Northwest Community EMS System **September 2023 CE: EMS Operations: Emergency Preparedness,** **Response & Management | Part II of MPI Practical Scenario** **Credit Questions**				
Name (Print):			EMS Agency:	
EMS Educator:				
Date submitted	Score:	☐ Acceptable ☐ Not acceptable	☐ Incomplete ☐ Incorrect answers	Date returned w/ feedback
Resubmission received:	Score:	☐ Acceptable ☐ Not acceptable	☐ Incomplete ☐ Incorrect answers	Date returned w/ feedback:
# CE Hours awarded:			Date	

This packet should take 2 hours to complete – which earns the equivalent of the 2-hour live CE class.

Sources of information/answers

September CE Participant slide deck handout, System Memos #420-422, & NWCEMSS SOPs.

1. What four updates were provided in System Memo #420?

    1. _____

    2. _____

    3. _____

    4. _____

2. EMS agencies must obtain their own CLIA waiver in order to transition from daily to weekly glucometer checks.

    ☐True   ☐False

3. Per System Memo #421, a signed petition alone will require EMS to transport a patient.

    ☐ True   ☐ False

4. Per System Memo #421, assessing alertness and orientation determines a patient's decisional capacity.

    ☐ True   ☐ False

5. Per System Memo #421, if a signed petition is produced while on scene it is appropriate to bring with pt. transporting.

    ☐ True   ☐False

6. Per the Cardiac Arrest Committee, when treating a pt in cardiac arrest, what are the only two applicable Patient Disposition options?

    1. _____

    2. _____

7. Per the Cardiac Arrest Committee, if a pt meets Triple Zero Criteria or has a DNR, what are the only two applicable Patient Disposition options?

    1. _____

    2. _____

8. It is appropriate to select Treat and Transport ALS as an Incident/Patient Disposition for a pt is cardiac arrest.

    ☐ True   ☐False

9.   What additional free text box did CARS committee add in the Stroke Information section in Image Trend?

_____

10.   Because MPIs occur from many causes and come in all sizes, what type of planning/ practice is needed?

_____

11-12. What is the definition/ trigger for each scale of incident? Fill in chart below

Small Scale	Medium/ Large Scale

13-14. Fill in the comparison chart below using the Multiple Patient Incident SOP as a reference.

Element	Small scale incident	Medium to large scale incident
Triage required		
Triage **tags**		
PCRs		
Pt distribution; usual transport patterns		
Trauma Center criteria		
OLM when transporting		
# in pt. compartment + EMS responder		
Refusal process		

15.   Who determines the incident level?

_____

16.   What additional roles will be assigned?

        1. _____

        2. _____

        3. _____

        4. _____

17.   What tools or resources will best keep each role on task?

_____

18.   What are the overall goals of the Triage Officer?

        1. _____

        2. _____

        3. _____

        4. _____

19.   What is the SALT method?

        _____

        Stands for:

        S_____

        A_____

        L_____

        T_____

20.   What are the overall goals of the Treatment Officer?

        1. _____

        2. _____

        3. _____

        4. _____

        5. _____

        6. _____

21.   What assessment tool will treatment use to secondary triage? _____

        What specific assessments are done for this?

        1. _____

        2. _____

        3. _____

22.   What are the overall goals of the Transport Officer?

        1. _____

        2. _____

        3. _____

        4. _____

        5. _____

        6. _____

        7. _____

23.   Who decides patient destinations?

        If small scale: _____

        If med-large scale: _____

24.   After reviewing the scenario on the PowerPoint, what did the victims present signs & symptoms of exposure to?

        _____

25.   How is this treated? _____

26.   Where is this in SOP? _____

27.   Where does the request for Chempack asset distribution go to? _____

28.   How do assets get to the scene if coming from NCH? _____

29.   What additional information needs to be conveyed early on in this specific incident to OLMC in addition to pt

        counts, acuities, chempack etc.? _____

        Why?

        _____

        _____

30.   What is the Decon Throughput capabilities for the following hospitals?

        Good Shepard   _____patients

        Lutheran General   _____patients

        Alexian Brothers   _____patients

        St. Alexius   _____patients

        Northwest Community   _____patients

31.   EMS may enter through the ambulance ED doors when transporting patients from this particular incident.

        ☐True   ☐False

32-40. Triage the following patients using START or JumpStart algorithm and write designation next to victim on blank line.

Victim #1 _____

Teen Male

RR 38

Radial pulse present

Knows name and can recall the incident

Facial burns, coughing, pupils constricted

Victim #2 _____

Child Female

RR 32

Palpable pulse

Alert, crying

Multiple small lacs with embedded wood and glass to entire dorsal area of the body, head to foot

Victim #3 _____

Child Male

RR12

Weak, thread pulse

Disoriented to place and time

Hematoma to forehead, facial lacerations

Victim #4 _____

Adult Male

RR 48

Capillary refill > 2

Moaning, unable to follow commands

Large glass shard protruding from abdomen, wheezing

Victim #5 _____

Teen Female

RR 8

Pulse absent

Unresponsive

Impaled onto shelving brackets on wall

Victim #6 _____

Child Male

RR 36

Pulse present

Won't speak but makes eye contact with touch

Bleeding from ears, bruise ton neck

Victim #7 _____

Child Male

RR 0

Weak radial pulse

Unresponsive

Trapped under rubble; apneic after 5 rescue breaths

Victim #8 _____

Child Female

RR 52

Thready pulse

Confused

Coughing, brisk bleeding from facial and hand lacerations

Victim #9 _____

Teen Male

RR 40

Pulse present

Disoriented to place and time

Scalp lacerations, burns to upper extremities