



**Susquehanna Regional EMS Council, Inc**

Serving: Broome, Tioga, and Chenango Counties

**SREMSC Policy Statement**

*Supersedes/ Updates: 95-01*

No. 100

Date: 09/12/2019

Re: Criteria for  
Authorization of Mutual Aid  
Plans

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Authority and Guidance: NYS Public Health Law §3010(1)(b), NYS EMS Bureau Policy Statement, 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); 12-06 (EMS Mutual Aid).

Introduction: The Council is a “peer assembly” of EMS and allied professionals, created in State law (PHL §3003) to serve the public interest. This mission necessitates a high level of public trust and confidence, and for this reason the Council must always exercise its powers in such ways as it, in its collective professional judgement, believes are in the best interest of the public at-large. With respect to the Council’s purview respecting mutual aid plans and/or agreements, this means facilitating the provision of prehospital emergency medical care that is:

- o Consistent and reliable
- o Effective in saving life, relieving suffering, averting disability, and abbreviating recovery
- o Of the highest medical quality reasonably attainable

Achieving these goals to the maximum extent possible necessitates that response times for EMS resources be minimized by eliminating as many barriers to expedient response as possible, within the limitation imposed by statute. Recognizing that the choice of agencies that may provide primary EMS response to a given area is governed by the “primary operating authority” provisions contained in PHL §3010, it is nevertheless incumbent upon the Council to assure that any responses taking place under the “mutual aid exception” of Subdivision b of that section serves the above-delineated goals to the maximum extent possible. It is pursuant to this guiding philosophy that this Council enacts the following requirements for all emergency medical services mutual aid plans or agreements in effect in any part of this region after September 9, 2019.

Definitions – EMS mutual aid plans authorized by this Council shall utilize the following terms:

1. Advanced Life Support – Prehospital emergency medical care at a level which, according to applicable statute, regulation, or protocol may be performed only by providers certified at the Advanced EMT, Critical Care, and/or Paramedic level.
2. Appropriate – Appropriate EMS units are those that are staffed and equipped to provide the needed capability or capabilities for which mutual aid is requested by or on behalf of the primary EMS agency (e.g.: advanced life support and/or emergency medical transportation). Appropriateness shall also include any specialty capabilities required (e.g.: tactical or hazardous materials incidents). If more than one such unit is determined to be available at the time at which assistance is needed (“time of need”), the closest one shall be considered *more appropriate*. If two or more such units, insofar as can be determined by the centralized dispatch entity, have total response intervals that are essentially equal, the one from an agency whose primary operating territory includes the call location is considered to be *most appropriate*.

3. Available - An EMS unit is considered available for the purposes of mutual aid if it is fully staffed and equipped to provide the needed capability or capabilities for which mutual aid is requested, and is not otherwise occupied with the care of another patient or patients, or with any other necessary activity or condition that would render it unable to immediately respond. An EMS agency, via its own internal policy communicated in advance and in writing to its centralized dispatch entity, may reserve (but is not required to reserve) its last staffed and equipped unit for use in its own primary operating territory, in which case such a unit would *not* be considered to be available.
4. Centralized Dispatch Entity – The public safety answering point/9-1-1 dispatch center operated by and serving the county in which an EMS agency is headquartered, and which is primarily or secondarily responsible for and capable of receiving and/or dispatching the agency to calls for response to emergency incidents.
5. Closest – With respect to an EMS unit, that unit, from among all of those available to respond at the time of need, having the shortest total response interval.
6. Emergency Incident - Any sudden and/or unscheduled event wherein a person or persons has/have need of immediate emergency medical assistance and/or transportation, in order to reduce the likelihood of death, serious health impairment, and/or continued suffering.
7. EMS Mutual Aid - A preplanned, organized, and coordinated response of an EMS agency or agencies to a request for assistance when those EMS resources usually/primarily designated to respond are temporarily unavailable, inadequate to the need, or have already been expended, pursuant to a written mutual aid plan authorized by the regional EMS council or councils having jurisdiction in all parts of the territory covered by the plan.
8. Organizational Type – The manner in which an EMS agency is legally constituted, and under which it conducts business (e.g.: not-for-profit, fire service, governmental, proprietary, collegiate, etc.).
9. Primary EMS Agency – That ambulance or advanced life support first response (ALSFR) service whose primary operating territory includes the location of the patient or patients, and which is officially designated by the local (city, town, or village) government having jurisdiction over that location as the primary agency of its type (ambulance or ALSFR) to respond to medical emergencies occurring at that location (if, in fact, the local government chooses to make such designations), and which, for the purposes of a mutual aid plan, would usually be the agency requesting assistance.
10. Primary Operating Territory - The geographic area or subdivisions listed on an ambulance service or ALSFR service operating certificate, within which the ambulance may receive patients for transport, and/or the ambulance or ALSFR service may provide advanced life support care at the scene of an emergency incident.
11. Total Response Interval – That interval of time measured from the time at which an EMS unit is dispatched until the time at which it arrives at the scene to which it is dispatched.

Acceptable Types of Mutual Aid Plans: Recognizing the complexities and realities of modern emergency medical services systems, and of the demands placed upon them, this Council finds that direct agency-to-agency mutual aid plans are impracticable, as such plans typically prescribe the response of units which are not or may not be closest, most appropriate, and/or available, and which may conflict with other, more comprehensive plans. Therefore, this Council will approve only those EMS mutual aid plans developed by counties, or by groups of counties acting together.

Required Elements of an EMS Mutual Aid Plan: All plans approved pursuant to this policy must:

- Cover the entire geographic territory of the county or counties served by the plan.
- Be developed in conjunction with the emergency medical services advisory board(s) or council(s) of the county or counties served by the plan, and ultimately be approved by majority vote of such board(s) or council(s).
- Be approved by the governing body or bodies (e.g.: Board of Supervisors, Legislature) of the county or counties served by the plan.
- Offer participation, on an equal basis, to all ambulance and ALSFR services whose primary operating territory includes the whole or any part of the county or counties served, regardless of organizational type.
- Provide that, in all cases in which the plan is activated, the closest, available, and most appropriate unit will be determined and dispatched by the centralized dispatch agency of the county in which the emergency incident has taken place, or of such other county as may be contacted by that county for assistance, without regard to the organizational type of either the agency requesting assistance or on whose behalf assistance is requested, or the agency or agencies considered for dispatch in response to that request.
- Provide for review of the plan, at regular intervals (e.g. annually, bi-annually), by (a) committee(s) of emergency medical services advisory board(s) or council(s) of the county or counties served by the plan, or by those advisory board(s) or council(s) acting as (a) committee(s)-of-the whole, at which consideration may be given to amendment or modification of the plan, subject to the requirements of this policy (as it may be amended at the time of the review), and subject to approval by majority vote of such board(s) or council(s), and of the governing body or bodies (e.g.: Board of Supervisors, Legislature) of the county or counties served by the plan.

Figure 1: Pathway for Development and Approval of an EMS Mutual Aid Plan

