CANADIAN RED CROSS BASIC LIFE SUPPORT (BLS) 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. In BLS, how is ventilation provided for an unresponsive infant?

A. Using a bag-valve mask only

B. Using mouth-to-mouth only

C. Using mouth-to-nose and mouth-to-mouth techniques

D. Using a manual ventilator

2. What should you do if a rescue breath does not make the chest rise?

A. Continue breathing into the mouth without checking

B. Reposition the head and try again

C. Give chest compressions immediately

D. Prevent air leakage and try again

3. What are signs of an obstructed airway?

A. Inability to speak, difficulty breathing, coughing, or a high-pitched wheezing sound

B. Excessive sweating and rapid heart rate

C. Skin turning blue and losing consciousness

D. Feeling dizzy and faint

4. How deep should chest compressions be in adult CPR?

A. 1 inch (2.5 cm)

B. 2 inches (5 cm)

C. 3 inches (7.5 cm)

D. 1.5 inches (3.8 cm)

5. What are the two types of airway obstructions?

A. Foreign-body and anatomical obstructions

B. Physical and structural obstructions

C. Partial and complete obstructions

D. Temporary and permanent obstructions

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6. What is the recommended compression-to-breath ratio for adults during CPR?

A. 15:2

B. 30:2

C. 1:1

D. 5:1

7. What is the first step a rescuer should take when assessing a victim?

A. Check for breathing

B. Call for emergency help

C. Check responsiveness

D. Administer rescue breaths

8. What is the correct depth of chest compression for an infant?

A. About 1 inch

B. About 1.5 inches

C. About 2 inches

D. About 2.5 inches

9. What should be the depth of chest compressions during CPR for adults?

A. At least 1 inch

B. At least 2 inches

C. At least 3 inches

D. At least 4 inches

10. What is the primary goal of Basic Life Support (BLS)?

A. To sustain life until professional help arrives

B. To diagnose medical conditions

C. To comfort the victim

D. To perform surgery if necessary

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Answers

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

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Explanations

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1. In BLS, how is ventilation provided for an unresponsive infant?

A. Using a bag-valve mask only

B. Using mouth-to-mouth only

C. Using mouth-to-nose and mouth-to-mouth techniques

D. Using a manual ventilator

Ventilation for an unresponsive infant is provided using both mouth-to-nose and mouth-to-mouth techniques because these methods are effective in ensuring adequate airflow to the infant's lungs. Infants have smaller airways and require gentle ventilation, making it necessary to create a seal that can be accomplished by using both techniques simultaneously. Using mouth-to-nose allows for effective ventilation when the infant's mouth may not easily accommodate a seal. Mouth-to-mouth is also applicable but can be limited by an infant's size. This combination ensures that rescuers can provide sufficient breaths while minimizing the risk of airway obstruction or injury to the delicate structures in an infant's airway. Other options, such as using a bag-valve mask only or a manual ventilator, may not be suitable for infants who require more delicate handling and where proper equipment might not always be available in an emergency setting. Moreover, mouth-to-mouth only might not provide the necessary seal for effective ventilation. Understanding these techniques and their appropriate contexts ensures that rescuers can respond effectively in emergencies involving infants.

2. What should you do if a rescue breath does not make the chest rise?

A. Continue breathing into the mouth without checking

B. Reposition the head and try again

C. Give chest compressions immediately

D. Prevent air leakage and try again

When providing rescue breaths, it's crucial to ensure that each breath is effective in delivering oxygen into the lungs. If the chest does not rise, the primary action is to reposition the head and try again. This technique, often referred to as the "head-tilt, chin-lift" maneuver, helps open the airway by moving the tongue away from the back of the throat, which may be obstructing airflow. Ensuring a clear and open airway is essential for proper ventilation. If the head is not tilted correctly, air may not reach the lungs effectively, leading to ineffective breaths. By adjusting the position of the head and then attempting the rescue breath again, you increase the likelihood of successful ventilation, allowing oxygen to enter the lungs and circulate through the body. The other options may lead to unnecessary complications or missed opportunities for effective rescue breaths. Continuing to breathe into the mouth without checking could result in wasted efforts if the airway is still obstructed. Giving chest compressions immediately without addressing the airway issue may not be appropriate if a chance to ventilate has not yet been properly assessed. Preventing air leakage and trying again without repositioning could also be ineffective since the initial position may not have allowed air to enter the lungs properly.

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3. What are signs of an obstructed airway?

A. Inability to speak, difficulty breathing, coughing, or a high-pitched wheezing sound

B. Excessive sweating and rapid heart rate

C. Skin turning blue and losing consciousness

D. Feeling dizzy and faint

The presence of an obstructed airway can be indicated by specific signs and symptoms that alert responders to the urgency of the situation. Inability to speak is a critical sign because it suggests that the airway is sufficiently blocked to prevent normal airflow and vocalization. Difficulty breathing further underscores the obstruction, as the individual struggles to get enough air. Coughing is another important sign, as it may indicate an attempt by the body to clear the obstruction; however, if a person is unable to cough effectively, it becomes a more serious concern. The occurrence of a high-pitched wheezing sound is a result of narrowed air passages and can also signal that an obstruction is present, indicating that immediate action may be necessary. These signs are specifically related to airway obstruction, while other options provided in the choices focus on different physiological responses or symptoms that may not directly indicate an obstructed airway. For instance, excessive sweating and rapid heart rate can occur in various medical emergencies but do not specifically indicate an obstruction. Similarly, skin turning blue (cyanosis) and loss of consciousness suggests severe obstruction or other medical issues but represent later-stage consequences rather than initial signs. Feeling dizzy and faint is also a general symptom that can result from a range of conditions, which do not necessarily link

4. How deep should chest compressions be in adult CPR?

A. 1 inch (2.5 cm)

B. 2 inches (5 cm)

C. 3 inches (7.5 cm)

D. 1.5 inches (3.8 cm)

For adult CPR, chest compressions should be performed at a depth of 2 inches (5 cm). This depth is recommended because it generates adequate blood flow to critical organs, such as the heart and brain, during cardiopulmonary resuscitation. Compressing the chest to this depth ensures that the heart can effectively pump blood when chest compressions are released. The guidelines emphasize using a depth of 2 inches as it strikes a balance between creating sufficient pressure to circulate blood and avoiding injury to the ribs or internal organs. Compressions that are either too shallow may fail to provide the necessary circulation, while depths beyond 2.4 inches (approximately 6 cm) could pose a risk of serious injury to the patient. Understanding the appropriate depth is crucial in CPR to maximize the chances of survival during a cardiac arrest situation, highlighting the importance of training and adherence to established CPR protocols.

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5. What are the two types of airway obstructions?

A. Foreign-body and anatomical obstructions

B. Physical and structural obstructions

C. Partial and complete obstructions

D. Temporary and permanent obstructions

The identification of the two types of airway obstructions as foreign-body and anatomical obstructions is correct because these categories encompass the primary reasons an airway can be blocked. Foreign-body obstruction refers to situations where an object—such as food, a toy, or another item—physically obstructs the airway. This type of obstruction typically occurs suddenly and can happen to anyone, particularly children. It is critical to recognize this type as it often requires immediate intervention, such as the Heimlich maneuver or other rescue techniques, to clear the obstruction. Anatomical obstruction, on the other hand, involves blockage due to internal structures of the body, such as swelling of the airway tissues due to an allergic reaction, illness, or trauma affecting the airway. This type of obstruction may develop over a period of time or can also occur suddenly, as in cases of anaphylaxis, where the throat can swell dramatically and impede airflow. The other options describe different aspects or classifications of airway obstructions but do not encapsulate the main types as effectively as the combination of foreign-body and anatomical obstructions does. Types such as partial and complete obstructions address the severity of the airway blockage rather than categorizing the origins of the obstruction itself. Similar reasoning applies to the distinctions made

6. What is the recommended compression-to-breath ratio for adults during CPR?

A. 15:2

B. 30:2

C. 1:1

D. 5:1

The recommended compression-to-breath ratio for adults during CPR is 30:2. This means that for every 30 chest compressions given, 2 rescue breaths should be administered. This approach is designed to maximize blood flow to vital organs during cardiac arrest while ensuring that the person receives adequate oxygenation. In adult CPR, the focus is primarily on high-quality chest compressions, as they are crucial for maintaining circulation. The 30:2 ratio allows for a rapid return to compressions after a brief pause to provide rescue breaths, ensuring that interruptions are kept minimal, which is vital for maintaining blood flow to the heart and brain. This ratio is part of the latest CPR guidelines to optimize outcomes in cardiac arrest situations. It promotes a consistent rhythm that can be sustained during resuscitation efforts, helping both laypersons and trained responders provide effective CPR even in high-stress scenarios.

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7. What is the first step a rescuer should take when assessing a victim?

A. Check for breathing

B. Call for emergency help

C. Check responsiveness

D. Administer rescue breaths

The first step a rescuer should take when assessing a victim is to check responsiveness. This involves determining if the victim is conscious and responsive to stimuli, such as by speaking to them or gently shaking their shoulders. This assessment is crucial because it helps the rescuer to quickly understand the severity of the situation. If the victim is responsive, the rescuer can gather more information about their condition, while if they are unresponsive, it signals the need for immediate action, such as calling for emergency help or performing CPR. When assessing responsiveness, the rescuer can also identify if there are any signs of airway obstruction or need for further intervention, which is essential before proceeding to other steps in the emergency protocol. Identifying the level of responsiveness sets the stage for any required lifesaving measures.

8. What is the correct depth of chest compression for an infant?

A. About 1 inch

B. About 1.5 inches

C. About 2 inches

D. About 2.5 inches

The correct depth of chest compression for an infant is about 1.5 inches. This depth ensures effective compressions without causing injury to the infant's fragile chest structure. The guideline emphasizes that compressions should be made at a rate of 100 to 120 compressions per minute and at a depth that allows adequate blood flow during cardiac arrest. For infants, achieving the proper compression depth is crucial because it maximizes the chances of restoring effective circulation while minimizing the risk of injury. While the option stating about 1 inch may seem close, it does not meet the recommended depth needed to provide sufficient blood circulation during resuscitation efforts for an infant. The other options referring to deeper compressions are intended for adults and children, where the physiology allows for more forceful compressions without the risk of harm seen in infants.

9. What should be the depth of chest compressions during CPR for adults?

A. At least 1 inch

B. At least 2 inches

C. At least 3 inches

D. At least 4 inches

The correct answer is that chest compressions during CPR for adults should be at least 2 inches deep. This depth is necessary to provide adequate compression of the heart, which allows for effective blood flow and circulation during a cardiac arrest. When compressions are performed at this depth, it ensures that enough pressure is exerted on the heart to facilitate the return of blood to vital organs, enhancing the chances of survival. Compressions that are too shallow, such as those that would be less than 2 inches, may not appropriately compress the heart and can lead to insufficient blood flow. The depth standard is also aimed at ensuring that compressions achieve a balance between being effective while minimizing the risk of injury to the person receiving CPR. Compressions deeper than 2 inches, while still beneficial, can potentially increase the risk of injuries to the chest and internal organs, so staying within the recommended range is essential for safety and effectiveness.

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10. What is the primary goal of Basic Life Support (BLS)?

A. To sustain life until professional help arrives

B. To diagnose medical conditions

C. To comfort the victim

D. To perform surgery if necessary

The primary goal of Basic Life Support (BLS) is to sustain life until professional help arrives. This involves a series of critical actions aimed at maintaining effective circulation and breathing in a person who is in cardiac arrest or experiencing another life-threatening emergency. The BLS protocols focus on recognizing the signs of such emergencies, calling for help, and providing immediate interventions like chest compressions and rescue breaths. These actions are essential for increasing the chances of survival and minimizing potential brain damage caused by a lack of oxygen. The other options do not align with the objectives of BLS. Diagnosing medical conditions is outside the scope of BLS, as it requires specialized knowledge and tools that lay responders do not possess. Comforting the victim, while important in providing emotional support, does not address the urgent physical needs in a life-threatening situation. Surgery is not within the realm of BLS; it is a complex medical procedure that requires extensive training and is performed by healthcare professionals. Thus, the main focus of BLS is to keep a person alive until advanced medical care can take over.

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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:

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

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