

## County of San Luis Obispo EMS Agency MCI AFTER ACTION CHECKLIST

Date of MCI: \_\_\_\_\_ Incident Commander: \_\_\_\_\_

Level of MCI declared: \_\_\_\_\_ # of patients: \_\_\_\_\_

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. The IC declared a MCI and the AHJ dispatch center notified MedCom.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The PHD MHOAC was notified by MedCom of a Level II MCI/potential MCI.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ambulance staff checked in with the IC for assignment to a MCI position.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. All resources were ordered through the IC.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Triage & treatment areas were set up.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. All patients were triaged and triage tags were applied.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. On scene patient care and transport destinations were reviewed for appropriateness.                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. MCI positions were assigned in a timely manner to responding personnel, while following the ICS, and were appropriate. | <input type="checkbox"/> | <input type="checkbox"/> |

Was the operational response different than that described in the SLO EMS Agency MCI Plan? If so, describe any resource limitation(s) or other reason(s) that the plan could not be followed.

---



---



---



---



---



---



---

Fax or email this form to the County of SLO EMS Agency within 24 hours of the MCI to 805-788-2517