

MCI CRITICAL CONSIDERATIONS

OBJECTIVES: (FLIP).

- **F**irefighter/first responder safety
- **L**ife Safety (patients/bystanders etc.)
- **I**ncident Stabilization
- **P**roperty Conservation (to include evidence preservation).

SIZE UP: Effective Size up should encompass the processing of all pertinent information, which will provide situational awareness, sufficient to develop an effective Incident Action Plan (IAP). This is best accomplished by conducting a 360 degree survey. Size-Up is an ongoing/dynamic process!

- Assess access/egress routes to and from the scene
- Determine traffic patterns, (what civilian traffic must be altered, suspended or stopped, to safely mitigate the incident).
- Determine approximate number of patients
- Upon a cursory view inside the bus, determine if any patients appear to be entrapped, requiring extrication?
- Ascertain any hazards that may exist (i.e. bus stabilization, fuel leaks etc.)
- Determine what resources will be needed
- Acquire H-CAP (hospital/trauma center capabilities)
- Acquire T-CAP (ambulance/rescue transport capabilities)
- Determine the best location for Level II staging (control incoming units)
- Determine suitable locations for triage, treatment, transportation and landing zones (ensuring and maintaining adequate access and egress for all transport units).

ARRIVAL REPORT: An arrival report should be short and concise as possible.

- Brief description of the scene
- Declaration of an MCI Level II (11-20 patients)
- Call for additional resources
- Declare the direction from which incoming units should approach the scene
- Announce location of Level II staging area
- Establish Command (consider unified command with Law Enforcement, Public Works, DOT, School Board Representative)
- Name the Command
- Announce location of Command

VEHICLE POSITIONING: All too often a scene becomes cluttered and potentially dangerous due to improperly placed apparatus. All non-essential units should be staged in the Level II the staging area. **No Freelancing!**

- Consider placing the Transportation Group in close proximity to the Red Patients (they are transported first).
- Keep in mind a large number vehicles parked randomly throughout the scene emit a tremendous amount of fumes, not to mention toxins like carbon monoxide.
- Transportation Group Leader should only request units to report from Level II staging when a patient(s) are ready for transport.
- Make sure a clear and well defined access/egress route is established, maintained, and dedicated to transport units.
- Consider the work area required to accomplish the strategic goals of the IAP. There must be sufficient work space to triage, treat and transport the patients.

TRIAGE: must be in or within close proximity of the bus. This particular simulation is focused primarily on triage. By design, patients are triaged inside of the bus. However, there remains the inevitable possibility that patients may have to be removed from harm's way before effective triage may occur. The goal is **START** (**S**imple **T**riage **A**nd **R**apid **T**reatment).

- The first step in **START** is to tell all the people who can get up and walk to move to a specific area. If patients can get up and walk, they are probably not at risk of immediate death. They should be tagged/designated GREEN (unless their condition deteriorates). In order to make the situation more manageable, those victims who can walk are directed away from the immediate area to a specific designated safe area, typically marked with a green flag, and or green tarp. If a patient complains of pain on attempting to walk or move, do not force them to move. The patients left in place are the ones you must now concentrate on.
- Begin the second step of START by moving/starting from where you stand. Move in an orderly and systematic manner through the remaining victims, stopping at each person for a quick assessment and tagging. This should not take more than a few seconds, per patient.
- Your job is to find and tag the Red/Immediate patients (those who require immediate attention). Examine each patient as you proceed, correct life-threatening airways and breathing problems, tag them and move on to the next patient... "Do the most good, for the greatest number".

Minor

Delayed Care, can delay up to three hours

Delayed

Urgent Care, can delay up to one hour

Immediate

Immediate Care - life-threatening, treat and transport immediately!

Dead

Victim has expired / do not move them, unless absolutely necessary.

TREATMENT: The treatment area should be located within close proximity of the triage area, and unobstructed.

- Sufficient room and proper chronological order of the patient placement is of utmost importance (Red, Yellow, and then Green). Red tagged patients are moved to transportation first; logically the designated red area should be positioned closer to the access/egress route for the transport units.
- The Treatment Group Leader must ensure there are sufficient medical supplies readily available.
- Treatment consists of managing life threatening injuries without losing site of the ultimate goal of rapid transport to an appropriate facility.
- Do not lose site of the fact that ALL patients are treated in a systematic order of severity. This does not mean a patient tagged green does not get treated.
- Be aware that at any given time a patient's status may rapidly deteriorate, and be upgraded to the appropriate triage color (i.e. from Green, to Yellow or Red)
- Patients should never be left alone

TRANSPORTATION: The Transportation Group Leader must be constantly in contact with Command or the Section Chief (if so delegated by Command).

- Facilitate the continuous flow of transport capable Rescues/Ambulances from Level II Staging.
- Ascertain which facility can handle which patient (types by color, and number of patients).
- Ensure that an accountability system is in place, to make certain each patient gets transported to the appropriate facility.
- Designate and control an appropriate safe landing zone

SCENE SECURITY: It is imperative the scene is secured to prevent bystanders from wandering in and around the area. Conversely it is also important that a patient not wander away from the incident scene. Therefore, it is also your responsibility to maintain accountability.