Northwest Community EMS System – Continuing Education – Sept 2013
Sm/MPI & Med-Lg/MCI – CE Credit Questions – page 1 of 6

Name	Employer	Date

To complete these CE credit questions, use of the class handout and SOP's is encouraged.
For full credit for this module, the post-test must also be successfully completed.

1. What is the most common type of multiple patient incident (MPI) in the NWCEMSS?

   What does experience with experience with MPI's show?

2. Are mass casualty incident (MCI)/disasters "if" or "when" type of situations?

   What do recent national MCI/disastes demonstrate?

3. MPI vs MCI & Small vs Medium/Large

   MPI's are called incidents MCI's are called incidents

4. Who is responsible for determining the level of the incident (sm/MPI vs med-lg/MCI)?

   Has an educational program been created for officers/command staff to sm/MPI and med-lg/MCI plans?

5. List examples of the following types of incidents:

   Natural -

   Manmade -

   Trauma -

   Medical -

   For the above incidents, list (next to the example) at least one hazard that should be assessed for?

   Why is it important to assess for hazards at every incident?

6. When would CBRNE tags be used with SMART triage tags?

   List the six (6) sections of tag information

   side 1:

   side 2:

8. During an incident what is a way that pts can be screened from onlookers/media?

During and after an incident how should requests for information from the media be handled?

9. Define a sm/MPI

10. At an incident is it a better to call for help sooner or wait until additional resources are needed? Why?

At a sm/MPI which is a MVC, list 3 other resources beyond EMS may be needed?

11. If possible, at an incident, what is the preferred method of communication?

List 2 reasons why is the above method preferred?

12. What are the 3 major incident roles EMS/medical is responsible for?

In general, who is initially responsible for fulfilling these roles?

Is is possible, in a very small incident, that one (1) PM may fulfill all 3 of these roles?

Is it possible, at a large incident, that multiple PM's may be needed to support one role?

13. If fire suppression PM's are available, can they be assigned roles of triage, treatment, transport?

What is the advantage of assigning fire suppression personnel to those roles?

What is often the most needed/precious resource at an incident?

14. Should vests be used at an incident? Why?

15. Should an on-scene morgue be set up right next to the red treatment area? Why?

16. What are the 4 overall goals of triage?

Who is responsible for finding all victims and assessing for injuries/complaints?

What should be done if this can not be accomplished in a timely manner?

17. In a sm/MPI, why is it ideal for one (1) PM to triage/assess all pts?

18. In a med-lg/MCI, what is the first announcement triage should make?

    What should be done if the incident is large & spread out?

    Should someone then be assigned to that area? Why?

19. Using the START method of triage, how long should it take to triage a single person? <

    When using the START method of triage, where should you begin triaging pts?

18. Should an initial question to a victim be, "Do you want to go to the hospital?"

    What is a better question?

19. What are 3 differences with JUMP-START, compared to START?

20. When refusals need to be completed at a sm/MPI, should a ambulance stay on scene to complete the refusals prior to transporting a pt? Why?

21. Can "treatment" be a physical location or a functional assignment?

    Who (what role) is responsible for "moving" pts to treatment?

    What pts should be "moved" to treatment first?

22. What are 4 possible medical causes of a pt exhibiting psych symptoms?

23. In a sm/MPI should any pts be classified "black/deceased"?

    How should the pt in traumatic arrest be managed at a sm/MPI?

24. Under what 9 circumstances should a pt in traumatic arrest not be treated at a sm/MPI?

25. How should the deceased be cared for at the scene?

26. What are the 4 responsibilities of treatment?

Under what circumstances would it be desirable to set-up & move pts to a treatment area?

27. What 3 things are assessed for initial START triage?

28. What 3 things are assessed for re-triage using SMART/trauma scoring?

29. What determines transport priority?

30. When re-triaging pts, can a green become a red?

When re-triaging pts, can a red become a green?

31. Select the appropriate situation - sm/MPI vs med-lg/MCI:

Pts canNOT be treated per usual level of care.

Care is withheld due to limited resources.

Pt in traumatic arrest is not treated.

32. What are the 4 responsibilities of transport?

33. Situation: 4 pts, 3 greens ready for transport, 1 red pt still being extricated, one transporting amb available on scene. Should that amb begin transporting greens to get them off the scene? Why?

34. If a responder is injured, when should they be transported?

35. What is meant by the "2 per hospital" procedure?

36. What if want to transport >2 pts to a single hospital or want to transport to a hospital beyond 30 minutes?

37. What hospitals are within 30 minutes of the station you are working at today or on your last shift?

38. Do level-1 and level-2 trauma center criteria apply in a sm/MPI?

    Do level-1 and level-2 trauma center criteria apply in a med-lg/MCI?

39. When can more than 1 pt be transported in an ambulance? (review system memo 325 in handout)

40. List 2 situations when transporting more than 1 pt in an amb may not be a good idea?

41. How are hospitals initially notified of incidents? Who contacts them?

42. For ambs, when contacting hosp, what can be done to help hosp identify pts from the same incident?

43. In a med-lg/MCI, who is responsible for updating hosp after dispatch initially notifies them?

44. In a med-lg/MCI, should transporting ambs:

    contact OLMC? complete ePCR's? complete triage tags?

45. In a sm/MPI, should transporting ambs:

    contact OLMC? complete ePCR's? complete triage tags?

46. Triage the following pts using START

    60/F driver of car c/o chest pain & difficulty breathing; R 24, radial pulse fast & strong, follows commands

    40/M driver of bus c/o severe (L) sided abdominal pain; R 24, can't feel radial pulse, follows commands

    65/F bus passenger c/o hip pain from injury when fell out of seat; R 34, radial pulse (+), follows commands

    30/F bus passenger w/ obvious open tib/fib fx; R 24, radial pulse (+), follows commands

    20/M bus passenger w/ 3-4" arm lac active bleeding; R 20, radial pulse (+), follows commands

82/F, very upset, stating, "not sure what happened"; R 24, radial pulse (+), not following commands

18/F c/o wrist & forearm injury when she fell; R 18, radial pulse (+), obeys commands

22/M denies any injury, speech slurred, ETOH odor noted, R 16, radial pulse (+), not following commands

67/M c/o chest pain & SOB, R 20, radial pulse (+), obeys commands

75/M c/o left-sided abdominal pain & nausea, R 22, radial pulse (+), obeys commands

47. Document the following information on a SMART tag (can use copies in class handout)

MVC, unrestrained, frontal impact, driver, DL in wallet lists, Claude Debussy (M), DOB: 8-22-1949; Medical ID card, PMH: MI, kidney dz, arthritis, Meds: furosemide, ASA, Allergies: iodine, Eyes closed, moans & withdraws to pain, P 62 reg, R 12, BP 204/70, Skin warm & dry, Swelling (L) frontal area, Pupils equal, dilated, Lungs clear, O2 sat = 94%, Glucose = 108, Deformity (L) upper arm – splinted

48. Document the following information on a SMART tag (can use copies in class handout)

MVC, unrestrained, frontal impact, driver, c/o chest & abd pain, Dorothy Parker (F), DOB: 3-21-1939 (74), PMH: HTN, DM, COPD, Meds: can't recall name, Allergies: ASA, Eyes open, oriented, follows commands, P 120 reg, R 24, BP 88/70, Skin pale, cool, moist, Pupils equal, dilated, Red & tender - sternum & (L) upper abd, Lungs clear, O2 sat = 94%, Glucose = 96

49. Calculate Trauma Scores

Eyes = to Voice	Eyes = to Voice	Eyes = Spontaneous
Verbal = Confused	Verbal = Incomprehensible	Verbal = Confused
Motor = Obeys	Motor = Localizes	Motor = Localizes
GCS = ____ = ____	GCS = ____ = ____	GCS = ____ = ____
RR = 34 = ____	RR = 24 = ____	RR = 29 = ____
SBP = 120 = ____	SBP = 88 = ____	SBP = 90 = ____
TS = _____ = Red / Yellow / Green	TS = _____ = Red / Yellow / Green	TS = _____ = Red / Yellow / Green