**MCI**

Chapter 1 Incident Types:

* Be able to identify and differentiate between Multi-Casualty Incident (MCI) and Multi-Patient Incident (MPI).
* Know the different radio formats for MCI vs. MPI.
* How do resources differ from MCI vs. MPI.
* Know the term MCI Protocol.

Chapter 2 ICS:

* Identifies roles and communication chains.
* Provides interoperability.
* Flexible modular.
* Fill positions “as needed”
* Expand or contract “as needed”
* Span of Control.

Chapter 3 IC:

* IC must ID safety, scope of incident, and resources needed.
* Set up and identify staging early.
* Assign roles and positions based on a priority of needs (not predetermined positions).
* Use ID vests.

Chapter 4 Triage Unit Leader:

* High priority position.
* Size-up and accurate patient counts.
* Use Ribbon System on initial triage (when possible).
* START guidelines (30 sec per patient)
* May become litter bearers.

Chapter 5 Med Com:

* Fill position early.
* Assign a scribe.
* Position near Transport Group.
* Know report format MPI vs. MCI (S-140)
* Initial communications with hospital identify with unit then use incident name.
* Track bed counts and transport locations.
* Patient number is the last four digits of the tag number.

Chapter 6 Ambulance Staging Manager:

* + IC establish early.
  + Identify ALS vs. BLS resources.
  + Load supplies and equipment from staging into the first unit sent into scene.

Chapter 7 Transport Unit Leader:

* IC assigns this position early.
* Assign scribe.
* Determine best ingress and egress route early.
* Position near the ambulance loading area.
* Establish loading funnel with road cones and or banner tape.
* Assure transport receipt is retained for records and tracking.

Chapter 8 Treatment Unit Leader:

* Use only when anticipating long scene times (i.e. lack of transport resources, decontamination etc.)
* Place near transport funnel and loading area.
* Re-triage and tag with triage tag.
* Communicate with Triage Unit Leader to assure most critical are transported first.

Chapter 9 Mass Casualty Protocol:

* Know when to activate MCI Protocol.
* Annex D is not an operational term.
* Use of “alert status”
* Medcom and IC must both be informed of MCI activation.

Chapter 10 Hospital Operations:

* Closest base hospital to incident.
* Avoid overloading a single receiving hospital.
* MCI vs. MPI reports.

Chapter 11 START Triage:

* RPM
* 30 seconds per patient.
* Radial pulse vs. cap refill.
* Ribbon system.
* Be familiar with the new Triage Tag adopted by the County.