

DISASTER Paradigm Checklist

- D** Detect Does need exceed resources? If so, declare an MCI.
- I** Incident Command Report to commander...or BE the commander
- S** Scene Security & Safety Violence? Power lines? Secondary devices?
- A** Assess Hazards Fire? HAZMAT? Radiation? Building collapse? Etc.
- S** Support Call for needed agencies – police, fire, EMS, other govmt.
- T** Triage & Treatment Use MASS triage model (over)
- E** Evacuation Are enough transport units enroute to scene?
- R** Recovery Local public safety/healthcare needs are priority.

MASS Triage Model

- M**OVE Anyone who can walk told to MOVE to a collection area.
Remaining victims told to MOVE an arm or leg.
- A**SSESS Remaining patients who did NOT move – assist them first.
- S**ORT Categorize patients by 'ID-me'
- I** **IMMEDIATE** (red) obvious threat to life or limb. Most often these have some alteration of ABC's.
 - D** **DELAYED** (yellow) in need of definitive medical care, but should not decompensate rapidly if care initially delayed.
 - M** **MINIMAL** (green) "Walking wounded;" abrasions, contusions, minor lacerations, etc.; stable vital signs
 - E** **EXPECTANT** (blue) Little or no chance of survival; resources are not utilized initially to care for them *unless* resources become available.
- S**END Transport **IMMEDIATE** patients first to hospitals.
Others may go to secondary treatment facilities.