ANSWER KEY
EMERGENCY MEDICAL RESPONDER TRAINING
STUDY GUIDE
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How to use this Study Guide

Welcome to your Canadian Red Cross Emergency Medical Responder program. Thank-you for choosing Frontline First Aid & Emergency Training.

Completing this Study Guide will help ensure you arrive to your course prepared for success. You will enjoy and get more out of your in-class sessions if you are familiar with all the relevant information and resources available to you.

When you should complete the Study Guide

Ideally, you should have this entire Study Guide completed before the first in-class session of your EMR course.

If that is not possible, you can use the schedule below to see which specific sections of this Study Guide are of particular relevance during each in-class session.

It is not recommended to wait until the night before each session to begin the appropriate Study Guide sections, as the amount of time required to complete those sections will be more than a single evening.

Classroom Session 1
- Study Guide sections AA, 1, 2, 3, 4, 5, 8, 19, and 20

Classroom Session 2
- All previous Study Guide sections
- Study Guide sections DD, 6, 7, and 22

Classroom Session 3
- All previous Study Guide sections
- Study Guide sections 9, 10, 11, and 12

Classroom Session 4
- All previous Study Guide sections
- Study Guide sections 13, and 16

Classroom Session 5
- All previous Study Guide sections
- Study Guide sections 14, 18 and 21

Classroom Session 6 and onwards
- All previous Study Guide sections
- Study Guide sections BB, CC, 15, 17, 23, and 24
What you need to complete the Study Guide

The Downloads, Links and Resources section provides you with links to all the information, documents, and web-based resources you will need to complete the Study Guide.

Most of them can be downloaded and/printed as you require, but some are web-based only, and must be accessed through the internet. Links to these resources are also provided next to each individual question throughout the Study Guide.

The following resources are provided in printed format, with your course registration, and can be accessed electronically:

- Emergency Care for Professional Responders
- EMR Cheat Sheet
- EMR Licensing Process
- Naloxone Quick Reference
- EMR Study Guide
- EMR Course Outline

The Study Guide answer key is available to you any time, through the Downloads, Links and Resources section. However, you should only use the answer key to verify the answers you’ve already found, or to assist you in finding the answer to a particularly tricky question.
Downloads, Links and Resources

Printable Resources

Emergency Care for Professional Responders reference text
  • www.frontlinefirstaid.ca/professional-responder-manual.html

EMR Cheat Sheet
  • www.frontlinefirstaid.ca/emr-cheat-sheet.html

EMR Licensing Process
  • www.frontlinefirstaid.ca/emr-licensing-process.html

BCEHS Treatment Guidelines
  • www.frontlinefirstaid.ca/bc-ehs-treatment-guidelines.html

EMR Study Guide
  • www.frontlinefirstaid.ca/emr-study-guide.html

EMR Study Guide Answer Key
  • www.frontlinefirstaid.ca/answer-key-emr-study-guide.html

Equipment Familiarization Booklet
  • www.frontlinefirstaid.ca/medical-responder-equipment.html

Kendrick Extrication device manual
  • www.frontlinefirstaid.ca/kendrick-extrication-device-manual.html

Lund and Browder Burn Chart
  • www.frontlinefirstaid.ca/lund-and-browder-burn-chart.html

DNR Order
  • www.frontlinefirstaid.ca/dnr-order.html

EMACCS User Guide
  • www.frontlinefirstaid.ca/bc-emalb-emaccs.html

EMALB Practical Exam Schedule
  • www.frontlinefirstaid.ca/emalb-emr-practical-evaluation-schedule.html

Advance Directives Bulletin
  • www.frontlinefirstaid.ca/advance-medical-directives.html

Patient Care Report (Licensing)
  • www.frontlinefirstaid.ca/emalb-patient-care-report.html

Sager Traction Splint User Manual
  • www.frontlinefirstaid.ca/sager-traction-splint-manual.html

Naloxone quick reference
  • www.frontlinefirstaid.ca/naloxone-quick-reference.html
Web-based Resources

**Emergency Medical Health Assistant’s Regulation**

**Emergency Health Services Regulation**
- [www.frontlinefirstaid.ca/emergency-health-services-regulation.html](http://www.frontlinefirstaid.ca/emergency-health-services-regulation.html)

**Emergency Health Services Act**
- [www.frontlinefirstaid.ca/emergency-health-services-act.html](http://www.frontlinefirstaid.ca/emergency-health-services-act.html)

**NOCP (National Occupational Competency Profiles)**
- [www.frontlinefirstaid.ca/nocp.html](http://www.frontlinefirstaid.ca/nocp.html)

**BC Gunshot and Stab Wound Disclosure Requirements**

**Gunshot and Stab wound disclosure act**

**Coroner’s Act**
- [www.frontlinefirstaid.ca/coroners-act.html](http://www.frontlinefirstaid.ca/coroners-act.html)

**Mental Health Act**
- [www.frontlinefirstaid.ca/mental-health-act.html](http://www.frontlinefirstaid.ca/mental-health-act.html)

**Good Samaritan Act**
- [www.frontlinefirstaid.ca/good-samaritan-act.html](http://www.frontlinefirstaid.ca/good-samaritan-act.html)

**BC EMALB Website**
- [www.frontlinefirstaid.ca/bc-emalb-website.html](http://www.frontlinefirstaid.ca/bc-emalb-website.html)

**Applicant Guide to BC Jurisprudence Exam**
- [www.frontlinefirstaid.ca/bc-emalb-jurisprudence-exams](http://www.frontlinefirstaid.ca/bc-emalb-jurisprudence-exams)

**EMALB Application for Licence**
- [www.frontlinefirstaid.ca/emalb-licence-application.html](http://www.frontlinefirstaid.ca/emalb-licence-application.html)

**BCeID Profile Platform**
- [www.frontlinefirstaid.ca/bceid.html](http://www.frontlinefirstaid.ca/bceid.html)
Section AA: Manual Corrections

AA-1. (based on Emergency Care for Professional Responders)
Page 87 of the Emergency Care for Professional Responders states:

- **Pulse Oximetry should be taken and recorded with vital signs at least every 15 minutes for stable patients, and reassessed and recorded every 5 for unstable patients.**

Page 92 of the Emergency Care for Professional Responders states...

- **Vital signs should be reassessed and recorded every 5 minutes for unstable patients and every 30 minutes for stable patients**

Clarification...
For purposes of your Canadian Red Cross training and testing, you will check Vital Signs every 15 minutes for stable patients, and every 5 minutes for unstable patients.

I understand the nature of this clarification to the print error identified above

A. True
B. False

AA-2. (based on Emergency Care for Professional Responders)
Page 131 of the Emergency Care for Professional Responders states:

- **Even after inserting an adjunct, you must continue to monitor the patient’s respiration and use manual techniques such as the head-tilt/chin-lift to maintain airway patency.**

Clarification...
You must continuously monitor the patient’s airway and respiration, however you only need to maintain manual techniques such as the head-tilt/chin-lift on an ongoing basis **if** the patient's airway becomes compromised when you release them.

I understand the nature of this clarification to the print error identified above

A. True
B. False

AA-3. (based on Emergency Care for Professional Responders)
The CPR charts on pages 152 and 161 of the Emergency Care Manual incorrectly list 30:1 as the required Compression to Ventilation ratio for a single rescuer performing CPR on a Neonatal patient.

Clarification...
The correct Compression to Ventilation ratio when a single rescuer is performing CPR on a Neonatal patient is **3:1 (three compressions to one ventilation).**
This is the same ratio required for multiple rescuers performing CPR on a Neonatal patient.

I understand the nature of this clarification to the print error identified above

A. True
B. False
Section BB: Certification & Licensing

BB-1. (based on the **EMR Licensing Process**)  
How long do you have from the time your EMR Certificate is issued to complete BC EMALB EMR License Evaluations?

A. 6 months  
B. 1 Year  
C. 3 Years  
D. 5 years

BB-2. (based on the **EMR Licensing Process**)  
In what format will you receive your Canadian Red Cross EMR Certificate?

A. Wallet card sent in the mail  
B. Wallet card and Wall Certificate sent in the mail  
C. A PDF file attached to an email sent by Frontline  
D. A PDF file attached to an email sent by EMALB

BB-3. (based on the **EMR Licensing Process**)  
Who issues your EMR License in BC?

A. BC EMALB  
B. Paramedic Association of Canada  
C. Canadian Red Cross  
D. BCAS

BB-4. (based on the **EMR Licensing Process**)  
What does BC EMALB accept as proof of EMR Certification?

A. A photocopy of your Certificate mailed to BC EMALB  
B. A photocopy of your Certificate hand delivered to BC EMALB  
C. A PDF copy of your Certificate that you email to BC EMALB  
D. A PDF copy of your Certificate emailed to BC EMALB directly from Canadian Red Cross

BB-5. (based on the **EMR Licensing Process**)  
Who is responsible for all post-course Licensing arrangements with BC EMALB?

A. BC EMALB  
B. Canadian Red Cross  
C. Frontline First Aid  
D. You
BB-6. (based on the **EMR Licensing Process**)
How do you arrange for the Canadian Red Cross to send BC EMALB a copy of your Certificate?

A. Call 1-877-356-3226  
B. Email emrbc@redcross.ca  
C. Call 250-470-0205  
D. Email training@frontlinefirstaid.ca

BB-7. (based on the **EMR Licensing Process**)
How long after the completion of your course will you be submitted to the Canadian Red Cross?

A. Within 24 hours  
B. Within 2 days  
C. Within 10 days  
D. Within 6 months
Section CC: BC EMALB

CC-1. (based on the BC EMALB Website)
The BC Emergency Medical Assistants Licensing Board ________________.

A. Is responsible for examining, registering and Licensing all EMAs in BC
B. Sets License Terms and Conditions
C. Investigates complaints and conducts hearings
D. All of the above

CC-2. (based on the NOCP)
What are the primary purposes of the National Occupational Competency Profiles, as established by the Paramedic Association of Canada?

A. Examination, registration and licensing of all EMAs in BC
B. Set licence terms and conditions
C. To promote national consistency in paramedic training and practice
D. All of the above

CC-3. (based on the BC EMALB Website)
Which of the following is a common category of complaint to the BC EMALB?

A. A paramedic or first responder has incompetently carried out their duties
B. A paramedic or first responder has breached the terms and conditions of their licence
C. A paramedic or first responder has a health ailment, impairing his/her ability to practice safely
D. All of the above

CC-4. (based on the Good Samaritan Act)
Who is at risk of being named a party in a legal action?

A. Only Medical Supervisors/Medical Directors
B. Only BC EMALB Staff
C. Only the Employer
D. All persons employed expressly to render medical services or aid

CC-5. (based on the Emergency Health Services Act)
Which of the following is NOT an action the Emergency Medical Assistants Licensing Board can take when it finds that an EMA has incompetently carried out their duties?

A. Impose conditions on the person’s licence
B. Revoke the licence
C. Sue the EMA for damages
D. Bar the person from being licensed under the Act for a period of time the board considers appropriate
CC-6. (based on the Emergency Health Services Act)
“First Aid or other health care provided in circumstances in which it is necessary to provide the first aid or other health care without delay in order to preserve an individual’s life prevent or alleviate serious physical or mental harm, or alleviate severe pain”

The above statement is the definition of ______________ according to the Emergency Health Services Act.

A. Ambulance Service
B. Emergency Health Services
C. First Aid Provider
D. Emergency Medical Assistance

CC-7. (based on the Emergency Medical Assistant’s Regulation)
An Emergency Medical Assistant in BC must notify the EMALB within __________ days of legally changing their name or address.

A. 90
B. 60
C. 30
D. 7

CC-8. (based on the Emergency Health Services Regulation)
What is BC EMALB’s fee for initial EMR Licensing, if both Written and Practical evaluations are required?

A. $450
B. $50
C. $550
D. $500

CC-9. (based on the BC EMALB Website)
In special circumstances, the EMALB may extend the licence of an EMA for up to 60 days, on one occasion, provided the following requirement(s) has/have been met.

A. Special circumstances exist
B. The request is made before the licence expires
C. The EMA has continuously maintained a licence throughout the past 5 years
D. Both A and B

CC-10. (based on the Advance Directives Bulletin)
If an EMA is presented with both a DNR/No CPR order and an Advance Directive, both of which have the same date for the same patient, which document prevails?

A. The DNR/No CPR order
B. The Advance Directive
C. They cancel each other out
D. They cannot both exist at the same time
CC-11. (based on the Gunshot and Stab Wound Disclosure Requirements)
Who is expected to determine whether a wound is criminal in nature?

A. Emergency Medical Assistants  
B. Police and other components of the criminal justice system  
C. First Responders  
D. All of the above

CC-12. (based on the Gunshot and Stab Wound Disclosure Act)
Gunshot and Stab Wound legislation is not intended to capture stab wounds that have been ____________.

A. Determined to have been accidental or self-inflicted  
B. Treated on scene without the need for hospital transport  
C. Already documented by WorkSafe BC  
D. All of the above

CC-13. (based on the Emergency Medical Assistant’s Regulation)
According to ______________, an EMA must report any incompetent, illegal or unethical conduct they witness being perpetrated by another EMA.

A. WorkSafe BC  
B. The Paramedic Association of Canada  
C. The EMR Code of Ethics  
D. The Fundamental Principles of the Red Cross

CC-14. (based on the Emergency Medical Assistant’s Regulation)
An EMA is obligated to assume responsibility for personal and professional development, and maintain professional standards through training and peer mentoring.

A. True  
B. False

CC-15. (based on the BC EMALB Website)
If a complaint is filed with the EMALB against an Emergency Medical Assistant, the EMA will be notified of the complaint by ________________.

A. An email from the complainant  
B. A phone call from the Employer  
C. A letter from the EMALB  
D. A letter from the PAC

CC-16. (based on the BC EMALB Website)
A representative appointed by an EMA during the complaint process is NOT permitted to:

A. Provide advice to the EMA  
B. Participate in a complaint investigation hearing  
C. Speak on the EMA’s behalf  
D. Do any of the above
CC-17. (based on the Coroner’s Act)
Preservation of Evidence at a scene is governed by the ________________.

A. Emergency Health Services Act  
B. Good Samaritan Act  
C. Gunshot and Stab Wound Disclosure Act  
D. Coroner’s Act

CC-18. (based on the Emergency Health Services Act)
Disciplinary actions imposed by the EMALB may be appealed through the ____________ within 30 days of the date of the determination of the disciplinary action.

A. BC Paramedics Union  
B. Supreme Court  
C. Interior Health Authority  
D. BC Provincial Court

CC-19. (based on the Mental Health Act)
According to the Mental Health Act, a ________________ may apprehend and immediately take a person to a physician for examination if satisfied from personal observations, or information received, that the person is acting in a manner likely to endanger that person’s own safety or the safety of others, and is apparently a person with a mental disorder.

A. Police officer or constable  
B. First Aid Attendant  
C. Licensed EMA  
D. All of the above

CC-20. (based on the EMR Cheat Sheet)
______________ is a provider of Hazardous Materials response support for emergency responders in BC.

A. BCAS  
B. EPOS  
C. CHEMTREC  
D. HAZMAT

CC-21. (based on the EMR Cheat Sheet)
MSDS is an acronym for ____________________________

A. Mental Suitability Determination Scale  
B. Medical Service Delivery System  
C. Make the Scene Definitely Safe  
D. Material Safety Data Sheet
Section DD: BCEHS Treatment Guidelines

DD-1. (based on the BCEHS Treatment Guidelines)
Whenever the BCEHS Treatment Guidelines contradict or supplement the information provided in the Canadian Red Cross Emergency Care for Professional Responders text book, you should follow the __________________ as an EMR Licensed in British Columbia.

A. Canadian Red Cross Emergency Care for Professional Responders text book  
B. The PAC NOCP  
C. The BCEHS Treatment Guidelines  
D. ILCOR Guidelines

DD-2. (based on the BCEHS Treatment Guidelines)
According to page 250 of the Canadian Red Cross Emergency Care Manual, a Capillary Blood Glucose Level of ______ mmol/L or higher constitutes Hyperglycaemia.

However, local BCEHS Treatment Guidelines indicate that a Capillary Blood Glucose Level of ______ or higher constitutes Hyperglycaemia.

A. 11, 8  
B. 8, 11  
C. 90, 100  
D. 100, 90

DD-3. (based on the BCEHS Treatment Guidelines)
According to the BCEHS Treatment Guidelines, a Systolic Blood Pressure of at least ______ mmHg is necessary to safely administer Nitroglycerin to a patient with a previous prescription for Nitroglycerin.

However, the BCEHS Treatment Guidelines also indicate that a Systolic Blood Pressure of at least ______ mmHg is necessary to safely administer Nitroglycerin to a patient who does not have a previous prescription (preceded by obtaining permission from CliniCall)

A. 90, 100  
B. 100, 90  
C. 120, 110  
D. 80, 90

DD-4. (based on the BCEHS Treatment Guidelines)
The Canadian Red Cross Emergency Care Manual stipulates that medical responders must wait 5 minutes between doses (q 5), when administering Nitroglycerin.

However, local BCEHS Treatment Guidelines indicate that Nitroglycerin can be administered every 3-5 minutes (q 3-5), when appropriate.

A. True  
B. False
DD-5. (based on the BCEHS Treatment Guidelines)
BCEHS Treatment Guidelines state that on-scene cooling of thermal burns should take no longer than ___

A. 30-60 seconds  
B. 3-5 minutes  
C. 1-2 minutes  
D. 10-20 minutes

DD-6. (based on the BCEHS Treatment Guidelines)
Emergency Medical Responders in BC can be Licensed through BC EMALB to administer…

A. Oxygen, Glucose, Nitroglycerin, ASA, Entonox, Salbutamol, Epinephrine and Insulin  
B. Oxygen, Glucose, Nitroglycerin, ASA, Entonox, Penthrox and Naloxone  
C. Oxygen, Glucose, Nitroglycerin, ASA, Entonox, Penthrox, Salbutamol, and Epinephrine  
D. Oxygen, Glucose, Nitroglycerin, ASA, Entonox, Naloxone, and Salbutamol

DD-7. (based on the BCEHS Treatment Guidelines)
What amount of Naloxone is recommended for an adult on the 1st dose?

A. 0.4 mg  
B. 2.0 mg  
C. 0.2 mg  
D. 0.8 mg

DD-8. (based on the BCEHS Treatment Guidelines)
What amount of Naloxone is recommended for an adult on the 3rd dose?

A. 0.4 mg  
B. 2.0 mg  
C. 0.2 mg  
D. 0.8 mg

DD-9. (based on the BCEHS Treatment Guidelines)
Which of the following medications does NOT require the collection of a full set of Vital Signs before administration?

A. Nitroglycerin  
B. Naloxone  
C. ASA  
D. Glucogel

DD-10. (based on the BCEHS Treatment Guidelines)
Emergency Medical Responders in British Columbia should assess the pulse of a patient in suspected Hypothermia for no more than ________ before beginning CPR-AED protocols.

A. 60 seconds  
B. 10 seconds  
C. 30 seconds  
D. 45 seconds
DD-11. (based on the BCEHS Treatment Guidelines)  
What guidelines should Emergency Medical Responders in BC apply, when making decisions about Spinal Motion Restriction (SMR)?

A. Canadian C-Spine Rules  
B. Canadian SMR Rules  
C. VORTEX  
D. NEXUS

DD-12. (based on the BCEHS Treatment Guidelines)  
The two main levels of Spinal Motion Restriction measures include ______ SMR and ______ SMR.

A. Full, Simple  
B. Complete, Partial  
C. NEXUS, Modified NEXUS  
D. C-Spine, V-Spine

DD-13. (based on the BCEHS Treatment Guidelines)  
Treatment of an open chest wound should include ____________________________.

A. Entonox  
B. Non-Occlusive Dressing  
C. Vented-Occlusive Dressing  
D. Penthrox

DD-14. (based on the BCEHS Treatment Guidelines)  
When presented with an injury including gross deformity of a limb, treatment should include a single attempt to realign the limb with inline traction if _______________ or _______________.

A. Distal circulation is compromised, Transport is compromised  
B. Definitive care is more than 30 minutes away, the fracture is in the mid-third of the femur  
C. The patient complains of pain, there is extreme crepitus during assessment  
D. There is shortening of the limb, Entonox has been administered
Section 1: The Professional Responder

1-1. (based on Emergency Care for Professional Responders)
Which of the following identifies the 4 PAC levels of Pre-Hospital Care training?

A. EMR, EMT, PCP, ACP  
B. EMT, PCP, CCP, PHD  
C. EMR, PCP, ACP, CCP (page 10)  
D. EMS, PCP, EMR, ACP

1-2. (based on Emergency Care for Professional Responders)
Which of the following statements most accurately reflects the role of a Medical Director?

A. Provides alternative means to manage patients who do not require transport to a general acute care hospital emergency department  
B. Responds with Licensed EMRs to directly support patient care in the field  
C. Directs bystanders, traffic and incoming resources during an emergency response  
D. Provides guidance and medical oversight for all emergency care provided by EMS personnel (page 11)

1-3. (based on Emergency Care for Professional Responders)
If your Medical Director gives you orders for patient care, you should...

A. Repeat the orders back to verify them  
B. Make sure you understand all of the orders and advice the physician provides  
C. Ask the physician for clarification if you have any questions  
D. All of the above (page 12)

1-4. (based on: Emergency Care for Professional Responders)
Which statement most accurately describes Direct or Online Medical Control?

A. Performance of pre-hospital care skills that can only be delegated by a physician (page 12)  
B. Performance of pre-hospital care skills performed directly by responders, after browsing an online database of protocols  
C. Performance of Standing Orders or Medical Control Protocols  
D. Performance of skills directly within the licensing scope of the responder

1-5. (based on: Emergency Care for Professional Responders)
Standing Orders or Medical Control Protocols (MCPs) pertain to ________________.

A. Medical Oversight  
B. Offline Medical Control  
C. Indirect Medical Control  
D. All of the above (page 12)
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1-6. (based on: Emergency Care for Professional Responders)
Standing Orders or Medical Control Protocols (MCPs) involve _____________.

A. Education
B. Protocol Review
C. Continuous improvement in the quality of care and treatments
D. All of the above (page 12)

1-7. (based on: Emergency Care for Professional Responders)
Which of the following forms part of your 7 primary responsibilities?

A. Determine the legal liabilities of all parties involved
B. Provide a clinical field diagnosis precisely identifying the exact injuries and medical conditions involved
C. Ensure your own safety (page 14)
D. All of the above

1-8. (based on: Emergency Care for Professional Responders)
Self Care is important _________________.

A. Primarily at the start of your career
B. At all stages of your career (page 16)
C. Primarily towards the end of your career
D. Only when you start to feel the effects of the events you’ve been involved with

1-9. (based on: Emergency Care for Professional Responders)
Critical Incident Stress _________________.

A. Is sign that you may not suited to emergency service
B. Primarily affects bystanders and civilians
C. Is a natural emotional reaction (page 17)
D. All of the above

1-10. (based on: Emergency Care for Professional Responders)
Duty Act applies to you _________________.

A. As soon as you receive your Certificate
B. When you are on duty (page 17)
C. As soon as you receive your License
D. All of the above

1-11. (based on: Emergency Care for Professional Responders)
Scope of Practice _________________.

A. May differ by region (page 18)
B. Only includes the skills you’ve practiced in your Certification training course
C. Includes every skill outlined in the Emergency Care for Professional Responders manual
D. Ensures the same skills are performed in every Province and Territory throughout Canada
1-12. (based on: Emergency Care for Professional Responders)
The principle of Implied Consent applies…

A. When the patient refuses care
B. When the law assumes the person would grant consent for care if they were able (page 19)
C. Only to bystanders providing first aid assistance
D. Whenever you respond to an emergency incident

1-13. (based on: Emergency Care for Professional Responders)
The age at which someone is old enough to give or refuse informed consent is...

A. 11
B. 19
C. 21
D. Undefined (page 19)

1-14. (based on: Emergency Care for Professional Responders)
In regards to patient consent, Competence refers to...

A. A person`s belief in the responder`s capabilities
B. The medical responder`s mental and physical condition at the time they are performing their duties
C. A person`s ability to understand the responders questions and understand the implications of decisions (page 20)
D. The medical responder`s skill level

1-15. (based on: Emergency Care for Professional Responders)
The Good Samaritan Act protects professional responders while they are on duty.

A. True
B. False (page 20)

1-16. (based on: Emergency Care for Professional Responders)
The Good Samaritan Act protects you from legal liability as long as you...

A. Act in Good Faith
B. Are not negligent
C. Act within the scope of your training
D. All of the above (page 20)

1-17. (based on: Emergency Care for Professional Responders)
Transfer of care may take place ________________.

A. At the scene
B. During Transport
C. At the receiving medical care facility
D. All of the above (page 21)
1-18. (based on: Emergency Care for Professional Responders)
The four main reasons for documentation are ____________________.

A. Administrative, Financial, Quantitative, Accreditation
B. Legal, Ethical, Technical, Practical
C. Medical, Legal, Administrative, Research (page 22)
D. Written, Electronic, Verbal, Clinical

1-19. (based on: Emergency Care for Professional Responders)
Regardless of the specific method (i.e., Radio, Phone, In-Person), clear and accurate communication with other EMS personnel is important because ____________________.

A. You might look foolish if you make a mistake “on air”
B. Ineffective communication could result in harm to the patient in your care (page 24)
C. The CRTC strictly monitors medical communications for accuracy
D. All of the above

1-20. (based on: Emergency Care for Professional Responders)
The Prefix “Hyper” is usually means ________________.

A. Arterial
B. Slow, Dull
C. Excessive, above, over, beyond (page 25)
D. Fast, swift, rapid, accelerated

1-21. (based on: Emergency Care for Professional Responders)
The Prefix “Brady” usually means ________________.

A. Arterial
B. Slow, Dull (page 25)
C. Excessive, above, over, beyond
D. Fast, swift, rapid, accelerated

1-22. (based on: Emergency Care for Professional Responders)
The combining form “Vas/o” usually means ________________.

A. Nerve, neural
B. Duct, vessel, vascular (page 25)
C. Heart, cardiac
D. Blood

1-23. (based on: Emergency Care for Professional Responders)
The combining form “Cardi/o” usually means ________________.

A. Nerve, neural
B. Duct, vessel, vascular
C. Heart, cardiac (page 25)
D. Blood
1-24. (based on: Emergency Care for Professional Responders)
Which of the following best describes an Advance Directive?

A. A specific medical procedure that professional responders are authorized to perform
B. Information received by professional responders, pertaining to response location and nature
C. Documented instructions which capture a person’s wishes concerning healthcare decisions (page 20)
D. Instructions directed to incoming EHS personnel by the responders already on scene
Section 2: Responding to the Call

2-1. (based on: *Emergency Care for Professional Responders*)
Psychological Preparation may ________________.

A. Get you used to all the things you will see as a professional responder
B. Control your reactions (page 29)
C. Eliminate the possibility of developing critical incident stress
D. All of the above

2-2. (based on: *Emergency Care for Professional Responders*)
Your first priority is always ________________.

A. Safety of others
B. Crime scene preservation
C. Personal safety (page 30)
D. All of the above

2-3. (based on: *Emergency Care for Professional Responders*)
When providing care in a suspected crime scene ________________.

A. Minimize introduction of foreign objects (page 31)
B. Crime scene preservation takes precedence over patient care
C. You may need to subdue and restrain the assailant
D. Firearms should be moved by placing a pen or pencil into the barrel

2-4. (based on: *Emergency Care for Professional Responders*)
Professional Responders are always permitted to physically restrain a suicidal person.

A. True
B. False (page 31)

2-5. (based on: *Emergency Care for Professional Responders*)
Which of the following is not one of the 16 information categories contained in an SDS?

A. Stability and reactivity
B. First Aid Measures
C. Alkalinity balancing (pages 32-33)
D. Ecological information

2-6. (based on: *Emergency Care for Professional Responders*)
What is the most common danger emergency personnel will encounter when responding to a Motor Vehicle Collision (MVC)?

A. Downed Electrical Lines
B. Traffic (page 33)
C. Sharp pieces of metal or glass
D. Electrical discharge from Hybrid batteries
Section 3: Infection Prevention and Control

3-1. (based on: Emergency Care for Professional Responders) Syphilis, and Gonorrhea are examples of ________________.

A. Viruses
B. Bacteria (page 38)
C. Ricksettia
D. Parasitic Worms

3-2. (based on: Emergency Care for Professional Responders) Typhus and Rocky Mountain Fever are examples of ________________.

A. Viruses
B. Bacteria
C. Ricksettia (page 38)
D. Parasitic Worms

3-3. (based on: Emergency Care for Professional Responders) What four factors must coincide for an infection to occur?

A. Direct Contact, Indirect Contact, Airborne Transmission, Vector-Borne Transmission
B. PPE, Personal Hygiene, Disinfecting Equipment, Occupational Procedures
C. Disposable Gloves, Gown, Mask, Protective Eyewear
D. Pathogen, Susceptibility, Quantity, Entry Site (page 39)

3-4. (based on: Emergency Care for Professional Responders) Vaccinations are available and recommended for which of the following diseases?

A. Hepatitis C
B. Hepatitis B (page 45)
C. Meningitis
D. All of the above

3-5. (based on: Emergency Care for Professional Responders) What basic infection-control precautions should you follow every time you provide care?

A. Direct Contact, Indirect Contact, Airborne Transmission, Vector-Borne Transmission
B. PPE, Personal Hygiene, Disinfecting Equipment, Occupational Procedures (page 45)
C. Disposable Gloves, Gown, Mask, Protective Eyewear
D. Pathogen, Susceptibility, Quantity, Entry Site
3-6. (based on the EMR Cheat Sheet)
BSI is an acronym for __________________________.

A. Breathe Smell Ingest  
B. Body Substance Isolation  
C. Back & Spine Immobilization  
D. Biological Stimulus Imbalance

3-7. (based on the EMR Cheat Sheet)
Also known as the “Inner Perimeter, the ___________ is typically where Hazmat decontamination procedures take place.

A. Hot Zone  
B. Decon Zone  
C. Exposure Zone  
D. Warm Zone

3-8. (based on the EMR Cheat Sheet)
A ___________ is a diamond shaped sign that identifies dangerous goods on large containers and vehicles.

A. MSDS  
B. Red Flag  
C. Vehicle Placard  
D. HazMat Plate
Section 4: Anatomy and Physiology

4-1. (based on: Emergency Care for Professional Responders)
The Wrist is ___________ compared to the Elbow.

A. Medial
B. Proximal
C. Lateral
D. Distal (page 54)

4-2. (based on: Emergency Care for Professional Responders)
The Chest is ___________ compared to the Abdomen

A. Medial
B. Ventral
C. Superior (page 54)
D. Proximal

4-3. (based on: Emergency Care for Professional Responders)
The Knee is ___________ compared to the Ankle

A. Proximal (page 54)
B. Ventral
C. Distal
D. Inferior

4-4. (based on: Emergency Care for Professional Responders)
The gallbladder is located in the _______________ quadrant of the abdomen.

A. Upper Left
B. Lower Left
C. Lower Right
D. Upper Right (page 55)

4-5. (based on: Emergency Care for Professional Responders)
The _______________ separates the Thoracic cavity and the Abdominal Cavity

A. Vena Cava
B. Abdominal Aortic Arch
C. Spinal Cord
D. Diaphragm (page 56)

4-6. (based on: Emergency Care for Professional Responders)
The _______________ extends from the bottom of the skull to the lower back.

A. Cranial cavity
B. Spinal cavity (page 56)
C. Thoracic cavity
D. Abdominal cavity
4-7. (based on: Emergency Care for Professional Responders)
Cells combine to form __________, which in turn make up organs.

A. Tissues (page 57)
B. Molecules
C. Body Systems
D. Cavities

4-8. (based on: Emergency Care for Professional Responders)
Bronchioles eventually terminate in millions of tiny air sacs called ____________.

A. Ravioli
B. Arterioles
C. Alveoli (page 57)
D. Capillaries

4-9. (based on: Emergency Care for Professional Responders)
Cells combine to form __________, which in turn make up organs.

A. Networks
B. Tissues (page 57)
C. Mitochondria
D. Follicles

4-10. (based on: Emergency Care for Professional Responders)
The ________ is the control center for respiration.

A. Brain (page 58)
B. Lung
C. Diaphragm
D. Bronchiole

4-11. (based on: Emergency Care for Professional Responders)
__________ can present as a snorting, gurgling, moaning or gasping sound, a gaping mouth, or laboured breathing.

A. COPD
B. Bronchitis
C. Agonal Respirations (page 59)
D. Respiratory Arrest

4-12. (based on: Emergency Care for Professional Responders)
The two upper chambers of the heart are called __________, and receive blood which is then passed down to the muscular pumping chambers called ____________.

A. Lymph Nodes, Atria
B. Atria, Ventricles (page 58)
C. Ventricles, Aorta
D. Aorta, Atria
4-13. (based on: *Emergency Care for Professional Responders*)
Blood is pumped from the ____________ and carried to the lungs.

A. Left Atrium
B. Left Ventricle
C. Right Atrium
D. Right Ventricle (page 60)

4-14. (based on: *Emergency Care for Professional Responders*)
Oxygenated blood enters the ____________, returning from the lungs through the Pulmonary Vein.

A. Left Atrium (page 60)
B. Left Ventricle
C. Right Atrium
D. Right Ventricle

4-15. (based on: *Emergency Care for Professional Responders*)
The normal point of origin for the heart’s electrical impulse is the ____________, which is situated in the upper part of the heart’s right atrium.

A. AV Node
B. SA Node (page 60)
C. AC Node
D. DC Node

4-16. (based on: *Emergency Care for Professional Responders*)
The normal conduction of electrical impulses in the heart, without any disturbances is called ____________ rhythm.

A. Cardiac
B. Atrial
C. Sinus (page 61)
D. Fibrillation

4-17. (based on: *Emergency Care for Professional Responders*)
Red blood cells carry ____________ away from the cells, so it can be exhaled.

A. Carbon Monoxide
B. Bicarbonate
C. Nitrous Oxide
D. Carbon Dioxide (page 61)

4-18. (based on: *Emergency Care for Professional Responders*)
Which of the following is NOT one of the interrelated functions performed by the Lymphatic System?

A. Removal of excess fluids
B. Exchange of oxygen and carbon dioxide (page 62)
C. Absorption of fatty acids and transport of fat to the circulatory system
D. Formation of white blood cells and initiation of immunity through formation of antibodies
4-19. (based on: Emergency Care for Professional Responders)
The immune system is a network of __________, __________, and __________ that identify and destroy harmful foreign substances in the body.

A. Vessels, nerves, platelets  
B. Organs, cells, proteins (page 62)  
C. Nerves, platelets, hormones  
D. Brain, heart, lungs

4-20. (based on: Emergency Care for Professional Responders)
The body’s innate defences include __________ and __________ barriers that prevent pathogens from entering or establishing themselves in the body.

A. Physical, psychological  
B. Chemical, mental  
C. Pharmaceutical, hormonal  
D. Physical, chemical (page 63)

4-21. (based on: Emergency Care for Professional Responders)
____________ is characterized by swelling, redness, heat, pain, and dysfunction of any organ involved.

A. Inflammation (page 63)  
B. Infection  
C. Integration  
D. Ingratiation

4-22. (based on: Emergency Care for ProfessionalResponders)
Two specialized forms of White Blood Cell (WBC) called lymphocytes are called ___________ cells, and ___________ cells.

A. B, T (page 63)  
B. C, A  
C. T, B  
D. A, T

4-23. (based on: Emergency Care for Professional Responders)
In an anaphylactic reaction, a massive release of ___________ causes widespread vasodilation, circulatory collapse, and severe bronchoconstriction.

A. Adrenaline  
B. Lymphocytes  
C. Histamine (page 64)  
D. WBCs
4-24. (based on: Emergency Care for Professional Responders)
Which of the following is NOT one of the brain’s 3 primary function categories?

A. Sensory Function
B. Motor Function
C. Sinoatrial function (page 65)
D. Integrated functions

4-25. (based on: Emergency Care for Professional Responders)
The _______, a large bundle of nerves, extends from the brain through a canal in the spine.

A. Urethra
B. Neuropathy
C. Spinal Cord (page 65)
D. Synapse

4-26. (based on: Emergency Care for Professional Responders)
Nerves are capable of regenerating themselves when they are damaged.

A. True
B. False (page 65)

4-27. (based on: Emergency Care for Professional Responders)
Which list accurately identifies the 5 regions of the spinal column?

A. Cervical, Thoracic, Lumbar, Sacrum, Coccyx (page 65)
B. Cervical, Thoracic, Lumbar, Sacrum, Coaxial
C. Cervical, Thorobolytic, Lumbar, Sacrum, Coccyx
D. Cervical, Thoracic, Lumber, Scarum, Coccyx

4-28. (based on: Emergency Care for Professional Responders)
The body has more than ___________ muscles. Most are ___________ muscles that attach to bones.

A. 6000, skeletal
B. 600, skeletal (page 66)
C. 600, involuntary
D. 400, skeletal

4-29. (based on: Emergency Care for Professional Responders)
Most skeletal muscles are anchored to a bone at each end by ___________

A. Ligaments
B. Cartilage
C. Tendons (page 67)
D. Ganglions
4-30. (based on: Emergency Care for Professional Responders)
The contraction and relaxation of muscles produces ___________ and ___________.

<table>
<thead>
<tr>
<th>Option</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Motion, Heat (page 67)</td>
</tr>
<tr>
<td>B.</td>
<td>Motion, Emotion</td>
</tr>
<tr>
<td>C.</td>
<td>Emotion, Heat</td>
</tr>
<tr>
<td>D.</td>
<td>Friction, Reflexion</td>
</tr>
</tbody>
</table>

4-31. (based on: Emergency Care for Professional Responders)
Involuntary muscles, such as the ___________ and ___________, are automatically controlled by the brain.

<table>
<thead>
<tr>
<th>Option</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Heart, Deltoid</td>
</tr>
<tr>
<td>B.</td>
<td>Diaphragm, Quadriceps</td>
</tr>
<tr>
<td>C.</td>
<td>Heart, Diaphragm (page 67)</td>
</tr>
<tr>
<td>D.</td>
<td>Patella, Biceps</td>
</tr>
</tbody>
</table>

4-32. (based on: Emergency Care for Professional Responders)
______________ are fibrous bands that hold bones together at joints.

<table>
<thead>
<tr>
<th>Option</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Ligaments (page 68)</td>
</tr>
<tr>
<td>B.</td>
<td>Tendons</td>
</tr>
<tr>
<td>C.</td>
<td>Cartilage</td>
</tr>
<tr>
<td>D.</td>
<td>Platelets</td>
</tr>
</tbody>
</table>

4-33. (based on: Emergency Care for Professional Responders)
Each joint is surrounded by a capsule that releases ____________ to lubricate the joint.

<table>
<thead>
<tr>
<th>Option</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Sinovial Fluid (page 70)</td>
</tr>
<tr>
<td>B.</td>
<td>Mucousal Fluid</td>
</tr>
<tr>
<td>C.</td>
<td>T-cells</td>
</tr>
<tr>
<td>D.</td>
<td>B-cells</td>
</tr>
</tbody>
</table>

4-34. (based on: Emergency Care for Professional Responders)
The ________________ system consists of the skin, hair, and nails.

<table>
<thead>
<tr>
<th>Option</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Cohesive</td>
</tr>
<tr>
<td>B.</td>
<td>Integrated</td>
</tr>
<tr>
<td>C.</td>
<td>Autonomic</td>
</tr>
<tr>
<td>D.</td>
<td>Integumentary (page 71)</td>
</tr>
</tbody>
</table>

4-35. (based on: Emergency Care for Professional Responders)
The deeper or the two skin layers is called the _________________.

<table>
<thead>
<tr>
<th>Option</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Epidermis</td>
</tr>
<tr>
<td>B.</td>
<td>Dermatitis</td>
</tr>
<tr>
<td>C.</td>
<td>Subcutaneous</td>
</tr>
<tr>
<td>D.</td>
<td>Dermis (page 71)</td>
</tr>
</tbody>
</table>
4-36. (based on: Emergency Care for Professional Responders)
The ____________ system is one of the body’s two regulatory systems. Together with the nervous system, it coordinates the activities of the other systems.

A. Endomitrial  
B. Endocrine (page 72)  
C. Epidermal  
D. Enzymeal

4-37. (based on: Emergency Care for Professional Responders)
Since most digestive system organs are in the ____________ cavity, they are very vulnerable to injury.

A. Cranial  
B. Lumbar  
C. Abdominal (page 73)  
D. Pelvic

4-38. (based on: Emergency Care for Professional Responders)
The primary organs of the Genitourinary System are the ______________ and _____________.

A. Bowels, Small Intestine  
B. Kidneys, Bladder (page 73)  
C. Large Intestine, Gallbladder  
D. Spleen, Pancreas

4-39. (based on: Emergency Care for Professional Responders)
Body systems work independently of each other.

A. True  
B. False (page 74)

4-40. (based on: Emergency Care for Professional Responders)
Which list correctly identifies the forces produced by mechanical energy?

A. Direct, Indirect, Swivelling, Contracting  
B. Direct, Supradirect, Twisting, Contracting  
C. Direct, Indirect, Twisting, Convulsing  
D. Direct, Indirect, Twisting, Contracting (page 75)

4-41. (based on: Emergency Care for Professional Responders)
The ______________ separates the Thoracic and Abdominal cavities.

A. Spinal Cord  
B. Diaphragm (page 77)  
C. Aorta  
D. Coccyx
Section 5: Assessment

5-1. (based on: Emergency Care for Professional Responders)
Checking for Hazards and the Environment is part of the ___________ Assessment

A. Primary Assessment
B. Secondary Assessment
C. Ongoing Assessment
D. Scene Assessment (page 80)

5-2. (based on: Emergency Care for Professional Responders)
The acronym “MOI” stands for _________________.

A. Motorized Occupant Incident
B. Mechanism of Injury (page 80)
C. Method of Inhalation
D. Modus Operandi Inclusion

5-3. (based on: Emergency Care for Professional Responders)
If the situation becomes dangerous once you have started to provide care and you cannot move the
person, _____________________.

A. Inform Medical Control that you are operating in a hazardous environment
B. Request the next arriving crew to bring equipment that will stabilize the scene
C. Remain with the patient until you are physically injured, to meet your legal obligations
D. Cease care and retreat to safety (page 81)

5-4. (based on: Emergency Care for Professional Responders)
Before beginning the Primary Assessment, _____________________.

A. Ensure you have a copy of your Certificate with you
B. Ensure that you are wearing appropriate PPE for the situation (page 82)
C. Ensure your name tag is visible
D. Ensure your vehicle is parked downhill and downwind from the incident.

5-5. (based on: Emergency Care for Professional Responders)
If a patient only responds to commands or questions during the Primary Assessment, their LOR
(Level of Responsiveness) would be categorized as _____________.

A. Alert
B. Verbal (page 83)
C. Painful
D. Unresponsive
5-6. (based on: Emergency Care for Professional Responders)
You should initiate Spinal Motion Restriction measures whenever you suspect a spinal injury, unless doing so would____________________.

A. Require physical effort
B. Make transport inconvenient for the responders
C. Interfere with care for life-threatening conditions (page 83)
D. Require the use of additional specialized equipment

5-7. (based on: Emergency Care for Professional Responders)
Which of the following situations would NOT lead you to suspect spinal injury?

A. Fall from a height greater than 1 meter or 5 stairs
B. Gunshot Wound
C. The patient’s helmet is broken
D. The patient is complaining of shortness of breath related to asthma (page 84)

5-8. (based on: Emergency Care for Professional Responders)
If you suspect a head and/or spinal injury, attempt to open the airway using the __________ technique.

A. Head-Tilt/Chin Lift
B. Head-Tongue-Jaw Lift
C. Head-Lift/Jaw-Tilt
D. Jaw Thrust (page 84)

5-9. (based on: Emergency Care for Professional Responders)
When performing the ABC check in the Primary Assessment, you should assess the patient’s breathing for no more than ____________.

A. 60 seconds
B. 45 seconds
C. 120 seconds
D. 10 seconds (page 85)

5-10. (based on: Emergency Care for Professional Responders)
If an adult or child is responsive, check his or her pulse using the ________________.

A. Carotid Artery
B. Femoral Artery
C. Brachial Artery
D. Radial Artery (page 85)
5-11. (based on: Emergency Care for Professional Responders)
The binding between ____________ and ______________ can be affected by several factors, including blood pH, temperature, the presence of carbon monoxide, and hemoglobin disorders.

A. Oxygen, Carbon Dioxide
B. Water, Sugar
C. Oxygen, Hemoglobin (page 86)
D. Blood, Capillaries

5-12. (based on: Emergency Care for Professional Responders)
The reading from a Pulse Oximeter appears as a percentage of hemoglobin saturated with oxygen. Normal saturation is approximately ______________.

A. 50% - 100%
B. 85% - 95%
C. 75% - 100%
D. 95% - 100% (page 86)

5-13. (based on: Emergency Care for Professional Responders)
Which of the following is NOT a factor that may reduce the reliability of the pulse oximetry reading?

A. Ambient Light
B. Patient is a high performance athlete (page 87)
C. Hypothermia
D. Fingernail Polish

5-14. (based on: Emergency Care for Professional Responders)
Consider discontinuing supplemental oxygen if the patient is not distressed and the saturation level is greater than ______________.

A. 98%
B. 75%
C. 85%
D. 95% (page 88)

5-15. (based on: Emergency Care for Professional Responders)
The ______________ is a systematic check of the patient’s body, starting with the highest priority areas.

A. GCS
B. RBS (page 88)
C. MOI
D. RTC
5-16. (based on: Emergency Care for Professional Responders)
A patient with a life-threatening condition will fall into the ______________ category.

A. RBS
B. MOI
C. RTC (page 88)
D. GCS

5-17. (based on: Emergency Care for Professional Responders)
Which of the following is NOT an example of an immediate transport emergency?

A. Electrocution
B. Decreased level of Responsiveness
C. Unstable Pelvic Injury
D. Slight Stomach Nausea (page 89)

5-18. (based on: Emergency Care for Professional Responders)
When possible, transport any of the patient’s medications with the patient.

A. True (page 89)
B. False

5-19. (based on: Emergency Care for Professional Responders)
Most injured patients will find the most comfortable position for themselves.

A. True (page 89)
B. False

5-20. (based on: Emergency Care for Professional Responders)
The patient is lying on his or her back with the body elevated less than 45 degrees. This describes the ______________ position.

A. Lateral
B. Fowler
C. Semi-Fowler (page 89)
D. Trendelenburg

5-21. (based on: Emergency Care for Professional Responders)
Reassessing a patient’s ____________ should occur frequently throughout assessment and care process.

A. ABCs (page 91)
B. MOI
C. T-Cells
D. B-Cells
5-22. (based on: Emergency Care for Professional Responders)  
Which of the following accurately lists the 3 steps involved with a Secondary Assessment?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>A.</td>
<td>RBS, MOI, GCS</td>
</tr>
<tr>
<td>B.</td>
<td>Interview, Vital Signs, Head-to-Toe Examination (page 91)</td>
</tr>
<tr>
<td>C.</td>
<td>LOR, Respirations, ABCs</td>
</tr>
<tr>
<td>D.</td>
<td>Hazards &amp; Environment, SpO2, Transport Decision</td>
</tr>
</tbody>
</table>

5-23. (based on: Emergency Care for Professional Responders)  
Which of the following accurately outlines the mnemonics involved with the Interview portion of the Secondary Survey?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>ABC, RBS, RTC</td>
</tr>
<tr>
<td>B.</td>
<td>EXAMPLE, QRSTUV</td>
</tr>
<tr>
<td>C.</td>
<td>SAMPLE, OPQRST (page 91)</td>
</tr>
<tr>
<td>D.</td>
<td>STAPLES, SAMPLE</td>
</tr>
</tbody>
</table>

5-24. (based on: Emergency Care for Professional Responders)  
Which of the following is NOT one of the Vital Signs?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>SpO2</td>
</tr>
<tr>
<td>B.</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>C.</td>
<td>T-cell count (page 91-92)</td>
</tr>
<tr>
<td>D.</td>
<td>Pupils</td>
</tr>
</tbody>
</table>

5-25. (based on: Emergency Care for Professional Responders)  
The first set of vital signs taken from the patient is considered to be the _____________ vital signs.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Primary</td>
</tr>
<tr>
<td>B.</td>
<td>Secondary</td>
</tr>
<tr>
<td>C.</td>
<td>Conclusive</td>
</tr>
<tr>
<td>D.</td>
<td>Baseline (page 92)</td>
</tr>
</tbody>
</table>

5-26. (based on: Emergency Care for Professional Responders)  
Which of the following accurately lists the 3 areas of patient response assessed using the Glasgow Coma Scale (GCS)?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Eyes, Verbal, Motor (page 93)</td>
</tr>
<tr>
<td>B.</td>
<td>Cognitive, Psychomotor, Affective</td>
</tr>
<tr>
<td>C.</td>
<td>Physical, Mental, Psychological</td>
</tr>
<tr>
<td>D.</td>
<td>Emotional, Rational, Logical</td>
</tr>
</tbody>
</table>

5-27. (based on: Emergency Care for Professional Responders)  
If a patient’s eyes open to painful stimulus, their GCS Eye Opening score is…

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>A.</td>
<td>1</td>
</tr>
<tr>
<td>B.</td>
<td>2 (page 93)</td>
</tr>
<tr>
<td>C.</td>
<td>3</td>
</tr>
<tr>
<td>D.</td>
<td>4</td>
</tr>
</tbody>
</table>
5-28. (based on: Emergency Care for Professional Responders)
If a patient does reply verbally at all, they are given a GCS Verbal Response score of ....

A. 0  
B. 1 (page 93)  
C. 2  
D. 3

5-29. (based on: Emergency Care for Professional Responders)
A patient who withdraws from painful stimulus has a GCS Motor Response score of ________.

A. 2  
B. 3  
C. 4 (page 93)  
D. 5

5-30. (based on: Emergency Care for Professional Responders)
Any patient with a GCS score of ____________ or lower requires rapid transport.

A. 11  
B. 12  
C. 13 (page 93)  
D. 14

5-31. (based on: Emergency Care for Professional Responders)
The normal respiratory rate for an adult is between _______ and _______ breaths per minute.

A. 10, 20  
B. 5, 15  
C. 12, 20 (page 94)  
D. 6, 30

5-32. (based on: Emergency Care for Professional Responders)
During the Primary Assessment, you are concerned with whether a patient is breathing at all, whereas in the Secondary Assessment, you are concerned with the __________, __________, and ____________ of breathing.

A. Rate, Volume, Repetition  
B. Rhythm, Character, Continuation  
C. Rate, Rhythm, Volume (page 94)  
D. Right, Rise, Revolution

5-33. (based on: Emergency Care for Professional Responders)
A normal pulse for an adult is between __________ and __________ beats per minute.

A. 80, 120  
B. 50, 60  
C. 60, 100 (page 94)  
D. 20, 80
5-30. (based on: Emergency Care for Professional Responders)
In the Primary Assessment, you are concerned only with whether or not a pulse is present. In the Secondary Assessment, you are trying to determine pulse __________, __________, and __________.

A. Rate, Rhythm, Rise
B. Rate, Rhythm, Quality (page 94)
C. Regularity, Strength, Consistency
D. Depth, Pressure, Quality

5-31. (based on: Emergency Care for Professional Responders)
When the blood below the skin is oxygen deficient, it can give the skin a bluish tint referred to as ______.

A. Trichonosis
B. Cyanosis (page 95)
C. Bronchospasm
D. Tuberculosis

5-32. (based on: Emergency Care for Professional Responders)
In a healthy person, the area beneath the nail will turn pale as you press it and turn pink again as you release and it refills with blood. If the area does not return to pink within __________, this indicates that circulation to the fingertip is impaired.

A. 2 minutes
B. 2 seconds (page 96)
C. 30 seconds
D. 45 seconds

5-33. (based on: Emergency Care for Professional Responders)
Pupils that are unequal, fully dilated, fully constricted, or unresponsive to light may indicate a serious head injury or illness.

A. True (page 96)
B. False

5-34. (based on: Emergency Care for Professional Responders)
Blood Pressure is measured in units called ________________.

A. Millimoles per liter (mmol/l)
B. Milligrams (mg)
C. Microliters (mcl)
D. Millimeters of mercury (mmHg) (page 97)

5-35. (based on: Emergency Care for Professional Responders)
The pressure in the arteries when the heart is contracting is called ________________.

A. Diastolic Blood Pressure
B. Hypotensive Blood Pressure
C. Systolic Blood Pressure (page 97)
D. Hypertensive Blood Pressure
5-36. (based on: Emergency Care for Professional Responders)
The pressure in the arteries when the Ventricles are relaxed and the heart is refilling is called _____.

A. Systolic Blood Pressure  
B. Hyperbaric Blood Pressure  
C. Parabolic Blood Pressure  
D. Diastolic Blood Pressure (page 97)

5-37. (based on: Emergency Care for Professional Responders)
The two methods used to assess a patient’s Blood Pressure are __________ and ____________.

A. Evaluation, Estimation  
B. Palpation, Auscultation (page 97)  
C. Diastolic, Systolic  
D. Perpetration, Ideation

5-38. (based on: Emergency Care for Professional Responders)
Quantifying a patient’s blood glucose level can provide important information about a patient’s condition. This is especially true in patients suffering from ____________.

A. Diabetes (page 99)  
B. Anxiety  
C. Anemia  
D. Hypotension

5-39. (based on: Emergency Care for Professional Responders)
Blood Glucose is measured in _________________.

A. Millimeters of Mercury (mmHg)  
B. Milliliters (ml)  
C. Microliters (mcl)  
D. Millimoles per liter (mmol/L) (page 100)

5-40. (based on: Emergency Care for Professional Responders)
The physical exam process involves ______________, ______________, and ________________.

A. Inspection, Detection, Correction  
B. Looking, Listening, Feeling  
C. Scene Assessment, Primary Assessment, Ongoing Assessment  
D. Inspection, Auscultation, Palpation (page 100)

5-41. (based on: Emergency Care for Professional Responders)
Conducting a ______________ assessment includes instructing the patient to move his or her toes, foot, and leg watching for any signs of impaired function.

A. Distal Circulation  
B. Level of Responsiveness  
C. Motor-Sensory (page 102)  
D. Range of Motion
5-42. (based on: Emergency Care for Professional Responders)
When you complete the head-to-toe physical examination, reassess the patient’s __________.

A. ROM
B. ABCs (page 102)
C. GCS
D. SAMPLE

5-43. (based on: Emergency Care for Professional Responders)
Patient Care should be delayed to fill out paperwork.

A. True
B. False (page 103)

5-44. (based on: Emergency Care for Professional Responders)
A life-threatening condition, such as respiratory or cardiac arrest, can occur suddenly, even in a patient whose ABCs and Vital Signs were initially normal.

A. True (page 103)
B. False

5-45. (based on the EMR Cheat Sheet)
Approximately 500 ml per inspiration is the ____________ for a normal healthy adult.

A. Oxygen Exchange Rate
B. VO2 Max
C. Diaphragmatic Imposition
D. Tidal Volume
Section 6: Airway Management & Respiratory Emergencies

6-1. (based on: Emergency Care for Professional Responders)
Respiratory Distress is also referred to as ________________.

A. Apnea  
B. Ataxia  
C. Hypervolemia  
D. Dyspnea (page 105)

6-2. (based on: Emergency Care for Professional Responders)
An insufficient amount of oxygen being delivered to the cells is referred to as ________________.

A. Ataxia  
B. Hypoxia (page 106)  
C. Hyperoxemia  
D. Cyanosis

6-3. (based on: Emergency Care for Professional Responders)
A patient experiencing a respiratory emergency may place themselves in an unusual position such as the _____________ position.

A. Tripod (page 107)  
B. Tracheal Shift  
C. Prone  
D. Pole

6-4. (based on: Emergency Care for Professional Responders)
A patient experiencing restlessness or anxiety related to a respiratory emergency is an example of ______.

A. Abnormal respiratory rate  
B. Emotional effects (page 107)  
C. Neurological effects  
D. Abnormal skin characteristics

6-5. (based on: Emergency Care for Professional Responders)
An FBAO is a ____________________________.

A. Front Brachial Artery Obstruction  
B. Foreign Body Arterial Obfuscation  
C. Front Body Airway Opening  
D. Foreign Body Airway Obstruction (page 107)
6-6. (based on: Emergency Care for Professional Responders)
Coughing is usually more effective when the patient is in a __________ position and leaning __________ slightly.

A. Supine, Forward
B. Seated, Forward (page 108)
C. Seated, Upward
D. Trendelenburg, Laterally

6-7. (based on: Emergency Care for Professional Responders)
There are __________ interventions available for anatomical airway obstructions.

A. More
B. Better
C. Fewer (page 108)
D. Simpler

6-8. (based on: Emergency Care for Professional Responders)
Which of the following correctly lists the 3 interventions appropriate for removing a foreign body airway obstruction?

A. Back Blows, Abdominal Thrusts, Cranial Thrusts
B. Back Blows, Abdominal Thrusts, Chest Thrusts (page 109)
C. Back Thrusts, Abdominal Massage, Pericardial Thump
D. Back Blows, Aortic Thrusts, Chest Thrusts

6-9. (based on: Emergency Care for Professional Responders)
Regardless of the FBAO removal technique you choose, you should perform the first method up to ______ times, checking after each one to whether the object has been dislodged.

A. 3
B. 4
C. 5 (page 109)
D. 6

6-10. (based on: Emergency Care for Professional Responders)
If the patient is in a wheelchair, lock the wheels before providing care.

A. True (page 109)
B. False

6-11. (based on: Emergency Care for Professional Responders)
The methods used to remove a foreign body airway obstruction from a responsive patient are __________ effective for an unresponsive patient.

A. Equally
B. More
C. Less
D. Not (page 110)
6-12. (based on: Emergency Care for Professional Responders)
The intervention to remove a foreign body airway obstruction from an unresponsive adult or child is similar to ____________________.

A. The interventions utilized for responsive patients
B. A Rapid Body Survey
C. The chest compressions performed during CPR (page 110)
D. Chest Auscultation

6-13. (based on: Emergency Care for Professional Responders)
It is preferable to ______________ or ____________ while performing back blows and modified chest thrusts for an unresponsive infant with a foreign body airway obstruction.

A. Scream, Cry
B. Jump, Crawl
C. Sing, Coo
D. Sit, Kneel (page 111)

6-14. (based on: Emergency Care for Professional Responders)
While delivering chest thrusts to remove a foreign body airway obstruction from a responsive infant, the infant’s head should be ______________ the chest.

A. Above
B. Level with
C. Tucked into
D. Lower than (page 112)

6-15. (based on: Emergency Care for Professional Responders)
Do not use a finger sweep to remove an object from an infant’s mouth.

A. True (page 112)
B. False

6-16. (based on: Emergency Care for Professional Responders)
__________________________ is a life-threatening allergic reaction that causes the air passages to constrict.

A. Asthma
B. Anaphylaxis
C. Anaphylactic Shock
D. Both B and C (page 113)

6-17. (based on: Emergency Care for Professional Responders)
The respiratory issues caused by anaphylaxis can progress to an obstructed airway as the _____________ and ______________ swell.

A. Brain, Heart
B. Bronchioles, Alveoli
C. Lungs, Diaphragm
D. Tongue, Throat (page 114)
6-18. (based on: Emergency Care for Professional Responders)
Epinephrine corrects the underlying condition of anaphylaxis.

A. True
B. False (page 114)

6-19. (based on: Emergency Care for Professional Responders)
Before assisting a patient with their Epi-Pen or oral antihistamines, you must check the _______________ of medication.

A. 7 Musts
B. 8 Don'ts
C. 5 Confirmations
D. 6 Rights (page 114)

6-20. (based on: Emergency Care for Professional Responders)
Which 3 general conditions encompass Chronic Obstructive Pulmonary Disease (COPD)?

A. Asthma, Anaphylaxis, FBAO
B. Emphysema, Chronic Bronchitis, Bronchospasm (page 115)
C. Emphysema, Pneumonia, Anaphylaxis
D. Asthma, Pneumonia, Anaphylaxis

6-21. (based on: Emergency Care for Professional Responders)
Patients with COPD may eventually develop a _______________ drive to breathe.

A. Hypercarbic
B. Hypotensive
C. Cyanotic
D. Hypoxic (page 115)

6-22. (based on: Emergency Care for Professional Responders)
High flow oxygen should not be administered to a patient with COPD, who is acutely short of breath.

A. True
B. False (page 116)

6-23. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a typical sign or symptom of Acute Respiratory Distress Syndrome (ARDS)?

A. Hives and itchiness (page 116)
B. Rapid Breathing (Tachypnea)
C. Cyanosis
D. Pulmonary Edema
6-24. (based on: Emergency Care for Professional Responders)
During an asthma attack, the air passages become constricted or narrowed by a spasm of the muscles lining the ____________.

A. Bronchi (page 116)
B. Coccyx
C. Alveoli
D. Diaphragm

6-25. (based on: Emergency Care for Professional Responders)
A characteristic sign of Asthma is wheezing during _________________.

A. Inhalation
B. Sleep
C. Exertion
D. Exhalation (page 116)

6-26. (based on: Emergency Care for Professional Responders)
A prescription ____________________ may or may not be used with a spacer and/or a mask.

A. Diskus Inhaler
B. Metered-Dose Inhaler (page 116)
C. Epi-Pen
D. Sphagmomanometer

6-27. (based on: Emergency Care for Professional Responders)
Which of the following is NOT a typical sign or symptom of Pneumonia?

A. Dyspnea
B. Tachypnea
C. Pleuritic Chest Pain
D. Unproductive Cough (page 118)

6-28. (based on: Emergency Care for Professional Responders)
_________ can occur when excess fluid leaks out into the alveoli, and that fluid builds up in the lungs.

A. Pulmonary Edema (page 118)
B. Myocardial Infarction
C. Pulmonary Embolism
D. Anaphylaxis

6-29. (based on: Emergency Care for Professional Responders)
___________________ is the most common cause of Pulmonary Edema.

A. Stroke
B. Congestive Heart Failure (page 118)
C. Asthma
D. Crohn’s Disease
6-30. (based on: Emergency Care for Professional Responders)  
The best position for a patient with Pulmonary Edema will generally be ________________.

A. Supine
B. Legs dangling (page 118)
C. Trendelenburg
D. Semi-Prone

6-31. (based on: Emergency Care for Professional Responders)  
Which of the following is NOT considered a potential cause of Pulmonary Embolism?

A. Blood Clot
B. Tumor Tissue
C. Air
D. Asthma (page 118)

6-32. (based on: Emergency Care for Professional Responders)  
A characteristic sign of ________________ is rapid, shallow breathing.

A. Hypotension
B. Hyperglycemia
C. Hyperventilation (page 119)
D. Hypertension

6-33. (based on: Emergency Care for Professional Responders)  
Respiratory arrest, or a respiratory rate lower than ________ breaths per minute or higher than ________ breaths per minute indicates a need for assisted ventilation.

A. 12, 60
B. 5, 10
C. 10, 30 (page 119)
D. 30, 15

6-34. (based on: Emergency Care for Professional Responders)  
The patient’s chest should rise with each ventilation.

A. True (page 119)
B. False

6-35. (based on: Emergency Care for Professional Responders)  
When assisting ventilations, provide 1 ventilation every ________ seconds for an adult and every ________ seconds for a child or infant.

A. 10, 30
B. 5-6, 10-15
C. 8, 7
D. 5-6, 3-5 (page 120)
6-36. (based on: Emergency Care for Professional Responders)
Air in the stomach is called _______________, which can cause a patient to vomit.

A. Hypervolemia  
B. Gastric Distension (page 120)  
C. Jugular Vein Distension  
D. Abdominal Thrust

6-37. (based on: Emergency Care for Professional Responders)
It may be easier to create a seal using an infant or child-sized mask when ventilating into a Stoma.

A. True (page 121)  
B. False

6-38. (based on: Emergency Care for Professional Responders)
Dentures help with assisted ventilations by supporting the patient’s mouth and cheeks.

A. True (page 121)  
B. False

6-39. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a criteria for an effective resuscitation mask?

A. Transparent  
B. One-Way Valve  
C. Rigid (page 121-122)  
D. Biofilter

6-40. (based on: Emergency Care for Professional Responders)
One advantage of a Bag-Valve-Mask over a resuscitation mask is that a BVM is easier to use and requires less regular practice.

A. True  
B. False (page 123)

6-41. (based on: Emergency Care for Professional Responders)
Although a single responder may be able to use a BVM effectively, it is best used by two Responders.

A. True (page 123)  
B. False

6-42. (based on: Emergency Care for Professional Responders)
The normal concentration of oxygen in the air is approximately ______________.

A. 21% (page 124)  
B. 25%  
C. 57%  
D. 42%
6-43. (based on: Emergency Care for Professional Responders)
Grease, oil, tape and petroleum products are effective lubricants for oxygen regulator equipment.

A. True
B. False (page 125)

6-44. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered an indication for high-flow oxygen?

A. Patient is Hypoxic
B. Patient is suffering from Dyspnea
C. The patient's SpO2 is above 98% (page 125)
D. Patient has been exposed to Carbon Monoxide

6-45. (based on: Emergency Care for Professional Responders)
Oxygen regulators normally deliver between _______ and _______ liters per minute (LPM).

A. 1, 25 (page 127)
B. 5, 30
C. 4, 15
D. 3, 28

6-46. (based on: Emergency Care for Professional Responders)
Unless the manufacturer’s specifications dictate otherwise, Oxygen cylinders should be hydrostatically tested every ______________ years.

A. 2
B. 10
C. 5 (page 127)
D. 15

6-47. (based on: Emergency Care for Professional Responders)
A Nasal Canula is normally used at an oxygen flow rate of ______ to ______ LPM.

A. 1, 4 (page 128)
B. 5, 15
C. 2, 8
D. 10, 12

6-48. (based on: Emergency Care for Professional Responders)
A Resuscitation Mask is normally used at an oxygen flow rate of __________ to __________ LPM.

A. 1, 4
B. 10, 15
C. 6, 10 (page 128)
D. 8, 12
6-49. (based on: [Emergency Care for Professional Responders](#))
A Non-Rebreather Mask is normally used at an oxygen flow rate of _____ to _____ LPM.

A. 1, 4  
B. 10, 15 (page 128)  
C. 6, 10  
D. 8, 12

6-50. (based on: [Emergency Care for Professional Responders](#))
A Bag-Valve-Mask is typically used at an oxygen flow rate of _____________ LPM, and delivers an oxygen concentration of ________________.

A. 10, 80%  
B. 15, 50%  
C. 12, 85%  
D. 15, 90+% (page 129)

6-51. (based on: [Emergency Care for Professional Responders](#))
An oxygen cylinder's valve should be opened for a maximum of one second to remove any dirt or debris from the valve.

A. True (page 129)  
B. False

6-52. (based on: [Emergency Care for Professional Responders](#))
A properly sized Oropharyngeal Airway (OPA) should extend from the ________ to the ________.

A. Nose, Pharynx  
B. Jaw, Nose  
C. Earlobe, Tip of Nose  
D. Earlobe, Corner of Mouth (page 131)

6-53. (based on: [Emergency Care for Professional Responders](#))
When inserting an OPA for an(n) _________________, place some padding under the patient's shoulders to help maintain the neutral position of the head without hyperextending the neck.

A. Adult  
B. Child  
C. Infant (page 132)  
D. Unresponsive patient

6-54. (based on: [Emergency Care for Professional Responders](#))
The two most common methods of opening a patient's mouth to assess the upper airway are the ______ technique and the ______ technique.

A. Jaw Thrust, Head-Tilt / Chin-Lift  
B. Tongue-Jaw Lift, Finger Sweep  
C. Crossed-Finger, Tongue-Jaw Lift (page 133)  
D. Prone Roll, Manual Suction
6-55. (based on: Emergency Care for Professional Responders)

A properly sized Nasopharyngeal Airway (NPA) should extend from the __________ to the __________.

A. Nose, Pharynx  
B. Jaw, Nose  
C. Earlobe, Tip of Nose (page 134)  
D. Earlobe, Corner of Mouth

6-56. (based on: Emergency Care for Professional Responders)

Whenever you are providing assisted ventilations, it is a good practice to have the suction unit on standby so you can use it immediately if the patient vomits.

A. True (page 136)  
B. False

6-57. (based on: Emergency Care for Professional Responders)

Suctioning devices are most effective when removing ____________.

A. Blood Clots  
B. Large pieces of food  
C. Fluids (page 137)  
D. All of the above

6-58. (based on: Emergency Care for Professional Responders)

The distance of insertion for a suctioning device is the distance from the patient’s __________ to the patient’s __________.

A. Nose, Pharynx  
B. Jaw, Nose  
C. Earlobe, Tip of Nose  
D. Earlobe, Corner of Mouth (page 137)

6-59. (based on: Emergency Care for Professional Responders)

If a patient has a tracheostomy or stoma, suction through the patient’s hole.

A. True (page 137)  
B. False

6-60. (based on: Emergency Care for Professional Responders)

Which of the following is NOT considered a general principle helpful for most patients with respiratory distress?

A. Assist the patient in taking any prescribed medication for the condition  
B. Yell loudly so the patient can hear you over their breathing (page 138)  
C. Calm the patient to slow his or her breathing  
D. Have the patient rest in a comfortable position.
6-61. (based on: Emergency Care for Professional Responders)
When providing assisted ventilations to a patient with a pulse in respiratory arrest, recheck the patient’s pulse after every ________ minutes to confirm that the heart is still beating.

A. 5  
B. 15  
C. 2 (page 138)  
D. 30

6-62. (based on the EMR Cheat Sheet)
Anaphylaxis is generally accompanied by a drop of _______________ in systolic blood pressure.

A. 50%  
B. 15%  
C. 100%  
D. 30%
Section 7: Circulatory Emergencies

7-1. (based on: Emergency Care for Professional Responders)
__________ is a term used to refer to a broad range of abnormal conditions affecting the heart and blood vessels.

A. CVA
B. CHF
C. CVD (page 142)
D. CHD

7-2. (based on: Emergency Care for Professional Responders)
____________ occurs when arteries become hardened, narrowed, and less elastic.

A. Deep Vein Thrombosis
B. COPD
C. Atherosclerosis (page 142)
D. Emphysema

7-3. (based on: Emergency Care for Professional Responders)
____________ occurs when the oxygen demands of the heart exceed the available supply of oxygen rich blood.

A. Angina Pectoris
B. Angina
C. Atherosclerosis
D. A and B (page 142)

7-4. (based on: Emergency Care for Professional Responders)
Stable Angina usually lasts ________________.

A. More than 10 minutes
B. Less than 10 minutes (page 143)
C. More than 5 hours
D. More than 24 hours

7-5. (based on: Emergency Care for Professional Responders)
Unstable Angina is similar to Myocardial Infarction (MI), except that the effects are usually ________.

A. More severe
B. Usually temporary (page 143)
C. Usually Permanent
D. Less frequent

7-6. (based on: Emergency Care for Professional Responders)
If unsure whether the patient is experiencing angina or an MI, treat the patient for angina.

A. True
B. False (page 143)
7-7. (based on: Emergency Care for Professional Responders)
The most prominent symptom of a Myocardial Infarction (MI) is persistent ______________.

A. Headache
B. Depression
C. Hypotension
D. Chest Pain (page 143)

7-8. (based on: Emergency Care for Professional Responders)
Heart Attacks are always preceded by clear and distinct signs and symptoms.

A. True
B. False (page 144)

7-9. (based on: Emergency Care for Professional Responders)
Chest Pain caused by Myocardial Infarction may spread to the shoulder, arm, neck, or ______________.

A. Head
B. Jaw (page 144)
C. Fingers
D. Toes

7-10. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a “Soft” sign of Myocardial Infarction?

A. Focused, severe Chest Pain (page 144)
B. Fatigue
C. Nausea
D. Vomiting

7-11. (based on: Emergency Care for Professional Responders)
Most patients die within ______________ after the first appearance of MI signs and symptoms.

A. 1 - 2 minutes
B. 1 - 2 hours (page 144)
C. 1 - 2 days
D. 6 -12 hours

7-12. (based on: Emergency Care for Professional Responders)
Most MIs result from ______________ in the coronary arteries.

A. Air bubbles
B. Calcium spurs
C. Blood Clots (page 145)
D. Carbon Dioxide
7-13. (based on: Emergency Care for Professional Responders)
____________________ thins the blood and reduces the formation of clots.

A. Acetaminophen  
B. Ibuprofen  
C. A and B  
D. Acetylsalicylic Acid (page 145)

7-14. (based on: Emergency Care for Professional Responders)
ASA is ____________________ for patients with asthma or bleeding conditions such as ulcers.

A. Contraindicated (page 145)  
B. Indicated  
C. Beneficial  
D. Recommended

7-15. (based on: Emergency Care for Professional Responders)
____________________ is a vasodilator medication often prescribed for angina.

A. Nitrous Oxide  
B. Nitrogen Dioxide  
C. Nitroglycerin (page 145)  
D. Nitrogen Oxide

7-16. (based on: Emergency Care for Professional Responders)
Nitroglycerin ___________ blood pressure.

A. Reduces (page 146)  
B. Improves  
C. Increases  
D. Raises

7-17. (based on: Emergency Care for Professional Responders)
Combining Nitroglycerin with Viagra, Levitra or Cialis can cause __________________.

A. A fatal lowering of blood pressure (page 146)  
B. Hypertensive Shock  
C. Atherosclerosis  
D. A reduction in MI chest pain

7-18. (based on: Emergency Care for Professional Responders)
The _______ side of the heart receives blood from the lungs, so _______ sided heart failure causes blood to back up in the alveoli.

A. Right, Left  
B. Left, Left (page 146)  
C. Right, Right  
D. Left, Right
Frontline First Aid
Answer Key - EMR Study Guide

7-19. (based on: Emergency Care for Professional Responders)
Which of the following is NOT a typical sign or symptom of Left-Sided heart failure?

A. Coughing up foamy sputum (sometimes blood tinged)
B. Cyanosis
C. Decreased Heart Rate (page 147)
D. History of shortness of breath when lying down, which gets better when standing

7-20. (based on: Emergency Care for Professional Responders)
Right-sided heart failure usually occurs due to _________________.

A. Hypertension
B. Hypotension
C. Left-sided heart failure (page 147)
D. Ventricular Fibrillation

7-21. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a typical sign or symptom of Right-Sided Heart Failure?

A. Jugular Vein Distension
B. Urinating more frequently at night
C. Swelling of the upper extremities (page 147)
D. Shortness of breath

7-22. (based on: Emergency Care for Professional Responders)
Jugular Vein Distension (JVD) is most easily assessed when a patient is in the ________________ position.

A. Supine
B. Prone
C. Fowler’s
D. Semi-Fowler’s (page 147)

7-23. (based on: Emergency Care for Professional Responders)
A person who goes into cardiac arrest will not have a ________________, and ____________ will soon cease (if it has not already).

A. GCS, Speech
B. Pulse, Respiration (page 147)
C. Hypoxic drive, JVD
D. PHN, Incontinence

7-24. (based on: Emergency Care for Professional Responders)
In children and infants, Cardiac Arrest is typically caused by _________________.

A. Atherosclerosis
B. CVD
C. Respiratory Arrest (page 147)
D. CHF
7-25. (based on: Emergency Care for Professional Responders)
Ensure you assess the patient’s respiration thoroughly, and confirm whether a ________ pulse is present (or the __________ pulse in the case of infants).

A. Carotid, Brachial (page 148)
B. Femoral, Temporal
C. Radial, Popliteal
D. Carotid, Radial

7-26. (based on: Emergency Care for Professional Responders)
An extreme arrhythmia in which the heart is quivering (rather than truly contracting) is referred to as ____.

A. Attenuation
B. Fibrillation (page 148)
C. Automation
D. Exhumation

7-27. (based on: Emergency Care for Professional Responders)
Which of the following identifies the two most commonly shockable heart rhythms?

A. Ventricular Fibrillation, Ventricular Tachycardia (page 148)
B. Asystole, Pulseless Electrical Activity
C. Sinus Rhythm, Tachycardiac Fibrillation
D. Sinus Electrical Activity, Automated Tachycardia

7-28. (based on: Emergency Care for Professional Responders)
Cardiopulmonary Resuscitation (CPR) consists of cycles, which are sets of _____________ and _____________ given in a set ratio.

A. Shocks, Compressions
B. Compressions, Vital Signs
C. Compressions, Ventilations (page 149)
D. Ventilations, Shocks

7-29. (based on: Emergency Care for Professional Responders)
Once started, CPR should only be interrupted to perform critical interventions (such as clearing the airway) or when there are obvious changes in the patient’s condition (such as ____________).

A. Cyanosis
B. Return of Spontaneous Circulation (page 149)
C. Faint Gurgling
D. Muscle spasm during AED shock
7-30. (based on: Emergency Care for Professional Responders)
During CPR performance, Compressions should be given at a rate of approximately _______ per minute.

A. 100 - 120 (page 149)
B. 50 - 80
C. 120 - 150
D. 15 - 30

7-31. (based on: Emergency Care for Professional Responders)
The percentage of total CPR time in which the patient is receiving compressions is referred to as _____________.

A. Defibrillation
B. Fibrillation
C. Compression Action
D. Compression Fraction (page 149)

7-32. (based on: Emergency Care for Professional Responders)
To perform CPR compressions on an adult or child, place the heel of one hand over the patient’s ____________, then place your other hand on top and grip the lower hand with your fingers.

A. Lower Sternum
B. Center of the chest
C. A or B (page 150)
D. Diaphragm

7-33. (based on: Emergency Care for Professional Responders)
What are the two appropriate compression methods for infants?

A. Chest Fibrillation, Pericardial Thump
B. Twisting Torso, Double Pump
C. Auscultation, Palpation
D. Encircling Thumbs, Two-Finger (page 150)

7-34. (based on: Emergency Care for Professional Responders)
Correct body position makes CPR ___________ effective and also ___________ responder fatigue.

A. Less, Increases
B. More, Eliminates
C. More, Decreases (page 150)
D. Less, Eliminates

7-35. (based on: Emergency Care for Professional Responders)
When the chest recoils ____________, it allows the heart to expand and fill with blood.

A. Completely (page 151)
B. Partially
C. Rapidly
D. Slowly
7-36. (based on: Emergency Care for Professional Responders)
When performing CPR on adults, the chest should be compressed at least _____________.

A. 5 cm
B. 2 inches
C. A and B (page 151)
D. 4 inches

7-37. (based on: Emergency Care for Professional Responders)
When performing CPR compressions on a child, infant, or neonate, compress to a depth of at least ____________ of the anteroposterior diameter of the chest.

A. One-Third (page 151)
B. Two-Thirds
C. Three-Quarters
D. One-Fifth

7-38. (based on: Emergency Care for Professional Responders)
When two or more responders are performing CPR, they should switch roles every _______ minutes to avoid fatigue and maintain a high quality of compressions.

A. 2 (page 153)
B. 5
C. 10
D. 15

7-39. (based on: Emergency Care for Professional Responders)
When two or more professional responders are performing CPR on an Adult, the compression to ventilation ratio should be _____________.

A. 30:1
B. 15:2
C. 3:1
D. 30:2 (page 152)

7-40. (based on: Emergency Care for Professional Responders)
When two or more professional responders are performing CPR on an Infant, the compression to ventilation ratio should be _____________.

A. 30:2
B. 30:1
C. 15:2 (page 152)
D. 10:1
7-41. (based on: Emergency Care for Professional Responders)
When two or more professional responders are performing CPR on a Neonate, the compression to ventilation ratio should be ___________.

A. 30:1
B. 3:1 (page 152)
C. 15:2
D. 30:2

7-42. (based on: Emergency Care for Professional Responders)
Dynamic CPR is performed while a patient is _________________.

A. Unresponsive
B. In Cardiac Arrest
C. Being Moved (page 153)
D. Being Assessed

7-43. (based on: Emergency Care for Professional Responders)
As soon as you determine that the patient is in Cardiac Arrest, deploy the defibrillator.

A. True (page 154)
B. False

7-44. (based on: Emergency Care for Professional Responders)
Defibrillation is not indicated for _________________.

A. Infants
B. Neonates (page 154)
C. Adults
D. Children

7-45. (based on: Emergency Care for Professional Responders)
Compressions should be continued while the AED charges.

A. True (page 155)
B. False

7-46. (based on: Emergency Care for Professional Responders)
It is crucial that no one touch the patient while the AED shock is administered.

A. True (page 155)
B. False
7-47. (based on: Emergency Care for Professional Responders)
Which of the following describes a Defibrillation precaution?

A. Do not use a defibrillator in a moving vehicle
B. Do not defibrillate in the presence of flammable materials
C. Do not touch a patient while the shock is delivered
D. All of the above (page 155-156)

7-48. (based on: Emergency Care for Professional Responders)
When performing CPR on a visibly pregnant woman, place a blanket under her ____________, to help return blood to the heart.

A. Head
B. Legs
C. Left Hip
D. Right Hip (page 156)

7-49. (based on: Emergency Care for Professional Responders)
It is safe to use a defibrillator normally on a pregnant woman.

A. True (page 156)
B. False

7-50. (based on: Emergency Care for Professional Responders)
A defibrillator pad can be placed directly on top of a transdermal patch.

A. True
B. False (page 156)

7-51. (based on: Emergency Care for Professional Responders)
AED pads should be placed at least ________ from any Pacemakers, Internal Defibrillators, or metal jewelry.

A. 1 inch
B. 2.5 cm
C. A or B (page 156)
D. 5 inches

7-52. (based on: Emergency Care for Professional Responders)
It is safe to use an AED while the patient is in a puddle of water.

A. True
B. False
7-53. (based on: Emergency Care for Professional Responders)
An infant is considered a Neonate from ______________ to ______________.

A. Birth, 1 year
B. Birth, 28 days (page 156)
C. 28 days, 1 year
D. 1 year, Puberty

7-54. (based on: Emergency Care for Professional Responders)
Defibrillator pads should be removed upon Return of Spontaneous Circulation (ROSC).

A. True
B. False (page 157)

7-55. (based on: Emergency Care for Professional Responders)
A Cerebrovascular Accident (CVA) is also known as a ________________.

A. Heart Attack
B. Angina
C. Stroke (page 157)
D. CVD

7-56. (based on: Emergency Care for Professional Responders)
A(n) ________________ is similar to a stroke in it’s signs and symptoms, but usually resolves quickly without permanent tissue damage.

A. MCI
B. CVA
C. TIA (page 157)
D. CHF

7-57. (based on: Emergency Care for Professional Responders)
A Transient Ischemic Attack is sometimes referred to as a ________________.

A. Mini-stroke
B. Warning Stroke
C. Thrombotic Stroke
D. A and B (page 157)

7-58. (based on: Emergency Care for Professional Responders)
What are the two main types of Ischemic Stroke?

A. Hemorrhagic and Thrombotic
B. Thrombotic and Embolic (page 158)
C. Mini and Warning
D. Transient and Embolic
7-59. (based on: Emergency Care for Professional Responders)
What are the two type of hemorrhage that commonly cause Strokes?

A. Intracerebral and Subarachnoid (page 158)
B. Intercerebral and Superarachnoid
C. Thrombotic and Embolic
D. Arachnoid, Subcerebral

7-60. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a common sign or symptom of a CVA?

A. Chest Pain (page 158-159)
B. Sudden weakness and/or numbness of the face, arm or leg on one side of the body
C. Ringing in the ears
D. Pupils of unequal size

7-61. (based on: Emergency Care for Professional Responders)
Patients experiencing a suspected CVA are _________________ in the Rapid Transport Category.

A. Always (page 159)
B. Sometimes
C. Never
D. Usually

7-62. (based on: Emergency Care for Professional Responders)
What are the two scales commonly used to assess a patient who has a suspected CVA?

A. FAST and CPSS (page 160)
B. STROKE and GCS
C. FAST and SLOW
D. SAMPLE and OPQRST
Section 8: Shock

8-1. (based on: Emergency Care for Professional Responders) Which of the following is NOT one of the three conditions necessary for maintaining perfusion?

A. Heart functioning effectively  
B. Adequate quantity of blood circulating in the body  
C. Blood vessels able to control blood flow by dilating and constricting  
D. SpO2 above 98% (page 163)

8-2. (based on: Emergency Care for Professional Responders) ______ refers to a series of responses that results in a combination of signs and symptoms created by the body’s attempts to maintain adequate blood flow to the vital organs and prevent them from shutting down.

A. Hypovolemia  
B. Shock (page 164)  
C. Infarction  
D. Stroke

8-3. (based on: Emergency Care for Professional Responders) The type of shock caused by the heart not functioning properly is referred to as ____________ shock.

A. Hypovolemic  
B. Septic  
C. Cardiogenic (page 164)  
D. Distributive

8-4. (based on: Emergency Care for Professional Responders) The type of shock caused by the quantity of blood circulating in the body being too low is referred to as ____________ shock.

A. Cardiogenic  
B. Hypovolemic (page 164)  
C. Septic  
D. Obstructive

8-5. (based on: Emergency Care for Professional Responders) The type of shock caused by the blood vessels being unable to constrict properly is referred to as ____________ shock.

A. Distributive  
B. Hypovolemic  
C. Relative Hypovolemic  
D. A and C (page 164-165)
8-6. (based on: Emergency Care for Professional Responders)
Pulmonary Embolism and Tension Pneumothorax are examples of potential causes of _____________ shock.

A. Obstructive (page 165)
B. Hypovolemic
C. Neurogenic
D. Distributive

8-7. (based on: Emergency Care for Professional Responders)
Hemorrhagic Shock is an example of true hypovolemic Shock.

A. True (page 165)
B. False

8-8. (based on: Emergency Care for Professional Responders)
Neurogenic Shock is an example of true hypovolemic Shock.

A. True
B. False (page 165)

8-9. (based on: Emergency Care for Professional Responders)
Psychogenic Shock is an example of true hypovolemic Shock.

A. True
B. False (page 165)

8-10. (based on: Emergency Care for Professional Responders)
Septic Shock is an example of true hypovolemic Shock.

A. True
B. False (page 165)

8-11. (based on: Emergency Care for Professional Responders)
Anaphylactic Shock is an example of true hypovolemic Shock.

A. True (page 165)
B. False

8-12. (based on: Emergency Care for Professional Responders)
Which of the following is NOT one of the three stages of shock?

A. Reversible (page 165-166)
B. Compensated
C. Decompensated
D. Irreversible
8-13. (based on: Emergency Care for Professional Responders)
The Trendelenburg position is not indicated if the patient has experienced trauma that is putting stress on the cardiovascular system, or if the patient’s Systolic blood pressure is above _______.

- A. 160 mmHg
- B. 180 mmHg
- C. 120 mmHg
- D. 100 mmHg (page 166)

8-14. (based on: Emergency Care for Professional Responders)
Why should you generally avoid giving a patient in shock anything to eat or drink?

- A. They aren’t responsive enough to know what they want
- B. They may have an anaphylactic reaction to water
- C. They may require surgery (page 166)
- D. They will not be able to taste what they eat

8-15. (based on: Emergency Care for Professional Responders)
The chain of cause and effect as shock progresses from initial injury to death is referred to as the _______.

- A. Vital Link
- B. Chain of Events
- C. Domino Effect (page 167)
- D. Circle of Life

8-16. (based on: Emergency Care for Professional Responders)
Because _____________ is the underlying condition caused by shock, high-flow supplemental oxygen is indicated.

- A. Hypoxia (page 167)
- B. Hyperoxemia
- C. Hypertension
- D. COPD
Section 9: Hemorrhage & Soft Tissue Trauma

9-1. (based on: Emergency Care for Professional Responders)
When the gap between a wound’s edges is so large that the wound cannot be closed, healing occurs through ______________.

A. Degradation
B. Emulsification
C. Exfoliation
D. Granulation (page 170)

9-2. (based on: Emergency Care for Professional Responders)
When cleaning the area around a wound, always wipe __________ the wound.

A. On the surface of
B. Into the center of
C. In concentric circles around
D. Away from (page 170)

9-3. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a typical sign or symptom of systemic infection?

A. General Malaise
B. Cyanosis (page 170)
C. Red streaks moving away from the wound and toward the heart
D. Nausea

9-4. (based on: Emergency Care for Professional Responders)
Tetanus is sometimes referred to as ______________.

A. Lockjaw (page 171)
B. Rabies
C. Bird Flu
D. Scabies

9-5. (based on: Emergency Care for Professional Responders)
Gangrene is highly infectious.

A. True (page 171)
B. False

9-6. (based on: Emergency Care for Professional Responders)
A__________ is a piece of material (usually cloth or elastic) used to hold a ________ in place.

A. Dressing, Bandage
B. Tourniquet, Amputation
C. Bandage, Dressing (page 172)
D. Spider Strap, Spineboard
9-7. (based on: Emergency Care for Professional Responders)
Air and water tight dressings are referred to as _____________.

A. Occlusive (page 173)
B. Non-Occlusive
C. Obtrusive
D. Obstructive

9-8. (based on: Emergency Care for Professional Responders)
Which of the following does NOT likely require sutures or stitches?

A. Wounds more than 1 inch (2.5 cm) long
B. Wounds on the face or head
C. Punctures from a blood glucometer lancet (page 173-174)
D. Human or animal bites

9-9. (based on: Emergency Care for Professional Responders)
A ________________ is used to treat a hemorrhage when all other interventions are impossible or have been ineffective.

A. Lancet
B. Tourniquet (page 174)
C. Bandage
D. Dressing

9-10. (based on: Emergency Care for Professional Responders)
A tourniquet should be applied _______________ above the injury and just above any joint in this range.

A. 5-10 cm
B. 2-4 inches
C. A and B (page 174)
D. 2 feet

9-11. (based on: Emergency Care for Professional Responders)
Bleeding from ________________ is often hemorrhagic (rapid, profuse and life-threatening).

A. Capillaries
B. Veins
C. Arteries (page 175)
D. All of the above

9-12. (based on: Emergency Care for Professional Responders)
Applying a dressing and bandage to an external bleed is an example of ________________.

A. Direct Pressure (page 175)
B. Indirect Pressure
C. Pressure Point
D. Sutures
9-13. (based on: Emergency Care for Professional Responders)
If blood soaks through the initial bandage and dressing placed over a wound, your next step should be ____________________.

A. Remove the soaked dressing and bandage  
B. Apply ringer’s lactate to the surface of the wound  
C. Apply a second bandage and dressing over the first (page 176)  
D. Direct the patient to rub the affected area

9-14. (based on: Emergency Care for Professional Responders)
A nosebleed is also referred to as ________________.

A. Peristalsis  
B. Ataxia  
C. Hypoxia  
D. Epistaxis (page 176)

9-15. (based on: Emergency Care for Professional Responders)
A nosebleed should be considered potentially life-threatening if the patient’s history includes ____ or ______.

A. Hypotension, Diabetes  
B. Hyperglycemia, Glaucoma  
C. Hyperventilation, Epistaxis  
D. Hypertension, Blood Thinning Medication (page 177)

9-16. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a typical sign or symptom of internal bleeding?

A. Rise in blood pressure (page 177)  
B. Rapid, weak pulse  
C. Excessive Thirst  
D. Cool, moist, pale or bluish skin

9-17. (based on: Emergency Care for Professional Responders)
Internal bleeding is more difficult to recognize than external bleeding because it is almost never life-threatening.

A. True  
B. False (page 177)

9-18. (based on: Emergency Care for Professional Responders)
Which of the following is often required to control internal bleeding?

A. Tourniquet  
B. Direct Pressure  
C. Surgery (page 178)  
D. ASA
9-19. (based on: Emergency Care for Professional Responders)
What are the 4 main types of open wounds?

A. Abrasions, Lesions, Avulsions, Lacerations
B. Avulsions, Abrasions, Lacerations, Epistaxis
C. Abrasions, Lacerations, Avulsions, Revisions
D. Abrasions, Lacerations, Avulsions, Punctures (page 178)

9-20. (based on: Emergency Care for Professional Responders)
The location of the entry an exit wounds of a gunshot injury can give you an indication of ____________.

A. The caliber of the bullet fired
B. Internal injuries that may have occurred (page 181)
C. The location of the assailant
D. The location of the weapon used

9-21. (based on: Emergency Care for Professional Responders)
Larger impaled objects should be _______ unless they interfere with the patient’s airway or respiration.

A. Sterilized
B. Removed
C. Pushed through the exit wound
D. Left in place (page 181)

9-22. (based on: Emergency Care for Professional Responders)
A ______________ is a collection of blood between the nail bed and the fingernail.

A. Subarachnoid Hemorrhage
B. Subungual Hematoma (page 183)
C. Deep Vein Thrombosis
D. Pulmonary Embolism

9-23. (based on: Emergency Care for Professional Responders)
Myocardial Contusion is also referred to as ________________.

A. Pericardial Contusion
B. Cardiac Contusion (page 183)
C. Subarachnoid Contusion
D. Aortic Aneurysm

9-24. (based on: Emergency Care for Professional Responders)
Dermatitis is highly contagious.

A. True
B. False (page 183)
9-25. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered one of the four main causes of burns?

A. Thermal
B. Chemical
C. Friction (page 184)
D. Radiation

9-26. (based on: Emergency Care for Professional Responders)
Which of the following is NOT one of the three depth classifications of burns?

A. Nth Degree (page 184)
B. Superficial
C. Partial Thickness
D. Full Thickness

9-27. (based on: Emergency Care for Professional Responders)
A superficial burn is sometimes referred to as a __________________ burn.

A. First Degree (page 184)
B. Second Degree
C. Third Degree
D. Fourth Degree

9-28. (based on: Emergency Care for Professional Responders)
A full-thickness burn is sometimes referred to as a __________________ burn.

A. First Degree
B. Second Degree
C. Third Degree (page 185)
D. Fourth Degree

9-29. (based on: Emergency Care for Professional Responders)
Which of the following is NOT an example of a critical burn?

A. Partial-Thickness burns to the shoulders (page 186)
B. Partial-Thickness burns that cover more than 10% of the body
C. Partial or full-thickness burns on a child or older adult
D. Burns resulting from chemicals, explosions or electricity

9-30. (based on: Emergency Care for Professional Responders)
According to the rule of nines, a burn covering the anterior and posterior of the torso of an adult equal ____________ % of the body.

A. 18
B. 9
C. 4.5
D. 36 (page 186)
9-31. (based on: Emergency Care for Professional Responders)
According to the rule of palms, the palm of the patient’s body is equivalent to approximately ________ % of their body.

A. 0.5
B. 1 (page 187)
C. 5
D. 9

9-32. (based on: Emergency Care for Professional Responders)
Which of the following is NOT one of the three basic care steps for burns?

A. Apply burn ointment (page 187)
B. Prevent additional damage to tissue
C. Cover the burned area with dry dressings
D. Take steps to manage shock

9-33. (based on: Emergency Care for Professional Responders)
When dealing with burn injuries, pay special attention to the patient’s __________ during the primary assessment.

A. Fingers
B. Skin
C. Pain Scale
D. Airway (page 187)

9-34. (based on: Emergency Care for Professional Responders)
Unlike most burns, small burns (covering less than ____________ % of the body) may be left covered with a moist dressing.

A. 5
B. 10 (page 188)
C. 15
D. 20

9-35. (based on: Emergency Care for Professional Responders)
If possible, immerse a thermal burn in water instead of using running water, to reduce the risk of ________.

A. Tissue Damage (page 188)
B. Infection
C. Blisters
D. Redness
9-36. (based on: Emergency Care for Professional Responders)
Care should be taken to monitor for _______________ when cooling large burns.

A. Infection
B. Tissue Damage
C. Blisters
D. Hypothermia (page 188)

9-37. (based on: Emergency Care for Professional Responders)
The presence of soot, thermal burns around the mouth or nose, singed hair and/or singed eyebrows may signal that a patient’s ___________ or ___________ have been burned.

A. Eyes, Neck
B. Hands, Face
C. Air Passages, Lungs (page 189)
D. Ears, Fingers

9-38. (based on: Emergency Care for Professional Responders)
When dealing with chemical burns, flush the affected area for at least __________ minutes.

A. 2
B. 10
C. 20 (page 190)
D. 60

9-39. (based on: Emergency Care for Professional Responders)
Although electrical burns may look _______________, the underlying tissues may be ___________ damaged.

A. Severe, Superficially
B. Superficial, Severely (page 190)
C. Reddened, Barely
D. Blackened, Superficially

9-40. (based on: Emergency Care for Professional Responders)
Burns from the sun are an example of ____________ burns.

A. Thermal
B. Electrical
C. Partial Thickness
D. Radiation (page 191)
9-41. (based on: Emergency Care for Professional Responders)
When an amputation occurs, blood vessels usually ______________ and ______________ from the site of the amputation.

A. Dilate, Bleed  
B. Expand, Extrude  
C. Contract, Dilate  
D. Constrict, Retract (page 191)

9-42. (based on: Emergency Care for Professional Responders)
Which of the following accurately lists the steps to preserve an amputated body part?

A. Wrap in sterile gauze, Immerse in sterile saline, Keep warm  
B. Rinse with sterile saline, pack in bag of ice, wrap ice and part inside sterile gauze  
C. Rinse, Wrap in sterile gauze and place in bag, Place inside another bag (page 191)  
D. Rinse with ice, Wrap in plastic, Immerse in frozen saline

9-43. (based on: Emergency Care for Professional Responders)
Internal hemorrhage and ______________ are likely when dealing with Crush Injuries.

A. Amputation  
B. Build up of toxins (page 191)  
C. Nerve inflammation  
D. Partial Thickness burns

9-44. (based on: Emergency Care for Professional Responders)
When the crushing object is removed, toxins such as ______________ are carried through the body, affecting multiple body systems and creating a condition referred to as ______________.

A. Acetylsalicylic Acid, Compartment Syndrome  
B. Lactic Acid, Crush Syndrome (page 192)  
C. Gastric Acid, Partial Amputation  
D. Aortic Acid, Cushing’s Triad

9-45. (based on: Emergency Care for Professional Responders)
______________ occurs when pressure within the muscle compartment builds up to dangerous levels and block circulation to the cells.

A. Crush Syndrome  
B. Apartment Syndrome  
C. Circulatory Syndrome  
D. Compartment Syndrome (page 192)
9-46. (based on: Emergency Care for Professional Responders)
Which of the following is NOT generally considered a potential Blast Injury?

A. Inhalation Burns  
B. Pneumothorax  
C. Internal Bleeding  
D. Type II Diabetes (page 192)

9-47. (based on: Emergency Care for Professional Responders)
If the mechanism of injury suggests a High Pressure Injection (HPI) injury, you should suspect ____________ injuries.

A. Radiation  
B. Crush  
C. Blast  
D. Internal (page 192)
Section 10: Musculoskeletal Injuries

10-1. (based on: Emergency Care for Professional Responders)
A _____________ is a partial or complete break in bone tissue.

A. Sprain
B. Strain
C. Dislocation
D. Fracture (page 196)

10-2. (based on: Emergency Care for Professional Responders)
Open fractures leave the skin unbroken.

A. True
B. False (page 196)

10-3. (based on: Emergency Care for Professional Responders)
A ______________ is a displacement or separation of a bone from its normal position at a joint.

A. Sprain
B. Strain
C. Dislocation (page 196)
D. Fracture

10-4. (based on: Emergency Care for Professional Responders)
Do not attempt to reinsert a dislocated joint, as this can cause additional damage.

A. True (page 197)
B. False

10-5. (based on: Emergency Care for Professional Responders)
A _____________ is the partial or complete stretching or tearing of ligaments at a joint.

A. Sprain (page 197)
B. Strain
C. Dislocation
D. Fracture

10-6. (based on: Emergency Care for Professional Responders)
Often, a sprain is more disabling than a fracture.

A. True (page 197)
B. False
10-7. (based on: Emergency Care for Professional Responders)
A ______________ is the stretching and tearing of muscle or tendon fibres.

A. Sprain  
B. Strain (page 197)  
C. Dislocation  
D. Fracture

10-8. (based on: Emergency Care for Professional Responders)
What are the four general types of splint?

A. Soft, Rigid, Anatomical, Amputation  
B. Soft, Rigid, Theoretical, Traction  
C. Soft, Rigid, Anatomical, Traction (page 198)  
D. Soft, Frigid, Anatomical, Traction

10-9. (based on: Emergency Care for Professional Responders)
An injury in the middle-third of a bone is also referred to as a ___________ injury.

A. Joint  
B. Mid-Shaft (page 199)  
C. Open fracture  
D. Soft Tissue

10-10. (based on: Emergency Care for Professional Responders)
Which of the following is NOT one of the basic principles of using a splint?

A. Splint only if it can be done without causing further injury  
B. Check for normal circulation and sensation before and after splinting  
C. Force the patient to conform with the position of the splint you have available (page 199)  
D. Immobilize the joints above and below the injury site in the splint

10-11. (based on: Emergency Care for Professional Responders)
Moving from stable to unstable means first anchoring the splint to strong, uninjured areas and then wrapping towards the injured part.

A. True (page 200)  
B. False

10-12. (based on: Emergency Care for Professional Responders)
Which of the following is NOT something you should do after an injury has been immobilized?

A. Apply ice or a cold pack  
B. Care for shock  
C. Recheck the patient’s ABCs and Vital Signs  
D. Perform a range of motion assessment on the injured area (page 201)
10-13. (based on: Emergency Care for Professional Responders) Which of the following is NOT one of the criteria to make a single attempt to straighten a fractured limb?

A. The injury involves a combination of ligaments and tendons
B. The injury is an open fracture (page 201)
C. Decreased or absent distal circulation, sensation and/or mobility
D. Gross Angulation at the limb

10-14. (based on: Emergency Care for Professional Responders) A ________ is used to support an upper extremity if a musculoskeletal injury damages the usual support structures.

A. Traction Splint
B. Kendrick Extrication Device
C. Sling (page 201)
D. Scoop Stretcher

10-15. (based on: Emergency Care for Professional Responders) Which of the following is NOT considered one of the common signs and symptoms of musculoskeletal injuries?

A. Pain
B. Swelling
C. Deformity
D. Dilated Pupils (page 201)

10-16. (based on: Emergency Care for Professional Responders) The most serious musculoskeletal injuries are generally __________ as they are most likely to cause additional damage to internal structures or result in permanent impairment.

A. Sprains
B. Strains
C. Fractures (page 202)
D. Dislocations

10-17. (based on: Emergency Care for Professional Responders) A grating, popping or crackling sound or sensation beneath the skin is referred to as ________.

A. Tinnitus
B. Crepitus (page 202)
C. Alveolus
D. Crunchiness
10-18. (based on: Emergency Care for Professional Responders)
Severe angulation with reduction in or loss of sensation and/or circulation indicates the patient is in the Rapid Transport Category.

A. True (page 203)
B. False

10-19. (based on: Emergency Care for Professional Responders)
What does the acronym R-I-C-E stand for?

A. Rest, Ice, Compression, Elevate
B. Restore, Immobilize, Cold, Elevation
C. Rest, Immobilize, Cold, Extremities
D. Rest, Immobilize, Cold, Elevate (page 203)

10-20. (based on: Emergency Care for Professional Responders)
Which of the following is NOT commonly damaged with upper extremity injuries?

A. Tibia (page 204)
B. Blood Vessels
C. Nerves
D. Soft Tissues

10-21. (based on: Emergency Care for Professional Responders)
What is the most frequently injured bone of the shoulder?

A. Ventricle
B. Scapula
C. Fibula
D. Clavicle (page 205)

10-22. (based on: Emergency Care for Professional Responders)
Injured fingers and/or hands should be immobilized in a position of function.

A. True (page 207)
B. False

10-23. (based on: Emergency Care for Professional Responders)
Which of the following is NOT one of the bones of the leg?

A. Femur
B. Patella
C. Tarsals
D. Metacarpals (page 208)
10-24. (based on: Emergency Care for Professional Responders)
The ___________ are the largest bones in the body.

A. Tarsals
B. Fibula
C. Tibia
D. Femurs (page 209)

10-25. (based on: Emergency Care for Professional Responders)
_________ muscles are so strong that they can pull broken bone ends together, causing them to overlap.

A. Thigh (page 209)
B. Biceps
C. Latissimus Dorsi
D. Pectoralis Major

10-26. (based on: Emergency Care for Professional Responders)
The _____________ artery is a major supplier of blood to the legs and feet.

A. Femoral (page 209)
B. Radial
C. Carotid
D. Brachial

10-27. (based on: Emergency Care for Professional Responders)
A patient with a fractured femur should always be placed in the Rapid Transport Category.

A. True (page 209)
B. False

10-28. (based on: Emergency Care for Professional Responders)
The Fibula and Tibia are often fractured simultaneously.

A. True (page 210)
B. False

10-29. (based on: Emergency Care for Professional Responders)
The knee joins the two _______________ bones of the body.

A. Shortest
B. Thickest
C. Longest (page 211)
D. Weakest
10-30. (based on: Emergency Care for Professional Responders)
A _____________ splint is generally effective for most foot injuries.

A. Sponge  
B. Traction

C. Pillow (page 212)
D. Rotational
Section 11: Chest, Abdominal and Pelvic Injuries

11-1. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a typical sign or symptom of a serious chest injury?

A. Respiratory distress or arrest
B. Unequal or paradoxical movement of the chest wall
C. Coughing up blood
D. Hypoglycemia (page 216)

11-2. (based on: Emergency Care for Professional Responders)
If a patient has sustained a chest injury or is complaining of chest pain, the chest must be exposed for proper assessment.

A. True (page 216)
B. False

11-3. (based on: Emergency Care for Professional Responders)
Simple rib fractures can become life-threatening if the fractured bone causes damage to _________.

A. Organs or major blood vessels (page 216)
B. Intercostal muscles
C. The sternal notch
D. The clavicle

11-4. (based on: Emergency Care for Professional Responders)
The ___________ position is often the most comfortable for a patient with multiple rib fractures.

A. Fowler’s
B. Trendelenburg
C. Semi-Fowler’s (page 217)
D. Prone

11-5. (based on: Emergency Care for Professional Responders)
A section of the rib cage breaking free from the surrounding tissues is referred to as a ____________, which can cause paradoxical chest movement.

A. Flail Chest (page 217)
B. Pneumothorax
C. Tension Pneumothorax
D. Meningitis
11-6. (based on: *Emergency Care for Professional Responders*)
Treatment of a flail chest should include bulky dressings at least ______________ thick, which extend beyond the edges of the segment on all sides.

A. 6 inches
B. 0.5 inches (page 217)
C. 4 inches
D. 2 inches

11-7. (based on: *Emergency Care for Professional Responders*)
Hemothorax is bleeding into the ______________ around the lungs.

A. Aortic Arch
B. Diaphragm
C. Pleural Space (page 218)
D. Intercostal Muscles

11-8. (based on: *Emergency Care for Professional Responders*)
If the hemothorax is the result of a penetrating chest injury, the patient may require interventions for ______________ as well.

A. Amputation
B. Open pneumothorax (page 218)
C. Flail Chest
D. Pneumonia

11-9. (based on: *Emergency Care for Professional Responders*)
________________ is a condition caused by air entering the pleural space around the lung.

A. Pneumothorax (page 218)
B. Hemothorax
C. Hyperthorax
D. Hypothorax

11-10. (based on: *Emergency Care for Professional Responders*)
Pneumothorax that occurs without any associated trauma is referred to as ______________.

A. Spontaneous Pneumothorax (page 219)
B. Spontaneous Hemothorax
C. Tension Pneumothorax
D. Tension Hemothorax
11-11. (based on: Emergency Care for Professional Responders)
When the mounting pressure of the air in the plural space causes the lungs to eventually collapse, this is referred to as ________________.

A. Spontaneous Pneumothorax
B. Spontaneous Hemothorax
C. Tension Pneumothorax (page 219)
D. Tension Hemothorax

11-12. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a common sign or symptom of Tension Pneumothorax?

A. Hypotension
B. Trachial Deviation
C. Hypertension (page 219)
D. Jugular Vein Distension

11-13. (based on: Emergency Care for Professional Responders)
____________ is a rare condition that occurs when air becomes trapped in tissues beneath the skin.

A. Jugular Vein Distension
B. Tension Pneumothorax
C. Subcutaneous Emphysema (page 219)
D. Hemothorax

11-14. (based on: Emergency Care for Professional Responders)
A hole in the chest wall disrupts the ________________, which can prevent the lungs from functioning properly and cause respiratory distress.

A. Subcutaneous Emphysema
B. Ventricular Fibrillation
C. Paradoxical Movement
D. Intrathoracic Pressure (page 219)

11-15. (based on: Emergency Care for Professional Responders)
A penetrating chest wound is sometimes referred to as a _________________.

A. Sucking Chest Wound (page 219)
B. Jugular Vein Distension
C. Paradoxical Movement
D. Subcutaneous Emphysema
11-16. (based on: Emergency Care for Professional Responders)
The concern with a penetrating chest wound is that wound will become ___________, meaning that the wound no longer allows air to enter or exit.

A. Infected
B. Occluded (page 220)
C. Affected
D. Distended

11-17. (based on: Emergency Care for Professional Responders)
A dressing that is saturated with blood may become ________________

A. Occluded (page 220)
B. Non-Occluded
C. Vented
D. Sterile

11-18. (based on: Emergency Care for Professional Responders)
The abdomen is more susceptible to injury because it is not surrounded by ____________.

A. Pleural Space
B. A cage of bone (page 220)
C. Vital Organs
D. Skin

11-19. (based on: Emergency Care for Professional Responders)
The liver is located in the ______________ quadrant of the abdomen.

A. Upper Left
B. Upper Right (page 220)
C. Lower Left
D. Lower Right

11-20. (based on: Emergency Care for Professional Responders)
The spleen is located in the _____________ quadrant of the abdomen.

A. Upper Left (page 220)
B. Upper Right
C. Lower Left
D. Lower Right
11-21. (based on: Emergency Care for Professional Responders)
Damage to the GI tract can cause internal hemorrhage and carries a high risk of ______________.

A. Tension Pneumothorax  
B. Jugular Vein Distension  
C. Occupational Dermatitis  
D. Infection (page 220)

11-22. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a common sign or symptom of serious Abdominal Injury?

A. Distension in the abdomen  
B. Red, dry skin (page 221)  
C. Signs and symptoms of shock  
D. Thirst

11-23. (based on: Emergency Care for Professional Responders)
A patient who has experienced serious trauma to the abdomen should be in the rapid transport category, even if signs and symptoms of serious injury are absent.

A. True (page 221)  
B. False

11-24. (based on: Emergency Care for Professional Responders)
Which of the following is NOT one of the recommended steps in providing care for an Abdominal Injury?

A. Place in a supine position  
B. Bend the patient’s knees slightly  
C. Attempt to control any external bleeding  
D. Place rolled up blankets or pillows under the knees, even if it causes pain (page 221)

11-25. (based on: Emergency Care for Professional Responders)
Protruding organs should be immediately forced back into place.

A. True  
B. False (page 222)

11-26. (based on: Emergency Care for Professional Responders)
Which of the following accurately outlines the steps to provide care for protruding organs?

A. Apply ice packs, douse with saline, transport prone  
B. Rinse with saline, place ice packs in plastic bag and secure to abdomen  
C. Cover with moist dressings, cover with plastic, keep warm with blanket/towel (page 222)  
D. Cover with blankets, bind tightly with tape, rinse with saline
11-27. (based on: Emergency Care for Professional Responders)
A(n) _______________ occurs when the wall of the abdominal aorta weakens and bulges, creating a localized enlarged area.

A. Subcutaneous Emphysema  
B. Abdominal Aortic Aneurysm (page 222)  
C. Transient Ischemic Attack  
D. Cerebrovascular Accident

11-28. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a common sign or symptom of AAA?

A. Pulsating mass in the abdomen  
B. Diminished or absent femoral or pedal pulses  
C. Left-sided numbness (page 223)  
D. Back pain

11-29. (based on: Emergency Care for Professional Responders)
Which 3 innominate bones are part of the pelvis?

A. Coccyx, Ilium, Ischium  
B. Ilium, Ischium, Pubis (page 223)  
C. Tarsals, Carpals, Fibula  
D. Clavicle, Scapula, Humerus

11-30. (based on: Emergency Care for Professional Responders)
Fractured bones in the pelvis can cause severe _______________.

A. Internal Hemorrhage (page 223)  
B. Tension Pneumothorax  
C. Subcutaneous Emphysema  
D. COPD

11-31. (based on: Emergency Care for Professional Responders)
Pain, pelvic instability and ________________ are key indicators of a pelvic fracture.

A. Dizziness  
B. Emphysema  
C. Constricted pupils  
D. Crepitus (page 223)

11-32. (based on: Emergency Care for Professional Responders)
If you suspect a fracture of one of the pelvic bones, perform a ______________ assessment.

A. Three-Plane (page 223)  
B. Four-Plane  
C. Forceful  
D. Rapid
11-33. (based on: Emergency Care for Professional Responders)
Which of the following is NOT a benefit derived from pelvic binding?

A. Assists in controlling internal hemorrhage
B. Maintains circumferential immobilization and stability
C. Increases the volume within the pelvic cavity (page 224)
D. Allows easy access to the abdomen, femoral vessels and perineum

11-34. (based on: Emergency Care for Professional Responders)
Care for injuries to the genitals is the same as care for any other soft tissue injury.

A. True (page 225)
B. False
Section 12: Head and Spinal Injuries

12-1. (based on: Emergency Care for Professional Responders)
A patient with a suspected spinal injury should have his or her spine protected from further injury, but if protecting the spine interferes with life-saving interventions, protecting the patient’s life must be the highest priority.

A. True (page 228)
B. False

12-2. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a mechanism of injury likely to cause head and/or spinal injury?

A. Any fall from greater than 1 foot (page 228)
B. Any motor vehicle collision
C. Any incident involving a lightning strike or electrocution
D. Any penetrating injury to the head, neck or trunk

12-3. (based on: Emergency Care for Professional Responders)
An injury to the head is often a superficial injury such as a cut to the face or scalp, whereas a head injury often involves ________________.

A. Brain Trauma (page 228)
B. Pneumothorax
C. Amputation
D. Abdominal Aortic Aneurysm

12-4. (based on: Emergency Care for Professional Responders)
An injury to the head is sometimes referred to as a ________________, and a head injury is sometimes referred to as a ________________.

A. Concussion, Contusion
B. Contusion, Concussion (page 228)
C. Confusion, Correction
D. Compaction, Correlation

12-5. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a common sign or symptom of a skull fracture.

A. Fluid coming from the nose, ears, mouth or a head wound
B. Pupils of normal and equal size (page 228)
C. Bruising around the eyes or ears
D. Swelling
12-6. (based on: Emergency Care for Professional Responders)
The bones that form the eye sockets are also referred to as the ______________.

A. Pulpits
B. Orbits (page 228)
C. Clavicles
D. Basal Skull

12-7. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a mechanism of injury common to head and/or spinal injury?

A. Distraction
B. Compression
C. Avulsion (page 229)
D. Hyperextension

12-8. (based on: Emergency Care for Professional Responders)
If there is an object impaled in the skull, allow the blood to drain.

A. True (page 230)
B. False

12-9. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a common sign or symptom of brain damage?

A. Incontinence
B. Rapid, weak pulse
C. Hypoglycemia (page 230)
D. High blood pressure with slow pulse

12-10. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered part of Cushing’s Triad?

A. Change in respiration
B. Increased blood pressure
C. Bradycardia
D. Lessening of the gap between systolic and diastolic pressure (page 230)

12-11. (based on: Emergency Care for Professional Responders)
A concussion is one of a subset of ______________ that involves a temporary alteration in brain function.

A. Diseases
B. Traumatic Brain Injuries (page 231)
C. Syndromes
D. Glasgow Coma Scale
12-12. (based on: Emergency Care for Professional Responders)
An impact to the __________ or __________ can create forces that cause the brain to shake inside the skull.

A. Thigh, Coccyx
B. Head, Upper Body (page 231)
C. Patella, Fibula
D. Tibia, Tarsal

12-13. (based on: Emergency Care for Professional Responders)
A concussion can result from even a seemingly minor injury, and the signs and symptoms may not be immediately obvious.

A. True (page 231)
B. False

12-14. (based on: Emergency Care for Professional Responders)
What are the four categories of concussion signs and symptoms?

A. Thinking and Remembering, Physical, Emotional, Psychological
B. Thinking and Remembering, Psychosomatic, Emotional, Sleep
C. Thinking and Remembering, Physical, Emotional, Sleep (page 231)
D. Thinking and Remembering, Physical, Escalating, Sleep

12-15. (based on: Emergency Care for Professional Responders)
Buildup of blood in the skull can create __________ which can cause further damage to brain tissue

A. CHF
B. ICP (page 232)
C. TIA
D. ITP

12-16. (based on: Emergency Care for Professional Responders)
Which of the following is NOT one of the four types of bleeding that can occur in the skull?

A. Epidural Hematoma
B. Subdural Hematoma
C. Subarachnoid Hematoma
D. Intercerebral Hematoma (page 232)

12-17. (based on: Emergency Care for Professional Responders)
The most serious spinal injuries involve a severing of the __________.

A. Intervertebral Disk
B. Diaphragm
C. Spinal Cord (page 233)
D. Dura Mater
12-18. (based on: Emergency Care for Professional Responders)
Signs and symptoms, in combination with ________________ may suggest a spinal injury.

A. MOI (page 233)
B. GCS
C. RTC
D. SMR

12-19. (based on: Emergency Care for Professional Responders)
Patients with suspected spinal injury should be placed in the Rapid Transport Category.

A. True (page 233)
B. False

12-20. (based on: Emergency Care for Professional Responders)
_____________ refers to any technique for limiting movement of the patient’s neck and/or spine.

A. MOI
B. GCS
C. RTC
D. SMR (page 233)

12-21. (based on: BCEHS Treatment Guidelines and EMR Cheat Sheet)
Which of the following is NOT an indicator of potential thoracolumbar injury, according to the Nexus protocols?

A. Age under 16 years old
B. Vital Signs Unstable (page 234)
C. No acute paralysis
D. Patient is alert

12-22. (based on: BCEHS Treatment Guidelines and EMR Cheat Sheet)
Which of the following is NOT required during Simple SMR, according to the Nexus protocols?

A. Cervical Collar applied
B. Patient placed supine on a stretcher or soft mattress
C. Head of stretcher raised 30° is there is a head injury
D. Head Taped

12-23. (based on: BCEHS Treatment Guidelines and EMR Cheat Sheet)
Which of the following is NOT considered NEXUS Criteria, according to the Nexus SMR Decision Matrix?

A. Midline Tenderness
B. Intoxicated
C. Fall less than 1 meter or 5 stairs
D. Altered LOC
12-24. (based on: BCEHS Treatment Guidelines and EMR Cheat Sheet)
Which of the following factors does NOT put someone into a High Risk Group, according to the Nexus SMR Decision Matrix?

A. Age over 16
B. Age over 65
C. Osteoporosis
D. Pre-existing Spinal Injury/Condition

12-25. (based on: Emergency Care for Professional Responders)
When SMR is indicated, the patient's head may be brought into neutral alignment using a technique called ________________.

A. Off-line Stabilization
B. In-line Stabilization (page 235)
C. Co-axial Stabilization
D. On-line Stabilization

12-26. (based on: Emergency Care for Professional Responders)
Neutral alignment must be achieved, even if the patient complains of increased pain, or you encounter resistance.

A. True
B. False (page 236)

12-27. (based on: Emergency Care for Professional Responders)
Which of the following indicates that in-line stabilization should NOT be used/applied?

A. Age over 16 years old
B. MOI involving high speed Motor Vehicle Collision
C. Patient’s head is severely angulated to one side (page 236)
D. Patient is alert

12-28. (based on: Emergency Care for Professional Responders)
Which of the following is NOT listed as an effective method of manually stabilizing a patient’s head?

A. Head Grip
B. Modified Trapezius Squeeze
C. Sternal/Spinal Grip
D. Sternal/Pelvic Grip (page 238)

12-29. (based on: Emergency Care for Professional Responders)
The patient’s head must be in the neutral position to properly size a hard cervical collar.

A. True (page 239)
B. False
12-30. (based on: *Emergency Care for Professional Responders*)
Which of the following accurately outlines the strapping sequence when securing a patient to a backboard with SMR?

A. Chest, Head, Pelvis, Legs  
B. Head, Chest, Pelvis, Legs  
C. Chest, Pelvis, Legs, Head (page 240)  
D. Pelvis, Chest, Head, Legs

12-31. (based on: *Emergency Care for Professional Responders*)
Unless manufacturer’s specifications dictate otherwise, what is the first strap that should be secured when using a Kendrick Extrication Device (KED).

A. Leg Strap  
B. Upper Torso Strap  
C. Middle Torso Strap (page 241)  
D. Head Strap

12-32. (based on: *Emergency Care for Professional Responders*)
Which of the following is **NOT** an accepted criteria for rapid extrication using manual stabilization only, when full SMR would otherwise be indicated?

A. Full SMR is inconvenient and physically demanding (page 242)  
B. The scene has become unsafe  
C. The patient is blocking access to another patient with life-threatening injuries  
D. Life-saving interventions can’t be performed due to the position or location of the patient

12-33. (based on: *Emergency Care for Professional Responders*)
Safely removing protective equipment such as a football helmet and shoulder pads is a simple procedure which can easily be performed by a single rescuer.

A. True  
B. False (page 243)

12-34. (based on the *EMR Cheat Sheet*)
Priapism is a sustained ____________ caused by spinal cord injury

A. Erection  
B. Decreased level of responsiveness  
C. Paralysis  
D. Memory loss
Section 13: Acute and Chronic Illness

13-1. (based on: Emergency Care for Professional Responders)
An illness can be categorized as either ______ (with a sudden onset) or ______ (persisting over time).

A. Acute, Chronic (page 247)
B. Chronic, Acute
C. Obtuse, Ironic
D. Ironic, Obtuse

13-2. (based on: Emergency Care for Professional Responders)
_____ occurs when the brain is suddenly deprived of it’s normal blood flow and momentarily shuts down.

A. Ataxia
B. Concussion
C. Syncope (page 248)
D. Angina

13-3. (based on: Emergency Care for Professional Responders)
Any altered mental status can be an indicator of a serious underlying condition.

A. True
B. False (page 248)

13-4. (based on: Emergency Care for Professional Responders)
The body’s cells need ___________ as a source of energy to function normally.

A. B-Cells
B. Calcium
C. Glucose (page 249)
D. Insulin

13-5. (based on: Emergency Care for Professional Responders)
_______________ (a hormone produced in the pancreas) is required for the transfer of glucose from the bloodstream to the body’s cells.

A. Diabetes
B. Mellitus
C. Insulin (page 249)
D. Sugar

13-6. (based on: Emergency Care for Professional Responders)
Diabetes Mellitus is a condition in which the body either fails to produce enough ___________, or it does not effectively use the ___________ it does produce.

A. Seratonin
B. Insulin (page 249)
C. Glucose
D. Sugar
13-7. (based on: Emergency Care for Professional Responders)
Type 1 Diabetes is also known as _________________.

A. Insulin Dependent Diabetes (page 249)  
B. Hypoglycemia  
C. Hyperglycemia  
D. Diabetic Coma

13-8. (based on: Emergency Care for Professional Responders)
Type 2 Diabetes is always non-insulin dependent.

A. True  
B. False (page 249)

13-9. (based on: Emergency Care for Professional Responders)
A patient with Diabetes may use a(n) ________________, which is a small portable device consisting of an external pump and a small tube that fits under the patient’s skin.

A. Internal Defibrillator  
B. Pacemaker  
C. Insulin Pump (page 249)  
D. Prosthetic Pancreas

13-10. (based on: Emergency Care for Professional Responders)
Diabetes that develops as an effect of pregnancy is referred to as _________________.

A. Ectopic Diabetes  
B. Hypoglycemia  
C. Adult Onset Diabetes  
D. Gestational Diabetes (page 249)

13-11. (based on: Emergency Care for Professional Responders)
Hyperglycemia is a condition in which a patient’s blood glucose level (BGL) is too ___________.

A. Low  
B. Thin  
C. High (page 249)  
D. Lean

13-12. (based on: Emergency Care for Professional Responders)
Hyperglycemia usually occurs when the ________________ level in the body is too low.

A. Glucose  
B. Insulin (page 249)  
C. Sugar  
D. Riboflavin
13-13. (based on: Emergency Care for Professional Responders)
Converting ______________ into energy produces waste products and increases the acidity level in the blood, causing a condition called Acidosis.

A. Insulin
B. Fat (page 249)
C. Sugar
D. Glucose

13-14. (based on: Emergency Care for Professional Responders)
If it continues, the ______________ condition deteriorates into a diabetic coma.

A. Hypoglycemic
B. Insulin Dependent
C. Hyperglycemic (page 249)
D. Malnutritive

13-15. (based on: Emergency Care for Professional Responders)
Hypoglycemia occurs when the BGL in the blood is too ___________.

A. High
B. Rich
C. Low (page 250)
D. Concentrated

13-16. (based on: Emergency Care for Professional Responders)
Which of the following is NOT a factor that can cause a patient to become Hypoglycemic?

A. Consuming too much sugary food (page 250)
B. Taking too much insulin
C. Failing to eat adequately
D. Over exercising which can use glucose more quickly than it is replaced

13-17. (based on: Emergency Care for Professional Responders)
If there is not enough glucose for the brain to function properly, an acute and life-threatening condition called _____________ can occur.

A. Diabetic Coma
B. Hyperglycemia
C. Acidosis
D. Insulin Reaction (page 250)

13-18. (based on: Emergency Care for Professional Responders)
Which of the following is NOT a sign or symptom common to both Hypoglycemia and Hyperglycemia?

A. Changes in Level of Responsiveness
B. Tachypnea
C. Tachycardia
D. Wheezing on exhalation (page 250)
13-19. (based on the **EMR Cheat Sheet**)  
An unresponsive patient with BGL below 4 mmol/L should be administered _________ of glucose gel.

A. 15 mg (entire tube)  
B. 15 mg (half a tube)  
C. 30 mg (entire tube)  
D. 30 mg (half a tube)

13-20. (based on: **Emergency Care for Professional Responders**)  
Never give any patient insulin.

A. True (page 250)  
B. False

13-21. (based on: **Emergency Care for Professional Responders**)  
Which of the following is **NOT** one of the steps to administer Glucogel to an unresponsive patient?

A. Place patient in a Semi-Prone position  
B. Ensure suction devices are ready to use  
C. Remove airway adjuncts  
D. Place 12 tubes of glucogel on the inside of the patient’s lower cheek (page 251)

13-22. (based on: **Emergency Care for Professional Responders**)  
Glucagon is a substance that accelerates the breakdown of ____________ into ____________.

A. Glucose, Glycogen  
B. Glycogen, Glucose (page 251)  
C. Glucogel, Sugar  
D. Sugar, Glycogen

13-23. (based on: **Emergency Care for Professional Responders**)  
A seizure is the result of _______________ electrical activity in the brain.

A. Normal  
B. Absent  
C. Abnormal (page 251)  
D. Atrial

13-24. (based on: **Emergency Care for Professional Responders**)  
Generalized Tonic-Clonic seizures are also referred to as _______________ seizures.

A. Petit Mal  
B. Post Ictal  
C. Focal  
D. Grand Mal (page 251)
13-25. (based on: Emergency Care for Professional Responders)
Which of the following accurately lists the 4 stages of a seizure?

A. Aura, Tonic, Clonic, Ictal
B. Aura, Tonic, Clonic, Postictal (page 251)
C. Aura, Preictal, Ictal, Postictal
D. Tonic, Clonic, Partial, Absence

13-26. (based on: Emergency Care for Professional Responders)
Generalized seizures usually last ______________.

A. 5-10 minutes
B. 1-3 minutes (page 251)
C. 15 minutes
D. 2 hours

13-27. (based on: Emergency Care for Professional Responders)
_____________ seizures are the most common type of seizure experienced by patients with epilepsy.

A. Complex
B. Simple
C. Partial (page 252)
D. Grand Mal

13-28. (based on: Emergency Care for Professional Responders)
Absence (Petit Mal) seizures are most common in ______________, and are also referred to as Non-Convulsive seizures.

A. Adults
B. Epileptics
C. Children (page 252)
D. Diabetics

13-29. (based on: Emergency Care for Professional Responders)
_____________ seizures are most likely to occur when a child or infant runs a rectal temperature of over 39°C (102°F).

A. Absence
B. Partial
C. Febrile (page 252)
D. Tonic-Clonic
13-30. (based on: Emergency Care for Professional Responders)
________________________ is a seizure that lasts longer than 5 minutes or a series of seizures lasting longer than 5 minutes without a return to normal responsiveness between them.

A. Grand Mal seizure  
B. Status Epilepticus (page 252)  
C. Petit Mal seizure  
D. Tonic-Clonictus

13-31. (based on: Emergency Care for Professional Responders)
________________________ is a term used to describe a group of neurological disorders in which the individual experiences recurring seizures as the main symptom.

A. Epilepsy (page 252)  
B. Status Epilepticus  
C. Epilepticus  
D. Ictal Syndrome

13-32. (based on: Emergency Care for Professional Responders)
What are the two main priorities when treating a patient who is having a seizure?

A. Diagnosing the cause and restraining the patient  
B. Securing the patient to a spineboard and clearing their airway with your fingers  
C. Preventing further injury to the patient and maintaining a clear airway (page 253)  
D. Keeping bystanders away and timing the seizure

13-33. (based on: Emergency Care for Professional Responders)
Which of the following is NOT an indication that the patient is in the rapid transport category?

A. The seizure lasts less than 5 minutes (page 253)  
B. It is the patient’s first seizure  
C. The patient is pregnant and experiencing a seizure  
D. The seizure takes place in the water

13-34. (based on: Emergency Care for Professional Responders)
Migraines usually subside within ____________.

A. 3 days  
B. 6 hours  
C. 1 hour  
D. 4 hours (page 253)
13-35. (based on: Emergency Care for Professional Responders)
A common cause of ____________ is blunt trauma to the abdominal or pelvic region, as internal damage can cause fluid or infectious material to enter the peritoneum from other parts of the body.

A. Appendicitis
B. Tendonitis
C. Peritonitis (page 253)
D. Tinitis

13-36. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a common sign or symptom of Appendicitis?

A. Intense pain localized in the lower left quadrant (page 254)
B. Diarrhea
C. Abdominal swelling, pain or cramping
D. Constipation

13-37. (based on: Emergency Care for Professional Responders)
A patient with a suspected Bowel Obstruction should be placed in the Rapid Transport Category.

A. True (page 254)
B. False

13-38. (based on: Emergency Care for Professional Responders)
Signs and symptoms of Gastroenteritis generally have a gradual onset and extended duration.

A. True
B. False (page 254)

13-39. (based on: Emergency Care for Professional Responders)
Which of the following is a sign or symptom that the patient is NOT suffering from Gastroenteritis?

A. Diarrhea
B. Localized, constant pain (page 254)
C. Fever
D. Abdominal Cramps

13-40. (based on: Emergency Care for Professional Responders)
Kidney stones cause severe pain, commonly referred to as ________________.

A. Abdominal Migraine
B. Visceral Contractions
C. Renal Colic (page 255)
D. Urethritis
The pain of Peptic Ulcers is commonly mistaken for all but which one of the following?

A. Heartburn
B. Indigestion
C. Hunger
D. Migraine (page 255)

GI bleeding can be life-threatening.

A. True (page 255)
B. False

A(n) ______________ can cause signs and symptoms such as burning during urination, cloudy or foul smelling urine, and a need to urinate often.

A. MRI
B. TIA
C. UTI (page 256)
D. MI
Section 14: Poisoning

14-1. (based on: Emergency Care for Professional Responders)
What are the 4 routes through which a poison can enter the body?

A. Ingestion, Inhalation, Abomination, Injection
B. Ingestion, Inhalation, Absorption, Injection (page 259)
C. Inception, Inhalation, Absorption, Injection
D. Ingestion, Incredulation, Absorption, Injection

14-2. (based on: Emergency Care for Professional Responders)
Although you should know the number of your local Poison Control Center, a Dispatcher may be able to connect to the Poison Control Center directly.

A. True (page 260)
B. False

14-3. (based on: Emergency Care for Professional Responders)
The signs and symptoms of specific types of poisons are distinct and clearly distinguishable from other poisons, or sudden illnesses.

A. True
B. False (page 261)

14-4. (based on: Emergency Care for Professional Responders)
Which of the following is NOT one of the questions you should try to get answers to, when you suspect that a patient has been poisoned?

A. Who is the patient’s next of kin? (page 261)
B. What type of poison was it?
C. How did the contamination occur?
D. What was the quantity of poison?

14-5. (based on: Emergency Care for Professional Responders)
If the poison is a commercial product, it should have a clear label or corresponding __________.

A. SDS (page 262)
B. FDA
C. CRTC
D. WHMIS

14-6. (based on: Emergency Care for Professional Responders)
Avoid giving the patient anything by mouth unless advised to do so by ________________.

A. Their legal guardian
B. Poison Control Center staff (page 262)
C. A bystander with medical training
D. A licensed pharmacologist
14-7. (based on: *Emergency Care for Professional Responders*)
If the poison is unknown and patient vomits, save some of the vomitus, as it may be analyzed later to identify the poison.

A. True (page 262)
B. False

14-8. (based on: *Emergency Care for Professional Responders*)
Which of the following is **NOT** a sign or symptom often present with Ingested Poisons?

A. Burns around the mouth
B. An unusual odor around the mouth
C. Rash in a bull's eye pattern (page 262)
D. Open container of poison nearby

14-9. (based on: *Emergency Care for Professional Responders*)
Which of the following is **NOT** considered a general sign or symptom of Inhaled Poisons?

A. Puncture wounds on the arm or leg (page 262)
B. Cyanosis
C. Unusual smell on the patient's breath
D. Dyspnea

14-10. (based on: *Emergency Care for Professional Responders*)
Most signs and symptoms of Carbon Monoxide poisoning are essentially signs and symptoms of ________.

A. Hypoxia (page 263)
B. Hypoglycemia
C. Dyspnea
D. Tachypnea

14-11. (based on: *Emergency Care for Professional Responders*)
Carbon Monoxide can be recognized by the distinct odor it emits.

A. True
B. False (page 263)

14-12. (based on: *Emergency Care for Professional Responders*)
A chemical must be wet to absorb through the skin.

A. True
B. False (page 263)
14-13. (based on: Emergency Care for Professional Responders)
What are the 3 general steps to treat absorbed poisoning?

A. Wash the affected area, Keep the area wet or at least moist, See a physician
B. Rinse with bleach, Cover affected area with plastic wrap, Obtain an air sample
C. Wash with water, Keep area clean & dry, See a Dr. if condition worsens (page 263)
D. Induce vomiting, Rinse with milk, Cover with petroleum jelly

14-14. (based on: Emergency Care for Professional Responders)
Which of the following is NOT a rash causing plant?

A. Poison Sumac
B. Ardent Bullrush (page 263-264)
C. Wild Parsnip
D. Giant Hogweed

14-15. (based on: Emergency Care for Professional Responders)
The sap of giant hogweed and wild parsnip causes the skin to react when exposed to ____________.

A. Sweat
B. UV radiation (page 264)
C. Adrenaline
D. Poison Oak

14-16. (based on: Emergency Care for Professional Responders)
______________ are among the most common source of Injected Poisons.

A. Rash causing plants
B. Insect and animal bites & stings (page 265)
C. Bacterium and Cryptosporidium
D. Fungi and yeasts

14-17. (based on: Emergency Care for Professional Responders)
Cimex Lectularius are commonly referred to as ____________.

A. Bedbugs (page 265)
B. Scabies
C. Ticks
D. Headlice

14-18. (based on: Emergency Care for Professional Responders)
The most common cause of life-threatening situations with relation to insect stings is ________.

A. Panic Attack
B. Anaphylactic Reaction (page 265)
C. Arachnoid Reflex
D. Toxic Paralysis
14-19. (based on: Emergency Care for Professional Responders)
Which North American spiders are known to cause dangerous and sometimes fatal reactions.

A. Green Potentate
B. Brown Recluse
C. Black Widow
D. B and C (page 265)

14-20. (based on: Emergency Care for Professional Responders)
Which of the following is NOT a criteria to place a patient who has been stung in the water into the Rapid Transport Category?

A. Patient has a history of allergic reactions to marine-life stings
B. Patient has been stung on the face or neck
C. Patient was stung through neoprene (page 266)
D. Patient develops dyspnea

14-21. (based on: Emergency Care for Professional Responders)
Which of the following is NOT a venomous snake native to Canada?

A. Northern Pacific Rattlesnake
B. Massasauga Rattlesnake
C. Rocky Mountain Rattlesnake (page 267)
D. Prairie Rattlesnake

14-22. (based on: Emergency Care for Professional Responders)
Which of the following is recommended when providing care for a snakebite?

A. Position the patient so the bite is at or below the level of the heart (page 267)
B. Apply ice
C. Cut the wound in an “X” pattern
D. Apply a tourniquet

14-23. (based on: Emergency Care for Professional Responders)
Any person who has been bitten by an animal must see a physician. Local laws or protocols may require you to report the bite to animal control.

A. True (page 268)
B. False

14-24. (based on: Emergency Care for Professional Responders)
If you find a tick, remove it by firmly grasping the tick with fine tipped forceps (or a hook designed for tick removal), as close to the skin as possible, and pulling ___________ and ___________.

A. Quickly, With a twisting motion
B. Slowly, Twisting with a counter-clockwise motion
C. Slowly, Steadily (page 268)
D. Quickly, Forcefully
Lyme disease is spread primarily by the _______ tick (also referred to as _______ tick).

A. Yellow-spotted, Wolf
B. Black-legged, Deer (page 269)
C. Red-striped, Avian
D. Blue-headed, Coyote

Which of the following is NOT considered a common sign or symptom of Lyme Disease?

A. Rash resembling a bull’s-eye
B. Green tinged lips and eyelids (page 269)
C. Joint and muscle pain
D. Headache

Alcohol and over-the-counter medications are among the most frequently misused and abused substances.

A. True (page 270)
B. False

Substance ___________ is the use of a substance for purposes other than those intended by the manufacturer, or exceeding the recommended dosage.

A. Misuse (page 270)
B. Use
C. Overuse
D. Abuse

Substance ___________ is the deliberate, persistent, and/or excessive use of a substance without regard to health concerns or accepted medical practices.

A. Misuse
B. Use
C. Overuse
D. Abuse (page 270)

A ___________ is any substance that is taken to affect the function of the body.

A. Drug (page 270)
B. Medication
C. Poison
D. Toxin
14-31. (based on: Emergency Care for Professional Responders)
A drug used to prevent or treat a disease or condition is called a _____________.

A. Drug  
B. Medication (page 270)  
C. Poison  
D. Toxin

14-32. (based on: Emergency Care for Professional Responders)
A(n) _____________ occurs when a person takes too much of a substance, producing toxic (poisonous) or fatal effects on the body.

A. Reflux  
B. Abuse  
C. Overdose (page 270)  
D. Overuse

14-33. (based on: Emergency Care for Professional Responders)
______________ describes a condition that a person who is addicted to a substance may experience after refraining from using or abusing that substance, and can become a serious medical condition.

A. Misuse  
B. Indication  
C. Withdrawal (page 270)  
D. Overdose

14-34. (based on: Emergency Care for Professional Responders)
What are the 3 basic categories of commonly misused or abused substances?

A. Stimulants, Depressants, Opioids  
B. Stimulants, Depressants, Hallucinogens (page 271)  
C. Stimulants, Toxins, Hallucinogens  
D. Depressants, Repressants, Designer

14-35. (based on: Emergency Care for Professional Responders)
______________ drugs are generally chemical variations on other drugs.

A. Designer (page 271)  
B. Opioid  
C. Medicative  
D. Addictive

14-36. (based on: Emergency Care for Professional Responders)
______________ affect the central nervous system by speeding up mental activity.

A. Drugs  
B. Medications  
C. Stimulants (page 271)  
D. Hallucinogens
14-37. (based on: Emergency Care for Professional Responders)
Cocaine is one of the most publicized and powerful ____________.

A. Drugs  
B. Medications  
C. Stimulants (page 271)  
D. Hallucinogens

14-38. (based on: Emergency Care for Professional Responders)
The most common stimulants are legal.

A. True (page 271)  
B. False

14-39. (based on: Emergency Care for Professional Responders)
Which of the following is NOT an unhealthy effect considered common to the use of Stimulants?

A. Tachypnea  
B. Bradycardia (page 271)  
C. High Blood Pressure  
D. Chest Pain

14-40. (based on: Emergency Care for Professional Responders)
___________ affect the central nervous system and slow down physical and mental activity.

A. Stimulants  
B. Hallucinogens  
C. Depressants (page 272)  
D. Medications

14-41. (based on: Emergency Care for Professional Responders)
Narcotics have similar effects to other ____________.

A. Stimulants  
B. Hallucinogens  
C. Depressants (page 272)  
D. Medications

14-42. (based on: Emergency Care for Professional Responders)
___________ are substances, usually common to commercial products, that produce chemical vapours with mind altering effects which can be similar to those of alcohol consumption.

A. Depressants  
B. Inhalants (page 272)  
C. Injectors  
D. Absorbents
14-43. (based on: Emergency Care for Professional Responders)
Opioids are a class of ________________ than includes morphine, heroin, and fentanyl.

A. Stimulants
B. Hallucinogens
C. Depressants (page 272)
D. Inhalants

14-44. (based on: Emergency Care for Professional Responders)
Opioids pose a high risk of fatal overdose, because they bind to receptors in the __________ that control respiration, rapidly causing cardiac arrest.

A. Lungs
B. Brain (page 272)
C. Heart
D. Pancreas

14-45. (based on: Emergency Care for Professional Responders)
_____________ is a drug that rapidly counteracts the effects of opioid overdose by binding to the same receptors in the brain, displacing the opioid and preventing respiratory arrest.

A. Naloxone (Narcan) (page 272)
B. Hydromorphone
C. Fentanyl
D. Methadone

14-46. (based on: Emergency Care for Professional Responders)
Which of the following is NOT one of the ways in which Naloxone can be administered?

A. Intranasally
B. Transdermal Patch (page 272)
C. Intramuscularly
D. Subcutaneously

14-47. (based on: Emergency Care for Professional Responders)
_____________ often have physical effects similar to those of stimulants but are classified differently because of their potential to produce additional effects.

A. Depressants
B. Hallucinogens (page 273)
C. Opioids
D. Narcotics
14-48. (based on: Emergency Care for Professional Responders)
Which of the following is considered a possible effect of Hallucinogens?

A. Intense Fear
B. Paranoid Delusions
C. Vivid Hallucinations
D. All of the above (page 273)

14-49. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a general sign or symptom of substance abuse or misuse?

A. Abnormal respiration
B. Abnormal perspiration
C. Abnormal BGL (page 273)
D. Abnormal bowel sounds

14-50. (based on: Emergency Care for Professional Responders)
Initial intervention for substance misuse or abuse requires that you know and identify the specific substance taken.

A. True
B. False (page 274)

14-51. (based on: Emergency Care for Professional Responders)
You should withdraw from the area if the patient becomes violent or threatening.

A. True (page 274)
B. False

14-52. (based on: Emergency Care for Professional Responders)
Crowd management agents, also referred to as ____________, are a group of substances used by law enforcement personnel to temporarily incapacitate groups of people.

A. Mind Control Agents
B. Subversive Agents
C. Rights Suppression Agents
D. Riot Control Agents (page 274)

14-53. (based on: Emergency Care for Professional Responders)
Which of the following identifies the main steps in providing care for a patient who has been exposed to a crowd control agent?

A. Use PPE, Remove contaminated clothing, Wash skin with soap and water (page 274)
B. Use PPE, Rinse contaminated clothing with bleach, Wash skin with Alkaline
C. Use PPE, Remove contaminated clothing, Scrub skin with pumice
D. Use PPE, Remove contaminated clothing, Wrap skin with plastic
Section 15: Environmental Illnesses

15-1. (based on: Emergency Care for Professional Responders)
The human body's core temperature is normally around ___________ and is maintained by balancing heat loss with heat gain.

A. 39°C (94.6°F)
B. 47°C (96.8°F)
C. 37°C (98.6°F) (page 278)
D. 30°C (90.6°F)

15-2. (based on: Emergency Care for Professional Responders)
The _____________ receives temperature information from the skin and central receptors.

A. Hippocampus
B. Amygdala
C. Hypothalamus (page 278)
D. Prefrontal Cortex

15-3. (based on: Emergency Care for Professional Responders)
The body's thermoregulatory responses, to increase or decrease body temperature, include _________________.

A. Vasodilation, Sweating, Vasoconstriction, Shivering
B. Vasodilation, Sweating, Vasoconstruction, Shivering
C. Vasodilapidation, Sweating, Vasoconstriction, Shivering
D. Vasodilation, Sweating, Vasoconstriction, Shivering (page 278)

15-4. (based on: Emergency Care for Professional Responders)
Which heat movement mechanism is useful for cooling only?

A. Conduction
B. Convection
C. Radiation
D. Evaporation (page 279)

15-5. (based on: Emergency Care for Professional Responders)
Which of the following is NOT a factor that can make someone more prone to heat or cold related emergencies?

A. Age
B. Diabetes
C. Thin Skin (page 280)
D. Taking diuretics
15-6. (based on: Emergency Care for Professional Responders)
_____________ can develop fairly rapidly and usually occur after periods of physical exertion in warm or even moderate temperatures.

A. Heat Stroke  
B. Heat Exhaustion  
C. Heat Cramps (page 281)  
D. Heat Stress

15-7. (based on: Emergency Care for Professional Responders)
_____________ is an early sign that the body’s temperature-regulating mechanisms are becoming overwhelmed.

A. Heat Stroke  
B. Heat Exhaustion (page 281)  
C. Heat Cramps  
D. Heat Stress

15-8. (based on: Emergency Care for Professional Responders)
_____________ begins when the body’s thermoregulatory mechanisms are overwhelmed by heat stress and begin to stop functioning.

15-9. (based on: Emergency Care for Professional Responders)
When sweating stops, the body cannot actively cool itself effectively and the body’s core temperature rises. It soon reaches a level at which the _____________ begin to fail.

A. Heart  
B. Brain  
C. Kidneys  
D. All of the above (page 281)

15-10. (based on: Emergency Care for Professional Responders)
Heat Stroke can lead to death.

A. True (page 281)  
B. False

15-11. (based on: Emergency Care for Professional Responders)
Fanning the patient after pouring water on them encourages ___________ (in addition to creating or increasing ____________ cooling).

A. Convection, Evaporative  
B. Conduction, Radiation  
C. Evaporation, Convective (page 281)  
D. Dilation, Corrective
15-12. (based on: Emergency Care for Professional Responders)
Electrolyte replacement is especially important for patients with _______________.

A. Heat Stress  
B. Heat Stroke  
C. Heat Exhaustion  
D. Heat Cramps (page 281)

15-13. (based on: Emergency Care for Professional Responders)
A patient with dry, hot skin is likely suffering _________________.

A. Heat Exhaustion  
B. Heat Stroke (page 282)  
C. Heat Cramps  
D. Hypothermia

15-14. (based on: Emergency Care for Professional Responders)
Which of the following is **NOT** a sign or symptom that indicates a heat-stressed patient should be placed in the Rapid Transport Category?

A. Headache (page 282)  
B. Altered Behaviour  
C. Rapid, weak pulse  
D. Rapid, shallow breathing

15-15. (based on: Emergency Care for Professional Responders)
Which of the following lists the 4 distinct stages of Cold Stress in ascending order of progressive severity?

A. Cold Stress, Mild Hypothermia, Moderate Hypothermia, Severe Hypothermia (page 284)  
B. Mild Hypothermia, Moderate Hypothermia, Severe Hypothermia, Cold Stressed  
C. Cold Stress, Mild Hypothermia, Severe Hypothermia, Clinical Hypothermia  
D. Mild Hypothermia, Moderate Hypothermia, Severe Hypothermia, Critical Hypothermia

15-16. (based on: Emergency Care for Professional Responders)
Which of the following is a sign that the patient has progressed to Severe Hypothermia?

A. Intermittent Shivering  
B. Cessation of Shivering (page 284)  
C. Vigorous Shivering  
D. Weak Shivering

15-17. (based on: Emergency Care for Professional Responders)
You may need to create a shelter before placing the patient in a hypothermia wrap if shelter or transport is _________________.

A. Less than 30 minutes away  
B. More than 30 minutes away (page 284)  
C. Immediately available  
D. 45 minutes away
15-18. (based on: Emergency Care for Professional Responders)
A warm, sugary, non-alcoholic drink may be appropriate care for a hypothermic patient, if the patient is _______________ and the drink is not too hot.

A. Horizontal
B. Unresponsive
C. Responsive (page 284)
D. Semi-Prone

15-19. (based on: Emergency Care for Professional Responders)
Assume a patient is severely hypothermic if they are cold and unresponsive.

A. True (page 284)
B. False

15-20. (based on: Emergency Care for Professional Responders)
__________________ is a local, superficial condition that occurs when skin is exposed to cold temperatures and begins to freeze.

A. Hypothermia
B. Cold Stress
C. Frostbite
D. Frost Nip (page 286)

15-21. (based on: Emergency Care for Professional Responders)
When ___________ occurs, the water inside and between the body's cells begins to freeze and swell.

A. Hypothermia
B. Cold Stress
C. Frostbite (page 286)
D. Frost Nip

15-22. (based on: Emergency Care for Professional Responders)
When the frostbitten area you should immediately break any blisters, then place sterile, non-adherent dressings between the affected fingers and/or toes.

A. True
B. False (page 288)

15-23. (based on: Emergency Care for Professional Responders)
As water is inhaled, it can stimulate ________________ and the closing of the vocal cords.

A. Laryngospasm (page 288)
B. Bronchodilation
C. Tachypnea
D. Cushing’s Triad
15-24. (based on: Emergency Care for Professional Responders)
A responsive drowning patient will usually struggle for _______________ before submerging.

A. 5-10 seconds  
B. 15-30 seconds  
C. 20-60 seconds (page 288)  
D. 60-120 seconds

15-25. (based on: Emergency Care for Professional Responders)
Which of the following lists the steps, in correct order, that you should take to rescue a drowning patient while ensuring your own safety?

A. Row, Go, Throw  
B. Talk, Throw, Reach (page 288)  
C. Reach, Go, Tow  
D. Run, Yell, Swim

15-26. (based on: Emergency Care for Professional Responders)
Patients have been successfully resuscitated even after being submerged in cold water for longer than ____________.

A. 30 minutes (page 290)  
B. 2 days  
C. 120 minutes  
D. 90 minutes

15-27. (based on: Emergency Care for Professional Responders)
What does the acronym H-E-L-P stand for, with relation to self-rescue from the water.

A. Have Everyone Leave Perimeter  
B. Hear Escape Land Prevent  
C. Heart Embolism Live Paddle  
D. Heat Escape Lessening Position (page 290)

15-28. (based on: Emergency Care for Professional Responders)
Which of the following is NOT one of the 4 phases of cold-water immersion

A. Cold Shock Unresponsiveness (page 290)  
B. Cold Incapacitation  
C. Hypothermia  
D. Circum-Rescue Collapse

15-29. (based on: Emergency Care for Professional Responders)
Drowning in cold water can _______________ a patient’s chances of resuscitation.

A. Increase (page 291)  
B. Decrease  
C. Guarantee  
D. Eliminate
15-30. (based on: Emergency Care for Professional Responders)
At higher altitudes, the lower atmospheric pressure results in less available oxygen in the air, resulting in _________________.

A. Hypoxemia (page 292)
B. Hypoxia
C. Hyperoxemia
D. Hyponatraemia

15-31. (based on: Emergency Care for Professional Responders)
Edema (accumulation of fluid) within the interstitial space of the brain can contribute to the development of _________________.

A. Acute Mountain Sickness
B. High Altitude Cerebral Edema
C. High Altitude Pulmonary Edema
D. A and B (page 292)

15-32. (based on: Emergency Care for Professional Responders)
Edema (accumulation of fluid) in the alveoli of the lungs can contribute to the development of _______.

A. Acute Mountain Sickness
B. High Altitude Cerebral Edema
C. High Altitude Pulmonary Edema (page 292)
D. All of the above

15-33. (based on: Emergency Care for Professional Responders)
The most common cause of death related to high altitude is _________________.

A. Acute Mountain Sickness
B. High Altitude Cerebral Edema
C. High Altitude Pulmonary Edema (page 292)
D. All of the above

15-34. (based on: Emergency Care for Professional Responders)
The standard level of atmospheric pressure at sea level is referred to a _________________.

A. 1 ATM (page 293)
B. 2 ATM
C. 3 ATM
D. 4 ATM

15-35. (based on: Emergency Care for Professional Responders)
What is the hotline number to contact the Divers Alert Network?

A. 1-800-SCUBADAN
B. 1-877-444-4444
C. 1-919-684-9111 (page 293)
D. 1-800-LIFELINE
15-36. (based on: Emergency Care for Professional Responders)
Barotrauma of descent results when something blocks the opening between an internal space and environment, trapping ______________ in the space.

A. Gas (page 294)  
B. Oxygen  
C. Carbon Monoxide  
D. Carbon Dioxide

15-37. (based on: Emergency Care for Professional Responders)
______________ occurs when, as external pressure decreases during ascent, the trapped air in the lungs expands against the closed glottis, causing alveoli to rupture.

A. Pulmonary Barotrauma (page 294)  
B. Barotrauma of Descent  
C. Arterial Gas Embolism  
D. Nitrogen Narcosis

15-38. (based on: Emergency Care for Professional Responders)
Air entering arterial blood through ruptured _______________ can distribute bubbles into body tissues (including the heart and the brain) where they disrupt circulation.

A. Capillaries  
B. Ventricles  
C. Pulmonary Vessels (page 294)  
D. Aortic Arches

15-39. (based on: Emergency Care for Professional Responders)
In general, it should be assumed that a diver has suffered ____________ when he or she is unresponsive upon surfacing or loses responsiveness within 10 minutes after surfacing.

A. HACE  
B. AGE (page 294)  
C. COPD  
D. DCS

15-40. (based on: Emergency Care for Professional Responders)
If a dive ascent to the surface is too rapid, some of the excess dissolved ___________ gas can supersaturate within the tissues, and come out of solution to form bubbles in the surrounding tissues.

A. Oxygen  
B. Carbon Dioxide  
C. Nitrogen (page 294)  
D. Carbon Monoxide
15-41. (based on: Emergency Care for Professional Responders)
Treatment of ____________ mirrors the treatment for AGE.

A. AMS
B. DCS (page 295)
C. COPD
D. HAPE

15-42. (based on: Emergency Care for Professional Responders)
_________________ is caused when the dissolved nitrogen in the body increases to the point that it
begins to impair the nervous system.

A. Nitroglycerin Narcosis
B. Nitrogen Narcolepsy
C. Nitrogen Narcotics
D. Nitrogen Narcosis (page 295)
Section 16: Pregnancy, Labour, and Delivery

16-1. (based on: Emergency Care for Professional Responders)
A fetus receives nutrients from the mother through a specialized organ attached to the _______ called the placenta.

A. Uranus
B. Uterus (page 302)
C. Umbilicus
D. Uvula

16-2. (based on: Emergency Care for Professional Responders)
The placenta is it attached to the fetus by a flexible structure called the _________________.

A. Spinal Cord
B. Umbilical Cord (page 302)
C. Tactical Cord
D. Biblical Cord

16-3. (based on: Emergency Care for Professional Responders)
The _______________ is a short tube of muscle at the upper end of the birth canal the serves as a pathway from the uterus to the vaginal opening.

A. Cortex
B. Placenta
C. Umbilicus
D. Cervix (page 302)

16-4. (based on: Emergency Care for Professional Responders)
The amniotic sac will always rupture within a few minutes of the onset of contractions.

A. True
B. False (page 302)

16-5. (based on: Emergency Care for Professional Responders)
Which of the following identifies the 4 stages of the labour process, in the correct order?

A. Preparation, Delivery of Baby, Delivery of Placenta, Stabilization (page 303)
B. Preparation, Delivery of Placenta, Delivery of Baby, Stabilization
C. Preparation, Stabilization, Delivery of Baby, Delivery of Placenta
D. Preparationa, Delivery of Baby, Stabilization, Delivery of Placenta

16-6. (based on: Emergency Care for Professional Responders)
A strong urge to push usually indicates that delivery is imminent.

A. True (page 302)
B. False
16-7. (based on: Emergency Care for Professional Responders)
When the contractions are less than ________________ apart, childbirth is imminent.

A. 3 minutes (page 303)
B. 30 seconds
C. 30 minutes
D. 3 seconds

16-8. (based on: Emergency Care for Professional Responders)
Delivery of the placenta usually occurs within ____________ after delivery of the neonate.

A. 20 seconds
B. 20 hours
C. 20 minutes (page 303)
D. 2 days

16-9. (based on: Emergency Care for Professional Responders)
Bleeding that cannot be controlled after the neonate is born is not generally a serious problem.

A. True
B. False (page 304)

16-10. (based on: Emergency Care for Professional Responders)
Which of the following is NOT one of your duties when assisting with the delivery of a baby?

A. Create a clean environment
B. Pull the baby out of the birth canal (page 305)
C. Minimize the possibility of injury to the mother and baby
D. Help the mother into a position of comfort

16-11. (based on: Emergency Care for Professional Responders)
If the umbilical cord is looped around the baby’s neck, you should gently slip it over the baby’s head or shoulders.

A. True (page 305)
B. False

16-12. (based on: Emergency Care for Professional Responders)
The expectant mother should be directed to stop pushing once crowning occurs.

A. True (page 305)
B. False
16-13. (based on: Emergency Care for Professional Responders)
Once the neonate is born, you should ________ the umbilical cord at 10 cm and 15 cm from the neonate.

A. Cut
B. Bite through
C. Knot
D. Clamp (page 306)

16-14. (based on: Emergency Care for Professional Responders)
A(n) _____________ can be used to clear the neonate’s mouth and nose of mucous.

A. Cordless Vacuum
B. Nasal Canula
C. Bulb Syringe (page 306)
D. Bag-Valve-Mask

16-15. (based on: Emergency Care for Professional Responders)
______________ helps clear the neonate’s airway of fluids and promotes respiration.

A. Crying (page 306)
B. Wriggling
C. Being dropped
D. Being cold

16-16. (based on: Emergency Care for Professional Responders)
If the neonate has not made any sounds, you may need to elicit the crying response by flicking the feet or drying the neonate vigorously for 30 seconds.

A. True (page 306)
B. False

16-17. (based on: Emergency Care for Professional Responders)
If a neonate has respirations that are absent or ineffective, but has a pulse rate of _____ bpm, provide ventilations at a rate of 1 breath every 3 seconds.

A. 0-60
B. 60-100 (page 306)
C. 20-40
D. 30-50

16-18. (based on: Emergency Care for Professional Responders)
A neonate who is has some flexion in the extremities, sneezes and coughs, has a pulse rate of 120 bpm, has a pink torso and extremities, and is crying would have an APGAR score of:

A. 6
B. 7
C. 8
D. 9 (page 308)
16-19. (based on: Emergency Care for Professional Responders)
An APGAR score of ______________ is fairly uncommon, and a perfectly healthy neonate may have a score of ______________.

A. 7, 8-9
B. 7-8, 10
C. 10, 7-8 (page 308)
D. 8-9, 10

16-20. (based on: Emergency Care for Professional Responders)
A neonatal transport team should only be requested if there are complications or life-threatening conditions.

A. True
B. False (page 308)

16-21. (based on: Emergency Care for Professional Responders)
Directing the mother to gently massage her lower abdomen after delivery may help to eliminate ______.

A. Blood Clots (page 309)
B. Postpartum Depression
C. The Placenta
D. Scarring

16-22. (based on: Emergency Care for Professional Responders)
Vaginal packing with sterile dressings is the recommended method to control Postpartum Bleeding.

A. True
B. False (page 309)

16-23. (based on: Emergency Care for Professional Responders)
Midwives are governed by ______________ legislation.

A. Federal
B. Municipal
C. Ministerial
D. Provincial (page 309)

16-24. (based on: Emergency Care for Professional Responders)
Which of the following identifies two important signs and symptoms that are cause for concern with a pregnant patient?

A. Abdominal Pain and Headache
B. Depression and Vaginal Bleeding
C. Abdominal Pain and Vaginal Bleeding (page 309)
D. Vaginal Bleeding and Sweating
16-25. (based on: Emergency Care for Professional Responders)
Spontaneous abortion is sometimes called _______________ and is the spontaneous termination of pregnancy from any cause before ____________ of gestation.

A. Ectopic Pregnancy, 10 weeks
B. Postpartum, 20 weeks
C. Braxton Hicks, 15 weeks
D. Miscarriage, 20 weeks (page 310)

16-26. (based on: Emergency Care for Professional Responders)
Labour that begins between the ___________ and ____________ week of gestation is called premature or preterm labour, and is a medical emergency.

A. 10th, 12th
B. 15th, 26th
C. 20th, 37th (page 310)
D. 17th, 29th

16-27. (based on: Emergency Care for Professional Responders)
Braxton Hicks contractions increase in intensity and become closer together over time.

A. True
B. False (page 310)

16-28. (based on: Emergency Care for Professional Responders)
A ruptured ____________ usually causes severe hemorrhage and is the leading cause of maternal death in the first trimester.

A. Placenta
B. Cervix
C. Ectopic Pregnancy (page 310)
D. Umbilical Cord

16-29. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered one of the common causes of Third Trimester Bleeding?

A. Abruptio Placentae
B. Disruptio Ovum (page 311)
C. Placenta Previa
D. Uterine Rupture

16-30. (based on: Emergency Care for Professional Responders)
What is the most common complication of childbirth?

A. Prolapsed Cord
B. Breech Birth
C. Vaginal Bleeding (page 311)
D. Limb Presentation
16-31. (based on: Emergency Care for Professional Responders)
If you notice a prolapsed cord, have the mother assume a ___________ position, leaning to the left side.

A. Supine
B. Semi-Fowler’s
C. Knee-Chest (page 312)
D. Fowler’s

16-32. (based on: Emergency Care for Professional Responders)
If the head has not been delivered within 3 minutes of the body during a Breech Birth, you will need to help create an airway by placing your gloved hand into the vagina, next to the baby’s mouth and spreading your fingers to form a “V”.

A. True (page 312)
B. False

16-33. (based on: Emergency Care for Professional Responders)
If the baby’s arms or legs present first during delivery, you should pull on them.

A. True
B. False (page 312)

16-34. (based on: Emergency Care for Professional Responders)
If multiple births are anticipated, you should not clamp the umbilical cord until after the last neonate has been delivered.

A. True
B. False (page 313)

16-35. (based on the EMR Cheat Sheet)
_________________________ is a premature separation of the placenta from the uterus.

A. Placenta Previa
B. Prolapsed Cord
C. Abruptio Placenta
D. Gestational Diabetes
Section 17: Special Populations

17-1. (based on: Emergency Care for Professional Responders)
If you have any to suspect the abuse or neglect of a child, you have a moral and __________ obligation to report your suspicions.

A. Ethical
B. Philosophical
C. Legal (page 316)
D. Communal

17-2. (based on: Emergency Care for Professional Responders)
Which of the following lists the five stages of development, in order of ascending age range, between birth and 18 years of age?

A. Neonate, Infant, Preschooler, School-aged, Pubescent
B. Neonate, Infant, Preschooler, School-aged, Adolescent (page 316-317)
C. Neonate, Pediatric, Preschooler, School-aged, Adolescent
D. Neonate, Infant, Preschooler, Highschooler, Adolescent

17-3. (based on: Emergency Care for Professional Responders)
When assessing a child or infant, you should note that they have many __________ and __________ differences when compared with adults.

A. Physiological, Psychological
B. Anatomical, Psychosomatic
C. Anatomical, Physiological (page 317)
D. Psychological, Developmental

17-4. (based on: Emergency Care for Professional Responders)
A significant difference in a pediatric patient’s Integumentary system is that they have __________. The clinical significance of this is that __________.

A. Thicker Skin, They do not feel pain
B. Thinner Skin, Burns are more severe (page 317)
C. More pores, Sweat more profusely
D. Larger pores, More prone to infection

17-5. (based on: Emergency Care for Professional Responders)
The normal resting heart rate for infants and toddlers is ____________ bpm.

A. 120-200
B. 50-80
C. 100-160 (page 317-318)
D. 110-120
17-6. (based on: Emergency Care for Professional Responders)
When assessing a child, you should try to keep them separated from loved ones to ensure accurate and independent answers to your questions.

A. True
B. False (page 318)

17-7. (based on: Emergency Care for Professional Responders)
Which of the following is NOT a common childhood vaccine?

A. Tetanus
B. Pertussis
C. Diptheria
D. Chicken Pox (page 319)

17-8. (based on: Emergency Care for Professional Responders)
Chicken Pox is a viral infection that is most contagious ______________ before the onset of the rash, and for approximately ______________ after the onset.

A. 2 weeks, 8 days
B. 3-4 days, 1 week
C. 5 days, 1-2 weeks
D. 1-2 days, 5 days (page 319)

17-9. (based on: Emergency Care for Professional Responders)
Which of the following is NOT a common childhood illness?

A. Scabies
B. Impetigo
C. Polio (pages 320-321)
D. Prickly Heat Rash

17-10. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a common pediatric condition?

A. Sudden Infant Death Syndrome
B. Shaken Baby Syndrome
C. Chrohn’s Disease (page 321-322)
D. Dehydration

17-11. (based on: Emergency Care for Professional Responders)
______________ patients are generally considered those over 65 years old.

A. Pediatric
B. Geriatric (page 323)
C. Bariatric
D. Octogenarian
17-12. (based on: Emergency Care for Professional Responders)  
Older adults are at an increased risk of injury, with a common cause of injury being _______.

A. Falls (page 323)  
B. Absent Mindedness  
C. Dementia  
D. Poor nutrition

17-13. (based on: Emergency Care for Professional Responders)  
As a person ages, the size of the brain decreases, which results in increased space between the brain and the skull.

A. True (page 323)  
B. False

17-14. (based on: Emergency Care for Professional Responders)  
If you are caring for a patient with ______________ try to determine whether confusion is the result of an acute injury or illness or of a pre-existing condition.

A. Osteoporosis  
B. Service Animals  
C. Obesity  
D. Dementia (page 324)

17-15. (based on: Emergency Care for Professional Responders)  
When the __________ content of bones decreases, the bones become frail, less dense, and less able to repair themselves.

A. Iron  
B. Calcium (page 324)  
C. Magnesium  
D. Vitamin B

17-16. (based on: Emergency Care for Professional Responders)  
Which of the following is NOT one of the most common health concerns seen in Bariatric patients?

A. Dementia (page 324)  
B. Diabetes Mellitus  
C. Hypertension  
D. Hyperlipidemia

17-17. (based on: Emergency Care for Professional Responders)  
Palliative patients are those with ___________ illnesses.

A. Terminal (page 324)  
B. Treatable  
C. Bariatric  
D. Geriatric
17-18. (based on: *Emergency Care for Professional Responders*)
The paralyzing effects of a stroke are considered a ________________ impairment.

A. Physical (page 325)
B. Intellectual
C. Cognitive
D. Developmental

17-19. (based on: *Emergency Care for Professional Responders*)
A service animal should be transported with the patient to a medical facility.

A. True (page 325)
B. False

17-20. (based on: *Emergency Care for Professional Responders*)
An example of a mobility aids includes ________________.

A. Wheelchair
B. Cane
C. Ramp
D. All of the above (page 325)

17-21. (based on: *Emergency Care for Professional Responders*)
When assisting a patient with a visual impairment to walk, you should have them hold onto your arm and move at a ________________ pace.

A. Rapid
B. Normal (page 326)
C. Slow
D. Erratic

17-22. (based on: *Emergency Care for Professional Responders*)
Communicating through a digital device such as a smart phone may be an appropriate communication method for a patient with a hearing impairment.

A. True (page 327)
B. False

17-23. (based on: *Emergency Care for Professional Responders*)
When communicating with a deafblind patient, you should speak directly to their intervenor throughout the assessment.

A. True
B. False (page 327)
17-24. (based on: Emergency Care for Professional Responders)
Patients with speech or language impairments will always have at least one accompanying intellectual or developmental impairment.

A. True
B. False (page 327)

17-25. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a common cause of physical impairment?

A. Cerebral Palsy
B. Multiple Sclerosis
C. Alzheimer’s (page 328)
D. Spinal Cord Injury

17-26. (based on: Emergency Care for Professional Responders)
Always approach a patient with a mental impairment as you would any other patient in his or her age group.

A. True (page 328)
B. False

17-27. (based on the EMR Cheat Sheet)
A normal 8 year old will generally have a systolic blood pressure of ___________ mmHg

A. 50-70
B. 80-110
C. 60-100
D. 120-140
Section 18: Crisis Intervention

18-1. (based on: Emergency Care for Professional Responders)
Suicide is the leading cause of death for people aged ______ to ______.

A. 24-36  
B. 18-32  
C. 17-28  
D. 15-19 (page 332)

18-2. (based on: Emergency Care for Professional Responders)
Assault only needs to be reported to the police if it involves a child.

A. True  
B. False (page 332)

18-3. (based on: Emergency Care for Professional Responders)
You should discourage a patient who has experienced a sexual assault from bathing before a medical examination can be performed.

A. True (page 332)  
B. False

18-4. (based on: Emergency Care for Professional Responders)
When responding to an emergency where an assault has taken place, your first priority is your own safety.

A. True (page 332)  
B. False

18-5. (based on: Emergency Care for Professional Responders)
The death of a patient may have an impact on ________________.

A. The patient's family  
B. Your partner  
C. You  
D. All of the above (page 333)

18-6. (based on: Emergency Care for Professional Responders)
When responding to a mental health crisis, you have a responsibility to act as therapist to the patient, as well as providing treatment and care for physical injuries.

A. True  
B. False (page 333)
18-7. (based on: Emergency Care for Professional Responders)
Which of the following is **NOT** a common mental health condition resulting in crises?

A. Anxiety  
B. Depression  
C. Madness (page 334)  
D. Psychosis

18-8. (based on: Emergency Care for Professional Responders)
______________ is a term for mental disorders in which the dominant mood is fear and apprehension.

A. Psychosis  
B. Anxiety (page 334)  
C. Depression  
D. Schizophrenia

18-9. (based on: Emergency Care for Professional Responders)
Major Depression is also referred to as ________________.

A. Cortical Depression  
B. Clinical Depression (page 334)  
C. Critical Depression  
D. Chronic Depression

18-10. (based on: Emergency Care for Professional Responders)
Which of the following is **NOT** considered a common sign or symptom of Psychosis?

A. Suicidal Ideation  
B. Hallucinations  
C. Mania  
D. Lucidity (page 335)
Section 19: Reaching, Lifting and Extricating Patients

19-1. (based on: Emergency Care for Professional Responders)
Always ensure a door is locked before initiating forcible entry procedures.

A. True (page 338)  
B. False

19-2. (based on: Emergency Care for Professional Responders)
It is important to establish _______________ or _______________ protocols to ensure all personnel on the scene of a Motor Vehicle Collision can coordinate their efforts effectively.

A. MVC, CVA  
B. RBS, RTC  
C. ESM, ISM (page 338)  
D. DVS, TIA

19-3. (based on: Emergency Care for Professional Responders)
The simplest vehicle stabilization technique is called _______________.

A. Immobilizing  
B. Fusing  
C. Chocking (page 339)  
D. Cribbing

19-4. (based on: Emergency Care for Professional Responders)
Once you have save access to the interior of a motor vehicle, you should _______________.

A. Place the vehicle in park (automatic transmission) or neutral (manual transmission)  
B. Turn off the ignition  
C. Activate the emergency brake  
D. All of the above (page 339)

19-5. (based on: Emergency Care for Professional Responders)
If glass needs to be broken to access the patient, choose a window _______________.

A. As close to the patient as possible  
B. That is above the patient’s head  
C. That is below the patient’s knees  
D. A far from the patient as possible (page 339)

19-6. (based on: Emergency Care for Professional Responders)
If airbags deploy during patient extrication, they can strike a patient or responder with enough force to cause death.

A. True (page 339)  
B. False
19-7. (based on: Emergency Care for Professional Responders)
Hybrid or Electric Vehicles may remain electrically live for up to ____________ minutes after the vehicle is shut off or disabled.

A. 10 minutes (page 340)
B. 2 minutes
C. 30 seconds
D. 90 seconds

19-8. (based on: Emergency Care for Professional Responders)
Which of the following would NOT require you to immediately move a patient during an emergency?

A. The scene becomes unsafe
B. You must gain access to other patients
C. The patient is complaining of neck pain (page 340)
D. You cannot provide proper treatment

19-9. (based on: Emergency Care for Professional Responders)
Which of the following is NOT a basic principle of body mechanics.

A. Lift with your legs, not your back
B. Keep your body aligned
C. Use as many personnel as necessary
D. Keep the weight as far away from you as possible (page 341)

19-10. (based on: Emergency Care for Professional Responders)
The Extremity Lift is also called the ________________.

A. Two-person-seat-carry
B. Tow-and-go
C. Fore-and-aft lift
D. Lift-and-drift

19-11. (based on: Emergency Care for Professional Responders)
Which of the following is NOT a common type of stretcher or lifting device?

A. Scoop Stretcher
B. Spine Stretcher (page 344-346)
C. Clamshell
D. Stokes Basket

19-12. (based on: Emergency Care for Professional Responders)
Load the patient ________________ into the ambulance.

A. Feet First
B. Head First (page 346)
C. Supine
D. Prone
19-13. (based on: Emergency Care for Professional Responders)
_________________ are sheets of strong, semi-rigid plastic that can slide beneath a patient to facilitate transfer from a bed to a stretcher.

A. Clamshells  
B. Stokes Baskets  
C. Stair Chairs  
D. Transfer Boards (page 346)

19-14. (based on: Emergency Care for Professional Responders)
A _________________ multi-level stretcher has a wider patient surface and wheelbase, and is rated for a higher weight load.

A. Bed-o-matic  
B. Barometric  
C. Bariatric (page 347)  
D. Barbaric
Section 20: Transportation

20-1. (based on: Emergency Care for Professional Responders)
Completing an ambulance equipment and supply checklist at the beginning of every _________________ is important for safety, patient care, and risk management.

A. Week  
B. Month  
C. Work Shift (page 350)  
D. Hour

20-2. (based on: Emergency Care for Professional Responders)
________________ should determine how and when to remove a vehicle from service.

A. Responders  
B. Crews  
C. Patients  
D. Organizations (page 351)

20-3. (based on: Emergency Care for Professional Responders)
You should what went well and what could have gone better with your partner ______________.

A. At the start of each shift  
B. In your yearly performance review  
C. Before disciplinary hearings  
D. At the end of each shift (page 351)

20-4. (based on: Emergency Care for Professional Responders)
Professional responders who are travelling to an emergency or a hospital are exempt from all laws and acts that govern the use of motor vehicles.

A. True  
B. False (page 351)

20-5. (based on: Emergency Care for Professional Responders)
______________ is the mental framework that structures your day-to-day driving performance.

A. Confidence  
B. Arrogance  
C. Attitude (page 351)  
D. Righteousness
20-6. (based on: Emergency Care for Professional Responders)
When hazardous environmental conditions are present, the driver should maintain a speed and following distance that is appropriate to the ________________.

A. Nature of the emergency
B. Urgency of the response
C. Conditions (page 352)
D. Distance being travelled

20-7. (based on: Emergency Care for Professional Responders)
The use of warning devices provides absolute right-of-way to proceed through intersections.

A. True
B. False (page 352)

20-8. (based on: Emergency Care for Professional Responders)
Most provinces and territories require all emergency vehicles to come to a complete stop at controlled intersections.

A. True (page 352)
B. False

20-9. (based on: Emergency Care for Professional Responders)
If leaking fuel, gas or hazardous materials are present, your vehicle should be positioned ________________, ______________ and at a safe distance.

A. Downhill, Upwind
B. Uphill, Downwind
C. Downwind, Downhill
D. Uphill, Upwind (page 352)

20-10. (based on: Emergency Care for Professional Responders)
You are protected from all legal liability when operating an emergency vehicle.

A. True
B. False (page 352)

20-11. (based on: Emergency Care for Professional Responders)
Fixed-wing aircraft are particularly useful to transport patients or vital organs distances greater than ________________.

A. 50 km
B. 100 km
C. 150km
D. 200 km (page 353)
20-12. (based on: Emergency Care for Professional Responders)
A ______________ position is often the safest for transporting patients with compromised airways, when using air medical transport.

A. Lateral (page 353)
B. Prone
C. Supine
D. Trendelenburg

20-13. (based on: Emergency Care for Professional Responders)
A helicopter landing zone should be approximately ______________.

A. 46 meters by 46 meters (page 353)
B. 151 meters by 151 meters
C. 46 feet by 46 feet
D. Any of the above

20-14. (based on: Emergency Care for Professional Responders)
Maintain a distance of at least ______________ during helicopter take-off and landing.

A. 60 feet
B. 200 feet (page 353)
C. 200 meters
D. Any of the above
Section 21: Multiple Casualty Incidents

21-1. (based on: *Emergency Care for Professional Responders*)
A Multiple-Casualty Incident (MCI) refers to a situation involving ___________ or more patients.

A. 2 (page 357)
B. 3
C. 4
D. 5

21-2. (based on: *Emergency Care for Professional Responders*)
Which of the following is NOT a key component of an Incident Command System (ICS)?

A. Incident Command
B. Operations
C. Logistics
D. Social Media (page 358)

21-3. (based on: *Emergency Care for Professional Responders*)
If the incident is beyond your scope of practice, you should act as Incident Commander only until more experienced personnel arrive.

A. True (page 359)
B. False

21-4. (based on: *Emergency Care for Professional Responders*)
The patient assessment model must be modified in a Multiple Casualty Incident.

A. True (page 360)
B. False

21-5. (based on: *Emergency Care for Professional Responders*)
The _________________ process is used any time there are more patients than responders.

A. Triage (page 360)
B. Patient Assessment Model
C. Moulage
D. Cushing’s Triad

21-6. (based on: *Emergency Care for Professional Responders*)
The acronym S-T-A-R-T stands for _________________.

A. Simple Triage and Rapid Treatment (page 360)
B. Staging, Treatment, Reevaluate, Transport
C. See, Touch, Assess, Resuscitate, Treat
D. Sound, Tactile, Active, Review, Test
21-7. (based on: Emergency Care for Professional Responders)
In the START system, the color green is used to indicate a patient who is in the ____________ category.

A. Dead (Non-Salvageable)
B. Delayed Treatment
C. Immediate Treatment
D. Minor Injuries (page 360)

21-8. (based on: Emergency Care for Professional Responders)
In the START system, the color black is used to indicate a patient who is in the ____________ category.

A. Dead (Non-Salvageable) (page 360)
B. Delayed Treatment
C. Immediate Treatment
D. Minor Injuries

21-9. (based on: Emergency Care for Professional Responders)
In the START system, the color red is used to indicate a patient who is in the ____________ category.

A. Dead (Non-Salvageable)
B. Delayed Treatment
C. Immediate Treatment (page 360)
D. Minor Injuries

21-10. (based on: Emergency Care for Professional Responders)
In the START system, the color yellow is used to indicate a patient who is in the ____________ category.

A. Dead (Non-Salvageable)
B. Delayed Treatment (page 360)
C. Immediate Treatment
D. Minor Injuries

21-11. (based on: Emergency Care for Professional Responders)
Which of the following outlines the steps taken, in correct order, to assess a patient in a Multiple Casualty Incident?

A. Check Level of Responsiveness, Check Circulation, Check Respiration
B. Check Respiration, Check Level of Responsiveness, Check Circulation
C. Check Circulation, Check Respiration, Check Level of Responsiveness
D. Check Respiration, Check Circulation, Check Level of Responsiveness (page 361)

21-12. (based on: Emergency Care for Professional Responders)
The main difference between a patient in minor (Green) category, and a patient in the delayed (Yellow) category, is that the patient in the delayed category is unable to ____________.

A. Breathe
B. Walk (page 360)
C. Speak
D. Respond
21-13. (based on: Emergency Care for Professional Responders)
An MCI patient with a respiration rate of greater than ___________ breaths per minute should be classified as immediate (Red).

A. 10
B. 20
C. 30 (page 361)
D. 40

21-14. (based on: Emergency Care for Professional Responders)
If an MCI patient’s radial pulse is ___________ they should be placed in the immediate (Red) category.

A. Present
B. Absent (page 361)
C. Strong
D. Rapid

21-15. (based on: Emergency Care for Professional Responders)
An MCI patient who is either V,P, or U in the AVPU responsiveness scale should be placed in the ___________ category.

A. Minor (Green)
B. Delayed (Yellow)
C. Immediate (Red) (page 361)
D. Dead/Non-Salvageable (Black)

21-16. (based on: Emergency Care for Professional Responders)
If an MCI patient’s Respiration place them in the immediate (Red) category, you do not need to assess their Circulation or Level of Responsiveness.

A. True (page 361)
B. False

21-17. (based on: Emergency Care for Professional Responders)
If an MCI patient does not have a palpable radial pulse, you do not need to assess their Level of Responsiveness.

A. True (page 361)
B. False

21-18. (based on: Emergency Care for Professional Responders)
The acronym CBRNE stands for ________________.

A. Chemical, Biological, Radiological, Nuclear, Exposure
B. Chemical, Biological, Radiological, Nuclear, Explosive (page 361)
C. Chemical, Biological, Radicalized, Nuclear, Explosive
D. Chemical, Biophosphorous, Radiological, Nuclear, Explosive
21-19. (based on: Emergency Care for Professional Responders)
Which of the following is NOT considered a common method of dissemination of CBRNE weapons?

A. Mechanical action  
B. Chemical reaction  
C. Nuclear devices (page 363)  
D. Pneumatic devices

21-20. (based on: Emergency Care for Professional Responders)
A single combination of PPE that will be effective for all CBRNE events is available for professional responders through a government grant program.

A. True  
B. False (page 363)

21-21. (based on: Emergency Care for Professional Responders)
What should you pay special attention to when confronted with a CBRNE event?

A. Identify an escape route  
B. Number and location of, and severity of patients  
C. Secondary devices and possible presence of a perpetrator  
D. All of the above (page 364)

21-22. (based on: Emergency Care for Professional Responders)
The _____________ perimeter is established beyond the _____________ perimeter.

A. Outer, Security  
B. Inner, Outer  
C. Security, Outer  
D. Outer, Inner (page 364)

21-23. (based on: Emergency Care for Professional Responders)
Without PPE appropriate to the situation, assessment and care should only be attempted after the patient has been decontaminated.

A. True (page 364)  
B. False

21-24. (based on: Emergency Care for Professional Responders)
_______________________ is the care a patient provides to him or herself while being directed by another (more qualified) person.

A. Directed First Aid (page 364)  
B. Self-Care  
C. Medical Supervision  
D. First Response
21-25. (based on: Emergency Care for Professional Responders)
Emergency Wash-Down is an effective alternative to proper decontamination.

A. True
B. False (page 365)
Section 22: Pharmacology

22-1. (based on: Emergency Care for Professional Responders)
___________________ are conditions that make the administration of a drug appropriate.

A. Indications (page 370)
B. Contraindication
C. Illnesses
D. Medical Conditions

22-2. (based on: Emergency Care for Professional Responders)
___________________ are conditions that make administration of the drug inappropriate due to potential harmful effects.

A. Indications
B. Contraindications (page 370)
C. Side Effects
D. Illnesses

22-3. (based on: Emergency Care for Professional Responders)
___________________ are any reactions to the drug other than the intended effects.

A. Indications
B. Contraindications
C. Side Effects (page 370)
D. Genetic Conditions

22-4. (based on: Emergency Care for Professional Responders)
If a drug is indicated, it will not have any negative effects.

A. True
B. False (page 370)

22-5. (based on: Emergency Care for Professional Responders)
Erectile Dysfunction (ED) drugs are a(n) ____________ for Nitroglycerin.

A. Indication
B. Contraindication (page 370)
C. Side Effect
D. Companion

22-6. (based on: Emergency Care for Professional Responders)
___________________ means making the decision to give a medication to a patient.

A. Assisting
B. Administration (page 370)
C. Dosing
D. Appropriation
22-7. (based on: Emergency Care for Professional Responders)
Assisting with a medication means following a _________ specific direction to help with medication.

A. Medical Director’s
B. Pharmacist’s
C. Medical Supervisor’s
D. Patient’s (page 370)

22-8. (based on: Emergency Care for Professional Responders)
In some cases, a _________ can authorize a responder to administer medication.

A. Family Member
B. Bystander
C. Physician (page 371)
D. Registered Pharmacist

22-9. (based on: Emergency Care for Professional Responders)
Which of the following lists the 6 Rights of medication?

A. Person, Medication, Dosage, Treatment, Documentation
B. Person, Moderation, Dosage, Time, Documentation
C. Person, Medication, Dosage, Time, Documentation (page 371)
D. Person, Medication, Damage, Time, Documentation

22-10. (based on: Emergency Care for Professional Responders)
Documentation after you administer or assist with medication should include any changes in the patient’s condition.

A. True (page 371)
B. False

22-11. (based on: Emergency Care for Professional Responders)
A(n) ______________ is a drug that binds with a receptor in the body to produce a biological response.

A. Agonist (page 371)
B. Antagonist
C. Synergist
D. Drug Interaction

22-12. (based on: Emergency Care for Professional Responders)
A(n) ______________ is a drug that combines with a receptor to prevent a biological response.

A. Agonist
B. Antagonist (page 371)
C. Synergist
D. Therapeutic Action
22-13. (based on: *Emergency Care for Professional Responders*)
Potentiation is a(n) _______________ in the effect of a drug due to the administration of another drug.

A. Increase (page 371)
B. Decrease
C. Dulling
D. Inversion

22-14. (based on: *Emergency Care for Professional Responders*)
Synergism is sometimes expressed as ____________.

A. 1 + 1 = 2
B. 1 x 1 = 2
C. 1 + 2 = 3
D. 1 + 1 = 3 (page 371)

22-15. (based on: *Emergency Care for Professional Responders*)
The two most important drug names are the ____________ and the ______________.

A. Chemical Name, Official Name
B. Trade Name, Chemical Name
C. Generic Name, Trade Name (page 372)
D. Official Name, Chemical Name

22-16. (based on: *Emergency Care for Professional Responders*)
Parenteral routes of administration involve the drug entering the body ________ the digestive system.

A. Through
B. With
C. Into
D. Not through (page 372)

22-17. (based on: *Emergency Care for Professional Responders*)
Which of the following is NOT an Enteral route of administration?

A. Oral
B. Sublingual
C. Rectal
D. Endotracheal (page 372)

22-18. (based on: *Emergency Care for Professional Responders*)
Which of the following is NOT a Parenteral route of administration?

A. Intravenous
B. Intranasal
C. Intramuscular
D. Buccal (372)
22-19. (based on: Emergency Care for Professional Responders)
______________ is the process by which a drug is chemically converted into metabolite, which detoxifies the drug and renders it less active.

A. Biotransformation (page 373)
B. Drug Absorption
C. Drug Distribution
D. Excretion

22-20. (based on: Emergency Care for Professional Responders)
The rate of drug distribution to various tissues of the body is depends on ________________ of the capillaries to the drug molecule, cardiac output and regional blood flow.

A. Solubility
B. Vapor Density
C. Ionization
D. Permeability (page 373)

22-21. (based on: Emergency Care for Professional Responders)
Which of the following is NOT a factor that influences the actions of drugs?

A. Age of the patient
B. Psychological factors
C. Solubility of the drug (page 373)
D. Gender

22-22. (based on: Emergency Care for Professional Responders)
The sympathetic nervous system is a component of the ________________.

A. Cholinergic Receptors
B. Autonomic Nervous System (page 373)
C. Alpha Receptors
D. Parasympathetic Nervous System

22-23. (based on: Emergency Care for Professional Responders)
A(n) ________________ consists of tubing that can connect to the catheter in the patient's arm on one side and the drip bag on the other side.

A. I.V.
B. Crystalloid Solution
C. Drip Set (page 374)
D. Peripheral Intravenous Line
22-24. (based on: Emergency Care for Professional Responders)
Which of the following is NOT a crystalloid solution commonly used with an IV line?

- A. Dextrose
- B. D50W (page 374)
- C. Ringer's Lactate
- D. Normal Saline

22-25. (based on: Emergency Care for Professional Responders)
Administering 250 ml of fluid, over 120 minutes, through a Micro-Drip drip set would require a flow rate of ___________.

- A. 50 gtts/minute
- B. 100 gtts/minute
- C. 125 gtts/minute (page 375)  
  (250ml x 60 gtts/ml) ÷ 120 minutes = 125 gtts/minute
- D. 150 gtts/minute

22-26. (based on: Emergency Care for Professional Responders)
In general, an IV bag should be changed when there is less than ___________ of fluid remaining inside it.

- A. 50 ml (page 375)
- B. 100 ml
- C. 5 L
- D. 250 ml

22-27. (based on: Emergency Care for Professional Responders)
An interstitial IV means the IV fluid is flowing into the ___________ instead of into the vein.

- A. Artery
- B. Aorta
- C. Surrounding Tissues (page 376)
- D. Abdominal Cavity

22-28. (based on: Emergency Care for Professional Responders)
_______________ can cause cardiac and pulmonary complications similar to congestive heart failure or pulmonary edema.

- A. Catheter Embolism
- B. Thrombosis
- C. Circulatory Overload (page 376)
- D. Thrombophlebitis

22-29. (based on: Emergency Care for Professional Responders)
_______________ is inflammation of a vein due to the formation of a blood clot.

- A. Thrombophlebitis (page 376)
- B. Thrombosis
- C. Air Embolism
- D. Allergic Reaction
22-30. (based on: Emergency Care for Professional Responders)
A catheter embolism occurs when the ___________ or a portion of it breaks off and is carried away in the blood stream.

A. Catheter (page 376)  
B. Air bubble  
C. Drip Set  
D. Blood Clot

22-31. (based on: Emergency Care for Professional Responders)
A(n) ______________ can be caused by allowing an IV bag to run dry, or attaching a line that has not been fully purged of air.

A. Site Infection  
B. Allergic Reaction  
C. Interstitial IV  
D. Air Embolism (page 377)

22-32. (based on: Emergency Care for Professional Responders)
Which of the following is an indication that the IV should be discontinued?

A. Interstitial IV  
B. Thrombophlebitis  
C. Catheter Embolism  
D. All of the above (page 377)

22-33. (based on: Emergency Care for Professional Responders)
When administering medication through an Intranasal Injection (IN) you should gently tilt the patient’s head ___________ slightly.

A. Forward  
B. Toward the larger nostril  
C. Away from the larger nostril  
D. Back (page 378)

22-34. (based on: Emergency Care for Professional Responders)
The _________ and _________ of the medication should be marked on the vial or ampoule.

A. Name, Strength (page 378)  
B. Chemical Name, Official Name  
C. Patient’s name, Responder’s name  
D. Time, Route

22-35. (based on: Emergency Care for Professional Responders)
A subcutaneous injection is given into the ___________ just below the patient’s skin.

A. Muscle  
B. Vein  
C. Artery  
D. Layer of fat (page 379)
22-36. (based on: Emergency Care for Professional Responders)
An intradermal injection is given into the _______ just below the __________.

A. Muscle, Skin
B. Vein, Epidermis
C. Dermis, Epidermis (page 379)
D. Layer of fat, Skin

22-37. (based on: Emergency Care for Professional Responders)
Which of the following is NOT a preferred site for an intramuscular injection?

A. Upper quadrant of the left buttock
B. Upper quadrant of the right buttock
C. Outer Thigh
D. Lower quadrant of either buttock (page 380)

22-38. (based on: Emergency Care for Professional Responders)
Sodium Hypochlorite, or ________, is one of the most common worldwide disinfectants.

A. Peroxide
B. Saline
C. Bleach (page 380)
D. Iodine

Section 23: Marine Environment

23-1. (based on: Emergency Care for Professional Responders)
Which of the following is NOT one of the most common methods of sterilizing surgical equipment and work surfaces?

A. Autoclaving
B. Dry Heat
C. Open Flame (page 385)
D. Chemical Antiseptics
Section 24: Workplace

24-1. (based on: Emergency Care for Professional Responders)
A workplace first aid attendant is responsible for their patient until care is transferred to ____________.

A. Pre-hospital emergency medical personnel
B. Hospital Staff
C. The site manager
D. A or B (page 402)

24-2. (based on: Emergency Care for Professional Responders)
Which of the following is NOT a responsibility of everyone on the work site?

A. Knowing how to call EMS/9-1-1
B. Thoroughly document any first aid-related actions and process paperwork (page 402)
C. Know the location of first aid kits
D. Know how to summon the first aid attendant

24-3. (based on: Emergency Care for Professional Responders)
Supervisors have the authority to override the decision of the first aid attendant with respect to the treatment of an ill or injured person.

A. True
B. False (page 402)

24-4. (based on: Emergency Care for Professional Responders)
The level of first aid training and the number of required first aid attendants are generally determined by the ____________ and ___________ of workplace.

A. Wages, Return on Investment
B. Location, Management
C. Size, Type (page 404)
D. Rating, Visibility

24-5. (based on: Emergency Care for Professional Responders)
The ________________ is Canada’s national hazard communication standard.

A. WHMIS (page 404)
B. NOCP
C. WCB
D. CCOHS

24-6. (based on: Emergency Care for Professional Responders)
__________________________ procedures safeguard against the unexpected start-up of machinery.

A. Return to Work
B. Shut-Down Sequence
C. Lock-out/tag-out (page 406)
D. Look-out