 25 injured
d) 50 injured
e) 100 injured

316. The staff of the psychiatric team is designed to provide assistance:
a) 10 injured
b) 15 injured
c) 25 injured
d) 50 injured
e) 100 injured

317. The staff of the obstetric and gynecological team is designed to provide assistance:
a) 10 injured
b) 15 injured
c) 25 injured
d) 50 injured
e) 100 injured

318. The staff of the laboratory and diagnostic brigade is designed to provide assistance:
a) 10 injured
b) 15 injured
c) 25 injured
d) 50 injured
e) 100 injured

319. The staff of the neurosurgical team is designed to provide assistance:
a) 10 injured
b) 15 injured
c) 25 injured
d) 50 injured
e) 100 injured

320. The staff of the field multidisciplinary hospital provides throughput:
a) 50-100 people / day
b) 100-150 people / day
c) 150-200 people / day
d) 200-250 people / day
e) 250-300 people / day

321. The main methods of classification of property used by the EMS are:
a) by designation
b) physico-chemical properties
c) on the pharmacological properties
d) for toxicity
e) by purpose and accounting characteristics

322. The property of reserves and current allowances is allocated in the classification:
a) physic-chemical properties
b) by designation
c) according to storage conditions
d) according to the accounting feature
e) Toxicity

323. Inventory and expendable property is allocated in the classification:
a) physic-chemical properties
b) by designation
c) according to storage conditions
d) according to the accounting feature
e) Toxicity

324. The following are classified by cost and established lifetime:
a) dressings
b) expendable property
c) medical and medical items
d) inventory property
e) food

325. In terms of cost and established service life, inventory property is classified as:
a) a serviceable new and in service
b) for non-serviceable and subject to repair
c) for non-serviceable and subject to write-off
d) for single and multiple use
e) low-value and expensive

326. For qualitative conditions, the following inventory property is classified in category 1:
a) serviceable new and in service
b) not serviceable and subject to repair
c) not serviceable and subject to write-off
d) for single and multiple use
e) low-value and expensive

327. In qualitative condition, the following inventory property belongs to category 2:
a) a serviceable new and in service
b) for non-serviceable and subject to repair
c) for non-serviceable and subject to write-off
d) for single and multiple use
e) low-value and expensive

328. In terms of qualitative status, the following inventory property belongs to category 3:
a) a serviceable new and in service
b) for non-serviceable and subject to repair
c) for non-serviceable and subject to write-off
d) for single and multiple use
e) low-value and expensive

329. It is customary to call consumables:
a) property for which the service life is established
b) property with short amortization periods
c) property that becomes unfit for use after a single application
d) everything listed in points a, b, c.
e) property of low cost

330. The basis for issuing the expendable property to the branch is:
a) the application
b) attire
c) delivery note
d) prescription (requirement)
e) memo

331. The inventory property in the branches is issued on the basis of:
a) the application
b) attire
c) delivery note
d) prescription (requirement)
e) memo

332. Protection of medical property is necessary in the event of:
a) earthquakes
b) ES, accompanied by the release of RS, AOXV and BM
c) Flooding
d) accidents and disasters at enterprises and transport
e) attempted thefts

333. An event that arose during the movement on the road of a vehicle and with its participation, in which people were killed or injured, vehicles, cargo, structures were damaged:
a) MAA
b) RA
c) DSS
d) DTT
e) DTS

334. The main types of RA are not:
a) attacks on pedestrians
b) collision of vehicles
c) overturning of vehicles
d) all the answers are correct
e) all answers are incorrect

335. A person who died on the accident or died from its consequences for seven consecutive days:
a) the deceased person
b) a person with severe injuries, who subsequently died
c) the survivor
d) the victim
e) no answer is true

336. This type of transport carries the bulk of cargo-50% and the majority of passenger traffic-47%:
a) railway transport
b) air transport
c) sea transport
d) cars
e) no answer is true

337. An event related to the operation of an aircraft that occurred while passengers or crew members were on board, which caused damage or destruction of the aircraft and caused injuries to people or did not cause bodily harm:
a) an air and sea accident
b) aircraft accident
c) an air accident
d) crash
e) no option is true

338. Aviation accidents are divided into 2 types:
a) Flight and ground
b) air and ground
c) air and sea
d) marine and terrestrial
e) Flight and sea

339. An aviation accident, which was not followed by the death of crew members and passengers, leading to damage to the aircraft, repair of which is possible and economically feasible:
a) accident
b) crash
c) disaster
d) breakage
e) no answer is true

340. An aviation accident that did not result in the death of crew members and passengers, but resulted in the complete destruction or severe damage to the aircraft, as a result of which it is technically impossible to recover and economically impractical:
a) accident
b) crash
c) disaster
d) breakage
e) no answer is true

341. An aviation accident that caused the death of crew members or passengers in the destruction or

damage of an aircraft, as well as the death of people from injuries sustained within 30 days of the incident:
a) accident
b) crash
c) disaster
d) breakage
e) no answer is true

342. The most severe consequences for emergency situations on water transport cannot be attributed:
a) explosions of dangerous goods, leading to the death of passengers and crews of ships, port workers and marinas
b) fires in cargo, passenger, fishing and especially oil tankers, leading to the same consequences
c) spill oil products, the formation of large oil spills in the water area of the sea and the coast, the destruction of beaches, causing enormous environmental damage to the environment
d) breakage of an airplane or other air transport
e) huge material damage to the sea, river and fishing fleet

343. The cause of the emergency:
a) the sea element
b) the air element
c) breakdown of machinery
d) erroneous actions of a person
e) all answers are correct

344. The ratio of death to injury in aircraft accidents:
a) 1: 5
b) 1:10
c) 10: 1
d) no data available
e) there is no correct answer

345. Ratio of dead and injured as a result of car accidents:
a) 1: 5
b) 1:10
c) 10: 1
d) no data available
e) there is no correct answer

346. The ratio of the number of dead and injured as a result of disasters in maritime transport:
a) 1: 5
b) 1:10
c) 10: 1
d) no data available
e) there is no correct answer

347. Ratio of deaths and injuries as a result of railway accidents:
a) 1: 5
b) 1:10
c) 10: 1
d) no data available
e) there is no correct answer

348. Average number of casualties in aviation accidents:
a) 1-10
b) 10-100
c) 100-200

d) 200-250
e) more than 250

349. Average number of people injured in car accidents:
a) 1-10
b) 10-100
c) 100-200
d) 200-250
e) more than 250

350. Average number of victims in marine accidents:
a) 1-10
b) 10-100
c) 100-200
d) 200-250
e) more than 250

351. Average number of victims in railway accidents:
a) 1-10
b) 10-100
c) 100-200
d) 200-250
e) more than 250

352. The degree and nature of the destruction of buildings and structures are determined in the front of the shock wave:
a) excess pressure
b) excessive speed
c) excessive sacrifice
d) excessive sound
e) no answer is true

353. Explosive and fire hazardous substances include fuel materials:
a) acetylene
b) methane
c) ethylene
d) all the answers are correct
e) no answer is true

354. Primary information with certain medical information is brought, first of all, to the main (duty) doctor of the railway hospital in the parking lot of the emergency-recovery train and to the chief (deputy) of the medical and sanitary service of the railway, in the case of:
a) emergency on the railway
b) parking in the railway
c) emergency on the railway
d) delay of the train
e) Emergency on the railway

355. The first medical assistance is provided:
a) in the hospital
b) at the scene of the accident
c) within a radius of 5-10 meters from the scene of the accident
d) within a radius of 10 to 20 meters from the scene of the incident
e) in the first-aid post and in the ambulance (on the spot and en route to the hospital)

356. The concept of "terrorism" comes from the Latin word terror:

a) fear, horror
b) murder, violence
c) bad, reckless
d) cruel, rude
e) no answer is true

357. The subject of terrorist acts is not:
a) an international terrorist organization
b) extremist political association
c) vehicle
d) religious sect
e) criminal community

358. The means used to carry out terrorist acts are not:
a) biological agent
b) radioactive substance
c) communication control system
d) nuclear charge
e) emitter of electromagnetic pulses

359. The object of influence is not:
a) ethnic clan
b) main pipeline
c) an individual
d) food products
e) water supply system

360. Any clash, confrontation, a form of resolution of contradictions between states, peoples, social groups with the use of military force:
a) terrorist conflict
b) international conflict
c) local warfare
d) military conflict
e) armed conflict

361. One of the forms of resolving contradictions with the use of means of armed violence, in which the states involved in the conflict do not become a special state defined as war:
a) terrorist conflict
b) international conflict
c) local warfare
d) military conflict
e) armed conflict

362. A limited military conflict in which military actions do not extend beyond the territory of belligerent countries, and armed struggle is limited to one or two strategic directions:
a) terrorist conflict
b) international conflict
c) local warfare
d) military conflict
e) armed conflict

363. In emergency situations of peacetime, the bodies and institutions of public health are entrusted with the following tasks:
a) organization of the rapid evacuation of the population
b) preserving the health of the personnel and saving the material values of the health facility
c) organization and delivery of health care in emergency situations

d) completion of treatment of patients in hospital
e) providing medical assistance to the victims

364. Medical and technical requirements for the health facility are divided into:
a) general and special
b) planned and emergency
c) special and abstract
d) general and individual
e) reasonable and not justified

365. General medical and technical requirements include:
a) arrangement of the health facility territory, availability of a protected hospital
b) specific for all health facilities and implemented in all projects
c) the availability of the necessary list of facilities for the placement of health facilities
d) the presence of emergency-hazardous facilities in the immediate vicinity of the facility
e) availability of ways of delivery

366. The factors that determine the specific requirements for the placement of health facilities are:
a) availability of sources of emergency energy and heat supply
b) natural factors (seismicity, permafrost, etc.)
c) the region of construction (proximity of the emergency - dangerous facilities), as well as the "wind rose"
d) type of institution (polyclinic, hospital, etc.)
e) listed in points b), c), d)

367. The readiness of the health facility is determined by:
a) the creation of appropriate formations
b) preparedness for carrying out activities in emergency situations and sufficient provision of necessary property
c) staff training
d) the organization of a clear and sustainable management, in accordance with the developed plans
e) all of the above

368. To prepare for work in the emergency, the health care institution is given:
a) task
b) mobilization task
c) the task-plan
d) the evacuation order
e) a package of normative documents

369. The data reflected in the task of the health facility include:
a) the forecast of the situation in the event of emergencies, the list of created formations and the profile of the deployed units, the deadlines for their readiness, the evacuation procedure
b) a list of activities carried out in emergency situations
c) the procedure for training personnel
d) activities aimed at the organization of clear and sustainable management
e) listed in points b), c), d)

370. On the basis of the assignment, the head of the institution issues:
a) an order
b) the directive
c) disposal of
d) information letter
e) indication

371. The task for hospital staff is necessary for:
a) the prediction of the situation in the event of an emergency

b) preparing for carrying out activities in the event of emergencies and providing the necessary property
c) training of personnel
d) rational planning of the discharge of patients on inpatient treatment, the deployment of the reception and sorting and profile departments
e) listed in items: a), b), c), d)

372. The task of the health facility is prescribed:
a) the establishment, on the basis of health facilities, of the formations intended for the elimination of civil and military times
b) deployment of reception and sorting and profile departments
c) creation of a property reserve, according to the established nomenclature and quantity
d) deadlines for the readiness of formations and units
e) listed in items: a), b), c), d)

373. To prevent the consequences of emergencies, the following tasks are set before all health facilities:
a) forecast of the situation in the event of emergencies, work planning
b) organization of arrangements for the preparation of health facilities for work in emergency situations, protection of personnel, patients and stocks of material resources from the impact of damaging factors
c) increasing the sustainability of health facilities functioning
d) the organization of a clear and sustainable management, in accordance with the developed plans
e) listed in items: a), b), c)

374. The management body for conducting activities to prepare for work in the emergency in the hospital is:
a) the object commission for emergency situations, headed by the deputy head physician for medical work
b) the headquarters of the Civil Defense, Emergency Situations, headed by the Deputy Chief Physician for Civil Defense and Emergencies
c) evacuation commission
d) medical unit
e) trade union committee

375. The general management CD TPI is carried out by:
a) head of city healthcare
b) head physician
c) Deputy Chief Physician for Civil Defense and Emergencies
d) Deputy Chief Medical Officer
e) headquarters of civil defense and Emergency Situations

376. The composition of the headquarters of the CD and emergency situations depends on:
a) the decision of the head of the city health department
b) the plan of the chief doctor
c) proposals of the Deputy Chief Physician for Civil Defense and Emergencies
d) the structure of the hospital, its capabilities and tasks to be addressed during the liquidation of the consequences of the emergency
e) orders of the higher headquarters of the Civil Defense and Emergency Situations

377. The time of deployment of the reception and sorting and profile departments, as well as the organization of patient discharge depend on:
a) the situation prevailing in the emergency zone
b) decisions of the chief physician
c) the period of readiness of the health facility (TPI) to receive the affected
d) the number of victims
e) the functioning mode of the facility

378. The rate of arrival of victims, their number, will necessitate:
a) increase in the number of nursing caregivers

b) medical classification
c) the deployment of new offices
d) creation of additional sorting brigades
e) listed in items: a), b), d)

379. Currently, in peacetime, the following modes of functioning of the EMS are established:
a) daily, high alert and emergency mode
b) constant, high and complete readiness
c) first-priority activities of the first group, full readiness
d) quarantine and observance
e) daily preparedness, priority activities of groups 1 and 2

380. In the mode of daily activities of the headquarters of the CD and Emergency Situations, the health facility(TPI) performs:
a) planning of the operation of health facilities in emergency situations
b) measures to protect against disasters
c) conducts training (training) of personnel of formations and health facilities to work in the emergency situations
d) measures to improve the sustainability of health facilities
e) everything listed in items: a), b), c) and

381. The main forms of training the hospital staff for work in the emergency are:
a) staff training
b) command post exercises
c) complex exercises
d) workout at sites
e) listed in points: c) and d)

382. The main forms of preparation for work in ES at the headquarters of the CD and ES hospital are:
a) staff training
b) command post exercises
c) complex exercises
d) workout at sites
e) listed in items: a), and b)

383. The evacuation of the health facility(TPI) is aimed at:
a) protection of patients
b) protection of the personnel of the formations
c) protection of health personnel and their family members
d) protection and preservation of stocks of all types of property
e) listed in items: a), b), c) and d)

384. Timely evacuation allows:
a) deploy a network of hospitals outside the emergency zone
b) provide qualified and specialized assistance to the victims in full
c) provide the necessary assistance to both the evacuees and the local population
d) prepare in advance for work in emergency situations
e) listed in items: a), b), c)

385. The person responsible for the evacuation of the health facility is:
a) head of city healthcare
b) head physician
c) Deputy Chief Physician for Civil Defense and Emergencies
d) Chairman of evacuation commission
e) headquarters of civil defense and Emergency Situations

386. To prepare and conduct evacuation in emergencies, the health care institution is given:
a) task
b) mobilization task
c) the task-plan
d) the evacuation order
e) a package of normative documents

387. For the planning of evacuation measures in the health facility(TPI), the following is created:
a) the object commission for emergency situations, headed by the deputy head physician for medical work
b) the headquarters of the Civil Defense, Emergency Situations headed by the Deputy Chief Physician for Civil Defense and Emergencies
c) evacuation commission
d) medical unit
e) trade union committee

388. The tasks of the evacuation commission are:
a) planning and organization of evacuation
b) implementation of evacuation measures
c) advance preparation of the location of health facilities in the suburban area
d) health education work
e) listed in items: a), b) and c)

389. In terms of coverage, the evacuation of health facilities can be:
a) universal and selective
b) complete and partial
c) advance and urgent
d) urgent and delayed
e) listed in items: a), c) and d)

390. Partial evacuation is carried out in the following cases:
a) earthquakes
b) terrorist acts
c) pollution of AOXV territory
d) accidents with the release of radionuclides
e) fires

391. Evacuation is considered to be partial if:
a) only the personnel of the health facility are evacuated
b) only patients are evacuated
c) personnel, patients and material resources are evacuated
d) only patients and staff are evacuated (with contamination of AOXV territory)
e) the able-bodied population is evacuated

392. The calculations necessary for evacuation planning include:
a) determination of the need for transport
b) determination of the number of personnel allocated to formations
c) determination of the number of personnel for servicing non-transportable patients
d) determining the number of patients to be evacuated as part of the health facility
e) all of the above

393. Individual means of medical protection include:
a) OZK
b) filtering gas mask
c) KZS
d) first aid kit (FAK)
e) all of the above

394. Means of prevention included in the first-aid kit individual (FAK-2):
a) ficillin
b) Budaxim
c) sulfadimethoxin
d) tetracycline hydrochloride
e) Taren

395. Means of prevention included in the first-aid kit individual (FAK-2):
a) ficillin
b) Budaxim
c) sulfadimethoxin
d) cystamine
e) Taren

396. Means of prevention included in the first-aid kit individual (FAK-2):
a) ficillin
b) Budaxim
c) sulfadimethoxin
d) doxycycline hydrochloride
e) Taren

397. Means of prevention included in the first-aid kit individual (FAK-2):
a) ficillin
b) Budaxim
c) sulfadimethoxin
d) P-6
e) Taren

398. Means for providing 1-st medical aid, which is part of the first-aid kit (FAK-2):
a) ficillin
b) Budaxim
c) sulfadimethoxin
d) P-6
e) Taren

399. Means for providing 1-st medical aid, which is part of the first-aid kit (FAK-2):
a) ficillin
b) Taren
c) sulfadimethoxin
d) P-6
e) Afin

400. Means for providing 1-st medical aid, which is part of the first-aid kit (FAK-2):
a) ficillin
b) promedol
c) sulfadimethoxin
d) P-6
e) Taren

401. Means for providing 1-st medical aid, which is part of the first-aid kit (FAK-2):
a) ficillin
b) dimethicarb
c) sulfadimethoxin
d) P-6
e) Taren

402. The first-aid kit (FAK-2) refers to the means of protection:
a) individual
b) group
c) collective
d) Combined-arms
e) a special

403. The first-aid kit (FAK-2) is designed to provide the following type of medical assistance:
a) the first medical
b) pre-medical
c) the first medical
d) specialized
e) qualified

404. The means for providing first aid from the first-aid kit (FAK-2) is:
a) doxycycline
b) etaperazine
c) tetracycline
d) P-6
e) cystamine

405. The agent from FAK-2 is anti-emetic:
a) doxycycline
b) etaperazine
c) sulfadimethoxin
d) P-6
e) cystamine

406. The agent from FAK-2 used for arresting the primary radiation reaction:
a) doxycycline
b) cystamine
c) etaperazine
d) P-6
e) Budaxim

407. Means from FAK-2 used to stop the pain symptom:
a) Afin
b) promedol
c) P-6
d) cystamine
e) dimethicarb

408.The pens of AI-2 have a different surface (cross-sectional shape):
a) for beauty
b) for the convenience of fixation in the hand
c) to determine the destination of the pencil case at night
d) to determine the form of release of drugs
e) all of the above

409. The pens of FAK-2 have a different surface (cross-sectional shape):
a) for beauty
b) for the convenience of fixation in the hand
c) to determine the appointment of a pencil case with loss of vision
d) to determine the form of release of drugs
e) all of the above

410. Color of the cap in the syringe tube with promedol from FAK-2:
a) white
b) red
c) blue
d) yellow
e) green

411. Total Syringe Tubes in FAK-2:
a) 1
b) 2
at 3
d) 4
e) 5

412. Self-control on test tasks on the topic:
1. Individual means of medical protection include:
a) OZK
b) filtering gas mask
c) KZS
d) pantocid (aqua-segment)
e) all of the above

413. Individual means of medical protection include:
a) OZK
b) filtering gas mask
c) KZS
d) first aid kit (FAK)
e) all of the above

414. Individual means of medical protection include:
a) OZK
b) filtering gas mask
c) KZS
d) package dressing individual (PDI)
e) all of the above

415. Individual means of medical protection include:
a) OZK
b) filtering gas mask
c) KZS
d) individual anti-chemical package (IACP)
e) all of the above

416. Means of prevention included in the first-aid kit individual (FAK-2):
a) ficillin
b) Budaxim
c) sulfadimethoxin
d) tetracycline hydrochloride
e) Taren

417. Means of prevention included in the first-aid kit individual (FAK-2):
a) ficillin
b) Budaxim
c) sulfadimethoxin
d) cystamine

e) Taren

418. Means of prevention included in the first-aid kit individual (FAK-2):
a) ficillin
b) Budaxim
c) sulfadimethoxin
d) doxycycline hydrochloride
e) Taren

419. Means of prevention included in the first-aid kit individual (FAK-2):
a) ficillin
b) Budaxim
c) sulfadimethoxin
d) P-6
e) Taren

420. Means for providing 1-st medical aid, which is part of the first-aid kit (FAK-2):
a) ficillin
b) Budaxim
c) sulfadimethoxin
d) P-6
e) Taren

421. Means for providing 1-st medical aid, which is part of the first-aid kit (FAK-2):
a) ficillin
b) Taren
c) sulfadimethoxin
d) P-6
e) Athens

422. Means for providing 1-st medical aid, which is part of the first-aid kit (FAK-2):
a) ficillin
b) promedol
c) sulfadimethoxin
d) P-6
e) Taren

423. Means for providing 1-st medical aid, which is part of the first-aid kit (FAK-2):
a) ficillin
b) dimethicarb
c) sulfadimethoxin
d) P-6
e) Taren

424. Package dressing individual is designed (PDI):
a) for applying bandages to wound and burn surfaces
b) to apply bandages to wound and burn surfaces, stop some types of bleeding, for occlusive dressing with open pneumothorax
c) for the application of dressings in the conduct of thoracic surgical interventions
d) for the application of bandages during thoraco-abdominal operative interventions
e) to apply bandages to wound and burn surfaces and stop some types of bleeding

425. The individual anti-chemical package is designed (PDI):
a) for partial degassing of uniforms
b) for degassing weapons
c) for partial sanitizing

d) for full sanitation
e) all of the above

426. One package contains the following number of pantocide tablets:
a) 5
b) 10
c) 15
d) 20
e) 25

427. To disinfect one flask of water, the following amount of pantocide tablets is required:
a) 1
b) 2
at 3
d) 4
e) 5

428. The first-aid kit (FAK-2) refers to the means of protection:
a) individual
b) group
c) collective
d) Combined-arms
e) a special

429. The first-aid kit (FAK-2) is designed to provide the following type of medical assistance:
a) the first medical
b) pre-medical
c) the first medical
d) specialized
e) qualified

430. The means for providing first aid from the first-aid kit (FAK-2) is:
a) doxycycline
b) etaperazine
c) tetracycline
d) P-6
e) cystamine

431. The agent from FAK-2 used for arresting the primary - radiation reaction:
a) doxycycline
b) cystamine
c) etaperazine
d) P-6
e) Budaxim

432. Means from FAK-2 used to stop the pain symptom:
a) Athens
b) promedol
c) P-6
d) cystamine
e) dimethicarb

433. The pens of FAK -2 have a different surface (cross-sectional shape):
a) for beauty
b) for the convenience of fixation in the hand
c) to determine the destination of the pencil case at night

d) to determine the form of release of drugs
e) all of the above

434. The pens of FAK-2 have a different surface (cross-sectional shape):
a) for beauty
b) for the convenience of fixation in the hand
c) to determine the appointment of a pencil case with loss of vision
d) to determine the form of release of drugs
e) all of the above

435. Color of the cap in the syringe tube with promedol from AI-2:
a) white
b) red
c) blue
d) yellow
e) green

436. Total Syringe Tubes in FAK-2:
a) 1
b) 2
at 3
d) 4
e) 5

437. Pantocide is intended for:
a) for degassing water
b) for water deactivation
c) for water disinfection
d) for the deratization of water
e) all of the above

Self-monitoring on situational tasks:

1. 82 injured with traumas of varying severity were delivered to the CRH from the outbreak site, of which 45% needing to perform abdominal surgeries on the organs of the abdominal cavity, 40% requiring operations on the musculoskeletal system - 40% requiring compbustiological care 10 %, the rest with closed and open injuries of the brain and spinal cord.
Question: Calculate the need for a different type of SMAB and time for prompt assistance.

2. When advancing into the foci of the catastrophe - an explosion of oxygen in the shop of the enterprise, a medical visiting ambulance brigade at the scene of the accident found 76 victims of varying severity.
Question: Calculate the need for ambulance teams at the scene of the accident.

3. In conditions of low visibility, a rail bus and a freight train collided on the railway crossing. At the time of the collision, the bus had 52 passengers and a driver. The ratio of the dead and the wounded was 1: 2.
Question: How many paramedic ambulance brigades will be needed to provide medical assistance at the scene of the accident?

4. In the foci of the catastrophe (collapse of the building of the shopping complex), it is planned to nominate a SMAB of a psychiatric profile.
Question: Calculate the need for SMAB with a total population of 2.670 people, provided there are mental disorders in about 15% of the outbreaks.

5. In the foci of the earthquake with the strength of 7 points, it is planned to nominate the FMH AREMS "Protection". The total number of people affected was 670 people.
Question: It is required to calculate the relevance of the opportunity of the FMH to the needs in the provision of medical care in the outbreak.

6. When the explosion of oxygen in the center of the disaster occurred in the shop of the medical team of the ambulance brigade, 76 victims of different severity were found at the scene of the accident.
Question: Calculate the need for ambulance teams at the scene of the accident.

7. In the foci of the defeat, it is planned to nominate a SMAB inpatient psychiatric hospital.
Question: Calculate the need for SMAB with a total number of affected population of 2.670 people, subject to the presence of mental disorders in 15% of the population from the outbreak.

8. In the foci of the earthquake with the strength of 7 points, it is planned to nominate the FMH AREMS "Protection". The total number of people affected was 670 people.
Question: It is required to calculate the relevance of the opportunity of the FMH to the needs in the provision of medical care in the outbreak.

9. At the chemical plant there was a production accident with the release into the environment of AOXV. The victim was found. Complains of a wound in the neck, severe pain in the wound area.
Objectively: the general condition is satisfactory, on the anterior surface of the neck, just to the right of the middle line; there is a wound of 1 cm x 1 cm. There is a slight bleeding from the wound.
Question: What kind of first aid should be given to the victim?

10. At the enterprise there was a radiation accident with emission of radioactive substances into the environment. The victim was found. Complains of a wound in the right thigh, severe pain in the wound area, severe bleeding from the wound.
Objectively: the general condition is satisfactory, on the anterior surface of the thigh, in the middle third; there is a cut wound of 1 cm x 5 cm. There is a large bleeding from the wound.
Question: What kind of first aid should be given to the victim?

11. There was an explosion at the plant. The victim is unconscious.
Objectively: the general condition is extremely severe, breathing and palpitation are absent, and a lacerated wound of 1 cm x 5 cm is seen in the left temporal region of the hematoma, in the middle third of the right thigh, on the anterior surface, large bleeding from the wound.
Question: What kind of first aid should be given to the victim?

12. At the chemical enterprise there was a production accident with the release into the environment of AOXV, a chemical attack site was formed.
The victim entered the treatment-and-prophylactic institution from the source of chemical damage. Complains of a wound in the neck, severe pain in the wound area.
Objectively: the general condition is satisfactory; the pulse is 70 beats / min, satisfactory filling and tension. Blood pressure 120/65 mm Hg. At the neck, an aseptic bandage is soaked in blood.
Question: What measures of pre-medical care should be carried out by the victim?

13. At the enterprise there was a radiation accident with release into the environment of radioactive substances. The victim was taken to the treatment-and-prophylactic institution from the lesion foci. Complains of a wound in the right hip, severe pain in the wound area.
Objectively: general condition of moderate severity, pulse 90 beats per minute, blood pressure 100/70 mm Hg. On the front surface of the thigh, in the middle third, there is a bandage, drenched in blood. In the upper third of the thigh is a hemostatic tourniquet.
Question: What measures of pre-medical care should be carried out by the victim?

14. At the enterprise there was an explosion. In the treatment-and-prophylactic establishment, the victim was taken. Complains of a wound in the right hip, severe pain in the wound area.
Objectively: the general condition is satisfactory, on the right thigh, in the middle third, an aseptic bandage is observed, wetted with blood, and the limb is deformed.
Question: What measures of pre-medical care should be carried out by the victim?

15. When a hydro-dynamically dangerous object (GDO) breaks with a difference in the water level of about 120 meters, the estimated speed of the breakout wave will be about 60 km / h.
Question: How much time does AREMS have to carry out measures to protect the city's population when it is at a distance of 40 km from the city's GDO, and its location in the valley of the river?

16. In assessing the probability of flooding in the coastal settlement by the forces of the Ministry of Emergencies, an assessment was made of snow reserves, weather forecast for the nearest time and the state of the ice cover of the river. As a result, a forecast of water rise is given for 14 meters from the initial one.
Question: Give a forecast of the magnitude of the formation of losses among the population in the absence of measures to protect the public.

17. In the Western Europe, a flood occurred in the channel of the rivers Rhine, Loire, Dunai with the flooding of lowland areas in the territory of several states. Due to timely actions to protect the population, the lesions were virtually avoided, but the economy suffered considerable damage.
Question: Give an opinion on the magnitude of flooding and property damage.
Answer: As an answer, it is advisable to give the wording: outstanding floods (observed once in 50-100 years), lead to flooding of whole river basins with flooding of settlements.

18. The earthquake occurred in the coastal zone of the sea coast at a distance of 80 km. The force of the pushes was 8 -9 points.
Question: Give a forecast of further developments in the village on the shore; the development zone is adjacent to the shore.

19. According to aerial reconnaissance data in a fire hazardous period, near the settlement located in the forest zone with a population of up to 4,000 people, a forest fire emerged from the windward side, with external signs referring to the upland. Distance from the village 60 km,
Question: Give practical advice to the chief of civil defense and emergency of this settlement on the prevention of the defeat of the population.

20. In the Central Regional Hospital from the source of the earthquake, 82 people injured with traumas of varying severity were taken, of whom 22% were required for measures to develop a long-term compression syndrome. The remaining undigested area of blockages is 60%.
Question: Calculate the number of people affected by the rubble, who suffered from the "crash syndrome" in the structure of sanitary losses.

21. The epicenter of the 7-magnitude earthquake is located 10 km from a rural settlement with a population of about 8.000 people.
Question: Give an opinion on the need to attract additional MSCD forces to provide medical care to those affected in the outbreak.

22. In the village (urban-type settlement), as a result of the earthquake, about 20% of the buildings of broken stone were destroyed, and weakly damaged reinforced concrete and brick buildings were damaged.
Question: Imagine the force of the earthquake that caused the earthquake.

23. The earthquake occurred in the coastal zone of the sea coast at a distance of 80 km. The force of the pushes was 8 -9 points.
Question: Give a forecast of further developments in the village on the shore; the development zone is adjacent to the shore.

24. According to the forecast, the probability of an earthquake up to 6-7 points in a settlement with a population of up to 40,000 people is 70% within the next 8-10 hours.
Question: Give practical advice to the chief of civil defense and emergency of this settlement on the prevention of the defeat of the population.

25. In case of an earthquake in the settlement of the Neftegorsk city, with an intensity of 9 or more points, the

health facilities in the earthquake zone were destroyed or lost their working capacity.
Question: How should we resolve the issue of deploying the first and second stages of medical evacuation to the affected population?

26. As a result of the examination of the emergency zone (the settlement of M), a group of sanitary-epidemiological reconnaissance revealed: among the population there is an increase in the incidence of dysentery, there were single, not previously observed diseases with typhoid fever, with a satisfactory sanitary and hygienic condition of the territory of the settlement and water sources.
Questions: How is the sanitary and epidemiological condition of the emergency area assessed? What anti-epidemic measures are needed?

27. As a result of the examination of the emergency zone (settlement M.), a group of sanitary and epidemiological services identified: among the population there were group diseases with typhoid fever and there was a single case of cholera.
Questions: How is the sanitary and epidemiological condition of the emergency area assessed? What anti-epidemic measures are needed?

28. As a result of the survey of the settlement of K., a group of sanitary-epidemiological reconnaissance revealed: among the population, 2 cases of plague were detected.
Questions: How is the sanitary and epidemiological condition of the emergency area assessed? What anti-epidemic measures are needed?

29. As a result of the examination of the emergency zone (settlement M.), a group of sanitary-epidemiological intelligence revealed that among the population there were group diseases with typhoid fever and there is a single case of cholera.
Questions: How is the sanitary and hygienic condition of the emergency area assessed?

30. To disinfect the epidemic focus of infection, a disinfection group was introduced.
Questions: The composition of the disinfection group? Possibilities of a disinfection group?

31. Sanitary-epidemiological detachment from the samples delivered by the epidemiological investigation group, a gram-negative bipolar colored rod is identified, morphologically suspicious for the causative agent of the plague.
Question: The purpose and tasks of the sanitary-epidemiological unit in emergency mode?

32. The SEB moved to the area of complication of the sanitary and epidemiological situation.
Question: What is the composition of the band? Main goals?

33. As a result of the survey of the settlement of K., the group of sanitary-epidemiological intelligence revealed: among the population, 2 cases of plague.
Questions: Purpose. Composition and capabilities of GEI?

34. The food warehouse was on the trail of a radioactive cloud. The storage room where 1000 ton of granulated sugar was stored, was not sealed. In the sample of sugar delivered to the radiological laboratory of SEU, RS was detected in an amount significantly exceeding the maximum permissible standards.
Question: Accept an expert decision?

35. The refrigerator with fresh fish found itself in the center of nuclear defeat and was destroyed. Reserves of fish are not large and significantly burnt, highly contaminated with RS and earth.
Question: Accept an expert decision?

36. The non-sealed warehouse, where the butter was stored in carton packs, was found in the chemical attack site. In a sample of oil delivered to the sanitary-chemical laboratory of SEU, sarin was found in insignificant concentrations.
Question: Accept an expert decision?

37. The food warehouse was on the trail of a radioactive cloud. The storage room where 500 ton of buckwheat was stored, it was not sealed. In the sample delivered to the radiological laboratory of SEU, RS was detected in an amount significantly exceeding the maximum permissible standards.
Question: Accept an expert decision?

38. The refrigerator with fresh meat was in the hotbed of nuclear defeat and was destroyed. Stocks of meat are not large and significantly burnt, heavily polluted with RS and earth.
Question: Accept an expert decision?

39. The non-sealed warehouse where the margarine was stored in the paper packaging was in the chemical attack site. In the sample of margarine delivered to the sanitary-chemical laboratory of SEU, the zoman was found in insignificant concentrations.
Question: Accept an expert decision?
40. To eliminate the health and sanitary consequences of the earthquake, the forces of the territorial center of disaster medicine are introduced into the "Z" settlement.
Question:
Calculate the need for medical equipment to assist if:
• The population before the disaster was 15,000 people;
• The estimated duration of rescue operations is 14 days.

41. With a view to providing medical support for refugees in temporary camps, the field multi-field hospital AREMS "ZASHCHITA" is directed to conduct a humanitarian action during the inter-confessional conflict in the territory of the contiguous state:
Question:
Calculate the need for medical equipment if:
• The number of refugees is 85,000;
• The estimated length of stay of the hospital to the conflict zone is 2.5 months.

42. When nominated to the accident zone with the release of unstable AOXV, the column of forces and facilities of the territorial center of disaster medicine crosses the trail of the cloud.
Question.
List the activities carried out to protect property stocks from AOXV infection.
In case of contamination of property - specify the method of degassing.

43. To eliminate the health and sanitary consequences of the earthquake, the forces of the regional center of disaster medicine are included in the settlement "N", as part of a multi-field field hospital.
Question:
Calculate the need for medical equipment to assist if:
• The population before the disaster was 150,000 people;
• Sanitation losses account for 65% of the population.
• The estimated duration of rescue operations is 1 month.

44. When nominated to the area of the accident with the release of RV, the column of forces and facilities of the territorial center of disaster medicine crosses the trail of the cloud.
Question.
List the activities carried out to protect property stocks from infecting RW.
In case of contamination of property - specify the way of decontamination.

45. As a result of the accident at the city-forming mining and chemical combine, a zone of radioactive contamination of the area was formed. During the emergency rescue and other urgent works, the direction of the wind changed, and the infected cloud moved towards the city hospital. The presumed level of radioactive contamination of the hospital may be 25 curies / m2, and the absorbed dose received by personnel continuing to work outdoors may be 2 Gray.
Question.
Adopt a managerial decision on the organization of the work of the health facility and the regime for the stay of staff and patients outside the premises.

46. As a result of the accident at the city-forming mining and chemical combine, a zone of radioactive contamination of the area was formed, which seizes the territory of the health facility. The level of radioactive contamination of the hospital's territory is 325 curies / m2, the absorbed dose received by personnel who continue working outdoors may be more than 6 Gray, indoors 3-5 Gray.
Question.
Adopt a managerial decision on the organization of the work of the health facility and the behavior of staff and patients.

47. As a result of the accident at the city-forming mining and chemical combine, the cloud containing the isotopes 131(I), 92(Kr), 92(Ru), 90(Sr), 137(Cs), moves towards the settlement where the headed is located. The assumed level of radioactive contamination of the territory may be 250 curies / m2. The expected time of passage of the cloud over the city is 4 hours later.
Question.
Take an administrative decision to organize the protection of staff and patients.

48. As a result of the accident at the chemical plant, in winter, the cloud containing hydrocyanic acid moves towards the settlement where the health facility you are headed is located. The estimated concentration of HCN may be 180 mg / m3. The expected time for the passage of the cloud over the city is 2 hours later.
Question.
Adopt an administrative decision on the organization of protection of personnel and patients, and the preparation of health facilities for work in conditions of mass receipt of victims

Advancement Questions and Assignments

1) Unified state system for the prevention and elimination of emergency situations. Definition, history of development
2) General characteristics of emergency situations. Impact factors of sources of emergency situations
3) Tasks and organizational structure of the Unified State System for Prevention and Elimination of Emergencies
4) Definition and tasks of AREMS (All-Russian Emergency Medical Service)
5) Organizational structure of AREMS
6) Operating Modes of AREMS
7) Formation and establishment of a disaster medicine service
8) Purpose and tasks of the mobile multi-profile hospital, deployment scheme
9) Purpose, tasks of the specialized medical care team
10) Formation of the service of medicine of catastrophes, intended for rendering the injured pre-medical and first medical aid.
11) Brief history of the development of AREMS
12) Definition, tasks and basic principles of organization of the All-Russian Emergency Medicine Service.
13) Organization of AREMS: levels, management: definition, principles of organization, interaction, management of AREMS in the liquidation of emergencies.
14) Modes "daily activities and increased readiness". Definitions and main activities.
15) The "emergency situation". Definitions and main activities.
16) Brief description of the specialized assistance teams.
17) Brief description of the territories of Kyrgyzstan.
18) Features of nature and ecology of mountain territories.
19) Emergency situations, dangerous natural and natural-techno genic processes in the territory of the Kyrgyz Republic.
20) The fundamentals of the organization and the principles of medical-evacuation provision of the population in emergency situations.

21) Types and volume of medical care.
22) The content of the first, first aid, first qualified medical care.
23) Stage of medical evacuation. Definition, tasks and the concept of deployment.
24) Medical sorting of the affected. Definition, goals, types.
25) Medical evacuation of those affected in emergency situations. Its purpose and constituent elements.
26) What is the purpose of the punctuation sorting?
27) What is the purpose of the evacuation transport sorting?
28) Scheme of deployment of the stage of medical care.
29) The volume of first aid.
30) Functional subdivisions of the stage of medical evacuation.
31) The main groups AOXV, which determine the chemical hazard. AOXV classification.
32) Medico-toxic characteristics of the centers of chemical accidents.
33) Fundamentals of medical support in the aftermath of chemical accidents.
34) Medical and tactical characteristics of radiation accidents.
35) Assessment of the radiation situation.
36) Classification of acute radiation sickness.
37) Organization of medical provision of the population during the liquidation of the consequences of radiation accidents.
38) Health care in the aftermath of chemical accidents.
39) Medical and sanitary support in the aftermath of radiation accidents.
40) Temporary phases of radiation accidents.
41) Modern classification of acute radiation sickness.
42) Admissible doses of radiation do not lead to the spread of acute radiation sickness.
43) Medical and tactical characteristics of transport and road transport emergency situations.
44) Medical and tactical characteristics of emergencies in explosions and fires.
45) The forces and resources involved in the elimination of health consequences.
46) Organization of medical support in case of emergency situations on transport and road transport objects during explosions and fires.
47) Classification of emergency situations of a natural nature.
48) Medico-tactical characteristics of lesions in earthquakes.
49) The forces and assets involved in the elimination of the consequences of the earthquake.
50) Organization of medical provision of the population in the aftermath of the earthquake.
51) Medico-tactical characteristics of flood areas.
52) By what scale is the intensity of the earthquake in points.
53) How long should rescuers enter the earthquake zone in order to save 90% of the victims?
54) How long should rescuers enter the earthquake zone in order to save 50% of the victims?
55) Health care measures for drowning.
56) Medical and tactical characteristics of other natural disasters (meteorological, topological natural disasters, fires).
57) Organization of medical provision of the population in the aftermath of other natural disasters.
58) Tasks, objectives and definition of sanitary and epidemiological support of the population in emergency situations.
59) Organization of sanitary-hygienic measures in emergency situations.
60) Organization of anti-epidemic measures in emergency situations.
61) Tasks and organization of a network of observation and laboratory control.
62) Basic principles and methods of protecting the population in emergency situations.
63) Characteristics of personal protective equipment.
64) The main measures of medical protection of the population and rescuers in emergency situations.
65) Medical means of individual protection.
66) Organization of medical support for the contingent involved in rescue, emergency and recovery operations.
67) The concept of protection of food and water. Depth of penetration of PS, RS into food products.
68) The main areas of protection of food and water: organizational arrangements, engineering and sanitary and hygienic measures.
69) Natural and artificial disinfection.
70) Decontamination and degassing of water. Security measures.
71) Classification of food by the degree of contamination of PS, RS and BA.

72) Sequence of actions of the sanitary expert.
73) Decisions on the results of the examination.
74) Factors affecting the occurrence and spread of infectious diseases.
75) Characteristics of epidemic foci., Types of range of infectious diseases.
76) Causes of the threat of epidemic outbreaks.
77) Tasks, objectives and definition of the supply of medical equipment.
78) Characteristics and classification of medical property.
79) Organization of the medical supply of the formations and institutions of AREMS in emergency situations.
80) Procurement of medical equipment and its storage.
81) Types of armed conflicts. Conditions and main factors of military emergencies.
82) Medical forces and means of AREMS, CD, intended to provide population in armed conflicts. Principles of their use.
83) Health care in local armed conflicts.
84) Medical and tactical characterization of terrorist acts and features of health care.
85) Preparation of medical and preventive institutions for work in emergency situations.
86) Organization of the work of medical and preventive institutions in emergency situations.
87) Evacuation of medical and preventive institutions.
88) Psycho-traumatic factors. Stages of emotional and physiological state of people exposed to natural disasters.
89) Features of behavioral reactions of the personality in emergency situations.
90) Features of the development of neuromuscular disorder in the population and rescuers in emergency situations of various types.
91) Medical and psychological protection of the population and rescuers.
92) Weapons of mass destruction.
93) Nuclear weapons and the damaging factors of a nuclear explosion.
94) The center of nuclear defeat. Areas of radioactive contamination.
95) Organization of medical care in the hearth.
96) Brief description of chemical agents. Medical and tactical characteristics of lesions,
97) The specifics of the organization of medical care in chemical weapons foci.
98) Bacteriological weapons. Assessment of the bacteriological situation.
99) Foci of damage formed as a result of the use of conventional weapons.
100) Specifics of lesions and medical assistance in the use of conventional weapons.

4. METHODOLOGICAL MATERIALS DETERMINING PROCEDURES FOR ASSESSING KNOWLEDGE, ABILITIES, SKILLS

The assessment scales

Abstract evaluation criteria

Points	5	4	3	2
Contents	The work is fully completed.	Practically the most important components of the work are completed but not fully.	Not all important components of the work are completed.	The work is done partially with the teacher's help.
	The work demonstrates deep understanding of the described processes.	The work demonstrates understanding of the main points but some details are not specified.	The work demonstrates partial understanding of the described processes.	The work demonstrates little understanding of the described processes.
	The work contains interesting discussion material. Scientific vocabulary is used correctly.	There is some discussion material. Scientific vocabulary is used, but sometimes not correctly.	Discussion material is present but does not help to understand the problem. Scientific terminology is used but not correctly.	Minimal discussion material is present. Few scientific terms are used.

	The student provides his own interpretation or development of the topic (generaliza-tions, applications, analogies).	The student offers his own interpretation or development of the topic in most cases.	The student sometimes offers his interpretation.	Interpretation is limited or is not related to the subject.
Literacy	No error - grammatical or syntactic.	Minimal errors are present.	There are errors making the meaning difficult to understand.	A lot of errors, making the material difficult to read.
Report	The student clearly explains the abstract content and makes visual contact with the audience.	The student clearly explains the content of the essay.	The student clearly explains the content of the essay.	The student reports incorrect information.

51-- 60 points – 5
41 – 50 points – 4
31 – 40 points – 3
Less than 30 points – 2.

Assessment criteria for answers to situational tasks:
5 points - student gives precise answers to all questions on situational problems using terms and definitions from basic, main and additional literature.
4 points - student correctly, but not in details, answers to all the questions with minimal errors using references from basic and main literature.
3 points - student correctly solves the problem, but doesn't answer all the questions (70 - 89%), omitting details, answers with errors using references from basic literature.
2 points – student correctly solves the fragments of the task, doesn't answer all the questions making mistakes and using references from basic literature.
1 point – student demonstrates isolated fragments of knowledge could not solve the whole problem.
0 points - student does not solve the task, gives wrong answers, the answers do not relate to the task questions.

The criteria for test assessment
5 points – 85 - 100% of correct answers
4 points – 76 - 85% of correct answers
3 points – 61 - 75% of correct answers
2 points – 0 - 60% of correct answers

METHODICAL INSTRUCTIONS FOR ORGANIZING THE STUDY OF DISCIPLINE:
Training consists of classrooms (36 hours), including a lecture course and practical (group) classes (exercises, solving situational tasks, test tasks, etc.), and independent work (36 hours) under the guidance of the teacher. The lectures outline the main theoretical positions, new scientific achievements and prospects for the development of discipline. Practical exercises are aimed at strengthening and deepening theoretical knowledge. In practical classes, special attention is paid to solving situational problems, visiting the Center for Integrative and Practical Education (CIPE) with demonstration of thematic situations on models.

In accordance with the requirements of GEF VO 3++, extensive use in the educational process of active and interactive forms of conducting classes (business role plays, analysis of specific clinical situations, fulfillment of research and research tasks using Internet resources, etc.) is necessary. The proportion of sessions conducted in interactive forms should be at least 10% of classroom activities.
MODULAR CONTROL ON DISCIPLINE INCLUDES:
1. Ongoing control: the assimilation of educational material in classroom lectures (lectures, practical, including visits and activities) and the fulfillment of mandatory tasks for independent work.
2. Boundary control: checking the completeness of knowledge and skills on the material of the module as a whole. The execution of test tasks is carried out in written form and is an obligatory component of the modular control.
3. Intermediate control - the completed documented part of the academic discipline - a set of closely connected test units.
BASIC REQUIREMENTS FOR FORMATIVE ASSESSMENT:
In constructing a practical lesson, teachers adhere to the following general indicative plan:
1. Organizational stage of the session (time - up to 2%);
1) roll call;
2) assigning the following topic to the house;
3) motivation of the topic of this practical lesson;
4) familiarize students with the goals and the plan of the activity;
2. Control and correction of the initial level of knowledge (time - up to 20%):
1) a theoretical survey on the current topic;
2) correction by the teacher of theoretical knowledge of students;
3) the stage of demonstration by the teacher of practical skills (time - up to 15%)
4) the stage of demonstration of independent work of students (protection of the report with presentation) (time - up to 45%)
5) the final stage of the session (time - up to 18%):
a) final control of the generated theoretical knowledge and skills by solving situational problems;

b) summing up the results of a practical lesson (the teacher's description of the fulfillment of all the objectives of the lesson by the student and an individual assessment of knowledge and skills).
RECOMMENDATIONS FOR THE PREPARATION OF THE REPORT WITH PRESENTATION. Rules of preparation and writing:
Oral presentation - the report should not be a retelling of other people's thoughts, but an attempt at independent problematization and conceptualization of a specific, rather narrow and specific topic. All the footnotes in the work are carefully verified and supplied with "addresses". It is inadmissible to include in your work excerpts from the work of other authors without indicating this, to retell someone else's work close to the text without reference to it, to use other people's ideas without indicating the source. This also applies to sources found on the Internet. You must specify the full address of the site. All cases of plagiarism should be ruled out. At the end of the work, an exhaustive list of all the sources used is given.
The main stages of the report:
• choice of topic;
• consultation of the professor
• preparation of the report plan;
• working with sources and literature, collecting material;
• writing the text of the report;
• designing the manuscript and giving it to the teacher before the start of the report, which determines the readiness of the student to speak;
• presentation of the report, answers to questions.
The subject of the report is offered by the teacher in the FEM.
Multimedia presentations are a kind of independent work of students on creation of visual information grants made with the help of multimedia computer program PowerPoint. This type of work requires coordination of the student's skills in collecting, organizing, processing information, processing it in the form of a collection material, briefly reflecting the main issues of the topic being studied, in electronic form. That is, the creation of presentation materials expands the methods and means of processing and presentation of educational information, forms students' computer skills.
The presentation materials are prepared by the student in the form of slides using Microsoft PowerPoint.
The requirement for students to prepare a presentation and protect it in class in the form of a report.
1. The theme (topic) of the presentation is chosen by the student from the proposed FEM list and must be coordinated with teacher and correspond to the topic of the lesson.
2. Stages of preparation of the presentation
Drawing up a presentation plan (statement of the task, objectives of this work)
Thinking of each slide (at the beginning it can be done manually on paper), while it is important to answer the questions:
- How does the idea of this slide reveal the main idea of the whole presentation?
- What will be on the slide?
- What will be said?
- How will the transition to the next slide be made?
3. Making a presentation using MS PowerPoint:
- It makes sense to be neat. Sloppy slides made (irregularities in fonts and indentations, typographical errors, typographical errors) raise suspicion that the student-rapporteur went too far to the content questions.
- The title page is necessary to present the audience to you and the topic of your report.
- The number of slides is not more than 30.
- The optimal number of lines on the slide is from 6 to 11.
- A common mistake is to read the slide verbatim. Best of all, if the slide will write detailed information, and words will tell their meaningful meaning. The information on the slide can be more formal and strictly stated than in the speech.
- Optimal switching speed - one slide in 1-2 minutes.
- It is welcomed in the presentation to use more drawings, pictures, formulas, graphs, tables. Animation effects can be used.
- When explaining the tables, it is necessary to say what the rows correspond to, and what - the columns.
- Enter only those notations and concepts, without which understanding of the main ideas of the report is impossible.
- In a short speech, you cannot repeat the same idea, even if in other words - time is expensive.
- Any phrase should be said for some reason. Then the performance will be complete and leave a good impression.

- The last slide with conclusions in short presentations should not be spoken.
- The main font in the text and formulas is recommended to be changed to Arial or similar; font Times looks bad from afar. Be sure to set the basic font size in MathType to the main font size in the text.
4. The student is obliged to prepare and make a report at a strictly prescribed time by the teacher, and on time.
5. Instruction to the speakers.
- report new information;
- use technical means;
- to know and be well-versed in the theme of the whole presentation;
- be able to discuss and quickly answer questions;
- clearly follow the established rules: rapporteur - 10 minutes; discussion - 5 minutes;
It must be remembered that the speech consists of three parts: the introduction, the main part and the conclusion.
The introduction helps ensure the success of the performance on any topic. The introduction should contain:
- name of the presentation;
- message of the main idea;
- a modern assessment of the subject matter;
- a brief enumeration of the issues under consideration;
- a live interesting form of presentation;
The main part, in which the speaker should deeply reveal the essence of the topic, is usually principle of the report. The main task is to provide enough data for the listeners and interested in the topic and wanted to get acquainted with the materials. In this case, the logical structure of the theoretical block should not be given without visual aids, audio - visual and visual materials. Conclusion is clear generalization and brief conclusions, which are always waiting for listeners.
RECOMMENDATIONS FOR THE ORGANIZATION OF STUDENTS SELF - STUDY:
implies preparation for practical classes and includes the study of special literature on the subject (recommended textbooks, methodical guides, acquaintance with the materials published in monographs, specialized journals, on recommended medical sites); fulfillment of research and research tasks using Internet resources; preparation of abstracts, speeches at the seminar, abstracts, multimedia presentations. Independent work is considered as a kind of educational work on discipline and is performed within the hours allocated for the CDS. Each student is provided with access to the teaching and methodical cabinet of the department and library funds of the university. For each section, the department developed methodological recommendations for students, as well as guidelines for teachers. The work of the student in the group shapes the feelings of teamwork, personal responsibility and sociability.
The initial level of knowledge of students is determined by testing and compulsory oral interview, the current control of the mastery of the subject is determined by an oral questionnaire during practical classes, when solving typical situational tasks and modules.
At the end of the cycle, it is planned to conduct a test control over all the topics covered. The final control includes:
- tests;
- solution of situational tasks
SITUATIONAL PROBLEM. REFERENCE OPTION ANSWER:

10. At the enterprise there was a radiation accident with release into the environment of radioactive substances. The victim was taken to the treatment-and-prophylactic institution from the lesion center. Complains of a wound in the right hip, severe pain in the wound area.
Objectively: general condition of moderate severity, pulse 90 beats per minute, blood pressure 100/70 mm Hg. On the front surface of the thigh, in the middle third, there is a bandage, drenched in blood. In the upper third of the thigh is a hemostatic tourniquet.
Question: 1. What activities of the first medical aid need to be carried out by the victim?
2. Where, in what transport, in what position is it necessary to evacuate the victim after providing assistance?
Answer: - temporary stop of external bleeding by repeated application of the tourniquet; change of aseptic bandage; repeated anesthesia, repeated partial special treatment of open areas of the body; evacuation of lying on an ambulance transport to a medical institution (department) of a surgical profile.

BASIC REQUIREMENTS TO WRITE TESTS:

1. In one test task, 20 closed questions.
2. Questions are answered ready to choose, one of which is correct and the rest are wrong.
3. When the student receives the correct answers during the testing:
- less than 12 correct answers - the score is "unsatisfactory" (from 55 points and below);
-12-15 correct answers - the score is "satisfactory" (or 60-75 points);
-16-17 correct answers - score "good" (or 80-85 points);
- more than 18 correct answers - the score is "excellent" (or 90-100 points).
4. The overall score is defined as the sum of the points scored.

BASIC REQUIREMENTS FOR MIDPOINT ASSESSMENT:
At the appearance for the exam, students are required to have with them a record book, which they present to the teacher at the beginning.

1. On the intermediate control the student must correctly answer the test tasks in the computer class.