AMERICAN RED CROSS (ARC) LIFEGUARDING 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.

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

1. How should you manage a patient who is vomiting and unresponsive?

A. Keep them upright and do not touch them.

B. Place in recovery position if possible; if not, roll to side and ensure airway; call EMS and begin CPR if needed.

C. Turn them face down.

D. Wait for EMS to arrive without providing care.

2. In a rapid assessment, should the emphasis be on ensuring scene safety or gathering detailed information?

A. Gathering a detailed medical history

B. Conducting a full-body scan

C. Evaluating weather conditions

D. Ensuring scene safety

3. What is the recommended course of action when sun glare prevents seeing swimmers?

A. Continue scanning alone.

B. Take a break.

C. Signal for assistance.

D. Switch to another duty.

4. During rapid extrication, which orientation should the backboard be in to facilitate removal?

A. Near-horizontal

B. Vertical

C. On its side

D. Inverted

5. Which option is not listed as a lifeguard's secondary responsibility?

A. Administering swim tests

B. Assisting patrons with questions

C. Ensuring resuscitation equipment is in good working order

D. Cleaning the pool deck

6. Which technique is used for chest compressions during two-rescuer CPR on an infant?

A. Encircling thumbs technique

B. Two-handed technique

C. Heel-of-hand technique

D. One-handed technique

7. What is the recommended chest compression rate during CPR?

A. 100–120 compressions per minute.

B. 60–80 compressions per minute.

C. 80–100 per minute.

D. 140–160 per minute.

8. Proper position for infant back blows

A. Face down along the thigh with the infant's head lower than their body.

B. Face up on the floor

C. Sitting upright on a chair

D. Lying on back

9. Extrication with spinal motion restriction is used when a head, neck, or spinal injury is suspected and the person is breathing.

A. A person with head, neck, or spinal injury but breathing.

B. A person with head, neck, or spinal injury who is not breathing.

C. A person with head, neck, or spinal injury who is breathing.

D. A person with any injury.

10. Which symptoms may indicate a potential spinal injury?

A. Headache only

B. Dizziness, nausea, or blurred vision

C. Chest pain

D. Rapid heartbeat

Answers

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

Explanations

1. How should you manage a patient who is vomiting and unresponsive?

A. Keep them upright and do not touch them.

B. Place in recovery position if possible; if not, roll to side and ensure airway; call EMS and begin CPR if needed.

C. Turn them face down.

D. Wait for EMS to arrive without providing care.

When someone is vomiting and unresponsive, the priority is to protect the airway and get professional help quickly while starting life support if needed. The recovery position accomplishes both: it helps keep the airway open and allows vomit to drain away from the lungs, reducing the risk of aspiration. If you can't safely place them in that position, roll them to their side and keep the airway clear so they can breathe more easily. Call EMS right away and, if the person isn't showing normal breathing or a pulse, begin CPR immediately and continue until help arrives or an AED is ready to use. This approach prevents the airway from becoming blocked by vomit, minimizes aspiration risk, and ensures timely life-supporting care.

2. In a rapid assessment, should the emphasis be on ensuring scene safety or gathering detailed information?

A. Gathering a detailed medical history

B. Conducting a full-body scan

C. Evaluating weather conditions

D. Ensuring scene safety

The priority in a rapid assessment is to ensure the scene is safe. If the area has hazards—such as water currents, electrical risks, chemical spills, or other dangers—you can't approach to help the victim without risking your own safety. Securing scene safety protects both you and the patient and allows you to perform the assessment and provide care without adding new injuries. After safety is confirmed, you can move on to checking for life-threatening conditions and beginning care. Detailed medical history, a full-body scan, or evaluating weather conditions are not the focus of a rapid assessment because they would slow you down and delay critical actions. The quick, first-steps assessment is about identifying hazards, ensuring you can approach safely, and then quickly determining responsiveness and breathing to guide immediate care.

3. What is the recommended course of action when sun glare prevents seeing swimmers?

A. Continue scanning alone.

B. Take a break.

C. Signal for assistance.

D. Switch to another duty.

Sun glare reduces your ability to see swimmers, so you can't rely on a single lifeguard's vision to catch a drowning in time. When visibility is compromised, the priority is to ensure more eyes on the water, which means signaling for assistance from other lifeguards or supervisors. This gets additional scanners into position, often from different angles, and helps maintain overall safety. Simply continuing to scan alone or taking a break doesn't address the risk created by reduced visibility, and switching duties may reduce coverage if relief isn't immediately available. Getting help promptly preserves safety by increasing surveillance and ensuring a rapid response if a swimmer is in distress.

4. During rapid extrication, which orientation should the backboard be in to facilitate removal?

A. Near-horizontal

B. Vertical

C. On its side

D. Inverted

Keeping the backboard nearly level during rapid extrication allows a smooth, controlled transfer of the patient onto the board while preserving spinal alignment. A near-horizontal orientation provides a stable, even surface so rescuers can slide the patient onto the board without tilting the spine or causing abrupt movement. In contrast, a vertical, on-its-side, or inverted position would complicate the transfer, increase the risk of twisting or jarring the spine, and hinder securing and lifting the patient quickly and safely.

5. Which option is not listed as a lifeguard's secondary responsibility?

A. Administering swim tests

B. Assisting patrons with questions

C. Ensuring resuscitation equipment is in good working order

D. Cleaning the pool deck

Secondary responsibilities are tasks lifeguards handle to support safety beyond simply watching the water. Administering swim tests helps ensure swimmers meet safety requirements before participating, which is a safety-related duty. Assisting patrons with questions is about helping people access information and keep the facility safe and welcoming. Ensuring resuscitation equipment is in good working order keeps essential life-saving tools ready for use, another safety-support role. Cleaning the pool deck, while important for cleanliness and hazard prevention, is typically a custodial/maintenance task and not listed as a lifeguard's secondary responsibility.

6. Which technique is used for chest compressions during two-rescuer CPR on an infant?

A. Encircling thumbs technique

B. Two-handed technique

C. Heel-of-hand technique

D. One-handed technique

In two-rescuer CPR for an infant, the compressions are done with the encircling thumbs technique. One rescuer wraps both arms around the infant's chest from behind, placing both thumbs on the sternum while the fingers encircle the chest and support the back. This position lets you apply consistent, deep compressions (about one-third of the chest) and ensures the chest fully recoils between pushes, while also sharing the workload with the other rescuer who provides breaths. The other common infant techniques—using two hands on the chest, the heel of the hand, or a single-handed approach—are not suited for two rescuers on an infant because they don't offer the same control, depth, or coordination with a partner given the infant's small size.

7. What is the recommended chest compression rate during CPR?

A. 100–120 compressions per minute.

B. 60–80 compressions per minute.

C. 80–100 per minute.

D. 140–160 per minute.

The key idea is pacing: you want a rhythm that keeps blood moving effectively without rushing so fast that you can't push deeply or allow the chest to recoil fully. The recommended rate is about 100 to 120 chest compressions per minute. This tempo provides enough frequent compressions to maintain perfusion to the heart and brain while still giving time for full recoil and adequate chest refilling between pushes. Going slower than this lowers blood flow and compromise during CPR; going faster than this can reduce the depth of compressions and the chance for the chest to recoil properly, also harming perfusion. So the middle ground of roughly 100–120 per minute best supports effective CPR. To help remember, some rescuers pace compressions to a beat like that of a well-known song with a tempo in that range.

8. Proper position for infant back blows

A. Face down along the thigh with the infant's head lower than their body.

B. Face up on the floor

C. Sitting upright on a chair

D. Lying on back

Positioning the infant face-down along the rescuer's thigh (or forearm) with the head lower than the chest/body is essential. This orientation uses gravity to help the obstruction move toward the mouth and gives you stable support to deliver firm back blows between the shoulder blades. The head-down angle keeps the airway aligned and prevents pushing the object deeper, while also allowing you to apply controlled blows safely. Other positions don't provide the correct angle or support for effective back blows.

9. Extrication with spinal motion restriction is used when a head, neck, or spinal injury is suspected and the person is breathing.

A. A person with head, neck, or spinal injury but breathing.

B. A person with head, neck, or spinal injury who is not breathing.

C. A person with head, neck, or spinal injury who is breathing.

D. A person with any injury.

Spinal motion restriction during extrication is about moving someone with a suspected head, neck, or spinal injury while keeping the spine aligned to prevent further injury. It's used when there is a possible spinal injury and the person is breathing because you can safely transport them without compromising their airway while you maintain inline stabilization. If the person isn't breathing, the priority becomes establishing ventilation (opening the airway, rescue breaths, or CPR), and movement is guided by safety and airway needs rather than spinal precautions alone. The scenario that fits this concept is someone with a head, neck, or spinal injury who is breathing, which is when you apply SMR during extrication. The other situations either involve not breathing (where airway care takes precedence) or describe injuries that don't specify a suspected spinal injury, which isn't the same scenario the rule addresses.

10. Which symptoms may indicate a potential spinal injury?

A. Headache only

B. Dizziness, nausea, or blurred vision

C. Chest pain

D. Rapid heartbeat

Spinal injuries can disrupt the nervous system, so changes in how the body and brain communicate may show up as neurological symptoms after trauma. Dizziness, nausea, or blurred vision indicate that the nervous system is affected, which can occur with a neck or spine injury, especially after a head or neck impact or a fall. If you observe these signs, treat the situation as a potential spinal injury: keep the person still, limit movement, and call for emergency help while stabilizing the head and neck in line with the body. Headache alone may come from a head injury rather than the spine, and chest pain or a rapid heartbeat point more to heart or chest issues, not spinal injury.

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://arclifeguarding.examzify.com

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