

CHICAGO EMS SYSTEM POLICIES 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

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- 1. Who oversees the clinical aspects of the EMS System and ensures medical standards are met?**
 - A. EMS Dispatch Supervisor
 - B. Regional Health Commissioner
 - C. EMS Medical Director
 - D. Resource Hospital Chief

- 2. If a BLS ambulance hands care to an ALS ambulance, which unit will transport the patient?**
 - A. The BLS ambulance will transport the patient.
 - B. The patient will be transported by private vehicle.
 - C. The ALS ambulance will transport the patient.
 - D. The hospital transport team will transport the patient.

- 3. What is the primary responsibility of the Resource Hospital?**
 - A. Provide funding for EMS agencies.
 - B. Oversee the entire EMS System, including clinical aspects, operations, and education.
 - C. Coordinate only hospital-based EMS transport.
 - D. Manage only interfacility transfers.

- 4. What is the purpose of the coroner/medical examiner notification policy in EMS?**
 - A. To document the patient's medical history
 - B. To provide proper notification when there has been a death recorded by EMS
 - C. To authorize post-mortem procedures
 - D. To track EMS response times

- 5. What is the purpose of the National Ambulance Contract (NAC) as described?**
 - A. To coordinate hospital inventories
 - B. To provide licensed ambulance services and para-transit services in response to disasters or public health emergencies
 - C. To fund EMS training programs
 - D. To regulate ambulance insurance rates

- 6. What is the purpose of documenting communication problems in EMS operations?**
- A. It ensures that issues in contacting hospitals are reported to both the Resource/Associate Hospital and the ambulance service supervisor
 - B. It is optional and used only for audits
 - C. It is used to discipline hospital staff
 - D. It has no impact on patient care quality assurance
- 7. Which entity must be notified within 24 hours after a line of duty death?**
- A. The EMS Medical Director
 - B. The IDPH
 - C. The Resource Hospital
 - D. The Governor
- 8. The policy that defines the responsibilities of Resource and Associate Hospitals is part of what larger document or plan?**
- A. National EMS Act
 - B. Traffic safety code
 - C. Hospital accreditation manual
 - D. EMS System Plan under IDPH
- 9. Which complications must be documented in the QA plan?**
- A. Hypotension, extreme bradycardia or tachycardia, increasing chest pain, dysrhythmia, altered mental status, and changes in neurological examination
 - B. Hypertension and mild headaches only
 - C. Only chest pain and shortness of breath
 - D. No complications need to be documented
- 10. In I-SBAR, which component is used to identify the patient and the reason for calling at the start of the report?**
- A. Identify
 - B. Situation
 - C. Assessment
 - D. Rx

Answers

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

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Explanations

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1. Who oversees the clinical aspects of the EMS System and ensures medical standards are met?

- A. EMS Dispatch Supervisor
- B. Regional Health Commissioner
- C. EMS Medical Director**
- D. Resource Hospital Chief

Medical oversight of patient care in an EMS system is provided by the EMS Medical Director, who establishes clinical standards, develops and approves protocols, and leads quality assurance, performance improvement, and continuing education to ensure care meets current medical standards. They provide medical control and guidance for field providers and coordinate with hospitals to maintain consistent, high-quality care. The dispatch supervisor handles communications and dispatch operations, not clinical standards; the regional health commissioner oversees broader public health functions; and the resource hospital chief manages hospital operations. Thus, the EMS Medical Director is responsible for supervising the clinical aspects and ensuring medical standards are met.

2. If a BLS ambulance hands care to an ALS ambulance, which unit will transport the patient?

- A. The BLS ambulance will transport the patient.
- B. The patient will be transported by private vehicle.
- C. The ALS ambulance will transport the patient.**
- D. The hospital transport team will transport the patient.

When care is handed off from a BLS unit to an ALS unit, the ALS ambulance takes over transport. The transfer signals that the patient requires advanced monitoring and treatment capabilities that the ALS crew provides, so they assume responsibility for moving the patient to the hospital. The BLS unit may still assist on scene or support the transport, but the actual transport to the hospital is handled by the ALS unit. A private vehicle isn't appropriate due to lack of medical supervision and equipment, and the hospital transport team is used for other interfacility or non-emergency scenarios, not this EMS handoff.

3. What is the primary responsibility of the Resource Hospital?

- A. Provide funding for EMS agencies.
- B. Oversee the entire EMS System, including clinical aspects, operations, and education.**
- C. Coordinate only hospital-based EMS transport.
- D. Manage only interfacility transfers.

The essential idea is that the Resource Hospital acts as the system-wide leader for EMS, guiding clinical care, how operations run, and the education of providers across the entire EMS network. Clinically, it sets and updates treatment protocols, monitors patient care quality, and coordinates standards so EMS crews across different agencies follow consistent, evidence-based practices. Operationally, it helps manage how resources are used, ensures hospital readiness for EMS arrivals, and establishes system-wide policies for things like destinations, interfacility transfers, and overall EMS coordination. In terms of education, it develops and delivers training, credentials, and ongoing competency programs to keep EMS personnel up to date with the latest guidelines and procedures. Because of that broad scope, the Resource Hospital isn't just about funding, transport, or transfers alone—those are narrower pieces of the bigger system they oversee.

4. What is the purpose of the coroner/medical examiner notification policy in EMS?

- A. To document the patient's medical history
- B. To provide proper notification when there has been a death recorded by EMS
- C. To authorize post-mortem procedures
- D. To track EMS response times**

The main idea behind notifying the coroner or medical examiner is to ensure proper, timely contact with the authorities whenever a death is encountered by EMS. This policy exists so that deaths—especially those that are unexplained, sudden, or tied to potential foul play, overdose, or unusual circumstances—are brought to the attention of the ME/coroner who can determine if an autopsy is needed, initiate the appropriate investigation, and guide any legal steps. It's not about recording a patient's medical history, nor about EMS authorizing post-mortem procedures—the ME/coroner makes those decisions. And it isn't about measuring how quickly EMS responds; response times are a separate performance concern.

5. What is the purpose of the National Ambulance Contract (NAC) as described?

- A. To coordinate hospital inventories
- B. To provide licensed ambulance services and para-transit services in response to disasters or public health emergencies**
- C. To fund EMS training programs
- D. To regulate ambulance insurance rates

The National Ambulance Contract is about ensuring a ready pool of licensed ambulance and para-transit services that can be mobilized during disasters or public health emergencies. In such events, local EMS capacity can be overwhelmed, so the contract guarantees that pre-approved providers are available to transport patients, support surge operations, and maintain essential patient movement when time and resources are critical. It focuses on securing licensed transport options and non-emergency transport (paratransit) as part of the emergency response, rather than handling hospital inventories, funding EMS training programs, or regulating ambulance insurance rates.

6. What is the purpose of documenting communication problems in EMS operations?

- A. It ensures that issues in contacting hospitals are reported to both the Resource/Associate Hospital and the ambulance service supervisor**
- B. It is optional and used only for audits
- C. It is used to discipline hospital staff
- D. It has no impact on patient care quality assurance

Documenting communication problems helps ensure that when EMS can't reach a hospital or the information flow breaks down, those issues are captured and shared with the right people. This creates a traceable record that prompts timely resolution and system-wide improvements by informing both the hospital resources/Associate Hospital and the ambulance service supervisor. This approach supports patient safety and ongoing quality assurance by identifying patterns, guiding training, and updating protocols to prevent recurrence. It isn't about disciplining hospital staff or about being optional or just for audits; the main goal is to fix processes and enhance care delivery.

7. Which entity must be notified within 24 hours after a line of duty death?

- A. The EMS Medical Director
- B. The IDPH**
- C. The Resource Hospital
- D. The Governor

After a line-of-duty death, the responsible action is to notify the state EMS authority within 24 hours. In Illinois, that means contacting the Department of Public Health (IDPH). This requirement exists so IDPH can document the incident, coordinate any necessary investigations or regulatory actions, and manage related memorial and public health processes across the EMS system. The EMS Medical Director plays a crucial role in clinical oversight and internal response, but the formal 24-hour notification duty rests with IDPH. The Resource Hospital handles patient care if applicable, and the Governor is not the designated recipient for this immediate reporting.

8. The policy that defines the responsibilities of Resource and Associate Hospitals is part of what larger document or plan?

- A. National EMS Act**
- B. Traffic safety code
- C. Hospital accreditation manual
- D. EMS System Plan under IDPH

Understanding how EMS policy is organized helps. The designation of Resource and Associate Hospitals sits within the broader legal framework that governs EMS nationwide. This overarching framework, the National EMS Act, creates the structure for how EMS systems operate, including how hospitals are designated, what roles they play, and how they coordinate with EMS during day-to-day operations and emergencies. State plans, like the EMS System Plan under IDPH, implement and adapt that national framework at the local level, but the fundamental responsibilities and definitions come from the national law. The other options don't fit as the larger framework. The traffic safety code governs roadway rules, not hospital roles within EMS. A hospital accreditation manual sets internal standards for credentialing and quality but doesn't establish system-wide EMS responsibilities. A state EMS System Plan under IDPH is important for how one state implements EMS, but it's the national act that provides the broad, overarching authority.

9. Which complications must be documented in the QA plan?

- A. Hypotension, extreme bradycardia or tachycardia, increasing chest pain, dysrhythmia, altered mental status, and changes in neurological examination**
- B. Hypertension and mild headaches only
- C. Only chest pain and shortness of breath
- D. No complications need to be documented

Documenting what goes wrong or changes in the patient's condition during EMS care is essential for QA. The listed complications are significant signs that something has worsened or gone wrong in the course of treatment or transport, and they deserve formal review. Low blood pressure can indicate shock or poor perfusion and needs follow-up to see if care was effective. Very slow or very fast heart rhythms are dangerous and require immediate attention; they reveal underlying issues with cardiac function or response to therapy. Worsening chest pain can signal ongoing or evolving cardiac ischemia, which changes how the patient should be managed. Any abnormal heart rhythm (dysrhythmia) is a clear safety concern needing documentation and review. Changes in mental status or neurological examination point to possible hypoxia, altered perfusion, stroke, or other neurologic injury, all of which require QA analysis to ensure protocols were applied correctly. Hypertension with mild headaches, presenting chest pain and shortness of breath, or no complications at all do not by themselves represent adverse events that warrant QA documentation in the same way. The QA plan focuses on significant deteriorations or adverse responses that prompt review and potential process improvements, hence the emphasis on the comprehensive list above.

10. In I-SBAR, which component is used to identify the patient and the reason for calling at the start of the report?

- A. Identify
- B. Situation**
- C. Assessment
- D. Rx

In ISBAR, the part that sets the immediate context for the handoff is the Situation. This section is where you clearly state who the patient is and the reason you're calling right at the start, so the recipient understands the current issue and why the report is being made. It provides a concise snapshot of the presenting problem and the patient's identity, which frames everything that follows. After stating the Situation, you move on to Background (relevant history), Assessment (objective data and clinical interpretation), and Recommendation (what you want next). In other words, identifying the patient and the reason for the call is the purpose of the Situation section, because it foregrounds the current issue for the recipient.

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://chicagoemssyspolicies.examzify.com>

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

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