NORTH CENTRAL CMED FIELD COMMUNICATIONS MANUAL

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INTRODUCTION

- Statement of Purpose
- CMED Utilization Statement
- Cell Phone Use Guideline
I. INTRODUCTION

A. STATEMENT OF PURPOSE

The purpose of this Field Operations Manual is to provide a guideline for the uniform operations of the North Central CMED communications system. By adhering to the guidelines contained herein, the exchange of information between system users will be expedited in a rational manner, consistent with sound medical and public safety practices. The contents of this manual are in accordance with the rules and regulations of the Federal Communications Commission.

This Field Communications Manual addresses daily communications protocols, hospital communications including patch requests, Mass Casualty Incident communications procedures, and Regional communications policies. North Central CMED’s utmost concern is to provide the pre-hospital and hospital users with the most efficient and reliable communications system possible.

This edition of the Field Operations Manual has been divided into sections pertaining to the NCCMED System, EMS Providers, Hospitals, and 9-1-1 PSAPs. New sections of interest to all include RESP Plan Activation (formally RED Plan), RICCS, STEMI Alert, Stroke Alert, and NCCMED Region 3 MCI Guidelines.

Comments and/or recommendations regarding the contents of the manual are welcomed. We hope that this Field Communications Manual will serve as an important tool to enhance your E.M.S. communications.

Respectfully,

Betty Morris
Director
North Central CT EMS Council
North Central CMED
I. INTRODUCTION

B. CMED UTILIZATION STATEMENT

North Central Connecticut E.M.S. Council
Position Statement
For the Standardized Utilization of the North Central CMED System

The Regional Coordinated Medical Emergency Direction, (CMED), Communications System has proven to be the backbone of pre-hospital Emergency Medical Services. Daily, hundreds of patients are affected by this system that links the pre-hospital providers in the field to the nurses and physicians at the sponsor and receiving hospitals. In the event of Mass Casualty Incidents, the CMED system also serves to coordinate E.M.S. resources to provide better patient care plus decrease mortality and morbidity.

North Central CMED serves as the primary means of communication between the pre-hospital providers in the field and the Emergency Department physician for medical direction. In addition, it is recognized that North Central CMED:

- Is the main coordination point for E.M.S. patches between ambulances and the hospital emergency departments of the north central region, Region 3.

- Serves as an important link for quick, direct inter-facility communication between Emergency Departments in the north central region.

- Is the main coordination point for EMS units in Region 3 during Mass Casualty Incidents / Disasters. North Central CMED will serve to coordinate EMS response and assist in coordinating the dispersal of patients to area hospitals.

- Is the Region 3 pre-designated primary regional CMED for the CT Forward Movement of Patients Plan, with responsibility for the overall coordination and management of patient transport throughout an incident.

- Is the call center for Critical Incident Stress Debriefing Team (CISD).

Standardized utilization of the North Central CMED System can be obtained by following the guidelines contained in the *North Central CMED Field Communications Manual*. The concepts contained therein provide the standardized operational procedures for hospitals and pre-hospital providers:
• To encourage the standardized utilization of the communications system, it is recommended that EMS providers adhere to and train their staff in the operational procedures contained within the *North Central CMED Field Communications Manual*.

I. INTRODUCTION (continued)

• To facilitate quality communication between the physician and pre-hospital provider, it is strongly recommended that all emergency department physicians complete a recognized course in EMS radio operations and medical direction.

• Cellular telephones are recognized as a backup technology to be used as defined by the Office of Emergency Medical Services guidelines. These specify to contact the regional CMED system for telephone patching, or directly to the sponsor hospital in case of CMED system failure.

In recognition of the benefits received through the Regional CMED System, the Members of the Medical Advisory and Communications Committees of the North Central Connecticut Emergency Medical Services Council, Inc., endorse the standardized utilization of North Central CMED by EMS providers and hospitals in the north central region of Connecticut.

\*cmedutil.wpd  ADOPTED: June 1995
C. CELL PHONE USE GUIDELINES

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES
Office of Emergency Medical Services

CELLULAR TELEPHONES ARE ACCEPTABLE FOR EMS USE ONLY UNDER THE FOLLOWING CONDITIONS:

1. Cellular telephone technology may be used only for the purpose of communications with hospitals and medical facilities through Medical Communications Coordination Centers (MCCC) for the purposes of medical direction and notification. Routine communications including dispatch will be accomplished by normal radio and telephone systems and not the cellular telephone.

2. The Provider agrees that it will call the MCCC for all patching into a hospital or medical facility and that it will not call any hospital directly for the purpose of receiving medical direction or notifying a hospital of the Provider’s pending arrival. In addition, the Provider agrees to maintain its UHF medical communications radio equipment in working order.

3. The MCCC which serves the Provider for the purpose of medical communication coordination will have either a “roll-over” switching capability for incoming calls or will provide a dedicated telephone circuit for the receipt of cellular telephone calls. In addition, the MCCC agrees to tape record all cellular telephone calls which are placed in accordance with this policy.

4. The cellular telephone that will be used will have “speed call” capability and, if required by the sponsor hospital, will be capable of transmitting biomedical telemetry.

5. Any service that wishes to use cellular phone(s) must receive permission from OEMS.
SECTION II.
NORTH CENTRAL CMED SYSTEM

- CMED System Description
- CMED System Map
II. NORTH CENTRAL CMED SYSTEM

A. CMED SYSTEM DESCRIPTION

North Central C-MED operates on UHF (Ultra-High Frequency) two way radio system having full-duplex and biomedical telemetry capabilities. This technology allows for the hospital and field radios to communicate with each other through the CMED Center. The emergency departments’ communication equipment and the system’s base stations are connected to the CMED console via leased telephone circuits and microwave antenna systems. This technology allows multiple patches simultaneously, without interference or unnecessary delay.

The North Central CMED system uses a continuous tone-controlled squelch system, (CTCSS), frequency of 118.8 Hz. North Central CMED can also be accessed on Med-10, the common statewide calling channel, by using a CTCSS frequency of 210.7 Hz. Mobile units from outside the region that are equipped with the CTCSS frequency of 210.7 Hz, are capable of accessing North Central CMED on Med-10.

North Central CMED Utilizes Med 10 as the main coordination channel in the North Central CMED region. Med 9 is utilized as a secondary regional coordination channel at the discretion of the CMED Management. Med 1 through 8 are assigned to EMS providers at the direction of the CMED communicator for direct communications (patching) to hospital emergency departments in the north central Connecticut region, intercept coordination, MCI channel assignments, and special EMS operations.

All EMS providers should contact the appropriate Communications Center for patches to hospitals that are outside the North Central CMED system.

North Central CMED will assist EMS providers with communications to hospital emergency departments that are outside the north central Connecticut region. However, EMS providers must realize that the integrity and the quality of the communications link is compromised as users go outside the North Central CMED coverage area.

North Central CMED is also licensed on four additional tactical channels. Med Tac 1 and Med Tac 2 are assigned to local EMS dispatch operations in accordance with the regional and state communications plans. Med Tac 3 and Med Tac 4 may be assigned to EMS providers at the direction of the CMED communicator for the following:

MED TAC 3 & 4:
Traffic Incident Management System          Wide Area notifications
Daily announcements                          CMED System Administration Channel
II. NORTH CENTRAL CMED SYSTEM (continued)

Base stations and antennas are located at the UCONN Health Center, Farmington. Additional base station and antenna sites are located on Avon Mountain, Avon, and Box Mountain, Vernon. The Med-3, Med-5, Med-6, Med-8, Med-9, Med-10, Tac-1, Tac-2, Tac-3, and Tac-4 base stations are repeaterized.

Hospital remote terminals are installed in each hospital emergency department. These hospital remote terminals have two-way voice, and in some cases, biomedical telemetry capability. All operating controls for these terminals are located at the CMED Center, thus freeing hospital personnel from the necessity of constantly monitoring the radio and selecting the proper frequency.

Hospitals currently served by the North Central CMED System are:

- Hospital of Central CT, Southington (voice only)
- Bristol Hospital, Bristol (voice only)
- Connecticut Children’s Medical Center, Hartford (voice only)
- John Dempsey Hospital, Farmington (voice only)
- Hartford Hospital, Hartford (voice and telemetry)
- Manchester Memorial Hospital, Manchester (voice only)
- Hospital of Central CT, New Britain (voice and telemetry)
- Saint Francis Medical Center, Hartford (voice only)

North Central CMED is licensed to operate the following channels and frequencies:

- MED-1 (463.000/468.000 MHZ; primary voice and telemetry)
- MED-2 (463.025/468.025 MHZ; primary voice and telemetry)
- MED-3 (463.050/468.050 MHZ; primary voice and telemetry)
- MED-4 (463.075/468.075 MHZ; primary voice and telemetry)
- MED-5 (463.100/468.100 MHZ; primary voice and telemetry)
- MED-6 (463.125/468.125 MHZ; primary voice and telemetry)
- MED-7 (463.150/468.150 MHZ; primary voice and telemetry)
- MED-8 (463.175/468.175 MHZ; primary voice and telemetry)
- MED-9 (462.950/467.950 MHZ; local dispatch and car-to-car)
- MED-10 (462.975/467.975 MHZ; regional coordination)
- TAC-1 (453.025/458.025 MHZ; local/regional dispatch)
- TAC-2 (453.075/458.075 MHZ; local/regional dispatch)
- TAC-3 (453.125/458.125 MHZ; special E.M.S. operations)
- TAC-4 (453.175/458.175 MHZ; special E.M.S. operations)
II. NORTH CENTRAL CMED SYSTEM (continued)

B. CMED SYSTEM MAP
SECTION III.
STANDARD PROCEDURES / EMS PROVIDERS

- General Policies
- Radio Contact Procedures
- Ambulance to Hospital Radio Reports
- Patient Care Report Guidelines
- Online Medical Control Guidelines
- CMED Contact Capabilities
- Hospital Diversion Guidelines
III. STANDARD PROCEDURES / EMS PROVIDERS

A. GENERAL POLICIES

1. The main hailing channel in the North Central Region is “Med 10”. All communications between an ambulance and the CMED Center will take place over Med 10 until another channel is assigned by the CMED communicator.

2. The Med 10 channel is designed to hail the CMED Center, report unit status, and receive Med Channel assignments. **Lengthy or highly detailed transmissions are not appropriate over Med 10.** If a field unit has a special request or needs to transmit detailed information to the CMED communicator, then the CMED Center should be hailed on Med 10 and a Channel assignment requested to talk with the CMED communicator.

3. All radio transmissions should be brief, to the point, and in accordance with Federal Communications Commission Guidelines.

4. All radio transmissions will refer directly to EMS operations and the rendering of emergency medical care. CMED frequencies are **not** to be used for general “chit chat” between units.

5. CMED is the control point for all conversations and transmissions.

6. All system users will **LISTEN** first before keying their microphones in order to avoid interference with other transmissions.

7. Communications will be impersonal and professional and in plain English. Proper names are not to be used.

8. Military time, (twenty-four hour time), will be used.

9. All vehicles authorized to use the system will be referred to by the appropriate unit identification number, as outlined in **Appendix A.**

10. Intercept and mutual aid communications are to be coordinated through the CMED Center. Units requiring a frequency for unit to unit communications must request a channel assignment through CMED. **Unit to Unit communications is NOT to be**
conducted over the Med 10 frequency.

III. STANDARD PROCEDURES / EMS PROVIDERS (continued)

11. Cellular telephones should be used in accordance with the Connecticut Office of Emergency Medical Services guidelines. They recommend that cellular telephones be used to call a CMED Center for processing hospital patch requests when normal radio communications are unavailable. The North Central CMED phone number is (860) 769-6051 or (860) 769-6052.

12. Radio checks may be requested by field units, with consideration given to the volume of CMED radio traffic at the time of the request.

13. All communications will be taped. Requests for CMED tape recordings will be made in accordance with the CMED Tape Request policy.

14. Medical control orders in the North Central Region should be requested from the receiving hospital, or in the case of a no transport, from the Paramedic’s Sponsor Hospital.

15. All EMS response units responding to EMS calls in the North Central CMED Region, will contact North Central CMED on Med Channel 10, (P.L. 118.8). They should report the nature of the call, response town and address. These units will also contact North Central CMED upon:

- Arriving at the scene of the call.
- Changing of call status such as canceled, patient refusal, patient assist, unfounded, or DOA.
- Transporting of patient(s) to any hospital or receiving facility.
- Requesting a Patch
- Arriving at the destination hospital or receiving facility.
III. STANDARD PROCEDURES / EMS PROVIDERS (continued)

B. RADIO CONTACT PROCEDURES

The following are examples of the different stages of communications between field response units and North Central CMED:

1. **RESPONDING TO A CALL** *(Unit number, nature, and town)*
   - Unit: "North Central CMED from Seventeen Unit One"
   - CMED: "Seventeen Unit One, Go Ahead"
   - Unit: "North Central CMED, Seventeen Unit One is responding to a medical emergency in Bristol"
   - CMED: "Seventeen Unit One, you are responding at 19:30"

2. **ARRIVING AT THE SCENE**
   - Unit: "North Central CMED from Five Zero Six Alpha Two"
   - CMED: "Five Zero Six Alpha Two, go ahead"
   - Unit: "North Central CMED, Five Zero Six Alpha Two is on scene"
   - CMED: "Five Zero Six Alpha Two you are on scene at 18:22"

3. **CHANGE OF STATUS** *(Transporting, canceled, patient assist, refusal, DOA, etc.)*
   - Unit: "North Central CMED from One Six Four Mike Two"
   - CMED: "One Six Four Mike Two, go ahead"
   - Unit: "North Central CMED, One Six Four Mike Two is transporting to Saint Francis Hospital"
   - CMED: "One Six Four Mike Two, you are transporting at 09:25"

4. **REQUESTING A PATCH**
   - Unit: "North Central CMED from Nine Zero One Alpha One"
   - CMED: "Nine Zero One Alpha One, go ahead"
   - Unit: "North Central CMED, Nine Zero One Alpha One is requesting a Priority Two patch into Hartford Hospital with Medical Control"
   - CMED: "Nine Zero One Alpha One, go to Med 8 and acknowledge, at 10:55"
   - Unit: "North Central CMED, Nine Zero One Alpha One is standing by on Med 8" *(CMED will execute the patch as traffic permits)*...
   - CMED: *(Sends alert tone to hospital...), "Hartford Hospital, North Central CMED calling"
   - Hospital: "North Central CMED, this is Hartford Hospital"
   - CMED: "Hartford Hospital, stand by for Nine Zero One Alpha One, Priority Two,
requesting an MD for Medical Control... "North Central CMED to Nine Zero One Alpha One, Hartford Hospital is on line, stand by for MD."

III. STANDARD PROCEDURES / EMS PROVIDERS (continued)

5. ARRIVING AT DESTINATION (Hospital or receiving facility)

Unit: "North Central CMED from Two Three Bravo One"
CMED: "Two Three Bravo One, go ahead."
Unit: "North Central CMED, Two Three Bravo One is arriving at John Dempsey hospital"
CMED: "Two Three Bravo One, You are arriving at John Dempsey hospital at 14:40."

C. AMBULANCE TO HOSPITAL RADIO REPORTS

On a daily basis, CMED Center’s primary role is to provide the communications link between the ambulance and a hospital emergency department. This ambulance to hospital radio report is commonly referred to as a “patch”. There are four basic steps to requesting a patch.

1. Ambulance Unit Identifies itself to CMED on Med Channel 10.
2. Identify the hospital to be contacted.
3. Give proper patch priority code from the list below
4. State if Medical Control is needed.

Purpose of CMED Radio Reports (to be referred to as “Patch”):
EMTs and Paramedics must always keep in mind the true reason for ambulance to hospital CMED patches. A CMED patch is not to be used as an indication of how fast you transport your patient to a hospital. A CMED patch is a tool that is utilized by the Emergency Department to triage a patient before arrival at the hospital. The patch provides pertinent information needed by the Emergency Department to allocate appropriate resources and staff to the arriving patient. The CMED patch is also a tool used to initiate a dialogue between the EMS provider in the field and the Emergency Department physician and nurse. The information transmitted in a CMED patch will help insure optimal patient care upon arrival at the hospital.

Types of CMED Patches:
North Central CMED recognizes 2 types and 3 priorities of ambulance to hospital CMED Radio Patches. The two types of CMED patches are:

1) CMED Patch requiring Medical Control, and
2) CMED Patch which provide an **Entry Notification**.

### III. STANDARD PROCEDURES / EMS PROVIDERS (continued)

**Medical Control CMED Patch:**
A medical control CMED Patch is used when an Advanced Life Support EMS provider is required to speak with an MD to obtain permission to perform any advanced life support procedure. This type of CMED Patch is also requested when an ALS provider needs to speak with an MD to consult on treatment above and beyond, or in addition to, standard protocols or procedures. Finally, Medical Control CMED Patch is used by all levels of EMS provider to speak with a physician to request the termination of CPR and/or to have a patient declared DOA.

**Entry Notification CMED Patch:**
An entry notification CMED Patch is used to advise the Emergency Department of a patient’s condition and procedures/treatments performed. A CMED Patch is utilized when there is no need to speak with an MD for orders. The entry notification can also be used to request that certain hospital resources are available upon the ambulance’s arrival at the hospital. (i.e.: cardiac monitor, security officers standby, or lift assist, etc.)

Once any advanced life support procedures have been initiated, the receiving hospital should be contacted so they are provided with information needed for patient triaging and resource allocation.

**CMED Patch Priorities:**
A CMED Patch priority should not be confused with a transport priority. A CMED Patch priority should reflect the patient’s current condition and the level of care that may be required at the Emergency Department.

**Priority 1: Immediate Life Threatening Emergencies**
Cardiac arrest; Respiratory arrest; Unstable chest pain; Acute respiratory distress; Anaphylaxis; Unconscious (medical or trauma); Shock; Multi system trauma with shock; Severe burns; Electrocution; Drowning; Status Epilepticus; other immediate life threatening emergencies.

**Priority 2: Potential Life Threatening Emergencies**
Stable chest pain; Mild to moderate respiratory distress; Trauma without shock; Altered mental status with stable vital signs; Burns <20%BSA 2nd or 3rd degree; Uncomplicated seizures; other potential life threatening emergencies.
Priority 3: Non Life Threatening Injuries
Minor burns; Lacerations requiring sutures; Uncomplicated Fractures; Psychiatric incidents; ETOH intoxication; other non life threatening emergencies.

III. STANDARD PROCEDURES / EMS PROVIDERS (continued)

Note: The following hospitals do not require Priority 3 patches. However, if the request is made, CMED will process the request.

- Connecticut Children’s Medical Center
- Hartford Hospital
- Hospital of Central CT, New Britain

D. PATIENT CARE REPORTING GUIDELINES

The patient information contained in the patch should be transmitted in accordance with the Patient Care Reporting Guidelines below. When all necessary information and/or instructions are exchanged, the hospital will clear the channel first, followed by the field unit. When the hospital and the field unit have cleared the channel, CMED will disengage the patch. The field unit will return to Med 10.

FIELD TO HOSPITAL PATCH

A. Entry Notification
   1. State hospital name, unit number, EMT/Paramedic name or number
   2. State ETA and receiving facility
   3. State patient age and sex
   4. State patient status and vital signs
   5. Brief description of medical problem/injury (include level of consciousness and any other essential findings)

B. Request for On-Line Medical Control (Physician)
   1. State hospital name, unit number, EMT/Paramedic name or number
   2. Establish direct physician contact
      (Verify physician is online and request MD number)
   3. State ETA and receiving facility
   4. State patient age and sex
   5. State patient status and vital signs
   6. State critical findings, define issues, and request orders as needed.
      (Paramedic/Physician dialogue)
III. STANDARD PROCEDURES / EMS PROVIDERS (continued)

E. ONLINE MEDICAL CONTROL GUIDELINES

1. The M.I.C. Unit will request a patch to the hospital they are transporting to. Only the receiving hospital will give online medical control orders.

2. Let the CMED Operator know that you require a Physician for a Medical Control patch.

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NORTH CENTRAL CT EMS COUNCIL POLICY FOR REGIONAL ON-LINE MEDICAL DIRECTION

The undersigned agree to the following:

1. Off-line medical direction for all MIC personnel is the responsibility of the sponsor hospital medical director when transporting the patient to that hospital and according to the patient treatment protocols of service’s sponsor hospitals. The undersigned MIC medical directors agree to respect the standing orders of the participating hospitals.

2. On-line medical direction for all MIC personnel will be given by the destination hospital.

3. Any on-line order will have the physician responsible for the order sign the patient care form. The physician who gives any on-line medical order is responsible for signing the patient care form.

4. All other operational issues requiring on-line medical direction will be processed by the service’s sponsor hospital.

5. When the destination hospital is different from the service’s sponsor hospital, it is necessary to preserve continuity in quality assurance for MIC personnel. Therefore, the sponsor hospital will require the provider service to supply the necessary documentation (i.e., patient care forms) and other appropriate information to both the destination hospital and the service’s sponsor hospital.

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Participating Hospitals

Hospital of Central CT, Southington        Bristol Hospital
Connecticut Children’s Medical Center     Hartford Hospital
III. STANDARD PROCEDURES / EMS PROVIDERS (continued)

6. Special Considerations for Administering Narcotics as an On-line Medical Order:

- The pharmacy at the participating hospitals will maintain signatures of all physicians giving on-line medical direction.

- When narcotics are given as an on-line medical order, the physician responsible for the order will sign the MIC personnel’s patient care form and the sponsor hospital’s narcotics sheet.

- Narcotics will be replaced/wasted at the service’s sponsor hospital in accordance with the policy developed by the sponsor hospital for medical direction.

This policy will be reviewed and approved annually. The physician signatures list will be updated and provided to the pharmacies on an annual basis.

Policy Approved and Effective November 1, 1997

C:\macrecor.wpd
III. STANDARD PROCEDURES / EMS PROVIDERS (continued)

F. CMED CONTACT CAPABILITIES

In addition to providing ambulance to hospital communications to the hospitals in the North Central Region, North Central CMED System can provide the following communications upon request:

- CMED patch to Connecticut Poison Control Center.
- CMED patch to Hospital from patient’s bedside via telephone.
- CMED patch to Johnson Memorial or Rockville General Hospitals.
- CMED patch to your local dispatch center.
- Request for ALS Intercept.
- Request to cross talk with another field unit over the CMED system.
- Request to cross talk to other Agencies; State Police, Fire, DOT, DPH, RICCS
- CMED Case Number and response times for your EMS call if processed through CMED.

(Contact CMED on Med 10, or via telephone at (860) 769-6051, (860) 769-6053 to request these services.)
III. STANDARD PROCEDURES / EMS PROVIDERS (continued)

G. HOSPITAL DIVERSION GUIDELINES

Hospitals in the North Central Region have agreed to a standardized Diversion Protocol. A Hospital Diversion occurs when a hospital’s resources or ability to treat certain patients has been temporarily compromised. By diverting a patient to another hospital, the emergency medical system provides optimal rendering of care for all patients entering the system.

Before any hospital can declare a diversion status, at least one other hospital in the region must agree to accept the diverted patients. The following guidelines apply to all diversions in the North Central region:

1. All Hospital Diversions will be coordinated through the North Central CMED Center.

2. The following categories of Hospital Diversions are recognized in the region:
   - Cardiac Monitor Diversion
   - CT Scan Diversion
   - ER Diversion
   - Psychiatric Diversion
   - Trauma Diversion

3. CMED will make an announcement over Med 10 when a hospital is on diversion.

4. CMED will notify EMS Providers in the normal service area of a hospital when that hospital is on diversion.

5. CMED will provide information on which hospital(s) will accept the diverted patients.

6. The status of all hospitals on diversion will be updated every 4 hours.

7. EMS units are urged to patch into a hospital early and consult with a physician if there is any doubt whether the patient fits into a diversion category.

8. A hospital CANNOT refuse a critically ill patient regardless of the hospital’s
diversion status.

H. ST FRANCIS HOSPITAL STEMI FIELD ACTIVATION PROTOCOL

Field Units be sure to advise CMED: “This is a STEMI Activation,” when requesting a medical control patch

This STEMI Field Activation Protocol applies to ST Francis Hospital Only

MEMO: TO ALL ED STAFF
FROM: STEVEN WOLF, MD
DATE: OCTOBER 8, 2007
RE: STEMI FIELD ACTIVATION PROTOCOL

The department of Cardiology has agreed to recognize paramedic interpretation of a STEMI in the field to activate the Cath lab. We have worked for over a year to implement transmission capability of field ECGs, but the technology is difficult, expensive and unreliable. Field interpretation appears to make the most sense to save significant time off door to balloon time. When interpretations have been called in to the ED, significant time has been saved. This would go far beyond that.

This protocol is effective today but will take some time to implement with all the services.

Protocol:

The C-MED operators will either radio in that medical control is requested, or the transporting paramedic will ask to speak with the ED physician.

The transporting paramedic will go over his findings with the ED Physician. If there is reasonable certainty on the part of both parties that a STEMI is present, the Cath lab will be activated along with the interventionalist as per protocol.

We need to make sure the pre-hospital ECG with the patients name on it becomes part of the medical record for audit purposes. However, on arrival to the ED, our own ECG must be performed so that there is an electronic record of the ECG. Additionally, we should always document in our record the time of the SF ECG from which you are making your diagnosis (as well as the pre-hospital one).

LBBB, LVH with strain, aberrant conduction are problematic and probably subject to the most
reader error. Minimal criteria should be >1mm ST (one box) elevation in 2 or more leads. When discussing the reading with the paramedic, try to eliminate those problematic variations. If there is significant doubt, don’t activate the system until the patient arrives but have everything ready to go in an expedited manner.

SECTION IV.
STANDARD PROCEDURES / HOSPITALS

- General Policies
- CMED Radio Alert Tones
- Hospital Communications
- Diversion Notification Procedures
IV. STANDARD PROCEDURES / HOSPITALS

A. GENERAL POLICIES

1. All radio transmissions through the CMED system should be brief, to the point, and refer directly to EMS operations and the rendering of emergency medical care. All transmissions should be in accordance with Federal Communications Commission Guidelines.

2. CMED is the control point for all ambulance to hospital conversations and transmissions.

3. Communications will be impersonal, professional and in plain English. Proper names should not be used.

4. All communications will be taped. Requests for CMED tape recordings will be made in accordance with the CMED Tape Request policy.

5. Physicians providing online Medical Direction should identify themselves to EMS personnel using their hospital assigned Physician ID number.

6. Medical control orders in the North Central Region should be requested from the receiving hospital, or in the case of a no transport, from the Paramedic’s Sponsor Hospital.

7. Upon declaration of a Mass Casualty Incident Paramedics operate on standing orders. (See Region 3 MCI Protocol Section of this Manual)

8. CMED will conduct weekly hospital roll calls on Monday, Wednesday, and Friday.

9. Upon request, CMED will broadcast Special Announcements of interest or importance to EMS Providers over the CMED System. (Special Announcements include but are not limited to: Hospital Access concerns, EMS Training announcements/cancellations, public health advisories for EMS providers, etc.)

10. Upon request, CMED can provide direct hospital to hospital ER communications links through the CMED radio console. This communication is on a hardwired system that cannot be monitored by radio scanners.
11. All requests for Hospital Diversion in the North Central Connecticut Regional are to be coordinated through the North Central CMED Center.

12. Military time, (twenty-four hour time), will be used.

IV. STANDARD PROCEDURES / HOSPITALS (continued)

B. CMED RADIO ALERT TONES

North Central CMED uses a series of “Alert Tones” to alert the hospitals of incoming radio transmissions. Each tone used has a unique sound and meaning.

Alert Tone 1: (Steady Tone) - Used to advise hospitals of an incoming Basic Life Support entry notification report.

Alert Tone 2: (Hi-Lo Tone) - Used to advise hospitals of an incoming request to speak with a physician for online Medical Control orders.

Alert Tone 3: (Beeping Tone) - Used to advise hospitals of an incoming special announcement.
IV. STANDARD PROCEDURES / HOSPITALS (continued)

C. HOSPITAL COMMUNICATIONS

1. HOSPITAL-TO-HOSPITAL COMMUNICATIONS
In the event that one hospital Emergency Department needs to contact another hospital Emergency Department, utilize the following procedures:

A. Pick up the radio unit handset and contact CMED.
B. Identify yourself and your hospital when CMED responds.
C. State your request to the CMED communicator.
D. Inform the CMED communicator of the nature for your patch request.

Example: John Dempsey Hospital is requesting to speak with Hartford Hospital.

John Dempsey: "North Central CMED, this is John Dempsey Hospital"
CMED: "John Dempsey Hospital, North Central CMED is on, Go ahead"
John Dempsey: "North Central CMED, John Dempsey is requesting a channel to Hartford Hospital regarding an inter-hospital transfer by 931A1"
CMED: "North Central CMED received, Stand by John Dempsey"
(CMED sends alert tone to Hartford Hospital CMED radio)
CMED: "Hartford Hospital, North Central CMED calling"
Hartford: "North Central CMED, Hartford Hospital is on"
CMED: "Hartford Hospital, stand by for John Dempsey Hospital"... "North Central CMED to John Dempsey Hospital, Hartford Hospital is on line, go ahead"

(Both hospitals should clear as soon as possible so that other radio traffic may be processed.)

2. HOSPITAL-TO-AMBULANCE COMMUNICATIONS
In the event a hospital needs to communicate with an ambulance after a patch has cleared, or if a hospital needs to communicate with field personnel during any incident, CMED can be contacted to facilitate your request.

A. Pick up the radio unit handset and contact CMED.
B. Identify yourself and your hospital when CMED responds.
C. State your request to the CMED communicator.

Example: Bristol Hospital is requesting to speak with Bristol Ambulance 17 Unit 1.

Bristol: "North Central CMED, this is Bristol Hospital"
CMED: "Bristol Hospital, North Central CMED is on, Go ahead"

IV. STANDARD PROCEDURES / HOSPITAL (continued)

Bristol: "North Central CMED, Bristol Hospital needs to speak with 17 Unit 1.
CMED: "North Central CMED received, Stand by while I locate 17 Unit 1."
(CMED will attempt to hail the ambulance on Med 10)
CMED: "17 Unit 1 from CMED on Med 10"
17 Unit 1: "CMED, 17 Unit 1 in on, go ahead"
CMED: "17 Unit 1 from CMED, go to Med 2 and stand by. Bristol Hospital is requesting to speak with you.
CMED: “Bristol Hospital from CMED, 17 Unit 1 in on, go ahead with your message.”
IV. STANDARD PROCEDURES / HOSPITALS (continued)

D. DIVERSION NOTIFICATION PROCEDURES

In order to process your Hospital’s request for a Diversion Status through the North Central CMED System, the following procedure must be followed.

1. Contact North Central CMED via CMED radio or via telephone at (860) 769-6051.

2. Tell the CMED communicator that your hospital needs to go on diversion and provide the following information:

   II. The name of your hospital.
   b. What type of Diversion does your facility need?
      - Cardiac Monitor Diversion
      - CT Scan Diversion
      - ER Diversion
      - Psychiatric Diversion
      - Trauma Diversion

   c. Who (name & title) at your facility has Authorized the Diversion Status?

   d. Which Hospital(s) have agreed to accept your Diverted Patients?

   e. Who (name & title) at each Hospital above has authorized the acceptance of your Diverted patients?

REMEMBER:

It is the responsibility of your facility to contact the North Central CMED Center every four hours to update the Diversion Status. Failure to do so will result in the Notification to all EMS Providers and Member Hospitals that your facility is no longer on Diversion.

Following these guidelines will assure minimal delay and frustration when requesting notification of a Diversion through the North Central CMED System.
SECTION V.
STANDARD PROCEDURES / DISPATCH CENTERS

- Purpose of the CMED Center
- CMED Activation
V. STANDARD PROCEDURES / DISPATCH CENTER

A. PURPOSE OF THE CMED CENTER

North Central CMED is a non-profit EMS Communications Center administered by the North Central Connecticut EMS Council. The CMED Center was founded to provide a coordinated distribution of patients from the scene of a mass casualty incident, to the Emergency Department of an acute care hospital. The CMED system functions similar to an “air traffic control system” for ambulances. They provide emergency communications, and distribute the ambulance traffic among hospitals so that none are inundated or overwhelmed by the incoming volume of the sick and injured.

Today, the North Central CMED System provides the following to EMS Providers in the North Central Region:

- Tracking of EMS Units from Start to Completion of Call
- EMS Mutual Aid Call-out
- Alerting of Area Hospitals
- Determining Hospital Patient Capacity
- Mobilizing & Coordinating of Out-of-Region Resources
- Relaying Information Between Public Safety Agencies
- Coordinating Hospital Destinations for Transporting Ambulances

The North Central CMED Center operates 24-hours a day, 7 days a week, and can be reached by:

Telephone: (860) 769-6051

Med-10 Frequency: “North Central CMED”

Intercity Fire Radio: “North Central CMED”
V. STANDARD PROCEDURES / DISPATCH CENTER (continued)

B. CMED ACTIVATION

The North Central CMED System was not designed to replace or supersede your Dispatch Center or PSAP. The system was designed to provide ambulance-to-hospital communications and coordination.

The local PSAP 9-1-1 Dispatcher or Commercial Ambulance Service Dispatcher should consider North Central CMED to be: your communications Mutual Aid Center.

When your PSAP or Dispatch Center is inundated due to a mass casualty incident, you can activate the CMED system to assist you and relieve your agency of the Mutual Aid Call-out and coordination of EMS resources. CMED can provide your community or agency with:

- Mutual Aid Ambulances from Connecticut, Massachusetts, Rhode Island, and New York.
- Statewide notification for EMS resources.
- Wide area notification to all hospital emergency departments in the North Central Region and statewide.
- EMS ground operations frequency for mass casualty incidents.
- Coordination of patient dispersal to area Hospital.

ACTIVATION PROCEDURES: EMS MUTUAL AID CALL-OUT

1. Contact North Central CMED via telephone (860) 769-6051, via CMED Radio (med-10), or via Intercity Fire Radio.

2. Identify Nature of the Incident (cause or type), Location (Town and Street address), and Spread (geographic area if applicable).

3. Identify the estimated number of victims and the number of mutual aid ambulances being requested.

4. North Central CMED will then perform the mutual aid call-out and coordination for EMS resources. We will also be in contact with the EMS Medical Group Supervisor.

5. Upon termination of the Mass Casualty Incident, North Central CMED will cooperate with your agency to provide you with the data we have collected in the performance of
our duties.

SECTION VI
APPENDICES

- Unit Identification Protocols
- CMED Tape Request Policy
- CMED Call Natures
VI. APPENDICES

A. UNIT IDENTIFICATION PROTOCOLS

Every E.M.S. response vehicle based in the member communities of the North Central CMED Communications System will be assigned a unique vehicle identification number. It should be used when communicating with the North Central CMED Center. The identification number will consist of three parts. The following vehicle identification procedures will apply:

Part One is the Provider Identification number.  
Part Two is the Level of Service.  
Part Three is the Vehicle number.

The complete vehicle identification number will be explained in full below:

**PART ONE: Provider Identification Number**

Fire, Police, and E.M.S. services (municipal or volunteer), providing services in their local community will use the Town Tax Code as their Provider Number. (See list below)

<table>
<thead>
<tr>
<th>Town</th>
<th>Provider Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloomfield</td>
<td>11</td>
</tr>
<tr>
<td>Canton</td>
<td>23</td>
</tr>
<tr>
<td>East Windsor</td>
<td>47</td>
</tr>
<tr>
<td>Manchester</td>
<td>77</td>
</tr>
<tr>
<td>New Britain</td>
<td>89</td>
</tr>
<tr>
<td>Simsbury</td>
<td>128</td>
</tr>
<tr>
<td>West Hartford</td>
<td>155</td>
</tr>
<tr>
<td>Windsor Locks</td>
<td>165</td>
</tr>
<tr>
<td>Bristol</td>
<td>17</td>
</tr>
<tr>
<td>East Granby</td>
<td>40</td>
</tr>
<tr>
<td>Glastonbury</td>
<td>54</td>
</tr>
<tr>
<td>Marlborough</td>
<td>79</td>
</tr>
<tr>
<td>Plymouth</td>
<td>111</td>
</tr>
<tr>
<td>South Windsor</td>
<td>132</td>
</tr>
<tr>
<td>Wethersfield</td>
<td>159</td>
</tr>
<tr>
<td>Burlington</td>
<td>20</td>
</tr>
<tr>
<td>East Hartford</td>
<td>43</td>
</tr>
<tr>
<td>Granby</td>
<td>56</td>
</tr>
<tr>
<td>Newington</td>
<td>94</td>
</tr>
<tr>
<td>Rocky Hill</td>
<td>119</td>
</tr>
<tr>
<td>Suffield</td>
<td>139</td>
</tr>
<tr>
<td>Windsor</td>
<td>164</td>
</tr>
<tr>
<td>Windsor Locks</td>
<td>165</td>
</tr>
</tbody>
</table>

Commercial E.M.S. Providers and ALS Providers covering multiple communities will use a CMED assigned number as their Provider Number. (see list below)

<table>
<thead>
<tr>
<th>Provider</th>
<th>Assigned Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>200's</td>
</tr>
<tr>
<td>AMR Hartford - 900's</td>
<td></td>
</tr>
<tr>
<td>AMR Stafford - 380 to 399</td>
<td></td>
</tr>
<tr>
<td>Hamilton Standard - 375</td>
<td></td>
</tr>
<tr>
<td>Ambulance Service of Manchester</td>
<td>500's</td>
</tr>
<tr>
<td>AMR Southington - 310 to 370</td>
<td></td>
</tr>
<tr>
<td>Bradley Airport Paramedics - 181</td>
<td></td>
</tr>
<tr>
<td>Hunters - 300</td>
<td></td>
</tr>
</tbody>
</table>
VI. APPENDICES (continued)

PART TWO: Level of Service

North Central CMED will recognize five different levels of service identifiers as follows:

- **ALPHA**: Used for vehicles or agencies providing Paramedic Level of Service.
- **MIKE**: Used for vehicles or agencies providing EMT-Intermediate Level of Service.
- **BRAVO**: Used for vehicles or agencies providing EMT-Basic, Enhanced, and/or Defibrillator Level of Service.
- **UNIT**: Used for Command, Coordination, or Auxiliary E.M.S. vehicles. Also acceptable for services not desiring to use Alpha, Mike, or Bravo designation.
- **ROMEO**: Fire Department First Responder Vehicle

PART THREE: Vehicle Number

The vehicle number is used by CMED to determine how many vehicles from any particular service are on the air. Most agencies use this number to indicate first vehicle out, second vehicle out, etc. Some E.M.S. providers may, however, use the vehicle number to identify an exact vehicle in their fleet.

PUTTING IT ALL TOGETHER

Parts One, Two and Three go together to form the complete CMED unit identification number. Below are a few examples:

139 Alpha 2  = Suffield Ambulance, Paramedic ambulance, second unit on the air

11 Unit 3   = Bloomfield Ambulance, third vehicle on the air.

918 Bravo 1 = AMR Ambulance Hartford Division, BLS ambulance

320 Alpha 1 = AMR Ambulance Southington Division, Paramedic ambulance

43 Unit 4   = East Hartford E.M.S., Chief Medical Officer
Each E.M.S. Provider is requested to designate their E.M.S. vehicles according to the above protocol. Care should be taken to implement the protocol to avoid the possibility that two vehicles with the same Provider and Vehicle numbers could be on the air simultaneously.

For example: 506 Alpha 1 and 506 Alpha 2 on the air at the same time is appropriate. 864 Alpha 1 and 884 Bravo 1 on the air at the same time is appropriate. 164 Unit 1 and 164 Alpha 1 on the air at the same time is not appropriate.

North Central CMED will issue a list of approved unit identification numbers for each E.M.S. Provider in conjunction with the Authorization to Operate on the Med Channel Frequencies letter. The Authorization letter is renewed every two years. The list is available at all times by contacting the management of North Central CMED or North Central Connecticut E.M.S. Council.
VI. APPENDICES (continued)

B. CMED TAPE REQUEST POLICY

North Central CMED will provide copies of tape recorded information, free of charge to Sponsor Hospitals, Receiving Hospitals, and Responding Agencies involved in the requested incident. Municipal Officials of the community where an incident occurs are included. *(Note: Original tapes are only available within 30 days of an incident.)*

To facilitate in the retrieval of the taped incident you requested it is imperative that the following guidelines be followed:

1. Request must be made on the letterhead of the agency you are representing.

2. Your agency must in someway be directly involved or linked to the incident in question.

3. Provide **complete and accurate** information to as many of the following questions as possible:
   - CMED Case Number
   - Date of Incident
   - Time of Incident
   - City/Town of Incident
   - Nature of Incident
   - Ambulances Responding to Incident
   - Medical Control/Patching Hospital
   - Receiving Hospital

4. Mail or fax your request to the address/fax number listed below:

   North Central CT EMS Council  
   P.O. Box 1833  
   Hartford, CT 06144-1833  
   Attn: CMED Tape Request  
   Fax: (860) 769-5259

5. Please allow **5 business days from our receipt** for processing of the tape request.
VI. APPENDICES (continued)

C. CMED CALL NATURES

North Central CMED utilizes computer software to track E.M.S. response units through all phases of their calls. The call natures listed below are recognized by the CMED computer system. To facilitate CMED operations data entry, field E.M.S. units should strive to report the nature of their calls utilizing the following categories:

<table>
<thead>
<tr>
<th>Abdominal Pain</th>
<th>Aircraft Incident</th>
<th>Altered Mental Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaphylactic</td>
<td>Animal Bite</td>
<td>Assault</td>
</tr>
<tr>
<td>Back Pain</td>
<td>Burn</td>
<td>Cardiac</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>Choking</td>
<td>Cold &amp; Flu</td>
</tr>
<tr>
<td>CO Poisoning</td>
<td>CVA</td>
<td>Diabetic</td>
</tr>
<tr>
<td>Drill</td>
<td>Drowning</td>
<td>EDP</td>
</tr>
<tr>
<td>Electrocution</td>
<td>ETOH</td>
<td>Explosion</td>
</tr>
<tr>
<td>Fall</td>
<td>Fever</td>
<td>Fire Stand-by</td>
</tr>
<tr>
<td>Fracture</td>
<td>GI Bleed</td>
<td>HAZMAT</td>
</tr>
<tr>
<td>Head Injury</td>
<td>Hemorrhage</td>
<td>Illness</td>
</tr>
<tr>
<td>Intercept</td>
<td>Laceration</td>
<td>Lift Assist</td>
</tr>
<tr>
<td>L.S. Code 100</td>
<td>L.S. Code 200</td>
<td>L.S. Code 300</td>
</tr>
<tr>
<td>Maternity</td>
<td>M.C.I.</td>
<td>Medical</td>
</tr>
<tr>
<td>Medical Alarm</td>
<td>MVA</td>
<td>MVA vs. Pedestrian</td>
</tr>
<tr>
<td>Other</td>
<td>Overdose</td>
<td>Pediatric Injury</td>
</tr>
<tr>
<td>Person Down</td>
<td>Psychiatric</td>
<td>Respiratory</td>
</tr>
<tr>
<td>Seizure</td>
<td>Shooting</td>
<td>Sports Injury</td>
</tr>
<tr>
<td>Stabbing</td>
<td>Stand-by</td>
<td>Suicidal</td>
</tr>
<tr>
<td>Syncope</td>
<td>Transfer</td>
<td>Trauma</td>
</tr>
<tr>
<td>Unconscious</td>
<td>Unknown</td>
<td>Unresponsive</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Withdrawal</td>
<td></td>
</tr>
</tbody>
</table>
North Central C-MED

Region 3 Mass Casualty Incident Protocol

Pre-Hospital

North Central CT EMS Council
P.O. Box 1833
120 Holcomb Street
Hartford, CT 06144-1833

Business Phone: 860-769-6055
CMED Phone: 860-769-6051
Business Fax: 860-286-3034
Email: info@NorthCentralCTEMS.org

January 2009
Mass Casualty Incident Communications
The MCI section of this field manual was created with generous support from the ESF-8 EMS Section MCI Subcommittee

Special thanks to:

Dr. Steven C. Wolff, M.D., Chairman for the Department of Emergency Medicine, Saint Francis Care
Brenda Murphy, Chief Medical Officer, East Hartford Fire Department
Dave Koscuk, EMT-P, EMSI, Captain of Clinical Services, New Britain EMS
Scott A. Woods, EMS Service Chief, Newington Volunteer Ambulance Corps, Inc.
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North Central CMED System

Purpose

North Central CMED’s utmost concern is to provide pre-hospital and hospital users with the most efficient and reliable communications system possible.

This information is designed to familiarize you with North Central CMED’s procedures during a Multi-Casualty Incident, and is intended to assist with your communication needs if such an incident occurs.

Any questions or concerns regarding these guidelines should be addressed directly to North Central Connecticut EMS Council Management.
Introduction to the Mass Casualty Incident

“Multi-Casualty and “Mass Casualty” traditionally are interchangeable terms in Connecticut. Connecticut’s Term references an incident that meets locally defined thresholds in accordance with the jurisdiction emergency response plan.

- Large numbers of injured persons
- Large multi-agency response teams
- Inherently hazardous environments
- High stress environments

Local disaster plans identify the specific formula for each jurisdiction; knowing the local criteria is crucial to early recognition and declaration of MCI

What is a Mass Casualty?

FEMA Mass Casualty Incident Definition
Mass casualty incidents are incidents resulting from man-made or natural causes resulting in illness or injuries that exceed or overwhelm the EMS and hospital capabilities of a locality, jurisdiction, or region. A mass casualty incident is likely to impose a sustained demand for health and medical services rather than the short, intense peak demand for these services typical of multiple casualty Incidents.

What is a Multi-Casualty Incident?

FEMA Multi-Casualty Incident Definition
Multi-casualty incidents are incidents involving multiple victims that can be managed, with heightened response (including mutual aid if necessary), by a single EMS agency or system. Multi-casualty incidents typically do not overwhelm the hospital capabilities of a jurisdiction and/or region, but may exceed the capabilities for one or more hospitals within a locality. There is usually a short, intense peak demand for health and medical services, unlike the sustained demand for these services typical of mass casualty incidents.
**MCI Threshold Definition**

The point at which the number of patients at an MCI and the severity of their conditions are beyond the ability of available resources to provide adequate care.

The day-to-day EMS response is designed to assure scene safety and to triage, treat and transport no more than a few patients. If day-to-day procedures were followed at the scene of a large number of casualties, several problems could occur with scene management, triage, treatment, and transport.

The threshold formula is....

**# Ambulances within 15 minutes X 2 victims +1 would constitute an MCI declaration for that community**

Example: 6 ambulances X 2 victims = 12 victims

12 victims + 1 = 13 (MCI declaration)

MCI Threshold = 13 victims

If the numbers of victims exceeds the threshold, but few, if any, appear to be seriously injured, consideration should be given to not declaring an MCI.

**North Central Region Threshold**

“For Area Hospital Notification Only”

Field units are required to notify North Central CMED of incidents involving:

- Three ambulances to any incident
- Three critical (red) victims and/or
- Ten victims
MCI LEVELS

The establishment of MCI levels is to automatically trigger operational movement of resources without the CMED communicator needing special authority/direction. In theory the EMS officer would declare an MCI (level 1-4) and CMED following established protocol would automatically deploy resources as outlined:

Level 1 MCI (11-20 victims)
- 10 Ambulances (no need to specify ALS v BLS)
- 2 EMS Supervisors
- 1 Local MCI equipment resource

Level 2 MCI (21-50 victims)
- 15 ambulances
- 3 EMS Supervisors
- 1 Regional MCI trailer
- Consider 1 bus
- RED Plan Notification

Level 3 MCI (51-100 victims)
- 20 Ambulances
- Consider 2 buses
- 5 EMS Supervisors
- 1 Regional MCI Trailer
- RED Plan Notification

Level 4 MCI (>100 victims)
- 20 Ambulances (per 100 victims)
- Consider 2 Buses (per 100 victims)
- 5 EMS Supervisors (per 100 victims)
- 1 Regional MCI trailer (per 100 victims)
- RED Plan Notification

Hazardous Materials (HAZMAT) Weapons of Mass Destruction (WMD)

HAZMAT, CBRNE/WMD incidents will often require the use of local or regional HAZMAT teams.
Mass Casualty Incident Communications

**FIRST UNIT ON THE SCENE**

First unit on scene gives visual size-up, assumes and announces command, and confirms incident location, then...the 5 S’s

SAFETY assessment: Assess the scene observing for:

- Electrical hazards.
- Flammable liquids.
- Other life threatening situations.
- Be aware of the potential for secondary explosive devices.

SIZE UP the scene: How big and how bad is it? Survey incident scene for:

- Type and/or cause of incident.
- Approximate number of patients.
- Severity level of injuries (either Major or Minor).
- Area involved, including problems with scene access.

SEND information:

- Contact CMED with your size-up information.
- Request additional resources.

SETUP the scene for management of the casualties:

- Establish staging.
- Identify access and egress routes.
- Identify adequate work areas for Triage, Treatment, and Transportation.

SMART triage:

- Begin where you are.
- Ask anyone who can walk to move to a designated area.
- Use SMART Triage tags to mark patients.
- Move quickly from patient to patient.
- Maintain patient count.
- Provide only minimal treatment.
- Keep moving!

Remember…Establish COMMAND, SAFETY, SURVEY, SEND, SET-UP AND SMART.
Radio Procedures

It is essential that proper radio etiquette is used during transmissions to CMED. Unit to unit communications should be left to a minimum. Use plain language, avoid jargon and codes. Transmissions shall be professional, brief and concise.

When calling a unit or station, identify the unit or station being called then your I.D. Speak clearly into the microphone and build in pauses when giving reports to confirm the other party receives the message.

Notification to CMED for Declared Mass Casualty Incident

Upon declaration of an MCI, per protocol, CMED will confirm receipt of notification, alert area agencies and notify all hospitals in the North Central Region of the developing MCI with a simultaneous broadcast. CMED will not forward information to other agencies, hospitals, etc… until the incident is declared an MCI.

The Medical Branch Director/Medical Group Supervisor will request a CMED channel assignment. Once assigned, the Medical Branch Director/the Medical Group Supervisor will determine and communicate to CMED the following information:

1. Name/Title of the Medical Group Supervisor on scene.
2. Name/Title of the Patient Transportation Unit Leader/Ambulance Coordinator
4. Exact Location (town & street).
5. MCI Level (1-4)
6. Estimated number of victims. (Number of known injuries and estimated possible casualties).
7. Number of ambulances requested to the scene (if CMED is requested to perform mutual aid call out) and if an MCI trailer is needed.
8. Exact ambulance staging area and contact information

CMED Notification to Hospitals for Declared Mass Casualty Incident

Upon confirmation and receipt of declared MCI by the Medical Branch Director/Medical Group Supervisor on scene, CMED will notify all hospitals in the North Central region of the developing mass casualty incident with a simultaneous broadcast, and telephone communications as necessary.

Patients will be sorted according to SMART criteria of red, yellow, green. Upon receiving direction from the Medical Group Supervisor, CMED will contact all area hospitals to determine red, yellow, and green capabilities.

During the incident, CMED will provide periodic updates to the hospitals in the affected area. These hospitals should report any changes in their status during an incident that may affect scene management, directly to CMED.

CMED will notify hospitals when ambulances depart the scene of an MCI. The following information will be reported for each transport:
Mass Casualty Incident Communications

- Ambulance number and destination hospital
- Patient SMART Tag
- Triage color

- Age and sex of patient(s)
- Nature of injury
- ETA

Incidents involving more than 10 patients CMED will notify Colchester Communications (MEDNET Control) of the incident.

**Use of MED Channels during Mass Casualty Incident**

**MED Channels are used to facilitate your direction requests to CMED.** MED channels will not be used as an “EMS ground frequency” or an uninterrupted direct link to any hospital. EMS units responding to an MCI are to sign on with CMED on MED 10. Units will then be directed to the assigned MCI MED channel.

**MCI Channel Assignment**

To maintain a sound communication system, CMED will authorize up to three MED channels to be used during an MCI.

**MCI Command and Control Channel**

This channel will be utilized for communications between the Medical Branch Director/Supervisor and CMED. This channel will be used to:

- Coordinate between scene and CMED
- Update CMED with established casualties
- Update CMED with escalation of the incident
- Update scene as to hospital bed availability

**MCI Transportation Channel**

This channel will be used by the Patient Transportation Unit Leader/Medical Communications Coordinator during MCI operations. The Patient Transportation Unit Leader should give concise patient SMART Tag reports to CMED for hospital notification. This will prevent ambulances from lengthy individual reports. This channel will be used to:

- Request mutual aid
- Coordination of arriving units (directions, new information, staging, etc…)
- Update scene of mutual aid status
- Provide patient reports to CMED
- Provide transportation information to CMED

**Note:** Entry notifications to the hospitals will be made by CMED. The Patient Transportation Unit Leader/Medical Communications Coordinator should give CMED patient reports which include: Ambulance number and hospital destination, SMART Tag number and color, age and sex, nature of injury, and ETA will be documented on the CMED patient tracking form.
MCI Channel Assignment

MCI Additonal Channel

Depending upon the nature and scope of the MCI, North Central CMED may assign a third MED channel. Use of this channel will be determined after discussion between the CMED Center and the Medical Branch Director. Examples for channel use are listed below and are not all inclusive:

- Forward Movement of Patients
- Ambulance Strike Team Request
- Governmental agency requests
- Supply requests
- Stockpile request
- Further scene coordination
- Communication link between medical control hospital and medical control officer on scene. (This will be a non-repeaterized channel).

MEDNET (CT EMS Communications Network) Notification

CMED will notify various communications centers and appropriate public safety agencies via MEDNET, as necessary.
Mutual Aid

Mutual Aid is the process by which resources from one town/service area are deployed to respond to request for service in another town or service area. Mutual aid is used in the following circumstances:

1. There are more calls in a town service area than the primary responder can handle
2. There is need for additional resources above what the town/service provider can provide at a single incident
3. A mass casualty situation has occurred
4. The primary service has failed to initiate a response within established response parameters

As North Central CMED is not the primary dispatch center for any EMS service, they will have no role in mutual aid callout until such time as they are requested to assist in procuring mutual aid or when a MCI declaration occurs. In either instance, at the time of the request, North Central CMED will become the sole agency with the exception of pre-planned Special Operations to request additional units and responses. During Special Operations, it is the responsibility of the EMS Commander to advise CMED of the number of transport units on scene. At the time of the request North Central CMED should be provided with a turnover of agencies requested and responding, their unit numbers, clinical levels and ETA.

North Central CMED as part of the Statewide MEDNET System is responsible for mobilizing EMS assets in its service area for response to major incidents throughout the State of Connecticut. Pending completion of the Department of Public Health EMS Mobilization Plan, North Central CMED and its client EMS Provider Services will be guided by the following principles when requested to provide mutual aid in other areas of the State (outside of Region 3).

1. Only 25% of the on duty ambulance/paramedic units available in the North Central CMED Service area at the time of the request will be allocated to an out of region incident.
2. Upon a state DPH request for North Central CMED service area EMS assets, all EMS provider services will be requested to staff all of their available response units, to ensure coverage in Region 3.
3. At no time will on duty ambulance/paramedic units fall below 75% due to responses requested by the State, other regions or other CMED’s.
4. EMS providers will refrain from deploying assets from their service areas to other areas of the State except as may be directed by North Central CMED.

Hospital Distribution

As a general rule, in the case of an emergency, EMS transports patients to the closest geographic hospital. Sometimes, EMS and hospital conditions makes it more appropriate to take the patient to a hospital that is not the closest.

This point-of-entry plan addresses circumstances when, because of the health of the system, the system would benefit from distributing patients to a more distant hospital(s) emergency department. North Central CMED will monitor the overall status of the EMS and hospital systems. In the event of an MCI or other high volume incident or incidents, North Central CMED will assign hospital destinations to transport units.
Staging Areas

All responding EMS units should go directly to the assigned STAGING AREA and await further instructions. Do not leave the staging area until you are instructed to do so by the Medical Branch Director/Medical Group Supervisor or the direction of North Central CMED.

Patient Dispersal from the Scene

Patients will be sorted according to SMART Tag criteria of RED/YELLOW/GREEN/BLACK. Upon receiving direction from the the Medical Branch Director/Medical Group Supervisor, CMED will contact all area hospitals to determine RED/YELLOW/GREEN capabilities.

- Red: Priority 1
  Life-threatening but treatable injuries requiring immediate medical attention

- Yellow: Priority 2
  Potentially serious injuries, but are stable enough to wait a short while for urgent medical treatment

- Green: Priority 3
  Injuries that can wait for longer periods of time for delayed treatment

- Black/Blue: Dead/Expectant
  Dead or (expectant still with life signs but injuries are incompatible with survival in austere conditions

To assure hospital capabilities have not reached capacity, transporting units will be assigned hospital destination by North Central CMED.

Patient Dispersal to Receiving Hospitals

Purpose

The purpose of this protocol is to assure that the treatment of patients at the scene of a mass casualty incident and transportation to receiving hospitals is done in accordance with accepted medical and communication standards. Radio traffic should be kept at a minimum. In accordance with the statewide program of Mass Casualty Care in Connecticut, patients requiring advanced life support will have effective medical control communications providing guidance for, advanced life support care without the need for individual orders, alternative transportation for patients receiving advance life support when insufficient MICU unit are available, and assurance that trauma patients are taken to appropriate trauma centers. Communications to hospitals and requests for medical control will be processed through the individual that has assumed responsibility for the EMS function at the scene of an incident.

Scene Management

Upon arrival at the scene of a mass casualty incident, the EMS provider sets up EMS scene control and designates and the Medical Branch Director/Medical Group Supervisor per their Mass Casualty Incident Plan. Whenever possible CMED should be advised of the incident’s scope. CMED will alert the hospitals closest to the incident’s scene. During the incident, CMED will provide periodic updates to the hospitals in the affected area. These hospitals should report any changes in their status during an incident that may affect scene management, directly to CMED.
Medical Control / Communication at the Scene

All EMS personnel providing treatment at the scene of a declared Mass Casualty Incident will follow standing orders protocols. **It is not necessary to contact medical control of the individual service. Standing ALS orders will apply during a declared Mass Casualty Incident.** If communication to medical control is necessary, CMED will provide a MED channel for the designated Treatment Officer. The Sponsor Hospital nearest the incident will be designated as the Medical Control Hospital. This should **not** be considered an “open patch.” The Treatment Officer should establish communication with CMED first to assure that a physician is online.

**Med control policy**

**MEDICAL DIRECTION DURING A MASS CASUALTY INCIDENT**

In order to reduce radio congestion and allow scene personnel to accomplish their tasks during a declared mass casualty incident, all regional protocols will revert to standing orders during this time. However, medical personnel cannot function beyond the scope of their training or above the authorized level of the service with which the personnel are responding. All patients treated under standing orders must have this documented on the PCR.

Nevertheless, scene personnel are encouraged to contact on line medical direction as needed to aid in the treatment efforts

**After Action Reporting**

The EMS Section of Region 3 Emergency Support Function (ESF)-8 will make itself available to facilitate an After Action Report of any MCI within Region 3. The After Action Report may be requested by the incident agency/town, the Region 3 Medical Advisory Committee (MAC), the Region 3 EMS Council or North Central CMED.
Mass Casualty Incident Communications

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

J. Robert Galvin, M.D., M.P.H., M.B.A.
Commissioner

Date: August 28, 2008

To: Regional Communication Centers
CMED Centers
EMS Service Chiefs
Fire Departments

From: J. Robert Galvin, M.D., M.P.H., M.B.A.
Commissioner

Re: Deployment Strategy for MCI Trailers

In a joint effort between the Department of Public Health and the Department of Emergency Management and Homeland Security, 5 regional Mass Casualty Incident Trailers have been deployed throughout the state to be utilized during large-scale events.

These trailers contain items such as immobilization and splinting supplies, trauma supplies and dressings, airway management and oxygen along with various miscellaneous items.

Attached please find the deployment protocol for these trailers, which outline the process for requesting this asset. Should you have any questions, please contact Leonard Guercia, Operations Branch Chief at (860) 509-7975 or via email at Leonard.guercia@ct.gov.

Thank you for your on-going support of our preparedness efforts.
REGIONAL MASS CASUALTY SUPPORT TRAILER

DEPLOYMENT PROCEDURE

GENERAL

The Connecticut Department of Public Health, in cooperation with the Connecticut Department of Emergency Management and Homeland Security (DEMHS), has partnered to deploy five (5) regional mass casualty supply trailers. These units contain a cache of durable and disposable medical equipment that can be used to support large-scale incidents, when local EMS supply resources have been, or are expected to be, exhausted. Each trailer has been stocked with primarily basic life support equipment, is designed to provide medical supplies and equipment to treat approximately 100 patients, and are pre-positioned in each of the five (5) DEMHS / EMS regions through a voluntary arrangement with the following EMS service providers:

Region 1  Willimantic Volunteer Ambulance
Region 2  American Medical Response (AMR) of CT, New Haven
Region 3  New Britain EMS, New Britain
Region 4  American Ambulance Service, Norwich
Region 5  Danbury Fire Department

ACTIVATION / DEPLOYMENT

The Regional Mass Casualty Support Trailers are available to any local jurisdiction requiring the medical supply resources available on the units. In the event of a multi-casualty incident (MCI), the local Incident Command, Medical Branch Director (if so authorized by the IC), or Medical Group Supervisor (if so authorized by the IC) can initiate the request either directly through their local communications center, or through their local C-MED, for deployment of the regional MCI trailer to a designated staging location. The local communications center (CMED) will then directly call the designated Coordinated Medical Emergency Dispatch (CMED) center in the affected region. Those designated CMED centers are identified as follows:

Region 1  Southwest CMED  (203) 338-6762
Region 2  South Central CMED  (203) 485-5900
Region 3  North Central CMED  (860) 769-6051
Region 4  Norwich CMED  (860) 886-1463
Region 5  Northwest Public Safety  (203) 758-0050

C-MED shall dispatch the closest unit to the incident. Based on the totality of the circumstances, and in accordance with any established regional protocols, the designated C-MED may choose to either place a second unit on stand-by or deploy the second unit as a redundant response in case there are factors preventing the original unit from completing the assigned mission. The second unit can also be deployed for additional equipment if required. Upon contact with the most appropriate hosting location's dispatch center, CMED will relay the following information:

a) Requesting agency
b) Incident location
c) Incident type
d) Estimated number if casualties
e) Special hazards or any safety concerns
f) Designated staging location to report to for assignment

MCI trailer deployment
10/19/08 DPH
The designated C-MED will contact Incident Command, the Medical Branch Director or the Medical Group Supervisor via C-MED radio, or by phone through their local communications center, and inform them of an estimated time of arrival to the staging area as soon as the host EMS service provider have reported to C-MED that they are en-route with the staffed regional MCI trailer. The host EMS service provider is required to deploy the regional MCI trailer within 30 minutes of activation in the event of an emergency. It is important to note that the closest regional MCI trailer may not necessarily be from the affected Region. The designated C-MED shall verify the closest unit.

The designated C-MED will also contact the Department of Public Health at (860) 509-8000. In addition, the designated C-MED will notify each of the other four designated C-MED centers via direct phone line, MEDNET, or MEDSAT.

In instances where the Medical Branch Director or Medical Group Supervisor is authorized to call for resources, Incident Command must be informed that additional resources are being deployed to the incident. The Treatment Unit Leader should also be made aware that equipment has been requested, estimated arrival time, and where it is to be staged.

STAFFING

The EMS service providers / communities that host the regional MCI supply trailers are contracted to provide staffing throughout the incident. The trailer shall not be deployed to an incident, to include drills and exercises, without being staffed by at least two (2) personnel from the host agency. Staff responding with the trailers shall not be assigned to any other tasks. They are solely responsible for the operation of the trailer, including inventory control / equipment distribution, and completing demobilization procedures. Other emergency response personnel operating on the scene of a multi-casualty incident may assist the trailer operators with equipment distribution and demobilization only. Note: Under no circumstances shall the requesting jurisdiction send a representative directly to the trailer location and transport the trailer to the designated staging location.

ON-SITE OPERATIONS

Upon arrival, trailer staff will liaison with Medical Branch Director, Medical Group Supervisor, or Treatment Unit Leader. The regional MCI trailer should be deployed between the treatment area and transport / loading area.

a) Site location requirement of 30' X 30'

b) Trailer staff must remain with the trailer at all times

Trailer Staff will deploy requested equipment to the treatment area(s) for medical treatment activities. They will maintain records of all medical and other supplies utilized that will need to be replaced, and will note any equipment failures or malfunctions at the conclusion.

DEMOBILIZATION

Upon completion of an assigned mission, the designated C-MED center shall be notified by the host EMS service provider if the trailer is out of service due to mechanical failure, or cannot be re-deployed secondary to a depleted supply cache. They will in turn notify the Department of Public Health at (860) 509-8000 and each of the other four designated C-MED centers via direct phone line, MEDNET, or MEDSAT, that the regional MCI trailer has been de-mobilized, and whether or not it is back in service.
Red Plan Activation

The purpose of the Regional Emergency Deployment Plan (RED Plan) is to provide a framework for member communities and agencies to collaborate in planning, communication information sharing and coordination activities before, during, and after a regional emergency.

The Red Plan does not supersede existing emergency operations plans or procedures that CMED currently has in place but works in coordination with the RED Plan.

RED Plan Incident/Event Status Levels

- **Level One** – Single agency/community
- **Level Two** – Regular mutual aid event
- **Level Three** – Region resources activated through the RED Plan (Standard Regional Incident-SRI)
- **Level Four** – Regional and State resources activated (Disruptive Regional Incident- DRI)
- **Level Five** – Regional, State and Federal Resources activated (Major Regional Incident – MRI)

Notification and RED Plan Activation

Key decision makers, subject matter experts, and RESF chairpersons are notified of a potential or actual incident through Regional Integrated Communication System (RICS). “RICS” is the regional radio designation for the Regional Integrated Communication System headquartered at Central Connecticut State University Campus Police Department.

RICS Activation Format:

- A designated authority or incident commander (or agency’s dispatcher) calls RICS at 860-832-3477 anytime 24/7 and requests specific resources or the activation of the RED Plan where RCC will anticipate resource needs without a specific request.
- RICS will broadcast the message over the “intercity” radio frequency.
- RICS will notify the chairperson of each RESF of the situation/event and provide the contact number in the message for the chairperson of RESF5 Emergency Management or the designated back-up official.
Mass Casualty Incident Communications

Medical Branch Incident Command Structure

SUGGESTED SCENE ORGANIZATION

- Incident Commander
  - EMS Group Supervisor
  - Fire-Rescue
  - Law Enforcement
  - Medical Supply Coordinator
    - Triage Unit Leader
    - Treatment Unit Leader
    - Patient Transportation Unit
      - Triage Personnel
      - Morgue Manager
      - Immediate Treatment
      - Urgent Treatment
      - Delayed Treatment
      - Medical Communications Coordinator
      - Ambulance Coordinator
      - Treatment Dispatch Manager
Medical Branch Incident Command Structure

Medical Branch Director
The Medical Branch is responsible for the implementation of the Incident Action Plan with the Medical Branch. The Branch Director reports to the Operations Sections Chief and supervises medical group(s) and the Patient Transportation function (unit or group). Patient Transportation may be upgraded from a unit to a Group based on the size and complexity of the incident.

Medical Group Supervisor
The Medical Group Supervisor reports to the Medical Branch Director and supervises the Triage Unit Leader, Treatment Unit Leader, Patient Transportation Unit Leader and Medical supply Coordinator. The Medical Group Supervisor establishes command and controls activities within the medical group.

Triage Unit Leader
The Triage Unit Leader reports to the Medical Group Supervisor and supervises Triage Personnel/Litter Bearers and the Morgue Manager. The Triage Unit Leader assumes responsibility for providing triage management and movement of patients from the triage area. When triage is complete, the Unit leader may be reassigned as needed.

Triage Personnel
Triage Personnel report to the Triage Unit Leader. Triage Personnel triage, tag, and assign patients to appropriate treatment areas.

Morgue Manager
The Morgue Manager Reports to the Triage Unit Leader and assumes responsibility for morgue area functions.

Treatment Unit Leader/Group Supervisor
The Treatment Unit Leader reports to the Medical Group Supervisor and supervises Treatment Managers and the Treatment Dispatch Manager. The Treatment Unit Leader assumes responsibility for treatment, preparation for transport and directs movement of patients to loading location(s).

The Treatment Unit Leader reports to the medical group supervisor and appoints Immediate-(Priority 1) Treatment Area Manager, Urgent- (Priority 2) Treatment Area Manager, Delayed-(Priority 3) Treatment Area Manager.

Immediate (Priority 1) Treatment Area Manager
The Immediate –priority 1 Treatment Area Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to the immediate-priority 1 Treatment Area.

Urgent (Priority 2) Area Manager
The Urgent-priority 2 Treatment Area Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to the Urgent-priority 2 Treatment Area.

Delayed (Priority 3) Area Manager
The Delayed-priority 3 Treatment Area Manager reports to the Treatment Unit Leader and is responsible for treatment and re-triage of patients assigned to the delayed-priority 3 Treatment Area.
Mass Casualty Incident Communications

**Treatment Dispatch Manager**
The Treatment Dispatch Manager reports to the Treatment Unit Leader and is responsible for coordinating with the Patient Transportation Unit Leader (or group supervisor if established), the area to appropriate receiving treatment facilities.

**Patient Transportation Unit Leader / Group Supervisor**
The Patient Transportation Unit Leader reports to the Medical Group Supervisor and supervises the Medical Communications Coordinator, and the Ambulance Coordinator. The Patient Transportation Unit Leader is responsible for the coordination of patient transportation and maintenance of records relating to the patient’s identification, condition, and destination. The Patient transportation function may be initially established as a unit and upgraded to a group based on incident size and complexity.

**Medical Communications Coordinator**
The Medical Communications Coordinator reports to the Patient Transportation Unit Leader / Group Supervisor, and maintains communications with the local CMED to monitor status of available bed to assure proper patient transportation.

**Ambulance Coordinator**
The Ambulance Coordinator reports to the Patient Transportation Unit Leader, manages the ambulance staging area(s), and dispatches ambulances as requested.

**Medical Supply Coordinator**
The Medical Supply Coordinator reports to the Medical Group Supervisor acquires and maintains control of appropriate medical equipment and supplies from units assigned to the Medical Group.
Checklists
for use in Connecticut Multi-Casualty Incident Responses
April 11, 2001
Developed by the Connecticut Mass Casualty Care Committee
Approved by the Connecticut EMS Advisory Board
Revised August 30, 2007 to conform to the NIMS

Checklists are presented for each of the following:

- Medical Branch Director
- Medical Group Supervisor
- Triage Unit Leader and Triage Personnel
- Morgue Manager
- Treatment Unit Leader
- Treatment Dispatch Manager
- Immediate (Priority 1) Area Manager
- Urgent (Priority 2) Area Manager
- Delayed (Priority 3) Area Manager
- Patient Transportation Unit Leader or Group Supervisor
- Medical Communication Coordinator
- Ambulance Coordinator
- Medical Supply Coordinator
Medical Branch Director

Appointed by and reports to: Operations Section Chief or Incident Commander
Supervises: All Medical Functions

The Medical Branch Director is also responsible for the functions of the Medical Group Supervisor and the Medical Supply Coordinator until the size of the incident requires expansion. If expanded, the Medical Branch Director should appoint the Medical Group Supervisor and the Medical Supply Coordinator.

☐ Review Group assignments for effectiveness of current operations and modify as needed.

☐ Provide input to Operations Section Chief for the Incident Action Plan.

☐ Supervise Branch activities and confer with the Safety Officer to assure safety of all personnel using effective risk analysis and management techniques.

☐ Report to Operations Section Chief on Branch Activities.

☐ Maintain Unit/Activity Log (ICS Form 214).

Notes:

Position assigned to: ___________________________ Date: ___________________________ Incident Name: ___________________________
Mass Casualty Incident Communications

Medical Group Supervisor

**Appointed by and reports to:** Medical Branch Director or Incident Commander  
**Supervises:** Triage Unit Leader, Treatment Unit Leader, Patient Transportation Unit Leader, Medical Supply Coordinator

If hazard exists, the Incident Commander may order patients evacuated, or many control hazards before allowing EMS to enter.

- [] Identify the type of incident.
- [] Estimate the number of victims and their injuries.
- [] Coordinate with the command post for site security, traffic and EMS access, including location of any staging areas.
- [] Establish Medical Group with assigned personnel, request additional personnel and resources sufficient to handle the magnitude of the incident.
- [] Designate Unit Leaders and Treatment Area locations as appropriate.
- [] Isolate Delayed Treatment Area and Morgue from Immediate and Urgent Treatment Areas.
- [] Request law enforcement/coroner involvement as needed.
- [] Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident. (backboards, litters, stretchers, medical caches)
- [] Ensure activation of hospital alert system via CMED with an estimate of casualties.
- [] Direct and/or supervise on-scene personnel from agencies such as the coroner’s office, Red Cross, law enforcement, ambulance companies, public health agencies, and hospital volunteers.
- [] Identify problems and reassign resources as needed.
- [] Give periodic reports to the Incident Commander.
- [] Maintain Unit/Activity Log (ICS 214).

Notes:

Position assigned to:

Incident Name: Date:
Mass Casualty Incident Communications

**Triage Unit Leader**

**Appointed by and reports to:** Medical Branch Director  
Supervises: Triage Personnel, Litter Bearers, Morgue Manager

- [ ] Develop organization sufficient to handle assignment.
- [ ] Inform Medical Group Supervisor of resource needs.
- [ ] Assign and supervise triage personnel.
- [ ] Implement triage process.
- [ ] Coordinate movement of patients from the triage area to the appropriate treatment area.
- [ ] Give periodic classification reports to the *Medical Group Supervisor*
- [ ] Maintain Unit/Activity Log (ICS 214)

Notes:

Position assigned to: ___________________________  Date: __________
Incident Name: ________________________________
Mass Casualty Incident Communications

Triage Personnel

**Appointed by and reports to:** Triage Unit Leader

- ☐ Report to designated on-scene triage location.
- ☐ Triage and tag injured patients based on RPM. Color classify patients and report classification count to Triage Unit Leader.
- ☐ Direct movement of patients to proper treatment areas.
- ☐ Provide appropriate basic life-saving treatment to patients prior to movement as incident conditions dictate.
- ☐ Report classification totals to the *Triage Unit Leader*.

Notes:

Position assigned to: ___________________________ Date: ____________

Incident Name: ___________________________
Mass Casualty Incident Communications

**Morgue Manager**

**Appointed by and reports to:** Triage Unit Leader

- [ ] Assess resource/supply needs and order as needed.
- [ ] Coordinate all morgue activities.
- [ ] Keep area off limits to all but authorized personnel.
- [ ] Coordinate with law enforcement and assist the Coroner or Medical Examiner representative.
- [ ] Keep identity of deceased persons confidential.
- [ ] Maintain appropriate documentation.

**Notes:**

Position assigned to:

Incident Name

Date:
Mass Casualty Incident Communications

Treatment Unit Leader

Appointed by and reports to: Medical Branch Director
Supervises: All Treatment Area Managers
The Treatment Unit Leader is also responsible for the functions of the Treatment Dispatch Manager until the size of the incident requires expansion. If expanded, the Treatment Unit Leader should appoint a Treatment Dispatch Manager.

☐ Develop organization sufficient to handle assignment.

☐ Direct and supervise Treatment Dispatch, Immediate, Urgent, and Delayed Treatment Areas.

☐ Mark boundary lines for the red and yellow patients to be located.

☐ Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader.

☐ Request sufficient medical caches and supplies as necessary.

☐ Establish communications and coordination with Patient Transportation Unit Leader.

☐ Ensure continual triage of patients throughout treatment areas.

☐ Direct movement of patients to ambulance loading area(s).

☐ Give periodic reports to the Medical Branch Director.

☐ Maintain Unit/Activity Log (ICS Form 214).

Notes:

Position assigned to:

Incident Name: Date:
Mass Casualty Incident Communications

Treatment Dispatch Manager

Appointed by and reports to: Treatment Unit Leader

☐ Establish communications with the Immediate, Urgent, and Delayed Treatment Managers.

☐ Establish communications with the Patient Transportation Unit Leader.

☐ Verify that patients are prioritized for transportation.

☐ Advise the Medical Communications Coordinator of patient readiness and priority for transport.

☐ Coordinate transportation of patients with Medical Communications Coordinator.

☐ Assure that appropriate patient tracking information is recorded.

☐ Coordinate ambulance loading with the Treatment Managers and ambulance personnel.

☐ Maintain Unit/Activity Log (ICS Form 214).

Notes:

Position assigned to:

Incident Name: Date:
Immediate Treatment Area Manager
Priority 1

Appointed by and reports to: Treatment Unit Leader

☐ Request or establish medical teams as necessary.

☐ Assign treatment personnel to patients received in the Immediate Treatment Area.

☐ Ensure treatment of patients triaged to Immediate Treatment Area.

☐ Assure that patients are prioritized for transportation.

☐ Coordinate transportation of patients with Treatment Dispatch Manager.

☐ Notify Treatment Dispatch Manager of patient readiness and priority for transportation.

☐ Assure that appropriate patient information is recorded.

☐ Maintain Unit/Activity Log (ICS Form 214).

Notes:

Position assigned to:

Incident Name: Date
Urgent Area Treatment Manager
Priority 2

Appointed by and reports to: Treatment Unit Leader

- Request or establish medical teams as necessary.
- Assign treatment personnel to patients received in the Immediate Treatment Area.
- Ensure treatment of patients triaged to Immediate Treatment Area.
- Coordinate transportation of patients with Treatment Dispatch Manager.
- Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
- Assure that appropriate patient information is recorded.
- Maintain Unit/Activity Log (ICS Form 214).

Notes:

Position assigned to:

Incident Name: Date:
Mass Casualty Incident Communications

**Delayed Treatment Area Manager**
Priority 3

**Appointed by and reports to:** Treatment Unit Leader

- [ ] Request or establish medical teams as necessary.
- [ ] Assign treatment personnel to patients received in the Immediate Treatment Area.
- [ ] Ensure treatment of patients triaged to Immediate Treatment Area.
- [ ] Assure that patients are prioritized for transportation.
- [ ] Coordinate transportation of patients with Treatment Dispatch Manager.
- [ ] Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
- [ ] Assure that appropriate patient information is recorded.
- [ ] Maintain Unit/Activity Log (ICS Form 214).

**Notes:**

Position assigned to:

Incident Name:               Date:
Appointment by and reports to: Medical Group Supervisor
Supervises: Medical Communications Coordinator, Ambulance Coordinator

☐ Ensure the establishment of communications with hospital(s).
☐ Designate ambulance staging areas.
☐ Direct the off-incident transportation of patients as determined by treatment need and system status.
☐ Assure that patient information and destination are recorded.
☐ Establish communications with Ambulance Coordinator.
☐ Request additional ambulances as required.
☐ Notify Ambulance Coordinator of ambulance requests.
☐ Coordinate requests for air ambulance transportation through the Air Operations Branch Director if appointed.
☐ Coordinate the establishment of Air Ambulance Helispots with the Medical Branch Director, Medical Group Supervisor or Air Operations Branch Director.
☐ Gives periodic reports to the Medical Group Supervisor.
☐ Maintain Unit/Activity Log (ICS Form 214).

Notes:

Position assigned to:

Incident Name: Date
Medical Communications Coordinator

Appointed by and reports to: Patient Transportation Unit Leader or Group Supervisor

☐ Establish communications with CMED for hospital alerting.

☐ Determine and maintain current status of hospital/medical facility availability and capability.

☐ Receive basic patient information and condition from Treatment Dispatch Manager.

☐ Coordinate patient destination with CMED.

☐ Communicate patient transportation needs to Ambulance Coordinators based upon requests from the Treatment Dispatch Manager.

☐ Communicate patient air ambulance transportation needs to the Air Operations Branch Director or Medical Group Supervisor based on requests from the treatment area managers or Treatment Dispatch Manager.

☐ Maintain appropriate records and Unit/Activity Log (ICS Form 214).

Notes:

Position assigned to:

Incident Name: Date:
Ambulance Coordinator

Appointed by and reports to:  Patient Transportation Unit Leader

☐ Establish appropriate staging area for ambulances.

☐ Establish routes of travel for ambulances for incident operations.

☐ Establish and maintain communications with the Air Operations Branch Director if assigned regarding Air Ambulance transportation assignments.

☐ Establish and maintain communications with Medical Communications Coordinator and Treatment Dispatch Manager.

☐ Provide ambulances upon request from the Medical Communications Coordinator.

☐ Assure that necessary equipment is available in the ambulance for patient needs during transportation.

☐ Establish contact with ambulance providers at the scene.

☐ Request additional transportation resources as appropriate.

☐ Provide an inventory of medical supplies available in the ambulance staging area for use at the scene.

☐ Maintain records as required and Unit/Activity Log (ICS Form 214).

Notes:

Position assigned to:

Incident Name:  Date:
Mass Casualty Incident Communications

Medical Supply Coordinator

**Appointed by and reports to:** Medical Branch Director or Medical Group Supervisor

- ☐ Acquire, distribute and maintain status of medical equipment and supplies within the Medical Group.*
- ☐ Request additional medical supplies.*
- ☐ Distribute medical supplies to Treatment and Triage Units.
- ☐ Maintain Unit/Activity Log (ICS Form 214).
- ☐ *If the Logistics Section were established, this position would coordinate with the Logistics Section Chief or Supply Unit Leader.

**Notes:**

Position assigned to: ___________________________ Date: ___________________________

Incident Name: ___________________________
**Mass Casualty Incident Communications**

**CMED Radio Frequencies**

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<tr>
<th>Code</th>
<th>Frequency Range</th>
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<tbody>
<tr>
<td>Med -1</td>
<td>463.000/468.000 MHZ</td>
</tr>
<tr>
<td>Med -2</td>
<td>463.025/468.025 MHZ</td>
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<tr>
<td>Med -3</td>
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<td>462.975/467.975 MHZ (Regional Coordination)</td>
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<thead>
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<th>Code</th>
<th>Frequency Range</th>
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<tbody>
<tr>
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<td>453.025/458.025 MHZ (local/regional coordination)</td>
</tr>
<tr>
<td>TAC -2</td>
<td>453.075/458.075 MHZ (local/regional coordination)</td>
</tr>
<tr>
<td>TAC -3</td>
<td>453.125/458.125 MHZ (special E.M.S. operations)</td>
</tr>
<tr>
<td>TAC -4</td>
<td>453.175/458.175 MHZ (special E.M.S. operations)</td>
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</table>
Mass Casualty Incident Communications

CT Trauma Centers

Level One (1) Trauma Centers
Baystate Memorial Hospital, MA Adult & Pediatric
Hartford Hospital Adult
Yale-New Haven Hospital Adult & Pediatric

Level Two (2) Trauma Centers
Backus Hospital Adult
Bridgeport Hospital Adult
Danbury Hospital Adult & Pediatric
Norwalk Hospital Adult
ST Francis Hospital Adult
ST Mary’s Hospital Adult
Hospital of ST Raphael Adult
Stamford Hospital Adult
ST Vincent’s Medical Center Adult
Waterbury Hospital Adult

Connecticut Hospitals

Backus Hospital
326 Washington St., Norwich, CT

From the New Haven area and Southwestern Connecticut: Take I-95 North to Exit 76 for I-395 North. Follow 395 to Exit 81-East for the Routes 2 and 32 connector in Norwich. Follow the connector until you exit to your right onto Washington Street. The Hospital entrance is on the right.

From the Hartford area: Take Route 2 East to Norwich. Exit right onto Washington Street. The Hospital entrance is on the right.

Hospital of Central CT – Bradley Memorial
81 Meriden Ave, Southington, CT 06489

From Hartford:
I-84 West; exit 32; right at ramp; travel south on route 10 approximately 3 miles to route 120 (Meriden Ave.); hospital is on the left.
Mass Casualty Incident Communications

From Meriden/New Haven:
Route 691 West to exit 4; right at ramp; right at first light onto route 120 (Meriden Ave.) follow to hospital.

From Waterbury:
I-84 East; exit 30; (Marion Ave.) right at ramp; straight to route 10; follow "H" signs; right at Meriden Ave.; (Route 120).

Bridgeport Hospital
267 Grant Street, Bridgeport, CT 06610

From the Merritt Parkway,
(Route 15)

Traveling North (from New York):
Take Exit 49S to Route 25 South. Take Exit 5 to Boston Avenue. Turn right on Boston Avenue. Continue for 1.8 miles. Turn right on Mill Hill Avenue. Turn right on Grant Street. Visitor parking garage is on left

Traveling South (from New Haven):
Take Exit 52 to Route 8 South. Take Exit 5 to Boston Avenue. Turn right on Boston Avenue. Continue for 1.8 miles. Turn right on Mill Hill Avenue. Turn right on Grant Street. Visitor parking garage is on left.

From the Connecticut Turnpike, I-95

Traveling North (from New York):
Take Exit 29 -Stratford / Seaview Avenue. At the end of the ramp, take a left onto Seaview Avenue. Continue on Seaview Avenue for 1 mile. Turn right on Barnum Avenue. Turn left on Central Avenue. Turn right on Grant Street. Visitor parking garage is on right.

Traveling South (from New Haven):
Take Exit 32. Turn left at the end of the ramp on Linden Avenue. Turn right on West Broad Street. Turn left on Barnum Avenue. Turn right on Boston Avenue. Continue for 1.2 miles. Turn left on Mill Hill Avenue. Turn right on Grant Street. Visitor parking garage is on left.

Bristol Hospital
Brewster Road, Bristol, CT 06011

From Hartford:
Take I-84 West to exit 38 (Route 6). Follow Route 6 to Route 229 South. At Route 229, take a left and follow the blue hospital signs.

From Waterbury:
Take I-84 East to exit 31 (West Street). Take a left off the exit onto Route 229. Follow Route 229 to Route 72 West. Turn left onto Route 72 West and follow the blue hospital signs.

From New Haven:
Take I-91 North to Route 691 West. Take Route 691 West to I-84 East, to exit 31 (West Street) and follow the directions from Waterbury.
Mass Casualty Incident Communications

**From New Britain:**
Take I-84 East to Route 72 West to the end of the expressway. Take a right at the traffic light. Go through 2 more traffic lights; take a left onto Broad Street. Follow Broad Street until the end. Take a left at the traffic light. Go under the railroad bridge overpass and take an immediate right. Follow blue hospital signs.

**From Torrington/Winsted:**
Take Route 8 South to exist 39 (Bristol/Terryville). Take a left at the end of the exit ramp onto Route 6. Follow Route 6 into Bristol. Follow blue hospital signs.

**Charlotte Hungerford Hospital**
540 Litchfield St, Torrington, CT 06790

**From Winsted (North):**
Take Route 8 SOUTH to Exit 43. Once you get off the exit, there will be blue and white "H" signs to the hospital. At the end of the ramp, take a right, then a left at the stop sign. At the next stop sign, take right onto East Albert Street. You will continue straight through 2 more stop signs and 2 more traffic lights. At the third light bear left up the hill (Litchfield Street). The hospital will be on the right about 1/4 mile.

**From Waterbury (South):**
Take Route 8 NORTH to Exit 43 (Harwinton Avenue). Turn left at end of ramp. At first intersection go straight on to East Albert Street and Albert Street to Litchfield Street. Continue up the hill. The hospital will be on your right.

**From Hartford (East):**
Take I-84 WEST to exit 39 at Farmington. Take Route 4 WEST to route 118. Follow Route 118 to the intersection of Route 8 NORTH. Go NORTH on Route 8 to Exit 43 (Harwinton Avenue). Turn left at exit. At first intersection go straight on to East Albert Street and Albert Street to Litchfield Street. Continue up the hill. The hospital will be on your right.

**Emergency Department**
Follow the instructions for the hospital, then:
Continue up Litchfield Street past the Main Hospital Entrance on your right and up the hill. Pass the Outpatient Services parking area entrance on your right and continue up the hill. Take the next right into the Emergency Department Parking area. If this lot is full, take a right up the hill and take the next Right. There is additional parking above the first parking area.

**Connecticut Children's Medical Center**
282 Washington Street, Hartford, CT 06106

**Emergency Entrance: Seymour St., opposite "85 Seymour Street Medical Building"**

**From North or South of Hartford**
Take I-91S or I-91N to Exit 29A, "Capitol Area." Proceed under three overpasses to rotary. Follow rotary three-quarters around and take right onto Hudson Street. Take Hudson Street to the end. Turn right onto Jefferson Street. At the traffic light turn left onto Seymour Street. You will be on the property for Connecticut Children's Medical Center and Hartford Hospital. At the stop sign turn right. The Children's Medical Center will be on your left, "Public Parking" will be on your right.

**From Route 2**
Take Route 2 West to Exit 5D, "Route 3/Putnam Bridge Exit." Get on 91 North and follow directions above.
Mass Casualty Incident Communications

From East of Hartford
Take I-84W and follow signs to Exit 54, "Downtown Hartford." Cross Founders Bridge then take first left onto Columbus Boulevard. Proceed through three lights and over a small bridge. After the bridge, turn right at second light, Charter Oak Avenue. Proceed through three lights and cross Main Street. After Main Street, proceed through one light and turn left at end onto Washington Street. Proceed through third light (at Jefferson Street), then take first left into hospital entrance. Connecticut Children's Medical Center is on your right as you enter the garage marked "Public Parking" on your left.

From West of Hartford
Take I-84E to Exit 48B, "Capitol Ave." Follow road as it curves right and under one overpass. Take left at light onto Capitol Avenue and proceed through next traffic light. Turn right at second light (at horse and rider statue), then bear left immediately at fork onto Washington Street. At the fifth light, take a left into hospital entrance. Connecticut Children's Medical Center is on your right as you enter the garage marked "Public Parking" on your left.

Danbury Hospital
24 Hospital Ave, Danbury, CT 06810

Traveling West on I-84
Take Exit 6, Turn right at exit ramp light at North Street, Turn right on Hayestown Avenue, Turn right on Tamarack Avenue. Follow Tamarack Avenue uphill to traffic light, Turn left at this light onto Hospital Avenue, Follow Hospital Avenue to appropriate visitor parking lot on right

Traveling East on I-84
Take Exit 5After stop sign, go straight ahead to intersection of Main Street and North Street. Go straight through onto Hospital Avenue. Go on Maple Avenue to Osborne Street, Turn left on Osborne Street, Turn left onto Hospital Avenue. Follow Hospital Avenue to appropriate visitor parking lot on right

Day Kimball Hospital
320 Pomfret Street (Route 44)
Putnam, CT 06260

From the North
I-395 South to Exit 97 (Route 44) at end of ramp, turn right. Continue on Route 44 West through town, Hospital is on your left, halfway up the hill

From the West
I-84 East to Exit 69 (Route 74). Continue on Route 74 East to Route 44. At blinker light, turn left onto Route 44 East. Follow Route 44 to Day Kimball Hospital, Hospital is on your right

From the South
I-395 North to Exit 95 (Kennedy Drive), at end of ramp, turn right onto Kennedy Drive. Continue to traffic light at intersection with Route 44, Turn left onto Route 44 West. Hospital is on your left, halfway up the hill

From the East
Route 44 East to Putnam, Continue through town on Route 44. Hospital is on your left, halfway up the hill
Mass Casualty Incident Communications

University of Connecticut Health Center (UCONN)  
(John Dempsey)  
263 Farmington Ave., Farmington, CT 06030

From Bradley International Airport
Follow Route 20 to I-91 South to I-84 West in Hartford. Follow I-84 West about 7 miles to Exit 39 which is after 39A. Turn right at the first traffic light onto Route 4 East (Farmington Avenue). At the third traffic light, turn right to enter the Health Center campus.

From Farmington Center
Stay on Route 4 East/Farmington Avenue. As you drive up the hill toward I-84, stay in the right lane and follow the signs as Route 4 East/Farmington Avenue loops to the right and crosses the I-84 access road. At the fourth traffic light, turn right to enter the Health Center campus.

From West Hartford Center
Stay on Farmington Avenue/Route 4 West. The Health Center is about 3.3 miles on the left.

From Route 44 Canton/Avon
Proceed on Route 44 eastbound through Avon. Turn right onto Route 10 South/Waterville Road. Turn left onto Talcott Notch Road and continue to Farmington Avenue/Route 4 West. Turn right; the Health Center is a ¼ mile on the left.

From I-84
Take Exit 39 (if coming from I-84 West, Exit 39 is after 39A). Turn right at the first traffic light onto Route 4 East (Farmington Avenue). At the third traffic light, turn right to enter the Health Center campus.

From Northbound Route 9
Take Exit 32 (left exit) onto I-84 west and stay in the right lane. Take Exit 39 (first exit). Turn right at the first traffic light onto Route 4 East (Farmington Avenue). At the third traffic light, turn right to enter the Health Center campus.

To Return to Route 9
From the Farmington Avenue entrance on the Lower Campus, take a left onto Route 4 West/Farmington Avenue. At the second light, take a left onto South Road. At the first stop sign, turn right and follow the signs to Route 9 South (you will enter I-84 East briefly prior to exiting onto Route 9 South).

To Return to I-84 East or West
From the Farmington Avenue entrance on the Lower Campus, take a left onto Route 4 West/Farmington Avenue. At the third light, take a left towards the highway entrance ramps and follow the signs staying right for I-84 West or staying left for I-84 East.

Greenwich Hospital
5 Perryridge Road, Greenwich, CT 06830

From I-95
Southbound, Exit 3
Right onto Arch Street. Turn left onto Soundview Drive. At top of hill, turn right onto Field Point Road. At second traffic light, bear left. Cross Putnam Avenue (Route 1) onto Dearfield Drive. At circle, bear right onto Lake Avenue. Hospital on left and the Sherman and Gloria H. Cohen Pavilion/Bendheim Cancer Center straight ahead.

Northbound, Exit 3
Left onto Arch Street. Same as above.
**Griffin Hospital**  
130 Division St., Derby, CT  06418

**Route 34 from New Haven:**  
Follow signs to Route 8 North, take Exit 18 and take a right onto Division St. Take right at first light. Griffin Hospital is on left.

**Route 8 South:**  
Take Exit 17 and take a left onto Seymour Ave. Follow road for a 1/4 mile. Griffin Hospital is on right.

**Route 8 North:**  
Take Exit 18 and take a right onto Division St. Take right at first light. Griffin Hospital is on left.

**Route 15/Wilbur Cross Parkway (from points north of New Haven):**  
Take exit 58 to Route 34 West, Follow signs to Route 8 North, Take Route 8 North to Exit 18 (Wakelee Ave.) Take a right at end of exit and right at traffic light, Griffin Hospital is on left

**Route 15/Merritt Parkway - North & South (from points south of New Haven):**  
Take Exit 52 (Route 8 North/Waterbury) Take Route 8 North, Exit 18 (Wakelee Ave.) Take a right at end of exit and right at traffic light, Griffin Hospital is on left

**Hartford Hospital**  
80 Seymour Street, Hartford, CT  06102

**From WEST (traveling east)**  
Take I-84 East to Hartford. Take the Capitol Avenue Exit 48-B (a right hand exit). At the end of the ramp between the State Capitol Building and the Legislative Office Building, turn left onto Capitol Avenue and turn right onto Washington St. (at the equestrian statue of Gen. Lafayette) continuing south to the fifth traffic light (Connecticut Children’s Medical Center and public garage on left). Turn into the drive at that light. The entrance to the public garage is on the left.

**FROM NORTH (traveling south)**  
Take I-91 South to Hartford. Take the Capitol Area Exit 29A (a right hand exit). Keeping in the right lane, take the first exit (Columbus Boulevard/Convention Center) and turn left crossing the Columbus Boulevard Bridge. Continue through five (5) traffic lights (Columbus Blvd. will curve west and uphill, becoming Wyllis St.). At the fifth traffic light, continue straight, crossing Main St. onto Jefferson Street. At the second traffic light on Jefferson St., turn left onto Seymour St. At the front of Hartford Hospital, turn right; the entrance to the public garage is on the right immediately past the Medical Office Building and across from Connecticut Children’s Medical Center.

**FROM EAST (traveling west)**  
Take I-84 West to Hartford. Take the “Downtown Hartford” Exit 54 (a left hand exit) over the Founders Bridge and guide your vehicle to the far left lane. At the bottom of the bridge, turn left
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onto Columbus Boulevard; travel past the Convention Center and across the Columbus Boulevard Bridge. Continue through five (5) traffic lights traffic lights (Columbus Blvd. will curve west and uphill, becoming Wyllis St.). At the fifth traffic light, continue straight, crossing Main St. onto Jefferson Street. At the second traffic light on Jefferson St., turn left onto Seymour St. At the front of Hartford Hospital, turn right; the entrance to the public garage is on the right immediately past the Medical Office Building and across from Connecticut Children's Medical Center.

FROM SOUTH (traveling north)
Take 1-91 North to Hartford, follow “Capitol Area” signs to exit 29A (a left-hand exit). Move immediately to the right lane and take the first exit (Columbus Boulevard/Convention Center) and turn left crossing the Columbus Boulevard Bridge. Continue through five (5) traffic lights traffic lights (Columbus Blvd. will curve west and uphill, becoming Wyllis St.). At the fifth traffic light, continue straight, crossing Main St. onto Jefferson Street. At the second traffic light on Jefferson St., turn left onto Seymour St. At the front of Hartford Hospital, turn right; the entrance to the public garage is on the right immediately past the

FROM SOUTH-EAST (ROUTE 2)
Take the “Downtown Hartford” exit onto the Founders Bridge. At the bottom of the bridge, turn left onto Columbus Boulevard, travel past the Convention Center and across the Columbus Boulevard Bridge. Continue through five (5) traffic lights traffic lights (Columbus Blvd. will curve west and uphill, becoming Wyllis St.). At the fifth traffic light, continue straight, crossing Main St. onto Jefferson Street. At the second traffic light on Jefferson St., turn left onto Seymour St. At the front of Hartford Hospital, turn right; the entrance to the public garage is on the right immediately past the

Johnson Memorial Hospital
201 Chestnut Hill Rd., Stafford Springs, CT 06076

From Hartford
Take I-84 East to Exit 67. At the end of the exit ramp, turn left and follow Route 31 to stoplight. Turn right onto Route 30. Continue on Route 30, turning left at stoplight by Leonard's Corner Veterinary Clinic. Follow Route 30 to intersection with Route 190. Turn left (west) and travel approximately 2 miles to Hospital complex. Turn right into the entrance.
OR
Take I-91 North to Exit 47E. Follow Route 190 East approximately 12 miles. Turn left into the Hospital complex.

From Springfield
Take I-91 South to Exit 47E. Follow Route 190 East approximately 12 miles. Turn left into the Hospital complex

Lawrence & Memorial
365 Montauk Ave., New London, CT 06320

From Hartford:
Take Route 2 east to Route 11, follow to the end. At the end of the exit ramp turn left on to Route 82. At the light (Salem Four Corners) turn right onto Route 85. Continue south for approximately 12 miles into New London. Turn right at traffic light onto Colman Street (Route 213).

At the end of Colman, turn right onto Bank Street, then an immediate left onto Lee Avenue. At the end of Lee, turn right onto Ocean Avenue. Go through one stop light, then turn left at the fourth street onto Faire Harbour Place (for Same-Day Surgery, Emergency Room, Community Cancer Center and Physicians Office Suites, patient drop-off area will be on the right). At stop sign turn right on Montauk Avenue. The Ambulatory Care Center and Main Hospital Entrances are on the right.
From Worcester or Norwich:
Take I-395 south to exit 78 to Route 32. Follow Route 32 into downtown New London where it becomes Eugene O'Neill Drive and then Green Street. Turn left at the end onto Tilley Street and a right onto Bank Street at the fire station. Follow Bank Street to the fourth stop light and turn left at Shaelett's Cleaners onto Montauk Avenue. The Ambulatory Care Center and Main Hospital Entrances will be on the right, approximately one mile.

From New York and New Haven:
Take I-95 north to exit 82A, Frontage Road. Keep right and follow to Colman Street exit (Route 1 south). Turn left onto Colman Street and follow second paragraph of the directions From Hartford.

From Providence and Boston:
Take I-95 south to exit 83, Frontage Road. Take Colman Street exit and turn left onto Colman Street. Follow second paragraph of the directions From Hartford.

Manchester Memorial Hospital
71 Haynes Street, Manchester, CT 06040

From the Waterbury-Hartford area (heading down I-84 East):
Take I-84 East to I-384 East. Take Exit 3 (Route 83, Downtown Manchester) and take a right at the end of the exit ramp. Follow Main Street through the business district for approximately two (2) miles until you reach the light for Haynes Street. Turn left onto Haynes Street. The hospital is located on the right at 71 Haynes Street. Visitor parking is available on the left (across the street from the hospital). Free valet parking is available at the hospital's front entrance.

From the Boston-Sturbridge area (heading down I-84 West):
Take I-84 West to Exit 63 (Route 30) Take a right off the ramp onto Deming Street. Proceed less than a half mile, then take a right onto Oakland Street (Route 83). Continue about one mile; take a right at the light onto North Main Street (will still be on Route 83). At the next light, take a left onto Main Street (will still be on Route 83). Proceed about one mile. Pass the Middle Turnpike intersection, then take a right onto Haynes Street. The hospital is located on the right at 71 Haynes Street. Visitor parking is available on the left (across the street from the hospital). Free valet parking is available at the hospital's front entrance.

From the Springfield area and points north:
I-91 South to I-84 East, then follow directions above.

From the New Haven area and points south:
I-91 North to I-84 East, then follow directions above.

Middlesex Hospital
28 Crescent Street, Middletown, CT 06457

(i) From North (Hartford)
Take I-91 South to Exit 22S, Route 9 South. Follow Route 9 through Middletown. Take Exit 13, Route 17. Continue straight to the intersection with Route 17, South Main Street. At the light, turn right onto South Main Street. Follow South Main Street to the intersection with Crescent Street. Turn right onto Crescent Street. The entrance to the hospital and the Emergency Department are on Crescent Street.

(ii) From South (Meriden)
Take I-91 or Wilbur Cross Parkway to Route 691 East. Follow Route 691 (becomes Route 66) to Main Street, Middletown. Turn right onto Main Street. Continue down Main Street to the intersection with Pleasant Street. Turn right onto Pleasant Street, then bear left at the next light
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onto South Main Street. Turn left onto Crescent Street. The entrance to the hospital and the Emergency Department are on Crescent Street.

(iv) From West
Take I-84 to Route 691 East. Follow Route 691 (becomes Route 66) to Main Street, Middletown. Turn right onto Main Street. Continue down Main Street to the intersection with Pleasant Street. Turn right onto Pleasant Street, then bear left at the next light onto South Main Street. Turn left onto Crescent Street. The entrance to the hospital and the Emergency Department are on Crescent Street.

(vi) From New York/New Haven
Take I-95 to I-91 North. Change to Route 9 South toward Cromwell/Middletown. In Middletown, take Exit 13. Continue straight to the intersection with Route 17, South Main Street. At the light, turn right onto South Main Street. Follow South Main Street to the intersection with Crescent Street. Turn right onto Crescent Street. The entrance to the hospital and the Emergency Department are on Crescent Street.

MidState Medical Center
435 Lewis Avenue, Meriden, CT  06451

From New Haven:

From Hartford:
I-91 S toward New Haven, Take exit 18 to merge onto I-691 W toward Meriden/Waterbury.  Take exit 6.  Light at end of exit follow straight through.

From Waterbury:
I-84 E Toward Hartford onto I-691 E (signs for I-691 E/Meriden/Middletown.  Take exit 7 to merge onto Columbia Street, Sharp Left at Columbia Pl/Columbia SrN Continue to follow Columbia Pl.  Turn Right at Lewis Ave

From Middletown:
Ct-66/Washington St, follow to I-691 W, Take exit 6. Go straight through light at end of exit.

Milford Hospital
300 Seaside Avenue, Milfor, CT  06460

From Hartford Region and Points North:
Take I-91 South to I-95 South to Exit 36 (Plains Road). At the end of the ramp turn left and follow blue Hospital signs.

From Fairfield County and Points South:
Take I-95 North to Exit 36 (Plains Road). At the end of the ramp, turn right and follow blue Hospital signs.

From Merritt/Wilbur Cross Parkways and Points North:
Take Exit 54 to I-95 South. Take I-95 South to Exit 36 (Plains Road). At the end of the ramp turn left and follow blue Hospital signs.

From Merritt/Wilbur Cross Parkways and Points South:
Take Exit 54 to I-95 South. Take I-95 South to Exit 36 (Plains Road). At the end of the ramp turn left and follow blue Hospital signs.
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**Hospital of Central CT – New Britain General Hospital**
**100 Grand Street, New Britain, CT  06050**

**From Route 9**
Exit 28 to Route 72 West. Take Corbin Ave. exit (Exit 7) and turn left. Follow the blue hospital signs (left onto Hart St., straight, then left onto Linwood St.) Up the hill, take second right onto Grand St., garage entrance on right.

**From I-84**
Exit 35 to Route 72 east. Take Corbin Ave. exit (Exit 7) and turn right. Follow the blue hospital signs (left onto Hart St., straight, then left onto Linwood St.) Up the hill, take second right onto Grand St., garage entrance on right.

**New Milford Hospital**
**21 Elm Street, New Milford, CT 06776**

**From Danbury**
Take Route 7 north to New Milford. Bear right onto Route 67/202 East, Bridge St. Cross bridge and after 3 traffic lights, bear left onto Route 202, East St. (distance from bridge about 0.5 mile). Continue on Route 202 about 0.3 mile to traffic light. Turn left at light onto Elm St., then first right into hospital parking lot entrance. Follow signs to main entrance. Distance from Danbury is approximately 15-17 miles from Danbury.

**From New York City and Vicinity**
Take your choice of highways to reach Interstate 84 East. Continue on Interstate 84 East to Danbury, CT. Take left Exit 7 marked Route 7 North, Brookfield - New Milford and proceed on two-way expressway to end. At the light, turn right and follow Route 7 North. Follow directions from Danbury.

**From Bridgeport**
Take Route 25 to Brookfield Center. At Congregational Church take Route 133 (right) about 5 or 6 miles to Route 67 (left onto 67). At the intersection of Route 67 and Route 202 in New Milford, bear right onto Route 202 and continue for about 0.3 mile. Turn left at the traffic light onto Elm St., then first right into hospital parking lot entrance. Follow signs to main entrance.

**From Hartford/Waterbury**
Follow Interstate 84 West and turn off at Exit 15. Bear right at ramp and follow Route 67 north for approximately 17 miles. At the intersection of Route 67 and Route 202 in New Milford, bear right onto Route 202 and continue for about 0.3 mile. Turn left at the traffic light onto Elm Street, then first right into hospital parking lot entrance. Follow signs to main entrance.

**From New Haven**
From New Haven, follow Whalley Ave. to Route 67W through Seymour, Oxford, Southbury and Roxbury to New Milford. At the intersection of Route 67 and Route 202, bear right onto Route 202 and continue for about 0.3 mile. Turn left at the traffic light onto Elm St., then first right into hospital parking lot entrance. Follow signs to main entrance.

**Norwalk Hospital**
**34 Maple St, Norwalk, CT  06850**

**I-95 Northbound (from New York)**
Take Exit 14. At end of ramp turn left and cross over the turnpike to traffic light. Turn right onto U.S. 1. At the third traffic light (Maple Street.) turn left to hospital area.
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**I-95 Southbound (from New Haven).**
Take Exit 15. Bear right on ramp to traffic light. Turn right, onto West Ave. Pass through the next intersection (and light). At the next traffic light, turn left onto Maple Street and go straight ahead to the next traffic light to reach the hospital area.

**Merritt Parkway, Northbound (from NY).**
Take Exit 39, going right (South) directly onto the Rte-7 Connector (follow signs saying "to I-95"). Get off at Exit 1; turn left onto Van Buren Avenue (US-1). At the second traffic light turn right onto Maple Street, into the hospital area.

**Merritt Parkway Southbound (From New Haven).**
Take Exit 38 and turn right onto CT-123 South. At the fourth traffic light, CT-123 goes off to the left, but you do not turn; continue straight ahead to the seventh traffic light (from the Parkway), at Maple Street. Turn right on Maple Street into hospital area.

**Rte. 7 Southbound (From Danbury).**
Above the Merritt Parkway, just inside the Norwalk line, turn right onto the Route 7 Connector access road (directly opposite the Department of Motor Vehicles building). Follow signs "To I-95" onto Route 7 Connector. Take Exit 1; turn left onto Van Buren Avenue (US-1). At second traffic light turn right onto Maple Street, into hospital area.

**Rockville General Hospital**
31 Union St., Vernon Rockville, CT 06066

From either the Waterbury-Hartford area or the Sturbridge-Boston area (I-84 East or West):
Take I-84 to Exit 67
Follow Route 31 North toward Rockville
At the intersection of Route 74 (at the traffic light), take a left.
The hospital is approximately a half mile ahead on your left.
Blue hospital signs clearly mark the way from the highway to the hospital.

From the Springfield area and points north:
I-91 South to I-84 East, then follow directions above.

From the New Haven area and points south:
I-91 North to I-84 East, then follow directions above.

**Saint Francis Hospital and Medical Center**
114 Woodland St., Hartford, CT 06105

From Interstate 91 Northbound And Southbound
Take Exit 32A to Interstate 84 Westbound. From Interstate 84 Westbound, take Exit 48, Asylum Street. From exit ramp, take right onto Garden Street. At second traffic light, take left onto Collins Street for six blocks. At light, take left onto Woodland Street to hospital entrance on left.

From Interstate 84 Westbound
Take Exit 48, Asylum Street. From exit ramp, take right onto Garden Street. At second traffic light, take left onto Collins Street for six blocks. At light, take left onto Woodland Street to hospital entrance on left.

From Interstate 84 Eastbound
Take Exit 46, Sisson Avenue (a left exit). From exit ramp, take right onto Sisson Avenue for four blocks. Take right onto Farmington Avenue for four blocks. Take left onto Woodland Street for three blocks to hospital entrance on right.
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**Saint Mary’s Hospital**  
*55 Franklin St., Waterbury, CT 06706*

**Section 1.02**

**Section 1.03 From the North**  
Section 1.04 (Thomaston, Torrington, Winsted, etc.)  
Route 8 South to I-84 East to Exit 23/Route 69 - Hamilton Avenue-Wolcott-Prospect. Take right hand exit - Hamilton Avenue/Route 69 North/Wolcott. Take RIGHT at the light onto Washington Street and stay in the left lane. Take a LEFT at the light onto Hamilton Avenue. Go straight and follow signs for Union Street/Downtown. At the 5th light, past the Brass Mill Center Mall and Commons, take a RIGHT onto Mill Street. At the second traffic light Go Straight and take a RIGHT onto Cole Street and LEFT into the visitors’ parking garage. Additional parking is available in the visitors' lot across from the hospital's main entrance on Franklin Street.

**Section 1.05**

**Section 1.06 From the South**  
(Naugatuck, Seymour, Bridgeport, etc.)  
Route 8 North to I-84 East to Exit 22 (Downtown Waterbury/Baldwin Street). At second traffic light turn LEFT onto South Main Street. At second light take a RIGHT on to Scovill Street. At first light continue straight on Scovill Street. Then turn LEFT on to Cole Street and LEFT into the visitors’ parking garage. Additional parking is available in the visitors' lot across from the hospital's main entrance on Franklin Street. To use the Franklin Street lot, turn RIGHT at the intersection of Cole Street, Scovill Street and Franklin Street.

**Section 1.07 From the East**  
(Cheshire, Southington, Hartford, etc.)  
I-84 West to Exit 22 (Union Street/Downtown area). LEFT at the traffic light onto Union Street. At the third traffic light, turn RIGHT onto South Elm. At the first traffic light turn RIGHT onto Scovill Street. Turn LEFT onto Cole Street and LEFT into the visitors’ parking garage. Additional parking is available in the visitors' lot across from the hospital's main entrance on Franklin Street. To use the Franklin Street lot, turn RIGHT at the intersection of Cole Street, Scovill Street and Franklin Street.

**Section 1.08 From the West**  
(Middlebury, Southbury, Danbury, etc.)  
I-84 East to Exit 22 (Downtown Waterbury, Baldwin Street). At second traffic light turn LEFT onto South Main Street. At second light take a RIGHT on to Scovill Street. At the first light go continue on Scovill Street. Turn LEFT on to Cole and turn LEFT into the visitors’ parking garage. Additional parking is available in the visitors' lot across from the hospital's main entrance on Franklin Street. To use the Franklin Street lot, turn RIGHT at the intersection of Cole Street, Scovill Street and Franklin Street.

**Hospital of Saint Raphael**  
*1450 Chapel Street, New Haven, CT 06511*

**Emergency Department**  
**Orchard Street Entrance**

**From Hartford (North)**  
Leave I-91 at Exit 1 (Downtown New Haven) CONTINUE straight on the exit expressway, where it merges with North Frontage Rd. CONTINUE through four lights and then turn right at the fifth light onto Orchard St. After the first light, the Emergency Department is halfway up the block on your left.

**From Shore Towns (East)**  
Leave I-95 at Exit 47 (Downtown New Haven) CONTINUE straight on the exit expressway, where it merges with North Frontage Rd. CONTINUE through four lights and then turn right at the fifth light onto Orchard St. After the first light, the Emergency Department is halfway up the block on your left.
Mass Casualty Incident Communications

From Waterbury and Upstate New York (Northwest)
Follow Route 69 South to Route 63 South (Whalley Ave.) CONTINUE down Whalley Ave. for about 2¼ miles and take a right on Orchard St. Follow Orchard St. pass Chapel St. The Emergency Department is halfway up the block on your right.

From Bridgeport and New York City Areas (West)
Leave the Wilbur Cross Parkway at Exit 57 (Route 34 east) CONTINUE on Route 34 until you cross Ella Grasso Boulevard. CONTINUE straight ahead onto Derby Ave. Derby Ave. changes into George St. Once past Sherman Ave. take the next left onto Orchard St. The Emergency Department is halfway up the block on your left.

Or, leave I-95 north at Exit 47(Downtown New Haven) CONTINUE straight on the exit expressway, where it merges with North Frontage Rd. CONTINUE through four lights and then turn right at the fifth light onto Orchard St. After the first light, the Emergency Department is halfway up the block on your left.

St. Vincent's Medical Center
2800 Main Street, Bridgeport, CT 06606

From the Merritt Parkway:
Take Exit 48 (Main Street); proceed two miles south to St. Vincent's campus, on the left.

From I-95:
Take Exit 27A onto the Route 8 & 25 Connector; take Exit 4 (Lindley St.); turn left onto Lindley and proceed three blocks to Hawley Ave.; turn left onto Hawley and to the Medical Center on the right.

Stamford Hospital
30 Shelburne Road, Stamford, CT 06904

From New Haven
Via Merritt Parkway
Exit 34. Turn left onto Route 104 (Long Ridge Road) and travel 0.9 miles to light at rotary island. Bear right onto Stillwater Road (follow hospital sign) and continue 2.3 miles to light at island intersection. Municipal golf course is on your left. Proceed past golf course, bearing left onto W. Broad Street at wide intersection. Continue three short blocks and turn right onto Shelburne Road. Hospital entrance is on the left.

Via Connecticut Turnpike
Exit 6. Turn right at light onto West Avenue. Continue 0.7 miles to traffic island and stop sign. Turn left on Stillwater Avenue. Turn right at next island intersection onto W. Broad Street. Continue three short blocks and turn right onto Shelburne Road. Hospital entrance is on the left.

Waterbury Hospital
54 Robbins Street, Waterbury, CT 06721

Route 84 - Eastbound from New York or Danbury area
Exit 18 (Chase Parkway). Turn right and go to the first traffic light. Then turn right and go to the next light. Turn right (this is West Main Street). At fork in road, bear left on Robbins Street for 1/2 mile. Hospital is on the left.
Route 84 - Westbound from Hartford area
Exit 18 (Highland Avenue/West Main Street). Take to West Main Street. Turn right (this is West Main Street). At fork in road, bear left on Robbins Street for 1/2 mile. Hospital is on the left.

Route 8 - Northbound from Naugatuck or Bridgeport area
Exit 32 (Downtown Waterbury). Turn left at the second light, underneath underpass and up hill (West Main Street). Take the first right (Colley Street). Hospital is straight ahead, on Robbins Street.

Route 8 - Southbound from Watertown, Thomaston or Torrington
Exit 34 (West Main Street/Downtown Waterbury exit). Take a right at the end of the exit onto West Main Street. Take the first right onto Colley Street (this is a one-way street). Hospital is straight ahead, on Robbins Street.

Windham Community Memorial Hospital
112 Mansfield Ave., Willimantic, CT 06226

From Bradley International Airport
Follow signs out of Bradley towards Route 91 South
Get off exit 35A - Route 291 East, follow it to the end and bear right at the split.
Follow the signs for Route 384 East and follow it to the end.
At the split, bear right and follow Route 6 East towards Willimantic / Providence (about 15 to 20 minutes later) you'll see Columbia Ford on your right.
At the next light, turn left onto the Route 6 expressway.
Take the first exit (Route 32).
Turn right off the ramp.
At the fourth light (by McDonald's) turn left onto West Avenue, bearing right onto Valley Street at the next intersection.
At the first stop sign, turn left onto Mansfield Avenue. The entrance to Windham Hospital is on the left.

From Hartford, Connecticut
Take Route 84 East to exit 59 (Route 384 East) and follow to end
At the split, bear right and follow Route 6 East towards Willimantic / Providence (about 15 to 20 minutes later) you'll see Columbia Ford on your right.
At the next light, turn left onto the Route 6 expressway.
Take the first exit (Route 32).
Turn right off the ramp.
At the fourth light (by McDonald's) turn left onto West Avenue, bearing right onto Valley Street at the next intersection.
At the first stop sign, turn left onto Mansfield Avenue. The entrance to Windham Hospital is on the left.

From Norwich, Connecticut
Take Route 32 North towards Willimantic.
When you hit Main Street, Willimantic (Dunkin Donuts in front of you at the light) turn left (still following Route 32 N).
At the fork in front of Stop & Shop, bear right (still following Route 32 N)
Take your first right onto West Avenue, bearing right onto Valley Street at the next intersection.
At the first stop sign, turn left onto Mansfield Avenue. The entrance to Windham Hospital is on the left.
Mass Casualty Incident Communications

Yale-New Haven Hospital
20 York Street, New Haven, CT 06510

YNHH Emergency (enter from York Street)

I-95 traveling north or south
Exit 47 to Route 34 west to Exit 2. Turn left on College Street. Follow College until it merges with Congress Avenue. At the second light, turn right onto Howard Avenue. At the next intersection, turn right onto York Street. The Emergency driveway is on your left.

I-91 traveling south
Exit 1 to Route 34 west to Exit 2. Turn left on College Street. Follow College until it merges with Congress Avenue. At the second light, turn right onto Howard Avenue. At the next intersection, turn right onto York Street. The Emergency driveway is on your left.

Wilbur Cross Parkway (Rte. 15) traveling south
Exit 59 immediately after tunnel. Right at end of ramp. Merge left onto Whalley Avenue at light. Stay on Whalley until you see signs for Yale-New Haven at Park Street. Turn right onto Park and follow it until it merges with Howard Avenue. At the next light, turn left onto York and the Emergency driveway is on your left.

Merritt Parkway (Rte. 15) traveling north
Exit 57 to Route 34 east into New Haven. Right onto Ella T. Grasso Boulevard (Rte. 10) and left onto South Frontage Road (Legion Ave.). Follow hospital and Rte. 34 signs. At Howard Avenue, turn right. At the third light, turn left onto York Street. The Emergency driveway is on your left.

Route 1 (Boston Post Road) traveling east
After crossing Ella T. Grasso Boulevard (Rte. 10), turn left onto Davenport Avenue. Cross Howard Avenue and the Emergency driveway is on your left.

Children's Emergency (enter from Howard Avenue)

I-95 traveling north or south
Exit 47 to Route 34 west to Exit 3. Follow N. Frontage Road to Park Street. Turn left onto Park Street and proceed through two lights, veering left onto Howard Avenue. The Children's Emergency driveway will be immediately on your left.

I-91 traveling south
Exit 1 to Route 34 west to Exit 3. Follow N. Frontage Road to Park Street. Turn left onto Park Street and proceed through two lights, veering left onto Howard Avenue. The Children's Emergency driveway will be immediately on your left.

Wilbur Cross Parkway (Rte. 15) traveling south
Exit 59 immediately after tunnel. Right at end of ramp. Merge left onto Whalley Avenue at light. Stay on Whalley into downtown until you see signs for Yale-New Haven at Park Street. Turn right onto Park and follow it until it merges with Howard Avenue. Children's Emergency will be immediately on your left.

Merritt Parkway (Rte. 15) traveling north
Exit 57 to Route 34 east into New Haven. Right onto Ella T. Grasso Boulevard (Rte. 10) and left onto South Frontage Road. Follow hospital and Rte. 34 signs. At Howard Avenue, turn right. The Children's Emergency driveway is after the second light on your left.

Route 1 (Boston Post Road) traveling east
After crossing Ella T. Grasso Boulevard (Rte. 10), turn left onto Davenport Avenue. At Howard Avenue turn left and the Children's Emergency driveway will be on your right before the next light.
Out of State Hospitals Bordering CT
Directions from Hartford, CT

Massachusetts

Baystate Medical Center
759 Chest Nut Street, Sprinfield, MA 01199
(413) 794-0000

Merge onto I-91 N via the ramp to Springfield 27.2 entering Masssachusetts. Take exit 10 for Main St. toward Chicopee 0.02 turn right at Dover St. 0.2. Turn right at Chestnut St 118ft

Cooley Dickinsont Hospital Inc. The
30 Locust Street, Northampton, MA 01060
(413) 582-2000

Merge onto I-91 N via the ramp Springfield 42 mi. entering Massachusetts. Take exit 18 for US-5 N 0.2 mi. Turn left at Mount Tome Rs/US-5 continue to follow US-5 1.1, turn left at Maint St./RT-10/RT-9, continue to follow RT-9 1.8 mi.

Fairview Hospital
29 Lewis Avenue, Great Barrington, MA 01230
(413) 528-0790

Continue on Albany Ave/US-44, continue to follow US-44 14.1 mi., slight right at Albany Turnpike/US-44, continue to follow US-44 27.9 mi, turn right at Railroad St./US-7, continue to follow US-7 12.1 mi entering Massachusetts, turn left at South St. 0.2, turn right at West Ave 404 ft, turn left at Lewis Ave. 0.2 mi.

Harrington Memorial Hospital
100 South Street, Southbridge, MA 01550
(508) 765-9771

I-84 toward Boston 38.2 mi, entering Massachusetts. Take exit 1 toward Southbridge/Mashapaug Rd 0.1 Rd 0.1 mi. Merge onto Haynes St/Route 15 0.1 mi. Turn left at Mashapaug Rd 0.1 mi. Turn left to stay on Mashapaug Rd 1.8 mi, continue on South St. 1.7 mi.

Holyoke Medical Center
575 Beech Street, Holyoke, MA 01040
(413) 534-2500

Merge onto I-91 N via the ramp to Springfield- 33.9 mi, entering Massachusetts, take exit 16 for US-202N-0.3 mi, merge onto Cherry St/US-202N -0.4 mi, turn left at Hospital Dr -318 ft. Destination on right.
Mass Casualty Incident Communications

**Hubbard Regional Hospital**  
340 Thopson Road, Webster, MA 01570  
(508) 943-2600

I-84 E toward Boston 3.8 mi, slight left at I-384 E signs for I-384E 8.2 mi, Slight Right at Boston Way/Boston Turnpike/Route6/US-6 27.5, continue to follow US-44 27.5 mi, turn left at Averil Rd/US-44, continue to follow US44 7.9, turn left to merge onto I-395N Worcester entering MA 8.2 mi, take exit 1 for State Hwy 193 toward Webster 0.3mi, turn right at RT-193/Thompson Rd 0.6 mi, destination on right.

**Mercy Medical Center**  
271 Carew Street, Springfield, MA 01104  
(413) 748-8900

Merge onto I-91 N via the ramp to Springfield 26.1 mi, entering Massachusetts, take exit 8 for I-291E/US 20 E toward I-90/Mass. Pike 0.2mi, take exit 2B for Dwight St. 0.2 mi, turn left at Dwight St. 0.2 mi, turn right at Carew St/RT-20A 0.3mi.

**Noble Hospital**  
115 West Silver Street, Westfield, MA 01085  
(413) 568-2811

Merge onto I-91 N via the ramp to Springfield 9.8 mi. Take exit 40 for State Hwy 20 0.7 mi. Merge onto CT-20W 2.7 mi. Take the State Hwy 20 W exit toward E Graby/Granby 0.8 mi. Merge onto CT-20/Rainbow Rd. Continue to follow CT – 20 5.3 mi. Turn right at CT-10/Salmon Brook St N/US-202 11.7 mi. Turn left at Mill St. 0.5, turn right at W Silver St 420ft. Destination on left.

**St. Vincent Hospital**  
123 Summer Street, Worcester, MA 01608  
(508) 363-5000

I-84 toward Boston Partial Toll Road entering Massachusetts 42.5 mi. Take the exit onto I-90 toward Boston Toll Rd 11.5. Take exit 10 to merge onto I-290E toward Worcester, partial Toll Road 7.2 mi. Take exit 16 toward Central St. 0.1 mi, slight left at Mulberry St. 138 ft. Turn left at E. Central St. 0.2 mi. Turn L at Summer St. 184 ft.

**Umass Memorial Medical Center, Inc.**  
55 Lke Avenue North, Worcester, MA 01655  
(508) 334-1000

I-84 E towrd boston Partial Toll Road entering Massachusetts 42.5 mi. Take the exit onto I-90E toward Boston Toll Rd 11.5 mi. Take exit 10 to merge onto I-290E toward Worcester Partial Toll Road 7.7 mi. Take exit 17 for State hwy 9 toward Ware/Framingham 0.2 mi. Turn right at Belmont St/RT-09 (signs for Framingham Belmont St/RT9E 1.8 mi. Turn left at Lake Ave N 0.3 mi, make u-turn 190 ft.

**Wing Memorial Hospital and Medical Center**  
40 Wright Street, Palmer, MA 01069  
(413) 283-7651

Merge onto I-91 N via the ramp to Springfield entering Massachusetts 26.1 mi. Take exit 8 for I-291 E/US 20E toward I-90 Mass Pike 0.2 mi. Keep left at the fork to continue toward I-291E/US-
Mass Casualty Incident Communications
20E and merge onto I-29E/US20E. Continue to follow 5.0 mi. Take I-90E exit toward Boston Toll road 11.8 mi. Take exit 8 State Hwy 32 toward Ware/US-20/Palmer 0.5 mi, turn right at RT-32/Thorndike St. 223 ft. Turn right at Lawrence St 0.3 mi, turn left at Shearer St. 0.2 mi, turn left 0.2 mi.

Rhode Island

Kent County Memorial Hospital
455 Toll Gate Rd, Warwick, RI 02886
(401) 737-7000

I-84 E toward Boston, I-384 E, 8.2 mi, Slight right at Boston Way/Boston turnpike/Rte6/US-44/US-6 0.2 mi. Slight right at Hopriver Rd/Route 6/US-6/Willimantic Rd, continue to follow Us-6 15/7 mi. take the exit toward Boston Post Rd/CT-66/US-6 0.5mi. Keep right at the fork, follow signs for US-6/Danielson/Providence and merge onto Boston Post Rd/CT-66./US-6. Continue to follow US-6 entering Rhode Island 38.1 mi. Take the ramp to I-295 S 0.4 mi. Keep left at the fork, follow signs for Warwick/I-295 S and merge onto I-295 S 7.6 mi. Take exit 2 for State Hwy 2 S toward Warwick 0.4 mi. Merge onto Bald Hill Rd/RI-2 0.9 mi. Turn left at RI-115/Toll Gate Rd 0.6 mi.

Memorial Hospital of Rhode Island
111 Brewster Street, Pawtucket, RI 02860
(401) 729-2000

I-84 toward Boston slight left at I-384E (signs for I-384E) 8.2 mi, slight right at Boston Way/Boston Turnpike/Route 6/US-44/US-6 0.2 mi. Slight right at Hopriver Rd/Route 6/US-6/Willimantic Rd. Continue to follow US-6 15.7 mi. Take the exit toward Boston Post Rd/CT-66/US-6 0.5 mi. Keep right at the fork, follow signs for US-6/Danielson/Providence and merge onto Boston Post Rd/CT-66/US-6 continue to follow US-6 entering Rhode Island 38.1 mi. Take the ramp to US-6 E 0.4 mi. Take exit 5 to merge onto US-6 E toward Providence 5.9 mi. Take the exit onto I-95 N 4.6 mi. Take exit 28 for School St/State Hwy 114 0.1 mi. Turn right at School Street 0.5 mi. Turn left at Beechwood Ave. 0.2 mi. Destination will be on the left.

Rhode Island Hospital
593 Eddy Street, Providence, RI 02902
(401) 444-4000

I-84 E toward Boston slight left at I-384 E (signs for I-384 E) slight right at Boston Way/Boston Turnpike/Route 6/US-44/US-6, slight right at Hopriver Rd/Route 6/US-6/Willimantic Rd. Continue to follow US-6, take the exit toward Boston Post Rd/CT-66/US-6 keep right at the fork, follow signs for US-6/Danielson/Providence and merge onto Boston Post Rd/CT-66/US-6 continue to follow US-6 entering Rhode island, take the ramp to US-6 E, take exit 5 to merge onto US-6 toward Providence 5.9 mi, take the exit onto I-95 toward I-195 S 1.3 mi. Take exit 19 for Eddy St 0.4 mi Sharp right at Eddy St 299 ft, turn left 407 ft, turn left 131 ft. Destination will be on the right.

Roger Williams Hospital
825 Chalkstone Avenue, Providence, RI 02908
(401) 456-2000

Mass Casualty Incident Communications
Take the ramp to US-6 E 0.4 mi. Take exit 5. Take exit 2 to merge onto US-6 E toward Providence. Take the Dean St exit 0.3 mi. Turn left at Dean St. 220 ft. Continue on DE Pasquale Ave 0.3. Continue on Pleasant Valle Pkwy 0.2. Continue on Raymond St 0.2. Turn left at Chalkstone Ave 0.2. Turn right 157 ft. Turn left, destination will be on the right.

**Westerly Hospital**
25 Wells Street, Westerly, RI 02891
(401) 596-6000

CT-2 E 36.8 mi. Take exit 28S for State Hwy 2A S/I-395 toward New Haven 0.3 mi. Merge onto I-395 S 8.1 mi. Take exit 78 on the left toward New London/State hwy 32 0.4 mi. Merge onto Montville Connector 0.9 mi. Slight right at CT-32/Mohegan Ave/Mohegan Ave Ext/Mohegan Ave Pkwy 3.2 mi

Continue to follow CT-32. Merge onto I-95 N/US-1 N via the ramp to Groton/Providence. Continue to follow I-95 N 11.1 mi, take exit 91 toward Borough/No. Main St/Stonington/State Hwy 234 0.2 mi. Merge onto CT-234/Pequot Trail/Route 234 (signs for Pequot Trail) 3.5, slight left at W Broad St/Route 1/US-1, continue to follow W Broad St 0.6 mi entering Rhode Island. Slight right at main St/RI-1A 1.1 mi. Continue to follow RI-1A. Turn left at Wells St 0.1 mi. Turn righ 217ft. Destination will be on left.

**New York – NYC Vicinity**

**Bellevue Hospital Center**
First Avenue at 27th Street, New York, NY 10016
(212) 561-4132

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 64.3, entering New York. Continue on I-278W (signs for Bruckner Exp/I-278 W) Partial Toll Road 7.5 mi. Take the exit toward 25th Ave. S/Hoyt Ave 0.1 mi. Slight left at 25th Ave S/Hoyte Ave 47ft. Turn left at 32nd St 200 ft. Turn left at Astoria Blvd N 236ft. Turn left at 31st St 358ft. Turn right at Astoria Blvd 0.4 mi. Turn right at Astoria Blvd 0.6 mi.

**Beth Israel Medical Center**
First Avenue at 16th Street, New York, NY 10003
(212) 420-2000

Take the exit onto I-91 S 38.2. Merge onto I-95 S 64.3, entering New York. Continue I-278W (signs for Bruckner Exp/I-278 W). Partial Toll Road 5.4 mi. Take the exit toward FDR Dr/Manhattan 0.2 mi. Merge onto Triborough Bridge toll Road 0.4 mi. Take the ramp to FDR Dr Partial Toll Road 0.4 mi. Merge onto FDR Dr S/Franklin Delano Roosevelt Dr S 5.0 mi. Merge onto FDR Dr S/Franklin Delano Roosevelt Dr S 98 ft. Merge onto FDR Dr 0.1 mi. Continue on Avenue C 0.5 mi. Turn right at E 14th St. 0.4 mi. Turn right at 1st Ave 0.1 mi.

**Bronk-Lebanon Hospital Center**
1276 Fulton Avenue
Bronk, NY 10456
(212) 588-7000

Take the exit onto I-91 S 38.2. Merge onto I-95 S 64.3mi. Entering New York 67.8mi. Take exit 3 toward Third Ave 456ft. Merge onto E 175th St 190 ft. Turn left at 3rd Ave 1.0 mi. Turn left at E 168th St 400ft. Turn left at Fulton Ave 495 ft.

**Caritas Health Care, Inc**
Mass Casualty Incident Communications

90-02 Queens Boulevard
Elmhurst, NY 11373

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 64.3 mi. Entering New York. Continue on I-278 W (signs for Bruckner Exp/I-278 W) Partial Toll Road 8.2 mi. Take exit 4 to merge onto I-278 W toward Brooklyn 1.4 mi. Take exit 40 for Roosevelt Ave. 0.2 mi. Merge onto 69th St 0.6 mi. Turn left at Queens Blvd 0.3 mi.

Community Hospital at Dobbs Ferry
128 Ashford Avenue, Dobbs Ferry, NY 10522
(914) 693-0700

Turn left to merge onto I-84 W 65.0 mi entering New York. Take exit 20 to merge onto I-684 S toward White Plains 11.0 mi. Take exit 5 for Saw Mill Pkwy/State Hwy 117 1.0 mi. Merge onto Saw Mill Rivera Pkwy S 21.4 mi. Take exit 17 toward Ardsley/Dobbs Ferry 374 ft. Turn right at Ashford Ave 0.7 mi.

Elmhurst Hospital Center
79-01 Broadway, Elmhurst, NY 11373
(718) 334-1141

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 59.5 mi. Entering New York. Take exit 14 for Hutchinson Pkway toward Whitestone Bridge 0.3 mi. Merge onto Hutchinson River Pkwy S 7.0 mi Partial Toll Road. Continue on I-678 S Partial Toll Road 3.6 mi. Take exit 12 B for L I Expwy/I-495 W 0.5 mi. Merge onto I-495 W 1.0 mi. Take exit 19 for Queens Blvd 0.5 mi. Take exit 19 for Queens Blvd 0.6 mi. Turn right at Reeder St 459 ft. Turn right at 51st Ave 92 ft. Destination will be on the right.

Flushing Hospital Medical Center
45th Avenue and Parsons Boulevard, Flushing, NY 11355
(718) 670-5000

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 59.5 mi. Entering New York. Take exit 14 for Hutchinson Pkway toward Whitestone Bridge 0.3 mi. Merge onto Hutchinson River Pkwy S 7.0 mi Partial Toll Road. Continue on I-678 S Partial Toll Road 1.2 mi. Take exit 14 toward Linden PI 0.2 mi. Merge onto Whitestone Expressway Service/Whitestone Expwy 0.2 mi. Turn left at Linden PI 0.5 mi. Turn left at 35th Ave 0.4 mi. Turn right at Parsons Blvd 0.9 mi.

Franklin Hospital
900 Franklin Avenue, Valley Stream, NY 11580
(516) 256-6000

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 63.7 mi. Entering New York. Slight left at I-695 S 1.4 mi. Merge onto I-295 S Partial Toll Road 2.5 mi. Take exit 8 for Cross Is Pkwy 0.5 mi. Take exit 25A to merge onto Southern State Pkwy E 8.5 mi. Take exit 15 for Corona Ave toward Franklin Ave 0.2 mi. Slight left at Park Dr 0.1 mi. Turn right at Franklin Ave 0.1. Destination will be on the right.

Good Samaritan Hospital of Suffern
255 Lafayette Avenue, Suffern, NY 10901
(914) 368-5000

Take the exit onto I-91. Merge onto I-95 S 48.1 mi. Entering New York take exit 21 toward White Plains 0.2 mi. Merge onto I-287 W 26.9 mi Partial Toll Road. Take exit 14B for Airmont Rd toward Montebello/Airmont 0.3 mi. Turn left at N Airmont Rd/County Rte 89 0.4 mi. Turn right at Route 59/RT-59 1.0 mi. Continue to follow RT-59 1.0 mi. Destination will be on the left.

Harlem Hospital Center
Mass Casualty Incident Communications
506 Lenox Avenue, New York, NY 10037
(212) 491-8400

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 64.3. Entering New York continue on I-278 W (signs for Bruckner Exp/I-278 W) Partial Toll Road 4.7 mi. Take exit 47 for Maj Deegan Expwy/I-87 N toward Albany 0.4, Merge onto I-87 N 0.8 mi. Take exit 3 toward E 138 St. 0.2 mi. Merge onto Gerard Ave 46 ft. Turn left at E 138th St 108 ft. Continue on Madison Ave Bridge 0.3 mi. Turn right at E 135th St. 0.3 mi. Turn right at Esplanade Gardens Plaza/Lenox Ave/ Malcolm X Blvd 161 ft. Destination will be on the right.

Helen Hayes Hospital
51 North Rout 9W, West Haverstraw, NY 10993
(845) 786-4000

Take the exit onto I-91 S. Merge onto I-95 S 48.1 mi. Entering New York merge onto I-95 S 0.2 mi entering New York onto I-287 W 17.1 Partial Toll Road. Take exit 11 toward US 9W/Nyack 0.2 mi. Merge onto High Ave 0.1 mi. Turn left at N Highland Ave/US-9W. Continue to follow US-9W 10.1 mi. Turn left 0.1 mi. Turn left 0.2 mi.

Hospital for Special Surgery
535 East 70th Street, New York, NY 10021
(212) 606-1000

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 64.3 mi. Entering New York continue on I-278 W (signs for Bruckner Exp/I-278 W) 5.4 mi. Partial Toll Road. Take the exit toward FDR Dr/Manhattan 0.2 mi. Merge onto Triborough Bridge 0.4 mi. Toll Road. Take the ramp to FDR Dr 0.4 mi. Partial Toll Road. Merge onto FDR Dr S/ Franklin Delano Roosevelt Dr S 2.6 mi. Take exit 13 toward E 71 St 167ft. Merge onto FDR Drive et S 0.1 mi. Turn right at E 71st St 0.1 mi. Turn left at York Ave 259 ft. Turn left at E 70th St/Hospital Access Rd 197 ft. Destination will be on the right.

Hudson Valley Hospital Center
1980 Crompond Road, Cortlandt Manor, NY 10567


Interfaith Medical Center
1545 Atlantic Avenue, Brooklyn, NY 11213
(718) 918-5000

Take the exit onto I-91 S 38.3 mi. Merge onto I-95 59.5 mi. Entering New York take exit 14 for Hutchinson Pkwy toward Whitestone Bridge 0.3 mi. merge onto Hutchinson River Pkwy S 7.0 Partial Toll Road. Continue on I-678 S 5.7 mi. Partial Toll Road. Take exit 7 for I-678 S/Van Wyck Expwy/J Robinson Pkwy 0.2 mi. Merge onto Interborough Pkwy S/Jackie Robinson Pkwy S 4.8 mi. Continue on Granville Payne Ave/Pensylvania Ave 0.2 mi. Turn right at Atlantic Ave. 2.1 mi.

Jacobi Medical Center
1400 Pelham Parkway South, Bronx, NY 10461
(718) 918-5000

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 62.1 mi. Entering New York. Take exit 8C for Pelham Pkwy 0.3 mi. Merge onto Bronx and Pelhma Pkwy 1.4 mi. Make a u-turn at 217th Rd/Williamsbridge Rd 0.4 mi. Slight right toward Pkwy S 240 ft. Slight left at Pelham Pkwy S 0.1 mi.
Jamaica Hospital Medical Center  
89th Avenue and Van Wyck Expressway, Jamaica, NY 11418  
(718) 262-6000

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 59.5 mi Entering New York. Take exit 14 for Hutchinson Pkwy toward Whitestone Bridge 0.3 mi. Merge onto Hutchinson River Pkwy S 7.0 mi. Partial Toll Road. Continue on I-678 S 6.4 mi. Partial Toll Road. Take exit 6 toward Hillside Ave/Jamaica Ave 0.4. Merge onto Van Wyck Expwy 0.2 mi.

Kings County Hospital Center  
451 Clarkson Avenue, Brooklyn, NY 11203  
(718) 245-3901

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 59.5 mi entering New York. Take exit 14 for Hutchinson Pkwy toward Whitestone Bridge 0.3 mi. Merge onto Hutchinson River Pkwy 7.0 mi. Partial Toll Road. Continue on I-678 S 5.7 mi. Partial Toll Road. Take exit 7 for I-678 S/Van Wyck Expwy/J Robinson Pkwy 0.2 mi. Merge onto Interborough Pkwy S/Jacke Robinson Pkwy S 4.8 mi. Turn right at Jamaica Ave 0.2 mi. Continue on E new York Ave 0.3 mi. E New York Ave turns slightly right and becomes Pacific St 0.2 mi. Turn left at Eastern Pkwy 1.8 mi. Turn left at Albany Ave 0.9 mi. Turn right at Clarson Ave 0.3 mi.

Lawrence Hospital Center  
55 Palmer Avenue, Bronxville, NY 10708  
(914) 787-1000

Take the exit onto I-91 S 18.4 mi. Take exit 17 for E Main St/State Hwy 15 S toward W Cross Pkwy 0.4 mi. Keep left at the fork to continue toward CT-15 S and merge onto CT-15 S 6.4 mi. Entering New York. Continue on Hutchinson River Pkwy S 10.7 mi. Continue on Cross County Pkwy W (signs for Cross County Pkwy) 2.4 mi. Take exit 6 for Bronx Pkwy toward Sprain Pkwy 0.5 mi. Merge onto Bronx River Pkwy N/Sprain Brook Pkwy N 0.3 mi. Take the Bronx Pkwy exit toward White Plains 400ft. merge onto Bronx Rivera Pkwy N 0.3 mi. Take exit 2 toward Yonkers/Bronxville 0.1. Turn right at Pondfield Rd W 257 ft. At the traffic circle, take the 1st exit onto Palmer Ave 157 ft.

Lenox Hill Hospital  
100 East 77th Street, New York, NY 10021  
(212) 439-2345

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 64.3 mi. Entering New York. Continue on I-278 W (signs for Bruckner Exp/I-278W). Partial Toll Road 5.4 mi. Take the exit toward FDR Dr/Manhattan 0.2 mi. Merge onto Triborough Bridge Partial Toll Road 0.6 mi. Slight left toward E 125th St/Martin Luther King Blvd (signs for 2 Ave/125 St) 253ft. Slight right at E 125th St/Martine Luther King Blvd 0.3. Turn left at Park Ave 2.4 mi. Turn left at E 78th St 0.1 mi. Turn right at Lexington Ave 262 ft. Turn right at E 77th St 466 ft.

Lincoln Medical & Mental Health Center  
234 East 149th Street, Bronx, NY 10451  
(718) 579-5302

Take the exit onto I-91 S 38.2 Merge onto I-95 S 64.3 mi. Entering New York. Continue on I-278 W (signs for Bruckner Exp/I-278 W) 4.7 mi. Take exit 47 for Maj Deegan Expwy/I-87 N toward
Mass Casualty Incident Communications
Albany 0.4 mi. Merge onto I-87 N 0.8 mi. Take exit 3 to merge onto Grand Concourse 0.6 mi. Turn right at e 149th St 0.2 mi. Turn left at Hicks St 0.1 mi.

Long Island Jewish Medical Center
270 -05 76th Avenue, New Hyde Park, NY 11040
(718) 470-7000

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 63.7 mi. Entering New York. Slight left at I-695 S 1.4 mi. Merge onto I-295 S Partial Toll Road 2.5 mi. Take exit 8 for Cross Is Pkwy 0.5 mi. Merge onto Cross Island Pkwy S 3.4 mi. Take exit 30E for I-495 E/Long Is Expy 0.5 mi. Merge onto I-495 E 1.5 mi. Take exit 33 toward Community Dr. Lakeville Rd 0.3 mi. Merge onto Long Island Expressway Service Rd/N Service Rd 0.1 mi. Turn right at Lakeville Rd 1.1 mi. Turn right at 77th Ave 115 ft. Turn right at Hewlett St 0.1 mi Turn left at 76th Ave 246ft.

Memorial Hospital for Cancer and Allied Diseases
1275 York Avenue, New York, NY 10021
(212) 639-2000

Take the exit onto I-91 S 38.3 mi. Merge onto I-95 S 64.3 mi. Entering New York. Continue on I-278 W (signs for Bruckner Exp/I-278 W) Partial Toll Road 5.4 mi. Take the exit toward FDR Dr/Manhattan 0.2 mi. Merge onto Triborough Bridge Toll Road 0.4 mi. Take the ramp to FDR Dr Partial Toll Road 0.4 mi. Merge onto FDR Dr S/Franklin Delano Roosevelt Dr S 2.6 mi. Take exit 13 toward E 71 St 167 ft. Merge onto FDR Drive et S 0.1 mi. Turn right at E 71st St 0.1 mi. Turn left at York Ave 0.1 mi.

Mercy Medical Center
1000 North Village Avenue, RockVille Centre, NY 11570
(516) 705-2525

Take the exit onto I-91 S 38.2 mi. Merge onto I095 S 63.7 mi. Entering New York. Slight left at I-695 S 1.4 mi. Merge onto I-295 S Partial Toll Road 2.5 mi. Take exit 8 for Cross Is Pkwy 0.5 mi. Merge onto Cross island Pkwy S 8.5. Take exit 25 A to merge onto Southern State Pkwy E 5.7mi. Take exit 19S to merge onto Peninsula Blvd 0.3 mi. Sharp left to stay on Peninsula Blvd 0.1 mi. Turn right 0.1 mi. Destination will be on the right.

Metropolitan Hospital Center
1901 First Avenue, New York, NY 10029
(212) 423-7554

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 64.3 mi. Entering New York. Continue on I-278 W (signs for Bruckner Exp/I-278 W) Partial Toll Road 5.4 mi. Take the exit toward FDR Dr/Manhattan 0.2 mi. Merge onto Triborough Bridge Toll Road 0.4 mi. Take the ramp to FDR Dr Partial Toll Road 0.4 mi. Merge onto FDR Dr S/Franklin Delano Roosevelt DR S 1.2 mi. Take exit 14 toward E 96 St 33 ft. Merge onto FDR DR/FDR Dr W Ln 256 ft. Turn right at E 97th St 217ft. Turn right at 1st Ave 259 ft.

Montefiore Medical Center
111 East 210th Street, Bronx, NY 10467
(718) 920-4321

Take the exit onto I-91 S 18.4 mi. Take exit 17 for E MainSt/State Hwy 15 S toward W Cross Pkwy 0.4 mi. Keep left at the fork to continue toward CT-15 S and merge onto CT-15 S 64.5 mi. Entering New York. Continue on Hutchinson River Pkwy S 10.7 mi. Continue on Cross County Pkwy W (signs for Cross County Pkwy) 2.4 mi. Take exit 6 for Bronx Pkwy 0.4 mi. Merge onto
Mass Casualty Incident Communications
Bronx River Pkwy S 2.1 mi. Take exit 10 toward E 233 St 0.3 mi. Turn right toward Webster Ave 66 ft. Turn left at Webster Ave 1.3 mi. Turn right at E Gun Hill Rd 0.4 mi. Turn left at Bainbridge Ave 0.1 mi. Turn right at E-210th St 433 ft.

Mount Sinai Hospital
One Gustave levy Place, New York, NY 10029
(212) 241-7981

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 64.3 mi. Entering New York. Continue on I-278 W (signs for Bruckner Exp/I-278 W) Partial Toll Road 5.4 mi. Take the exit toward FDR Dr/Manhattan 0.2 mi. Merge onto Triborough Bridge Toll Road 0.4 mi. Slight left toward E 125th St/Martin Luther King Blvd 0.3 mi. Turn left at Park Ave. 1.0 mi. Turn right at E 106th St 0.2 mi. Turn left at 5th Ave/Museum Mile 0.3 mi.

Mount Vernon Hospital
12 North 7th Avenue, Mount Vernon, NY 10550
(914) 664-8000

Take the exit onto I-91 S 18.4 mi. Take exit 17 for E Main St/State Hwy 15 S toward W Cross Pkwy 0.4 mi. Keep left at the fork to continue toward CT-15S and merge onto CT-15 S 64.5 mi. Entering New York. Continue on Hutchinson River Pkwy W (signs for Cross County Pkwy) 1.5 mi. Take exit 8 for N Columbus Ave toward NY 22/mount Vernon 0.4 mi. Keep right at the fork, follow signs for Mt. Vernon E 135ft. Turn right at N Columbus Ave/RT-22 0.4 mi. Turn right at E Lincoln Ave 0.6 mi. Turn left at Gramatan Ave 0.3 mi. Turn right at W Prospect Ave/Roosevelt Square N 0.1 mi. Turn right at N 7th Ave 69ft.

New York Downtown Hospital
170 William Street, New York, NY 10038
(212) 312-5133

Take the exit onto I-91 S 38.2mi. Merge onto I-95 S 64.3 mi. Entering New York. Continue on I-278 W (signs for Bruckner Exp/I-278 W) Partial Toll Road 5.4 mi. Take the exit toward FDR Dr Partial Toll Road 0.4 mi. Merge onto FDR Dr S/Franklin Delano Roosevelt Dr S 8.0 mi. Take exit 2 toward Robert F. Wagner Sr Pl 0.2 mi. Slight right at Robert F Wagner Sr Pl 197ft. Turn left at Pearl St 322ft. Turn right at Franklin St 0.1 mi. Turn left at Gold St/Madison St. 0.1 mi. Continue to follow Gold St. Turn right at Beeckman St 328ft.

New York Hospital Medical Center of Queens
56-45 Main Street, Flushing, NY 11355
(718) 670-1231

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 59.5 mi. Entering New York. Take exit 14 for Hutchinson Pkwy toward Whitestone Bridge 0.3 mi. Merge onto Hutchinson River Pkwy S 7.0 mi. Partial Toll Road. Continue on I-678 S Partial Toll Road 3.2 mi. Take exit 12A for College Point Blvd toward I-495 E/LI Expwy 0.3 mi. Merge onto 57th Rd 0.5 mi. Turn left at main St. 0.1 mi.

New York Presbyterian Hospital
525 East 68th Street, New York, NY 10021
(212) 746-4189

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 64.3 mi. Entering New York. Continue on I-278 W (signs for Bruckner Exp/I-278 W) Partial Toll Road 5.4 mi. Take the exit toward FDR Dr/Manhattan 0.2 mi. Merge onto Triborough Bridge Toll Road 0.4 mi. take the ramp to FDR Dr. Partial Toll Road 0.4 mi. Merge onto FDR Dr S/ Franklin Delano Roosevelt Dr S 3.0 mi. Take
North Central Bronx Hospital  
3424 Kossuth Avenue & 210th Street, Bronx, NY 10467  
(212) 519-5000  

Take the exit onto I-91 S 18.4 mi. Take exit 17 for E Main St/State Hwy 15 S toward W Cross Pkwy 0.4 mi. Keep left at the fork to continue toward CT-15 S and merge onto CT-15 S 64.5 mi. Entering New York. Continue on Hutchinson River Pkwy S 107 mi. Continue on Cross County Pkwy W (signs for Cross County Pkwy) 2.4 mi. Take exit 6 for Bronx Pkwy 0.4 mi. take exit 6 for Bronx Pkwy 2.1 mi. Take exit 10 toward E 233 St. 0.3 mi. Turn right toward Webster Ave 66ft. Turn left at Webster Ave 1.3 mi. Turn right at E Gun Hill Rd 0.4 mi. Turn left at Bainbridge Ave 0.1 mi. Turn left at Bainbridge Ave 0.1 mi. Turn right at E 210th St 0.1 mi.

North General Hospital  
1879 Madison Avenue, New York, NY 10035  
(212) 650-4000  

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 64.3 mi. Entering New York. Continue on I-278 W (signs for Bruckner Exp/I-278 W) Partial Toll Road 5.4 mi. Take the exit toward FDR Dr/Manhattan 0.2 mi. Merge onto Triborough Bridge Toll road 0.6 mi. Slight left toward E 125th St/Martin Luther King Blvd (signs for 2 Ave/125 St) 253ft. Slight right at E 125th St/Martin Luther King Blvd 0.3 mi. Turn left at Park Ave 0.2 mi. Turn right at E 121st St 479 ft. Turn right at Madison Ave 223 ft.

NY Eye and Ear Infirmary  
310 East 14th Street, New York, NY 10003  
(212) 979-4000  

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 64.3 mi. Entering New York. Continue on I-278 W (signs for Bruckner Exp/I-278 W) Partial Toll Road 5.4 mi. Take the exit toward FDR Dr. Manhattan 0.2 mi. Merge onto Triborough Bridge Toll Road 0.4 mi. Take the ramp to FDR Dr Partial Toll Road 0.4 mi. Merge onto FDR Dr S/Franklin Delano Roosevelt Dr S 5.0 mi. take exit 7 toward E 23 St 98 ft. Merge onto FDR Dr 0.1 mi. Continue on Avenue C 0.5 mi. Turn right at E 14th St 0.5 mi.

NYU Hospitals Center  
550 First Avenue, New York, NY 10016  
(212) 263-7300  

Take the exit onto I-91 S 38.2 mi. Merge onto I-95S 64.3 mi. Entering New York. Continue on I-278 W (signs for Bruckner Exp/I-278 ) Partial Toll Road 5.4 mi. Take the exit toward FDR Dr/Manhattan 0.2 mi. Merge onto Triborough Bridge Toll Road 0.4 mi. take the ramp to FDR Dr. Partial Toll Road 0.4 mi. Merge onto FDR Dr S/Franklin Delano Roosevelt Dr S 5.0. Take exit 7 toward E 23 St 98 ft. Turn right at E 25th St 0.2 mi. Turn right at 1st Ave 0.2 mi. Destination will be on the right.

Our Lady of Mercy Medical Center  
600 East 233rd Street, Bronx, NY 10466  
(718) 920-9000  

Take the exit onto I-91 S 18.4 mi. Take exit 17 for E Main St/State Hwy 15 S toward W Cross Pkwy 0.4 mi. Keep left at the fork to continue toward CT-15 S and merge onto CT-15 S 64.5 mi.
Mass Casualty Incident Communications

Entering New York. Continue on Hutchinson River Pkwy S 10.7 mi. Continue on Cross County Pkwy W (signs for Cross County Pkwy) 2.4 mi. Take exit 6 for Bronx Pkwy 0.4 mi. Merge onto Bronx River Pkwy S 2.1 mi. Take exit 10 toward E 233 St 0.3 mi. Turn right toward Webster Ave 6 ft. Turn left at Webster Ave 400 ft. Turn left at E 233rd St 0.1 mi.

**Parkway Hospital**  
70-35 113th Street, Forest Hills, NY 11375  
(718) 990-4131

Take the exit onto I-91 S 38.2 mi. Merge onto Hutchinson River Pkwy S Partial toll road 7.0 mi. Continue on I-678 S partial toll road 4.1 mi. Take exit 11 toward Harry Van Arsdale Jr Ave 0.8 mi. Turn right at 69th Rd/Jewel Ave (Signs for Grand Central Pkwy) 0.5 mi. Continue to follow 69th Rd turn left at 110th St 0.2 mi. Turn left at 71st Ave/Continental Ave 0.2 mi. Continue to follow 71st Ave. Turn left at 113th St 167 ft.

**Phelps Memorial Hospital ASSN**  
701 North Broadway, Sleep Hollow, NY 10591  
(914) 366-3000


**Queens Hospital Center**  
82-68 164th Street, Jamaica, NY 11432  
(718) 883-3000

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 63.7 mi. Entering New York. Slight left at I-695 S 1.4 mi. Merge onto I-295 S Partial toll road 7.2 mi. Take exit 1 to merge onto Grand Central/Pkwy W 2.1 mi. Take exit 17 toward 168 St 0.1 mi. Merge onto Grand Central Pkwy/Grand Central Pkwy Service Rd N/Grand CTROL Pkwy S Rd 0.4 mi. Turn right at 164th Pl 0.1 mi. Turn left at 82nd Rd 404 ft. Turn left at 164th ST 190 ft.

**ST. Barnabas Hospital**  
4422 Third Avenue, Bronx, NY 10457  
(212) 960-9000

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 62.1 mi. Entering New York. Take exit 8C for Pelham Pkwy 0.3 mi. Merge onto Bronx and Pelham Pkwy 2.1 mi. Continue on E Fordham Rd/US-1 (signs for US-1 S) 1.2 mi. Turn left at 3rd Ave 0.5 mi.

**St. Francis Hospital, Roslyn**  
100 Port Washington Boulevard, Rosly, NY 11576  
(516) 562-6000

Take exit onto I-91 S 38.2 mi. Merge onto I-95 S 63.7 mi. Entering New York. Slight left at I-695 S 1.4 mi. Merge onto I-295 S 2.5 mi. Partial toll road. Take exit 8 for Cross Is Pkwy 0.5 mi. Merge onto Cross Island Pkwy S 3.4 mi. Take exit 30E for I-495 E/Long Is Expy 0.5 mi. Merge onto I-495 E 5.2 mi. Take exit 37 toward Mineola/Willis Ave/Roslyn 0.2 mi. Merge onto Long Island Expressway Rd/Powerhouse Rd/S Service Rd 194 ft. Turn left at Mineola Ave/Willis Ave 0.5 mi. Turn right at Warner Ave 0.3 mi. Turn left at Edwards St 0.2 mi. Destination will be on the right.

**St. Johns’ Riverside Hospital**
Mass Casualty Incident Communications
976 North Broadway, Yonkers, NY 10701
(914) 964-4444

Take the exit onto I-91 S 18.4 mi. Take exit 17 for E Main St/State Hwy 15 S toward W Cross Pkwy 0.4 mi. Keep left at the fork to continue toward CT-15 S and merge onto CT-15 S 64.5 mi. Entering New York. Continue on Hutchinson River Pkwy S 10.7 mi. Continue on Cross County Pkwy W (signs for Cross County Pkwy) 4.7 mi. Take exit 2 for Saw Mill Pkwy toward Albany 0.2 mi. Merge onto Saw Mill River Pkwy N 2.4 mi. Take exit 9 to merge onto Executive Blvd toward Yonkers 1.1 mi. Turn left at N Broadway/US-9 0.4 mi.

St. Joseph’s Hospital Yonkers
127 South Broadway, Yonkers, NY 10701
(914) 378-7000

Take exit onto I-91 S 18.4 mi. Take exit 17 for E Main St/State Hwy 15 S toward W Cross Pkwy 0.4 mi. Keep left at the fork to continue toward CT-15 S and merge onto CT-15 S 64.5 mi. Entering New York. Continue on Hutchinson River Pkwy S 10.7 mi. Continue on Cross County Pkwy W (signs for Cross County Pkwy) 4.7 mi. Take exit 2 for Saw Mill Pkwy toward Albany 0.2 mi. Merge onto Saw Mill River Pkwy N 85 ft. Take exit 5 for Yonkers Ave toward Yonkers 0.2 mi. Turn right at Yonkers Ave. Slight left at Nepperhan Ave 0.5 mi. Turn left at S Broadway/RT-9A/US-9 0.2 mi.

St. Luke’s Cornwall Hospital
70 Dubois Street, Newburgh, NY 12550
(845) 561-4400

I-84 W 94.5 mi. Entering New York take exit 10S toward Newburgh 0.3 mi. Merge onto N Plank Rd/RT-32 0.1 mi. Merge onto N Plank Rd/RT-32 0.9 mi. Turn left at South St 0.3 mi. Turn right at Dubois St. 0.3 mi. Destination will be on the left.

St. Luke’s Roosevelt Hospital
1111 Amsterdam Avenue, New York, NY 10025
(212) 523-4000

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 64.3 mi. Entering New York. Continue on I-278 W (signs for Bruckner Exp/I-278 W) Partial toll road 5.4 mi. Take the exit toward FDR Dr/Manhattan 0.2 mi. Merge onto Triborough Bridge toll road 0.6 mi. Slight left toward E 125th St/Martin Luther King Blvd (signs for 2 Ave/125 St) 253 ft. Slight right at E 125th St/Martin Luther King Blvd. 1.4 mi. Turn left at Amsterdam Ave 0.6 mi.

SVCMC-ST Vincent’s CTRS NY & West Branches
170 West 12th Street, New York, NY 10011
(212) 604-7000

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 64.3 mi. Entering New York. Continue on I-278 W 9 signs for Bruckner Exp/I-278 W) Partial toll road 5.4 mi. Take the exit toward FDR Dr/Manhattan 0.2 mi. Merge onto Triborough Bridge toll road 0.4 mi. Take the ramp to FDR Dr partial toll road 0.4 mi. Merge onto FDR Dr S/Franklin Delano Roosevelt Dr S 5.0 mi. Take exit 7 toward E 23 St 98 ft. Turn right at E 25th St 0.6 mi. Turn left at Park Ave S 0.4. Continue on Union Square E 0.2 mi. Turn right at E 14th St 0.5 mi. Turn left at 7th Ave 0.1 mi. Turn left at W 12th St 226 ft.

Westchester Medical Center
Grasslands Reservation, Valhalla, NY 10595
(914) 285-7001

Mass Casualty Incident Communications

12.9 mi. Take exit 26 toward Bronx Pkwy/New York City/Sprain Pkwy 0.8 mi. Merge onto Taconic State Pkwy S 203 ft. Take the exit toward White Plains/Bronx Pkwy 0.5 mi. Merge onto Taconic State Pkwy 0.2 mi. Turn left at E Stevens Ave 427 ft. Turn right at Commerce St 0.4 mi. Turn left at Mount Eden Cemeteray 0.4 mi.

White Plains Hospital Center
41 East Post Road, White Plains, NY 10601
(914) 681-0600

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 48.1 mi. Entering New York. Take exit 21 toward white Plains 0.2 mi. Merge onto I-287 W 5.0 mi. Take exit 8 to merge onto RT-119/N Westchester Ave toward White Plains/Westchester Mall PI 0.5 mi. Turn left at White Plains Ave 495 ft.

Winfred Masterson Burke Rehabilitation Hospital
785 Mamaroneck Avenue, White Plains, NY 10605
(914) 597-2232

Take the exit onto I-91 S 18.4 mi. Take exit 17 for E Main St/State hwy 15 S toward W Cross Pkwy 0.4 mi. Keep left at the fork to continue toward CT-15 S and merge onto CT-15 S 64.5 mi. Entering New York. Continue on Hutchinson River Pkwy S 5.4 mi. Take exit 23N toward White Plains 0.3 mi. Merge onto Mamaroneck Ave 2.1 mi. Turn right at Heatherbloom Rd 121 ft. Turn left at Mamaroneck Ave 0.5 mi. Turn right 0.1 mi.

Woodhull Medical and Mental Health Center
760 Broadway, Brooklyn, NY 11206
(718) 963-8100

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 59.5 mi. Entering New York. Take exit 14 for Hutchinson Pkwy toward Whitestone Bridge 0.3 mi. Merge onto Hutchinson River Pkwy S partial toll road 7.0 mi. Continue on I-678 partial toll road 3.6 mi. Take exit 12B for L I Expy/I-495 W 0.5 mi. Merge onto I-495 W 1.0 mi. Take exit 19 for Woodhaven Blvd/Queens Blvd toward State hwy 25 0.3 mi. Keep left at the fork, follow signs for I-495 W 1.1 mi. Follow signs for 69 St/Grand Ave and merge onto Queens Midtown Expy 0.6 mi. Slight left at Grand Ave 0.3 mi. Slight left at Flushing Ave 2.7 mi. Turn left at Broadway 112 ft.

Wyckoff Heights Medical Center
374 Stockholm Street, Brooklyn, NY 11237
(718) 963-7272

Take the exit onto I-91 S 38.2 mi. Merge onto I-95 S 59.5 mi. Entering New York. Take exit 14 for Hutchinson Pkwy toward Whitestone Bridge 0.3 mi. Merge onto Hutchinson River Pkwy S partial toll road 7.0 mi. Continue on I-678 partial toll road 3.6 mi. Take exit 12B for L I Expy/I-495 W 0.5 mi. Merge onto I-495 W 1.0 mi. Take exit 19 for Woodhaven Blvd/Queens Blvd toward State Hwy 25 0.3 mi. Keep left at the fork, follow signs for I-485 W 1.1 mi. Follow signs for 69 St/Grand Ave and merge onto Queens Midtown Expy 0.6 mi. Slight left at Grand Ave 0.3 mi. Slight left at Flushing Ave 1.5 mi. Turn left at Cypress Ave 0.3 mi. Turn right at Dekalb Ave 0.2 mi. Turn left at Wyckoff Ave 259 ft. Turn left at Stockholm St 394 ft.

New York - Upstate

Catskill Regional Medical Center
68 Harris Bushville Road, Harris, NY 12742
(845) 794-3300
Mass Casualty Incident Communications

Turn left to merge onto I-84 W 114 mi. Entering New York. Take exit 4W for State Hwy 17 W toward Binghamton 0.5 mi. Merge onto RT-17 W 30.2 mi. Take exit 102 toward Harris 0.4 mi. Turn left at County Rte 174/Old Route 17 (signs for Harris) 0.4 mi. Slight right at County Rte 174/Old Route 17/Sacks Rd 0.1 mi. Turn right at Harris Rd 0.1 mi. Turn left at Big Woods Rd. Destination will be on the right.

Columbia Memorial Hospital
71 Prospect Avenue, Hudson, NY 12534
(518) 828-7601

Main St/US-44 14.3 mi. Continue to follow US-44. Slight right at Albany Turnpike/US-44 27.9 mi. Continue to follow US-44. Turn right at Railroad St/US-7 7.6 mi. Continue to follow US-7, entering Massachusetts. Turn left at Egremont Rd/Sheffield Egremont Rd 3.6 mi. Continue to follow Sheffield Egremont Rd. Continue on Buttonball Ln 0.1 mi. Sharp left at Main St/Ox Bow Rd/RT-23/RT-41 19.3 mi. Continue to follow RT-23 entering New York. Continue on Route 23B/RT-23B 2.7 mi. Continue to follow RT-23B. Turn left at Columbia St/RT-66 0.2 mi. Continue to follow Columbia St. Slight left at Prospect Ave 351 ft.

Kingston Hospital
396 Broadway, Kingston, NY 12401
(914) 331-3131

Turn right to merge onto I-91 S toward New Haven 15.8 mi. Take exit 18 to merge onto I-691 W toward Waterbury/Meriden 9.1 mi. Merge onto I-84 W 74.7 mi. Entering New York. Take exit 7S for State Hwy 300 S toward Union Ave/I-87/Thruway 0.3 mi. Merge onto Route 300/RT-300 0.1 mi. Slight right to stay on Route 300/RT-300 0.1 mi. Take the ramp to Albany/I-87/New York Thruway. Toll road 0.2 mi. Merge onto Auto Park Pi toll road 0.1 mi. Merge onto I-87 via the ramp to Albany toll road 31.1 mi. Take exit 19 for State Hwy 28 toward Kingston toll road 0.5 mi. At the traffic circle, take the 3rd exit onto RT-28 2.1 mi. Turn left at E Oreilly St 259 ft. Turn right at Jansen Ave 0.1 mi. Destination will be on the right.

Northern Dutchess Hospital
6511 Springbrook Avenue, Rhinebeck, NY 12572
(845) 871-3391

Main St/US-44 14.3 mi. Continue to follow US-44. Slight right at Albany Turnpike/US-44 27.9 mi. Turn left at Church St. S-44 12.1 mi. Continue to follow US-44. Entering New York. Turn left at N Elm Ave/RT-22/US-44 1.6 mi. Continue to follow RT-22/US-44. Slight right at route 199/RT-199 164 ft. Turn right to stay on Route 199/RT-199 18.8 mi. Continue straight onto Route 308/RT-308 4.4 mi. Turn right to merge onto Route 9G/RT-9G 1.0 mi. Turn left 0.2 mi.

Putnam Hospital Center
670 Stoneleigh Avenue, Carmel, NY 10512
(914) 279-5711

Turn right to merge onto I-91 S toward New Haven 15.8 mi. Take exit 18 to merge onto I-691 W toward Waterbury/Meriden 9.1. Merge onto I-84 W 41.8 mi. Entering New York. Take exit 21 for State Hwy 121 toward Brewster/US-6-202 0.3 mi. Turn right at Peach Lake Rd/RT-121 (signs for Brewster) 0.1 mi. Turn left at Danbury Rd/Route 6/US-202/US-6 1.7 mi. Continue to follow route 6/U-202/US-6. Turn right at Peach Lake Rd/RT-121 (signs for Brewster) 0.1 mi. Turn left at Danbury Rd/Route 6/US-202/US-6 1.7 mi. Continue to follow route 6/US-202/US-6. Turn right at Main St/US-6 1.7 mi. Continue to follow US-6. Turn left at County Rte 35/Stoneleigh Ave 0.2 mi. Turn left 0.2 mi. Turn left 328 ft. Destination will be on the left.

St. Francis Hospital
241 North Road, Poughkeepsie, NY
Mass Casualty Incident Communications
(845) 483-5000

Turn right to merge onto I-91 S toward new haven 15.8 mi. Take exit 18 to merge onto I-691 W toward Waterbury/Meriden 9.1 mi. Merge onto I-84 W 58.3 mi. Entering New York. Take exit 16N to merge onto Taconic State Pkwy toward Albany 10.4 mi. Take the RT-55 W exit toward Poughkeepsie 0.2 mi. Merge onto Freedom Plains Rd/Route 55/RT-55 8.1. Continue to follow RT-55. Slight right at Mill St 367ft. Turn right at Columbus Dr 404ft. Continue on Washington St 0.7 mi.

Vassar Brothers Medical Center
45 Reade Place, Poughkeepsie, NY 12601
(845) 454-8500

Turn right to merge onto I-91 toward New Haven 15.8 mi. Take exit 18 to merge onto I-691 W toward Waterbury/Meriden 9.1 mi. Merge onto I-84 64.7 mi. Entering New York. Take exit 13N for US-9 toward Poughkeepsie 0.3 mi. Merge onto Route 97US-9 12.4 mi. Continue to follow US-9 take the Columbia St. Exit toward Rinaldi Blvd 0.1 mi. Turn right at Columbia St (sings for Columbia St) 430ft. Turn right at young St 0.1 mi. Turn right at Reade Pl 102ft.

Verified U.S. Burn Centers
Verification of burn centers is a joint program of the American Burn Association (ABA) and the American College of Surgeons (ACS)

The American Burn Association Retrieved 11/14.07

ARIZONA
Phoenix
Arizona Burn Center at Maricopa Medical Center

ARKANSAS
Little Rock
Arkansas Children's Hospital

CALIFORNIA
Los Angeles
LAC+USC Burn Center

Orange
UCI Regional Burn Center

Sacramento
Shriners Hospital for Children- Northern California

UC Davis Regional Burn Center

San Francisco
Saint Francis Memorial Hospital Bothin Burn Center

Torrance
Torrance Memorial Burn Center

COLORADO
St. Paul
Regions Hospital Burn Center

NEBRASKA
Lincoln
St. Elizabeth Regional Burn Center

Omaha
Nebraska Medical Center Burn Center

NEW JERSEY
Livingston
St. Barnabas Burn Center

NEW YORK
New York
William Randolph Hearst Burn Center

Rochester
Strong Memorial Hospital

Valhalla
Westchester Medical Center Burn Center

NORTH CAROLINA
Chapel Hill
North Carolina Jaycee Medical Center

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<td>Georgia</td>
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<td>Portland</td>
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<td>Lehigh Valley Hospital Burn Center</td>
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<td>Dallas</td>
<td>Parkland Memorial Hospital Regional Burn Center</td>
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<td>Fort Sam Houston</td>
<td>US Army Institute of Surgical Research Adult Burn Center Verified</td>
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<td>Galveston</td>
<td>Shriners Hospitals for Children Shriners Burns Hospital</td>
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<td>Lubbock</td>
<td>University of Texas Medical Branch Blocker Burn Center</td>
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<td>UTAH</td>
<td>Salt Lake City</td>
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</tbody>
</table>
Connecticut CMED Centers

**CMED New Haven (South Central)**
PO Box 475
New Haven, CT 06502
Telephone: (203) 499-5600

**Colchester Emergency Communications (KX)**
PO Box 911
Colchester, CT 06415
Telephone: (860) 537-3412

**Groton Communications**
68 Groton Long Point Rd
Groton, CT 06340
Telephone: (860) 448-1562

**Litchfield County Dispatch (LCD)**
Po Box 1349
Litchfield, CT 06759
Telephone: (860) 567-3877

**North Central CMED**
Po Box 1833
Hartford, CT 06144-1833
Telephone: (860) 769-6051

**Northwest CT Public Safety**
28 Cheshire Rd
Prospect, CT 06712
Telephone: (203) 758-0050

**Norwich CMED**
One American Way
Norwich, CT 06360

**Tolland County Mutual Aid Fire Assn**
Po Box 6
Tolland, CT 06084
Telephone: (860) 875-2543

**Valley Shore Emergency Comm.**
Po Box 497
Westbrook, CT 06498
Telephone: (860) 399-7921

**Waterford Dispatch**
204 Boston Post Road
Waterford, CT 06385
Telephone: (860) 442-5331

**Willimantic Dispatch**
Po Box 138
Willimantic, CT 06226
Telephone: (860) 465-3128

**Massachusetts CMED Centers**

- **Boston CMED** 1-617-343-1400
- **Springfield CMED** 1-800-544-1170
- **Worcester CMD** 1-508-854-0100

**MICHIGAN**

- Ann Arbor
  - University of Michigan Health Systems

- Detroit
  - Detroit Receiving Hospital

**MINNESOTA**

- Minneapolis
  - Hennepin County Medical Center

**WASHINGTON**

- Seattle
  - University of Washington Burn Center
  - Harborview Medical Center

**WISCONSIN**

- Madison
  - University of Wisconsin Hospitals and Clinics

**Mass Casualty Incident Communications**

- Brigham and Women’s Hospital Burn Center
- Shriner's Burn Hospital – Boston
- Sumner Redstone Burn Center
- Massachusetts General Hospital

- WASHINGTON
  - Seattle
    - University of Washington Burn Center
    - Harborview Medical Center

- WISCONSIN
  - Madison
    - University of Wisconsin Hospitals and Clinics

- MICHIGAN
  - Ann Arbor
    - University of Michigan Health Systems

- MINNESOTA
  - Minneapolis
    - Hennepin County Medical Center

- Connecticu CMED Centers

- Tolland County Mutual Aid Fire Assn
  - Po Box 6
    - Tolland, CT 06084
    - Telephone: (860) 875-2543

- Valley Shore Emergency Comm.
  - Po Box 497
    - Westbrook, CT 06498
    - Telephone: (860) 399-7921

- Waterford Dispatch
  - 204 Boston Post Road
    - Waterford, CT 06385
    - Telephone: (860) 442-5331

- Willimantic Dispatch
  - Po Box 138
    - Willimantic, CT 06226
    - Telephone: (860) 465-3128

- Massachusetts CMED Centers

- Boston CMED 1-617-343-1400
- Springfield CMED 1-800-544-1170
- Worcester CMD 1-508-854-0100
Mass Casualty Incident Communications
Telephone: (860) 886-1461

Quinebaug Valley Dispatch
55 Westcott Rd
Danielson, CT  06239
Telephone: (860) 774-7555

Southwest Regional Comm. Center
267 Grant Street, Marsh 4
Bridgeport, CT  06610
Telephone: (203) 338-0762