

FALCK ORIENTATION PRACTICE EXAM (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.

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!

Questions

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- 1. During daytime (0700-2100), the Out-Of-Chute time is 1 minute. This applies whenever you are ____.**
 - A. Going to calls and post
 - B. Backing a vehicle
 - C. Training exercises
 - D. Responding to a scene
- 2. You can be terminated after acquiring __ attendance points**
 - A. 2
 - B. 3
 - C. 4
 - D. 5
- 3. What is the minimum amount of time before shift start that you may clock in?**
 - A. 5 minutes before
 - B. 7 minutes before start time
 - C. 10 minutes before
 - D. 15 minutes before
- 4. True or False: Sharing a patient's personal and or medical information could constitute a crime punishable by loss of occupational license (EMT, Paramedic, RN) or jail time.**
 - A. True
 - B. False
 - C. It depends on consent
 - D. Only with authorization
- 5. Employees must be clean shaven, with the exception of a neatly trimmed mustache that should not extend below the upper lip line.**
 - A. True
 - B. False
 - C. Must be completely clean shaven always
 - D. Mustache allowed to extend below lip

- 6. What lifting technique reduces back injury when moving a patient?**
- A. Lift with the back and shoulders rather than your legs.
 - B. Bend at the knees and keep the load close to your body.
 - C. Twist at the waist to reposition the load.
 - D. Keep the load away from your body.
- 7. If a signature attempt is made while the patient's hands are contaminated, what should you do before obtaining the signature?**
- A. Do not obtain signature
 - B. Have them sign again after cleaning
 - C. Ignore contamination
 - D. Clean the patient's hands or place gloves on them before having them sign as well as, clean the tablet afterwards.
- 8. Which PPE item is worn last in the proper donning sequence?**
- A. Gloves
 - B. Gown
 - C. Mask
 - D. Eye protection
- 9. Which protective measures are recommended for suspected respiratory infections?**
- A. Masks (N95 for Airborne), Eye Protection, and Patient Isolation Per Protocol
 - B. No Isolation
 - C. PPE Not Required
 - D. Only Gloves
- 10. What is a Type 2 signature?**
- A. Patient signature
 - B. Authorized representative signature
 - C. Witness signature
 - D. Crew member signature

Answers

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

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Explanations

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1. During daytime (0700-2100), the Out-Of-Chute time is 1 minute. This applies whenever you are ____.

- A. Going to calls and post
- B. Backing a vehicle
- C. Training exercises
- D. Responding to a scene

Out-Of-Chute time is about how quickly you can be out of the base and ready to respond when you're transitioning to field duties. In daytime hours, the rule sets a one-minute window for that readiness, and it applies any time you are leaving the station to go to a call or to your post. The reason this is the best fit is that the moment you start moving from the station toward an incident or standby post is when you need to be fully prepared to deploy—donning PPE, checking equipment, and being ready to move at a moment's notice. This isn't specifically about backing a vehicle, training drills, or responding to a scene after you're already in motion, which involve different procedures or timings.

2. You can be terminated after acquiring __ attendance points

- A. 2
- B. 3
- C. 4
- D. 5

Attendance points are used to track reliability, with a specific threshold that triggers disciplinary action up to termination. Each unexcused absence, tardy, or early departure adds points, and when you reach the defined limit, termination can occur. In this scenario, the threshold is four attendance points, so hitting four indicates a pattern serious enough to warrant dismissal under the policy. Two or three points would typically lead to warnings or coaching, not termination, while five points would already surpass the cutoff, but the policy sets four as the termination point. To avoid reaching it, communicate proactively with your supervisor and adhere to the attendance rules.

3. What is the minimum amount of time before shift start that you may clock in?

- A. 5 minutes before
- B. 7 minutes before start time
- C. 10 minutes before
- D. 15 minutes before

Clock-in timing determines when you're officially on the clock. The minimum lead time before shift start to clock in is seven minutes. This window gives you a moment to take care of pre-shift steps—getting your PPE sorted, logging into required systems, and reviewing any quick briefings—before your work begins. It helps payroll stay accurate by avoiding paid time before you're ready and keeps attendance aligned with the schedule. Clocking in earlier than seven minutes could count time before you're ready, while waiting longer might rush pre-shift tasks or disrupt the shift plan. So seven minutes before start is the standard minimum.

4. True or False: Sharing a patient's personal and or medical information could constitute a crime punishable by loss of occupational license (EMT, Paramedic, RN) or jail time.

A. True

B. False

C. It depends on consent

D. Only with authorization

Protecting patient confidentiality is a fundamental obligation in healthcare. When a provider shares a patient's identifiable personal or medical information without proper authorization, it breaches privacy laws and professional standards. Because of these rules, unauthorized disclosures can carry serious consequences, including criminal penalties and the loss of an EMT, paramedic, or nurse license, especially if the disclosure is willful or goes beyond what is allowed for treatment, billing, or operations. In short, breaches of confidentiality are treated as significant legal and professional violations. There are legitimate contexts that permit sharing, such as with other providers involved in the patient's care, with the patient themselves, or when there is explicit consent or a legal requirement. Those proper disclosures are not crimes. But the default stance is that sharing without proper authorization CAN be punishable, which is why the statement is true.

5. Employees must be clean shaven, with the exception of a neatly trimmed mustache that should not extend below the upper lip line.

A. True

B. False

C. Must be completely clean shaven always

D. Mustache allowed to extend below lip

Facial hair policy in safety-critical roles balances hygiene with proper PPE use. Employees must be clean shaven, with a neatly trimmed mustache that should not extend below the upper lip line. This captures the exact allowance: a mustache is allowed only if it stays above the lip, preserving a proper seal for masks and avoiding interference with safety equipment. The other options contradict this standard—being completely clean-shaven without exception, or permitting a mustache that extends below the lip—so they don't fit the stated policy.

6. What lifting technique reduces back injury when moving a patient?

A. Lift with the back and shoulders rather than your legs.

B. Bend at the knees and keep the load close to your body.

C. Twist at the waist to reposition the load.

D. Keep the load away from your body.

Using proper body mechanics when moving a patient centers on using the legs to lift rather than the back. By bending at the knees and hips and getting as close to the load as possible, you shorten the lever arm between the load and your spine. This lets your strongest muscles—your legs—do the lifting, while your back remains in a neutral position with less bending and strain. Keeping the load close reduces the torque and shear forces on the spine, which lowers the risk of back injury during the lift. Twisting at the waist or lifting with the back, or holding the load away from your body, increases torque on the spine and makes injuries more likely. If the patient is heavy, seek assistance or use appropriate lifting aids so you can maintain good mechanics throughout the move.

7. If a signature attempt is made while the patient's hands are contaminated, what should you do before obtaining the signature?

- A. Do not obtain signature
- B. Have them sign again after cleaning
- C. Ignore contamination
- D. Clean the patient's hands or place gloves on them before having them sign as well as, clean the tablet afterwards.**

Contamination of hands can transfer pathogens to a touchscreen or signature pad, so controlling surfaces touched during signing is essential. The best approach is to clean the patient's hands or have them wear gloves before they sign, and then sanitize the device afterward. This two-step action protects both the patient and other users from potential cross-contamination and keeps the signing process hygienic. Not obtaining a signature would delay necessary documentation; signing after cleaning alone can leave the device contaminated if the pad isn't cleaned; ignoring contamination is unsafe.

8. Which PPE item is worn last in the proper donning sequence?

- A. Gloves**
- B. Gown
- C. Mask
- D. Eye protection

Wearing PPE in the correct order means layering barriers so the cleanest surfaces stay protected as long as possible. The gown goes on first to cover clothing, then the mask to protect the airway, and eye protection to shield the eyes. Gloves are put on last because they are the final barrier between you and potential contaminants. Putting them on last helps keep the other equipment clean while you position and adjust it, and it reduces the chance of contaminating the gown, mask, or eye protection during donning. Since hand hygiene is done before putting on gloves, your hands are clean when you begin, and then the gloves provide a sanitary barrier for the hands during patient care.

9. Which protective measures are recommended for suspected respiratory infections?

- A. Masks (N95 for Airborne), Eye Protection, and Patient Isolation Per Protocol**
- B. No Isolation
- C. PPE Not Required
- D. Only Gloves

Protective measures for suspected respiratory infections focus on stopping the main ways these illnesses spread: through respiratory droplets, aerosols, and contaminated surfaces. Wearing a properly fitted mask appropriate to the setting helps block inhalation of infectious particles, with N95 masks used when airborne or aerosol-generating situations are possible to provide a tighter seal and higher filtration. Eye protection adds a barrier for the mucous membranes of the eyes against splashes or droplets. Isolating the patient per protocol reduces the chance of spreading infection to others and ensures the care environment follows the correct room setup and precautions. This combination covers the key exposure routes and supports containment. Choosing no isolation, omitting PPE, or using only gloves would leave critical exposure pathways unprotected and increase transmission risk.

10. What is a Type 2 signature?

- A. Patient signature
- B. Authorized representative signature**
- C. Witness signature
- D. Crew member signature

Type 2 signature is the signature of an authorized representative—someone legally empowered to act for the patient when the patient can't sign themselves. This includes a parent or guardian for a minor, a durable power of attorney for healthcare, or another court-appointed guardian. The authorized representative signs to give consent or acknowledgment on the patient's behalf, and the relationship or authority should be noted so the signing is legitimate. This differs from a patient signature (the patient signs if able), a witness signature (used to attest that signing occurred or that someone observed the process), or a crew member signature (internal staff verification rather than patient authorization).

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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://falckorientation.examzify.com>

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

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