

NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES (NCOEMS) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. What is the correct procedure for a patient who has secretions or emesis that suctioning cannot easily remove?**
 - A. Insert an oropharyngeal or nasopharyngeal airway immediately.
 - B. Suction for 15 seconds, ventilate for two minutes, and then repeat.
 - C. Logroll the patient and clear the oropharynx and nasopharynx.
 - D. Hyperventilate the patient with a bag-valve-mask unit.
- 2. In emergency care, what does the term "responsive" imply?**
 - A. The patient reacts to external stimuli.
 - B. The patient is fully conscious and alert.
 - C. The patient can communicate verbally.
 - D. The patient maintains normal vital signs.
- 3. In the context of EMS, what does the acronym 'PSA' stand for?**
 - A. Primary Service Area
 - B. Patient Safety Assessment
 - C. Public Safety Agency
 - D. Paramedic Service Authorization
- 4. In emergency treatment, why is documentation important when encountering a patient who refuses care?**
 - A. To keep a record of medical history.
 - B. To protect against legal issues.
 - C. To ensure proper treatment later.
 - D. To provide proof of the patient's condition.
- 5. A 56-year-old female patient complaining of mild chest discomfort should be assessed how?**
 - A. Decide what type of heart problem it might be.
 - B. Decide whether the patient has a heart problem.
 - C. Maintain a high index of suspicion for cardiac compromise.
 - D. Apply the AED.

- 6. What is the purpose of the head-tilt/chin-lift technique?**
- A. to position the patient for insertion of an airway adjunct.
 - B. to remove foreign bodies from the upper airway.
 - C. to help the rescuer better visualize the larynx and vocal cords.
 - D. to lift the tongue and epiglottis out of their obstructing position.
- 7. What is a key responsibility of EMS personnel regarding public health education?**
- A. Providing care exclusively to emergency patients
 - B. Promoting health insurance enrollment
 - C. Providing education on injury prevention and wellness
 - D. Conducting health screenings in community centers
- 8. What type of assessments does NCOEMS conduct to ensure compliance of EMS agencies?**
- A. Surveys and interviews
 - B. Regular audits and inspections
 - C. Patient outcome reviews
 - D. Community feedback sessions
- 9. Upon arrival at a store where a holdup occurred, what should you do when you see an injured manager inside?**
- A. Enter the store immediately to care for the manager
 - B. Leave immediately and seek cover from a distance
 - C. Wait until the police tell you it's safe to enter the scene
 - D. Request medical direction to determine if you can enter
- 10. In what situation is the use of an AED mandatory for EMTs under NCOEMS standards?**
- A. For patients with severe bleeding
 - B. For unresponsive patients who are not breathing
 - C. For patients experiencing chest pain
 - D. For patients with known heart conditions

Answers

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

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Explanations

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1. What is the correct procedure for a patient who has secretions or emesis that suctioning cannot easily remove?

- A. Insert an oropharyngeal or nasopharyngeal airway immediately.
- B. Suction for 15 seconds, ventilate for two minutes, and then repeat.
- C. Logroll the patient and clear the oropharynx and nasopharynx.**
- D. Hyperventilate the patient with a bag-valve-mask unit.

The correct procedure for a patient who has secretions or emesis that suctioning cannot easily remove involves logrolling the patient to effectively manage those secretions. Logrolling allows for improved access to the patient's airway and can facilitate oral suctioning when the patient is turned to the side. This method helps gravity assist in removing the unwanted material from the oropharynx and nasopharynx. In situations where suctioning is insufficient, simply inserting an airway or attempting to ventilate may not adequately address the problem of obstructed airways due to emesis or secretions. Logrolling provides a safer and more effective way of managing the airway while maintaining the patient's spinal alignment if they might have experienced trauma. Additionally, using a bag-valve-mask unit for hyperventilation can elevate the risk of further aspiration or obstruction, particularly in a patient struggling with secretions, making it less suitable in this scenario.

2. In emergency care, what does the term "responsive" imply?

- A. The patient reacts to external stimuli.**
- B. The patient is fully conscious and alert.
- C. The patient can communicate verbally.
- D. The patient maintains normal vital signs.

The term "responsive" in emergency care primarily indicates that the patient reacts to external stimuli. This can include responses to verbal prompts, physical touch, or other forms of external engagement. This definition encompasses a range of awareness and alertness, from a patient who may not be fully conscious but still shows some indication of awareness—such as moving, moaning, or opening their eyes in response to stimuli. In this context, simply being "responsive" does not necessitate full consciousness, alertness, or the ability to communicate verbally, all of which are outlined in the other options. For instance, while a fully conscious and alert patient would definitely be responsive, a patient who is only partially aware but still reacts to external stimuli qualifies as responsive as well. Therefore, the ability to react signifies the patient's status without requiring them to display the higher-level skills of communication or normal vital sign function, which are separate considerations in assessing a patient's overall condition.

3. In the context of EMS, what does the acronym 'PSA' stand for?

- A. Primary Service Area**
- B. Patient Safety Assessment
- C. Public Safety Agency
- D. Paramedic Service Authorization

In the context of EMS, 'PSA' stands for Primary Service Area. This is a term used to define the geographic location from which an EMS agency is responsible for providing emergency medical services. The designation of a Primary Service Area is crucial for ensuring that emergency services are efficiently and effectively deployed, allowing for timely response to emergencies and proper resource allocation within that specific region. Understanding the concept of a Primary Service Area is vital for EMS teams, as it helps them coordinate with local hospitals, other emergency services, and community resources to optimize patient care and outcomes. Additionally, recognizing the geographic boundaries set by a Primary Service Area assists in planning, training, and deployment strategies for EMS personnel, ensuring they are familiar with their designated response area and the specific needs of the communities they serve.

4. In emergency treatment, why is documentation important when encountering a patient who refuses care?

- A. To keep a record of medical history.
- B. To protect against legal issues.**
- C. To ensure proper treatment later.
- D. To provide proof of the patient's condition.

Documentation is crucial in emergency treatment, especially when a patient refuses care, primarily to protect against legal issues. When a patient refuses medical assistance, it's essential for healthcare providers to document the refusal thoroughly. This includes noting the patient's capacity to make decisions, their stated reasons for refusing care, and any information provided to them about the potential risks of refusing treatment. By accurately documenting these elements, healthcare providers create a record that can be referred to in the event of a legal challenge. If a patient later claims they were coerced into refusing care or if complications arise as a result of their refusal, having a detailed account of the interaction can help demonstrate that the patient was informed and understood their situation, thereby mitigating potential liability for the provider. While the other choices touch on important aspects of patient care and documentation, they do not directly address the primary concern tied to the legal implications of a patient's refusal of care. Keeping track of medical history or ensuring proper treatment later may contribute to overall patient care, but they are not as immediately relevant to the situation of a refusal of care and the potential legal ramifications that can arise from it. Similarly, providing proof of the patient's condition is important, but the protection afforded by thorough documentation in the context of refusal is paramount in safeguarding both

5. A 56-year-old female patient complaining of mild chest discomfort should be assessed how?

- A. Decide what type of heart problem it might be.
- B. Decide whether the patient has a heart problem.
- C. Maintain a high index of suspicion for cardiac compromise.**
- D. Apply the AED.

Maintaining a high index of suspicion for cardiac compromise is essential when assessing a patient with mild chest discomfort, especially in an individual who is 56 years old and may be at an increased risk for cardiac issues. Chest discomfort can be a sign of a potentially life-threatening condition such as acute coronary syndrome or myocardial infarction, even if the patient describes it as mild. By keeping a high index of suspicion, the healthcare provider is reminded to perform a thorough evaluation, which may include obtaining a detailed patient history, conducting a physical examination, monitoring vital signs, and possibly performing an electrocardiogram (ECG) and other diagnostic tests. This vigilance is crucial because early recognition and intervention can significantly improve patient outcomes in cases of cardiac compromise. In this context, the other options suggest a more limited or less cautious approach. Simply deciding the type of heart problem or whether there's a heart problem may overlook the immediate need for assessment and management. Applying the AED would only be appropriate if the patient is unresponsive or not breathing, which has not been indicated in the scenario. Thus, the emphasis on maintaining a high index of suspicion ensures that potential cardiac issues are not dismissed based on the initial presentation of symptoms.

6. What is the purpose of the head-tilt/chin-lift technique?

- A. to position the patient for insertion of an airway adjunct.
- B. to remove foreign bodies from the upper airway.
- C. to help the rescuer better visualize the larynx and vocal cords.
- D. to lift the tongue and epiglottis out of their obstructing position.**

The head-tilt/chin-lift technique is primarily used to lift the tongue and epiglottis out of their obstructing position in order to clear the airway. When a person is unresponsive or cannot maintain their airway on their own, this technique is utilized to ensure that the airway remains open by repositioning the structures in the throat that may be blocking airflow. In particular, the tongue can fall back into the airway when a patient is supine, and this technique effectively counteracts that by extending the neck and lifting the mandible, which subsequently positions the tongue forward, minimizing the risk of airway obstruction. The other choices, while related to airway management, do not precisely encapsulate the primary purpose of this technique. The head-tilt/chin-lift is not specifically aimed at inserting airway adjuncts or removing foreign bodies but rather at facilitating a clear airway during resuscitation efforts. Furthermore, while lifting the structures may aid visualization in some instances, the primary aim of this maneuver is to ensure the airway remains open for ventilation rather than for direct visualization of the larynx and vocal cords.

7. What is a key responsibility of EMS personnel regarding public health education?

- A. Providing care exclusively to emergency patients
- B. Promoting health insurance enrollment
- C. Providing education on injury prevention and wellness**
- D. Conducting health screenings in community centers

A key responsibility of EMS personnel in public health education is providing education on injury prevention and wellness. EMS personnel are often in direct contact with the community, allowing them to play a crucial role in disseminating important information about how to avoid injuries and engage in healthier lifestyle choices. This proactive approach helps to raise awareness about safety, such as the importance of seatbelt use, safe driving practices, fall prevention for the elderly, CPR training, and promoting healthy habits that can prevent diseases and enhance overall community wellness. While other options, such as promoting health insurance enrollment and conducting health screenings, may also have value, they do not directly align with the typical role and responsibilities of EMS personnel. Providing care exclusively to emergency patients overlooks the broader scope of their involvement in community education and health promotion. By focusing on injury prevention and wellness, EMS personnel contribute not just to immediate emergency responses but also to long-term community health improvement.

8. What type of assessments does NCOEMS conduct to ensure compliance of EMS agencies?

- A. Surveys and interviews
- B. Regular audits and inspections**
- C. Patient outcome reviews
- D. Community feedback sessions

The North Carolina Office of Emergency Medical Services (NCOEMS) conducts regular audits and inspections to ensure EMS agencies are in compliance with established standards and regulations. These audits involve a thorough examination of the agency's operational procedures, documentation, and adherence to protocols, helping to identify areas that may require improvement or correction. This systematic approach ensures that EMS agencies maintain high levels of quality and safety in their services, ultimately benefiting patient care and community health. Regular audits and inspections are fundamental because they provide an objective measure of an agency's practices against the criteria set forth by NCOEMS. Through these evaluations, NCOEMS can ensure that EMS agencies are equipped to respond effectively and safely to emergencies, thereby protecting public health and safety.

9. Upon arrival at a store where a holdup occurred, what should you do when you see an injured manager inside?

- A. Enter the store immediately to care for the manager
- B. Leave immediately and seek cover from a distance
- C. Wait until the police tell you it's safe to enter the scene**
- D. Request medical direction to determine if you can enter

In a situation involving a holdup or any potential violent crime, the safety of all individuals, including first responders, is paramount. When you see an injured person, such as the manager, inside the store, your instinct may be to rush in to provide care. However, entering the scene without proper assessment of the situation can place you and others at significant risk. Waiting for law enforcement to secure the scene is the best course of action. Police have the training and authority to ensure that the scene is safe and to manage any ongoing threat. Once they have secured the area, they can provide guidance on when it is appropriate for medical personnel to enter to provide care. This approach not only protects you but also ensures that the injured manager receives help as soon as it is safe to provide it. Emergency medical services (EMS) procedures emphasize the importance of scene safety before delivering patient care, especially in potentially volatile situations. This prioritization of safety aligns with established protocols in emergency response training and practice.

10. In what situation is the use of an AED mandatory for EMTs under NCOEMS standards?

- A. For patients with severe bleeding
- B. For unresponsive patients who are not breathing**
- C. For patients experiencing chest pain
- D. For patients with known heart conditions

The use of an AED is mandatory for EMTs in situations where a patient is unresponsive and not breathing. This condition is typically indicative of a possible cardiac arrest, where immediate defibrillation can significantly increase the chances of survival. When a patient is unresponsive and does not have effective ventilation, it suggests the heart may not be pumping effectively, leading to a lack of oxygenated blood being circulated to the vital organs. Prompt action with an AED can help to restore a normal heart rhythm, which is crucial for the patient's chance of recovery. The other situations mentioned either do not specifically indicate a cardiac arrest or do not necessitate immediate AED use. Severe bleeding, chest pain, and known heart conditions may require medical attention but do not automatically trigger the same urgency for defibrillation and the use of an AED as when a patient is unresponsive and not breathing. Therefore, the distinction lies in the immediacy and critical nature of cardiac arrest as the correct scenario for AED utilization by EMTs.

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://ncoems.examzify.com>

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

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