

Federal State Budgetary Educational Institution of Higher Education
"Privolzhsky Research Medical University"
Ministry of Health of the Russian Federation

BANK OF ASSESSMENT TOOLS FOR DISCIPLINE

**LIFE SAFETY MANAGEMENT
EMERGENCY MEDICINE**

Training program (specialty): **PHARMACY– 33.05.01**
Department: **DISASTER MEDICINE**

Mode of study: **FULL-TIME**

Nizhniy Novgorod
2021

1. Bank of assessment tools for the current monitoring of academic performance, mid-term assessment of students in the discipline / practice

This Bank of Assessment Tools (BAT) for the discipline "Life Safety Management. Emergency medicine" is an integral appendix to the working program of the discipline "Life Safety Management". All the details of the approval submitted in the WPD for this discipline apply to this BAT.

(Banks of assessment tools allow us to evaluate the achievement of the planned results stated in the educational program.

Assessment tools are a bank of control tasks, as well as a description of forms and procedures designed to determine the quality of mastering study material by students.)

2. List of assessment tools

The following assessment tools are used to determine the quality of mastering the academic material by students in the discipline/ practice:

No.	Assessment tool	Brief description of the assessment tool	Presentation of the assessment tool in the BAT
1	MCQ test	A system of standardized tasks that allows to automate the procedure measuring the level of knowledge and skills of the student	Bank of test tasks
2	Oral questioning	A control tool that allows to evaluate student knowledge and overall competence	List of questions on topics of the discipline

3. A list of competencies indicating the stages of their formation in the process of mastering the educational program and the types of evaluation tools

Competence code	Stage of competence formation	Controlled sections of the discipline	Assessment tools
		Section1. Life Safety Management	
UC8 GPC- 6	operational (during learning activity),	Topic 1.1 Methodological and legal bases of Life Safety management	MCQ test, oral questioning
UC8 GPC- 6		Topic 1.2 National security	
UC8 GPC- 6		Topic 1.3 Emergency situations. Unified State System for Prevention and Elimination of the Consequences of Emergency Situations	MCQ test, oral questioning
UC8 GPC- 6		Topic 1.4 .Population protection in emergency	MCQ test, oral questioning
UC8 GPC- 6		Topic 1.5 Basic principles of organizing medical and psychological support for the population, medical workers and rescuers in emergency situations	MCQ test, oral questioning

UC8 GPC- 6		Topic 1.6 Safety in medical organizations	MCQ test, oral questioning
Disaster Medicine		Section 2. Disaster Medicine	
UC8 GPC 6		Topic 2.1 Fundamentals of medical and evacuation support of the population in emergency situations of peacetime and wartime	MCQ test, oral questioning
UC8 GPC- 6		Topic 2.2 Medical and sanitary provision of the population during the liquidation of the consequences of chemical and radiation emergencies..	MCQ test, oral questioning
UC8 GPC - 6		Topic 2.3 Medical and sanitary provision of the population during the elimination of the consequences of natural disaster, road transport accidents, explosions and fires.	MCQ test, oral questioning
UC8 GPC- 6		Topic 2.4 Sanitary and anti-epidemic (preventive) measures in the aftermath of emergency situations	MCQ test, oral questioning
UC8 GPC - 6		Topic 2.5 Tasks, organizational structure and governing bodies of the All-Russian Service for Disaster Medicine	MCQ test, oral questioning
UC8 GPC-6	Final examination	Section1. Life Safety Management Section 2. Disaster Medicine	Final test

4. The content of the assessment tools of entry, operational control

Pre-assessment / formative assessment is carried out by the discipline teacher when conducting classes in the form of: oral questioning, in-class discussions, quizzes.

4.1. List of questions for the assessment of competence " UC8, GPC-6" :

Section 1. Life Safety Management

Human life activity. Human habitat. Environment. Environmental factors. Environmental hazards. Risk factors. Pathological conditions of the human body. Human adaptation. Life safety. Types, directions, approaches, methods, ways and means of ensuring life safety. Legal basis for ensuring life safety in the Russian Federation. Culture of life safety.

Russia's national security. The role and place of Russia in the world community. The system of national interests of Russia.

Fundamentals of mobilization training and health mobilization. State material reserve for medical and sanitary purposes. Military registration and booking of medical workers.

Modern wars and armed conflicts. Definition and classification of wars and armed conflicts. Means of armed struggle. The damaging factors of modern types of weapons.

The security of society and the individual. Hazards and their impact on the human body. System of measures to ensure the safety of organized teams. Measures to ensure the personal safety of citizens. Basic concepts, definitions, classification, medical and health consequences of emergency situations. Phases of development and damaging factors of emergency situations. Methods for forecasting and assessing the situation in emergency.

Unified State System for Prevention and Elimination of Consequences of Emergency Situations.

Basic principles and legal framework for the protection of the population. Fundamentals of the organization of rescue and other activities in emergency situations. The system of civil defense and the main directions of its activity.

Fundamentals of organization and measures to protect the population in peacetime and wartime. System and methods of human protection from the main types of dangerous and harmful effects of natural and man-made origin.

Methods of hazard assessment and control. General characteristics and classification of protective equipment. Protective structures, individual technical and medical means of protection. Sanitary and special treatment

Fundamentals of organizing medical and psychological support for the population, medical workers and rescuers in emergency situations

The main psychological causes of erroneous actions and the occurrence of dangerous situations

Psychotraumatic factors of an emergency;

Features of the development of neuropsychiatric disorders in the population and rescuers in emergency situations

Organization of medical and psychological assistance to the population, medical workers and rescuers in emergency situations.

Safety of medical workers. Characteristics of threats to the life and health of medical workers. The system of labor protection and safety in medical organizations.

The main approaches, methods and means of ensuring the safety of medical worker. Characteristics of ensuring fire, radiation, chemical, biological and psychological safety of medical personnel.

Safety requirements in structural units of medical organizations.

Safety of medical services. Characteristics of threats to life and health of hospital patients. Forms of manifestation of threats to patient safety. The system for ensuring patient safety in medical organizations.

Therapeutic and protective mode of work of medical organizations. Sanitation of patients.

Evacuation of patients in emergency situations.

Section 2. Disaster Medicine

The essence of the system of medical and evacuation support for the population in emergency situations. Organization of medical triage during medical and evacuation support of the population and personnel of medical institutions in case of emergency. Features of the organization of medical care for children in emergency situations. Features of the organization of medical and evacuation measures in the case of the use of modern types of weapons.

Medical and sanitary provision of the population during the elimination of the consequences of emergency situations of a chemical nature. Sources of chemical hazard. Classification of toxic and highly toxic substances (HTS). Brief description of HTS (basic patterns of interaction between the body and toxicants). The course of intoxication, the main clinical manifestations. General principles of emergency care, antidote therapy. The concept and medical and tactical characteristics of contamination zones created by HTS.

Features of medical and evacuation support (organizational, medical and diagnostic measures, forces and means). Modern systems of toxicological information support.

Medical and sanitary provision of the population during the liquidation of the consequences of emergency situations of a radiation nature. Types of ionizing radiation and their properties. Quantitative assessment of ionizing radiation.

Classification and brief description of radiation accidents. The concept of zones of radioactive contamination. Foci of radiation damage. Factors causing injury to people in nuclear explosions and radiation accidents.

Medical characteristics of radiation injuries, immediate and long-term effects of exposure.

Medical and sanitary provision of the population during the liquidation of the consequences of radiation accidents. Means of prevention and therapy of radiation injuries.

Medico-tactical characteristics of natural emergencies.

Medico-tactical characteristics of transport and road traffic accidents

Medical and tactical characteristics of explosions and fires.

Organization of medical and sanitary provision of the population during the elimination of the consequences of natural emergencies, road transport accidents, explosions and fires.

Fundamentals of organizing and conducting sanitary and anti-epidemic (preventive) measures among the population in emergency situations. Classification and content of sanitary and anti-epidemic (preventive) measures.

Principles of organizing sanitary and anti-epidemic (preventive) measures in emergency situations.

Features of the organization of sanitary and anti-epidemic (preventive) measures in epidemic conditions.

Organization of accounting and reporting on medical property.

Tasks, principles, modes of functioning of the All-Russian Service for Disaster Medicine.

Organizational structure, characteristics institutions and formations of the All-Russian Service for Disaster Medicine.

Legislative and normative-legal bases of ARDMS management.

Section 3. ORGANIZATION OF THE PROVISION OF MEDICAL PROPERTY IN EMERGENCY SITUATIONS

The subject and content of the medical supply course for CDMS units, ARDMS and other medical institutions

The significance and tasks of medical supply in the general system of medical support for the population in emergencies.

Organizational structure and principles for the supply of medical equipment to CDMS, ARDMS and other medical institutions

The main content of the work of governing bodies (contending bodies), institutions and units of medical supply (bases, warehouses).

Tasks, forces and means for providing medical equipment to the formations of the disaster medicine service, duties of officials.

Equipping the formations of the disaster medicine service to provide assistance in emergency situations.

The tasks of the disaster medicine service to provide medical property to units and institutions.

The forces and means of the disaster medicine service intended to provide medical equipment to units and institutions.

Equipping the formations of the disaster medicine service to provide assistance in emergency situations.

Medical property, its characteristics and classification.

General characteristics and classification.

Sources of provision of medical property, quality control of medical property.

The main factors affecting the state of medical property.

General rules for the storage of medical property.

Characteristics of storage of medical property in the field

Basic rules for packaging and transportation of medical equipment.

Rationing of medical property.

Normative documents of peacetime and wartime

Determining the need, applying for medical property in peacetime.

Determining the need, applying for medical property in wartime.

Tasks and significance of accounting and reporting on medical property.

Accounting methods and requirements for medical property.

Classification of accounting documents

The procedure for compiling, processing the maintenance and storage of accounting documents, documenting the receipt and issue of medical property, the procedure for writing off

Reporting on the medical supply of formations and medical institutions of CDMS and ARDMS.

Tasks, types and forms of control over the provision of the disaster medicine service with medical property.

Inventory of medical property.

Verification and documentary audit on the provision of medical property

The procedure for the acceptance and delivery of a pharmacy when changing officials.
 The content and sequence of work of the head of medical supply in emergency situations of peacetime.
 Procedure for planning the medical supply of the ARDMS formations. Planning documents and the procedure for their development.
 Activities carried out by the head of medical supply upon receipt of a task to eliminate the consequences of an emergency (in high alert mode and in emergency mode).
 Justification and calculation of the norms of consumption of medical property for the provision of medical care and treatment of victims during the liquidation of the consequences of an emergency.
 Factors affecting the organization of the work of pharmacies in the field, areas of disasters or accidents.
 Typical layouts of pharmacies.
 Choosing a place to deploy a pharmacy.
 Equipping workplaces with standard medical equipment.
 The use of mechanization in the preparation of medicines.
 Obtaining purified water by standard means.
 Peculiarities in the organization of the work of pharmacies of the CDMS formations, the disaster medicine service for the preparation and dispensing of dosage forms.
 The procedure for providing CDMS formations and institutions with medical, sanitary and special property.
 Bases for the supply of medical equipment (Reserve medical centers), their brief description.
 Use of property of central and local pharmacies, warehouses and material resources of other departments.
 Calculation of the need for medical property and its reclamation.
 Protection of medical property.

4.2 Multiple choice questions with answers to conduct formative assessment in the discipline "Life safety". (UC8, GPC-6).

TEST TASKS	Competence code
1. The value of acceptable risk in world practice is: a) 10^{-3} ; b) 10^{-6} ; c) 10^{-7} ; d) 10^{-8} ; e) 10^{-10} .	UC8, GPC-6
2. The basic principles of security are given in the law: a) "On civil defense"; b) "On Defense"; c) "On security"; d) "On the basics of protecting the health of citizens in the Russian Federation"; e) "On Counteracting Terrorism".	
3. World Plan of Action - "Agenda for the 21st Century", aimed at achieving sustainable development, adopted in: a) 1990; b) 1992; c) 2000; d) 1995; e) 1999	UC8, GPC-6
4. Energy costs during intense physical labor are: a) 2000 - 3000 kcal; b) 4000 - 6000 kcal; c) 5000 - 6000 kcal; d) 6000 - 7000 kcal;	

e) 8000 - 9000 kcal.	
5. During moderate work, the energy expenditure of a person is: a) up to 2.5 kcal/min; b) 2.5 - 5.0 kcal/min; c) 5.0 - 5.5 kcal/min; d) 5.5 - 7.5 kcal / min; e) above 7.5 kcal/min.	
6. Military registration is organized: a) In all state healthcare organizations, if there are more than 500 citizens on military registration; b) In all healthcare organizations, regardless of the form of ownership, if there are more than 500 citizens on military registration; c) In all state healthcare organizations, if there is a military registration, regardless of the number of citizens on military registration; d) In all healthcare organizations, regardless of organizational and legal affiliation, regardless of the number of citizens on military registration. e) In all healthcare organizations, regardless of the form of ownership, if there are more than 1000 citizens on the military register;	
7. The national interests of Russia are: a). a set of balanced interests of the individual, society and the state in the economic domestic political, social, international, informational, military, border, economic and other spheres; b) the inviolability of the territory; c) the interests of the integrity of the state; d) the inviolability of the constitutional system. e) the interests of the integrity of the economy.	
8. Goals and objectives of military registration: a) determination of the quantitative and qualitative composition of the recruiting human resources in order to ensure the performance of military duties by citizens and planned work to train the necessary military specialists. b) Ensuring the fulfillment by citizens of military duty for conscription service, determining the quantitative and qualitative composition of conscription and mobilization human resources and planned work to train the necessary military specialists. c) ensuring the fulfillment of military obligations by citizens, determining the quantitative and qualitative composition of conscription and mobilization human resources, and planned work to train the necessary military specialists. d) ensuring the fulfillment of military obligations by citizens, determining the quantitative and qualitative composition of conscription and mobilization human resources and planned work to train the necessary military specialists from among citizens in the reserve. e) ensuring the fulfillment of military obligations by citizens, determining the quantitative and qualitative composition of conscription and mobilization human resources	
9. Military registration is divided into: a) general and special; b) general and personal; c) personal and special; d) conscripts and those in the reserve. e) special and individual;	
10. Subject to military registration in military commissariats: a) male citizens fit for military service for health reasons; b) permanently residing outside the Russian Federation; c) women who do not have a military registration specialty;	

<p>d) have completed alternative military service. e) serving a sentence of imprisonment.</p>	
<p>11. What injuries are called combined? a) arising from a single damage to a person by one traumatic agent; b) simultaneous damage to several anatomical regions of the human body by one traumatic agent; c) simultaneous damage to one anatomical region by several injuring agents of the same type of traumatic factor; d) arising when a person is exposed to 2 or more damaging factors; e) repeated damage to one anatomical region by several injuring agents of the same type of traumatic factor.</p>	
<p>12. Classification of emergencies by type (nature) of the source: a) natural, local, territorial, telluric, tectonic. b) meteorological, topological, telluric, tectonic, accidents. c) biological and social, military, natural, man-made, environmental. d) local, transregional, territorial, regional, federal; e) catastrophes, accidents, natural disasters, epidemics, epizootics, epiphytoses..</p>	
<p>13. Preparation of the population for actions in emergency situations is carried out: a) in cities, towns and other settlements; b) in organizations, educational institutions, at the place of residence; c) in hospitals, polyclinics, outpatient clinics; d) in transport, in production; e) in the military commissariats</p>	
<p>14. An accident is a dangerous man-made event in a certain area: a) resulting in human casualties; b) leading to the destruction of objects; c) causing serious damage to the environment; d) endangering the life and health of people; e) characterized by a violation of the life of the population.</p>	
<p>15. Who approves the plan for organizing the protection of the population, material and cultural values from the damaging factors of emergencies: a) President of the Russian Federation. b) Minister of Defense of the Russian Federation. c) Prime Minister of the Russian Federation. d) Minister for Civil Defense and Emergencies of the Russian Federation. e) Minister of Health</p>	
<p>16. Specify the radiation reconnaissance device: a) VPKhR; b) DP - 5V; c) MPRH; d) PCR-MV; e) IGS-98.</p>	UC8, GPC-6
<p>17. The unit of measurement of absorbed dose in the SI system is: a) becquerel; b) sievert; c) gray; d) roentgen per hour; e) radiation adsorbed dose (rad).</p>	
<p>18. Specify the chemical reconnaissance device: a) DP - 5V; b) ID - 1; c) VPKhR;</p>	

<p>d) DP - 70M; e) DP-22V</p>	
<p>19. What indication method is used in chemical reconnaissance instruments? a) Physical; b) Organoleptic; c) Biological; d) Physical and chemical; e) Chemical.</p>	
<p>20. Collective means of protection include: a) combined arms protective kit; b) shelter; c) gas masks; d) filtering protective clothing; e) respirators.</p>	
<p>21. Psychotraumatic factors of emergency situations: a) natural, man-made, social. b) economic. c) industrial, extreme. d) ethnic, geographical. e) all of the above.</p>	
<p>22. Provision of medical and psychological assistance in emergency situations by steps includes the following stages: a) polyclinic, hospital. b) evacuation, sick leave. c) distributive, outpatient. d) pre-hospital, hospital and follow-up phase in specialized institutions. e) emergency, sick leave</p>	
<p>23. Phases of development of neuropsychiatric disorders in emergencies: a) fear, hypokinetic, vegetative changes, mental disorders. b) fear, hyperkinetic, hypokinetic, autonomic changes, mental disorders. c) fear, hypokinetic, vegetative changes, mental disorders, recovery. d) fear, hypokinetic, autonomic changes, mental disorders, hyperkinetic. e) Mental disorders, residual effects.</p>	
<p>24. How many phases of changes are in the level of functional reserves of the body of a rescuer in the process of professional activity? a) three. b) five. c) at seven o'clock. d) nine. e) ten.</p>	
<p>25. Tasks of medical and psychological protection: a) organizing the issuance of personal protective equipment. b) training in the use of first aid for neuropsychiatric disorders. c) carrying out sanitary-hygienic and anti-epidemic measures to prevent or reduce the negative impact of the damaging factors of emergency situations. d) early identification of persons in the emergency area with neuropsychiatric disorders and organization of their treatment. e) organizing the use of collective protective equipment.</p>	
<p>26. . What occupational diseases consistently prevail among health workers; a) cardiovascular; b) oncological; c) diseases of the musculoskeletal system; d) infectious.</p>	

e) gastrointestinal tract	
27. Who is responsible for the direct organization of work and control over the implementation of measures for labor protection and safety in institutions, enterprises and organizations. a) to the deputy head for administrative and economic work; b) for an engineer for labor protection and safety; c) on the leader; d) the head of the personnel department. e) to the deputy head	
28. Who is responsible for the direct organization of work and control over the implementation of measures for labor protection and safety in the structural divisions of the institution. a) to the deputy head for administrative and economic work; b) for an engineer for labor protection and safety; c) on the leader; d) the head of the personnel department. e) to the head of the structural unit.	
29. Name the management principles for ensuring security according to the conditions for their implementation. a) blocking, sealing; b) reduction and elimination of danger; c) time protection, redundancy; d) adequacy, control, feedback. e) protection by distance and cover.	
30. What are the ways to ensure security, depending on the industry affiliation for protection from occupational risk. a) uniform; b) labor law; c) law enforcement; d) control, e) feedback.	

Task №	Answer №	Task №	Answer №	Task №	Answer№
1	B	11	D	21	A
2	C	12	C	22	D
3	B	13	B	23	B
4	B	14	D	24	C
5	B	15	C	25	E
6	D	16	B	26	D
7	A	17	C	27	B
8	D	18	C	28	E
9	A	19	E	29	D
10	A	20	B	30	B

Test tasks	Competence code
Section Disaster Medicine	UC8, GPC-6
1. To which subdivision of medical station are persons dangerous to others are sent: 1. to the dressing room or to the evacuation room 2. in an isolation room or dressing room	

<p>3. to a sorting room or to a site for partial special processing</p> <p>4. to a site for partial special treatment or to an isolation ward</p> <p>5. to the sorting post or to the isolation ward</p>	
<p>2. Head of evacuation department of medical care station is</p> <p>1. orderly</p> <p>2. sanitary combatant</p> <p>3. paramedic</p> <p>4. doctor</p> <p>5. registrar</p>	
<p>3. In case of mass evacuation by large-capacity transport in places of loading (unloading), the following is deployed:</p> <p>1. hospital</p> <p>2. medical station</p> <p>3. medical distribution point</p> <p>4. sorting post</p> <p>5. evacuation receiver</p>	
<p>4. Evacuation routes located in a part of the administrative territory of a constituent entity of the Russian Federation, with functionally combined stages of medical evacuation, ambulances and other vehicles, are called:</p> <p>1. medical evacuation</p> <p>2. evacuation direction</p> <p>3. shoulder of medical evacuation</p> <p>4. evacuation road</p> <p>5. evaco-transport direction</p>	
<p>5. The distance from the point of departure of casualty to the place of destination is called:</p> <p>1. medical evacuation route</p> <p>2. evacuation direction</p> <p>3. shoulder medical evacuation</p> <p>4. evacuation road</p> <p>5. evaco-transport direction</p>	
<p>6. Mechanisms of toxic action of organophosphorus compounds:</p> <p>1. formation of methemoglobin</p> <p>2. inhibition of acetylcholinesterase</p> <p>3. inhibition of the respiratory enzyme chain</p> <p>4. inhibition of superoxide dismutase and catalase</p> <p>5. inhibition of SH-groups of lipoic acid and acetyl-CoA</p>	
<p>7. Antidotes for the treatment of those affected by organophosphorus compounds are:</p> <p>1. atropine, unithiol, sodium thiosulfate</p> <p>2. atropine, ethanol, chromosmon</p> <p>3. atropine, carboxy, isonitrosin</p> <p>4. atropine, urotropine, azizol</p> <p>5. atropine, dicobalt EDTA, folic acid</p>	
<p>8. Means of complex antidote therapy for cyanide poisoning include:</p> <p>1. acyzol, oxygen therapy, athens, glucose</p> <p>2. amyl nitrite, sodium thiosulfate, methylene blue, glucose</p> <p>3. atropine, dipyroxime, diethixime, isonitrosine</p> <p>4. budaksim, methylene blue, folic acid, azizol</p> <p>5. dietixim, EDTA dicobalt salt, unithiol, atropine</p>	
<p>9. Antidote treatment of carbon monoxide poisoning includes:</p> <p>1. oxygen therapy and administration of amyl nitrite</p> <p>2. oxygen therapy and the introduction of afin</p> <p>3. oxygen therapy and administration of acyzol</p>	

4. oxygen therapy and administration of atropine 5. oxygen therapy and administration of alloxime	
10. Antidote treatment of methanol poisoning includes: 1. administration of acyzol and oxygen therapy 2. administration of ethanol and methemoglobin formers 3. administration of ethylene glycol and methemoglobin formers 4. introduction of standard and folic acid 5. antidote treatment has not been developed	
11. First aid to earthquake casualties is provided by: 1. medical and nursing teams 2. teams of specialized medical care 3. personnel of rescue teams 4. ambulance teams 5. personnel of the multidisciplinary hospital	
12. What are forest fires: 1. riding and peat 2. Peaty and fast spreading 3. grassroots and slow moving 4. all of the above 5. massive and local	
13. What should be deployed on evacuation routes during the evacuation of victims from an earthquake area : 1. evacuation receivers 2. field multidisciplinary hospital 3. medical distribution points 4. medical aid points 5. central regional hospital	
14. What are the probable sanitary losses that can occur during an earthquake with an intensity of 7 points: 1.43% 2. 23% 3.5% 4.13% 5.21%	
15. What approximate number of residents of the settlement will seek medical help, in case of an earthquake with an intensity of 6 points? 1. 1.5% 2. 0.5% 3. 10% 4.5% 5. 30%	
16.: The sanitary and hygienic condition of the territory is assessed as: 1. prosperous and unsatisfactory 2. prosperous and unstable 3. satisfactory and unstable 4. satisfactory and unsatisfactory 5. prosperous and dysfunctional	
17. The areas of infectious diseases spread are: 1. object, regional 2. ubiquitous, territorial 3. ubiquitous, federal 4. ubiquitous, regional 5. interregional, object	
18. Norms of water consumption for the needs of the affected population per	

<p>person in l / day:</p> <ol style="list-style-type: none"> 1. five 2. ten 3. twenty 4. thirty 5. forty five 	
<p>19. In case of an emergency sanitary and epidemiological condition, the following is not carried out:</p> <ol style="list-style-type: none"> 1. sending special health units to disaster zones 2. attraction of forces and means to eliminate the consequences of emergencies of institutions of a higher level 3. measures of observation (quarantine) 4. in-depth medical examination of the population 5. carrying out emergency prevention among the population and evacuation to safe areas 	
<p>20. The medical and nursing team serves the site with the population:</p> <ol style="list-style-type: none"> 1. 500-1000 people 2. 1000-1500 people 3. 1000-2000 people 4. 1500-2500 people 5. 2500-3000 people 	
<p>21. The reserve of medical property is:</p> <ol style="list-style-type: none"> 1. all property stored at pharmacy bases and pharmacies; 2. property not used in daily activities, intended for emergency provision of institutions and formations of the ARDMS; 3. property available in the departments of healthcare facilities; 4. current security property available in the formations and institutions of the ARDMS; 5. property with a long shelf life 	<p>UC8, GPC-6</p>
<p>22. The property intended for centralized supply of formations and institutions of MSGO and VSMK is stored:</p> <ol style="list-style-type: none"> 1. in pharmacies; 2. in health care facilities; 3. in shaping institutions; 4. in the warehouses of medical centers "Reserve"; 5. at pharmacy bases. 	
<p>23. The property used in the daily activities of the medical facility, but in the event of an emergency will be used to supply the formations and institutions of MSGO and VSMK refers to:</p> <ol style="list-style-type: none"> 1. sanitary and economic; 2. special; 3. irreducible reserves; 4. property of the current allowance; <p>inventory property.</p>	<p>UC8, GPC-6</p>
<p>24. The main ways of classifying property used by ARDMS include:</p> <ol style="list-style-type: none"> 1. by purpose; 2. by physical and chemical properties; 3. according to pharmacological properties; 4. by toxicity; 5. by purpose and accounting features. 	
<p>25. In terms of quality, the following inventory property belongs to category 2:</p> <ol style="list-style-type: none"> 1. serviceable in operation; 2. not serviceable and subject to repair; 3. not serviceable and subject to write-off; 	

4. for single and multiple use; 5. low value and expensive.	
26. The All-Russian Disaster Medicine Service (ARDMS) is a functional subsystem: 1. Unified state system for the prevention and liquidation of emergency situations (RSChS). 2. Ministry of Internal Affairs of the Russian Federation. 3. Ministry of Emergency Situations of the Russian Federation. 4. Ministry of Defense of the Russian Federation. 5. Russian emergency warning system.	
27. One of the main tasks of the SCMC is 1. Rapid emergency response to save lives and keep the greatest number of people healthy: 2. Rapid emergency response to rebuild damaged health infrastructure. 3. Evacuation of the population from the emergency zone. 4. Uninterrupted supply of the population in the emergency zone with water and food. 5. Organization and implementation of medical and sanitary support of the population during the elimination of the consequences of emergencies, including in local	
28. Heads the All-Russian Service for Disaster Medicine: 1. Minister of the Ministry of Emergency Situations of the Russian Federation. 2. Minister of Health of the Russian Federation. 3. Minister of Defense of the Russian Federation. 4. Minister of Internal Affairs of the Russian Federation. 5. Director of ARDMS "Protection".	UC8, GPC-5
29. ARDMS performs the tasks assigned to it at the following levels: 1. Federal, regional, object. 2. Federal, interregional, regional, municipal, facility. 3. Regional, municipal, object. 4. Interstate, federal, regional, local. 5. Regional, municipal, facility, cross-border.	
30. Regulations on the All-Russian service of disaster medicine are approved by the : 1. Government of the Russian Federation. 2. President of the Russian Federation. 3. State Duma of the Russian Federation. 4. Minister of Health of the Russian Federation. 5. The Legislative Assembly of the Russian Federation.	UC8, GPC-5

Task №	Answer №	Task №	Answer №	Task №	Answer№
1	4	11	3	21	2
2	3	12	1	22	4
3	5	13	3	23	4
4	2	14	4	24	5
5	3	15	1	25	1
6	2	16	4	26	1
7	3	17	4	27	5
8	2	18	2	28	2
9	3	19	4	29	2
10	4	20	3	30	1
Test tasks				Competence code	

Section 3. Organization of the provision of medical property in emergency situations	UC8, GPC-5
1. The organization of the provision of medical property is a) a set of measures aimed at timely and complete provision of the needs of and ARDMS with medical equipment; b) a set of measures aimed at implementing a set of sanitary-hygienic and anti-epidemic measures; c) a set of measures aimed at organizing medical and evacuation measures; d) a set of measures aimed at training the population in first aid measures; e) a set of measures aimed at eliminating the consequences of emergencies.	
2. Management of medical supply units on issues of production activities and improvement of their material and technical base refers to : a) the principles of medical supply; b) medical supply measures; c) the purposes of medical supply; d) tasks of medical supply; e) tasks of medical supply units.	
3. Medical supply bodies in the structure of the ARDMS include: a) departments of medical supply of DMS centers; b) PMG pharmacies; c) warehouses of DMS centers; d) medical warehouses of the "Reserve" centers; e) all of the above. c) the purposes of medical supply; d) medical supply measures; e) tasks of medical supply units.	
4. Control over the activities of the departments of the ARDMS on the provision of medical property is organized by: a) head of the medical supply department; b) head of a pharmacy; c) Deputy chief physician of the hospital; d) director of the center; e) one of the deputy directors of the centre.	
5. The release (delivery) of medical equipment for daily medical and preventive activities, the accumulation and maintenance of stocks in readiness for use for their intended purpose in the event of an emergency refers to: a) principles of medical supply; b) the tasks of medical supply; c) the purposes of medical supply; d) medical supply measures; e) tasks of medical supply units.	
6. The reserve of medical property is: a) all property stored at pharmacy bases and pharmacies; b) property not used in daily activities, intended for emergency provision of institutions and formations of the VSMK; c) property available in the departments of healthcare facilities; d) property of current security, available in the formations and institutions of the VSMK; e) property with a long shelf life.	
7. The property intended for the centralized supply of formations and	

<p>institutions of CDMS and ARDMS is stored:</p> <ul style="list-style-type: none"> a) in pharmacies; b) in health care facilities; c) in the institutions-formers; d) in the warehouses of medical centers "Reserve"; e) at the pharmacy bases. 	
<p>8. The property used in the daily activities of the medical facility, but in the event of an emergency, will be used to supply the formations and institutions of MSGO and VSMK refers to:</p> <ul style="list-style-type: none"> a) sanitary and economic; b) special; c) irreducible stocks; d) the property of the current allowance; e) inventory property 	
<p>9. When stored in the field, medical property is systematized:</p> <ul style="list-style-type: none"> a) in the form of release; b) by expiration date; c) in terms of quality and completeness; d) by terms of storage; d) by terms of operation. 	
<p>10. Quality control of property during storage ensures:</p> <ul style="list-style-type: none"> a) protection of property; b) prevention of theft of property; c) the convenience of the staff; d) the possibility of quick acceptance and issuance of property; e) safety of medical property. 	
<p>11. The container is marked with:</p> <ul style="list-style-type: none"> a) chalk; b) water-, light- and heat-resistant paint; c) through a stencil; d) gouache; e) white paint. 	
<p>12. During storage, as a type of medical property, the following are distinguished:</p> <ul style="list-style-type: none"> a) kitchen and dining room equipment; b) devices for radiation and chemical reconnaissance; c) ambulance transport; d) chemical reagents; e) means of warning and communication. 	
<p>13. The personnel equipment of the laboratory diagnostic team is designed to provide assistance to:</p> <ul style="list-style-type: none"> a) 10 victims; b) 15 victims; c) 25 victims; d) 50 victims; e) 100 victims. 	
<p>14. The initial data for determining the need for medical property includes:</p> <ul style="list-style-type: none"> a) the nature of the disaster; b) the scale of the disaster; c) the presence in the disaster zone of medical units of the Ministry of Emergency Situations and the Ministry of Defense; d) forecast of the magnitude and structure of expected sanitary losses; e) the number of people living before the catastrophe. 	
<p>15. The norm of supply is the quantitative indicator of the subject of medical property, established:</p>	

<p>a) for issuance to a subdivision, formation or institution of the ARD;</p> <p>b) for stored property;</p> <p>c) for transfer to territorial health facilities;</p> <p>d) to eliminate the health consequences of emergencies of a certain nature;</p> <p>e) to determine the shelf life in stocks.</p>	
<p>16. The stock of narcotic drugs and psychotropic substances in a pharmacy may not exceed:</p> <p>a) 3 daily requirements;</p> <p>b) 5-7 daily requirement;</p> <p>c) a two-week requirement;</p> <p>d) monthly requirement;</p> <p>e) quarterly requirements.</p>	
<p>17. The act of acceptance is drawn up:</p> <p>a) always, at the end of the acceptance of property;</p> <p>b) in case of damage to wagons, containers;</p> <p>c) in the absence of certificates;</p> <p>d) in case of violation of the transport container of the property;</p> <p>e) if there are discrepancies between the actual availability and the data of the accompanying documents.</p>	
<p>18. Information about discrepancies and inconsistencies identified during the inventory should be brought to the attention of the Ministry of Internal Affairs:</p> <p>a) immediately;</p> <p>b) within 5 working days from the date of discovery;</p> <p>c) within 10 days from the date of discovery;</p> <p>d) until the end of the calendar month;</p> <p>e) within 3 months.</p>	
<p>19. Identification of the actual presence of medical property is:</p> <p>a) the purpose of primary control;</p> <p>b) the task of accounting;</p> <p>c) a mandatory condition for claiming property;</p> <p>d) the purpose of the inventory;</p> <p>e) official duties of the head of the pharmacy.</p>	
<p>20. During the inventory of medical property, the commission has the right to:</p> <p>a) remove the leftovers;</p> <p>b) get acquainted with the conditions of keeping stocks;</p> <p>c) to carry out accounting of primary documents that have not been carried out earlier;</p> <p>d) check all documents, books and accounting cards;</p> <p>e) if necessary, involve additional members at its discretion.</p>	
<p>21. The results of the receipt and expenditure of medical property in the books (cards) of accounting are summed up in the case of:</p> <p>a) damage to property;</p> <p>b) transfer of the position of a materially responsible person;</p> <p>c) detection of sorting;</p> <p>d) detection of shortages;</p> <p>e) checking the accounting procedure.</p>	
<p>22. Tasks for the supply of medical equipment in the planning period relate to:</p> <p>a) principles of medical supply;</p> <p>b) supporting documents;</p> <p>c) the purposes of medical supply;</p> <p>d) initial data for activity planning;</p> <p>e) the principles of organizing the work of the unit.</p>	
<p>23. In the absence of a full-time pharmacy in the health care facility, storage of stock property is carried out by:</p>	

<p>a) one of the deputy chief physicians; b) the head nurse of the medical facility; c) heads of specialized departments; d) chief physician; e) senior nurses.</p>					
<p>24. Having received an order, the head of the medical supply institution is obliged: a) issue an order; b) report to the immediate supervisor; c) create a commission; d) establish deadlines for the implementation of the plan; e) assign tasks to subordinates.</p>					
<p>25. Qualitative analysis, in the mobile hospital pharmacy, is subject to: a) all medicines; b) all medicines manufactured in a pharmacy; c) all extemporaneous injection solutions and eye drops before sterilization; d) dosage forms for internal use; e) soft dosage forms produced during the working day.</p>					
<p>26. The process of manufacturing medicines in a pharmacy includes: a) preparation of supporting materials; b) release of property from material to assistant; c) storage of medical property; d) procurement of medical equipment; e) applying for medicines;</p>					
<p>27. The power of unshielded bactericidal lamps for air disinfection in the box should be per 1 m³: a) 0.5-1 W; b) 1-1.5 W; c) 1.5-2 W; d) 2-2.5 W; e) 2.5-3 W.</p>					
<p>28. The property intended for the formations and institutions of CDMS is divided into: a) inventory, consumable, of little value; b) fit, unfit, obsolete; c) current supply, reserve, irreducible stock; d) medical, sanitary, special; e) personnel, non-table, complete.</p>					
<p>29. For how many casualties is the contents of the sanitary combatant's bag intended for first aid: a) 8 - 10; b) 10 - 12; c) 12 - 14; d) 14 - 16; e) 16 - 18.</p>					
<p>30. Which organization maintains medical equipment intended for the MSGO medical unit: a) production association "Pharmacy"; b) pharmacy warehouse; c) medical center "Reserve"; d) production association "Medtechnika"; e) a pharmaceutical manufacturing enterprise</p>					
Task №	Answer №	Task №	Answer №	Task №	Answer№
1	A	11	B	21	B

2	D	12	D	22	D
3	D	13	E	23	B
4	A	14	D	24	A
5	B	15	A	25	A
6	C	16	D	26	A
7	D	17	A	27	D
8	B	18	C	28	D
9	C	19	E	29	B
10	E	20	D	30	C

5. The content of the assessment tools of mid-term assessment

Mid-term assessment is carried out in the form of a credit).

5.1.1. Test questions with answer options for the test in the discipline "Life Safety".

Test tasks	Competence code
1. The basic principles of security are given in the law: a) "On civil defense"; b) "On Defense"; c) "On security"; d) "On the basics of protecting the health of citizens in the Russian Federation"; e) "On Counteracting Terrorism".	UC8, GPC-5
2. A reduced working week of 36 hours has persons aged: a) 14 - 16 years old; b) 16 - 18 years old; c) 19 - 20 years old; d) 20 - 21 years old; e) 21 - 22 years old.	
3. Harmful chemicals according to the degree of potential danger are divided into: a) two classes b) three classes; c) four classes; d) five classes; e) six classes	
4. The pain threshold is considered to be a sound with an intensity level: a) 70 dB; b) 140 dB; c) 160 dB; d) 180 dB; e) 200 dB.	
5. The following have the highest penetrating power: a) alpha particles; b) beta particles; c) gamma radiation. d) neutrons; e) neutrinos	
6. During internal exposure, radioactive substances enter the human body as a result of: a) radioactive contamination of the surface of the earth, buildings and	

<p>structures;</p> <p>b) consumption of contaminated food and water, inhalation of radioactive dust and aerosols;</p> <p>c) the passage of ionizing radiation through clothing and skin;</p> <p>d) external alpha irradiation of the body;</p> <p>e) external beta irradiation of open areas of the body.</p>	
<p>7. Military registration is organized:</p> <p>A). in all state healthcare organizations if there are more than 500 citizens on military registration;</p> <p>b). in all healthcare organizations, regardless of the form of ownership, if there are more than 500 citizens on military registration;</p> <p>c). in all state healthcare organizations if there is a military service, regardless of the number of citizens on military registration;</p> <p>d). in all healthcare organizations, regardless of organizational and legal affiliation, regardless of the number of citizens on military registration.</p> <p>e). in all healthcare organizations, regardless of the form of ownership, if there are more than 1000 citizens registered with the military;</p>	
<p>8. Military registration is divided into:</p> <p>a) general and special;</p> <p>b) general and personal;</p> <p>c) personal and special;</p> <p>d) conscripts and those in the reserve.</p> <p>e) special and individual;</p>	
<p>9. The National Security Strategy of the Russian Federation was implemented by the :</p> <p>a) Federal law;</p> <p>b) Decree of the President of the Russian Federation;</p> <p>c) Decree of the Government of the Russian Federation;</p> <p>d) Directive of the General Staff.</p> <p>e) Directive of the Security Council of the Russian Federation.</p>	
<p>10. The developers of the mobilization plan for the economy of the Russian Federation are:</p> <p>a). Federal executive authorities;</p> <p>b). Legislative Assembly;</p> <p>c). Ministry of Finance;</p> <p>d). Local self-government bodies.</p> <p>e). Ministry of Economic Development;</p>	
<p>11. The sanitary and hygienic condition of the territory is assessed as:</p> <p>a) well</p> <p>b) satisfactory and unsatisfactory</p> <p>c) prosperous and unstable</p> <p>d) good and bad</p> <p>e) excellent and unsatisfactory</p>	
<p>12. Water consumption rates for the needs of the affected population during emergencies per person in l / day are determined:</p> <p>a) five</p> <p>b) ten</p> <p>c) fifteen</p> <p>d) twenty</p> <p>e) twenty five</p>	
<p>13. The sanitary and epidemiological situation is assessed as:</p> <p>a) safe, unstable, dangerous and emergency.</p> <p>b) safe, unsatisfactory and dangerous.</p> <p>c) normal, dysfunctional, dangerous and emergency.</p>	

<p>d) prosperous, unstable, dysfunctional and emergency.</p> <p>e) prosperous, unstable, dangerous and extremely dangerous.</p>	
<p>14. The sanitary and epidemiological situation during an emergency is assessed as favorable if:</p> <p>a) there is no destruction affecting the quality of the habitat of the object; isolated cases of contagious infections for a period not exceeding the incubation period of the disease.</p> <p>b) an increase in the level of infectious disease by no more than 50% exceeds the long-term level.</p> <p>c) qualitative state regulation is carried out in the field of sanitary and epidemiological welfare of the population and the whole complex of sanitary and anti-epidemic measures.</p> <p>d) the presence of hazardous chemicals in the air in concentrations of not more than 1000 MPC is noted.</p> <p>e) an increase in the level of infectious diseases no more than 30% of the level of long-term incidence</p>	
<p>15. In case of an emergency sanitary and epidemiological condition, the following is not carried out:</p> <p>a) sending special health care units to disaster zones.</p> <p>b) attracting forces and means to eliminate the consequences of emergencies of institutions of a higher level.</p> <p>c) measures of observation (quarantine).</p> <p>d) in-depth medical examination of the population.</p> <p>e) emergency prevention among the population and evacuation to safe areas</p>	
<p>16. A group of sanitary and epidemiological intelligence is created:</p> <p>a) in the institutions of Rospotrebnadzor.</p> <p>b) in educational institutions of a medical profile.</p> <p>c) in anti-plague stations. d) in infectious diseases hospitals.</p> <p>e) in district hospitals</p>	
<p>17. The medical and nursing team serves the population of:</p> <p>A). 500-1000 people</p> <p>b). 1000-1500 people</p> <p>V). 1000-2000 people</p> <p>G). 1500-2500 people</p> <p>e). 2500-3000 people</p>	
<p>18. Responsibility for carrying out emergency medical prevention measures rests with:</p> <p>a) sanitary and anti-epidemic commission.</p> <p>b) health authorities.</p> <p>c) head of an institution (enterprise).</p> <p>d) executive authorities.</p> <p>e) medical and nursing team</p>	
<p>19. General management of SNLC is carried out by:</p> <p>a) the chief state sanitary doctor of the Russian Federation and Rospotrebnadzor.</p> <p>b) EMERCOM of Russia.</p> <p>c) EMERCOM of Russia and the Ministry of Health of the Russian Federation.</p> <p>d) Ministry of Health of the Russian Federation.</p> <p>e) Research Institute of Epidemiology</p>	
<p>20. There are ____ modes of operation of SNLC:</p> <p>a) two.</p> <p>b) three.</p> <p>at four.</p> <p>d) five.</p>	

e) one	
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6. Criteria for evaluating learning outcomes

Learning outcomes	Evaluation criteria	
	Not passed	Passed
Completeness of knowledge	The level of knowledge is below the minimum requirements. There were bad mistakes.	The level of knowledge in the volume corresponding to the training program. Minor mistakes may be made
Availability of skills	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes.	Basic skills are demonstrated. Typical tasks have been solved, all tasks have been completed. Minor mistakes may be made.
Availability of skills (possession of experience)	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes.	Basic skills in solving standard tasks are demonstrated. Minor mistakes may be made.
Motivation (personal attitude)	Educational activity and motivation are poorly expressed, there is no willingness to solve the tasks qualitatively	Educational activity and motivation are manifested, readiness to perform assigned tasks is demonstrated.
Characteristics of competence formation*	The competence is not fully formed. The available knowledge and skills are not enough to solve practical (professional) tasks. Repeated training is required	The competence developed meets the requirements. The available knowledge, skills and motivation are generally sufficient to solve practical (professional) tasks.
The level of competence formation*	Low	Medium/High

Task №	Answer	Task №	Answer
1	B	11	B
2	B	12	A
3	C	13	D
4	B	14	C
5	C	15	D
6	B	16	A
7	D	17	C
8	A	18	D
9	B	19	B
10	A	20	B

Criteria for evaluating learning outcomes of testing:

Mark "5" (Excellent) - points (100-90%)

Mark "4" (Good) - points (89-80%)

Mark "3" (Satisfactory) - points (79-70%)

Less than 70% – Unsatisfactory – Mark "2"

Developer:

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