



New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates:

No. 95-04

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Re: EMS Mutual Aid

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The purpose of this policy is to provide EMS services with guidance as mutual aid plans and policies are developed. This policy statement discusses the concept, history and legal basis for EMS mutual aid in New York State.

EMS services have the responsibility to routinely provide the type and level of service authorized and/or expected by the community, in a timely and reliable manner.

From time to time, to meet peak demand or extraordinary resource utilization, it may be necessary to request assistance to answer a call or provide additional resources. This is the concept of and intent of EMS mutual aid.

EMS mutual aid requests must be made with the intent of having the closest¹ available EMS unit respond to a patient's medical need, at a time when the resources of the requesting agency are temporarily unavailable or have been expended.

The response to multiple casualty incidents (MCI's) and other large scale events are usually conducted in accordance with a county or other pre-determined resource allocation and management plan. These may require mutual aid responses but are developed independently due to the special planning needs required.

EMS services are required by the State EMS Code (800.21.p) to have a written mutual aid plan. Regional EMS Councils are encouraged to coordinate the development of agency and/or county mutual aid plans and the Councils have the authority to approve an EMS service operating beyond its primary operating territory for purposes of fulfilling the provisions of a mutual aid agreement (PHL3010.1.b).

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Background:

The provision of mutual aid by fire departments is provided for in several sections

of the General Municipal Law (GML) however, without definition, terms or conditions. The GML does specify that the requesting fire department is responsible for responding equipment and the responding fire service retains responsibility for personnel. The GML does not address mutual aid with non fire agencies - eg. volunteer or commercial.

For EMS mutual aid, the provisions of Article 30 with regard to primary operating territory must prevail, all other circumstances being the same - eg. response time, location, staffing, etc.

There is no statutory or regulatory definition requiring, presuming or defining who may, or must or who can not request mutual aid. In other words, there is no definition or prohibition regarding what type of agency a requesting agency must call. Therefore any service type may request the assistance of any other EMS service:

- FD < == > VAC

- VAC < == > Commercial

- FD < == > Commercial

Insurance policies are available to cover the assets and liabilities of any agency requesting or responding to a request for EMS assistance. There is no restriction with regard to who may obtain or provide such coverage.

Conclusion:

It may be concluded that mutual aid in New York State may be easily achieved within the current regulatory and statutory definitions if:

- Services providing an EMS response to a request for EMS assistance maintain responsibility for their own liability -specifically; vehicles, equipment and personnel.

- EMS mutual aid is requested from the closest, available, appropriate agency capable of responding at the time of the request.

Mutual Aid Plans:

EMS agencies need to develop and maintain written mutual aid plans (800.21.p). These plans, while agency specific, should be developed in conjunction and cooperation with counties and Regional EMS Councils.

For assistance in developing mutual aid plans, refer to NYS-EMS policy 89.2 Mutual Aid Planning Guidelines.

Mutual aid plans must insure that any request is made with the intent of having the closest [usually means the unit with the shortest response time to the patient] available EMS unit respond to a patient's medical need, at the time the resources of

the requesting service are temporarily unavailable or have been expended.

Mutual aid plans and agreements for normal day to day requests are the responsibility of the individual EMS service. Typically such agreements identify the closest EMS unit that is to be requested. Frequently, an EMS service's area of operation is divided, within a plan, to facilitate a timely response based on the location of the neighboring service. Service type (eg. volunteer, fire, hospital, commercial) must not be a consideration in any plan or to any request. Staffing, unit availability, response time and primary operating territory are the primary concerns to be addressed. The specific agency to be requested for a mutual aid response may vary with day or time based on availability.

Mutual aid plans for multiple patients are usually developed and coordinated at a county level to insure an adequate response as well as to provide coverage of all affected areas.

The statutory definition of mutual aid excludes inter-facility transfers and ALS intercepts.

Counties providing coordinated dispatch, (911, fire control, etc.) will need to monitor crew status and service availability, to assist in implementing agency mutual aid plans - particularly when they act as the service's dispatch.

1 - usually means the unit with the shortest response time to the patient