AMERICAN RED CROSS (ARC) LIFEGUARDING PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. Which rescue technique involves squeezing the rescue tube between the lifeguard's chest and the person's back?

A. Feet-First Surface Dive

B. Active Rear Rescue Technique

C. Reaching Assist Technique

D. Backboard Position During Rapid Extrication

2. If life-threatening external bleeding continues after applying direct pressure, which action is appropriate?

A. Wait and re-evaluate after several minutes

B. Apply a tourniquet if trained

C. Reapply ice

D. Call EMS only after 30 minutes

3. How often should rescuers switch during CPR to maintain quality?

A. About every 2 minutes or when fatigue reduces compression depth.

B. Every 30 seconds

C. Only when the victim begins coughing

D. After 5 minutes of CPR

4. Which statement describes concussion care for a child?

A. The child should resume activity as soon as symptoms wane.

B. The child should only be seen if symptoms persist for several days.

C. The child should stop all activity and ensure 9-1-1 is called.

D. The child should drink water and continue playing.

5. What is the first action when encountering a passive drowning person?

A. Check for a pulse only

B. Remove from water and call EMS

C. Start chest compressions immediately

D. Give 2 ventilations

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6. Which airway technique is preferred when spinal injury is suspected?

A. Head tilt-chin lift

B. Breath-to-mouth

C. Sniffing technique

D. Jaw-thrust

7. Run-and-swim entry is used to enter water from what type of slope?

A. Steep decline

B. A gradual slope, such as a shoreline or wave pool

C. A vertical drop structure

D. A deep pool with no slope

8. If a lifeguard's view is obstructed, what is the appropriate action?

A. Cry out for help.

B. Stay seated and wait.

C. Move to a different vantage point, adjust position or stand.

D. Cover eyes to block glare.

9. Where is the pulse checked in an infant?

A. The brachial pulse on the inside of the upper arm between the elbow and shoulder

B. The carotid pulse on the neck

C. The radial pulse at the wrist

D. The femoral pulse in the groin

10. If a chemical splash to the eye occurs and contact lenses are present, which action should you take?

A. Remove contact lenses

B. Rinse with clean water for at least 15 minutes

C. Seek medical care

D. Rub the eye

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Answers

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

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Explanations

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1. Which rescue technique involves squeezing the rescue tube between the lifeguard's chest and the person's back?

A. Feet-First Surface Dive

B. Active Rear Rescue Technique

C. Reaching Assist Technique

D. Backboard Position During Rapid Extrication

Active Rear Rescue is all about using the rescue tube as a tool from behind the swimmer. In this approach, you position yourself behind the person and press the rescue tube against your chest while the tube sits between your chest and the swimmer's back. That squeeze creates a secure, buoyant grip that both keeps the person afloat and gives you a stable hold to tow them to safety. This technique is chosen because it allows you to control the rescuer's movement and maintain flotation while you bring the swimmer to shore, without needing to enter from the front or perform a board-based move on land. It differs from a feet-first surface dive (which involves diving to a submerged victim) and a reaching assist (which stays from shore without entering the water) or backboard immobilization during rapid extrication (which is for spinal immobilization on land).

2. If life-threatening external bleeding continues after applying direct pressure, which action is appropriate?

A. Wait and re-evaluate after several minutes

B. Apply a tourniquet if trained

C. Reapply ice

D. Call EMS only after 30 minutes

When life-threatening external bleeding continues after direct pressure, the next step is to apply a tourniquet if you are trained. A tourniquet works by stopping blood flow to the injured limb, which can be crucial when pressure alone can't control the hemorrhage. Place the tourniquet on the limb above the wound (closer to the body) and tighten it until the bleeding stops or is greatly reduced, then note the time it was applied. After applying, call EMS and monitor the person for signs of shock, keeping them warm and continuing care as needed. Delaying for re-evaluation, reapplying ice, or waiting too long to involve emergency services won't stop the bleeding and can be life-threatening.

3. How often should rescuers switch during CPR to maintain quality?

A. About every 2 minutes or when fatigue reduces compression depth.

B. Every 30 seconds

C. Only when the victim begins coughing

D. After 5 minutes of CPR

Maintaining high-quality CPR hinges on keeping chest compressions deep and fast. Fatigue naturally reduces compression depth, which lowers blood flow to the heart and brain. Switching about every two minutes gives rescuers a chance to reset technique, restore depth and rate, and reduce the drop in effectiveness that comes with tiredness. If you notice the depth slipping as you tire, switch sooner to keep perfusion steady. Transitions should be quick and smooth to avoid lengthy interruptions in blood flow. Alternatives don't fit because switching every 30 seconds creates unnecessary breaks in compression, waiting for a victim to cough isn't relevant during unresponsive CPR, and waiting five minutes before switching lets fatigue degrade performance well before the switch occurs.

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4. Which statement describes concussion care for a child?

A. The child should resume activity as soon as symptoms wane.

B. The child should only be seen if symptoms persist for several days.

C. The child should stop all activity and ensure 9-1-1 is called.

D. The child should drink water and continue playing.

When a child may have a concussion, protect the brain by stopping all activity immediately and seeking urgent medical evaluation. A concussion is a brain injury, and continuing activity can trigger a second injury or worsen symptoms. Children may not report how they feel right away, and symptoms can develop or worsen after the initial moment, so prompt assessment is important. In a lifeguarding context, that means removing the child from play, monitoring for red-flag signs (such as loss of consciousness, confusion, vomiting, severe headache), and calling emergency services if there are any concerning signs or if you're unsure about the severity. This approach minimizes risk and ensures professional evaluation before the child can return to activity. The other options either encourage returning to play too soon or delay medical care, which can lead to serious harm.

5. What is the first action when encountering a passive drowning person?

A. Check for a pulse only

B. Remove from water and call EMS

C. Start chest compressions immediately

D. Give 2 ventilations

The primary issue with a passive drowning person is severe oxygen deprivation. Because water submersion disrupts breathing, the body's immediate need is to restore oxygen to the lungs and bloodstream. Providing rescue breaths addresses the root problem by re-oxygenating the victim, which is essential to prevent brain injury while you continue to assess and monitor the situation. If a pulse is present but the person isn't breathing normally, ventilation helps revive circulation indirectly by supplying oxygen. Only after you've started ventilations should you move on to assess for a pulse and proceed with chest compressions if there is no pulse.

6. Which airway technique is preferred when spinal injury is suspected?

A. Head tilt-chin lift

B. Breath-to-mouth

C. Sniffing technique

D. Jaw-thrust

When a spinal injury is suspected, opening the airway without moving the neck is the priority. The jaw-thrust maneuver achieves this by lifting the jaw forward to open the airway while keeping the head and neck in a neutral position. This minimizes movement of the cervical spine, reducing the risk of worsening any spinal injury, while still allowing air to enter and rescue breaths to be delivered if needed. The other methods involve moving the neck or are less reliable in an injured spine scenario. The head tilt-chin lift requires tilting the head back and lifting the chin, which can extend the neck and worsen spinal injury. The sniffing technique and breath-to-mouth approaches either involve some neck movement or are less controllable in an unresponsive person, making them less suitable when spinal injury is a concern.

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7. Run-and-swim entry is used to enter water from what type of slope?

A. Steep decline

B. A gradual slope, such as a shoreline or wave pool

C. A vertical drop structure

D. A deep pool with no slope

Run-and-swim entry is used when there is a gentle slope into the water, such as a shoreline or a wave pool. You run a short distance into the shallow water and then switch to a strong swim, using the momentum from the run to reach the victim quickly while keeping your face above water. The gradual slope lets you enter safely without hitting the bottom hard, reducing the risk of injury and making it easier to transition to swimming toward the person you're rescuing. This approach isn't appropriate from a steep decline, a vertical drop, or a deep pool with no slope, because those conditions make running into the water unsafe or impractical and require a different entry method.

8. If a lifeguard's view is obstructed, what is the appropriate action?

A. Cry out for help.

B. Stay seated and wait.

C. Move to a different vantage point, adjust position or stand.

D. Cover eyes to block glare.

When you're supervising swimmers, keeping a clear view of your entire zone is essential for spotting trouble early. If something blocks your line of sight, the fastest way to fix the situation is to change your position so you can see what's happening again. Move to a different vantage point, adjust your stance, or stand to gain a better view if it's safe. This restores continuous surveillance and readiness to respond. Crying out for help doesn't solve the visibility issue and can interrupt your focus on monitoring. Staying seated delays spotting hazards, and covering your eyes to block glare worsens visibility, making it harder to notice someone in need. Reestablishing an unobstructed view is the best step.

9. Where is the pulse checked in an infant?

A. The brachial pulse on the inside of the upper arm between the elbow and shoulder

B. The carotid pulse on the neck

C. The radial pulse at the wrist

D. The femoral pulse in the groin

The site for checking an infant's pulse is the brachial artery, felt on the inside of the upper arm between the elbow and shoulder. This area is ideal because it's easy to reach and palpate in a small arm, and you can detect a pulse quickly with two or three fingers while the infant is lying on their back. Other sites aren't as reliable or practical for infants: the carotid pulse in the neck is harder to locate accurately in infants and isn't preferred for pulse checks; the radial pulse at the wrist is often not easily felt in very young children; and the femoral pulse in the groin is less accessible and not the standard for quick infant checks.

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10. If a chemical splash to the eye occurs and contact lenses are present, which action should you take?

A. Remove contact lenses

B. Rinse with clean water for at least 15 minutes

C. Seek medical care

D. Rub the eye

When a chemical splashes into the eye while a person is wearing contact lenses, removing the lenses first is the best initial step because lenses can trap the chemical against the surface of the eye and block thorough flushing. Taking out the lenses eliminates a barrier and allows irrigation to reach the cornea and conjunctiva directly, reducing ongoing exposure to the irritant and potential damage absorbed by the lens material. After removing the lenses, continue to rinse the eye with clean water or saline for at least 15 minutes to dilute and wash out any remaining chemical. Seek medical care promptly if pain, vision changes, or persistent irritation occurs. Avoid rubbing the eye.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://arclifeguarding.examzify.com

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

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