



ZIMBABWE

**MINISTRY OF HIGHER AND TERTIARY EDUCATION,
INNOVATION, SCIENCE AND TECHNOLOGY
DEVELOPMENT**

**HIGHER EDUCATION EXAMINATIONS COUNCIL
(HEXCO)**

NATIONAL CERTIFICATE

IN

PARAMEDICS

MODULE: Ethics and Professional Practice

PAPER NO: 315/24/M04

DURATION: 3 Hours

JUNE 2026 EXAMINATION

REQUIREMENTS

INSTRUCTIONS TO CANDIDATES

1. This examination consists of two (2) Sections.
2. Answer all questions in SECTION A (40 marks).
3. Answer any three (3) questions in SECTION B (60 marks).
Each question carries twenty (20) marks.

This paper consists of 9 printed pages.

SECTION A

Answer all questions (40 marks).

QUESTION 1

- 1.1 Ethics in EMS is best described as:
- a) Subjective opinions on care
 - b) Moral principles governing professional behaviour
 - c) Statutory penalties for errors
 - d) Localised facility protocols
- 1.2 Which set of traits defines a professional paramedic:
- a) Adherence to dress code
 - b) Reliance on constant supervision
 - c) Competence
 - d) Selective treatment
- 1.3 The principle of autonomy grants the patient the right to:
- a) Receive the most expensive care available
 - b) Absolute immunity from medical harm
 - c) Make informed decisions regarding their own care
 - d) Receive identical treatment to all other patients
- 1.4 Beneficence requires the paramedic to consistently
- a) Prioritise administrative rules over patient needs
 - b) Act in a manner that serves the patient's best interests
 - c) Limit communication with the patient's family
 - d) Perform all medical interventions in isolation
- 1.5 Non-maleficence is summarised by the directive to:
- a) First, do not harm
 - b) Strict patient confidentiality
 - c) Distribute medical resources equitably
 - d) Document every clinical action taken.

1.6 In EMS, the ethical principle of justice refers to:

- a) Prioritising care for patients based on financial status
- b) The fair and equitable distribution of medical resources
- c) Granting patients the legal right to refuse life-saving care
- d) Strict adherence to instructions from the medical director only

1.7 To obtain informed consent, a paramedic must:

- a) Initiate emergency treatment immediately without explanation
- b) Disclose the diagnosis, risks and benefits to the patient before asking permission
- c) Consult only with the patient's immediate family members
- d) Wait until a formal written legal document is signed in all cases.

1.8 Implied consent is legally applicable when:

- a) The patient is awake and able to communicate clearly
- b) The patient explicitly refuses any medical intervention
- c) An unconscious patient requires immediate life-saving treatment
- d) The identity of the patient cannot be immediately confirmed

1.9 Confidential patient information may be shared without breach of privacy when:

- a) Community members or neighbours enquire about the patient status
- b) Media outlets request an update on the incident
- c) Communicating vital clinical data to the receiving hospital
- d) Personal friends of the patient demand a medical UP

1.10 In a legal context, assault in EMS is defined as:

- a) Physical contact with patient
- b) Placing a patient in fear of immediate bodily harm
- c) Making an error in the patients medical update
- d) Failing to utilise personal protective correctly

1.11 Battery occurs in a medical setting when:

- a) A paramedic threatens to perform a procedure the patient has refused
- b) A paramedic physically touches or treats a patient without their consent
- c) A paramedic fails to meet the specific standard of care
- d) A paramedic leaves a patient before transferring care to a higher authority

1.12 To prove negligence, all the following elements must be present except:

- a) A formal duty of care was established
- b) There was a clear breach of duty by the provider
- c) Physical or emotional harm or damage occurred
- d) The patient expressed agreement with the treatment plan

1.13 Abandonment is defined when a paramedic is:

- a) Transferring care to a nurse or doctor of equal or higher training
- b) Terminating care without ensuring a proper handover to qualified staff
- c) Submitting clinical documentation after the shift has ended
- d) Prioritising scene safety by refusing to enter an unsecure area

1.14. Scope of practice refers to the specific medical duties:

- a) A paramedic feels comfortable performing based on experience
- b) Legally defined and authorised by law, regulation and licencing
- c) Internal procedures specific only to a private hospital
- d) General expectations the public holds for emergency responders

1.15. The medical director has the legal authority to:

- a) Authorise specific procedures or protocols within the EMS system
- b) Arbitrarily replace an ambulance crew during an active shift
- c) Act as the primary legal defence for a paramedic in a court of law
- d) Deny paramedics access to all emergency medications

1. 16. A paramedic is legally required to breach patient confidentiality when:

- a) The patient is a well- known public figure or celebrity
- b) A formal court order or subpoena demands the information
- c) The patient's neighbours request an update on the emergency
- d) The paramedic is discussing the case on social media for educational purposes.

1.17. Cultural competence in EMS practice involves:

- a) Requiring patients to adapt to the provider's personal beliefs
- b) Delivering care with sensitivity to diversity
- c) Utilising English as the exclusive language for all patient interactions
- d) Disengaging from family members during the history-taking process

1.18. Which of the following is classified as professional misconduct:

- a) Consistent and correct use of PPE (PERSONAL PROTECTIVE EQUIPMENT)
- b) Completing all annual Continual Professional Development (CPD) credits
- c) Performing clinical duties while under the influence of intoxicants
- d) Following established local medical protocols during a cardiac arrest

1.19. A core element of maintaining paramedic professionalism is:

- a) Publicly sharing personal opinions regarding a patient's lifestyle
- b) Ensuring clinical competence through continuous Professional Development (CPD)
- c) Operating entirely without clinical or administrative supervision
- d) Agreeing with every patient request regardless of medical necessity

1.20. The principle of justice in a triage environment requires:

- a) Allocating care based on clinical emergency
- b) Prioritising immediate family members of the responding crew
- c) Providing medical interventions exclusively to paediatrics
- d) Sorting patients for treatment based on their ability to pay for services

1.21. A paramedic violates the principle of autonomy when they:

- a) Provide a detailed explanation of available treatment options
- b) Disregard a mentally competent patient's informed refusal of care
- c) Accurately record every clinical intervention in the PCR
- d) Follow the patient's expressed wishes regarding their care plan

1.22. A conflict of interest occurs when:

- a) A paramedic disagrees with a colleague over a treatment plan
- b) Personal interests interfere with the paramedic's professional duties
- c) A patient exercises their legal right to refuse transport
- d) A crew member requests a shift change for personal reasons

1.23. To maintain professional boundaries, a paramedic must:

- a) Form private social friendships with patients
- b) Prohibit financial ties with patients
- c) Exchange personal details during a call
- d) Accept gifts for providing care

1.24. The principle of beneficence requires a paramedic to:

- a) Withhold care until family consent is obtained
- b) Prioritise patient welfare
- c) Deviate from protocol when convenient
- d) Cease all communications with dispatch during transport

1.25. Maintaining accurate documentation is an essential demonstration of:

- a) Basic ethical behaviour only
- b) Regulatory legal compliance only
- c) Both professional standards and legal accountability
- d) Neither ethics nor professional responsibility

QUESTION 2

TRUE OR FALSE

- 2.1 Ethics in EMS refers to moral principles that guide professional conduct.
- 2.2 Professionalism only requires wearing the correct uniform at all times.
- 2.3 Autonomy requires that competent patients are allowed to refuse care.
- 2.4 Acting in the patient's best interest is called beneficence.
- 2.5 When paramedics avoid causing harm to a patient it is called non-maleficence.
- 2.6 Justice means treating all patients fairly and without discrimination.
- 2.7 Informed consent must include explanation of risks, benefits and alternative treatments.
- 2.8 When an unconscious patient requires life-saving care paramedics apply the implied consent principle.
- 2.9 Patient information may be shared freely with family members without patients permission
- 2.10 Performing a medical procedure without patient consent may constitute battery.

- 2.11 Abandonment occurs when a paramedic hands over a patient to a nurse or doctor
- 2.12 A paramedic may at times practice beyond their scope of practice without instruction from a medical Director.
- 2.13 Practicing while intoxicated is a breach of professionalism.
- 2.14 Accurate documentation is both a legal and professional requirement
- 2.15 Non-compliance with Continuous Professional Development (CPD) requirements may be considered unprofessional conduct.

SECTION B

Answer any three (3) questions in this Section (60 marks).

QUESTION 3

- a) Define the following terms:
- i) Ethics
 - ii) Professionalism
 - iii) Moral
 - iv) Value (4 marks)
- b) Explain the four (4) main ethical principles:
- i) Autonomy
 - ii) Beneficence
 - iii) Non-maleficence
 - iv) Justice,
- As they apply in EMS practice. (8 marks)
- c) Outline the historical development of medical ethics with reference to Hippocratic Oath, Nuremberg Code, Declaration of Helsinki and Belmont Report. (8 marks)

QUESTION 4

- a) Detail the procedural steps an EMS provider must take to obtain informed consent prior to administering emergency medical treatment. (10 marks)
- b) Identify and explain three (3) distinct categories of consent, providing practical EMS scenarios for each. (6 marks)
- c) State four (4) conditions under which confidentiality may be lawfully breached. (4 marks)

QUESTION 5

Explain the ethical principle of non-maleficence under the following:

- a) Acting within the Ambulance Technician (AT) scope of practice
- b) Avoiding actions that cause unnecessary harm
- c) Reporting incompetence and unethical behaviour
- d) Ethical dilemmas that may arise on duty

QUESTION 6

Critically analyse the role of the justice principle in the distribution of scarce emergency medical resources. (20 marks)

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PARAMEDICS

**MODULE: Communication and Computer
Applications**

PAPER NO: 315/24/M03

DURATION: 3 Hours

JUNE 2026 EXAMINATION

REQUIREMENTS

INSTRUCTIONS TO CANDIDATE

- 1) This paper has two (2) sections- Section A and Section B.
- 2) Answer all questions in section A and any three (3) in section B.
- 3) All questions in section B carry twenty (20) marks each.

This paper consists of 7 printed pages.

SECTION A

QUESTION 1

- 1.1 What is a key component of telemedicine equipment (1 mark)
- a) Stethoscope
 - b) High resolution camera
 - c) Oxygen tank
 - d) Syringe
- 1.2 What should you do if you encounter connectivity issues during a telemedicine setup? (1 mark)
- a) Ignore the problem
 - b) Check internet speed and network connections
 - c) Reboot the computer only
 - d) Call patient
- 1.3 During a remote consultation why is it important to maintain a professional demeanor? (1 mark)
- a) To make the consultation feel informal
 - b) To ensure effective communication and patient trust
 - c) To reduce the need for documentation
 - d) To save time
- 1.4 Which of the following is a best practice for ensuring the confidentiality of patient records? (1 mark)
- a) Share login credentiality with colleagues?
 - b) Use encrypted communication platforms
 - c) keep patient records on paper
 - d) save passwords in a text file
- 1.5 How should telemedicine findings be integrated into EHR systems? (1 mark)
- a) As handwriting notes
 - b) By verbally informing the healthcare provider
 - c) Entering detailed data into EHR system
 - d) As a separate physical file

- 1.6 How should you manage passwords for accessing EHR systems (1 mark)
- a) Share with colleagues
 - b) Use strong unique passwords and change them regularly
 - c) Use simple passwords for ease
 - d) Disable password protection
- 1.7 What is an essential practice for ensuring patient data confidentiality? (1 mark)
- a) Accessing all available patient records
 - b) Using strong passwords and encrypting data
 - c) Sharing access credentials
 - d) Avoiding the use of audit trails
- 1.8 How should patient information be entered into an EHR system. (1 mark)
- a) In real time and accurately
 - b) After completing patient case
 - c) Only when requested by supervisor
 - d) Using shorthand and abbreviations
- 1.9 What is the benefit of real time updates in GPS tools? (1 mark)
- a) Static route planning
 - b) Better route planning and traffic management
 - c) Reduced navigation accuracy
 - d) Limited route options
- 1.10 Why is it important to stay updated on emerging technologies in EMS? (1 mark)
- a) To improve patient care and efficiency
 - b) To increase the use of outdated tools
 - c) To limit technological integration
 - d) To maintain traditional practices

PAPER NO: 315.24.M03-COMMUNICATION AND COMPUTER APPLICATIONS

- 1.11 What is the primary benefit of using electronic Health Records (EHR) in EMS operations (1 mark)
- a) They eliminate the need for patient documentation
 - b) They streamline documentation and improve data accessibility
 - c) They allow for decorative records
 - d) They reduce the need for patient care
- 1.12 Which of the following is not typically included in patient data entry fields in an EHR system. (1 mark)
- a) Medical history
 - b) Personal opinions
 - c) Current medications
 - d) Allergies
- 1.13 What is a key component ensuring data accuracy in EHR systems? (1 mark)
- a) Using consistent formats for dates and measurements
 - b) Allowing multiple people to edit entries simultaneously
 - c) Skipping verification steps
 - d) Using personal shorthand
- 1.14 How should errors in EHR entries be corrected? (1 mark)
- a) Erasing the original entry
 - b) Following proper procedures to amend errors without deleting the original entry
 - c) Using white out
 - d) Ignoring the error
- 1.15 What is the purpose of regularly updating EHRs with new patient information? (1 mark)
- a) To make the system look active
 - b) To ensure the patients record reflects their current condition
 - c) To create more work
 - d) To confuse healthcare providers
- 1.16 Which key component is essential in a Patient Care Report (PCR) (1 mark)
- a) Incident description
 - b) Medication name
 - c) Equipment Status

d) Chief complaint

1.17 The primary purpose of incident report is to (1 mark)

- a) Track medication administration
- b) Record specifics of usual incidents
- c) Maintain training records
- d) Document equipment maintenance

1.18 Which key component is unique to equipment checklists (1 mark)

- a) Patient response
- b) Certification renewal dates
- c) Inspection date
- d) Incident outcomes

1.19 What is a key benefit of maintaining accurate training and certification records? (1 mark)

- a) Ensuring patient safety
- b) Improving medication management
- c) Guaranteeing equipment functionality
- d) Ensuring personnel are qualified and up to date

1.20 Which component is essential in medication logs? (1 mark)

- a) Incident description
- b) Maintenance performed
- c) Medication dosage
- d) Training dates

1.21 What is the primary use of inventory records? (1 mark)

- a) Track financial transactions
- b) Outline protocols
- c) Track supplies and equipment
- d) Record patient care

1.22 What should a report format include? (1 mark)

- a) Only introduction
- b) Only conclusion
- c) Introduction, body, conclusion, recommendation
- d) Only recommendation

1.23 Why is accurate documentation important? (1 mark)

- a) Delay patient care
- b) Legal compliance and effective communication
- c) Create confusion
- d) Reduce work load

1.24 What type of document outlines protocols and procedures (1 mark)

- a) Inventory records
- b) Supplies invoices
- c) Standard Operating Procedures
- d) Patient care reports

1.25 Which section is essential in a report format (1 mark)

- a) Cover page only
- b) Introduction and body
- c) Only the body
- d) All sections are essential

SECTION B: TRUE OR FALSE QUESTIONS

QUESTION 2

- 2.1 A 'Repeater' extends radio signal range. (1 mark)
- 2.2 In word, a 'Header' appears at the top of the page. (1 mark)
- 2.3 The root word 'hepat' refers to the liver. (1 mark)
- 2.4 An 'Agenda' records events after a meeting. (1 mark)
- 2.5 SBAR stands for situation, Background, Assessment, Recommendation. (1 mark)
- 2.6 Birthdates are strong, secure passwords. (1 mark)
- 2.7 Medical jargon should be used to comfort patients. (1 mark)
- 2.8 A 'Proactive Report' is an unplanned document. (1 mark)
- 2.9 in 'Excel', data is organised into 'tables'. (1 mark)

- 2.10 'Roger' means 'I will comply'. (1 mark)
- 2.11 Eye contact is a form of non- verbal communication (1 mark)
- 2.12 Eye contact is a form of communication (1 mark)
- 2.13 Version control prevents use of outdated clinical data (1 mark)
- 2.14 A mobile radio is permanently in the vehicle. (1 mark)
- 2.15 Tele-monitoring is remote observation of vitals. (1 mark)

SECTION B

QUESTION 3

Discuss the ethical and legal implications of patient confidentiality in the age of Telemedicine and digital data transmission. (20 marks)

QUESTION 4

Evaluate the impact of non verbal communication and active listening on team coordination at an emergency scene. (20 marks)

QUESTION 5

Explain the importance of accurate and through documentation in the NCP role and discuss how it affects:

- Patient care
 - Legal compliance
 - Operational efficiency
- (20 marks)

QUESTION 6

What is Artificial Intelligence (AI)? Discuss the advantages and disadvantages of using AI in emergency medical services. (20 marks)

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PARAMEDICS

MODULE: Ambulance Technology

PAPER NO: 315/24/M05

DURATION: 3 Hours

JUNE 2026 EXAMINATION

REQUIREMENTS

INSTRUCTIONS TO CANDIDATE

1. This examination paper consists of two (2) sections – Section A and Section B.
2. Answer all questions in Section A and any three (3) in Section B.
3. In Section B, all questions carry 20 marks.
4. This is a three (3) hour paper.

This paper consists of 7 printed pages.

SECTION A

QUESTION 1

1.1 In thick fog, a driver should use:

- a) High beams
- b) Low beams and reduced speed
- c) No lights
- d) Emergency lights only

(1 mark)

1.2 The most common cause of ambulance skid is:

- a) Driving too slow
- b) Driving too fast for conditions
- c) Excess oxygen weight
- d) Excess SIREN use

(1 mark)

1.3 The "Danger Zone" near downed electrical wires is:

- a) 10 feet
- b) The wire reach plus one full – span further
- c) Directly under the pole
- d) Only the area touching the wire

(1 mark)

1.4 When can an AT ignore a red traffic light?

- a) Returning for lunch
- b) When on an emergency call, after slowing / stopping to ensure safety
- c) When in a hurry
- d) Never

(1 mark)

1.5 Defensive drinking is defined as:

- a) Driving fast to source time
- b) Anticipating others mistakes and reacting safely
- c) Forcing a path through traffic
- d) Driving only at night

(1 mark)

1.6 Regularly washing the Ambulance exterior is important for:

- a) Public relations only
- b) Identifying structural damage or fluid leaks
- c) Increasing maximum speed
- d) Saving fuel

(1 mark)

- 1.7 Which system handles hospital and dispatch communication?
- a) Telemetry system
 - b) Communication system
 - c) Warning system
 - d) Navigation system (1 mark)
- 1.8 Telemedicine allows for:
- a) Watching media during transport
 - b) Real-time data transmission and physician consultation
 - c) Patient self – booking
 - d) Flight capabilities (1 mark)
- 1.9 Standardised patient compartment layout are used to:
- a) Make the vehicle look professional
 - b) Ensure any technician can find equipment quickly in an vehicle
 - c) Save manufacturing costs
 - d) Hide equipment from patients (1 mark)
- 1.10 If a radio fails during a pre-shift check, the (Ambulance Technician) AT should:
- a) Use hand signals for the shift
 - b) Motify dispatch and the supervisor for a replacement
 - c) Leave it behind to save weight
 - d) Only respond to visible calls (1 mark)
- 1.11 A critical infection control measure in modern design is:
- a) Using fabric covered seats
 - b) Utilising seamless, non-porous surfaces
 - c) Keeping windows open at all times
 - d) Carpeting the floor (1 mark)
- 1.12 Dim emergency lights during a check despite a loud siren likely indicate:
- a) A siren tone error
 - b) An electrical system of battery issue
 - c) Excess weight in the patient compartment
 - d) Wrong bulb color (1 mark)
- 1.13 In ambulance design “crashworthiness” refers to:
- a) Speed to avoid accidents
 - b) Ability to protect occupants during a collision
 - c) Quality of the exterior paint
 - d) Fuel efficiency (1 mark)

1.14 A "Type III" ambulance is defined by:

- a) A van-based vehicle with no separate body
- b) A van chassis with a modular "box" body
- c) A truck chassis with a modular body
- d) A motorcycle response unit (1 mark)

1.15 Ergonomic design in ambulance patient compartment focuses on:

- a) Crashworthiness
- b) Efficiency of movement for the technician
- c) Exterior aesthetics
- d) Aerodynamics (1 mark)

1.16 "Readily accessible" equipment storage means:

- a) Minimising time to retrieve items during an emergency
- b) Stacking by weight
- c) Keeping items in original shipping boxes
- d) Stored in the manager's office (1 mark)

1.17 Which tool is typically used for manual ventilation of a non – breathing patient?

- a) Sphygmomanometer
- b) Bag – valve – mask (BVM)
- c) Pulse oximeter
- d) Glucometer (1 mark)

1.18 Why should battery – operated devices be plugged into shore power at the station?

- a) To prevent engine overheating
- b) To ensure peak performance during the next response
- c) To reduce electricity bills
- d) To prevent theft (1 mark)

1.19 When documenting a fault in a maintenance log, which is LEAST critical?

- a) Equipment ID number
- b) Nature of malfunction
- c) Name of the technician who used it three weeks ago
- d) Data and time of discovery (1 mark)

1.20 Cleaning a pulse oximeter sensor according to protocol is an example of:

- a) Injection control and equipment maintenance
- b) Inventory management
- c) Diagnostic imaging
- d) Patient communication (1 mark)

1.21 Checking oxygen cylinder levels falls under which inspection category?

- a) Mechanical inspection
- b) Clinical / equipment inspection
- c) Environmental inspection
- d) Communication inspection (1 mark)

1.22 High – use emergency equipment (e.g. AED) Automated External Defibrillator should be store:

- a) Under the patient bench
- b) In the most secure locked cabinet
- c) In an easily accessible location near the primary entry door. In the front cab with the driver
- d) Never (1 mark)

1.23 Preventative maintenance is best defined as:

- a) Repairing equipment after total failure
- b) regular cleaning and testing to avoid failure
- c) checking equipment only during emergency calls
- d) Ordering new equipment when old items are lost (1 mark)

1.24 While performing a routine check, a portable suction unit fails to hold a charge. You should:

- a) Discard the unit immediately
- b) Report the fault and mark the unit out-of-service
- c) Attempt to repair internal battery wiring
- d) Notify the neat crew at the end of the shift (1 mark)

1.25 What is the Primary purpose of a daily ambulance equipment checklist?

- a) To provide a legal record of work hours
- b) To ensure all life – saving equipment is present and functional
- c) To document the cleanliness of the driver's cabin
- d) To track insurance expiration (1 mark)

QUESTION 2

- 2.1 Infection control is not important in Ambulances. (1 mark)
- 2.2 EMS Dispatch coordinates emergency response teams. (1 mark)
- 2.3 Pre-operational checks ensure ambulance readiness. (1 mark)
- 2.4 Equipment should be stored in random places for flexibility. (1 mark)
- 2.5 Defensive driving reduces accident risk. (1 mark)
- 2.6 Telemedicine can support EMS care remotely. (1 mark)
- 2.7 Ambulance Sirens warn other road users. (1 mark)
- 2.8 The Anglo – American model focuses on rapid hospital transport. (1 mark)
- 2.9 Faulty equipment should be used until repair is available. (1 mark)
- 2.10 Radios are important communication tools in EMS. (1 mark)
- 2.11 EMS systems include personnel, equipment and Communication Systems. (1 mark)
- 2.12 Emergency vehicles must follow traffic laws when possible. (1 mark)
- 2.13 Ambulances must be kept clean to prevent infection. (1 mark)
- 2.14 PPE (Personal Protective Equipment) is optional for EMS workers. (1 mark)
- 2.15 Ambulance equipment must be checked at the start of each shift. (1 mark)

SECTION B

QUESTION 3

- a) Describe the step-by-step procedure for a pre-shift inspection of a portable suction unit and a bag-value-mask (BVM). (10 marks)
- b) Explain the Legal and Clinical Implications, for an AT (Ambulance Technician) if life-saving equipment fails during an intervention. (10 marks)

QUESTION 4

Describe how defensive driving techniques help ambulance driver during emergency responses. (20 marks)

QUESTION 5

- a) Compare the structural and operational advantages of Type I vs Type II ambulances. (10 marks)
- b) Analyse how patient compartment ergonomics affect speed and safety during transport. (10 marks)

QUESTION 6

Evaluate the role of communication and dispatch systems in EMS operations. (20 marks)

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PARAMEDICS

MODULE: Traumatology

PAPER NO: 315/24/M09

DURATION: 3 hours

JUNE 2026 EXAMINATION

REQUIREMENTS

INSTRUCTIONS TO CANDIDATE

1. This paper has two (2) sections, Section A and Section B.
2. Answer all questions in Section A.
3. Answer any three (3) questions in Section B.
4. All questions in Section B carry 20 marks each.
5. This paper is a three (3) hour paper.

This paper consists of 9 printed pages.

SECTION A

QUESTION 1

- 1.1 What is the first piece of information an NCP should obtain from dispatch?
- a) The patient's name
 - b) The exact location of the patient
 - c) The weather conditions
 - d) The type of equipment available
- 1.2 Why is understanding the mechanism of injury (MOI) important?
- a) To determine the patient's identity
 - b) To predict the injury patterns and severity
 - c) To decide on the best route to the hospital.
 - d) To communicate with law enforcement.
- 1.3 When operating an emergency response vehicle, what is the primary concern?
- a) Reaching the scene as quickly as possible.
 - b) Obeying traffic laws and ensuring safety.
 - c) Using the siren continuously
 - d) Avoiding communication with dispatch
- 1.4 What should be checked enroute to the call?
- a) The patient's insurance details
 - b) The availability of snacks
 - c) The readiness of all necessary equipment and supplies
 - d) The location of the nearest gas station

1.5 Penetrating trauma severity depends on:

- a) The height of the patient
- b) The size and velocity of the object
- c) The patient's medical history
- d) The colour of the object

1.6 Common causes of trauma include:

- a) Motor vehicle accidents
- b) Falls
- c) Violence
- d) All of the above

1.7 Blunt trauma is characterised by:

- a) Objects piercing the skin
- b) Impact with an object that does not penetrate the body
- c) High velocity projectiles
- d) Penetrating injuries

1.8 Penetrating trauma often involves:

- a) Bruises and contusions
- b) An object piercing the skin and entering the body
- c) Compression injuries
- d) Deceleration injuries

- 1.9 During a scene size up, what should an NCP primarily assess first?
- a) Number of patients involved
 - b) Presents of bystanders
 - c) Scene safety
 - d) Mechanism of injury
- 1.10 What is the purpose of establishing a danger zone at the scene of an accident?
- a) To keep bystanders away
 - b) To mark where the ambulance should park
 - c) To create a designated area for patient assessment
 - d) To indicate the location of hazards and protect responders
- 1.11 Which of the following is an essential aspect of effective communication and collaboration at a scene?
- a) Using technical jargon
 - b) Limiting communication to the crews/EMS only.
 - c) Maintaining radio silence
 - d) Sharing information with other responders and maintaining open lines of communication
- 1.12 What does BSI stand for in EMS procedures?
- a) Basic safety instructions
 - b) Body substance isolation
 - c) Biohazard scene investigation
 - d) Bystander support initiatives

1.13 What does PPE stand for in the context of scene management?

- a) Personal protective equipment
- b) Paramedic patient evaluation
- c) Prehospital patient examination
- d) Post-scene emergency protocol

1.14 How should an NCP approach a patient during scene access?

- a) Run quickly to the patient's side
- b) Approach from the side with the least damage to the vehicle
- c) Avoid assessing scene safety
- d) Always approach from the rear of the vehicle

1.15 What should an NCP do first when preparing a patient for transport?

- a) Apply splints to all limbs
- b) Secure the patient on a backboard
- c) Assess the patient's airway
- d) Provide oxygen to the patient

1.16 During a scene size-up, what is the primary consideration when assessing the mechanism of injury (MOI)?

- a) The number of bystanders present
- b) The type or severity of forces involved
- c) The patient's medical history
- d) The distance to the nearest hospital

1.17 What is the purpose of making the danger zone at the scene of an incident?

- a) To designate where the ambulance should park
- b) To create a safe area for bystanders to observe
- c) To indicate the location of potential hazards
- d) To mark the location of the command post.

1.18 Which of the following is the most common type of shock encountered in trauma patients?

- a) Cardiogenic shock
- b) Hypovolaemic shock
- c) Neurogenic shock
- d) Septic shock

1.19 Which of the following signs is not typically associated with shock?

- a) Tachycardia
- b) Hypotension
- c) Warm flushed skin
- d) Septic shock

1.20 What is the primary cause of hypovolemic shock?

- a) Myocardial infarction
- b) Severe infection
- c) Blood loss
- d) Spinal cord injury

- 1.21 In the initial management of a patient in shock, which of the following is the most critical first step?
- a) Administering pain relief
 - b) Maintaining airway patency
 - c) Providing high flow oxygen
 - d) Administering IV fluids
- 1.22 Which of the following symptoms is most indicative of early compensated shock?
- a) Bradycardia
 - b) Hypotension
 - c) Cool, clammy skin
 - d) Cyanosis
- 1.23 Distributive shock is commonly associated with all the following except.
- a) Anaphylaxis
 - b) Septic shock
 - c) Neurogenic shock
 - d) Myocardial infection
- 1.24 Which of the following best describes cardiogenic shock?
- a) Shock caused by severe allergic reaction
 - b) Shock caused by significant loss of blood or fluid.
 - c) Shock caused by the heart's inability to pump blood effectively.
 - d) Shock caused by widespread infection leading to vasodilation.

1.25 Which shock is characterised by widespread vasodilation and blood pooling in the extremities.

- a) Cardiogenic shock
- b) Hypovolaemic shock
- c) Neurogenic shock
- d) Obstructive shock

QUESTION 2

True/False statements

- 2.1 A tourniquet should be the first method applied to control all forms of external extremity bleeding. (1 mark)
- 2.2 Haemorrhagic shock results from a significant reduction in circulating blood volume leading to inadequate tissue perfusion. (1 mark)
- 2.3 An open (sucking) chest wound should be covered with an occlusive dressing sealed on all four sides immediately upon discovery. (1 mark)
- 2.4 A flail chest is characterised by paradoxical movement of a segment of the chest wall due to multiple rib fractures in two or more places per rib. (1 mark)
- 2.5 Epistaxis management requires the patient to tilt their head backwards to prevent blood from flowing into the airway. (1 mark)
- 2.6 Spinal immobilisation of a trauma patient should be initiated based on the mechanism of injury and clinical signs, even without radiographic confirmation. (1 mark)
- 2.7 Anaphylactic shock involves an IgE-mediated immune response causing vasodilation and bronchoconstriction. (1 mark)
- 2.8 A traction splint is the recommended device for immobilising an open femur fracture. (1 mark)
- 2.9 Environmental emergencies including near-drowning, electrocution, hypothermia and heat related illnesses fall within the NCP's scope of practice. (1 mark)
- 2.10 Neurogenic shock occurs due to disruption of the autonomic nervous system following spinal cord injury, resulting in hypotension and bradycardia. (1 mark)