

<p>1. Multiple pt incidents (MPI's) are considered _____ incidents.</p> <p>A Small B Medium C Large D Mass casualty</p>	<p>2. Mass casualty incidents (MCI's) are considered _____ incidents.</p> <p>A Small B Class X C Medium-large D Extra-large</p>	<p>3. What is the most common type of sm/MPI in the NWC EMSS?</p> <p>A MVC B Infectious C Train collision D Weather related</p>
<p>4. What is a major difference between sm/MPI's & med-lg/MCI's?</p> <p>A Need for triage B Use of triage tags C Need for treatment D Need for transport</p>	<p>5. What is a major difference between sm/MPI's & med-lg/MCI's?</p> <p>A Triage of victims B Need for treatment C Need for transport D Working pt in traumatic arrest</p>	<p>6. What is a major difference between sm/MPI's & med-lg/MCI's?</p> <p>A Victim triage B Need for treatment C Need for transport D Transport amb contact OLMC</p>
<p>7. At an incident, PM's are approached by a reporter. How should they respond to questions?</p> <p>A Refer to PIO B Respond "off the record" C Answer questions as long as they know the individual D Answer questions as long as credentials can be verified</p>	<p>8. At an incident, PM's are approached by a photographer. How should they respond to questions?</p> <p>A Refer to PIO B Respond "off the record" C Answer questions as long as they know the individual D Answer questions as long as credentials can be verified</p>	<p>9. At an incident, PM's are approached by EMS medical director Dr Ortinau. How should they respond to his questions?</p> <p>A Refer to PIO B Respond "off the record" C Answer questions as long as they recognize Dr O or his credentials can be verified D Freeze up and mumble something incomprehensible</p>
<p>10. At an incident what can be done to promote pt privacy?</p> <p>A Nothing B Do not provide care until privacy can be assured C Ask law enforcement for assistance D Stop providing care to chase bystander away</p>	<p>11. At an incident what can be done to promote pt privacy?</p> <p>A Nothing B Use tarps as screens C Stop providing care to chase bystander away D Do not provide care until privacy can be assured</p>	<p>12. At an incident what can be done to promote pt privacy?</p> <p>A Nothing B Stop providing care to chase bystander away C Do not provide care until privacy can be assured D Use fire & police vehicles as barriers</p>
<p>13. Which is a true regarding sm/MPI's?</p> <p>A More than 1 pt is a sm/MPI B Must be at least 3 pts for an incident to be a sm/MPI C Must be at least 5 pts for an incident to be a sm/MPI D Must be at least 10 pts for an incident to be a sm/MPI</p>	<p>14. Which is true about sm/MPI's?</p> <p>A Requesting help is discouraged B Help should be requested sooner than later C Requests for help should be agreed on by at least 2 PM's D Help should not be requested until you are absolutely sure that you need it</p>	<p>15. Which is true about sm/MPI's?</p> <p>A Sm/MPI's are usually handled very well B Sm/MPI's are less common than med-lg/MCI's C Opportunity for improvement exists in sm/MPI's D Sm/MPI's are usually handled better than med-lg/MCI's</p>
<p>16. What method of communication is preferred, if possible, in sm/MP & med-lg/MCI's?</p> <p>A Radio B Runner C Cell phone D Face to face</p>	<p>17. At a med-lg/MCI incident who should be contacting the hospital first?</p> <p>A Dispatch B Incident command C PM assigned to medical D PM assigned to transport</p>	<p>18. At a med-lg/MCI who is responsible for requesting dispatch to contact hospital?</p> <p>A First on-scene PM B Incident command C PM assigned to medical D PM assigned to transport</p>
<p>19. What roles is the PM assigned to medical responsible for?</p> <p>A Triage B Finance C Logistics D Public information</p>	<p>20. What roles is the PM assigned to medical responsible for?</p> <p>A Finance B Logistics C Treatment D Public information</p>	<p>21. What roles is the PM assigned to medical responsible for?</p> <p>A Finance B Logistics C Transport D Public information</p>

<p>22. In a sm/MPI is it possible for one PM to assume/participate in all roles of triage, treatment, and transport?</p> <p>A Yes B No</p>	<p>23. In a med-lg/MCI can more than one EMS provider perform triage?</p> <p>A Yes B No</p>	<p>24. In a med-lg/MCI should a single EMS provider perform triage, treatment, and transport?</p> <p>A Yes B No</p>
<p>25. In general, who is initially responsible for fulfilling the EMS/medical roles?</p> <p>A EMS squad B 1st ambulance on scene C 2nd ambulance on scene D 1st fire co vehicle on scene</p>	<p>26. In a med-lg/MCI, should the PM assigned to EMS/medical also be responsible for providing transport directions?</p> <p>A Yes B No</p>	<p>27. In a med-lg/MCI, should the PM assigned to EMS/medical also be responsible for overseeing treatment area?</p> <p>A Yes B No</p>
<p>28. Who is responsible for locating all victims?</p> <p>A Triage B Treatment C Transport D Incident command</p>	<p>29. Who is responsible for triaging all victims?</p> <p>A Triage B Treatment C Transport D Incident command</p>	<p>30. Who is responsible for tagging all victims?</p> <p>A Triage B Treatment C Transport D Incident command</p>
<p>31. Who is responsible for notifying EMS/medical of the number & category of victims?</p> <p>A Triage B Treatment C Transport D Incident command</p>	<p>32. Who is responsible for moving pts to treatment areas?</p> <p>A Triage B Treatment C Transport D Incident command</p>	<p>33. What pts should be moved to treatment areas first?</p> <p>A Reds B First pts located C Loudest/most vocal pts D Category with greatest number of victims</p>
<p>34. What should triage PM do if they are unlikely to find & assess all victims in a timely manner?</p> <p>A Use SMART triage B Triage by instinct C Do not use START method D Ask EMS/medical for more help</p>	<p>35. What is the advantage to a single PM triaging all pts at a sm/MPI?</p> <p>A Quicker B More accurate C Easier to prioritize pts D Allows others to do more important things</p>	<p>36. What should be done at a large, widespread incident in order to facilitate triage?</p> <p>A Omit START triage B Use only 1 PM to triage C Use multiple PM's to triage D Bring all pts to a single triage area</p>
<p>37. What should a PM assigned triage do if they can not speak loud enough for all victims to hear?</p> <p>A Avoid any announcement B Ask others to walk around & make announcements C Have PM assigned triage make announcement in all areas before beginning triage</p>	<p>38. Using START, how long should it take to triage a single pt?</p> <p>A 10-15 seconds B 30 seconds C 60 seconds (1 minute) D 90 seconds E 3 minutes</p>	<p>39. At an incident, where should a PM begin triaging pts?</p> <p>A In ambulance B Where they are standing C Walk to, and begin at, area furthest away D In the area with the most walking/ambulatory pts</p>
<p>40. What is a good initial question/statement to a victim at an incident?</p> <p>A What is your address? B Are you ill or injured? C Do you want to go to the hospital? D We can take you to the hospital if you want.</p>	<p>41. In a sm/MPI, should an ambulance crew delay transport of a pt to obtain releases?</p> <p>A Yes B No C Only if there are more than 2 refusals</p>	<p>42. What should be done when there are pts being transported and others who are refusing transport?</p> <p>A Contact OLMC for advice B No need for refusals in this circumstance C Refusals should be delegated to other responders D Amb crew should stay on scene until refusals are completed</p>

<p>43. What is a component to assess in START triage?</p> <p>A Pupils B Injuries C Respirations D Blood pressure</p>	<p>44. What is a component to assess in START triage?</p> <p>A Pupils B Injuries C Perfusion D Blood pressure</p>	<p>45. What is a component to assess in START triage?</p> <p>A SBP B Pupils C Injuries D Mental status</p>
<p>46. What is a re-triage component to assess in SMART triage?</p> <p>A SBP B ECG C Pupils D O2 sat</p>	<p>47. What is a re-triage component to assess in SMART triage?</p> <p>A ECG B GCS C Pupils D O2 sat</p>	<p>48. What is a re-triage component to assess in SMART triage?</p> <p>A ECG B Pupils C O2 sat D Respiratory rate</p>
<p>49. After a pt is triaged, what area are they are next assigned to?</p> <p>A Logistics B Treatment C Transport D Disposition</p>	<p>50. Does a pts assignment to "treatment," always require physically moving a pt to a different location?</p> <p>A Yes B No</p>	<p>51. When in a MCI is "treatment in place" appropriate?</p> <p>A Incident with 25-50 pts. B Victim requiring extrication C Incidents where number of EMS personnel is limited D Incidents with limited supplies</p>
<p>52. What pts should be moved to treatment areas first?</p> <p>A Most serious/red pts B Yellow pts who can walk C Pts nearest treatment areas D Pts without extremity injuries</p>	<p>53. How should black/deceased pts be treated at a med-lg/MCI?</p> <p>A Ignore their presence B Move pts out of area first C Contact OLMC for advice D Cover/coordinate movement with law enforcement/coroner</p>	<p>54. What does experience show about sm/MPI & med-lg/MCI's?</p> <p>A Widespread excellence B No room for improvement C Opportunity for improvement D Excellence in practice is usual & customary in most locations</p>
<p>55. Who is responsible for establishing & managing treatment areas?</p> <p>A Triage B Treatment C Transport D Incident command</p>	<p>56. Who is responsible for securing supplies needed in treatment areas?</p> <p>A Triage B Treatment C Transport D Incident command</p>	<p>57. Who is responsible for re-triaging all pts - using SMART triage?</p> <p>A Triage B Treatment C Transport D Incident command</p>
<p>58. Who is responsible for determining priority for transport?</p> <p>A Triage B Treatment C Transport D Incident command</p>	<p>59. Under what circumstance would it be most useful to establish on-scene treatment areas?</p> <p>A Incidents where number of EMS personnel is limited B Incidents where supplies are more than adequate C Victim requiring prolonged extrication</p>	<p>60. Who is responsible for providing on-scene treatment?</p> <p>A Triage B Treatment C Transport D Incident command</p>
<p>61. What is an advantage to SMART triage?</p> <p>A Requires no supplies B Quicker than START C More accurate than START D Easier to perform than START</p>	<p>62. When re-triaging pts can their category be changed?</p> <p>A No B Only if moving up C Only if moving down D Yes, either up or down</p>	<p>63. What information is preprinted on the "SMART commander" work-board?</p> <p>A</p>
<p>64. Who should communicate w/ hosp to update info & determine capabilities?</p> <p>A Triage B Treatment C Transport D Incident command</p>	<p>65. Who is responsible for establishing a pt-ambulance loading area?</p> <p>A Triage B Treatment C Transport D Incident command</p>	<p>66. Who is responsible for requesting ambulances from staging?</p> <p>A Triage B Treatment C Transport D Incident command</p>

<p>67. Who is responsible for assigning pts to ambulances?</p> <p>A Triage B Treatment C Transport D Incident command</p>	<p>68. Who is responsible for assigning ambulances to hospital destinations?</p> <p>A Triage B Treatment C Transport D Incident command</p>	<p>69. Which is true regarding pt transport?</p> <p>A Most serious pts should be transported first B Green should be transported ASAP to get them off scene C In med-lg/MCI only 1 red pt may be placed in an ambulance</p>
<p>70. What is meant by "2 per hospital" protocol?</p> <p>A OLMC is required prior to sending 2 pts to a hospital B Can transport 2 pts to hosps within 30 min prior to OLMC C Each hospital can get 2 pts of each category (2R, 2Y, 2G) D 2 pts can be transported to each of 3 nearest hospitals</p>	<p>71. What is meant by "2 per hospital" protocol?</p> <p>A Transport only to 3 nearest hospitals prior to OLMC B OLMC is required prior to sending 2 pts to a hospital C Transport 2 pts to each hosp within 30 min transport time D Transport 2 reds, 2 yellows, and 2 greens - to each hospital</p>	<p>72. What is meant by "2 per hospital" protocol?</p> <p>A Transport only to 3 nearest hospitals prior to OLMC B Transport 2 pts to each hosp within 30 min transport time C Each hospital can get 2 pts of each category (2R, 2Y, 2G) D OLMC is required prior to sending 2 pts to a hospital</p>
<p>73. In a sm/MPI do level I & II trauma center triage criteria & transport decisions apply?</p> <p>A Yes B No</p>	<p>74. In a med-lg/MCI do level I & II trauma center triage criteria & transport decisions apply?</p> <p>A Yes B No</p>	<p>75. What can be done to facilitate effective communication at an incident scene?</p> <p>A Wear vests B Talk liberally on radio C Use much technical jargon D Avoid face to face communication</p>
<p>76. How many triage tags are in each "SMART triage pac"?</p> <p>A 10 B 20 C 30 D 50</p>	<p>77. How many triage tags are in each "SMART MCI bag"?</p> <p>A 40 B 80 C 100 D 200</p>	<p>78. What is the purpose of the light sticks in SMART triage pac?</p> <p>A Identify decon pts B Help identify red pts C Identify black/deceased pts D Act as flashlight in low light situations</p>
<p>79. What is included in the "SMART triage pac"?</p> <p>A Vests B Triage tape C START card D Sharpie markers</p>	<p>80. What is included in the "SMART triage pac"?</p> <p>A Pencil B Role vests C Triage tape D Sharpie markers</p>	<p>81. What is included in the "SMART triage pac"?</p> <p>A Vests B Triage tape C Black/dead tags D Sharpie markers</p>
<p>82. What is included in the "SMART triage pac"?</p> <p>A Vests B Light sticks C Triage tape D Sharpie markers</p>	<p>83. What is included in the "SMART triage pac"?</p> <p>A Vests B Triage tape C CBRNE cards D Sharpie markers</p>	<p>84. What is included in the "SMART triage pac"?</p> <p>A Vests B Triage tape C Sharpie markers D R-Y-G-B tally card</p>
<p>85. When using the SMART MCI bag, what should be used to write on the "SMART commander" work board?</p> <p>A Pen B Pencil C Sharpie type marker D White board marker</p>	<p>86. When using the SMART MCI bag, what should be used to erase writing on the "SMART commander" work board?</p> <p>A Alcohol B Eraser - pink C Eraser - white D Writing cannot be erased, new board is needed</p>	<p>87. Where is the "SMART commander" work board stocked/found?</p> <p>A SMART MCI bag B SMART triage pac</p>