

Putnam County Bureau of Emergency Services
Mass Casualty Incident Response Plan

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**PUTNAM COUNTY
BUREAU OF EMERGENCY SERVICES**



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Mass Causality Incident Response Plan

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Mass Casualty Incident Response Plan

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INTRODUCTION

It is the intention of this manual to provide all Putnam County EMS agencies with the information necessary to effectively carry out a mass causality incident (MCI). The manual is designed so that it can be used as a training tool, an on-site template, and a dispatch/communications center operations manual.

Information contained herein must be updated on a routine basis in order to keep the information current.

Definitions

Disaster - A disaster is a sudden calamitous event bringing great damage, loss or destruction with or without casualties.

Mass Casualty Incident (MCI) - A Mass Casualty Incident is an event resulting in 5 or more patients which will severely tax or exceed the routine EMS resources of the EMS agencies in whose area it occurs, requiring the mobilization of other resources to alleviate the initial emergency.

SPECIFIC RESPONSE INFORMATION FOR EMS AMBULANCE PERSONNEL

1. Respond to the site of the incident only when dispatched by Putnam 911.
2. Ensure that vehicles are equipped with appropriate disaster supplies (extra backboards, dressings, oxygen cylinders, splints, carrying devices, etc.) and that maximum staffing is provided before responding to the site of the incident. **DO NOT RESPOND TO THE INCIDENT SITE IN PRIVATE VEHICLES.**
3. Once enroute, contact the Command Post by radio for instruction and assignment. Keep radio transmissions brief. For large scale incidents proceed directly to the personnel and equipment staging area, be prepared to drop additional personnel and equipment.

Position your vehicle in the area designated by the Incident Commander. Vehicle drivers must stay with their ambulance at all times.

4. Turn off all emergency lights upon arrival.
5. Ensure that wheeled ambulance stretchers remain in the ambulance.
6. Load patients as directed by the EMS Transportation Officer.
7. Receive instructions as to patient's destination from the EMS Transportation officer.
8. **DO NOT** communicate directly with the receiving hospital. This will be done by the EMS Transportation Officer.
9. Receive instructions from the Command Post regarding re-assignment when leaving the Receiving Hospital.
10. Follow the directions of Police or Fire Police personnel regarding traffic flow.

DISPATCH and COMMUNICATIONS:

- A. Dispatching of units will be made on frequency 46.38 (channel 1).
- B. Communications between ambulances and the hospitals shall be on frequency 155.340, unless otherwise directed by the Incident Commander.
- C. Emergency scene operations channels shall be 46.50 or 46.30, as designated by the Incident Commander.
- D. Communication is extremely important between first unit on the scene and the County Fire and EMS Control Center, Putnam 911, to provide an initial "size-up" report.
- E. It is important that all incoming equipment have the ability to receive instructions from the Incident Commander and when directed, to proceed to the staging area or to the incident scene.
- F. All radio communications shall be consistent with Putnam County standard operating procedure for radio operations.

Sequence of EMS response in Mass Casualty Incidents

1. The First-in-Report is made by the first unit to arrive at the site of the incident.
2. The incident is confirmed and the number and type of casualties are estimated.
3. The dispatcher activates the appropriate response plan.
4. Dispatch, Local/Regional Coordination and Hospital Communications are established, and the initial assessment of the incident is transmitted.
5. The Command Post is established, and on-site leadership is designated and identified.
6. The Incident Commander appoints the following sector officers as required:
 - Triage Officer
 - Staging Officer
 - Treatment Officer
 - Transportation Officer
 - Safety Officer
6. The first EMT's and First Responders at the site of the incident perform primary triage procedures, identify patients using MCI tags and perform only the most essential life saving emergency medical care (ABC's).
7. A Patient Treatment Area is established, as needed.
8. Patients are brought to the Treatment Area, re-triaged (secondary triage), grouped according to category, stabilized and given further emergency medical care.
9. Additional medical personnel (including M.D.'s, nurses, EMT's, and AEMT's) who arrive at the scene shall report to the Staging Area for assignment.

First Arriving Unit

The first unit to arrive at the site of the incident is responsible for identifying the situation, reporting the information to Putnam 911, implementing the Incident Command System and initiating the establishment of the Command Post.

Initial Report to include:

1. Incident Type -

- a. **Contained Incident** - An injury producing incident that has ceased.
- b. **Continuing Incident** - An injury producing incident that is continuing and will probably cause additional injuries.

2. Accessibility -

- a. **Open Incident** - An incident where the patients are accessible.
- b. **Closed Incident** - An incident where patients are not accessible and must be rescued and/or extricated.

3. Location - Specific Location of the Incident.

4. Estimated number and type of victims.

5. Estimated number of ambulances and other resources required.

MCI Table of Organization

Position	Location
EMS Incident Command*	Command Post
Staging Officer	Staging Area
Safety Officer	Complete Incident
Triage Officer	Incident Site
-Triage Support Personnel	Incident Site
Treatment Officer	Treatment Area
-Patient Care Providers	Treatment Area
Transportation Officer	Transportation Area
	-Adjacent to Treatment Area
Police Command Officer*	Command Post
Fire Command Officer*	Command Post
Emergency Services Coordinator	Command Post

* The overall Incident Commander may be any of these individuals depending on the type of incident, organizational structure of the primary responding agency or other factors. When multiple disciplines are involved, unified command shall be utilized.

COMMAND POST

Provides a base of operations for the following:

All Public Safety Agencies at the site of the incident
The EMS Incident Commander/Unified Command
The Public Information Officer

The Command Post is staffed by - Officers in Charge of Fire, EMS, Police, Local Government, Radio Operators, Clerks, Runners.

Coordinates all responding EMS agencies and makes initial contact with arriving units.

The Command Post must be conspicuously identified using flags, signs, or lights.

Provides overall coordination, direction and leadership at the incident.

Centrally identify and locate in one place a briefing area for all Public Safety agencies and local government chief officers.

Assign personnel and equipment resources.

Maintain Security

Direct Operations.

Coordinate All Resources.

Provide Media Information.

Need agency radios for overall & Site communications

Communications at the Command Post will be identified as "EMS Incident Command"

Command Post should be located in such a position as to provide overall site coordination and initial contact with responding units.

Provide for a Public Information Officer to release information through the Command Post.

PRIMARY TRIAGE AREA

The primary triage area is located at the actual site of the incident.

The purpose is to identify patients needing medical assistance at the physical scene of an MCI and provide transportation by priority to the Treatment Area.

Functions of the Primary Triage include rapid assessment and classification of treatment priority for all patients. Treatment interventions are to be confined to airway maintenance, control of major bleeding and whole body immobilization, especially at large incidents where resources are most limited. Patients will also be prioritized for removal to the Treatment Area, where all other treatment will be performed.

The recommended triage procedure shall be the START triage system (see pg. 37).

For incidents involving a large number of patients and personnel resources permitting, teams of EMS personnel should be formed under the direction of the Triage Officer. The number of teams established will be dictated by the size of the mass casualty incident. Each team should have a leader who will perform a rapid form of triage, quickly assessing the severity of injuries and assigning people to treat only the most life threatening problems immediately, as outline above.

Patients in this sector will be identified by utilizing MCI Tags.

TREATMENT AREA

A patient Treatment Area is established, as needed, based on the type of the incident, number of casualties and response time of EMS resources.

The Treatment Area should be located in a protected, open and secure area that is close and accessible to the site of the incident. It should be accessible to a one-way traffic route to facilitate the entry and exit of ambulances.

As patients are removed from the scene, they should be taken to the patient Treatment Area.

There should be adequate space for patients on backboards and stretchers to be placed on the ground.

Personnel will be assigned by the Treatment Officer to provide necessary treatment. In addition to EMTs and other BLS providers, advanced life support personnel responding to the incident (paramedics, RNs, MDs) should be assigned to this area to facilitate treatment.

Patients in each triage category should be grouped in separate sections of the treatment area. This may be facilitated by the placement of colored tarps on the ground (red, yellow, green) and placing patients on the tarp matching the color of their triage tag.

Personnel in this sector will also perform secondary triage for all patients, re-categorizing them as necessary, and assigning priority for transport.

There should be easy access and exit for ambulances and rescue equipment.

A helicopter landing area must also be established. It should not be too close to the treatment area due to high winds and flying objects caused by arriving and departing helicopters.

If a large number of casualties or several separate incident sites exist, more than one Treatment Area may be necessary. In such a situation, the activities of the Treatment Areas will have to be coordinated with the Command Post through a communications link.

Equipment needed includes cots(if available), blankets, all types of BLS and ALS supplies, Communications, Sector designation signs, colored tarps. Equipment from responding ambulances that is dropped off at the staging area should be brought to a designated section of the Treatment Area for distribution as needed.

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The transportation of the patients is coordinated by the TRANSPORTATION AND TREATMENT OFFICERS. If space permits, the patients are placed in marked holding areas in the Treatment Area for easy identification. The patients are transported as soon as they are ready, optimally, a single critical patient to each ambulance, and dispatched to the closest capable facility. The most critically injured patients (P1) are transported first, followed by the less critically injured (P2 and P3). More than one patient may be transported in each ambulance. The Transportation and Treatment Officers will also coordinate selection of patients to be transported via helicopter. The receiving hospitals are notified by the TRANSPORTATION OFFICER, not each individual ambulance.

A large van or school bus, if available, may be used in order to transport P-3 patients.

EMS INCIDENT COMMANDER

Position: EMS INCIDENT COMMANDER

Location: Command Post

Radio ID: EMS Command

The crew chief (squad leader/chief operational officer) of the first EMS unit to arrive at the site of the incident is designated as the EMS INCIDENT COMMANDER and is assigned to the On Site Command Post. He continues as such until he is relieved according to local plan or until the area is secured.

- Manages the EMS response to the incident. Directs and supervises the administration of all EMS operations.
- Assists in establishing and identifying the Command Post area and remains at the command post.
- Establishes EMS Sector of the Command Post.
- Works in cooperation with fire and police command officers at the Command Post.
- Ensures the safety of all EMS personnel at the incident.
- Coordinates the actions of all EMS personnel
- Surveys and assesses the situation, determining the need for medical equipment and manpower.
- Confirms the incident type and number of casualties with the Communications Center and requests equipment and manpower as needed.
- Ensures the establishment of all operation sectors.
 - Designates STAGING OFFICER.
 - Personnel and Equipment Staging
 - Ambulance Vehicle Staging
 - Designates TRIAGE OFFICER
 - Designates TREATMENT OFFICER
 - Designates TRANSPORTATION OFFICER.

CONTINUED.

EMS INCIDENT COMMANDER CONTINUED

- Designates EMS SAFETY OFFICER.
- Establishes County, Regional and hospital communications networks. Ensures initial notification to local/area hospitals is made.
- Ensures that activities essential to EMS (i.e., security, access, communications) are initiated by the appropriate agencies.
- Remains at command post until command is transferred, terminated or until relieved.

EMERGENCY SERVICES COORDINATOR

Position: EMERGENCY SERVICES COORDINATOR

Location: Command Post

Radio ID: Car 1-9

The Emergency Services Coordinator (ESC) will be dispatched by Putnam 911 upon notification of a MCI. Upon arrival at the scene the ESC will report to the on scene Commander or Incident Commander in order to assist with communications and/or requests for mutual aid or special resources.

Other duties of the Emergency Services Coordinator include but are not limited to:

- Notifications to agencies which may be affected by the incident, including DEC, DEP, DOT, etc.
- Liaison to the County Executive and other county and state officials.
- Dissemination of public information in conjunction with the Incident Commander.
- Supervision of special county response teams.

STAGING OFFICER

Position: STAGING OFFICER

Location: Entry point to incident (Staging Area)

Radio ID: Staging

It is important that the Staging Sector be established early in any incident to preclude resources being exposed to any hazard or blocked in by later arriving units.

- Is appointed by the EMS INCIDENT COMMANDER.
- Establishes safe assembly and mobilization area for EMS personnel and equipment.
- Ensures logistical services are provided in staging area for long- term operations. This is to include such considerations as fuel, rest rooms, food/refreshments, oxygen cascade systems, additional medical supplies, etc.
- Releases resources to the incident based on operational needs as requested by the various sector officers.
- Advises EMS Command of the need for additional resources
- Ensures that ambulances are properly positioned for immediate egress, and that the ambulance remains staffed with a driver.

SAFETY OFFICER

Position: SAFETY OFFICER

Location: Entire Incident - All sectors

Radio ID: EMS Safety

A staff level position appointed as necessary by the EMS INCIDENT COMMANDER to ensure the safety of the scene for all EMS personnel working.

- The EMS INCIDENT COMMANDER always retains responsibility for the safety of assigned EMS personnel.
- The INCIDENT COMMANDER may appoint a safety officer for overall considerations, but in all cases the EMS INCIDENT COMMANDER must remain cognizant of the environment and its dangers.

TRIAGE OFFICER

POSITION: TRIAGE OFFICER

Location: Incident Site

Radio ID: Triage

A crew member of the first or second EMS unit to arrive at the site of the incident is designated by the EMS INCIDENT COMMANDER as the TRIAGE OFFICER and assigned to the site of the incident to supervise primary triage and emergency medical care. He continues as such until he is relieved according to the local plan or until the area is secured, at which time he reports to the EMS INCIDENT COMMANDER for re-assignment.

- Is appointed by the EMS INCIDENT COMMANDER.
- Evaluates incident site to determine triage procedure to use.
- Tags all patients and ensures they are completed.
- Establishes primary triage procedures that is airway maintenance, bleeding control, whole body immobilization and initial triage priority assignment.
- Establishes procedures for moving patients from the incident site to the Treatment Area according to priority.
- Determines manpower needs at the site of the incident. Appoints triage support personnel, as needed.
- Coordinates EMS and other personnel assigned to provide emergency medical care at the site of the incident.
- Maintains communication with the Command Post.
- Coordinates the management of patients with the Field Hospital Officer.
- Coordinates and requests supplies and equipment, as needed.
- Coordinates transport of patients to the Treatment Area.

- Completes the triage summary sheet and submits it to the EMS INCIDENT COMMANDER before re-assignment.

TRIAGE TEAM

Triage Support Personnel

- Conducts the initial primary survey of patients, identifies them initially according to triage classification. Utilizes MCI Tags to identify classifications;

P1 = Red	Immediate
P2 = Yellow	Delayed
P3 = Green	Hold
P4 = Black	Deceased

- Provides airway management, bleeding control, whole body immobilization, and transportation to the Treatment Area.
- Basic Life Support and stabilization.
- Area will have a variety of personnel in it to include, Police, Fire, Rescue and Extrication, EMT's, Patient Handlers, Triage Officer.
- Equipment needs include Bandages and Dressings, airway maintenance and oxygen, backboards, stretchers, Communications, MCI tags.

TREATMENT OFFICER

Position: TREATMENT OFFICER

Location: Treatment Area

Radio ID: Treatment

A crew member of the second or third EMS Unit to arrive at the site of the incident is designated by the EMS INCIDENT COMMANDER as the TREATMENT OFFICER and assigned to the Treatment Area. He continues as such until he is relieved according to the local plan or the area is secured.

- Establishes and supervises a treatment area as requested by the EMS INCIDENT COMMANDER. This includes establishing its entrance and exit points, ambulance loading area, triage points, EMS equipment depository, patient flow patterns and holding areas.
- Determines and provides for the treatment needs for all patients brought to this area.
- Determines need for EMS and/or medical equipment and manpower and requests additional resources, as needed.
- Determines need and assigns personnel to perform secondary triage as patients enter the treatment area and while at patient holding areas.
- Ensures that patients brought to the Treatment Area are grouped according to their assigned triage priority. This may be facilitated by the placement of colored tarps on the ground that correspond to triage priority colors (red, yellow, green).
- Coordinates the activities of the EMS personnel assigned to the Treatment Area.
- Coordinates patient transportation with the TRANSPORTATION OFFICER.
- Maintains communications with the Command Post.
- Advise the Command Post of the Treatment Area Location.
- Assigns Appropriate EMS resources to care for patients.
- Assigns ALS personnel to the more critical patients.
- Advises EMS INCIDENT COMMANDER if specific supplies are required in the treatment area.

TREATMENT SUPPORT PERSONNEL

- Patient care providers - medical personnel MD'S, RN'S, EMT'S, AEMT'S assigned to provide patient care.

TRANSPORTATION OFFICER

Position: TRANSPORTATION OFFICER

Location: Exit point to Treatment Area/Ambulance loading area

Radio ID: Transportation

A crew member of one of the EMS units is designated by the EMS INCIDENT COMMANDER as the TRANSPORTATION OFFICER and is assigned to the exit point of the Treatment Area. He continues as such until he is relieved according to the local plan or until the area is secured.

- Is appointed by the EMS INCIDENT COMMANDER.
- Establishes a transportation area adjacent to the treatment area.
- Establishes and/or maintains the ambulance vehicle holding area and a one-way ambulance traffic flow pattern.
- Establishes and maintains ambulance loading area.
- Coordinates the loading of patients onto the EMS units.
- Supervises patient evacuation in conjunction with Treatment Sector Officer.
- Determines and monitors the critical care capabilities of local and regional receiving hospitals and the patient transportation flow patterns between the Treatment Area and the receiving hospitals.
- Determines transportation priorities and hospital destinations.
- Communicates patient information (age, sex, type of injury, priority and vital signs) to the receiving hospitals (may designate an assistant for this function).
- Maintains communication with the Command Post and receiving hospitals.
- Coordinates helicopter evacuation.
- Documents the patients' destinations in the site dispatch log, and collects the top (yellow) copy of the MCI tag.

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PATIENT PRIORITY IDENTIFICATION

P-1	Immediate	Red	Life or limb threatening situations requiring immediate care. Airway or respiratory difficulties, severe burns, cardiac emergencies, uncontrollable or severe hemorrhage, open chest or abdominal wounds, severe head injury, severe medical problems, shock.
P-2	Delayed	Yellow	Patients requiring care, but who will not worsen with delay. Burns, multiple or major fractures, spinal cord injuries, uncomplicated head injuries.
P-3	Minor	Green	Patients with minor injuries and those of an ambulatory nature. Minor fractures and wounds, minor burns or less than 10% B.S.A. and no respiratory involvement, psychological problems.
P-0	Deceased	Black	Patients with absence of vital signs. Casualties that have expired or those with injuries that are obviously incompatible with survival.

RECEIVING HOSPITALS

Hospitals should be notified as early as possible of any potential Mass Casualty Incidents (MCI's). When the possibility is apparent, hospitals should be notified as to the nature and location of the incident and the resources available to the scene.

Hospitals will receive initial notification from the County Communications Center (Putnam 911) and is provided with the number of casualties at the site and their severity. The hospitals should provide Putnam 911 with hospital bed availability and resources, i.e., critical, non- critical, and walk-in (Emergency Room), so that they may convey this information to the Command Post.

The receiving hospitals shall activate their internal disaster plan, based on the number and severity of the casualties anticipated.

An individual trained in EMS radio operations should be assigned to operate the EMS radio. The radio is to be left in an "Open" mode on the assigned frequency.

The receiving hospital will receive patient information from the TRANSPORTATION OFFICER, not from the inbound ambulance.

The receiving hospital shall notify the TRANSPORTATION OFFICER if there are any changes in the hospital's resources.

HOSPITAL STATUS

NAME	CITY/TOWN	PHONE	FREQ(155.)	DTMF CODE
Albany Medical Center	Albany	518-445-3131	340	018
Danbury Hospital	Danbury,CT	203-797-7100	cellular, phone patch via Putnam 911	
Hudson Valley Hospital Center	Peekskill	914-737-9000	220	825
Northern Westchester	Mt. Kisco	914-666-1254*	220	810
Phelps Memorial Hospital	Sleepy Hollow	914-366-3590*	220	812
Putnam Hospital Center	Carmel	845-279-5046*	340	392
St. Francis Hospital	Poughkeepsie	845-452-4004	assigned by DC Fire Control 340	
St. Lukes Hospital	Newburgh	845-562-1177	340	357
Vassar Brothers Hospital	Poughkeepsie	845-431-5680	400	134
Westchester Co. Med Ctr	Valhalla	914-285-7307	220	803

*Denotes phone numbers direct to Emergency Department

MASS CASUALTY INCIDENT TRAILER

The Bureau of Emergency Services maintains a trailer containing EMS equipment and supplies useful in mass casualty situations, including such items as backboards, blankets and trauma supplies.

In order to facilitate rapid deployment, the trailer is to be stationed at an active fire department, which will be dispatched to transport the trailer to the incident location.

The current location of the MCI trailer is Brewster Fire Department, Main Station, 501 North Main St.

The MCI trailer shall be deployed using the following procedure:

1. The MCI trailer must be specifically requested in order to initiate a response. There are no provisions for automatic dispatch. The trailer may be requested for incidents that produce a patient load large enough to over-tax the equipment resources of the responding ambulances.
2. The following personnel may request the MCI trailer:
 - a. Incident commander
 - b. Emergency services coordinator
 - c. BES management personnel
3. Once requested, Putnam 911 will dispatch (with tones) Brewster Fire Department and announce that the MCI trailer has been requested to the scene of the incident.
4. The fire department will connect the trailer to a pre-designated vehicle and respond to the scene, with a sufficient number of personnel to handle the trailer and move equipment.
5. Once at the scene, equipment from the trailer will be moved, as needed, to the designated treatment area at the incident.
6. At the incident's conclusion, personnel that responded with the trailer shall be responsible for collecting all re-usable equipment remaining at the scene. Any re-usable equipment transported to hospitals with patients will be collected at a later time.
7. As soon as possible following the incident, fire department/BES personnel will conduct an inventory of the trailer and replace depleted supplies as needed.

FORMS

The following forms are provided to assist agencies in organizing vital information during the management of a mass casualty incident. Please feel free to duplicate these forms and utilize as your agency sees fit.

HOSPITAL AVAILABILITY CHART

Hospital	Critical	Non-Critical	Walk-in
Albany Medical Center			
Danbury Hospital			
Hudson Valley Hospital Center			
No. Westchester Hospital			
Phelps Memorial Hospital			
Putnam Hospital Center			
St. Francis Hospital			
St. Lukes Hospital			
Vassar Brothers Hospital			
Westchester Medical Center			

Incident Report

Incident Date ___/___/___ Incident Time ___:___ First-in Agency _____

Incident Location _____

Incident Type _____

Command Post

EMS COMMANDER _____ Radio I.D. _____

FIRE COMMANDER _____ Radio I.D. _____

POLICE COMMANDER _____ Radio I.D. _____

EMERG. SERVICES COORD. _____ Radio I.D. _____

_____ Radio I.D. _____

Location of Command Post _____

Time Command Post Established ___:___

EMS Sector Command Structure

Triage Officer _____ Radio I.D. TRIAGE

Staging Officer _____ Radio I.D. STAGING

Treatment Officer _____ Radio I.D. TREATMENT

Transportation Officer _____ Radio I.D. TRANSPORTATION

Safety Officer _____ Radio I.D. SAFETY

_____ Radio I.D. _____

_____ Radio I.D. _____

_____ Radio I.D. _____

_____ Radio I.D. _____

_____ Radio I.D. _____

Incident Report

Triage Report

Total Number of Patients initially reported	_____
Total Number of Patients on initial size-up	_____
Total Number of Patients at completion	_____
Total Number of Patients transported to hospitals	_____
Total Number of Patients transported to alternate facility	_____
Specify Facility _____	
Total Number of Patients issued MCI tags	_____

Priority	Initial Triage	Secondary Triage	Hospital Triage
Priority I (Red)			
Priority II (Yellow)			
Priority III (Green)			
Priority 0 (Black)			
Total			

Scene Configuration

Indicate Incident Location, Command Post, Site Triage, Secondary Triage, Field Hospital, and Staging areas.

C:\WINWORD\MCINNEW

Directory of Additional Resources

All requests for additional resources must be made to Putnam 911 via the Command Post. The Putnam 911 dispatcher will then contact the requested resource, and will relay any pertinent information about the request back to the Command Post.

<u>RESOURCE</u>	<u>TELEPHONE #</u>
Poison Control	1-800-222-1222
CHEMTREC	1-800-424-9300
60 Control Westchester Fire	1-914-231-1900
Dutchess 911	471-1414
Rockland Fire Control	354-9000
Orange Fire Control	469-4911
Danbury, CT Fire Control	1-203-797-4616
Life Net of New York	1-800-435-3822
State Police Aviation/Mobile Life	1-800-435-3822
Life Star Helicopter, Hartford, CT	1-800-435-3822
Department of Health, Putnam County	278-6130
N.Y.S Dept. Environmental Conservation	256-3000

START Triage (Simple Triage and Rapid Treatment)

1. First – clear the walking wounded with verbal instructions.
 - a. Direct them to treatment area for more detailed assessment and treatment
 - b. Tag these patients GREEN (minor).
2. For each patient that is not walking wounded, Assess RPM
 - a. Respirations
 - b. Perfusion
 - c. Mental status
3. Assessing RPM
 - a. **Assess Respirations – Is patient breathing?**
 - i. If not breathing, **open the airway**
 - ii. If still not breathing, **tag patient BLACK (deceased) and move on**
 - iii. If patient is breathing, **assess the rate**
 1. Greater than 30 --- **tag patient RED (immediate) and move on**
 2. Less than 30 --- **assess perfusion**
 - b. **Assess Perfusion – Radial pulses**
 - i. If radial pulse absent, **tag patient RED and move on**
 - ii. If radial pulse present, **assess mental status**
 - c. **Assess Mental Status**
 - i. If a patient cannot follow simple commands (or) has an altered mental status (or) is unconscious then **tag patient RED and move on**
 - ii. If patient can follow simple commands then **tag patient YELLOW (delayed) and move on**

