1. Which of the following goals best describes a key goal of an emergency care system?

1. To have trained personnel respond and provide emergency care on the scene
2. To identify and modify illness and injury risks
3. To have trained personnel understand the limitations of their training and to “do no harm”
4. To have trained personnel knowledgeable in all aspects of emergency medical care

Answer: b

Objective: 2-1

Reference: 35

2. A network of specially trained personnel, equipment, facilities, and other resources that respond to medical emergencies—regardless of cause, location, or the patient’s ability to pay—*best* describes:

1. a community wellness program.
2. a health care system.
3. an emergency care system.
4. a public health system.

Answer: c

Objective: 2-1

Reference: 32

3. Which of the following attributes is *not* one of the 14 attributes of an effective emergency care system?

1. Integration of health services
2. System finance
3. Public access
4. Public acceptance

Answer: d

Objective: 2-1

Reference: 35

4. Which of the following levels of training emphasizes the provision of immediate life-saving treatment and stabilization to critically ill or injured patients while waiting for additional emergency response?

1. EMT
2. Emergency medical responder
3. AEMT
4. Critical care responder

Answer: b

Objective: 2-2

Reference: 39

5. An OEC Technician meets or exceeds the NHTSA national training requirements of:

1. an Emergency Medical Technician.
2. an advanced Emergency Medical Technician.
3. a Paramedic.
4. an Emergency Medical Responder.

Answer: d

Objective: 2-2

Reference: 39

6. Most emergency care systems deploy personnel to emergencies using a stratified approach based on the patient’s condition or anticipated needs. Which of the following lists presents the normal order of deployment of responders?

1. EMT, AEMT, EMR, Paramedic
2. EMR, AEMT, Paramedic, EMT
3. EMR, EMT, AEMT, Paramedic
4. AEMT, Paramedic, EMT, EMR

Answer: c

Objective: 2-2

Reference: 40

7. Which of the following choices is *not* an example of direct medical oversight?

1. Telephone communication
2. Physical presence of a physician
3. Written protocols
4. Video conferencing

Answer: c

Objective: 2-2

Reference: 49

8. Which of the following characteristics is *not* a characteristic of indirect medical control?

1. Communication by radio
2. Use for expediting patient care
3. Common use for “pre-authorizing” routine and life-saving procedures
4. Provision through the use of protocols

Answer: a

Objective: 2-3

Reference: 49

9. Guidelines developed at the local level by emergency personnel familiar with an area’s medical needs, available resources, system capabilities, and local standard of care are:

1. protocols.
2. policies.
3. advanced procedures.
4. medical attributes.

Answer: a

Objective: 2-3

Reference: 50

10. The reason it is important that OEC Technicians participate in quality improvement programs in services in which they work or volunteer is:

1. to guarantee that the public receives quality emergency medical care.
2. to identify problems in care delivery and develop a plan to prevent their recurrence.
3. to ensure that individuals making false calls for help are prosecuted.
4. to identify problem employees and create a corrective action plan for them.

Answer: b

Objective: 2-3

Reference: 50

11. Which of the following is *not* a role of OEC Technicians in the quality improvement process?

1. Participating in training
2. Being receptive to on-scene instructions given by another rescuer
3. Blaming their partner for a mistake in care
4. Participating in case reviews

Answer: c

Objective: 2-4

Reference: 50

12. All of the following are types of quality improvement except:

1. recurrent
2. concurrent
3. retrospective
4. prospective

Answer: a

Objective: 2-4

Reference: 50

13. Which of the following is *not* an attribute of an emergency care system?

1. Equipment
2. Public access
3. Human resources
4. Research

Answer: a

Objective: 2-1

Reference: 35

14. Which of the following is most effective for reducing the incidence of injury or illness in skiing or other outdoor activities?

1. Clinical care
2. Public access
3. Prevention
4. Emergency personnel

Answer: c

Objective: 2-1

Reference: 36

15. Which of the following is *not* one of the four nationally recognized prehospital emergency care provider levels?

1. Emergency Medical Technician
2. Advanced Emergency Medical Technician
3. Outdoor Emergency Care Technician
4. Emergency Medical Responder

Answer: c

Objective: 2-2

Reference: 38

16. Which of the following methods is the *best* method for ensuring that the treatment rendered by OEC Technicians meets or exceeds customer expectations and national education standards for emergency medical personnel?

1. Public education
2. Prevention training
3. Continuity of care
4. Quality improvement

Answer: d

Objective: 2-1

Reference: 50

17. The seamless delivery of high-quality emergency medical care as a patient transitions from initial contact with an EMT through definitive treatment *best* describes:

1. medical direction.
2. continuity of care.
3. integration of health services.
4. online medical control.

Answer: b

Objective: 2-1

Reference: 41

18. The attribute of an effective emergency care system that focuses on assessing the effectiveness of all 14 attributes of the emergency care system is:

1. evaluation.
2. medical direction.
3. integration of health services.
4. continuity of care.

Answer: a

Objective: 2-1

Reference: 36

19. Many emergency care systems deploy personnel to emergencies using a tiered approach. OEC Technicians are most likely deployed in which tier?

1. Tier 1
2. Tier 2
3. Tier 3
4. Tier 4

Answer: a

Objective: 2-2

Reference: 40

20. Critical care providers who bring advanced life support equipment, therapies, and interventions to the scene are typically deployed in what tier?

1. Tier 1
2. Tier 2
3. Tier 3
4. Tier 4

Answer: d

Objective: 2-2

Reference: 40

21. Which of the following is the umbrella under which every facet of health care is sheltered?

1. Community wellness programs
2. Research
3. The emergency care system
4. Public health

Answer: d

Objective: 2-1

Reference: 43

22. Written instructions that indicate what should be done in a given situation are best described as:

1. regulations.
2. protocols.
3. indirect medical oversight.
4. direct medical oversight.

Answer: b

Objective: 2-3

Reference: 50

23. Which of the following tips is *not* a part of common radio etiquette?

1. Speak directly into the microphone.
2. Hold the transmit key in for 1–2 seconds before speaking.
3. Include detailed information in a single transmission that takes no longer than 60 seconds.
4. Do not use the patient’s name.

Answer: c

Objective: 2-1

Reference: 47

24. When speaking to another person over the airwaves, the use of radio codes:

1. decreases confusion in communication.
2. is preferred so that the public cannot understand your transmission.
3. is discouraged because the codes are not universal to all public safety agencies.
4. is required when everyone on your patrol is trained.

Answer: c

Objective: Supplemental

Reference: 48

25. What is 3:35 p.m. in military time?

1. 0335
2. 1535
3. 1335
4. 1735

Answer: b

Objective: Supplemental

Reference: 49

26. What time is 6:43 a.m. in military time?

1. 1843
2. 0643
3. 1243
4. 2343

Answer: b

Objective: Supplemental

Reference: 52

27. What do you say using the NATO Phonetic Alphabet to ensure that the letters SMD are understood?

1. “Saltine Mary Diamond”
2. “Saltine Mike Delta”
3. “Sierra Mike Delta”
4. “Sierra Mary Diamond”

Answer: c

Objective: Supplemental

Reference: 48