

BOY SCOUT FIRST AID PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://boyscoutfirstaid.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

SAMPLE

- 1. If a person is not breathing normally and has no pulse, what is the recommended response?**
 - A. Check for responsiveness and call for help.
 - B. Gently shake and encourage talking.
 - C. Begin CPR immediately with chest compressions; call EMS or have someone do so while you start.
 - D. Wait for emergency services before starting anything.

- 2. Which is NOT a symptom of hypothermia?**
 - A. Cold and numb feeling
 - B. Uncontrollable shivering
 - C. Increased energy levels
 - D. Tired, unable to think straight

- 3. Which statement is accurate for burn care?**
 - A. Popping blisters is recommended to relieve pressure.
 - B. Applying grease to the burn speeds healing.
 - C. Cooling with running water for 10-20 minutes, avoiding ice, grease, or popping blisters, and covering with a sterile dressing is recommended.
 - D. Ice should be applied to the burn.

- 4. Which action should be avoided in frostbite care in the field?**
 - A. Protect from further cold
 - B. Do not rub
 - C. Rewarm gradually if safe
 - D. Rub vigorously the frostbitten area

- 5. To treat every accident victim, what should be administered?**
 - A. Encouragement
 - B. Shock treatment
 - C. Assessment for shock
 - D. Cough medication

- 6. During a log-roll, who should stabilize the head?**
- A. The feet.
 - B. A bystander near the torso.
 - C. The rescuer at the chest.
 - D. One person at the head to stabilize.
- 7. What are the two initial actions you should take upon arriving at an injured person?**
- A. Ensure scene safety and check responsiveness.
 - B. Move the person to a safe area and give water.
 - C. Assess for spinal injury and start CPR.
 - D. Apply a tourniquet immediately.
- 8. If a foreign object is embedded in the eye, what should you do?**
- A. Seek medical care promptly.
 - B. Rub the eye to remove the object.
 - C. Attempt to remove with tweezers.
 - D. Bandage both eyes and wait.
- 9. During two-rescuer CPR, after approximately how long should rescuers switch roles?**
- A. About every 2 minutes.
 - B. Only after 5 minutes.
 - C. Only after 10 cycles.
 - D. Never switch.
- 10. What is the purpose of applying a dressing after cleaning a wound?**
- A. To protect the wound, control bleeding, and keep it clean
 - B. To speed healing by drying the wound
 - C. To seal the wound from air completely
 - D. To irritate the surrounding skin

Answers

SAMPLE

1. C
2. C
3. C
4. D
5. C
6. D
7. A
8. A
9. A
10. B

SAMPLE

Explanations

SAMPLE

1. If a person is not breathing normally and has no pulse, what is the recommended response?

- A. Check for responsiveness and call for help.
- B. Gently shake and encourage talking.
- C. Begin CPR immediately with chest compressions; call EMS or have someone do so while you start.**
- D. Wait for emergency services before starting anything.

When someone isn't breathing normally and has no pulse, the heart isn't effectively pumping blood to the brain and other vital organs. The first and most important action is to start CPR immediately to create blood flow and keep the person alive. Begin chest compressions right away, pushing hard and fast in the center of the chest, about 100–120 compressions per minute and to a depth of roughly 2 inches (5 cm) for adults, allowing the chest to fully recoil between compressions. Don't wait to check for a pulse or to get everything perfect—start compressions now and get help as soon as you can. If someone can call emergency services or an AED at the same time, have them do so while you begin. If you're trained, you can alternate 30 compressions with 2 rescue breaths; if you're not trained or aren't comfortable giving breaths, continuous chest compressions alone are better than doing nothing. Turn on an AED as soon as it's available and follow its prompts. The goal is to maintain circulation until professional help arrives.

2. Which is NOT a symptom of hypothermia?

- A. Cold and numb feeling
- B. Uncontrollable shivering
- C. Increased energy levels**
- D. Tired, unable to think straight

In cases of hypothermia, the body loses heat faster than it can produce it, leading to a drop in core temperature. A key symptom of hypothermia is a significant decline in energy levels. As the body struggles to maintain heat, individuals often feel tired and may have difficulty thinking clearly or reacting appropriately due to the effects of the cold on the nervous system. Uncontrollable shivering is a physiological response to try to generate heat, and a cold and numb feeling is a direct result of the body's extremities losing warmth. Thus, increased energy levels do not align with the body's response to hypothermia; rather, a decrease in energy is typical, making it clear why this option is not a symptom.

3. Which statement is accurate for burn care?

- A. Popping blisters is recommended to relieve pressure.
- B. Applying grease to the burn speeds healing.
- C. Cooling with running water for 10-20 minutes, avoiding ice, grease, or popping blisters, and covering with a sterile dressing is recommended.**
- D. Ice should be applied to the burn.

Cooling a burn promptly with running water for about 10–20 minutes helps remove heat, limits tissue damage, and reduces pain. Ice should not be used because extreme cold can cause further injury to the skin. Greases or oily substances aren't helpful; they trap heat and can introduce contaminants, hindering healing. Popping blisters is avoided since intact blisters protect tissue from infection, and breaking them increases infection risk and slows recovery. After cooling, covering the burn with a clean sterile dressing protects against contamination and supports healing. If the burn is large, involves the face, hands, feet, joints, or genitals, or results from chemicals or electricity, seek medical care promptly.

4. Which action should be avoided in frostbite care in the field?

- A. Protect from further cold
- B. Do not rub
- C. Rewarm gradually if safe
- D. Rub vigorously the frostbitten area**

In frostbite care, the key step is to avoid causing further tissue injury by rubbing. The tissue is extremely cold and fragile, and ice crystals have formed inside cells. Massaging or rubbing pushes those crystals around, can rupture cell membranes, damage tiny blood vessels, and expand the area of injury. That's why vigorous rubbing is specifically avoided in the field. What to do instead is handle the area very gently, protect it from additional cold, and rewarm only when it can be done safely. Rewarming should be gradual and done with warm water (roughly 40–42 C or 104–108 F) for about 15–30 minutes until sensation returns, avoiding any rapid or harsh heat. Do not rub during rewarming or afterward. Also, keep the person warm overall, remove wet clothing, and prevent further exposure to cold and refreezing.

5. To treat every accident victim, what should be administered?

- A. Encouragement
- B. Shock treatment
- C. Assessment for shock**
- D. Cough medication

The correct approach to treating an accident victim is to conduct an assessment for shock. This step is critical because shock can occur in various types of injuries or medical conditions, and recognizing its presence can be life-saving. Shock is a condition where the body's organs do not receive enough blood flow, which can lead to serious complications. Administering an assessment involves checking the victim's responsiveness, breathing, and circulation. It is essential to identify any signs of shock early, such as rapid heartbeat, pale skin, weakness, or confusion. This information is vital for providing appropriate first aid and informing emergency medical services regarding the victim's condition. While encouragement is a supportive gesture, it does not address the immediate medical needs associated with injuries. Shock treatment is a term that may suggest different interventions, but it is more critical to first assess if shock is present. Cough medication is irrelevant in treating accident victims, as it is not appropriate for addressing injury-related issues. Recognizing and assessing shock sets the groundwork for effective care and helps ensure that the victim receives the intervention they need promptly.

6. During a log-roll, who should stabilize the head?

- A. The feet.
- B. A bystander near the torso.
- C. The rescuer at the chest.
- D. One person at the head to stabilize.**

Keeping the spine aligned during a log-roll requires one person at the head to stabilize the head. This person uses both hands to hold the head in line with the body, preventing any bending, twisting, or shifting as the team rolls the patient as a unit. With the head held steady, the others can move the shoulders and hips together without causing movement in the neck, which protects the spine from further injury. If someone farther down the body or a bystander near the torso tries to control the roll, the head could shift, compromising spinal stability. Head stabilization by a single responder ensures consistent, controlled movement and reduces the risk during transfer to a safer position or surface.

7. What are the two initial actions you should take upon arriving at an injured person?

- A. Ensure scene safety and check responsiveness.**
- B. Move the person to a safe area and give water.
- C. Assess for spinal injury and start CPR.
- D. Apply a tourniquet immediately.

The two initial actions are to make the scene safe and to check the person's responsiveness. First ensuring scene safety protects you and the casualty from further harm by removing or avoiding hazards like traffic, fire, or unstable debris. Then checking responsiveness quickly determines whether the person is conscious and guides what to do next: if they respond, you can proceed with the next steps of care; if they don't respond, you should call for help immediately and begin emergency actions as needed. Other actions—like moving the person, giving water, starting CPR before confirming responsiveness, or applying a tourniquet right away—aren't appropriate as the first steps.

8. If a foreign object is embedded in the eye, what should you do?

- A. Seek medical care promptly.**
- B. Rub the eye to remove the object.
- C. Attempt to remove with tweezers.
- D. Bandage both eyes and wait.

When a foreign object is embedded in the eye, you need urgent professional care. The eye is extremely delicate, and attempting to remove the object yourself or rubbing the eye can push the object deeper, scratch the cornea, or cause bleeding and infection. The safest action is to protect the eye and get to a medical facility as soon as possible. In the meantime, avoid rubbing, don't try to remove the object with anything, and loosely cover the eye with a clean shield or dressing to prevent further injury while you seek care. If there are severe symptoms like intense pain, vision loss, or suspected chemical exposure, call emergency services.

9. During two-rescuer CPR, after approximately how long should rescuers switch roles?

- A. About every 2 minutes.**
- B. Only after 5 minutes.
- C. Only after 10 cycles.
- D. Never switch.

Maintaining high-quality chest compressions relies on rotating rescuers regularly. In two-rescuer CPR, switching about every two minutes keeps compression depth and rate from degrading due to fatigue while the other rescuer takes over breaths or airway management without long pauses. This timing helps maintain a steady rhythm and minimizes interruptions, which is crucial for keeping blood flow to the heart and brain. Waiting longer, like five minutes, lets fatigue set in and lowers compression quality; switching after a fixed number of cycles without regard to time isn't as reliable, and never switching would allow one rescuer to fatigue and the other to remain idle, reducing overall effectiveness. So, about every two minutes is the best practice.

10. What is the purpose of applying a dressing after cleaning a wound?

- A. To protect the wound, control bleeding, and keep it clean
- B. To speed healing by drying the wound**
- C. To seal the wound from air completely
- D. To irritate the surrounding skin

After cleaning a wound, a dressing is placed to create a protective barrier and support healing. It protects the wound from dirt and bacteria, helps control any bleeding with gentle pressure, and absorbs drainage or ooze. Keeping the wound clean and protected reduces infection risk and supports a healthy healing environment. Drying the wound is not the goal; dryness can irritate tissues and slow healing. The dressing doesn't need to be airtight, but it should shield the wound from further contamination while allowing the area to breathe.

SAMPLE

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://boyscoutfirstaid.examzify.com>

We wish you the very best on your exam journey. You've got this!

SAMPLE