

## **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: \_\_\_\_\_