

# Santa Clara Protocol Practice Exam (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

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- 1. Which information is crucial when reporting about hazardous materials on the radio?**
  - A. The weather forecast**
  - B. The chemical name and DOT reference number**
  - C. The number of patients involved**
  - D. The nature of the emergency response**
- 2. If a pediatric patient is diagnosed with pneumonia, what medication is recommended?**
  - A. Amoxicillin**
  - B. Albuterol if wheezes are present**
  - C. Azithromycin**
  - D. Prednisone**
- 3. How long should administrative orders remain effective according to Policy 109?**
  - A. Indefinitely**
  - B. Until reviewed**
  - C. Until repealed**
  - D. 6 months**
- 4. If there are questions regarding triage to a designated trauma center, what should be done?**
  - A. Contact the emergency medical technician**
  - B. Contact Base Hospital**
  - C. Consult a physician**
  - D. Notify the police**
- 5. Which position should a woman be placed in during an obstetrical emergency?**
  - A. Supine position**
  - B. Right lateral position**
  - C. Left lateral recumbent position**
  - D. Sitting upright**

- 6. Which assessment is important to ensure no distractions are present during a spinal injury assessment?**
- A. Assessing blood pressure**
  - B. Evaluating patient cooperation**
  - C. Checking for previous spinal injuries**
  - D. Asking about the patient's medical history**
- 7. What is the patient capacity for level 4 of the MPMP?**
- A. Up to 20 patients**
  - B. 101 to 1000 patients**
  - C. Over 1000 patients**
  - D. Up to 500 patients**
- 8. Who can initiate the Steady Alert in Santa Clara County?**
- A. County Communications**
  - B. EMS Duty Chief**
  - C. Chief 1 or 2**
  - D. All of the above**
- 9. Which type of ambulance is considered under the Exclusive Operating Area (EOA) as per Policy 110?**
- A. Voluntary ambulances**
  - B. Contracted ambulances**
  - C. Private ambulances**
  - D. All non-EOA ambulances**
- 10. What is a criterion for identifying an Adult MTV?**
- A. GCS less than 14**
  - B. Systolic BP less than 80**
  - C. Respirations less than 5**
  - D. Age over 65**

## **Answers**

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

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## **Explanations**

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**1. Which information is crucial when reporting about hazardous materials on the radio?**

- A. The weather forecast**
- B. The chemical name and DOT reference number**
- C. The number of patients involved**
- D. The nature of the emergency response**

When reporting about hazardous materials on the radio, the chemical name and DOT reference number are vital pieces of information. The chemical name provides clarity regarding the specific substance involved, which is essential for understanding its properties, potential hazards, and any safety measures required when handling it. The DOT reference number, assigned by the Department of Transportation, provides a standardized identifier that can help responders quickly access information about the material, including its classifications, safety data sheets, and emergency response guidelines. Having this detailed identification allows emergency response teams to take appropriate action, ensuring the safety of both responders and the public. This information is critical for assessing risks, evaluating the necessity of evacuations, and determining the resources required for effective containment and cleanup during a hazardous materials incident.

**2. If a pediatric patient is diagnosed with pneumonia, what medication is recommended?**

- A. Amoxicillin**
- B. Albuterol if wheezes are present**
- C. Azithromycin**
- D. Prednisone**

In the context of treating pneumonia in pediatric patients, the understanding of when to use specific medications is crucial. If a pediatric patient exhibits pneumonia symptoms along with wheezing, bronchodilators like Albuterol can be beneficial. Albuterol works by relaxing the muscles around the airways, making it easier for the patient to breathe. This is particularly relevant in cases where the pneumonia leads to bronchospasm or associated reactive airway disease. In cases of pneumonia without wheezing, the choice of antibiotics (like Amoxicillin or Azithromycin) would typically be more appropriate based on the suspected pathogens involved, such as *Streptococcus pneumoniae* or atypical bacteria respectively. Prednisone, being a corticosteroid, may not be routinely recommended as a first-line treatment for pneumonia unless there is significant inflammation or an exacerbation of an underlying condition such as asthma. Therefore, the recommendation for Albuterol is particularly relevant when wheezing is present, which indicates that bronchospasm is a significant component of the clinical picture in this pediatric patient.

**3. How long should administrative orders remain effective according to Policy 109?**

- A. Indefinitely**
- B. Until reviewed**
- C. Until repealed**
- D. 6 months**

Administrative orders should remain effective until they are repealed. This means that the authority granted by these orders continues until an official decision is made to withdraw or nullify them. This approach allows for stability and continuity in the implementation of policies or directives, ensuring that there is a consistent understanding of active orders. The notion of being effective until repealed emphasizes the importance of ongoing oversight and review, allowing organizations to adapt to changing circumstances while maintaining established protocols in the interim. This mechanism also ensures that only relevant and necessary orders remain in force, thus preventing outdated guidelines from causing confusion or inconsistency in operations.

**4. If there are questions regarding triage to a designated trauma center, what should be done?**

- A. Contact the emergency medical technician**
- B. Contact Base Hospital**
- C. Consult a physician**
- D. Notify the police**

When there are questions regarding triage to a designated trauma center, the appropriate action is to contact the Base Hospital. This facility serves as a critical resource for emergency medical personnel on the ground and offers guidance on patient triage decisions, particularly in complex or uncertain situations. The Base Hospital can provide the necessary protocols, support, and input from experienced medical professionals who can make informed recommendations about which trauma center is most suitable for a specific patient based on their medical condition and the capabilities of the receiving facilities. This ensures that patients receive optimized care tailored to their immediate health needs. While it might seem relevant to involve other options like emergency medical technicians, physicians, or law enforcement in various contexts, contacting the Base Hospital is specifically suited for addressing triage-related queries, aligning with established protocols in pre-hospital care. This ensures efficient communication and decision-making in critical situations.

**5. Which position should a woman be placed in during an obstetrical emergency?**

- A. Supine position**
- B. Right lateral position**
- C. Left lateral recumbent position**
- D. Sitting upright**

In an obstetrical emergency, the left lateral recumbent position is optimal for several important reasons. This position helps to maximize blood flow to both the mother and the fetus by reducing pressure on the inferior vena cava, a large vein that returns blood from the lower body to the heart. When a pregnant woman lies supine, especially in the later stages of pregnancy, the weight of the uterus can compress this vein, potentially leading to decreasing venous return and causing maternal hypotension, which can negatively impact fetal oxygen supply. Positioning a woman on her left side not only alleviates this pressure but also promotes better placental perfusion, allowing for increased oxygen and nutrient delivery to the fetus. Additionally, the left lateral position can help prevent the risk of aspiration should the woman require any emergency interventions. Overall, this position is recognized as the safest and most effective for both maternal and fetal health during emergencies in obstetric scenarios.

**6. Which assessment is important to ensure no distractions are present during a spinal injury assessment?**

- A. Assessing blood pressure**
- B. Evaluating patient cooperation**
- C. Checking for previous spinal injuries**
- D. Asking about the patient's medical history**

Evaluating patient cooperation is crucial during a spinal injury assessment to ensure no distractions are present. A cooperative patient is able to provide accurate responses and comply with instructions, which enables the healthcare provider to conduct a thorough and focused assessment. Distractions during this assessment could lead to inaccurate findings, which may compromise the treatment plan and patient safety. If the patient is uncooperative or experiencing anxiety or pain, it could divert attention away from the assessment itself, potentially missing essential signs or symptoms of a spinal injury. In this context, ensuring the patient is able to engage effectively allows for a clearer and more effective evaluation, thus prioritizing the clinical focus necessary for diagnosing and managing spinal injuries properly.

## **7. What is the patient capacity for level 4 of the MPMP?**

- A. Up to 20 patients**
- B. 101 to 1000 patients**
- C. Over 1000 patients**
- D. Up to 500 patients**

The patient capacity for level 4 of the MPMP (Mass Casualty Patient Management Plan) is designated as 101 to 1000 patients. This points to a framework for managing multiple patients efficiently during mass casualty incidents. Level 4 represents a significant scale of operation, where the healthcare facilities must be prepared to handle a substantial influx of patients while ensuring efficient triage, treatment, and resource allocation. Understanding this classification is crucial for health professionals and emergency responders, as it helps in planning for adequate staffing, equipment, and logistics needed to handle a large and potentially overwhelming number of casualties. The specified range of 101 to 1000 patients indicates the extensive preparatory measures and coordination required at this level, emphasizing the need for a robust response system to manage such situations effectively. This level of categorization also aids in determining the appropriate resources and capabilities needed in emergency response settings.

## **8. Who can initiate the Steady Alert in Santa Clara County?**

- A. County Communications**
- B. EMS Duty Chief**
- C. Chief 1 or 2**
- D. All of the above**

The Steady Alert can be initiated by the County Communications, the EMS Duty Chief, or Chief 1 or 2 in Santa Clara County. This means that there are multiple authorized roles that can trigger this protocol, reflecting a collaborative approach to handling emergency situations. Having multiple individuals who can initiate the Steady Alert ensures that there is flexibility and responsiveness, allowing for quicker decision-making in emergencies. It facilitates a system where these key personnel can assess incidents and respond according to their expertise and the situation at hand. This shared responsibility among various chiefs and communications allows for a broader understanding of the emergency landscape and enables those in power to coordinate more effectively in critical situations. The ability for all these roles to initiate the protocol underscores the importance of unified command and communication during emergencies, which is crucial for an effective response.

**9. Which type of ambulance is considered under the Exclusive Operating Area (EOA) as per Policy 110?**

- A. Voluntary ambulances**
- B. Contracted ambulances**
- C. Private ambulances**
- D. All non-EOA ambulances**

The classification of ambulances under the Exclusive Operating Area (EOA) as per Policy 110 specifically includes contracted ambulances. Contracted ambulances are those that have a formal agreement with a jurisdiction or organization to provide emergency medical services within a designated area. This contract typically stipulates that the ambulance service has exclusive rights to operate in that area, thus ensuring that they are held to particular standards and protocols that benefit the community. In contrast, voluntary ambulances may not have formal agreements tied to exclusive service areas and can operate more sporadically. Private ambulances, while potentially serving the community, do not necessarily hold EOA status unless they have a specific contract that grants them exclusivity. The option regarding all non-EOA ambulances is too broad and does not accurately represent the criteria established for the EOA under Policy 110. By understanding the distinctions among these types of ambulances, it becomes clear why contracted ambulances are the correct choice for being classified under the Exclusive Operating Area.

**10. What is a criterion for identifying an Adult MTV?**

- A. GCS less than 14**
- B. Systolic BP less than 80**
- C. Respirations less than 5**
- D. Age over 65**

Identifying an Adult Major Trauma Victim (MTV) is crucial for ensuring timely and appropriate medical intervention. One of the established criteria for this identification is a Glasgow Coma Scale (GCS) score of less than 14. The GCS is a neurological scale used to assess a person's level of consciousness after a brain injury. A score of less than 14 indicates a diminished level of alertness and cognitive function, which suggests a significant injury that may require advanced medical evaluation and treatment. It reflects the potential for severe head trauma or other critical conditions affecting the brain's function. While low systolic blood pressure, decreased respiratory rate, and age can also be relevant in assessing trauma severity, they do not specifically focus on neurological status as the GCS does. Systolic blood pressure less than 80 may indicate shock but does not alone determine neurological impairment. Similarly, respirations less than 5 may indicate severe respiratory distress or failure, but again, it does not directly correlate with a head injury. Age over 65 can be a factor in overall vulnerability, but it does not inherently indicate a trauma severity criterion. The focus on GCS as a criterion highlights its significance in assessing consciousness level and brain function in trauma settings.