

Gallatin County Multiple Patient Incident Plan

Revised November 2009

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Signature Page

George A. Reich
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12/6/09
Date

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Gallatin Co. Fire Council
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John Nordwick
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1-4-10
Date

JOHN NORDWICK
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BOZEMAN DEACONESS HOSPITAL
Organization

Patrick Lowery
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2/8/10
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Patrick Lowery
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All Hazards All Discipline
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R. James Maxwell, MD
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2/10/10
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R. JAMES MAXWELL, MD
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MEDICAL DIRECTOR, EMTS
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Tim Rosick
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Gallatin City-County Health Dept.
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Joe P. Skinner
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JOE P SKINNER
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Gallatin County Commission
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Basic Plan

Purpose

This plan is intended to be utilized during Multiple Patient Incidents (MPI) within Gallatin County by providing uniform operational guidelines. This plan should be implemented whenever a multiple patient incident develops which requires resources beyond the normal day-to-day operation, or which overwhelms any component of the medical system.

Authorities

This plan is accepted and authorized by the Gallatin County Fire Council, Gallatin County Unified Health Command, Gallatin County All Hazards All Disciplines Committee, and Bozeman Deaconess Hospital Medical Executives.

Other related plans linked to this plan include:

- Bozeman Deaconess Hospital Emergency Preparedness Plan
- Gallatin County Emergency Operations Plan
- Gallatin Field Airport Emergency Operations Plan
- Montana State University Emergency Response Plan

Maintenance

At a minimum, this plan should be reviewed annually with changes made where necessary and redistributed every five years. Exercising of the plan should also occur as needed, but at least once every five years.

Situation

All areas of Gallatin County are at risk from a Multiple Patient Incident (MPI). Types of incidents that could result in multiple patients in Gallatin County include, but are not limited to, aircraft accidents, earthquakes, explosions, hazardous material releases, severe thunderstorms, strong winds, structure collapses, terrorism, tornadoes, and vehicle accidents. Gallatin County is home to many locations and populations that are particularly vulnerable to MPIs, including assisted living facilities, Gallatin Field, historic downtown areas, Interstate 90, Montana State University, railroads, schools, ski resorts, state highways, and Yellowstone National Park west entrance.

Assumptions

For the purposes of this plan, the following assumptions are made:

- Situations exist where normal day-to-day operations may not be able to handle a significant number of patients.
- 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.
- A wide range of possible incidents, number of patients, and conditions of patients exists.

- Multiple patient incidents are assumed to be short-term, traumatic incidents where immediate medical care is needed; longer term incidents such as pandemics are addressed in other plans.
- Normal communication methods may be disrupted.

Concept of Operations

The Agency Having Jurisdiction (AHJ) should determine if the incident requires activation of this plan by declaring the incident a Multiple Patient Incident (MPI) and notifying Gallatin County Dispatch of such.

Implementation of this plan should be considered when:

- Resources beyond the normal available resources are required.
- Quantity of patients will overload the medical system.
- Any situation where components of this plan are needed.

Responsibilities

Agency Having Jurisdiction (AHJ)

- Declare a Multiple Patient Incident (MPI)
- Communicate with Bozeman Deaconess Hospital
- Manage triage
- Coordinate transportation of patients with Bozeman Deaconess Hospital
- Request and manage additional ground transportation resources
- Alert Emergency Management, if Emergency Operations Center is needed

Bozeman Deaconess Hospital

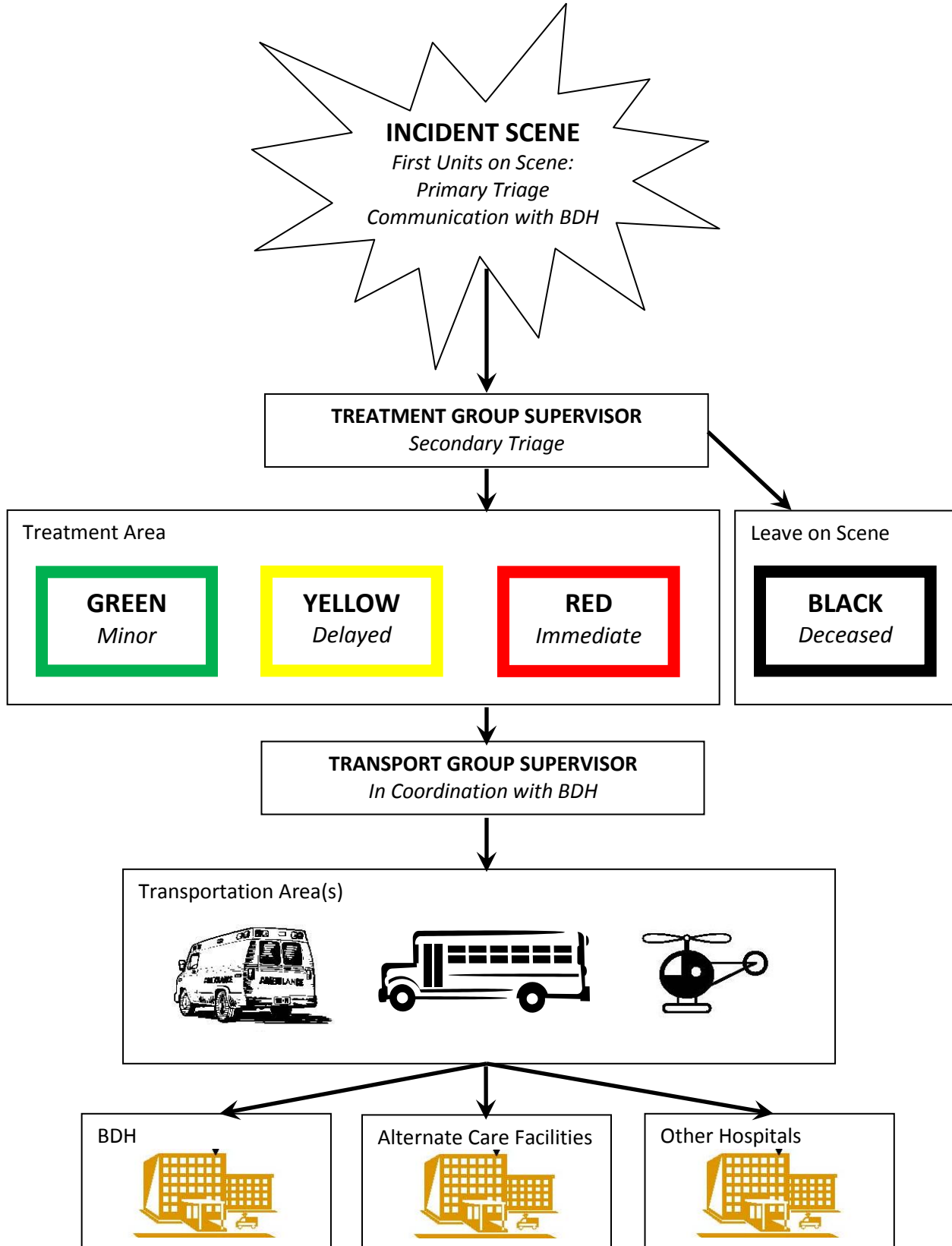
- Medical control
- Communicate with the Agency Having Jurisdiction, Triage Group Supervisor, and/or Transport Group Supervisor
- Coordination of air transportation resources
- Coordination with alternate care facilities
- Assignment of patients to alternate care facilities
- Patient care

Gallatin County Dispatch

- Dispatch resources
- Notify Bozeman Deaconess Hospital

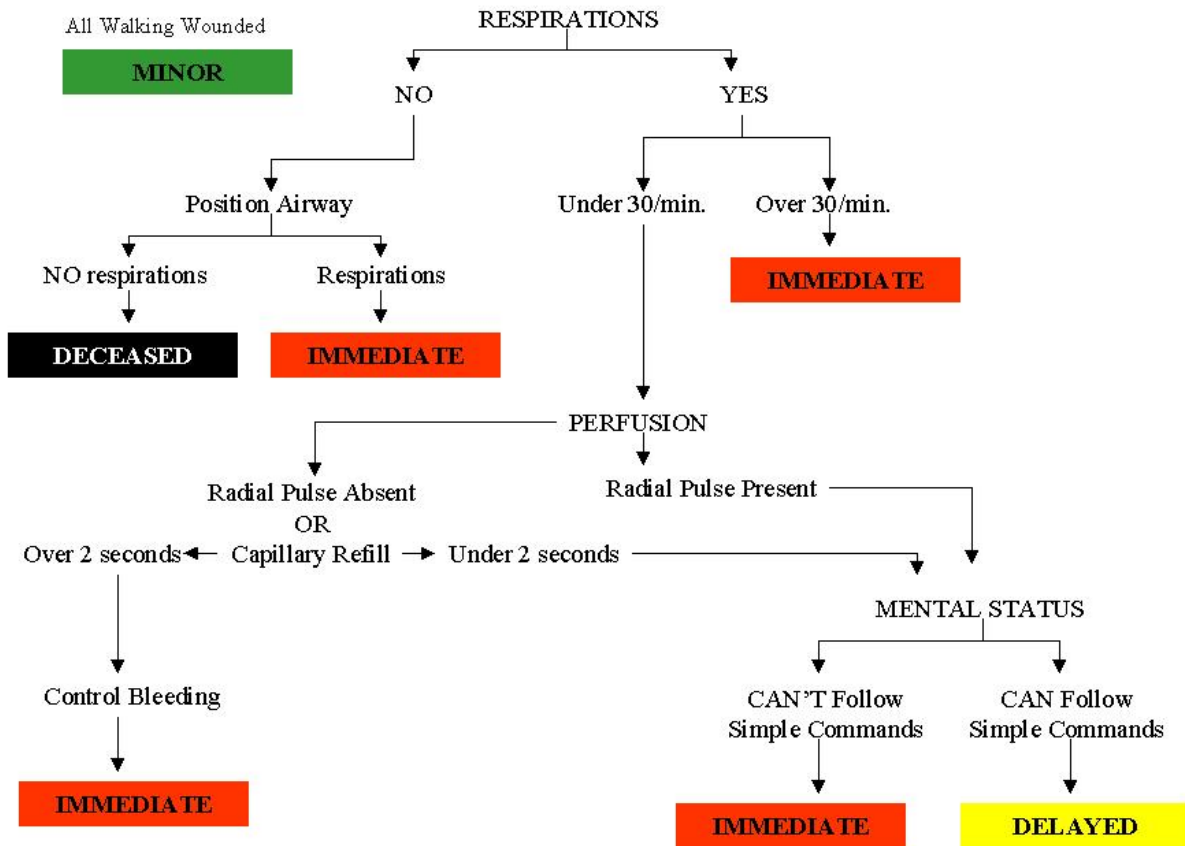
Gallatin County Emergency Management

- Open the Emergency Operations Center (EOC) for large-scale or longer term events
- Assist with emergency and disaster declarations
- Secure and coordinate state and federal resources, if needed



START Triage System

The most experienced and qualified member of the first arriving EMS unit should proceed with primary triage, using the START System. If an EMS unit will not arrive immediately, assign any available personnel trained in START to immediately begin primary triage. Triage and tag patients where they lie. Remember to treat the simple airway problems, correct severe bleeding, tag the patient, and move on. This simple step will save more lives than extensive resuscitation efforts by the first arriving units. Deceased victims should be left where they are and only moved to reach other victims or when directed by the coroner/law enforcement.



Note: Color classifications (green, yellow, red, black) may be used interchangeably with descriptive classifications (minor, delayed, immediate, deceased).

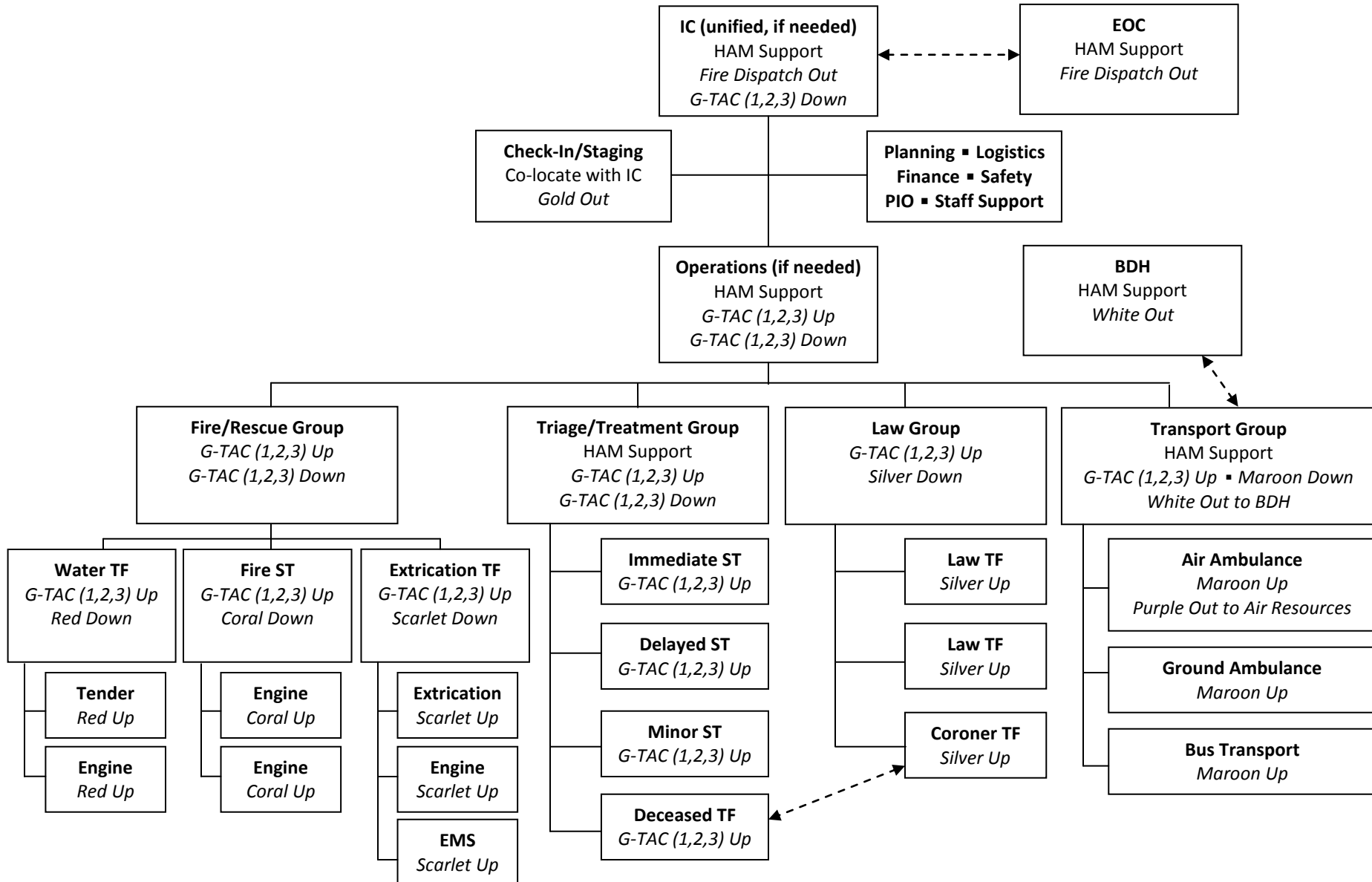
Command and Communications Plan

The following frequencies have pre-assigned functions for use during a Multiple Patient Incident. Cell phone communications will be used between the field and BDH, if available. Once BDH is notified of the incident, white channel may be used. HAM radio is to be used as a back-up plan.

Incident Radio Communications Plan		Incident name:	Prepared by:	Operational period:
Channel	Function	Frequency – rx,tx,pl	Date/time prepared:	Remarks
*Fire North Repeater	Fire/EMS Dispatch (in valley)	██████ ██████ ██████	Incident Command	
South Repeater	Fire/EMS Dispatch (south)	██████ ██████ ██████	Incident Command	
Bozeman Fire Repeater	Fire/EMS Dispatch (in Bozeman)	██████ ██████ ██████	Incident Command	
West Yellowstone Fire	Fire/EMS Dispatch (in West Y.)	██████ ██████ ██████	Incident Command	
*Gold	Check-In	██████ ██████	All Resources	
*G-TAC1		██████ ██████ ██████		
*G-TAC2		██████ ██████ ██████		
*G-TAC3		██████ ██████ ██████		
Silver	Law Group	██████ ██████		
*Maroon	Transport Group	██████ ██████		
White	To BDH	██████ ██████		
*Red	Water Task Force	██████ ██████		
*Coral	Fire Strike Team	██████ ██████		
*Scarlet	Extrication Task Force	██████ ██████		
Purple	Air Resources to Ground	██████ ██████		

* Part of the Gallatin County Fire Council Base Frequency Plan and should be located in each radio.

Recommended Command and Communications Organization



BDH Operational Levels

Bozeman Deaconess Hospital Emergency Department operates on a tiered system based on current hospital capacity and expected load from an incident. Each tier outlines the concept of operation and resulting activities.

- Tier 1:**
 - [Redacted]
 - [Redacted]
 - [Redacted]

 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]

- Tier 2:**
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]

- Tier 3:**
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]

 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]

Patient Coordination

- Emergency Department doctor becomes the triage doctor.
- The BDH Operations Section Chief (often the House Supervisor at the time of the incident) or designee coordinates air transportation and facility resources, when applicable.
- The BDH Operations Section Chief or designee communicates with the field through radio communications (white channel).
- BDH will coordinate with the on scene Transport Group Supervisor regarding patient numbers, conditions, and the associated transportation needs throughout the incident.

- BDH will call up and assign air transportation resources, as needed.
- BDH will identify the number and type of patients it can handle.
- BDH will contact and coordinate with other hospitals and alternate care facilities regarding patient overflow.
- BDH will communicate the alternate care facility plans with the on scene Transport Group Supervisor.
- BDH will communicate with the on scene Transport Group Supervisor regarding where patients should be taken.

Appendix A – Ground Ambulances

Please Note: Total resources listed do not guarantee what is available at any given time. Call to request what is needed and each agency will determine what is available to respond.

Ground Ambulances

Agency	Distance from BDH	Total Resources	Contact Info
<i>Within Gallatin County</i>			
AMR – Bozeman	3 miles	5 Ambulances	406-586-████
Bozeman Fire Department	2 miles	1 Ambulance	406-582-████ ext. 2
Central Valley Fire District	14 miles	3 Ambulances	406-388-████
Three Forks Ambulance	34 miles	3 Ambulances	406-285-████
Big Sky Fire Department	44 miles	3 Ambulances	406-995-████
Yellowstone Club Fire	52 miles	2 Ambulances	406-993-████
West Yellowstone Fire	91 miles	2 Ambulances	406-646-████ 406-646-████
<i>To the East</i>			
Livingston Fire Department	26 miles	4 Ambulances	406-222-████
Paradise Valley Ambulance (Pray)	45 miles	1 Ambulance	406-222-████
Sweet Grass County Ambulance (Big Timber)	61 miles	3 Ambulances	406-932-████
Gardiner Ambulance	78 miles	1 Ambulance	406-222-████
Stillwater Community Hospital (Columbus)	102 miles	2 Ambulances	406-322-████
AMR – Billings	141 miles	14 Ambulances	406-259-████
<i>To the South</i>			
Island Park, ID Ambulance	107 miles	1 Ambulance	406-624-████
Yellowstone National Park (Old Faithful)	122 miles	1 Ambulance	307-344-████
Ashton, ID Ambulance	146 miles	1 Ambulance	208-624-████
Rexburg, ID Fire Department	173 miles	2 Ambulances	208-359-████
Idaho Falls, ID Fire Department	199 miles	1 Ambulance	208-529-████
<i>To the West and North</i>			
Ennis Ambulance	55 miles	3 Ambulances	406-843-████
Whitehall Ambulance	62 miles	3 Ambulances	406-225-████
Townsend Volunteer Ambulance	66 miles	2 Ambulances	406-266-████
Meagher County EMS (White Sulphur Springs)	81 miles	3 Ambulances	406-547-████
A-1 Ambulance (Butte)	87 miles	2 Ambulances	406-723-████
Boulder Ambulance	87 miles	2 Ambulances	406-225-████
Ruby Valley Ambulance (Sheridan)	99 miles	3 Ambulances	406-843-████
St. Peters Ambulance (Helena)	100 miles	5 Ambulances	406-444-████
Beaverhead EMS (Dillon)	117 miles	4 Ambulances	406-683-████

Appendix B – Air Resources

Please Note: Total resources listed do not guarantee what is available at any given time. Call to request what is needed and each agency will determine what is available to respond.

Air Ambulances

Agency	Total Resources	Contact Info
HELP Flight (Billings)	1 Helicopter 1 Fixed Wing	800-538-████
MedFlight (Billings)	1 Fixed Wing	800-325-████
Mercy Flight (Great Falls)	1 Helicopter 1 Fixed Wing	800-972-████
Life Flight (Missoula)	2 Helicopters	800-228-████
Air Idaho Rescue (Idaho Falls, ID)	1 Helicopter	800-247-████
Portneuf LifeFlight (Pocatello, ID)	1 Helicopter	208-239-████
Malmstrom Air Force Base (Great Falls)	8 Helicopters	406-841-████ (MT DES)
Northwest MedStar (Spokane, WA)	5 Helicopters 3 Fixed Wing	800-422-████
University Health Care AirMed (Salt Lake City, UT)	3 Helicopters 1 Fixed Wing	800-453-████
Intermountain Life Flight (Murray, UT)	4 Helicopters 3 Fixed Wing	800-321-████ 800-321-████
Airlift Northwest (Seattle)	3 Fixed Wing	800-426-████
AirLife Denver (Denver)	2 Fixed Wing	877-893-████

Airports

Airport	Location	Runway Length	Elevation
Gallatin Field (BZN)	7 Miles NW of Bozeman 45.7774636/-111.1529797	Runway 12/30 Length 9003'	4421'
Three Forks (9S5)	1 Mile SE of Three Forks 45.8781139/-111.5694319	Runway 2/20 Length 5100'	4089'
Yellowstone Airport (WYS)	1 Mile N of West Yellowstone 44.6883992/-111.1176375	Runway 1/19 Length 8399'	6643'
Mission Field (LVM)	5 Miles E of Livingston	Runway 4/22 Length 5701'	4646'
Henry's Lake/ Island Park (U53)	44.6347500 / -111.3426944	Runway 6/24 Length 4600'	6596'
Big Sky Airport (EKS)	6 Miles SE of Ennis 45.2717583 / -111.6486389	Runway 16/34 Length 4700'	5387'

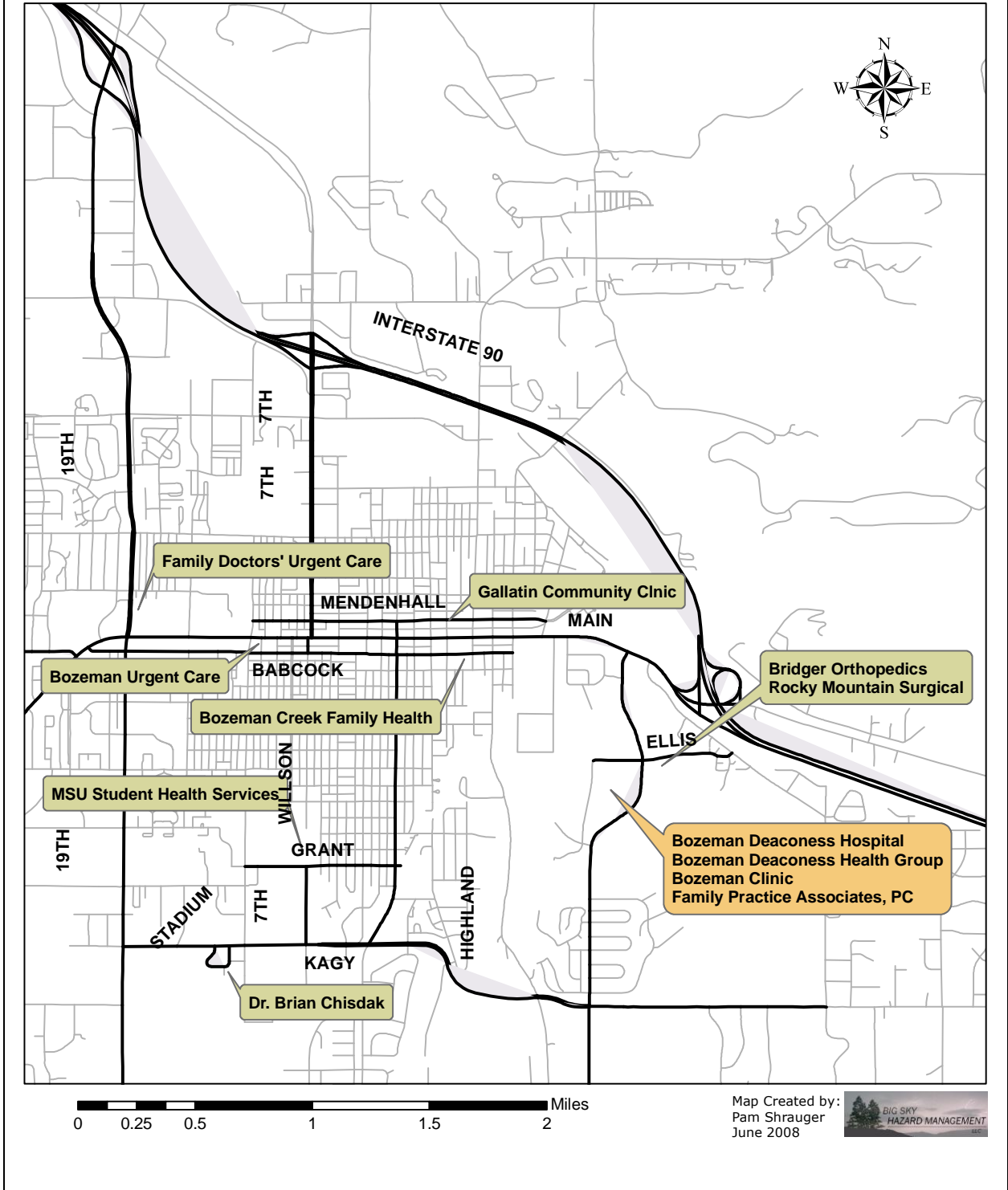
Hospitals

Facility	Location	Trauma Level	Contact Info
Bozeman Deaconess Hospital	Bozeman, MT	3	406-585-██████
Billings Clinic	Billings, MT	2	800-325-██████
St. Vincent Healthcare	Billings, MT	2	800-538-██████
St. Peter’s Hospital	Helena, MT	3	406-442-██████
St. James Healthcare	Butte, MT	3	406-723-██████
Benefis Hospitals	Great Falls, MT	2	800-972-██████
St. Patrick Hospital	Missoula, MT	2	800-991-██████
Eastern Idaho Regional Medical Center	Idaho Falls, ID	2	208-529-██████
Providence Sacred Heart Medical Center	Spokane, WA	2	509-474-██████ 509-474-██████
Deaconess Medical Center	Spokane, WA	2	509-473-██████ 509-458-██████
University of Utah Hospital	Salt Lake City, UT	1	800-453-██████ 801-581-██████
Intermountain Medical Center	Murray, UT	1	800-321-██████ 801-507-██████
Harborview Medical Center	Seattle, WA	1	206-744-██████
Livingston HealthCare	Livingston, MT	4	406-222-██████
Pioneer Medical Center	Big Timber, MT	4	406-932-██████
Stillwater Community Hospital	Columbus, MT	4	406-322-██████
Broadwater Health Center	Townsend, MT	4	406-266-██████
Madison Valley Medical Center	Ennis, MT	4	406-682-██████
Madison Memorial Hospital	Rexburg, ID	4	208-356-██████

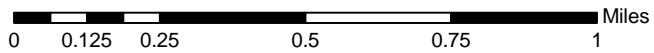
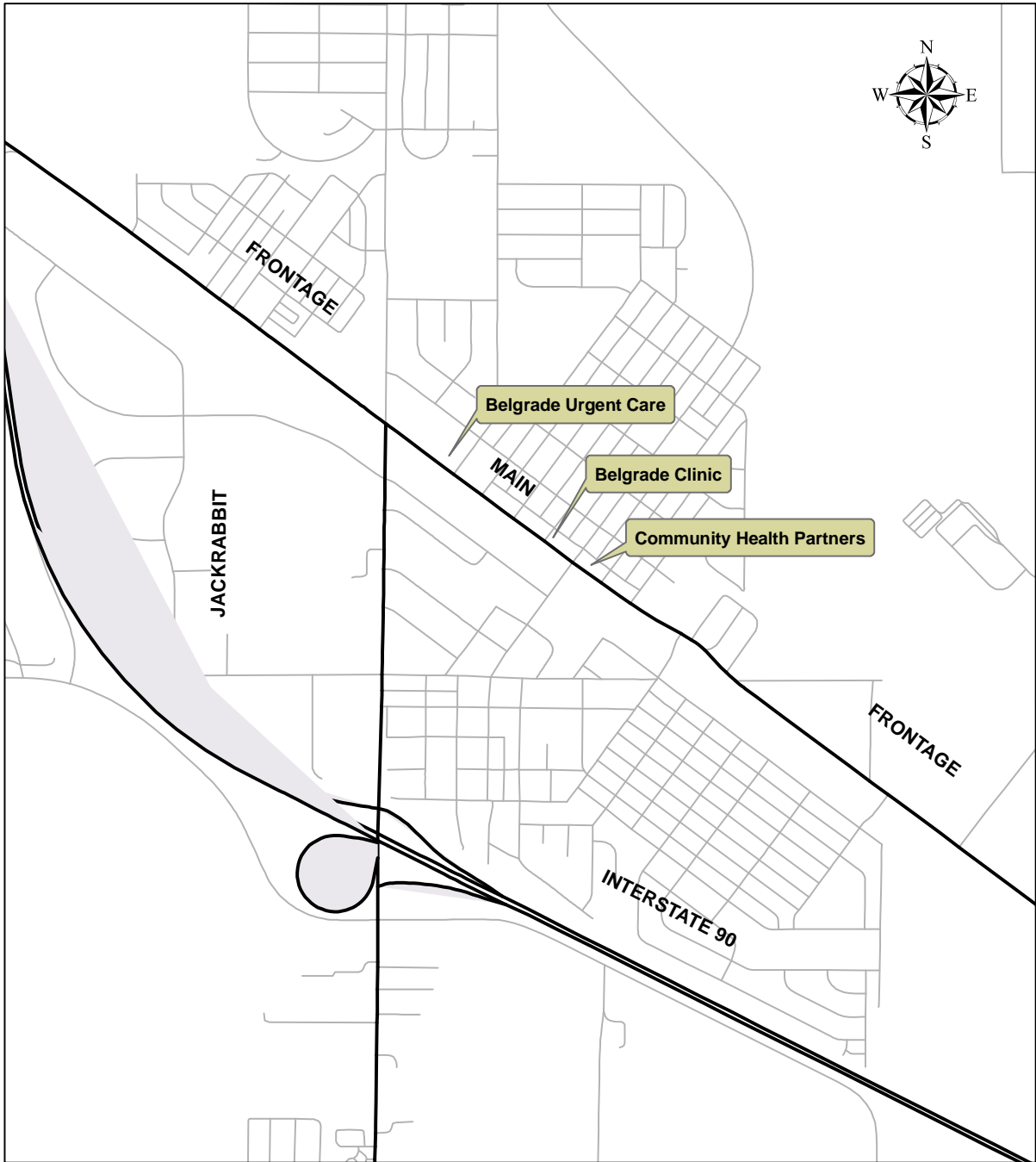
Alternate Care Facilities

Facility	Location	Facility Information	Contact Info
Belgrade Clinic	33 West Main Street Belgrade, MT 59714	11 exam rooms x-ray and lab	388-████ 585-████
Belgrade Urgent Care	403 West Main Street Belgrade, MT 59714	6 exam rooms x-ray and lab	388-████
Bozeman Clinic	931 Highland Blvd. #3360 Bozeman, MT 59715	12 exam rooms x-ray and lab	587-████ 585-████
Bozeman Creek Family Health	316 East Babcock Street Bozeman, MT 59715	9 exam rooms x-ray and lab	585-████
Bozeman Deaconess Health Group	915 Highland Blvd. Bozeman, MT 59715	95 exam rooms x-ray and lab	585-████
Bozeman Urgent Care	1006 West Main Street Bozeman, MT 59715		586-████
Bridger Orthopedics and Sports Medicine P.C.	1450 Ellis Street, Suite 201 Bozeman, MT 59715	20 exam rooms x-ray	587-████ 223-████
Community Health Partners – Belgrade	19 East Main Street Belgrade, MT 59714	6 exam rooms	922-████ 522-████
Dr. Brian Chisdak	1994 Stadium Drive Bozeman, MT 59715	4 exam rooms x-ray (head only)	587-████
Family Doctors' Urgent Care	120 North 19 th Avenue, Suite A Bozeman, MT 59718		
Family Practice Associates, PC	935 Highland Blvd. #2210 Bozeman, MT 59715	17 exam rooms x-ray and lab	587-████
Gallatin Community Clinic	214 East Mendenhall Bozeman, MT 59715	11 exam rooms	585-████ 522-████
Manhattan Medical Services Inc.	207 South 6 th Avenue PO Box 350 Manhattan, MT 59741	3 exam rooms x-ray and lab	284-████
Medical Clinic of Big Sky	11 Lone Peak Drive, Suite 202 Big Sky, MT 59716 100 Beaverhead Trail* Big Sky, MT 59716 * during ski season	5 exam rooms x-ray	993-████ 995-████ 995-████ 579-████
MSU Student Health Service	7 th Avenue & Grant Street PO Box 173260 Bozeman, MT 59717	11 exam rooms x-ray and lab	994-████ 585-████ 994-████ 581-████
Rocky Mountain Surgical Center	1450 Ellis Street, Suite 101 Bozeman, MT 59715	15 exam rooms x-ray	556-████ 570-████
Three Rivers Clinic	16 Railway Avenue Three Forks, MT 59752	5 exam rooms x-ray and lab	285-████ 600-████
Yellowstone Family Medical Center	236 Yellowstone Avenue PO Box 427 West Yellowstone, MT 59758	4 exam rooms x-ray and lab	646-████ 646-████

Bozeman Medical Facilities



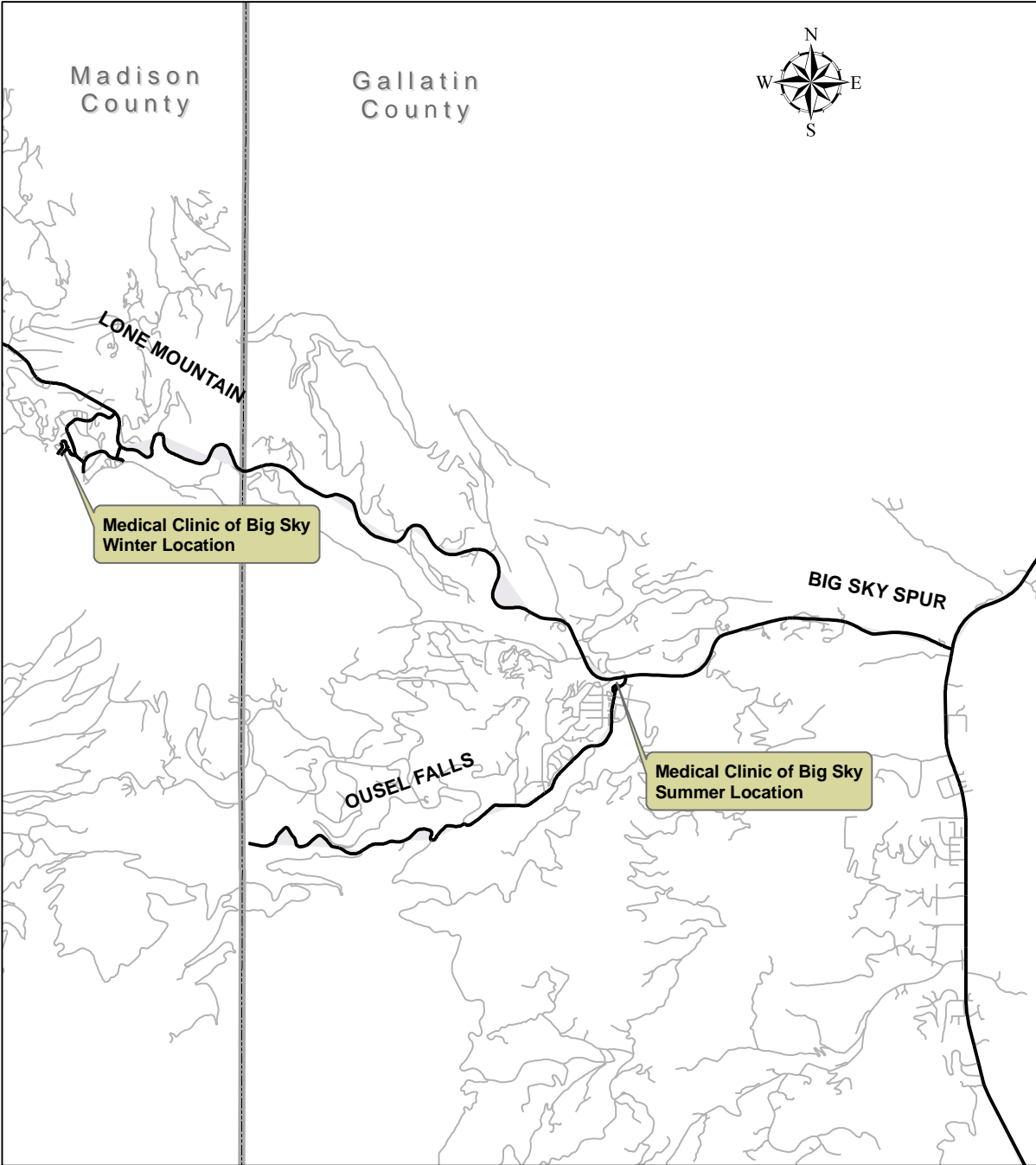
Belgrade Medical Facilities



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Pam Shrauger
June 2008



Big Sky Medical Facilities

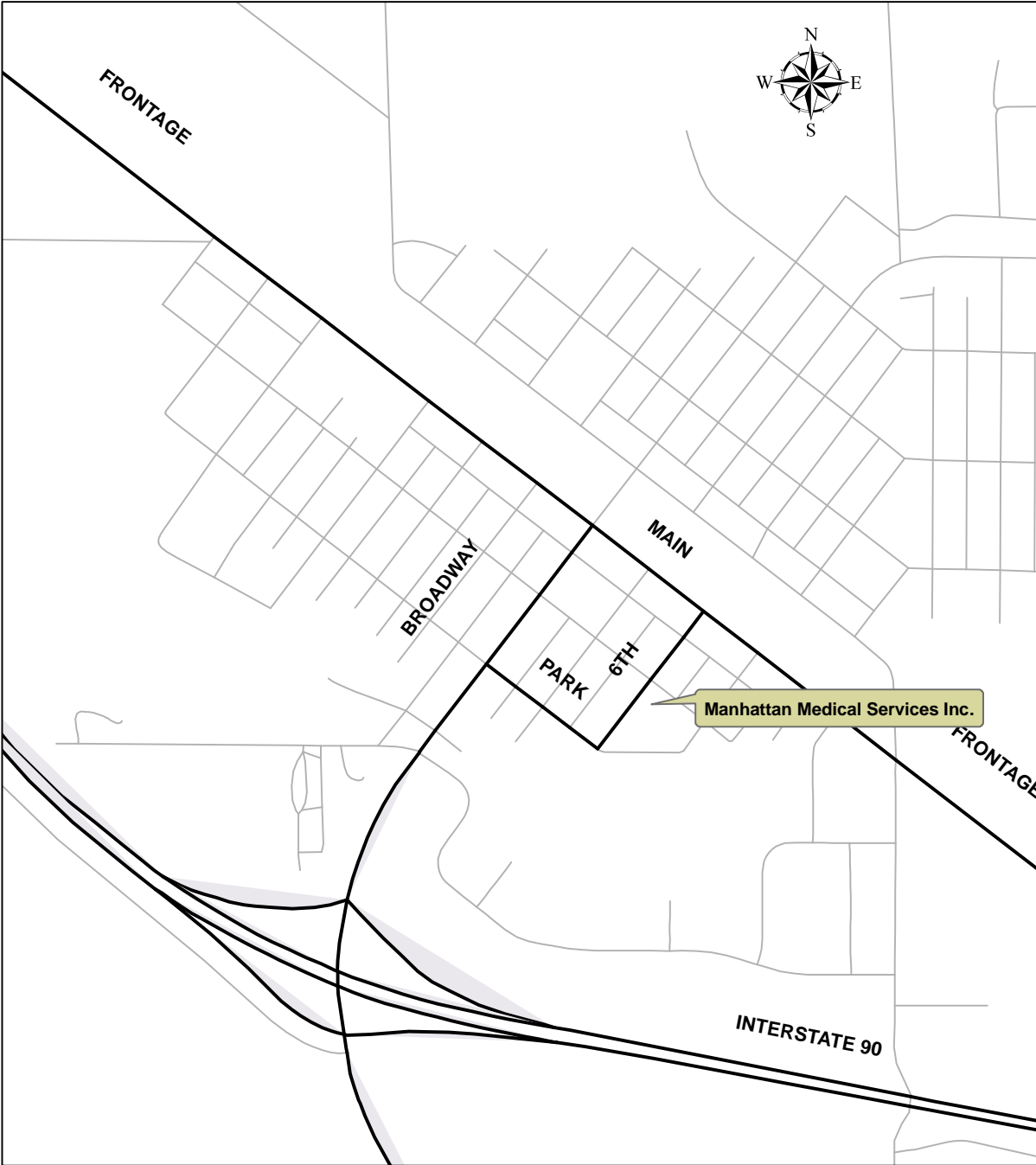


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Manhattan Medical Facilities

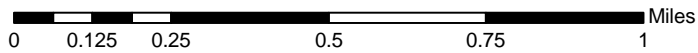
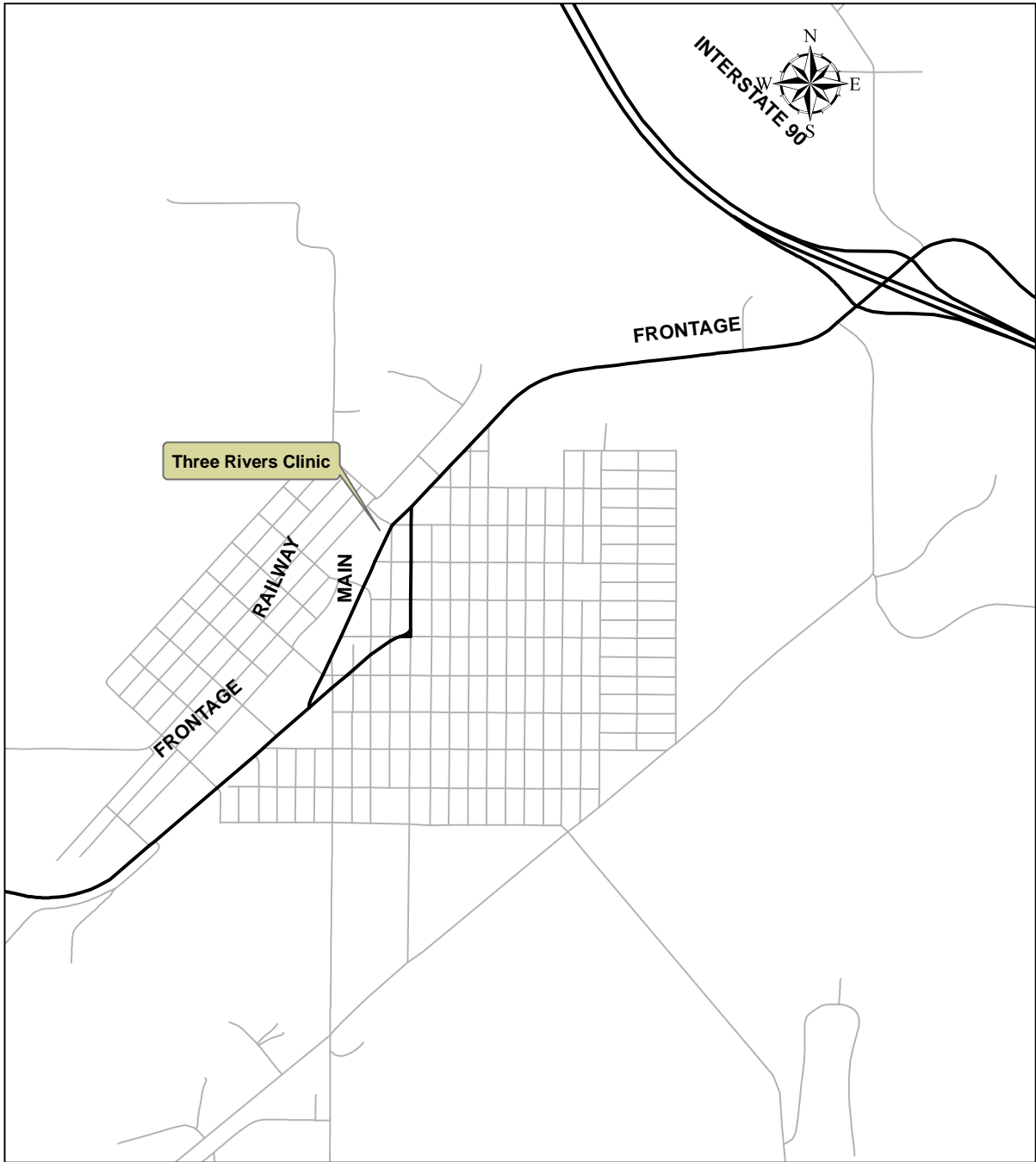


0 0.05 0.1 0.2 0.3 0.4 Miles

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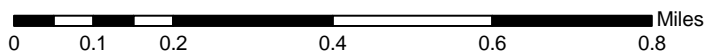
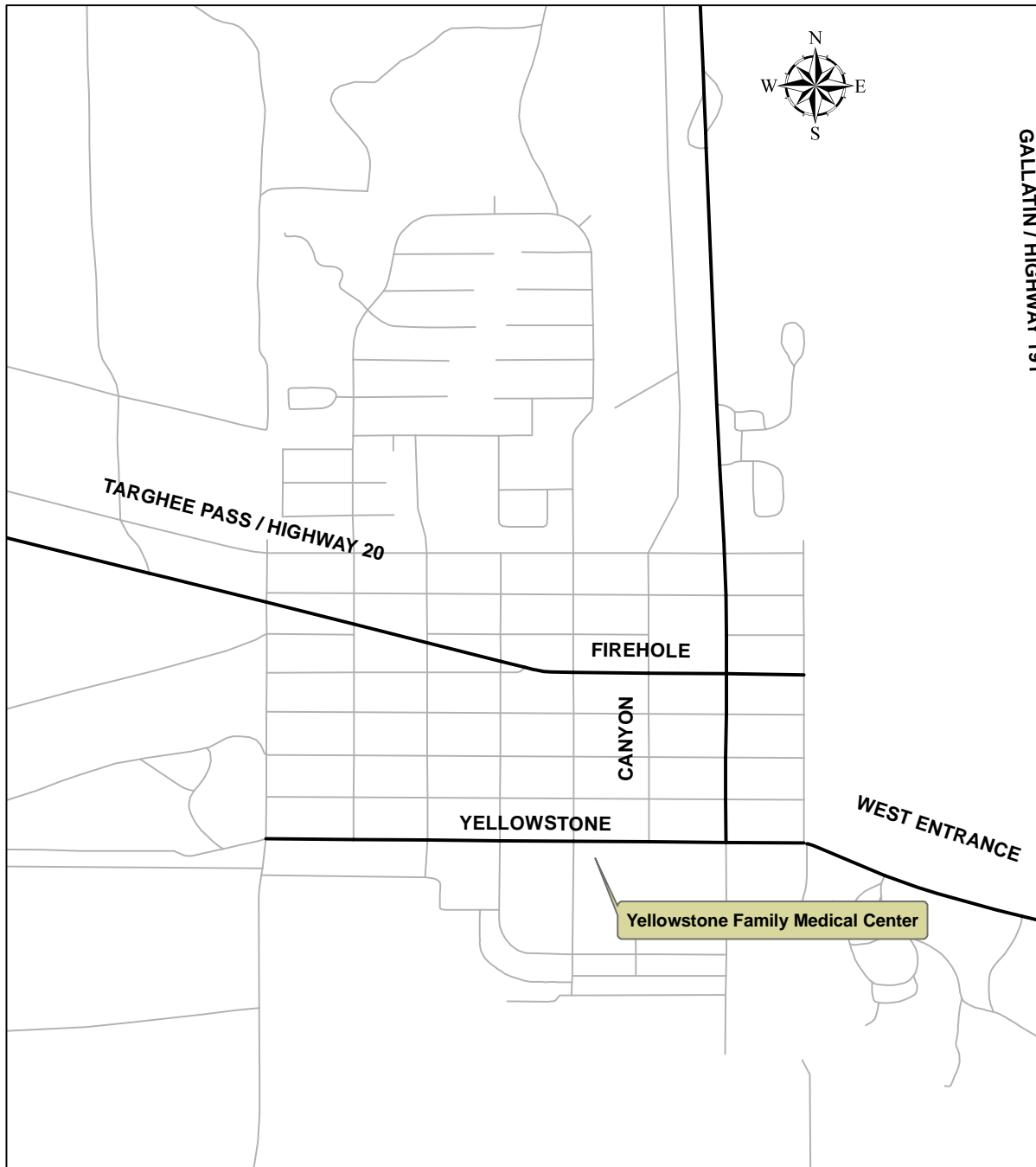
Three Forks Medical Facilities



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West Yellowstone Medical Facilities



Map Created by:
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Other Facilities

Facility	Location	Facility Information	Contact Info
Federal Express Building	Gallatin Field, Belgrade		
Gallatin City-County Health Department	215 West Mendenhall, Bozeman	Exam rooms and some basic medical supplies	

Personnel Assignment List			
Assignment	Name	Channel	Cell phone #
Incident Commander			
PIO			
Liaison			
Ham Radio			
Safety			
Operations Chief			
Fire/Rescue			
Extrication			
Law			
Morgue			
Triage			
Treatment			
Transport			
Staging Area			
Rehabilitation			

Transportation Log

# victims reported				
By triage priority				
B	R	Y	G	Totals

Hospitals					
Mins. Away					
Can accept					
# sent					

Tag no.	Priority	Primary injuries or illness	EMS unit	Time of departure	Hospital
1.					
2.					
3.					
4.					
5.					
6.					

Tag no.	Priority	Primary injuries or illness	EMS unit	Time of departure	Hospital
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Tag no.	Priority	Injuries or illness	EMS unit	Time of departure	Hospital
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

Notes:

Incident Commander

Function:	Responsible for management of all incident operations
Objective:	Implement and deploy an incident organization to manage the incident
Report To:	(→Fire Dispatch, ↓G-TAC 1, 2, or 3)
<ul style="list-style-type: none"><input type="checkbox"/> make rapid assessment of incident, confirm level of deployment<input type="checkbox"/> establish triage/treatment area, assign triage/treatment officer, or begin triage and assign incoming EMS personnel to patients<input type="checkbox"/> review entire checklist and develop a plan of action<input type="checkbox"/> review and implement the following<ul style="list-style-type: none"><input type="checkbox"/> overall plan of action<input type="checkbox"/> your location<input type="checkbox"/> any changes in plan?<input type="checkbox"/> need for hot zone and personnel protective clothing for entry<input type="checkbox"/> establish patient collection areas and equipment stockpile areas as needed<input type="checkbox"/> designate someone to assist you/request management staff if needed<input type="checkbox"/> designate the following groups if necessary (refer to flow charts for suggested structure)<ul style="list-style-type: none"><input type="checkbox"/> triage<input type="checkbox"/> treatment<input type="checkbox"/> transport<input type="checkbox"/> equipment officer as needed(do not hesitate to combine several of the above positions. If triage, treatment, or transport responsibilities are not assigned, review check sheet for that position and assume responsibility for completion of those assignments.)<input type="checkbox"/> request activation of Emergency Operations Center if needed<input type="checkbox"/> request ham radio personnel as needed<input type="checkbox"/> inform Law Group of the security needs<input type="checkbox"/> get number of patients from triage group supervisor<input type="checkbox"/> announce benchmarks as completed<ul style="list-style-type: none"><input type="checkbox"/> scene is secure from hazards<input type="checkbox"/> all patients triaged/extricated<input type="checkbox"/> all patients in treatment<input type="checkbox"/> all patients transported<input type="checkbox"/> record assignments on flow chart	

Operations Section Chief

Function:	Responsible for management of all operational field activities
Objective:	Implement the IC's Strategy through tactical on scene actions
Report To:	Incident Commander (↑G-TAC 1, 2, or 3, ↓ G-TAC 1, 2, or 3)

<input type="checkbox"/>	make rapid assessment of incident, confirm with IC on level of deployment
<input type="checkbox"/>	establish triage/treatment area, assign triage/treatment officer, or begin triage and assign incoming EMS personnel to patients
<input type="checkbox"/>	review entire checklist and assist IC with developing a plan of action
<input type="checkbox"/>	work with IC on the following <ul style="list-style-type: none"><input type="checkbox"/> overall plan of action<input type="checkbox"/> your location<input type="checkbox"/> any changes in plan?<input type="checkbox"/> need for hot zone and personnel protective clothing for entry
<input type="checkbox"/>	establish patient collection areas and equipment stockpile areas as needed
<input type="checkbox"/>	designate someone to assist you/request management staff if needed
<input type="checkbox"/>	designate the following groups if necessary (refer to flow charts for suggested structure) <ul style="list-style-type: none"><input type="checkbox"/> triage<input type="checkbox"/> treatment<input type="checkbox"/> transport<input type="checkbox"/> equipment officer as needed (do not hesitate to combine several of the above positions. If triage, treatment, or transport responsibilities are not assigned, review check sheet for that position and assume responsibility for completion of those assignments.)
<input type="checkbox"/>	request activation of Emergency Operations Center if needed
<input type="checkbox"/>	request ham radio personnel as needed
<input type="checkbox"/>	inform Law Group of the security needs
<input type="checkbox"/>	get number of patients from triage group supervisor
<input type="checkbox"/>	record assignments on flow chart

Triage Group Supervisor

Function:	Responsible for management of triage teams
Objective:	Prioritize patients according to severity of injury
Report To:	Operations Section Chief (IC in absence of OSC) (↑G-TAC 1, 2, or 3, ↓G-TAC 1, 2, or 3)
<ul style="list-style-type: none">[] review entire checklist / don vest[] develop a plan of action for triage of patients, obtain triage location from Operations[] designate one or more assistants as needed[] assign additional triage personnel if needed[] supply triage personnel with triage tag kits and EMS supplies[] direct triage personnel to perform primary triage using S.T.A.R.T. Every patient must be tagged, however minor the injuries (if not already completed).[] inform Operations of the number of patients<ul style="list-style-type: none">[] deceased (black tag)[] immediate (red tag)[] delayed (yellow tag)[] minor (green tag)[] dead patients must not be moved unless absolutely necessary[] as personnel become available, assign one person to each dead patient, they stay with dead patient until released by coroner[] obtain the location of the treatment areas from Operations[] advise Operations of the security needs of triage corridor[] develop a plan and acquire personnel for the movement of patients thru the triage corridor to treatment areas[] coordinate the movement of patients thru the triage corridor to the appropriate treatment area[] coordinate with extrication task force, if one is assigned[] assign EMS teams for movement of patients[] inform Operations of any resource needs[] report to Operations when all patients triaged[] report to Operations when all patients moved to treatment[] record assignments on flow chart	

Treatment Group Supervisor

Function:	Responsible for management of treatment teams
Objective:	Coordinate treatment of patients
Report To:	Operations Section Chief (IC in absence of OSC) (↑G-TAC 1, 2, or 3, ↓G-TAC 1, 2, or 3)
<ul style="list-style-type: none"> [] review entire checklist / don vest [] designate an assistant to help if needed [] develop a plan of action for the treatment of patients [] advise operations of personnel needs <ul style="list-style-type: none"> [] number of EMS personnel needed [] number of doctors needed [] number of nurses needed [] additional backboards/EMS supplies [] obtain MPI kit and establish 3 treatment areas and a temporary morgue. Use "cattle chute" design to guide removal crews into areas. Use color coded tarps / signs to identify. [] designate a location for medical supplies (near treatment area) and assign a medical supply officer to receive and distribute supplies (if necessary) [] assign EMS crews to patient care in treatment areas [] have patients re-triaged while they are in treatment areas (upgrade or down grade patients per changes in condition) [] advise Operations of the security needs of treatment area [] inform Operations of potential equipment, supplies, and personnel needs [] coordinate with Transport Group Supervisor when patients are ready for transport (prioritize patients for transport) [] acquire necessary personnel to move patients from treatment to transport [] report to operations when all patients in treatment [] request ham radio personnel as needed [] record assignments on flow chart 	

Transport Group Supervisor

Function:	Responsible for transportation of patients from the scene
Objective:	Coordinate with Medical Control on transportation of patients
Report To:	Operations Section Chief (IC in absence of OSC) (↑G-TAC 1, 2, or 3, ↓Maroon, →White)

- [] review entire checklist / don vest / designate assistant if needed
- [] contact Bozeman Deaconess Hospital Emergency Department/Operations Section Chief for available hospitals and alternate care facilities (may be done by ham radio)
- [] log hospital receiving capabilities on log sheet, update regularly
- [] work with Operations Section Chief to establish the ambulance and air ambulance landing/staging zones and inform the staging area manager of the locations
- [] set up "cattle chute" from patient collection areas to patient loading zone
- [] have check-in/staging area manager direct incoming ambulances to the patient loading zone as requested
- [] assign an air ambulance helispot manager (if necessary)
- [] maximize ambulance loads with patients
- [] direct loaded ambulances to medical facility, tell them they should not contact hospitals unless absolutely necessary
- [] complete the patient transport log for each ambulance or bus/van directed to a hospital facility, keep portion of tag at transport location for ID
- [] inform destination medical facility of the following when an ambulance departs: (may be done by ham radio)
 - ambulance ID
 - age, sex, priorities of patients & number
 - injury of patients (be brief, i.e. head injury)
 - ambulance destination
 - tag number of patients
 - time en route
- [] identify and obtain buses or vans for minor (green) patients (ensure each bus has at least an EMT and radio communications)
- [] keep check-in/staging area manager updated on needs
- [] inform Operations Chief when all patients transported
- [] request ham radio personnel as needed
- [] record assignments on flow chart
- [] coordinate with hospitals when MPI has been terminated

Staging Area Manager

Function:	Manage staged resources
Objective:	Maintain staged resources for immediate deployment
Report To:	Operations Section Chief (IC in absence of OSC) (↑G-TAC 1, 2, or 3, ↓Gold)
<ul style="list-style-type: none"> [] obtain briefing from Operations Section Chief & obtain staging location (if needed) [] co-locate check-in with IC if possible [] review entire checklist [] acquire radio equipment that allows constant and direct communications and monitoring of both the gold channel (for incoming units) and the Operations Section Chief frequency (G-TAC 1, 2, or 3) [] work with Operations to establish a staging area which is accessible and easy to identify (if needed) [] establish radio communications and direct incoming units to a staging area on the gold frequency [] coordinate ambulance flow to ambulance loading zone with Transport Group Supervisor (the Transport Group Supervisor may request that ambulances be sent directly to the ambulance loading zone as soon as they arrive at the staging area.) [] as ambulances, apparatus, and personnel arrive: <ul style="list-style-type: none"> [] log in arrival time on staging resource status sheet [] identify EMT levels [] create personnel pool [] stockpile spare equipment [] send supplies and spare EMT's to treatment area as requested [] <u>never separate driver, ambulance, and stretcher</u> [] distribute ID tags, if needed and available [] keep Operations informed of ambulance, apparatus, personnel, and supply status [] if personnel arrive in private vehicles: <ul style="list-style-type: none"> [] identify EMT level [] distribute ID tag (if available) [] assign to personnel pool [] inform triage group supervisor [] log assignments and departure times on staging resource status sheet, as resources are requested from staging 	

Fire/Rescue Group Supervisor

Function:	Supervise Water, Fire, and Extrication Task Forces
Objective:	Ensure non-EMS related fire tasks are carried out
Report To:	Operations Section Chief (IC in absence of OSC) (↑G-TAC 1, 2, or 3, ↓G-TAC 1, 2, or 3)
<ul style="list-style-type: none"> <input type="checkbox"/> review entire checklist <input type="checkbox"/> size-up, identify problems <ul style="list-style-type: none"> <input type="checkbox"/> develop a plan with Operations <input type="checkbox"/> communicate plan to task forces, be aware of haz-mat problems <input type="checkbox"/> develop a plan to move patients to primary triage <input type="checkbox"/> communicate plans to move patients with extrication teams <input type="checkbox"/> coordinate with extrication teams to ensure smooth patient transfer <input type="checkbox"/> report equipment needs to Operations <input type="checkbox"/> trauma- 1 long backboard per patient <input type="checkbox"/> trauma- 1 c-collar per patient <input type="checkbox"/> trauma- 1 set head immobilizes per patient <input type="checkbox"/> medical- 1 flat stretcher per patient <ul style="list-style-type: none"> <input type="checkbox"/> report personnel needs to Operations <input type="checkbox"/> extrication teams should be made up of the following, when possible: <ul style="list-style-type: none"> 3 firefighters or rescue workers 1 first responder or EMT <input type="checkbox"/> coordinate patient movement plan with Triage Group Supervisor <input type="checkbox"/> obtain triage corridor and treatment area locations from Triage Group Supervisor <input type="checkbox"/> after all patients have been extricated report to Operations for reassignment or rehab of personnel <input type="checkbox"/> identify water needs and routes for water task force <input type="checkbox"/> establish plan of action for fire task force and support their needs <input type="checkbox"/> monitor task forces' statuses every 15 minutes 	

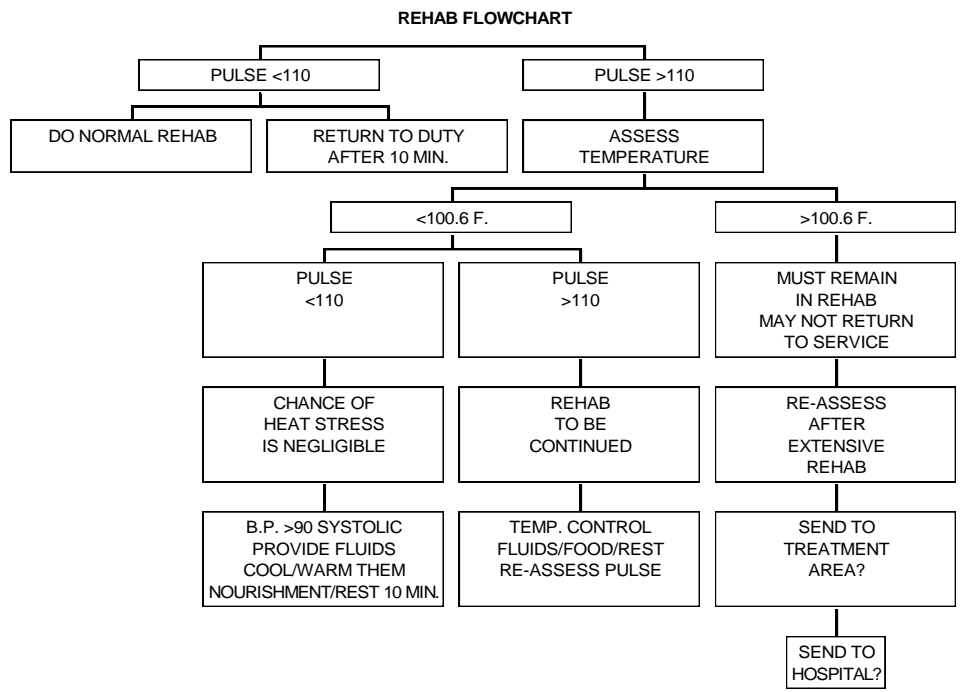
Extrication Task Force Leader

Function:	Supervise personnel performing extrication
Objective:	Free trapped patients based on priority
Report To:	Fire/Rescue Group Supervisor (IC in absence of OSC) (↑G-TAC 1, 2, or 3, ↓Scarlet)
<ul style="list-style-type: none"> [] review entire checklist [] size-up access/disentanglement problems (if any) [] develop a plan to access patients (if necessary) [] communicate access plan to access teams, be aware of haz-mat problems [] develop a plan to move patients to triage [] communicate plans to move patients with extrication teams [] coordinate with extrication teams to ensure smooth patient transfer [] report equipment needs to Operations <ul style="list-style-type: none"> [] trauma- 1 long backboard per patient [] trauma- 1 c-collar per patient [] trauma- 1 set head immobilizes per patient [] medical- 1 flat stretcher per patient [] report personnel needs to Operations [] extrication teams should be made up of the following, when possible: <ul style="list-style-type: none"> 3 firefighters or rescue workers 1 first responder or EMT [] coordinate patient movement plan with Triage Group Supervisor [] obtain triage corridor and treatment area locations from Triage Group Supervisor [] after all patients have been extricated, report to Operations Chief / IC for reassignment or rehab 	

Rehabilitation Manager

Function:	Rehabilitates emergency crews
Objective:	Ensure crews are capable of returning to operational status
Report To:	Operations Section Chief (IC in absence of OSC) (↑G-TAC 1, 2, or 3, ↓G-TAC 1, 2, or 3)

- [] notify Operations when rehab is in service, don vest
- [] locate rehab area near main action area (near SCBA change area if a fire incident)
- [] obtain equipment/supplies to operate the rehab sector as necessary
 - [] radio [] salvage covers [] traffic cones (4) [] oxygen
 - [] log sheets [] stretcher [] water/cups
 - [] b.p. cuffs & stethoscopes [] nourishment [] chairs
 - [] activity drinks [] thermometers [] triage tags
 - [] towels [] trauma kit [] lights
- [] cold weather supplies: blankets, hot packs, wind break, etc.
- [] have Operations announce the rehab location
- [] work with Groups to divert personnel to the rehab location
- [] log in, assess, and log out all personnel seen in rehab
- [] request food support service, if long term operation
- [] notify Triage Group Supervisor if treatment of personnel is necessary (do triage if necessary)
- [] notify appropriate agency's command officer if personnel are sent to a hospital
- [] recycle rehabilitated personnel to staging/resource pool



Safety Officer

Function:	Ensures safety of responders
Objective:	Evaluate and ensure safe operating practices in coordination with Operations Chief
Report To:	Incident Commander (↑G-TAC 1, 2, or 3)
<ul style="list-style-type: none">[] participate in planning meetings[] exercise emergency authority to stop and prevent unsafe acts[] investigate accidents that have occurred within the incident area[] review and approve the medical plan[] develop haz-mat site safety plan as required[] proper protective clothing is being worn[] identify hazardous situations associated with the incident restricted or "hot" zones are established and policed[] tired personnel are sent to "rehab" (has direct authority to do so but must go through IC)[] safe operations are underway and corrects unsafe operations[] EMS personnel do not enter hazardous areas unprotected or alone[] patients are properly covered during extrication[] found hazards are removed, marked, or neutralized (e.g. unused tools; loose air hoses; holes in the ground...)[] adequate lighting (and heat for patients) is available[] safety briefings given to personnel <p>Personnel will be "staged" or "pooled together" if not yet needed. Unassigned personnel will find "something to do" or move to a "look-out" area, which is often too close to a hazardous scene. Anticipate and prevent "free-lancing" or "wandering movement" potential of unassigned personnel.</p>	

Public Information Officer

Function:	Provide external public information
Objective:	Provide timely information and serve as external contact for incident
Report To:	Incident Commander (↑G-TAC 1, 2, or 3)
<p>Only one information officer will be assigned for each incident, including incidents operation under unified command and multi-jurisdiction incidents. The information officer may have assistants as necessary, and the assistants may also represent assisting agencies or jurisdictions.</p> <ul style="list-style-type: none">[] determine from Incident Commander if there are any limits on information release[] the names and number of dead patients is released only by the coroner[] develop material for use in media briefings[] obtain Incident Commander approval of media releases[] inform media and conduct media briefings[] arrange for tours and other interviews or briefings that may be required[] obtain media information that may be useful to incident planning[] maintain current information summaries and/or displays on the incident and provide information on status of incident to assigned personnel[] maintain activity log	

Law Enforcement Group Supervisor

Function:	Supervise law enforcement
Objective:	Carry out necessary security and scene preservation/ investigation
Report To:	Operations Section Chief (IC in absence of OPS) (↑G-TAC 1, 2, or 3, ↓Silver)
<ul style="list-style-type: none">[] receive briefing from Operations Section Chief[] create an incident action plan in cooperation with the Operations Section Chief<ul style="list-style-type: none">[] isolate / protect the incident area[] control crowd[] traffic control[] control access[] order additional resources / call back / posse, etc. as needed[] brief subordinates on mission plan and assign positions[] establish scene perimeters in cooperation with the Incident Commander/Operations[] identify special equipment needs (road barricades, cones, etc.)[] attend incident briefings[] plan for evacuation if circumstances warrant[] assure that jurisdiction for investigation is notified[] assess the need for critical incident stress team and activate if necessary[] assess the need for mental health/chaplain services. Chaplain will acquire additional resources as needed for victims, relatives, etc.[] coordinate with the coroner regarding deceased individuals[] track resources on standard form	

Morgue Manager

Function:	Manage black patients
Objective:	Facilitate removal and storage in conjunction with the Coroner
Report To:	Law Enforcement Group Supervisor (↑Silver)
<ul style="list-style-type: none">[] assess resource/supply needs and order as needed[] coordinate all morgue area activities[] keep area off limits to all but authorized personnel[] coordinate with law enforcement and assist the coroner's office as necessary[] coordinate with triage group supervisor or designee regarding number of deceased individuals[] contact V.K. Putman Inc for refrigerator trucks if needed (phone 388-████████)[] keep identity of deceased persons confidential[] contact funeral homes for additional help and supplies as needed<ul style="list-style-type: none">Cremation or Funeral Gallery (phone 388-████████)Dokken-Nelson Funeral Service (phone 587-████████)Dahl Funeral (phone 586-████████)Franzen-Davis Funeral Home (phone 222-████████)K and L Mortuaries (phone 285-3341 or 842-████████)Lowry Funeral Home (phone 932-████████)Stenberg Funeral Home (phone 932-████████)Twichel Funeral Home (phone 547-████████)[] contact EOC for additional help and supplies[] maintain appropriate records	

Ham Radio Unit Leader

Function:	Provide Communications
Objective:	Establish communications between incident, EOC, and Hospital
Report To:	Operations Section Chief (IC in absence of OPS)
<ul style="list-style-type: none"><input type="checkbox"/> receive briefing from Operations Section Chief<input type="checkbox"/> confirm need for additional/alternate frequencies<input type="checkbox"/> confirm need for additional radios<input type="checkbox"/> confirm need for additional radio operators<input type="checkbox"/> confirm need for mobile/portable base stations<input type="checkbox"/> confirm need for better antennas<input type="checkbox"/> confirm need for portable repeater<input type="checkbox"/> acquire current weather information and supply to incident command<input type="checkbox"/> provide technical support<input type="checkbox"/> work with Incident Command to determine the need for medical communications coordinator/command post<input type="checkbox"/> establish need for outside area hams<input type="checkbox"/> log assignments and maintain records<input type="checkbox"/> supply personnel and radios as requested by Operations Section Chief to:<ul style="list-style-type: none"><input type="checkbox"/> operations <input type="checkbox"/> hospital<input type="checkbox"/> transport <input type="checkbox"/> EOC<input type="checkbox"/> treatment <input type="checkbox"/> IC	

Copies of this plan kept by:

- American Medical Response
- Amsterdam Fire
- Belgrade Police
- Bozeman Deaconess Hospital
- Bozeman Fire
- Bozeman Police
- Bridger Canyon Fire
- Central Valley Fire
- Clarkston Fire
- Fort Ellis Fire
- Gallatin Canyon Fire
- Gallatin City-County Health Department
- Gallatin County 911 Center
- Gallatin County Emergency Management
- Gallatin County HAM/Search and Rescue
- Gallatin County Sheriff's Office
- Gallatin Gateway Fire
- Gallatin River Ranch Fire
- Manhattan Fire
- Manhattan Police
- Montana State University Police
- Rae Fire
- Sedan Fire
- Sourdough Fire
- Springhill Fire
- Three Forks Ambulance
- Three Forks Fire
- Three Forks Marshall's Office
- West Yellowstone Fire
- West Yellowstone Police
- Willow Creek Fire
- Yellowstone Club Fire

MPI QUICK LOOK GUIDE

Engine Companies

First Company On Scene

ESTABLISH INCIDENT COMMAND

- Declare “MPI”
- Give size up, including approximate number of patients and general condition
- Request resources (retype call as MPI with dispatch and assign alarm level)
- Establish radio frequencies (IC on G-TAC 1, 2, or 3, check-in on gold)
- Stabilize incident hazards, establish hot zone for PPE if needed
- Establish traffic patterns and staging areas for ambulance and fire apparatus
- Confirm hospital notification
- Begin START Triage
- Determine treatment areas: **Immediate** / **Delayed** / **Minor**

START:

Respirations: > 30

Perfusion: Cap Refill >2 sec.

Mentation: Cannot follow simple commands

Second Company On Scene

ESTABLISH TRIAGE GROUP

- Check-in
- Company officer receives report from initial triage team
- Most experienced and qualified member becomes Triage Group Supervisor
- Crew becomes triage team and begins moving patients to treatment areas

Third Company On Scene

ESTABLISH OR JOIN TREATMENT GROUP

- Check-in
- Respond to Treatment Areas: **Immediate** / **Delayed** / **Minor**
- Designate treatment areas by using colored salvage covers or other appropriate materials.
- ID an Area for Supply

MPI QUICK LOOK GUIDE

Ambulances

First Ambulance On Scene

- Check-in

Depending on the type of incident and preference of the Incident Commander, options include:

- **ESTABLISH OR JOIN TREATMENT GROUP**
 - Split crew for immediate and delayed
 - Utilize ambulance for initial supplies
- **ESTABLISH OR JOIN TRANSPORT GROUP**
 - Transport Group Supervisor coordinates with Triage/Treatment Group Supervisor
 - Transport Group Supervisor requests additional ground transportation resources through dispatch and/or the EOC
 - Transport Group Supervisor contacts BDH and requests locations to send patients if needed
- Transport patients (may possibly become the last ambulance to transport once transport group and/or treatment group duties are filled)

Second Ambulance On Scene

- Check-in

Depending on the type of incident and preference of the Incident Commander, options include:

- **ESTABLISH OR JOIN TRANSPORT GROUP**
 - Transport Group Supervisor coordinates with Triage/Treatment Group Supervisor
 - Transport Group Supervisor requests additional ground transportation resources through dispatch and/or the EOC
 - Transport Group Supervisor contacts BDH and requests locations to send patients if needed
- Transport patients

Additional Ambulances Arriving On Scene

- Check-in
- In the absence of a pre-arrival assignment, report to the following:
 - 1) **Ambulance Staging.** If not established, report to:
 - 2) **Transport Group Supervisor.** If not activated, report to:
 - 3) **Operations Section Chief.** If not activated, report to:
 - 4) **Incident Commander.**

MPI QUICK LOOK GUIDE

Chief Officers

<i>First on scene:</i>	INCIDENT COMMAND
<i>Second on scene:</i>	OPERATIONS SECTION CHIEF
<i>Third on scene:</i>	LOGISTICS SECTION CHIEF