



New York State  
Department of Health  
**Bureau of Emergency Medical Services**

**POLICY STATEMENT**

*Supercedes/Updates:*

**No. 12 - 06**

**Date: June 7, 2012**

**Re: EMS Mutual Aid**

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This policy was developed in conjunction with the New York State Emergency Medical Services Council (SEMSCO) and an appointed Technical Advisory Group (TAG) comprised of various representatives of the State's EMS community. In addition to the guidance policy, included this policy is an updated definition of Mutual Aid and a tool kit (Appendix A) intended to be a resource to EMS agencies, County EMS Coordinators and Regional EMS Councils (REMSCO) when developing, evaluating and reviewing EMS Mutual Aid plans.

**PURPOSE:**

The purpose of this policy is to update and clarify the appropriate uses of EMS Mutual Aid and to address issues faced by many New York State EMS agencies as a result of frequent shortages of certified personnel available to respond to requests for emergency medical assistance.

This policy is based on these previous policy statements which remain in effect: 89-02 – EMS Mutual Aid Planning Guidelines; 95-04 – EMS Mutual Aid; 95-09 – Developing EMS Agency Policies and Procedures; 01-02 – EMS use of the Incident Command System; 01-04 – EMT Staffing Standard for Voluntary Ambulance Services; and PHL Article 30, and Part 800 - The State EMS Code.

All of the above policy statements, laws, and regulations are available on the Bureau of EMS website: [www.health.state.ny.us/nysdoh/ems/main.htm](http://www.health.state.ny.us/nysdoh/ems/main.htm) . All EMS agency leadership and staff are encouraged to review each of these documents.

**OBJECTIVES:**

1. To provide a clear, comprehensive definition of EMS Mutual Aid, and how mutual aid should be used appropriately;
2. To reaffirm the role of the Regional EMS Councils (REMSCO) and EMS Program Agencies in developing, reviewing and approving mutual aid plans;
3. To provide guidelines for mutual aid plans that EMS agencies, 911 Communication Centers and County EMS Coordinators can follow that adhere to Article 30 requirements with respect to Primary Operating Territory, and the concept of closest appropriate EMS agency;
4. To encourage collaboration and cooperation between REMSCOs, County EMS Coordinators, 911 Communication Centers, and all EMS agencies in the development, review and approval of EMS mutual aid plans.
5. To delineate different types of mutual aid plans according to the scale of the required response.

## **DEFINITION OF MUTUAL AID:**

- Article 30 of Public Health Law does not directly define mutual aid, but rather it identifies and defines Mutual Aid Agreements in Section 3001.20 as follows:

“Mutual aid agreement’ means a written agreement, entered into by two or more ambulance services or advanced life support first response services possessing valid ambulance service or advanced life support first response service certificates or statements of registration, for the organized, coordinated, and cooperative reciprocal mobilization of personnel, equipment, services, or facilities for back-up or support upon request as required pursuant to a written mutual aid plan. An ambulance service and advanced life support first response service may participate in one or more mutual aid agreements.”
- Article 5 of County Law, section 223-B (3) EMS Training and Mutual Aid Programs states:

“If the office of county EMS coordinator is created in any county, a county EMS coordinator shall be appointed. It shall be his or her duty to administer the county programs for EMS training and mutual aid in cases of emergencies in which the services of EMS providers would be used... ”
- Policy Statement 89-02 defines Mutual Aid in the following manner:

“MUTUAL AID – means the pre-planned 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 on formal agreements among participating agencies or jurisdictions.”
- Policy 95-04 mentions the use of EMS mutual aid in this way:
  - “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 and intent of EMS mutual aid.”
  - “EMS mutual aid requests must be 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 a time when the resources of the requesting agency 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.”
  - “Service type (eg. volunteer, fire, hospital, commercial) must not be a consideration in any plan or to any request.”

With consideration of the aforementioned documents, a combined and updated five part definition of EMS mutual aid that supersedes previous definitions and reflects the current state of EMS operational coverage, is stated as:

1. A preplanned, organized and coordinated response of EMS agencies to a request for assistance when local EMS resources are either temporarily unavailable, or have already been expended;
2. The elements of any response under a mutual aid request will be determined by a formal written mutual aid plan or agreement among participating EMS agencies and/or jurisdictions, and approved by the REMSCO having jurisdiction for the geographic area in question. EMS agencies may participate in more than one mutual aid plan;

3. Mutual aid plans or agreements must be designed to address all possible applications of mutual aid, whether for large scale multiple casualty incidents, or for the needs of EMS operational assistance for neighboring EMS agencies. However, mutual aid plans are not intended substitute for the following:
  - a. An EMS agency's continued, routine, ongoing or frequent inability to provide EMS response when requested or dispatched due to staffing and/or equipment shortages
  - b. A determination of need for an expansion of operation territory for routine, frequent or ongoing response outside of an agencies primary operating authority.
  - c. Contracting with an appropriately authorized EMS agency.
4. The plan or agreement must also be designed to utilize the EMS agency having the appropriate resources with the shortest response time to the scene of the call. For the purposes of this section, response time is defined as time of dispatch to time on scene.
5. The provisions of Article 30 with respect to the Primary Operating Territory of an EMS agency must be considered when designing the EMS mutual aid plan.

### **ROLE OF REGIONAL EMS COUNCILS**

- Article 30, Section 3003.3 (f), states that REMSCO have the power to: "undertake, or cause to be undertaken plans, surveys, analyses and studies necessary, convenient, or desirable for the effectuation of its purposes and powers, and to prepare recommendations and reports in regard thereto;"
- Article 30, Section 3003.4 state that "Each regional council shall have the responsibility to coordinate emergency medical service programs within its region..."
- Under Article 30, section 3003-A-1, EMS Program Agencies: "...may be responsible for facilitating quality improvement of emergency medical care within its region... and other activities to support and facilitate regional emergency medical systems."
- Article 30 section 3010.1(b) states: "...An ambulance service shall receive patients only within the primary territory specified on its ambulance service certificate or statement of registration, except: (b) as required for the fulfillment of a mutual aid agreement authorized by the regional council;"
- Additionally, Part 800.21(p) requires every EMS service to have a written mutual aid plan.

REMSCOs have a responsibility to participate in the development, review and authorization of mutual aid plans of all types. By virtue of their statutory authority, REMSCOs, with assistance from EMS Program Agencies, are expected to initiate efforts with 911 Communication Centers, County EMS Coordinators and all EMS agencies, to develop, review and authorize EMS mutual aid plans that reflect the needs and resources of their particular region of the state.

### **TYPES OF MUTUAL AID PLANS**

The types of mutual aid plans can range from complex statewide plans to simple interagency agreements. Examples of mutual aid plans, in descending order of complexity, include:

- The Statewide Mobilization Plan;
- Multiple casualty incidents, and other large events that require single or multiple jurisdictional response plans within or between regions;
- Countywide plans that cover the geography of particular primary operating territories within a county in the event resources are expended or unavailable;

- Individual, or multiple, interagency plans, that are in compliance with all applicable laws, that provide coverage assistance to neighboring agencies in the event resources are expended or otherwise unavailable.

In order to provide the closest appropriate EMS unit, and to foster ease of implementation by 911 Communication Centers and County EMS Coordinators, these plans shall designate the following:

- Those services having appropriately staffed, readily available units in closest proximity and with direct access to the district involved, thereby being capable of providing an optimal response time;
- Beginning first with services possessing operating authority for the requesting district;
- In cases where no service with operating authority exists or is willing/able to participate, proceeding next to those services without operating authority for the requesting district;
- Additional mutual aid plan participants shall be based on the next closest, appropriately staffed and readily available services.

All listed EMS agencies should agree, by positive affirmation in the plan, their commitment and willingness to participate and respond to the service areas identified on the list.

## **CONCLUSION**

The New York State EMS Council Technical Advisory Group (TAG), with whom this policy was developed, have prepared a Mutual Aid Planning Tool Kit. This tool kit (Appendix A) is intended to be a resource to EMS agencies, County EMS Coordinators and Regional EMS Councils (REMSCO) when developing, evaluating and reviewing EMS Mutual Aid plans.

It is imperative, for the efficient and timely operation of EMS systems across the state that all REMSCOs, County EMS Coordinators, 911 Communication Centers, and all EMS agencies collaborate and cooperate in the development, review and authorization of EMS mutual aid plans.

***Again, mutual aid plans are not intended substitute for an EMS agency's continued, routine, ongoing or frequent inability to provide EMS response when requested or dispatched due to staffing and/or equipment shortages; a determination of need for an expansion of operation territory for routine, frequent or ongoing response outside of an agencies primary operating authority and contracting with an appropriately authorized EMS agency.*** But rather to address all possible applications of mutual aid, whether for large scale multiple casualty incidents, or for the needs of EMS operational assistance for neighboring EMS agencies

## **Appendix A**

### **New York State EMS Agency Mutual Aid Planning Worksheet**

The following Mutual Aid worksheets are intended to give EMS agencies, County EMS/Emergency Services Coordinators, and Regional EMS Councils a logical and objective pathway to evaluate, formulate, and approve EMS Mutual Aid plans. They attempt to gather the most pertinent information for mutual aid decision making. However, additional information that is unique to a given area may also need to be considered. This information should be documented on additional sheets, along with any information requested that does not fit in the space provided.

#### **Section 1: EMS Agency instructions:**

This worksheet is intended to identify all EMS agencies that should be considered to respond as mutual aid to a requesting EMS agency. Please list all EMS agencies that are willing to respond as mutual aid to all or a portion of the requesting agency's service area, and what minimum response time is expected. When considering which agency should be first call for mutual aid, any agency that has overlapping operating authority with the requesting agency should, in most cases, be the first call agency. However, there may be geographic or operational reasons to utilize an adjacent agency that has separate operating authority from the requesting agency. As a result, agencies with overlapping operating authority may be designated to participate as secondary mutual aid coverage if needed. In all cases, adequately document the reasons for all choices.

#### **Section 2: EMS Coordinator instructions:**

By completing this form you are affirming the choices for EMS mutual aid made by the agencies in your jurisdiction. Please attach any supporting documentation or narrative comments that will substantiate your determination. During this process it is expected that you will confer with your Regional Council to clarify any of the information you have been given by your agencies, and to discuss the broad outline of the plan you will submit for approval.

#### **Section 3: Regional Council instructions:**

It is expected that Regional Councils will collaborate with County EMS Coordinators to either initiate a review and revision to existing EMS mutual aid plans, or develop EMS mutual aid plans that meet the standards of this policy. During that process there should be cooperation and collaboration with County EMS Coordinators, agencies, and concerned governmental bodies to affirm the validity of the plans submitted. This form is designed to facilitate that process. Please attach any additional supporting documentation not included by EMS Coordinators, and/or attach a brief narrative substantiating your approval.

**Section 1: EMS Agency Review**

- 1. Name of EMS Agency: \_\_\_\_\_
- 2. Ambulance Operating Territory: \_\_\_\_\_  
(as written on the current Ambulance Certificate)
- 3. Does another EMS Agency possess a valid NYS DOH operating certificate for this area? [ ] YES [ ] NO
- 4. Please list all current EMS Agencies possessing valid operating certificates:

<u>Name</u>	<u>Is this EMS Agency able to provide Mutual Aid to you?</u>
a. _____	[ ] YES, [ ] NO Reason: _____
b. _____	[ ] YES, [ ] NO Reason: _____
c. _____	[ ] YES, [ ] NO Reason: _____
d. _____	[ ] YES, [ ] NO Reason: _____

- 5. Other than current valid operating certificate holders for your area, are there other EMS Agencies that, while not possessing a valid operating certificate for your area, can respond in a more timely and reliable manner to your mutual aid requests? [ ] YES [ ] NO

If "YES", please identify these EMS agencies:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

- 6. Please provide the time criteria (in minutes), that you utilize to determine what constitutes a "reasonable response time" for the geographical service area in question (For the purposes of this section, response time is defined as time of dispatch to time on scene): \_\_\_\_\_minutes.

7. Please indicate below the EMS Agency and the specific portion(s) of your certified area of operations you designate for Mutual Aid coverage (please attach any written agreements and maps or territorial descriptions necessary):

EMS Agency	Designated to Cover:
a. _____	<input type="checkbox"/> Entirety of area, <input type="checkbox"/> Specific Portion: _____
b. _____	<input type="checkbox"/> Entirety of area, <input type="checkbox"/> Specific Portion: _____
c. _____	<input type="checkbox"/> Entirety of area, <input type="checkbox"/> Specific Portion: _____
d. _____	<input type="checkbox"/> Entirety of area, <input type="checkbox"/> Specific Portion: _____

**Affirmation:** I, the undersigned, verify that I represent and am duly authorized by the EMS Agency identified above to designate the EMS Agencies identified to provide Mutual Aid assistance to our organization consistent with all applicable laws and regulations.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 2: County EMS Coordinator Review**

1. Name of County EMS Coordinator: \_\_\_\_\_
2. County of Jurisdiction: \_\_\_\_\_
3. After your review of the information submitted by this EMS Agency designating their choices for other EMS Agencies to provide Mutual Aid assistance to their area of operations in accordance with all existing regulations, do you find:
  - a. That the primary EMS Agencies designated are the most technically capable with meeting initial medical requests to respond? [ ] YES [ ] No
  - b. If any of the designated EMS Agencies do not possess a valid operating certificate from the DOH, have you verified in collaboration with the local Regional EMS Council that all existing EMS agencies identified by the NYSDOH, Bureau of EMS (BEMS) as having valid operating certificates for this area either cannot, or will not have the capability to respond in a reasonable response time? [ ] YES [ ] NO
  - c. Please provide the time criteria (in minutes), that you utilize to determine what constitutes a “reasonable response time” for the geographical service area in question (For the purposes of this section, response time is defined as time of dispatch to time on scene): \_\_\_\_\_minutes.

*To support your determination, please provide supporting documentation such as BEMS service lists, levels of care provided, municipal preference lists, alternative mutual aid coordination processes utilized (i.e., system status management, GPS tracking, or other technologies), or any other verifiable method that substantiates a history of local mutual aid.*



4. Do you have any special considerations or concerns associated with any element of the aforementioned EMS Agencies designated to respond under this Mutual Aid agreement? [ ] NO, [ ] Yes: Please describe: \_\_\_\_\_

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**Affirmation:**

I, \_\_\_\_\_, the County EMS Coordinator for \_\_\_\_\_ County, have reviewed the aforementioned elements of this Mutual Aid Agreement for: (EMS Agency) \_\_\_\_\_  
\_\_\_\_\_, and find it to be both reasonable and compliant with all applicable regulations.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 3: Regional EMS Council Review**

- 1. Name of Regional EMS Council: \_\_\_\_\_
- 2. Name of Reviewer: \_\_\_\_\_
- 3. Title: \_\_\_\_\_
- 4. After your review of the information submitted by this EMS Agency designating their choices for other EMS Agencies to provide Mutual Aid assistance to their area of operations in accordance with all existing regulations, do you find:
  - a. That the primary EMS Agencies designated are the most technically capable with meeting initial medical requests to respond? [ ] YES [ ] No
  - b. If any of the designated EMS Agencies do not possess a valid operating authority, have you verified in collaboration with the local County EMS Coordinator that all existing EMS agencies identified by the NYSDOH, Bureau of EMS (BEMS) as having valid operating authority for this area either cannot, or will not have the capability to respond in a reasonable response time? [ ] YES [ ] NO
  - c. Please provide the time criteria (in minutes), that you utilize to determine what constitutes a “reasonable response time” for the geographical service area in question (For the purposes of this section, response time is defined as time of dispatch to time on scene): \_\_\_\_\_minutes.

*To support your determination, please provide supporting documentation such as BEMS service lists, levels of care provided, municipal preference lists, alternative mutual aid coordination processes utilized (i.e., system status management, GPS tracking, or other technologies), or any other verifiable method that substantiates a history of local mutual aid.*

5. Do you have any special considerations or concerns associated with any element of the aforementioned EMS Agencies designated to respond under this Mutual Aid agreement? [ ] NO, [ ] Yes: Please describe: \_

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**Affirmation:**

I, \_\_\_\_\_, the authorized reviewer for the \_\_\_\_\_Regional EMS Council, have reviewed the aforementioned elements of this Mutual Aid Agreement for: (EMS Agency)\_\_\_\_\_, and find it to be both reasonable and compliant with all applicable regulations.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_