
MASS CASUALTY AND MASS FATALITY

ANNEX H

H1. Purpose, Situation, and Assumptions

H1.1 Purpose

The purpose of this Mass Casualty and Mass Fatality Functional Annex is to guide and coordinate agencies and organizations during incidents involving mass casualties and/or fatalities within Park County. Effective management of such incidents from the scene to definitive medical care may maximize the survivability and outcome of victims. Coordinated management of mass fatalities is important for the preservation of possible evidence, minimizing the stress to families, ensuring proper and respectful disposition of bodies, and preventing the spread of communicable disease.

H1.2 Situation Overview

Mass casualties and/or fatalities in Park County, the City of Livingston, and the Town of Clyde Park may occur for a variety of reasons, including, but not limited to, avalanches, aviation accidents, bioterrorism, civil disturbances, communicable diseases, dam failures, earthquakes, floods, ground transportation accidents, hazardous material releases, landslides, severe thunderstorms, terrorism, tornadoes, violence, urban fires, volcanoes, wildfires, wind, or any other hazard that can injury or kill people. Most mass casualty and fatality incidents in Park County are related to transportation accidents.

A mass casualty incident in Park County is defined as an incident that requires more than two ambulances. Elements of this plan may be activated if patients are being transported into Park County, as can be the case from areas such as Yellowstone National Park.

Park County has limited resources for emergency medical response and care when considering the potential for mass casualty and/or fatality incidents. Table H1.2A provides an overview of the capabilities. Patients with injuries not exceeding the capabilities of Livingston HealthCare Hospital, the local hospital certified as a critical access hospital with a trauma level IV designation, are usually transported there. During the summer, patients in the Cooke City area may be transported to the West Park Hospital in Cody, Wyoming. Patients exceeding the local emergency room capabilities are either transported to a higher level facility from the scene or from the local hospital. In backcountry situations where helicopter rescue is needed, the patient(s) may be transported to another facility directly.

Table H1.2A Mass Casualty/Fatality Capabilities

Organization/Facility	Capabilities
Gardiner Ambulance	1 ambulance, staffed by volunteers
Livingston Fire Department	4 ambulances, 1 staffed full time with at least 1 paramedic
Paradise Valley Ambulance	2 ambulances, staffed by volunteers
Yellowstone National Park EMS	8 ambulances, seasonally staffed by park employees/concessioners

Table H1.2A Mass Casualty/Fatality Capabilities (continued)

Organization/Facility	Capabilities
Livingston HealthCare Hospital	25 bed critical access hospital Additional medical personnel is available from other facilities Limited, temporary morgue capabilities (18-20 deceased persons)
Community Health Partners	Basic healthcare, Limited emergency capabilities and hours
Mammoth Clinic	Basic healthcare, Limited emergency capabilities and hours
Park Clinic River Drive	Basic healthcare, Limited emergency capabilities and hours
Park Clinic West Crawford	Basic healthcare, Limited emergency capabilities and hours
Park County Coroner	1 coroner
Franzen-Davis Funeral Home	Capacity for 6-8 deceased persons

H1.3 Planning Assumptions

- Situations exist where normal day-to-day operations may not be able to handle a significant number of patients or fatalities.
- A wide range of possible incidents, number of patients, and conditions of patients exists.
- Patients are able to be extricated from the incident scene.
- Limitations exist in the number of trained emergency responders available, transportation units available, and patient care resources.
- The number of patients that can be handled by emergency responders and healthcare facilities on any given day will vary.
- Healthcare facilities (not necessarily in Park County) are available to accept patients.

H2. Concept of Operations

The decision points that follow are the responsibility of incident management. Note that not all decision points may be necessary and some decision points may be combined during rapidly escalating situations.

- Decision Point: *Size Up of the Incident and Declaration of the Mass Casualty Incident (MCI)*

In most cases, the initial notification of an incident is through a 911 call and dispatch by the Livingston / Park County 911 Dispatch Center and/or the Yellowstone National Park Communications Center. Some information regarding the incident severity may be derived from the initial call(s) and dispatch, but the first unit on scene should:

- Provide a brief size-up/description of the incident, including an approximate patient count.
- Establish Incident Command.
- Declare a Mass Casualty Incident (MCI).
- Request additional ambulances through the appropriate dispatch center. Generally, the closest available ambulances will be called for mutual aid and may be located in another county. If possible, additional ambulances should be called from as many locations as necessary until the need is filled.
- Establish staging, treatment, and transport areas and officers (if personnel resources exist).

- Secure scene to access patients.

Upon notification of the MCI, the hospital should:

- Activate the hospital plan (usually done by the Charge Nurse or an administrator).
- Notify other facilities that may receive patients and request bed/patient capacities.

➤ Decision Point: Triage Begins

Under the direction of the Incident Commander or Triage Officer (if established), triage of patients using the START (Simple Triage and Rapid Treatment) triage system and the following guidelines:

- Move quickly from person to person checking respirations, perfusion, and mental status as indicated in the START system.
- Tag patients with the appropriate triage tag (Red/Immediate, Yellow/Delayed, Green/Minor, and Black/Deceased). Note: Green/Minor conditions patients can generally walk toward you to a safe location away from the scene.
- Only move deceased persons if their location is affecting the ability to rescue others.
- Report back to the Incident Commander or Triage Officer (if established) with the number of patients within each category.

Upon completion of primary triage, the Incident Commander or Triage Officer (if established) should communicate with the hospital regarding the number of patients within each triage category.

During secondary triage, patients should be moved to the appropriate treatment/immobilization area and prioritized for treatment and transportation. Do not move deceased persons unless absolutely necessary.

➤ Decision Point: On-Scene Treatment is Needed

During incidents with extended delays for transportation resources, patients can be additionally prioritized into Group A and Group B, typically within the Red tagged patients. The more severe patients, Group A, are to be transported first. Otherwise, using the supplies available at the scene, patients can be treated and stabilized to the extent possible. If necessary, nearby structures, such as community centers, schools, medical clinics, assisted living facilities, and other structures, may be used to temporarily locate patients, for protection from the weather and other hazards until transportation arrives. If necessary and feasible, decontaminate patients before transporting to the hospital.

➤ Decision Point: Transport of Patients Begins

The Livingston HealthCare Emergency Room Physician On Duty, in coordination with the Transport Officer (if established), Paramedic, or Emergency Medical Technician (EMT) on-scene, decides where and how to send patients depending on the location and severity of the incident. In the case of an MCI, the Incident Commander or Transport Officer (if established) should establish early communications with the hospital regarding the number and severity of patients so the hospital can begin communications with other area hospitals. Options for transportation include:

- Ground ambulances
- Helicopters (to nearby locations such as St. Vincent Hospital in Billings or Eastern Idaho Regional Medical Center in Idaho Falls)
- Fixed wing aircraft (generally to more distant locations such as Billings, Salt Lake City, Denver, Seattle, etc.)
- School buses (generally would be used for the Green/Minor “walking wounded” patients)

Note that in most cases, ground ambulances are the fastest way of transporting patients to Billings because helicopters often cannot land in local weather conditions and fixed wing aircraft generally take longer.

Depending on the decisions made, additional resources, such as aircraft, can be requested by the Incident Commander (via dispatch) or the hospital, but communications between the entities are essential to prevent confusion. Ideally, in an MCI, the local hospital should be calling for aircraft resources and communicating with the Incident Commander or Transport Officer (if established) regarding staging areas / landing zones and where to take the patients.

As ambulances are available for transport, the ambulance crew may be split (with some Paramedics/EMTs remaining on-scene for triage and treatment) with fire and/or law enforcement personnel driving the units to the hospital. While enroute to the hospital and/or loading zone, the Paramedics/EMTs should be communicating with the receiving facility or crew regarding the number of patients, triage tag numbers, and condition information. Upon completion of transport, the ambulance should return to the scene unless directed otherwise. A log of the triage tag number and where that patient was taken must be maintained.

➤ Decision Point: *Treatment of Patients at Area Hospitals*

Communication and coordination between Incident Command and the hospital is essential. Patients will be treated at Livingston HealthCare unless:

- The extent of an individual’s injuries exceeds the hospital’s capabilities and the patient is transported to another facility either directly from the scene or after arriving at the hospital.
- The capacity of the Livingston HealthCare is exceeded. In this case, the hospital should advise Incident Command of where patients are being diverted, ideally before the transport of patients begins.
- The incident is in the Cooke City area during the summer and transport to the West Park Hospital in Cody, Wyoming is indicated.

From initial triage through definitive care, patients should be tracked using triage tag numbers or an alternate system if tags are not or no longer available. The START triage tag tracking system is compatible with federal patient tracking systems. In addition, the Electronic Medical Record used by area hospitals is an important management tools that should be used to the extent possible, including the integration of triage tag tracking numbers, during mass casualty incidents.

If needed, additional medical personnel can be requested through the Montana Healthcare Mutual Aid System. The system is managed by Montana Department of Public Health and Human Services and local administrators include hospital administrators. Regular mutual aid channels may also be used.

➤ Decision Point: Management of Fatalities

Fatality management in Park County is the responsibility of the Coroner. Therefore, deceased persons should not be moved from the scene (unless necessary for rescue efforts) until released by the Coroner. The following steps should generally be followed when dealing with mass fatalities:

- Notification of the Coroner through the Livingston / Park County 911 Dispatch Center, if not already dispatched or on-scene.
- Under the direction of the Coroner, move the deceased to a temporary morgue, if established.
- Coordinate with Incident Command (or Transport Officer, if established) to determine the number of patients transported and locations.
- Communicate with area hospitals to determine the number of deceased at each location.
- Identify the deceased.
- Notify and assemble teams of family assistance resources such as chaplains, clergy, and counselors.
- Notify next-of-kin.
- Conduct autopsies, if needed, and determine cause of death.
- Streamline the death certificate process, if necessary.
- Release the remains and property to the next-of-kin, upon release by the Coroner.

➤ Decision Point: Debriefing of Responders and Staff

Whether a mass casualty or mass fatality incident, a Critical Incident Stress Debriefing (CISD) for responders and staff may be needed. Livingston HealthCare maintains a Critical Incident Stress Management (CISM) Team. Additional teams from nearby counties or humanitarian organizations may be called, if needed. This type of debriefing, usually facilitated by a mental health professional, allows those involved in the incident to release their feelings and discuss the incident in a safe manner to mitigate long-term emotional trauma created by the extreme stress of the incident.

H3. Organization and Assignment of Responsibilities

The responsibilities listed here are specific to this function. Note that all entities, whether listed or not, are also responsible for their basic disaster and emergency responsibilities as outlined in the [Base Plan, Section 3.2](#), as applicable.

The following entities are not specific to jurisdiction. Therefore, in an emergency, the jurisdiction(s) affected will have the responsibility for these roles, and other non-affected jurisdictions may also be involved through mutual aid.

All Entities

- Conduct Critical Incident Stress Debriefings (CISD), as needed.

911 Dispatch

- Provide advanced notice to emergency responders of the potential of an MCI based on information received through 911 calls.

Emergency Medical Services / Ambulance

- Triage victims.
- Communicate and coordinate with area hospital/medical providers.
- Stage and treat patients, as needed.
- Transport victims to area hospitals.

Fire Departments / Districts

- Control hazardous conditions, such as hazardous material releases and fires, at the scene.
- Extricate and rescue victims, as needed.
- Stabilize the scene for Emergency Medical Services / Ambulance.
- Assist with triage and transport of victims, as applicable.
- Provide emergency medical assistance, as training allows.

Hospitals / Medical Providers

- Initiate hospital emergency plans.
- Coordinate with Emergency Medical Services / Ambulance.
- Provide Critical Incident Stress Management (CISM) services, as requested.

Coroner

- Determine if streamlined mass casualty procedures are needed.
- Coordinate all aspects of incident fatality management.

Law Enforcement

including Montana Highway Patrol

- Provide traffic and perimeter control of the scene, as needed.

Voluntary Organizations Active in Disasters (VOAD)

- Assist with mental health and responder feeding needs.

State and Federal Transportation Entities

including the Federal Aviation Administration (FAA) and the National Transportation Safety Board (NTSB)

- Investigate transportation accidents within federal investigation responsibilities.
- In coordination with the Public Information Officer, provide information on transportation incidents within their jurisdiction.

Other Entities

- Perform other duties as needed and assigned.

H4. Direction, Control, and Coordination

Incident Command will vary depending on the incident causing the mass casualties and/or fatalities and will most often be managed through Unified Command as designated by the jurisdiction(s) having authority, usually consisting of the follow organizations:

- Emergency Medical Services / Ambulance
- Coroner
- Hospitals / Medical Providers
- Law Enforcement
- Fire Departments (if due to wildfire, structure fire, and/or hazardous materials/conditions)
- Public Health (if due to a public health emergency)

Additional information on the direction and control function can be found in the [Direction and Control Annex](#) and [Base Plan, Section 4](#).

Other local plans related to this annex (horizontal coordination) include:

- Livingston HealthCare Mass Fatality Plan

State plans related to this annex (vertical coordination) include:

- State of Montana Department of Public Health and Human Services, Mass Fatality Plan

H5. Information Collection and Dissemination

H5.1 Information Collection for Planning

Table H5.1A lists the key information needed and possible sources during a mass casualty and/or mass fatality incident.

Table H5.1A Possible Information Sources

<i>Information Type</i>	<i>Source</i>
Number of casualties and conditions	– Incident / Unified Command (and Triage Officer, if established)
Number of ground ambulances available to assist with the incident	– 911 Dispatch
Number of air resources (helicopters and fixed wing) available to assist with the incident	– 911 Dispatch – Livingston HealthCare
Emergency medical care capability/availability	– Livingston HealthCare – Other Area Hospitals
Patient locations	– Incident / Unified Command (and Transport Officer, if established) – Livingston HealthCare
Status of fatalities	– Park County Coroner

If an aircraft, school bus, or other mass transportation vehicle is involved, the National Transportation Safety Board will need to be notified by the operator for investigation purposes.

H5.2 Public Information

Information regarding the public information function can be found in the [Public Information Annex](#).

Incidents of mass casualties and/or fatalities typically create a large amount of public interest. Basic information about the incident may be released, but information specific to individuals is generally released after family members have been notified and the information is released by the Coroner or law enforcement. The type of information that may be provided in public information statements include:

- The type of incident (i.e. vehicle crash, aircraft accident, hazardous material release)
- The location of the incident
- The number of vehicles involved (if applicable)
- The number of people injured and killed
- Related restrictions and closures
- A phone hotline for possible family members (often the case for commercial aircraft accidents and the line is usually managed by the airline)

In some cases, a family information center may be set up for those missing loved ones. This information center should be in a distinctly different location than a public information center where the media may be located.

H6. Communications

See the [Communications Annex](#) for more details on emergency communications in Park County.

H7. Administration, Finance, and Logistics

H7.1 Finance/Administration

For additional information on the Finance/Administration function, particularly the importance of recordkeeping, see the [Base Plan, Section 7.1](#).

H7.2 Logistics

For additional information on disaster and emergency logistics, see the [Base Plan, Section 7.2](#).

H8. Plan Development and Maintenance

See the [Base Plan, Section 8](#) for additional information on annex development, review, revision, and exercise.

H9. Authorities and References

H9.1 Authorities / References

- Montana Code Annotated 50-6: Emergency Medical Services
- Montana Code Annotated 27-1-714: Limits on Liability for Emergency Care Rendered at Scene of Accident or Emergency
- Montana Code Annotated 7-4-29: Office of County Coroner
- Montana Code Annotated 46-4-1: Investigation of Death - Autopsy

H9.2 Acronyms

See the [Base Plan, Section 9.4](#) for the list of acronyms used in this plan.

H10. Attachments

None.