CFD Academy EMS Exam 1 Practice (Sample)

Study Guide

Everything you need from our exam experts!

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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. The thorax is formed primarily by which structures?

A. Sternum and ribs

B. Clavicle and scapula

C. Humerus and radius

D. Pelvis

2. What is Fowler position?

A. Supine: lying flat on back

B. Prone: lying face down

C. Fowler: semi-reclining with head elevated

D. Recovery position: left side with airway open

3. Online medical control is best described as

A. Direction given over the phone or radio directly from the medical director or a designated physician at a receiving hospital

B. Standing orders, training, and supervision authorized by the medical director

C. Review of patient records after transport

D. Triage guidelines used by EMS at the scene

4. Which term describes termination of care by the EMT without the patient's consent and without ensuring transfer to another capable professional?

A. Abandonment

B. Good Samaritan law

C. Rigor mortis

D. Algor mortis

5. Gas exchange between the blood and body tissues is described as what?

A. Ventilation

B. Diffusion

C. Respiration

D. Perfusion

6. What is the purpose of critical incident stress management (CISM)?

- **A. Address acute stress and potentially decrease the likelihood of PTSD after an incident**
- **B. Diagnose PTSD**
- **C. Replace therapy**
- **D. Treat physical injuries**

7. Which of the following best defines the purpose of the EPCR?

- **A. Documenting patient information, assessments, and transport details for continuity of care**
- **B. Replacing the medical record with a new form**
- **C. Serving as a billing only document**
- **D. Generating legal affidavits for injuries**

8. Which of the following is NOT an element of negligence?

- **A. Duty**
- **B. Breach of Duty**
- **C. Damages**
- **D. Informed Consent**

9. Indirect contact involves the spread of infection from the patient with an infection to another person through an inanimate object, the object that transmits the infection is called a foamite

- **A. Indirect contact**
- **B. Direct contact**
- **C. Exposure**
- **D. Contamination**

10. A situation in which a person has had contact with blood, body fluids, tissues, or airborne particles in a manner that may allow disease transmission to occur is

- **A. Exposure**
- **B. Contamination**
- **C. Direct contact**
- **D. Indirect contact**

Answers

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

Explanations

1. The thorax is formed primarily by which structures?

A. Sternum and ribs

B. Clavicle and scapula

C. Humerus and radius

D. Pelvis

The chest wall is built mainly from the sternum and the ribs, which together with their costal cartilage form the thoracic cage that encases the heart and lungs and enables breathing by expanding and contracting. The sternum sits in the front, providing a central anchor for the ribs, while the ribs curve around to meet the sternum and attach to the thoracic vertebrae at the back. The clavicle and scapula belong to the shoulder girdle, not the thoracic enclosure. The humerus and radius are arm bones, and the pelvis is part of the lower trunk, so they do not form the thorax.

2. What is Fowler position?

A. Supine: lying flat on back

B. Prone: lying face down

C. Fowler: semi-reclining with head elevated

D. Recovery position: left side with airway open

Positioning tells us how much a patient is reclined and whether the head is elevated. Fowler position means the patient is in a semi-reclining posture with the head raised, typically around 45 to 60 degrees. This upright angle makes the chest wall easier to expand, improving ventilation and comfort, and it helps with eating, drinking, or airway management while the patient remains partly seated. It differs from lying flat on the back (supine) or face down (prone), and from the recovery position (lying on the side with the airway kept open), which serve different airway and safety purposes.

3. Online medical control is best described as

A. Direction given over the phone or radio directly from the medical director or a designated physician at a receiving hospital

B. Standing orders, training, and supervision authorized by the medical director

C. Review of patient records after transport

D. Triage guidelines used by EMS at the scene

Online medical control is real-time medical direction given to EMS in the field by a physician, typically the medical director or a designated physician at a receiving hospital, through direct communication such as phone or radio. This setup lets responders obtain orders or guidance for specific patient care decisions as situations unfold, such as administering medications or adjusting treatment based on the patient's response. It differs from offline medical control, which relies on standing orders and protocols without live physician input. The other choices describe activities that aren't real-time physician direction—reviewing patient records after transport, or using triage guidelines and standing orders without direct physician input.

4. Which term describes termination of care by the EMT without the patient's consent and without ensuring transfer to another capable professional?

A. Abandonment

B. Good Samaritan law

C. Rigor mortis

D. Algor mortis

Abandonment describes terminating emergency medical care without the patient's consent and without arranging transfer to another capable provider. This is prohibited because EMS personnel have a duty to ensure continuous, appropriate care for a patient who still needs treatment or transportation. Ending care in this way can directly harm the patient by leaving them without necessary medical attention and can expose the provider and service to legal liability. Good Samaritan laws offer protection for people who help in emergencies when they act in good faith, but they typically don't shield a professional who ends care and fails to arrange a proper handoff to another qualified clinician. The other terms don't apply here: rigor mortis refers to postmortem stiffening, and algor mortis refers to postmortem cooling.

5. Gas exchange between the blood and body tissues is described as what?

A. Ventilation

B. Diffusion

C. Respiration

D. Perfusion

Gas exchange between the blood and body tissues is described as respiration, specifically internal respiration. This refers to the transfer of gases between the circulating blood and tissue cells. The exchange happens by diffusion across capillary walls: oxygen moves from blood (where its partial pressure is higher) into the tissues (where it's lower), and carbon dioxide moves from tissues (where its partial pressure is higher) into the blood (where it's lower) to be carried back to the lungs. Perfusion ensures there is enough blood flow to sustain this exchange, while ventilation relates to moving air in and out of the lungs, a separate step. Diffusion explains the mechanism, but the process is termed respiration in this tissue-exchange context.

6. What is the purpose of critical incident stress management (CISM)?

A. Address acute stress and potentially decrease the likelihood of PTSD after an incident

B. Diagnose PTSD

C. Replace therapy

D. Treat physical injuries

CISM focuses on the immediate emotional and psychological responses after a traumatic event. It provides education about normal stress reactions, offers support, and helps individuals process what happened in the hours to days after the incident. The goal is to reduce acute distress and intervene early to lower the chance that this distress becomes a longer-term problem like PTSD. It is not used to diagnose PTSD, nor to replace ongoing therapy or counseling, and it does not treat physical injuries. Trained responders use structured discussions and follow-up to guide coping and connect people with additional help if needed.

7. Which of the following best defines the purpose of the EPCR?

A. Documenting patient information, assessments, and transport details for continuity of care

B. Replacing the medical record with a new form

C. Serving as a billing only document

D. Generating legal affidavits for injuries

In EMS, the EPCR is the digital record that captures what happened during a patient encounter to ensure someone else can understand and continue care. Its main purpose is to document who the patient is, what's going on (the chief complaint and findings), the assessments performed, treatments given, and the transport details and handoff times. This creates a clear, continuous story from field to hospital, helping with clinical decisions, continuity of care, and quality review. That's why the best choice is the option describing documentation of patient information, assessments, and transport details for continuity of care. It's not meant to replace the medical record with a new form, nor is it solely a billing document, and it isn't about generating legal affidavits.

8. Which of the following is NOT an element of negligence?

A. Duty

B. Breach of Duty

C. Damages

D. Informed Consent

Negligence hinges on four pieces: there is a duty to exercise reasonable care, that duty is breached, the breach causes damages, and those damages occur as a result of the breach (causation). Informed consent is not one of these core elements. It concerns a patient's permission after being told risks and alternatives, which is a separate ethical and legal concept. If a lack of informed consent happens, it can show a breach of the duty to disclose or influence a negligence claim, but it isn't itself an element you must prove to establish negligence. So the item that doesn't fit as an element is the idea of informed consent.

9. Indirect contact involves the spread of infection from the patient with an infection to another person through an inanimate object, the object that transmits the infection is called a foamite

A. Indirect contact

B. Direct contact

C. Exposure

D. Contamination

Indirect contact is about infection spreading through an inanimate object that becomes contaminated by an infected person. The object that carries the pathogen is called a fomite. When someone touches that contaminated object and then touches their face or mucous membranes, the infection can be transferred without any direct contact with the patient. This is different from direct contact, where transmission occurs through physical contact with the infected person themselves. Exposure refers to contact with a potentially contaminated environment, but it doesn't specify the transmission route, and contamination simply means a surface is contaminated without describing the transfer to a person. The described scenario fits indirect contact via a fomite, so that term best captures the situation.

10. A situation in which a person has had contact with blood, body fluids, tissues, or airborne particles in a manner that may allow disease transmission to occur is

A. Exposure

B. Contamination

C. Direct contact

D. Indirect contact

Exposure refers to having contact with potentially infectious material—like blood, body fluids, tissues, or airborne particles—that could allow disease to be transmitted. It captures the idea that a risk of infection exists because there was contact with material that could carry pathogens, even if no infection has taken place yet. This is different from contamination, which is about hazardous material being present on surfaces or skin; exposure specifically denotes the potential for transmission after contact. It also encompasses different routes of transfer, whether through direct touch or via contaminated surfaces or particles in the air, all of which can create a transmission risk. In practice, recognizing exposure prompts precautionary actions to minimize risk, such as using personal protective equipment and following standard precautions.

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://cfdacademyems1.examzify.com

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