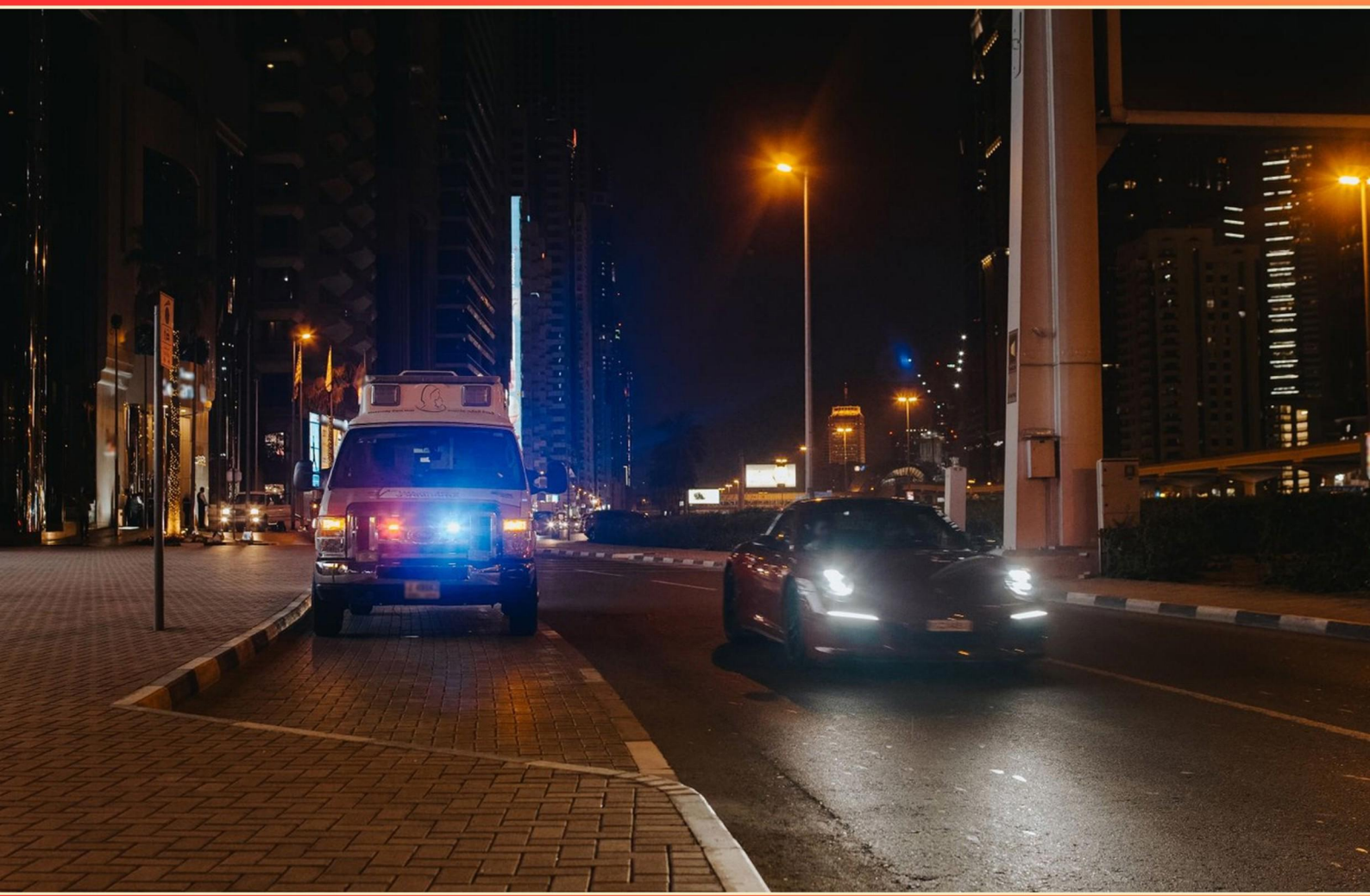
LAFD EMS REVISED PATIENT DISPOSITION POLICY (PDP) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://lafdemsrevisedpdp.examzify.com

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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. What is the third step in the Trauma Center Decision Scheme?

A. Mechanism of Injury Assessment

B. Primary Survey

C. Vital Signs Review

D. Airway and Breathing Assessment

2. Section D summarizes which topic?

A. the principles for the policy's usage in the field

B. patient demographics

C. communication protocols

D. equipment requirements

3. Which organization handles notification to the receiving facility?

A. Metro Fire Communications

B. LAFD Dispatch

C. Hospital Liaison Service

D. City Emergency Desk

4. When a 12-lead shows Injury/Ischemia/Infarct, what is required before completing AMA?

A. Base station contact and physician over-read

B. No contact required

C. Immediate air transport

D. Immediate hospital notification only

5. Blunt chest injury criterion for transport?

A. Unstable chest wall (flail chest)

B. Stable chest with minor contusion

C. Isolated rib fracture without respiratory distress

D. Superficial chest wall abrasion

6. Which document assists members in identifying Trauma Center patients?

A. Los Angeles County DHS Trauma Triage Decision Scheme

B. Los Angeles County DHS No. 506

C. Emergency Medical Services Bureau

D. Departmental Bulletin

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7. Under PDP, a life-threatening condition may be transported by a BLS ambulance if what condition is met?

A. The ETA for the ALS resource exceeds the estimated transport time to the hospital

B. The patient requests it

C. The ambulance is the first on scene

D. The hospital is not in the EMS network

8. Seizures fall in the PDP when they are what and EMS witnessed?

A. Active and EMS witnessed

B. Self-limited

C. Febrile

D. Chronic

9. Officers shall use _____ _____ to document the training assigned members.

A. Target Solutions

B. Departmental Bulletin

C. EMS Bureau

D. Training Logs

10. Auto v. ped/bicyclist/motorcyclist collisions trigger immediate transport when the victim is thrown, run over, or impact exceeds what speed?

A. >20 mph

B. >15 mph

C. >25 mph

D. >30 mph

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Answers

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

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Explanations

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1. What is the third step in the Trauma Center Decision Scheme?

A. Mechanism of Injury Assessment

B. Primary Survey

C. Vital Signs Review

D. Airway and Breathing Assessment

In trauma triage you move through a sequence that screens for life threats, physiologic stability, and then injury risk from the mechanism of injury. The first priority is the Primary Survey to quickly identify and treat life threats to airway, breathing, and circulation. After that, you assess Vital Signs to gauge physiologic stability. Only then do you evaluate the Mechanism of Injury to uncover potential injuries that may not be evident from vitals alone. This order is why Mechanism of Injury Assessment is the third step: it adds information about high-risk scenarios (like high-energy crashes, falls from height, penetrating injuries with uncertain trajectory, or blast injuries) that may require transport to a trauma center even if vitals are currently stable. The other steps come earlier because they address immediate threats and current physiological status.

2. Section D summarizes which topic?

A. the principles for the policy's usage in the field

B. patient demographics

C. communication protocols

D. equipment requirements

Section D focuses on how the policy is practically used in the field. It lays out the guiding principles for applying the Revised Patient Disposition Policy during patient encounters—when it's appropriate to apply the policy, what criteria must be met, and the boundaries of its use. This helps ensure responders implement disposition decisions consistently and safely. The other topics don't fit because patient demographics cover who is involved rather than how the policy is applied; communication protocols deal with how teams coordinate, not the decision framework; and equipment requirements describe tools and gear, not the decision logic for disposition.

3. Which organization handles notification to the receiving facility?

A. Metro Fire Communications

B. LAFD Dispatch

C. Hospital Liaison Service

D. City Emergency Desk

The key idea is that hospital notification during EMS transport is handled by the city's centralized EMS communications hub. Metro Fire Communications acts as the dispatcher for EMS resources and is the point of contact that notifies the receiving hospital about the incoming patient, relays essential details (and ETA), and coordinates any hospital arrangements. This centralized approach ensures consistent communication with the facility, no matter which unit is transporting the patient. The Hospital Liaison Service sits at the hospital side or within a hospital-focused coordination role, and isn't the primary channel for notifying the facility about a transport. LAFD Dispatch is the field's initial dispatch function, but the formal notification to the receiving facility is routed through Metro Fire Communications rather than the on-scene unit. The City Emergency Desk handles city-wide emergencies and isn't the correct channel for notifying a hospital about an EMS transport.

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4. When a 12-lead shows Injury/Ischemia/Infarct, what is required before completing AMA?

A. Base station contact and physician over-read

B. No contact required

C. Immediate air transport

D. Immediate hospital notification only

When a 12-lead ECG shows Injury/Ischemia/Infarct, there is a high-risk potential for acute coronary syndrome. Because of this, medical oversight is required before accepting an AMA (against medical advice) disposition. You must contact the base station and obtain a physician over-read (medical control approval) before completing AMA. This ensures that a clinician with authority reviews the ECG findings, confirms there's no error, and documents that the patient was informed of risks and still choosing to refuse transport. It also provides a safeguard in case the patient's condition worsens, since ACS patterns can evolve rapidly. Why the other options aren't appropriate: no contact is not acceptable because ACS findings demand medical control involvement; immediate air transport isn't the requirement for an AMA decision and may be unnecessary or premature given the patient's stated preference; immediate hospital notification alone doesn't fulfill the need for physician over-read and medical control authorization before an AMA disposition.

5. Blunt chest injury criterion for transport?

A. Unstable chest wall (flail chest)

B. Stable chest with minor contusion

C. Isolated rib fracture without respiratory distress

D. Superficial chest wall abrasion

The key idea is recognizing injuries that signal potential rapid respiratory compromise and need hospital-level evaluation. An unstable chest wall, or flail chest, means multiple adjacent rib fractures that create a mobile segment of the chest. This causes paradoxical chest movement and severely impairs ventilation, and it's often accompanied by lung contusion or other thoracic injuries. Because of the high risk of deterioration and the need for advanced care (imaging, possible chest tube, pain control, airway management), this finding is a clear criterion for transport. Stable chest with minor contusion, an isolated rib fracture without respiratory distress, and superficial chest wall abrasion are generally less urgent and can often be managed with on-scene care and observation, depending on the patient's overall condition.

6. Which document assists members in identifying Trauma Center patients?

A. Los Angeles County DHS Trauma Triage Decision Scheme

B. Los Angeles County DHS No. 506

C. Emergency Medical Services Bureau

D. Departmental Bulletin

Identifying trauma center patients in the field relies on a triage scheme that lays out specific criteria for injury severity and patient status. The Los Angeles County DHS Trauma Triage Decision Scheme provides those criteria, guiding prehospital providers to determine which patients meet the standards for transport to a trauma center. It combines physiologic status, anatomy of injuries, mechanism of injury, and sometimes special considerations to decide on the appropriate destination, ensuring patients receive the level of care they need promptly. The other items are not the triage criteria document: a policy or procedure number, a broader EMS bureau, or a general departmental bulletin do not offer the specific decision rules used to identify trauma center patients in the field.

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7. Under PDP, a life-threatening condition may be transported by a BLS ambulance if what condition is met?

A. The ETA for the ALS resource exceeds the estimated transport time to the hospital

B. The patient requests it

C. The ambulance is the first on scene

D. The hospital is not in the EMS network

In this policy, the key idea is timely access to definitive care. If a life-threatening condition is present, the initial question is whether waiting for an ALS resource would delay transport to the hospital. When the estimated arrival time of ALS is longer than the time it would take to transport the patient to the hospital, a BLS ambulance may transport to ensure the patient gets to definitive care without unnecessary delay. The BLS crew can provide essential stabilization and care en route, while ALS can be requested or involved if available later. Patient preference, being first on scene, or whether the hospital is in a particular EMS network don't determine this decision. The prioritization is about minimizing delay to definitive treatment by using BLS transport when ALS would not arrive quickly enough to improve the overall timeline of care.

8. Seizures fall in the PDP when they are what and EMS witnessed?

A. Active and EMS witnessed

B. Self-limited

C. Febrile

D. Chronic

The key idea is that PDP applies when there is an active seizure that EMS has witnessed. If a seizure is still in progress when EMS is on scene, they have direct, real-time observation of the event, which supports using PDP to guide disposition and safety checks (often including transport to a medical facility for thorough evaluation). This active, witnessed event provides clear documentation of ongoing neurologic crisis and the need for careful on-scene management and potential transport. If the seizure has already ended (self-limited), or if the situation is a febrile seizure in a child or a known chronic seizure history, those scenarios aren't the active, EMS-witnessed events PDP is based on. They're managed under different criteria, since the event is no longer currently active or fits a different clinical context.

9. Officers shall use _____ _____ to document the training assigned members.

A. Target Solutions

B. Departmental Bulletin

C. EMS Bureau

D. Training Logs

Documenting who has been assigned and completed training is done through a centralized training management system, so records are complete, retrievable, and auditable. Target Solutions is the designated platform for this purpose, allowing Officers to assign courses to members, track who has completed them, monitor due dates, and generate reports for compliance. Departmental Bulletins are only notices and don't serve as the official training record. The EMS Bureau is the organizational unit, not the tool for documenting training. Training Logs might exist as informal records, but Target Solutions provides the official, standardized method used across the department.

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10. Auto v. ped/bicyclist/motorcyclist collisions trigger immediate transport when the victim is thrown, run over, or impact exceeds what speed?

A. >20 mph

B. >15 mph

C. >25 mph

D. >30 mph

High-energy impact is the key factor. When a vehicle strikes a pedestrian, bicyclist, or motorcyclist, the amount of energy transferred to the body rises quickly with speed. If the victim is thrown, run over, or the impact exceeds about 20 mph, the injury pattern can be severe and internal injuries may not be immediately obvious. Because serious trauma can be present even with outwardly mild signs, the protocol calls for immediate transport to a trauma center in these high-energy collisions. Speeds below that threshold carry a lower, but still real, risk, so on-scene evaluation guides further decisions, but the 20 mph marker is the recognized trigger for urgent transport.

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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://lafdemsrevisedpdp.examzify.com

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

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