



Case Study: Bus MCI

November, 2024

Bryce Canyon, Utah

- 30 Chinese Nationals were on a bus to Bryce Canyon National Park late on a Friday morning
- The bus rolled off the highway and crashed into a guard rail
- ED at local hospital received the call and began preparing for patients
- 19 patients: 6 red, 8 yellow, and 5 green taken to Garfield Memorial Hospital (Level 4 Trauma, rural, critical access hospital with 15 M/S beds)
 - Admitted one for overnight observation
 - Transferred 11 to a Level 2 trauma center
 - All 11 patients were flown out
- Opportunities for improvement:
 - Patient tracking/charting
 - Hospital command center
 - Transfer center utilization
 - Trauma supplies available
 - Imaging result delays
 - Interpretation services
 - Social work and case management

Impacts:

- Patient surge
- Small hospital, had to bring in clinic staff to support response
- Patient tracking critical
- Air transfers
- Enough and appropriate trauma supplies
- Managing regular day to day on top of emergency

Preparedness:

- Develop a strong patient tracking plan; train staff on platform used (EMTrack)
- Drill staff emergency call-in procedure
- Assure a comprehensive patient surge plan
- Maintain adequate trauma supplies

Sources:

- [Response to the 9/20/2019 Bryce Canyon Tour Bus Mass Casualty Incident](#)

Resources:

- ASPR TRACIE: [Healthcare Systems Preparedness Considerations](#)
- ASPR TRACIE: [Patient Movement, MOCCs, and Tracking](#)
- ASPR TRACIE: [Pre-Hospital Mass Casualty Triage and Trauma Care](#)