UNITED AIRLINES FIRST AID PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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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!

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Questions

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1. What is the most appropriate first action if a passenger is in active labor and medical help is not immediately available?

A. Call for emergency services

B. Attempt to deliver the baby yourself

C. Give the mother a large amount of fluids

D. Lie the mother flat on her back

2. Unconscious Child 1 to 12 years old: What is the recommended CPR cycle?

A. 30 compressions, check for foreign object, and give two rescue breaths; repeat until the object is cleared and breaths go in.

B. 50 compressions, then one breath; repeat.

C. Two breaths only until conscious.

D. Abdominal thrusts only until the child resets.

3. When might you consider not moving a patient and calling EMS immediately?

A. In cases of suspected spinal injury, head trauma with red flags, or any condition where moving could worsen injury.

B. For minor headaches.

C. When the passenger is sleeping.

D. Only after flight lands.

4. What is the key difference between an immediate life threat and other medical issues when deciding to divert?

A. Immediate life threats require diversion for urgent EMS; non-life-threatening issues may be managed on board or after landing.

B. Non-life-threatening issues may be managed on board, but life threats never require diversion.

C. Diversion should always be chosen regardless of condition.

D. Diversion decisions are based on passenger preference.

5. How might heat-related illness present during a long flight?

A. Dizziness, confusion, headache, fainting, rapid breathing or sweating; take cooling measures and hydrate.

B. Nausea only.

C. Sneezing.

D. Abdominal pain.

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6. Which question is used to determine whether a person is conscious?

A. Are you okay?

B. What is your name?

C. Where are you injured?

D. Do you need water?

7. Which steps help reduce infection risk when providing first aid on a plane?

A. Use PPE, cover coughs and sneezes, avoid touching face, and follow cleaning policies.

B. Skip hand hygiene to save time.

C. Disinfect gloves and reuse.

D. Wash hands with water only.

8. During flight, how would you identify and respond to a heat-related illness?

A. Ignore symptoms and continue with mission.

B. Move to a warmer environment to promote sweating.

C. Recognize dizziness, nausea, and fatigue; move to a cooler environment, provide hydration if safe, and seek medical evaluation if symptoms persist.

D. Administer a hot beverage.

9. An electrical burn injury may involve which of the following signs?

A. Unconsciousness

B. Only cosmetic skin changes with no pain

C. Immediate recovery without symptoms

D. Valuable loss of hair at the site

10. Which action should you avoid when dealing with suspected poisoning after ingestion?

A. Inducing vomiting.

B. Calling EMS.

C. Gaining information about the substance.

D. Giving water.

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Answers

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

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Explanations

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1. What is the most appropriate first action if a passenger is in active labor and medical help is not immediately available?

A. Call for emergency services

B. Attempt to deliver the baby yourself

C. Give the mother a large amount of fluids

D. Lie the mother flat on her back

The first priority is to get professional help on the way. When someone is in active labor and no trained medical help is immediately available, calling emergency services ensures a dispatcher can guide you and responders can be sent to assist. Delivering the baby without training carries real risks for both mother and baby, so it's not a safe action to take on your own. Giving large amounts of fluids isn't helpful in this moment, and lying flat on the back isn't the best position for labor comfort or progress. Stay with the mother, keep her calm and comfortable, and follow the dispatcher's instructions while help is on the way.

2. Unconscious Child 1 to 12 years old: What is the recommended CPR cycle?

A. 30 compressions, check for foreign object, and give two rescue breaths; repeat until the object is cleared and breaths go in.

B. 50 compressions, then one breath; repeat.

C. Two breaths only until conscious.

D. Abdominal thrusts only until the child resets.

In pediatric CPR for an unconscious child (1–12 years), the goal is to both circulate blood and oxygenate the lungs, even if choking is suspected. The best approach is to start with 30 chest compressions, then check for a possible foreign object in the mouth/throat and remove it if you can see and safely remove it, followed by delivering two rescue breaths. You then repeat this 30:2 cycle, continuing until the airway is clear and breaths are going in, or until help arrives. This pattern ensures there's enough blood flow to vital organs while you attempt to ventilation, and it incorporates the choking step because a suspected obstruction can block breaths even as you compress. The other options don't fit because they either overemphasize compressions with too few breaths, omit chest compressions, or rely on abdominal techniques that aren't appropriate once a child is unconscious.

3. When might you consider not moving a patient and calling EMS immediately?

A. In cases of suspected spinal injury, head trauma with red flags, or any condition where moving could worsen injury.

B. For minor headaches.

C. When the passenger is sleeping.

D. Only after flight lands.

When there's a risk of spinal injury or head trauma with red flags, moving the person can cause more harm by twisting or compressing the spine or increasing brain injury. The best course is to keep the person still and call EMS immediately so trained responders can assess and stabilize them. In practice, that means alerting the crew, initiating a medical emergency, and providing gentle support to minimize movement while you await professional help. Only move someone if they're in immediate danger (like fire or smoke) and movement is necessary for safety. The other scenarios don't inherently require emergency medical services because they don't carry the same risk of worsening a spinal or head injury: a minor headache or a passenger who's simply sleeping may be monitored and reassessed, and waiting until landing delays care when no red flags are present.

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4. What is the key difference between an immediate life threat and other medical issues when deciding to divert?

A. Immediate life threats require diversion for urgent EMS; non-life-threatening issues may be managed on board or after landing.

B. Non-life-threatening issues may be managed on board, but life threats never require diversion.

C. Diversion should always be chosen regardless of condition.

D. Diversion decisions are based on passenger preference.

Immediate life threats demand rapid diversion to summon emergency medical services and get definitive care as quickly as possible. When a passenger has a true life-threatening issue—such as airway obstruction, severe breathing problems, unconsciousness, chest pain suggesting a heart attack, or massive bleeding—every minute counts. Diverting to the nearest suitable airport ensures EMS can reach the patient fast, bringing advanced care that can stabilize or save a life. If the problem isn't life-threatening, crews can often manage on board with available supplies or plan for care after landing. The goal is to balance patient safety with practicality, avoiding unnecessary diversions when stabilize-on-board or post-landing care is feasible. Diversion isn't chosen for every condition, and it isn't based on passenger preference. The decision hinges on the immediacy of the threat to life and the need for rapid access to definitive medical treatment.

5. How might heat-related illness present during a long flight?

A. Dizziness, confusion, headache, fainting, rapid breathing or sweating; take cooling measures and hydrate.

B. Nausea only.

C. Sneezing.

D. Abdominal pain.

Heat-related illness on a long flight happens when the body can't dissipate heat effectively in the cabin, especially with dehydration and the dry, warm air. The best indicators are dizziness or confusion, a headache, fainting, and signs like rapid breathing or sweating. This combination shows the CNS effects of overheating and the body's effort to cool itself. The appropriate response is to cool the person and hydrate: move them to a cooler area if possible, loosen tight clothing, use a fan or cool cloths, and have them drink water or an electrolyte beverage while monitoring for worsening symptoms. If symptoms continue or worsen, seek medical help promptly. Nausea by itself isn't as specific to heat illness, and sneezing or abdominal pain aren't typical primary signs in this context.

6. Which question is used to determine whether a person is conscious?

A. Are you okay?

B. What is your name?

C. Where are you injured?

D. Do you need water?

Consciousness means being awake and able to respond to your surroundings. The quickest way to check is to pose a simple, direct question and see if the person can respond. Asking "Are you okay?" prompts a straightforward reply, which shows they heard you, understood you, and can speak, indicating at least a basic level of consciousness. If there is no response, you treat the situation as urgent and proceed with further assessment. Other questions can be less reliable: asking for their name, where they are, or whether they need water depends on memory, pain, or comfort and may not accurately reflect wakefulness in a crisis.

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7. Which steps help reduce infection risk when providing first aid on a plane?

A. Use PPE, cover coughs and sneezes, avoid touching face, and follow cleaning policies.

B. Skip hand hygiene to save time.

C. Disinfect gloves and reuse.

D. Wash hands with water only.

Reducing infection risk in a crowded, confined space like an aircraft comes down to barrier protection and proper hygiene. Wearing appropriate personal protective equipment before and during care creates a barrier between you and potential pathogens, helping protect both you and the patient. Encouraging the patient to cover coughs and sneezes limits the spread of respiratory droplets in close quarters. Avoiding touching your face reduces the chance that germs picked up from surfaces are transferred to the eyes, nose, or mouth. Following cleaning policies ensures any equipment and surfaces involved are properly disinfected according to the airline's procedures, minimizing contamination. Skipping hand hygiene increases the chance of transferring germs during care. Reusing gloves after disinfecting them is unsafe because gloves are designed for single use and can harbor contaminants. Washing hands with water only is less effective than using soap and water or alcohol-based hand sanitizer, which more reliably removes or kills germs.

8. During flight, how would you identify and respond to a heat-related illness?

A. Ignore symptoms and continue with mission.

B. Move to a warmer environment to promote sweating.

C. Recognize dizziness, nausea, and fatigue; move to a cooler environment, provide hydration if safe, and seek medical evaluation if symptoms persist.

D. Administer a hot beverage.

Recognizing heat-related illness involves spotting symptoms like dizziness, nausea, and fatigue that come from overheating or dehydration. In flight, the cabin environment is usually cool, but dry air and possible exertion can still lead to overheating, especially if someone is active, wearing heavy clothing, or not drinking enough fluids. The best response is to move the person to a cooler environment if possible, offer fluids that are safe to drink (water or an electrolyte solution) and encourage them to rest. If it's safe, remove excess clothing and use cooling methods such as a cool damp cloth on the skin or a light fan. Monitor how they feel, and seek medical evaluation if symptoms persist, worsen, or if there are any signs of heat stroke (such as confusion, fainting, or a very high body temperature). On a medical call or with the crew's guidance, escalate to professional care promptly. Avoid warming the person or giving hot beverages, and do not ignore symptoms. Giving a hot beverage or continuing activities would raise body temperature and could worsen the condition.

9. An electrical burn injury may involve which of the following signs?

A. Unconsciousness

B. Only cosmetic skin changes with no pain

C. Immediate recovery without symptoms

D. Valuable loss of hair at the site

Electrical burn injuries can disrupt the nervous system and the heart, so loss of consciousness can occur if the current affects brain function, triggers an abnormal heart rhythm, or stops breathing. This makes unconsciousness a key sign to recognize in an electrical burn, because it points to more serious internal injury beyond what's visible on the skin. The other options don't fit typical signs: electrical burns aren't usually limited to cosmetic skin changes with no pain, they don't reliably present with immediate, symptom-free recovery, and hair loss at the burn site isn't a dependable or common indicator of electrical injury. Recognizing that unconsciousness may accompany an electrical contact helps prompt urgent assessment and care.

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10. Which action should you avoid when dealing with suspected poisoning after ingestion?

A. Inducing vomiting.

B. Calling EMS.

C. Gaining information about the substance.

D. Giving water.

Inducing vomiting is avoided because it can cause more harm than good. Forcing someone to vomit can re-expose the mouth, throat, and esophagus to the poison, increase the risk of choking or aspiration into the lungs, and may worsen tissue damage—especially with caustic or irritant substances. It also doesn't guarantee that all poison is expelled and can delay proper treatment. The best actions are to call EMS for immediate help, obtain information about what was ingested (if possible, from the packaging or label), and monitor the person's airway, breathing, and circulation while following the responder's instructions. Do not give anything by mouth unless advised by a medical professional, as giving water or other substances can be risky depending on the substance involved.

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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://unitedairlinesfirstaid.examzify.com

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

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