EMERGENCY PROCEDURES EXAM 1 PRACTICE (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

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. Which statement correctly matches Stay & Play and Load & Go with patient stability?

A. Stay & Play for unstable; Load & Go for stable

B. Stay & Play for stable; Load & Go for unstable

C. Stay & Play for all; Load & Go for emergencies

D. Stay & Play and Load & Go are the same

2. What is the difference between an emergency drill and an exercise?

A. A drill tests integration of multiple components; an exercise tests single components.

B. A drill tests single components; an exercise tests integration of multiple components and responses.

C. Drill and exercise are identical.

D. Drill is for medical staff only; exercise is for all.

3. Which of the following is one of the four elements required to establish a tort action?

A. Breach of contract

B. Duty to observe and protect safety of plaintiff

C. Damages awarded

D. Intent to harm

4. Pulse oximetry can give a false reading in which group?

A. Smokers

B. COPD patients

C. Athletes

D. Children

5. What medications can we give a patient on a scene?

A. Oxygen only

B. Epinephrine only

C. Oxygen and epinephrine

D. Aspirin

6. In civil law, malpractice is categorized as a tort, which means:

A. It is a civil wrong that can lead to damages liability
B. It is a criminal offense
C. It is a regulatory violation
D. It is a breach of contract

7. Which group is at risk for false readings when using pulse oximetry?

A. Smokers
B. COPD patients
C. Athletes
D. Children

8. What are the two classifications of patients in an emergency?

A. Medical patients and Trauma patients
B. Medical patients and Pediatric patients
C. Trauma patients and Surgical patients
D. Medical patients and Neurological patients

9. What does RACE stand for in fire emergency procedures?

A. RACE stands for Rescue, Alarm, Contain, Extinguish
B. RACE stands for Rescue, Alert, Contain, Extinguish
C. RACE stands for Remove, Alert, Contain, Extinguish
D. RACE stands for Rescue, Assess, Contain, Evacuate

10. What does DOTS stand for in patient assessment?

A. Deformities, Open wounds, Tenderness, Swelling
B. Deformities, Open wounds, Tenderness, Temperature
C. Deformations, Open Wounds, Tenderness, Swelling
D. Deformities, Open wounds, Tenderness, Swelling

Answers

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

Explanations

1. Which statement correctly matches Stay & Play and Load & Go with patient stability?

A. Stay & Play for unstable; Load & Go for stable

B. Stay & Play for stable; Load & Go for unstable

C. Stay & Play for all; Load & Go for emergencies

D. Stay & Play and Load & Go are the same

The main idea is that on-scene decisions depend on patient stability: stable patients can be treated and monitored on scene, while unstable patients need rapid transport to definitive care. Stay & Play is used when the patient is stable enough to receive care on scene and remain under observation without delaying transport. Load & Go is used when the patient is unstable or deteriorating, requiring rapid transport so they can receive definitive treatment as soon as possible. Therefore, Stay & Play for stable and Load & Go for unstable is the correct pairing. It wouldn't fit to use Stay & Play for an unstable patient, since delaying transport could worsen their condition; nor to apply Load & Go to all patients, since not every stable patient needs urgent transport. And treating them as identical ignores the essential difference in how emphasis is placed on on-scene care versus speed to definitive care.

2. What is the difference between an emergency drill and an exercise?

A. A drill tests integration of multiple components; an exercise tests single components.

B. A drill tests single components; an exercise tests integration of multiple components and responses.

C. Drill and exercise are identical.

D. Drill is for medical staff only; exercise is for all.

Drills test a single component or procedure in isolation, while exercises test how multiple parts work together in a coordinated, published scenario. In practice, a drill might focus on practicing how to trigger an alarm, notify a specific team, or evacuate a building—verifying that one step works reliably under controlled conditions. An exercise, however, brings several elements into play at once: incident command, communications, logistics, medical care, and interagency coordination, all driven by a realistic scenario with time pressure and injects to simulate changing conditions. For example, you might drill the process of activating a notification system, whereas an exercise would run a full incident scenario that requires EMS, fire, police, and hospitals to coordinate from start to finish. So the correct idea is that a drill tests single components; an exercise tests integration of multiple components and responses. The other statements don't fit because drills aren't about integrating multiple systems, they aren't identical to exercises, and drills aren't limited to medical staff.

3. Which of the following is one of the four elements required to establish a tort action?

A. Breach of contract

B. Duty to observe and protect safety of plaintiff

C. Damages awarded

D. Intent to harm

The main idea here is the duty of care in tort law. To prove a tort, you must show four things: there was a duty of care owed by the defendant to the plaintiff, the duty was breached, the breach caused the plaintiff's injuries, and there were actual damages. The option that describes a duty to observe and protect the plaintiff's safety matches this core element—the obligation to act with reasonable care to prevent harm. Without a duty, there can be no tort. The other options don't fit as the required element: contract breach belongs to contract law, damages refer to the outcome rather than a foundational element to prove, and intent to harm is only necessary for intentional torts, not all torts.

4. Pulse oximetry can give a false reading in which group?

A. Smokers

B. COPD patients

C. Athletes

D. Children

Pulse oximetry estimates arterial oxygen saturation by sending red and infrared light through a finger and measuring how much is absorbed by hemoglobin. It assumes only two main forms: oxyhemoglobin and deoxyhemoglobin. When other forms are present, readings can be misleading. Smoking introduces carbon monoxide, which binds to hemoglobin to form carboxyhemoglobin. COHb absorbs light in a way that resembles oxyhemoglobin at the wavelengths the device uses, so the pulse oximeter can't distinguish it from O2-bound hemoglobin. As a result, the reading can appear normal or high even though the actual oxygen delivery is compromised. This makes pulse oximetry readings falsely reassuring in smokers with carbon monoxide exposure. Other groups can have accuracy issues for different reasons, but the smoking-related pitfall specifically involves carboxyhemoglobin causing an overestimate of oxygen saturation.

5. What medications can we give a patient on a scene?

A. Oxygen only

B. Epinephrine only

C. Oxygen and epinephrine

D. Aspirin

The main idea is what meds a scene-based provider is typically allowed to administer under standard EMS protocols without a physician present. Oxygen is given to anyone who is hypoxic or in respiratory distress to improve oxygen delivery. Epinephrine is the go-to medication for anaphylaxis or severe allergic reactions with airway or circulatory involvement, and it's routinely stocked and used in the field. Aspirin is useful for suspected heart attack, but its use on scene depends on the specific protocol and patient factors (such as allergies, bleeding risks, or contraindications) and isn't universally given in all systems. Because oxygen and epinephrine are commonly authorized and indicated across a broad range of on-scene emergencies, they represent the best combination of meds you can administer in that setting.

6. In civil law, malpractice is categorized as a tort, which means:

A. It is a civil wrong that can lead to damages liability

B. It is a criminal offense

C. It is a regulatory violation

D. It is a breach of contract

Malpractice in civil law is a form of tort: a civil wrong that exposes the practitioner to liability for damages. The remedy is monetary damages or other civil relief obtained in civil court, not criminal punishment. This distinguishes it from criminal offenses, which are pursued by the state and can result in imprisonment or fines. Regulatory violations involve penalties for breaking specific agency rules, not typically damages awarded to a harmed party. A breach of contract is separate and arises from failing to meet agreed terms; malpractice focuses on failing to meet the professional standard of care and causing harm. The core idea is that professional negligence leading to harm creates a civil claim for damages, not a criminal conviction.

7. Which group is at risk for false readings when using pulse oximetry?

A. Smokers

B. COPD patients

C. Athletes

D. Children

Pulse oximetry estimates oxygen saturation by comparing light absorption of oxyhemoglobin versus deoxyhemoglobin. It assumes normal hemoglobin and cannot distinguish other forms like carboxyhemoglobin or methemoglobin. When abnormal hemoglobin is present, readings can be misleading. COPD patients often have a smoking history, which raises carboxyhemoglobin levels. Carboxyhemoglobin absorbs light similarly to oxyhemoglobin, so the device can overestimate true oxygen saturation, giving a false reading. This makes COPD patients a group at particular risk for misleading SpO2 values. If CO exposure or methemoglobinemia is a concern, more detailed testing such as co-oximetry provides a clearer picture.

8. What are the two classifications of patients in an emergency?

A. Medical patients and Trauma patients

B. Medical patients and Pediatric patients

C. Trauma patients and Surgical patients

D. Medical patients and Neurological patients

In emergencies, patients are broadly split into two pathways: trauma and medical. This division guides the first moments of care and who takes the lead in evaluation and treatment. Trauma patients come from injuries—blunt or penetrating—that threaten life through bleeding, airway issues, or spinal injury, so initial care follows trauma protocols that prioritize airway, breathing, circulation, and rapid stabilization (often with immobilization and immediate bleeding control). Medical patients present with acute illnesses not caused by injury—things like heart attack, stroke, severe infection, respiratory or metabolic crises—where the focus is on quickly identifying the specific illness and applying the appropriate diagnostic and therapeutic steps while keeping the patient stable. Note that pediatric, neurological, or surgical conditions can appear in either pathway, but the primary way clinicians categorize emergencies for initial management is medical versus trauma. That's why the best answer is medical patients and trauma patients.

9. What does RACE stand for in fire emergency procedures?

A. RACE stands for Rescue, Alarm, Contain, Extinguish

B. RACE stands for Rescue, Alert, Contain, Extinguish

C. RACE stands for Remove, Alert, Contain, Extinguish

D. RACE stands for Rescue, Assess, Contain, Evacuate

RACE is a quick, practical guide that shapes how to respond to a fire safely. The first priority is to Rescue anyone in immediate danger if you can do so without putting yourself at risk. Next, Alarm emphasizes getting help up and running—activate the building alarm or alert others so people can evacuate and firefighters are en route. Contain focuses on limiting the fire's spread, which means closing doors behind you and, if safe, shutting off nearby fuel sources to slow flames and smoke. Extinguish is the last step and only taken if the fire is small, you know how to use the right extinguisher, and you are confident you can do it without risking your safety; otherwise, you should evacuate and let professionals handle the fire. This combination uses the standard wording Rescue, Alarm, Contain, Extinguish, which is why it's the best choice—the sequence prioritizes immediate safety, rapid notification, containment, and, only if feasible, suppression.

10. What does DOTS stand for in patient assessment?

A. Deformities, Open wounds, Tenderness, Swelling

B. Deformities, Open wounds, Tenderness, Temperature

C. Deformations, Open Wounds, Tenderness, Swelling

D. Deformities, Open wounds, Tenderness, Swelling

DOTS is a quick trauma assessment mnemonic focused on observable or palpable injuries: Deformities, Open wounds, Tenderness, Swelling. Deformities indicate bones out of alignment, suggesting a fracture or dislocation. Open wounds alert you to cuts or penetrating injuries that may require bleeding control and wound care. Tenderness is detected by palpation and points to underlying injury in that area. Swelling signals soft tissue injury or bleeding and can affect function. Temperature is not part of this mnemonic, and a variant with Deformations is simply a different word choice; the standard term uses Deformities.

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://emergencyprocedures1.examzify.com

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