



New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates:

No. 89-02

Date: 3/1/89

**Re: EMS Mutual Aid
Planning Guidelines**

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On March 1, 1989, the New York State EMS Council approved these Guidelines for the Development of EMS Mutual Aid Plans. This planning guide is a voluntary, educational document designed to assist local communities as EMS Mutual Aid Plans are developed, reviewed or refined.

PURPOSE:

To establish a guideline for the development of uniform agreements between ambulance and other emergency medical response agencies, making available a methodology to obtain the resources needed to manage medical emergency incidents in a defined and reliable way.

Mutual aid plans for Emergency Medical Services should be incorporated in, or appended to, county and local public safety emergency planning documents.

OBJECTIVE:

To create an interest in, and foster, a climate to encourage development of EMS mutual aid plans in all communities, particularly where no such plans currently exist. All EMS agencies, regardless of sponsorship or type, need written plans that are individual or a part of a fire mutual aid plan to facilitate EMS operations and to provide a logical extension into major operations. Pre-planned EMS mutual aid will facilitate daily dispatch and improve the response to all patients. These plans can be written in most jurisdictions within the current legislative structure and with existing authorities.

DEFINITIONS:

"*" indicates definition referenced from NYS Public Health Law, Article 30 or Part 800, The State EMS Code.

* AMBULANCE – means a motor vehicle, airplane, or boat or other form of transport especially designed and equipped to provide emergency medical care during transit.

* AMBULANCE SERVICE – means an agency engaged in providing emergency medical services and the transportation of sick, disabled or injured persons by motor vehicle, aircraft or other form of transportation to or from facilities providing

hospital services. (As used here "PERSON" means an individual, partnership, association, corporation or any other entity.)

* EMERGENCY MEDICAL SERVICE – means a service engaged in providing initial emergency medical assistance including but not limited to rescue & extrication, the treatment of trauma, burns, respiratory, circulatory and obstetrical emergencies.

MULTIPLE CASUALTY INCIDENT (MCI) – means any incident which produces a number of casualties necessitating assistance from outside the normal jurisdiction. This may be in the form of simple mutual aid for a localized incident or a more extensive response involving county or regional resources in the case of large scale incidents.

MUTUAL AID – means the preplanned and organized response of emergency medical services, and other emergency personnel and equipment, to a request for assistance in an emergency when local resources have been expended. The response is predicated upon formal agreements among participating agencies or jurisdictions.

MUTUAL AID PLAN – means a written agreement between two or more jurisdictions which lists responding agencies, personnel and equipment, and delineates command responsibilities. The plan must define the primary role(s) of all responding agencies and personnel.

* PRIMARY OPERATING TERRITORY – means that geographic area stated on a DOH ambulance service certificate or certificate of registration which defines the usual or normal operating area of an ambulance service.

EMERGENCY RESPONSE AREA – means geographic boundaries used to define emergency medical services response capability by one or more EMS agencies. This can be an EMS district, fire district, village, town, city, an area defined by local statute or contract or any combination thereof.

PRIMARY RESPONSE AGENCY(S) - means the initial EMS agency(s) responsible for answering calls for service in a specific emergency response area.

CONSIDERATIONS FOR THE DEVELOPMENT OF MUTUAL AID PLANS

When EMS agencies or other local groups begin to develop or review mutual aid plans, a coordinated approach to the process is necessary. The process must involve all possible organizations, take into account local needs and resources and then follow a systematic approach to create a response concept and a written plan.

In the following two sections, plan development and review considerations are presented. The first section contains those elements which a local or county EMS plan should consider in the development phase. In the second section are factors

which a county or regional review body can assess to insure that local plans are developed with a regional consistency.

All plans need to be common in concept and in a form that allows integration into a regional approach that crosses geo-political boundaries.

While no specific EMS legislation currently exists to mandate plan development locally, SARA Title 3 and Executive Law 2-B are examples of existing authorities and initiatives which involve emergency medical services and therefore EMS mutual aid plans.

EMS MUTUAL AID PLAN DEVELOPMENT:

All plans shall:

- Be consistent with the Incident Command System and the NYS-EMS MCI Management Model.
- Include a system for training all participating agencies to carry out their designated role as defined in the plan.
- Include a scheduled annual review of the plan and the supporting resources as well as providing a method for updating the plan and familiarizing all participants with any changes.
- Take into account geography, demographics, medical resources, emergency response personnel, any identified hazards or other unique local needs.
- Include for each EMS agency the provision of day to day back-up from one or more agencies as needed. This daily response plan will usually provide the basis for the larger MCI response. Agency location, level of care, staffing, actual response time and usual number of vehicles must be considered. This daily mutual aid plan may vary by day, time, or season.
- Provide for mutual aid services to be furnished first by agencies serving the same emergency response area. Additional ambulances or other EMS resources are obtained from adjacent service areas as needed.
- Insure that during mutual aid operations, emergency response areas or other defined areas are not left without EMS or ambulance coverage for routine needs. EMS resources must remain in zone or be brought in by the plan. Methods of coverage, local personnel and agencies to be utilized shall be detailed in the plan.
- Be designed to expand and contract the resources on site or on call as the nature and size of an incident changes.

- Include participation by non-EMS agencies which may have a function in certain EMS emergency operations. Such agencies may include: police, fire, rescue, haz-mat teams, utility companies, Red Cross, church groups, heavy construction equipment operators, amateur radio groups, etc.
- Insure that EMS operations and mutual aid plans are provided for in all local emergency response plans. This must include command as well as resource management concerns.
- Insure that EMS operations and mutual aid plans are appropriately included in county fire mutual aid plans to facilitate specific EMS responses.
- Address the communication needs of response agencies including command interface between agencies. Regional EMS Councils in their planning and review function should insure that a coordinated interagency radio network is available to facilitate command and tactical operations.
- Include a comprehensive system for organized mobilization and deployment of manpower and equipment.
- Include mandatory considerations for the safety and protection of all personnel at all times during any emergency operation. The designation of a safety officer and mandatory use of personnel and equipment staging areas are strongly recommended. This is normally the responsibility of the Incident Commander and must be provided for by EMS operations if not otherwise provided for.
- Provide for on-scene administration, coordination, record keeping and retrospective evaluation of the operation, including providing the on-scene personnel and documents necessary to implement the system.
- Address liability protection and compensation coverage for all participants.
- Address medical issues such as triage, the use of BLS vs. ALS in large scale operations, disaster protocols that differ from day to day, protocols, hospital capability and capacity, hospital and medical communication capability, etc.
- Address post-incident critical stress management to be utilized as needed.
- Include an incident critique for all participants and a plan review.

SEE APPENDED BIBLIOGRAPHY FOR REFERENCES TO FACILITATE

PLANNING

EMS MUTUAL AID PLAN REVIEW:

** Pursuant to PHL Article 30 each Regional EMS Council has "the responsibility to coordinate Emergency Medical Services programs within its region". Therefore every Regional EMS Council should take a leadership role to ensure the development, coordination and maintenance of EMS mutual aid plans within its region.

** Any plan developed by a county or local EMS council or other official should be submitted to the appropriate Regional EMS Council for review of content and for coordination with existing plans and planning objectives.

** Each Regional Council should develop objectives to ensure that plans developed in the region are consistent and capable of being integrated with adjacent plans. Regional Councils need to coordinate planning objectives with those of adjacent agencies.

** Where county government has the planning responsibility for emergency response plans, the county should include Emergency Medical Services mutual aid as one component. Plans developed and administered by county government should be submitted to the appropriate Regional EMS Council for review.

** Each Regional EMS Council should develop objectives to insure annual review of all plans developed in its area.

LIABILITY CONSIDERATIONS IN MUTUAL AID PLANNING:

The issues of liability and associated responsibility for coverage must be addressed completely for the protection of all jurisdictions and participants.

As a rule, an assumption is made that if you respond on a mutual aid call, as part of a mutual aid plan, you assume full responsibility for your equipment, personnel and their actions in the very same manner as in day to day operations. This rule stands unless some other liability coverage can be documented.

Under some circumstances, state or local statutes or agreements may modify the assumption of liability.

As plans are developed or refined a detailed review of all applicable Federal, State and local statutes must be undertaken with the assistance of expert legal counsel.

In certain circumstances the following may apply: Executive Law Section 2-B, General Municipal Law, NYS County, Town and Village Law, Public Health Law and local laws or policies.

A contract with a municipality may provide certain protections when acting on behalf of that municipality.

Additionally, liability insurance policies, self-insurance coverage and other locally implemented liability plans, including each individual's personal liability coverage, should be reviewed.

Plans must address liability protection, the assumption, transfer or carry over of coverage including all those provided for by statute. All participants, equipment and supplies that will be utilized damaged or otherwise requiring replacement in any mutual aid plan must be taken into account.

In addition to operational reviews, all mutual aid agreements should be reviewed by the appropriate legal counsel and insurance underwriters.

Ambulance/EMS Unit Mutual Aid Dispatch Pre-plan

Adopted from the NYS-EMS MCI Management Model

<u>AMBULANCE AGENCY</u>	<u>NUMBER OF PATIENTS</u>	<u>FIRST CALL AMBULANCES</u>	<u>SECOND CALL AMBULANCES</u>	<u>COVER/RELOCATION AGENCIES</u>
Amb A	Daily	Amb B	Amb C	Amb B
	10	Amb B	Amb F	Amb H
	20	Amb C	Amb G	
	30	Amb D		
	40	Amb E		
	50			
Amb B	Daily	Amb A	Amb B	Amb B
	10			

A preplanned mutual aid response system is established to insure an appropriate and orderly response of resources to an incident. The use of the increasing diameter (concentric circle) or ring approach to define the response allows a plan to be developed with realistic response times. Revisions can easily be made either to the plan or an operation as the need, situation size, availability of resources, or back-up coverage changes. Participants' familiarity with local geography makes this concept easily implemented.

Each EMS agency needs to establish a plan for an incident in its primary service area based on incident type, immediate response needs, types and levels of service needed and/or available (i.e. BLS, ALS, etc.), neighboring agencies availability to respond, and the need to cover the primary service area for other calls.

The agency mutual aid plan needs to be reviewed and coordinated at county and

regional levels to insure overall consistency and integration with adjacent plans.

BIBLIOGRAPHY AND REFERENCES

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