



BROOME COUNTY EMERGENCY MEDICAL SERVICES SYSTEM EMERGENCY MEDICAL SERVICES MUTUAL AID PLAN



INTRODUCTION

Though different in many technical aspects, all emergency medical services (EMS) agencies share a common goal: to provide patients with the highest quality care possible. Achieving this goal can only be accomplished through a *patient driven* system, designed to meet the medical needs of the patient as an absolute first priority without regard to agency bias. Each and every EMS agency has an ethical mandate to assure that the patient always comes first.

Given this mandate, a **bias-free system of mutual aid must be established to provide the necessary patient-care resources when and where needed.** Any acceptable mutual aid plan **must be based on the dispatching of the nearest appropriate and available EMS unit.** The need to remove agency bias cannot be emphasized enough. **A suffering patient has no use for, or appreciation of, one EMS agency's bias for or against another.**

This document, the Broome County Emergency Medical Services (EMS) Mutual Aid Plan, is **designed to allocate mutual aid resources in such a bias-free, patient-oriented manner.**

1.0 DEFINITIONS

1.1 Advanced Life Support (ALS)

A level of patient care, provided under Medical Control, by Advanced Emergency Medical Technicians of the Critical Care or Paramedic levels.

1.2 Critical Incident Stress Management (CISM)

A method of post-incident psychological care, wherein a debriefing process allows for timely intervention to lessen the psychological after-effects of the incident, with the intention of preventing long-term effects.

1.3 Emergency Incident

Any unanticipated situation in which a person has need of medical assistance to relieve acute suffering, and/or reduce the likelihood of death and/or long-term disability.

1.4 Incident Command System

A management system designed for controlling, directing, and coordinating the total response to an emergency incident.

1.5 Intercept

A response by an EMS agency to provide ALS or ILS care required by a patient, which the primary EMS agency caring for the patient is unable to provide.

1.6 Intermediate Life Support (ILS)

A level of patient care, provided under Medical Control, by Advanced Emergency Medical Technicians of the Intermediate levels.

1.7 Medical Incident Management System

The portion of the Incident Command System dealing with emergency medical operations.

1.8 Multiple-Casualty Incident

An emergency involving a number of patients too great for the primary EMS agency to effectively treat and/or transport.

1.9 Mutual Aid

Mutual aid is organized, supervised, coordinated, cooperative, reciprocal assistance in which personnel, equipment, and physical facilities of all participating EMS agencies, regardless of type or size, are utilized for EMS or other emergencies in which the services of EMS personnel would be used throughout Broome and adjacent counties.

1.10 Nearest Appropriate and Available EMS Unit**1.10.1 Nearest**

If at the time assistance is sought, an available EMS unit of the appropriate level of care is clearly closer to the patient than any other such unit, it is in the patient's best interest that that EMS unit be dispatched to assist. This could conceivably be an EMS unit that happens to be passing close to the scene while returning to its district from a previous call. The Recognized EMS Communications Center involved is empowered by this plan to make the best EMS unit assignment possible, based on resource availability conditions prevailing at the time of need.

1.10.2 Appropriate

The assisting EMS unit must be staffed and equipped to meet the patient's needs. Medical appropriateness is protocol-driven and incorporates both Basic Life Support (BLS) and Advanced Life Support (ALS) resources. An EMS unit dispatched to assist another unit with patient care at a specific, protocol-driven level must be appropriately staffed and equipped to the level of care under which the EMS unit is responding. Units not appropriately staffed and equipped are not considered appropriate to the need and must be bypassed in the dispatching process, regardless of their proximity to the scene. If the chronological distance to the patient of two or more appropriate-level, available EMS units are virtually-equal (within 3 minutes of one another), then the most appropriate unit will be any of these units belonging to agencies having coincident primary operating territory of the proper type (ambulance or ALSFR). If none, or more than one, has coincident primary operating territory, the preference of the requesting primary EMS agency may be considered when selecting the most appropriate agency.

1.10.3 Available

An EMS unit will be considered available for purposes of mutual aid if it is appropriately staffed and equipped at the time assistance is requested. An EMS agency has the right to reserve, but is not required to reserve, a core capacity of resources for use only in their primary operating territory. This core capacity is defined as the minimum resources needed to provide patient care and shall consist of one appropriately staffed and equipped ambulance or first-response vehicle.

1.11 Primary EMS Agency

The EMS agency which has primary responsibility for EMS response to the location of an incident is considered the primary EMS agency for that incident. This will normally

be the ambulance agency in whose primary operating territory the incident is located. If the location of the incident is included in the primary operating territory of more than one ambulance agency, the primary EMS agency is that which is contracted by the government of the municipality in which the incident has occurred to provide service to the incident area. If no agency is so contracted, the Primary EMS agency is the first arriving EMS agency having the incident location within its primary operating territory.

1.12 Primary Operating Territory

The primary operating territory of an ambulance service is the geographic area listed on the ambulance service's operating certificate or statement of registration, within which the ambulance service may receive patients for transport. The primary operating territory of a first response agency is the fire district, fire protection district, contracted service area, or property/premises of the fire department, fire company, government agency, or private enterprise which sponsors or operates the first response team.

1.13 Recognized EMS Communications Center

A Recognized EMS Communications Center is a call-taking and dispatching agency, operated by a public or legally-incorporated private entity, having the primary responsibility for dispatching any EMS agency participating in this plan. A listing of Recognized EMS Communications Centers can be found in *Appendix B* of this document.

2.0 PURPOSE AND INTENT

2.1 Applicability

This plan is applicable only to emergency incidents, as defined in *Section 1.3* of this document. This plan MAY NOT be activated for the purpose of providing scheduled, routine, or other non-emergency services such as routine transports.

This plan is intended to be applicable to the following situations:

- A volume of simultaneous emergency calls in excess of that normally experienced, and exceeding the capability of the primary EMS agency to effectively respond.
- A temporary shortage of resources on the part of the primary EMS agency (for example, a vehicle breakdown), rendering it temporarily incapable of effectively responding to an emergency call.
- Multiple casualty incidents.
- Temporary shortages in human resources on the part of the primary EMS agency, as may occur at certain times of the day or days of the week.
- The need by a patient for a level of care (Advanced Life Support) that cannot be met by the primary EMS agency.
- A patient whose condition necessitates a more rapid response than can be provided by the primary EMS agency, at the time of the emergency.

2.2 Reciprocity

This plan is intended to be completely reciprocal, in that all participants must understand that they are expected to contribute their resources, when needed, according to their availability, as well as to be able to receive the resources of other participants in this plan, when needed. This does not, however, imply the expectation of equal capability among all participants. It is recognized that some agencies will be able to contribute a

larger volume of resources to the plan than others, and that some will be able to contribute certain types of resources (Advanced Life Support services, for example), that others cannot. Nothing in this plan shall be construed to prohibit or limit the participation of EMS agencies that, by virtue of their size or other limitations, cannot contribute the same type or volume of services that they may receive under this plan.

3.0 PARTICIPATION

3.1 Extent and Limit of Participation by EMS agencies

3.1.1 EMS Agencies within Broome County

All EMS agencies sponsored or operated by a county, city, town, or village governmental unit, fire district, fire protection corporation, independent not-for-profit corporation, or for-profit business corporation, partnership, or sole-proprietorship (including industrial-based EMS agencies) may participate in this plan. State and federal institutions may participate in this plan to the extent allowed by state and federal laws. A listing of participating agencies can be found in *Appendix A* of this document.

3.1.2 EMS Agencies outside Broome County

EMS mutual aid is provided to and received from agencies outside Broome County through the outside agencies' respective County EMS control centers, under the authority and direction of the outside agencies' respective County EMS Coordinators or functional equivalents. A list of agencies outside Broome County participating in this plan can be found in *Appendix A* of this document. With respect to EMS agencies based outside of Broome County, this plan applies *only* to mutual aid responses made by such agencies to assist Broome County-based EMS agencies, and/or by Broome County-based EMS agencies to assist these participating out-of-County EMS agencies.

3.2 Modes of Response

3.2.1 Fully Staffed and Equipped Units

The standard request for mutual aid assistance under this plan will be for units that are fully staffed and equipped, as stipulated in *Section 1.10.3* of this document.

3.2.2 Individual Personnel

If specially called for by the requesting primary EMS agency, individual personnel may respond to and participate in a mutual aid incident under this plan. In addition, any individual member of an EMS Agency participating in this Plan may present themselves to the EMS Sector (Medical) commander, or other "in-charge" member of the primary EMS agency, and offer assistance. If such an offer of assistance is accepted, it takes place under the auspices of this plan, with the responding individual representing the EMS agency to which he/she belongs exactly as if he/she had responded as part of a full crew.

3.2.3 Vehicles, Equipment, and Other Material Resources

Vehicles, equipment, and other material resources of any participating EMS agency may be specially-called and utilized under this plan to meet needs which are in excess of, or do not involve, the need for the response of fully staffed EMS units.

3.3 Levels of Response

3.3.1 Response Directly to Incident Scene

An EMS agency requested to respond under this plan may be directed to respond directly to an incident scene, in place of the primary EMS agency when its resources are not available for the call, or to supplement those resources where they are not sufficient, as in a multiple-casualty incident.

3.3.2 Intercept

An EMS agency requested to respond under this plan may be directed to provide an intercept, as defined in *Section 1.5* of this document. This intercept may take place at the scene of an emergency, or while the patient is being transported by the primary EMS agency to a hospital.

3.3.3 Relocation and Standby

An EMS agency requested to respond under this plan may be directed to relocate its resources to another location, such as the station of the requesting primary EMS agency, and to stand-by at that location for possible use at an incident in-progress, or to cover any secondary incident that may occur in the primary operating territory of the requesting EMS agency. Resources so requested remain at the disposal of the requesting agency, for the duration of the request.

3.3.4 Standby in Own Quarters

An EMS agency requested to respond under this plan may be directed to staff the vehicles and equipment required, and to remain on standby in its own quarters for possible use at an incident in-progress, or to cover any secondary incident that may occur in the primary operating territory of the requesting EMS agency. Resources so requested remain at the disposal of the requesting agency, for the duration of the request.

3.4 Entering and Participating in the Plan

Any duly established EMS agency may participate in this plan by filing a copy of a resolution adopted by the EMS agency with the Broome County EMS Coordinator. Such resolution shall state that the EMS agency in question elects to participate in the Broome County Emergency Medical Services Mutual Aid Plan, and will comply with provisions of said plan. The resolution will state that the EMS agency shall recognize a call for assistance from another EMS agency through any recognized communications agency. A copy of the resolution can be found in *Appendix C* of this document.

There shall also be filed with the Broome County EMS Coordinator a copy of a resolution adopted by the legislative body of the municipality in which each participating agency resides stating that no resolution exists against "outside service" by the EMS agency based in the municipality which would affect the power of the EMS agency to participate in the Broome County EMS Mutual Aid Plan. If outside service activities of an EMS agency participating in this plan are restricted by the municipality in which it is based, notice of any such restrictions will be placed on file with the Broome County EMS Coordinator.

3.5 Withdrawal from the Plan

Any EMS agency may elect to withdraw from this plan by adopting a resolution to such an effect. Such withdrawal shall become effective thirty (30) days after filing such notice with the Broome County EMS Coordinator.

Withdrawal from this plan by and EMS agency will result in the suspension of Mutual Aid assistance to that EMS agency pursuant to this plan. Such withdrawal shall remain in effect until participation in this plan is reinstated by resolution as defined by *Section 3.4* of this document.

3.6 Conditions of Participation

Each EMS agency participating in this plan agrees to do so in full accordance with the following conditions:

3.6.1 Duty to Respond

Each EMS agency participating in this plan is obliged to fully and immediately respond to a request for assistance from any other participating EMS agency, as received through a Recognized EMS Communications Center or directly from the requesting agency, within the limitations of its available resources as the time of the request. The responding EMS agency may, at its option, reserve a core capacity (as defined in *section 1.10.3*) of its available resources for use in its own primary operating territory, and is not required under this plan to commit these core resources to a request for mutual aid assistance.

3.6.2 Selection of Responding Resources

It is agreed that, to the maximum extent that can be reasonably determined at the time of need, the resources dispatched to a request for mutual aid assistance under this plan will be those that are the nearest, appropriate, and available, as defined in *Section 1.10* of this document. Participation in this plan by an EMS agency specifically authorizes a recognized EMS communication center, as defined in *Section 1.13* of this document, to determine, on behalf of the agency, at the time of need, which resources are the nearest, available, and appropriate, and to cause those resources to be dispatched in response to the request. As stated in the definition, the most important factor in selecting from among available, appropriate resources shall be the chronological distance of the unit to the patient. If the chronological distance to the patient of two or more appropriate-level, available EMS units are virtually-equal (within 3 minutes of one another), any of these units belonging to agencies having coincident primary operating territory of the appropriate type (ambulance or ALSFR) shall be selected. If none, or more than one, has coincident primary operating territory, the preference of the requesting primary EMS agency may be considered when selecting the agency to respond.

3.6.3 Insurance and Liability

Each participating EMS agency will maintain proper and adequate insurance coverage with respect to errors and omissions, loss or damage to property, and injury or death to persons, including workers' compensation coverage for its members and employees. Unless otherwise provided for by law, or under separate agreement (e.g. fire service mutual aid plan), it is understood that liability for losses incurred while operating pursuant to this plan will remain with the agency incurring or causing the loss, and will not be transferable to any other EMS agency as a result of this plan. Nothing in this plan shall be construed as restricting or preventing the transfer of liability, where it is provided for by law or under separate agreement.

3.6.4 Financial Responsibility

EMS agencies requesting mutual aid assistance under this plan shall incur no liability for charges or fees for service from EMS agencies rendering such assistance. Assisting EMS agencies shall be entitled, at their option, to bill patients or their insurance carriers for any usual and customary charges, in exactly the same way as they would bill patients receiving their services within their own primary operating territories.

4.0 EXTENT AND LIMIT OF AUTHORITIES

4.1 Broome County Emergency Medical Services (EMS) Coordinator

As Chief Emergency Medical Services Officer for Broome County, the EMS Coordinator has the following responsibilities:

4.1.1 General Duties

The EMS Coordinator plans and directs the county-wide program of emergency medical training and mutual aid programs among the various ambulance services within Broome County and is responsible for the efficient operation of the intra-county and inter-county plans.

4.1.2 Educational Duties

- Coordinates the participation of local ambulance squads in the New York State approved training courses. Recruits, interviews, and recommends students for appointment in such courses.
- Establishes training times, places, and schedules of participation with training course instructors.
- Develops in-service training programs for emergency medical services personnel, volunteers, and other staff.

4.1.3 Administrative Duties

- Investigates problems and develops recommendations dealing with emergency medical services.
- Coordinates voluntary and proprietary ambulance services and may coordinate their radio-communications systems.
- Investigates emergency medical services complaints, and reports findings for action.
- May appoint and remove Deputy EMS Coordinators in accordance with state laws.
- Maintains records indicating manpower in the county including the type and extent of training in each EMS agency.

4.1.4 Operational Duties

- Administers the County EMS Mutual Aid Plan and is responsible for the efficient operation of the plan.
- Responds to the scene of major emergencies in accordance with the Broome County EMS Coordinator Response Protocol. A copy of this protocol can be found in *Appendix D* of this document.

4.2 Broome County Deputy Emergency Medical Services (EMS) Coordinators:

Deputy EMS Coordinators are appointed by, and serve at the pleasure of, the EMS Coordinator. They are authorized by the EMS Coordinator to act in his/her capacity, in

accordance with Broome County EMS Coordinator Response Protocol, a copy of which can be found in *Appendix D* of this document. In the absence of, or inability to perform duties by, the Broome County EMS Coordinator, a Deputy EMS Coordinator shall assume the powers of, and perform the functions of, the EMS Coordinator.

4.3 Recognized EMS Communications Centers

Recognized EMS Communications Centers are responsible for maintaining efficient dispatching procedures to insure that EMS resources are dispatched in accordance with this plan, particularly *Section 3.6.2*. Until the realization of true centralized EMS dispatch, it shall be the responsibility of all Recognized EMS Communications Centers within the County to cooperate in the tracking of EMS resource status and availability, to ensure rapid and efficient selection and dispatch of appropriate resources at the time of need. Each Recognized EMS Communications shall be prepared to indicate to the Central EMS Communications Center the location, availability, and level of care capability of all EMS units for which it has primary dispatching responsibility.

4.4 Individual Emergency Medical Services Agencies

Each EMS agency participating in this plan shall retain its internal command structure and individuality. In instances when this plan is utilized, the "line of command" on-scene remains with the EMS agency that requested the mutual aid. Each participating EMS agency agrees to utilize the Incident Command System, and specifically the Broome County Medical Incident Management Protocol (attached as Appendix G), for the management of all incidents in for which this plan is activated.

4.5 Emergency Medical Services Medical Director

The Emergency Medical Services Medical Director, or in his/her absence the Associate Medical Director, assists the Broome County EMS Coordinator by serving as the physician leader of the Broome County EMS System. The EMS Medical Director's responsibilities include, but are not limited to:

- Oversees the Broome County Prehospital Advanced Life Support System, and extends his/her license to practice medicine, to a limited extent, to authorized Advanced Emergency Medical Technicians, to facilitate their advanced prehospital practice.
- Directs unusual, complicated, and multiple casualty incidents (MCIs) as the Medical Control Physician at the scene of incidents, as requested by the Broome County EMS Coordinator.
- Attends meetings as requested relative to the monitoring and developing the pre-hospital and total emergency medical care delivery system.
- Conducts and oversees Continuous Quality Improvement activities, and otherwise monitors the emergency medical care delivered in Broome County, and recommends developmental and corrective action.
- Serves as technical advisor on medical affairs to the Broome County EMS Coordinator and the Broome County EMS Advisory Board.
- Researches, reviews, develops, recommends, and approves pre-hospital emergency medical service practice standards, protocol development, implementation, updates, and training.

4.5 Emergency Medical Services Organizational Structure

An organizational chart showing the structure of Broome County Emergency Medical Services can be found in *Appendix E* of this document.

5.0 COMMUNICATIONS AND DISPATCH

5.1 Recognized Emergency Medical Services Communications Centers

A list of recognized EMS Communications centers can be found in *Appendix B* of this document.

5.2 Centralization of Emergency Medical Services Communications

Nowhere can the benefit of consolidated, centralized emergency dispatch services be more clearly seen than in Emergency Medical Services, particularly when it comes to the efficient allocation of resources through a mutual aid plan. Consolidation of dispatch services will provide for one centralized point at which the availability and location of all EMS units can be continuously monitored, and the rapid dispatch of the nearest, appropriate, and available units can be assured for all EMS mutual aid activations. Until such time as complete communications consolidation becomes a reality, however, it is recognized that there will be unavoidable imperfections in the determination of which units should be dispatched to mutual aid requests. It is the intent of this plan that the best possible determinations be quickly made, given prevailing conditions.

For the purposes of this Mutual Aid Plan, the Central EMS Communications Center for the County shall be that operated by the Broome County Office of Emergency Services, and located at the Public Safety Building, Upper Front Street, Binghamton, NY 13905. This Central Communications Center shall serve as the focal point for all EMS dispatching pursuant to this plan, and all activations of this plan shall be accomplished via contact with this Central Communications Center. Under ordinary circumstances, it shall be the responsibility of the Central Communications Center to determine the nearest, appropriate, and available resources to fill any request for mutual aid assistance pursuant to this plan, and to dispatch those resources in response.

5.3 Inter-county Communications

All requests for activation of this Plan from participating EMS agencies outside of Broome County shall be made through contact with the Central Communications Center, either directly or via the agency's County EMS Communications Center. Contact may be made via telephone (607-778-1911), or radio (45.88 MHz, 33.90 MHz). Such requests shall be specific as to the type of resources needed (ambulance, flycar, etc.), and level of care required (ALS, ILS, BLS), and the location of the emergency incident scene or anticipated intercept point. The Central Communications Center will then be responsible for the selection and dispatch of the nearest, available, appropriate resources in response to the request.

Selection of and request for EMS resources from participating EMS agencies outside of Broome County shall be made by the Central Communications Center, which shall request such resources via the appropriate County EMS Communications Center.

6.0 REVIEW AND MODIFICATIONS OF THE PLAN

6.1 Annual Review

This plan shall be reviewed annually by the Broome County EMS Coordinator and by a committee of the Broome County Emergency Medical Services Advisory Board

appointed for this purpose. The purpose of this review shall be to recommend to the full Emergency Medical Services Advisory Board any updates, revisions, or modifications that may be necessary as the EMS System continues to grow and evolve.

6.2 After-Action Review

At any time following an emergency incident for which this plan is activated, any participating EMS agency may request a review of the plan's performance. Such a request shall be submitted, in writing, to the Broome County EMS Coordinator, and shall include the reason(s) for the request. Following receipt of the request, the EMS Coordinator shall meet, at the earliest mutually-convenient time, with the chief operational officer of the agency, to conduct the review. A written report of this meeting shall be submitted to the Chairperson of the Broome County Emergency Medical Services Advisory Board, who may appoint a committee to recommend revisions to the plan, as outlined below.

6.3 Revisions and Modifications

Any revisions or modifications recommended through the review process shall be presented for vote at a regular meeting of the Broome County Emergency Medical Services Advisory Board. If adopted by majority vote of the Advisory Board, these revisions shall be made to the plan, which shall then be submitted for approval by resolution of the Broome County Legislature. The revisions or modifications shall take effect upon the adoption of such legislative resolution, or at such later time as may be specified within the revisions themselves.

Appendix A PARTICIPATING EMS AGENCIES AND LEVELS OF CARE**Within Broome County:**

AGENCY	MAXIMUM CARE LEVEL
Binghamton Fire Department	Advanced Life Support
Broome County Emergency Medical Services	Advanced Life Support 1 st Response
Broome County Security Division First Response Team	Basic Life Support
Broome Volunteer Emergency Squad, Inc.	Advanced Life Support
Castle Creek Fire Company First Response Team	Basic Life Support
Chenango Bridge Fire Company Rescue Squad	Basic Life Support
Chenango Ambulance Services, Inc.	Advanced Life Support
Chenango Forks Fire Company First Response Team	Basic Life Support
Choconut Center Fire Company First Response Team	Basic Life Support
Colesville Volunteer Ambulance Service, Inc.	Advanced Life Support
Conklin Fire Company First Response Team	Basic Life Support
Deposit Fire Department Emergency Squad	Basic Life Support
East Maine Fire Company First Response Team	Basic Life Support
Glen Aubrey Fire Company First Response Team	Basic Life Support
Greater Binghamton Airport First Response Team	Basic Life Support
Harpur's Ferry Student Volunteer Ambulance Service	Advanced Life Support
Harpursville Fire Department First Response Team	Basic Life Support
Hillcrest Fire Company First Response Team	Basic Life Support
Lisle Fire Company First Response Team	Basic Life Support
Maine Emergency Squad, Inc.	Advanced Life Support
Port Crane Fire Company First Response Team	Basic Life Support
Sanitaria Springs Fire Company First Response Team	Basic Life Support
Superior Ambulance Service, Inc.	Advanced Life Support
Triangle Fire Company First Response Team	Basic Life Support
Union Center Fire Company First Response Team	Basic Life Support
Union Volunteer Emergency Squad, Inc.	Advanced Life Support
Vestal Volunteer Emergency Squad, Inc.	Advanced Life Support
West Colesville Fire Company First Response Team	Basic Life Support
West Corners Fire Department First Response Team	Basic Life Support
West Windsor Fire Company First Response Team	Basic Life Support
Whitney Point Fire Department First Response Team	Basic Life Support
Eastern Broome (Windsor) Emergency Services, Inc.	Advanced Life Support

Outside Broome County:**Within Chenango County, NY:**

AGENCY	MAXIMUM CARE LEVEL
Afton Fire Department Emergency Squad	Advanced Life Support
Coventry Fire Department Emergency Squad	Advanced Life Support
Greene Emergency Squad, Inc.	Advanced Life Support
Oxford Fire Department Emergency Squad	Advanced Life Support
South Otselic Fire Department Emergency Squad	Advanced Life Support

Within Tioga County, NY:

AGENCY	MAXIMUM CARE LEVEL
Apalachin Fire Department Emergency Squad	Advanced Life Support
Berkshire Fire Department Emergency Squad	Basic Life Support
Campville Fire Department Emergency Squad	Advanced Life Support
Candor Emergency Squad	Advanced Life Support
Greater Valley Ambulance Service	Advanced Life Support
Nichols Joint Fire District Emergency Squad	Basic Life Support
Northern Tioga Emergency Squad	Advanced Life Support
Owego Fire Department Emergency Squad	Advanced Life Support
Spencer Emergency Squad	Advanced Life Support
Tioga Fire District Emergency Squad	Advanced Life Support

Within Delaware County, NY:

AGENCY	MAXIMUM CARE LEVEL
East Branch Rescue Squad	Basic Life Support
Hancock Rescue Squad	Advanced Life Support
Masonville Emergency Squad	Basic Life Support
Sidney Emergency Squad	Advanced Life Support
Walton Emergency Squad	Advanced Life Support

Within Cortland County, NY:

AGENCY	MAXIMUM CARE LEVEL
Marathon Area Vol. Ambulance Corps., Inc.	Advanced Life Support
Cincinatus Emergency Squad	Advanced Life Support
TLC Ambulance Service, Inc.	Advanced Life Support

Within Susquehanna County, PA:

AGENCY	MAXIMUM CARE LEVEL
Barnes-Kasson Hospital Emergency Medical Services	Advanced Life Support
Great Bend-Hallstead Ambulance Service	Basic Life Support
Little Meadows Fire Company Rescue Squad	Basic Life Support
Montrose Minute Men Ambulance Service	Advanced Life Support
New Milford Ambulance Service	Basic Life Support
Silver Lake Fire Company Rescue Squad	Basic Life Support
Susquehanna Fire Department Ambulance Squad	Basic Life Support

**Appendix B RECOGNIZED COMMUNICATIONS CENTERS AND EMS DISPATCH
AND TACTICAL RADIO FREQUENCIES UTILIZED BY EACH**

WITHIN BROOME COUNTY:

NAME OF CENTER	FREQUENCIES UTILIZED (Mhz)*
Broome County Communications Center	33.900, 154.370, 155.160, 155.175, 155.205, 155.220, 156.1950, 159.1050, 460.575, 460.625
Binghamton University Police Communications	155.205, 460.4125
Superior Ambulance Service Control Center	155.220

* If repeater system is used for dispatch, repeater output frequency only is given

OUTSIDE BROOME COUNTY:

Within Tioga County, NY:

NAME OF CENTER	FREQUENCIES UTILIZED (Mhz)
Tioga County Communications Center	46.200, 46.220

Within Chenango County, NY:

NAME OF CENTER	FREQUENCIES UTILIZED (Mhz)
Chenango County Communications Center	46.380, 460.0750

Within Delaware County, NY:

NAME OF CENTER	FREQUENCIES UTILIZED (Mhz)
Delaware County Fire Control Center	46.060, 46.220,

Within Cortland County, NY:

NAME OF CENTER	FREQUENCIES UTILIZED (Mhz)
Cortland County Fire Control Center	46.080, 154.160, 462.9500

Within Susquehanna County, Pa.

NAME OF CENTER	FREQUENCIES UTILIZED (Mhz)
Susquehanna County Communications Center	33.860, 151.4750, 462.9500

Appendix C RESOLUTION TO PARTICIPATE IN PLAN

M. _____ offered the following resolution and moved its adoption:

Resolved that the

(EMS AGENCY)

elects to participate in the BROOME COUNTY EMERGENCY MEDICAL SERVICES MUTUAL AID PLAN, and will agree to recognize a call for assistance through any Recognized Communications Agency, as listed in *Appendix B* of the Plan, and will comply with the provisions of said plan.

And be it further resolved that a copy of this resolution be filed with the Broome County Emergency Medical Services Coordinator.

M _____ seconded this resolution.

Result of vote:

In favor: _____ Opposed: _____ Not voting: _____

Carried:

Agency: _____

Signed: _____

Title: _____

Date: _____

Appendix D BROOME COUNTY EMS COORDINATOR RESPONSE PROTOCOL

Activation and Response:

Broome County EMS Coordinator staff are to be dispatched to all of the following incidents:

- ⇒ Any reported incident that may involve lengthy or complicated extrication or rescue.
- ⇒ Any reported incident that may involve more than one red patient or more than three yellow/green patients (i.e. multiple injury MVA).
- ⇒ Any line of duty death or serious illness/injury. Any EMS vehicle/ambulance accident with injuries.
- ⇒ Helicopter Medicac requests, requests for an on-scene physician and all multiple county incidents.
- ⇒ Any known or suspected critical incident type situation including fatal accident, homicide, suicide, critical burn, death of child, etc.
- ⇒ Any incident at Broome County Airport or County Facility/Property.
- ⇒ All signal-one searches.
- ⇒ Anytime the Broome County HazMat Team responds to an incident.

EMS Coordinator response may be cancelled at any time while they are enroute by Incident Command or EMS Sector Command.

EMS Coordinators are paged and contact Broome County Communications via radio or telephone for location/incident details. The two closest Coordinators will respond to each incident. Additional Coordinators may respond depending on nature/size of incident.

Enroute/Arriving

While enroute to an incident, EMS Coordinators will notify hospitals after securing incident details as appropriate. They may verify that Communications has placed additional EMS units on stand-by as necessary, and may offer suggestions for additional resources. Upon arrival at scene, EMS Coordinators will ask for 410 vehicle staging instructions and then report actions to Incident Command or EMS Command on-scene and await assignment.

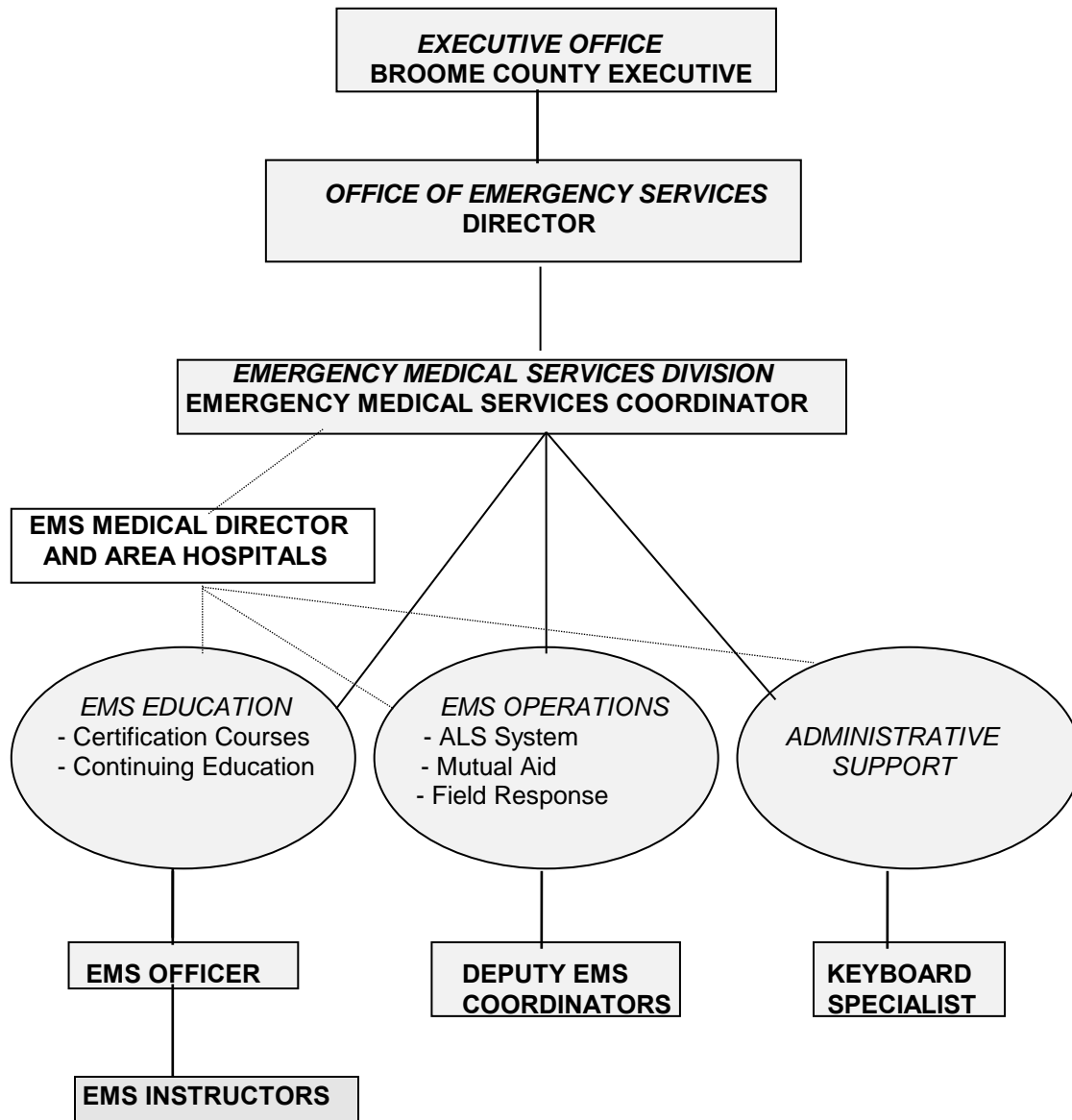
Typical EMS Coordinator Assignments

EMS Coordinators will typically:

- ⇒ Assist EMS Command with incident management or establish EMS Command through Incident Command or EMS Command on-scene.
- ⇒ Vest sectors, assist with organizing EMS operations/sectors.
- ⇒ Begin ICS Status Board/Record for EMS Sector Command and support EMS Sector Command.
- ⇒ Coordinate hospital notifications.
- ⇒ Consider use of Critical Incident Stress Debriefing (CISD) Team.
- ⇒ Consider use of communications van.
- ⇒ Complete and submit County Incident Report to 410.
- ⇒ Assist in appropriate level patient care.



**APPENDIX E: BROOME COUNTY OFFICE OF EMERGENCY SERVICES DIVISION
OF EMERGENCY MEDICAL SERVICES ORGANIZATIONAL CHART**



Appendix F: AMBULANCE AGENCY VEHICLE AND RADIO DESIGNATOR SCHEME

Updated 3/2018

Each EMS transport agency is given a total of up to ninety-nine numbers for ambulances, first response apparatus, specialty vehicles, officers, and individual members. Four-digit identifiers are used, and the format allows for immediate recognition of the type of unit.

The first two digits will identify the EMS transport agency. Zeros are not used with these digits in an effort to limit the amount of “zeros” used on the radio. Numbering begins at “7100”, to avoid confusion with 24-hour clock times (e.g.: 2301 and 23:01), and to avoid conflict in the Computer Aided Dispatch system with Fire Service identifiers (e.g.: 3110).

The following numbers are used for Broome County ambulance agencies:

- 71 – City of Binghamton Fire Bureau Ambulance
- 72 – Broome Volunteer Emergency Squad
- 73 – Chenango Ambulance Services
- 74 – Colesville Volunteer Ambulance Service
- 75 – Deposit Emergency Squad
- 76 – Harpur’s Ferry Ambulance
- 77 – (skipped due to conflict with NYS DEC units)
- 78 – Superior Ambulance Service
- 79 – Union Volunteer Emergency Squad
- 81 – Vestal Volunteer Emergency Squad
- 82 – (skipped due to elimination of West Windsor Ambulance)
- 83 – (skipped due to elimination of Whitney Point Ambulance)
- 84 – Eastern Broome Emergency Services (formerly Windsor Emergency Services)
- 85 – Maine Emergency Squad

The last two digits identify the type of unit, and complete the radio number;

- 01 through 19 will be for officers of the agency
- 21 through 49 will be for ambulances
- 51 through 59 will be used for first response units (fly cars)
- 61 through 69 will be used for “special” units (EX: MCI vehicles)
- 71 through 99 will be used for personally-issued radios (individual members)

EXAMPLES:

- 8501 – Chief, Maine Emergency Squad
- 8121 – Vestal Ambulance (#1)
- 7451 – Colesville Fly Car
- 7903 – Assistant Chief, Union Volunteer Ambulance Squad
- 8422 – Eastern Broome Ambulance (#2)
- 7651 – Harpur’s Ferry Fly Car
- 7928 – Union Ambulance (#8)
- 7271 – Crew Chief or Driver, Broome Volunteer Emergency Squad
- 8101 – Chief, Vestal Emergency Squad

APPENDIX G: Broome County Mass Casualty Incident Response Plan

Purpose and Objectives

The purpose of this Mass Casualty Incident (MCI) Response Plan for Broome County is to provide a uniform response to a mass casualty situation, whether it is from a natural or man-made cause.

The objectives of the plan are:

- To provide a methodology by which emergency medical care and transportation can be provided to the victims of a natural or man-made (whether intentional or unintentional) incident.
- To provide a method to identify those patients most in need of emergency medical care at an MCI, and to assure that those patients are the first to receive care and transportation.
- To coordinate manpower, equipment, vehicles, and other resources in response to an MCI.
- To describe the lines of command and information flow (communications), so that essential information is quickly obtained and disseminated as needed for effective incident management.
- To minimize confusion and error.
- To provide a uniform response to an MCI within Broome County.
- To serve as a guide for organization and training of EMS personnel for response to future MCIs.

Definitions

Closed Incident	An incident at which victims are confined in an enclosed area, and thus are or may not be readily accessible to rescuers.
Contained Incident	An incident in which the injury-causing mechanism or factors have ceased, thus rendering additional casualties unlikely.
Continuing Incident	An incident in which the injury-causing mechanism or factors continue or may be continuing in effect, thus making additional casualties likely, or at least possible.
Event	Any planned, non-emergency activity for which Medical Incident Management/NIMS will be utilized (e.g.: parades, concerts, sporting events)
Emergency	Any unplanned occurrence, natural or human-caused, that requires an emergency response to protect life or property.
First-In Report (or Size-Up)	The initial report on the situation and conditions assessed and observed by the first-arriving EMS unit, which must be transmitted to the Communications Center via the Incident Command Post.
Incident	An occurrence or event, natural or human-caused that requires and emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wild land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, public health and medical emergencies, and other occurrences requiring an emergency response.
Incident Command	The entity in overall command of all personnel, functions, and resources at an incident scene, and responsible for overall incident management.
Major Disaster	As defined under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5122), a major disaster is any natural catastrophe (including any hurricane, water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought) or, regardless of cause, any fire, flood, or explosion in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this Act to supplement the efforts and

available resources of States, tribes, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

Multiple Casualty Incident (MCI)	An event resulting in a number of actual or potential human casualties which will severely challenge or exceed the immediately-available resources of the EMS agency in whose primary response area the event occurs, requiring the mobilization of other resources to alleviate the immediate need.
Open Incident	An incident at which victims are spread out over an open area, and thus are readily-accessible to rescuers.
Primary (or Initial) Triage	The act of quickly sorting victims into categories of severity of injury, using the START Triage System, in order to facilitate their treatment and transport from the scene in the order indicated by medical necessity.
Secondary Triage	The act of re-evaluating the triage category given to patients during Primary Triage, commonly done after the patient has been removed to the Treatment Area, where conditions are more conducive to an accurate evaluation, and/or the patient's condition may have changed.
Single Command	A single individual acting as the Incident Commander.
START Triage	Simple Triage and Rapid Treatment system used in MCIs (see attached)
Unified Command	Responding agencies and/or jurisdictions with responsibility for the incident share the incident command role.

- I) **Rationale:** Early Implementation and utilization of the Incident Command System (ICS), specifically the "MEDICAL BRANCH", improves a patient's chances for recovery and survival through the establishment of a well-organized, clearly defined unified incident management structure that insures timely and optimal clinical care decision making and utilization of emergency resources. Early, patient-specific clinical notification to hospitals Emergency Department Physicians/Charge Nurse by certified EMS providers will optimize the hospitals opportunity to prepare for each inbound patient. The goal is to minimize out-of-hospital time while optimizing pre-hospital care and hospital preparedness.
- II) **Authority:** This plan mirrors a REMAC-approved policy, and shall be considered a **physician order**, and will be followed by all EMS providers and agencies operating within this County. Each implementation of this plan will be reviewed at a minimum by the primary EMS agency leaders, as part of the EMS agency Quality Management Program. Appropriate written records of these reviews along with general opportunities for development/ improvement and training, will be shared with the agency and REMAC.
- III) **Procedure:** Upon arrival of the "First-due" EMS Unit, the EMS provider "in charge" will report to or establish an incident command post (if not already established) and implement this protocol by establishing a unified Command Post or the "Medical Branch" as soon as it is determined that this protocol applies. This EMS provider shall assume the radio designation of "_____ Command Post or "Medical Branch Director" (an orderly transition of Medical
Location
Branch Leadership may occur as additional EMS units, agencies, leadership, and/or personnel arrive).

Actions: "First Due EMS Unit":

- a) The "first-due EMS unit" due to arrive on-scene will utilize all available information (e.g. dispatch, law enforcement, bystanders, etc.) to request the "Stand-by" or

RESPONSE OF ADDITIONAL SPECIFIC EMS RESOURCES at the earliest indication of need (e.g. helicopter stand-by or launch, additional EMS personnel, ambulances, ALS response, fire/rescue, EMS Coordinator, agency management/ leadership, law enforcement, dive team, search and rescue, etc.). If a Command Post has already been established, the "first due" EMS unit will request these resources through the Command Post.

- b) Assure or establish scene safety in conjunction with the on-scene command post (Fire and/or Law Command Post Leaders) (reassessment of scene safety should be an ongoing effort by all public safety personnel and leaders). If the Command Post does not communicate "Scene Safe" to all responders then a good deal of duplication of scene safety surveys may occur.
- c) As the First-Due EMS unit arrives, broadcast a size-up if no command post has been established to include what you can see or what you are told (e.g. number of vehicles, actual or potential hazards, number of possible patients visible, description of structure or scene, nature/severity of injuries, etc.) Establish a Command Post if one does not exist.

Establishing a Command Post:

"_____ Command Post is established".

Command Post will be _____
(Geographic incident location)

operating on _____ radio channel.

State: Incident Operations will be operating on radio channel _____. (if different)

Medical Operations will be on radio channel _____. (if different)

You may request the Communications Center to do this for you assuring notification to all on-scene and responding units.)

- d) EMS/Medical Leader at Command Post or "MEDICAL BRANCH DIRECTOR" will don the "MEDICAL COMMAND" vest. Other Command Post leaders will don the appropriate ICS vest.
- e) **First In Report:** Following an immediate medical scene survey, the Medical Branch Director will cause through the Command Post or, if no Command Post is yet established, broadcast a first-in medical report to be relayed (re-broadcast by 911 Center) to all on-scene and responding units that includes: **(BROADCAST LIFE SAFETY HAZARDS FIRST!)**
 1. Scene Safety Issues/Cautions/Directions
 2. Life Safety Hazards: HazMat? Weather?
 3. Number of Patients and Severity (Red, Yellow, Green, Black) *If there are two or more red patients, the County 911 Center will dispatch EMS Agency leadership and a County EMS Coordinator per their own County Protocol (if available)
 4. Staging Area Location (if needed)
 5. Number Trapped/Type of Rescue Needed
 6. Best Access (Road Blocked?)
 7. Orders for additional units/personnel
 8. Cause(s) of Injuries/Illnesses (if known)

9. Directs 911 Center to notify "all" or "specific" hospital(s) of incident location, nature, medical details.

f) **Requesting Resources:** Request through the Command Post the Response of Additional Resources (**examples of such might include the following**):

Medical	Other
Additional Ambulances and EMS Personnel (at least one ALS ambulance for every red patient).	Fire/Rescue units and personnel
ALS Rapid Response Vehicles and Medics	Law Enforcement
Aero MedEvac Units/MedEvac Helicopters	Specialty Terrain Vehicles (boats, snowmobiles, URV's, ATV's, etc.)
EMS Agency Leadership/Management	Air boats or military assets (National Guard, etc.)
County EMS Coordinator Staff County 911 Field Operations "Command Post" type vehicles (staffed?)	Specially trained/technical response teams (CV!, HAZMAT, Dive, SAR, High Angle/Low Angle Rescue)
Additional medical supplies/assets for prolonged operations (Broome County MCI Trailer).	IMAT (Incident Management Assistance Team (if available)
Consider the need for County and State Health Department resources	Consider the need for Critical Incident Stress Support Personnel

NOTE:
EMS PROVIDERS OR EMS AGENCY OFFICIALS WILL NOT CANCEL OR DIVERT RESOURCES IF NOT ON THE SCENE OF THE INCIDENT.

g) **Hospital Contact:** Medical Branch Director or designee will establish and maintain early and frequent contact with destination hospitals. Develop a specific single contact at each hospital (Command Physician or Charge RN) in order to maintain consistency and accuracy of information

1. Consider continuous, open-line of communication with hospital(s) if possible. You may have to go through the 911 Center.
2. Provide Hospital Medical Command Physician with event details, number of suspected patients, nature of injuries/illness, contamination, special needs, etc.
3. Ascertain Emergency Department capacity for each hospital (# red, # yellow, # green they can/will accept). (i.e. "We have ___ red, ___ yellow, ___ green, and ___ black patients on scene at _____ and given the scope of this incident, how many ___ red, ___ yellow, green patients will you accept? Our likely ETA(s) will be _____."
4. Provide updates as they become available.
5. Consider appointment of a dedicated "Hospital Communications" EMS provider to maintain contact with hospitals and provide updates as the situation progresses.
6. Consider notification to out of area hospitals for larger incidents (Consult with EMS Coordinator Staff to assist you).
7. Consider direct helicopter MedEvac of major burn injuries in an MCI situation directly to regional burn center. Consult with Medical Command Physician at trauma center.

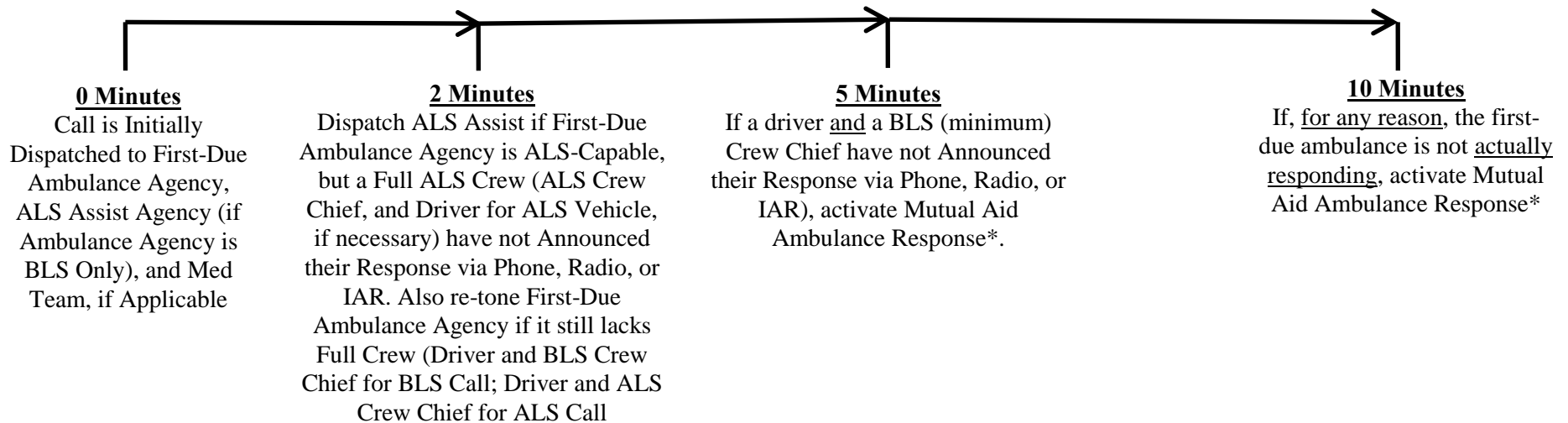
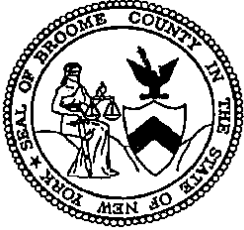
- h) **Leadership Positions within Medical Branch:** Working and communicating effectively within the Unified Incident Command Post Structure, assign additional EMS responders to appropriate roles and establish EMS organizational units as necessary.
1. Medical Branch Director (consider "Medical Communications Coordinator")
 2. Triage Unit/Triage Unit Leader
 3. Treatment Unit/Treatment Unit Leader
 4. Medical/Ambulance Transportation Unit/Transportation Unit Leader
 5. Medical Supply Coordinator
 6. Medical Group Supervisor (if needed) (What's he do?)
 7. IMAT (Incident Management Assistance Team)
 8. County EMS Coordinator Roles: County EMS Coordinators will support the "Medical Branch Director" and Command Post as directed. They may perform the following functions as assigned:
 - i. Vest Command Post or Leadership Staff
 - ii. Poll hospitals for capacity and/or establish regular or continuous communications with hospitals
 - iii. Record incident /command post data for command post
 - iv. Issue radios or assist with medical communication functions
 - v. Support/Consultant to Medical Branch Director
 - vi. Arrange for Physician response to scene.
 - vii. Other duties as assigned by Medical Branch Director or Command post (within scope of practice)

APPENDIX H

BROOME COUNTY EMERGENCY MEDICAL SERVICES ADVISORY BOARD

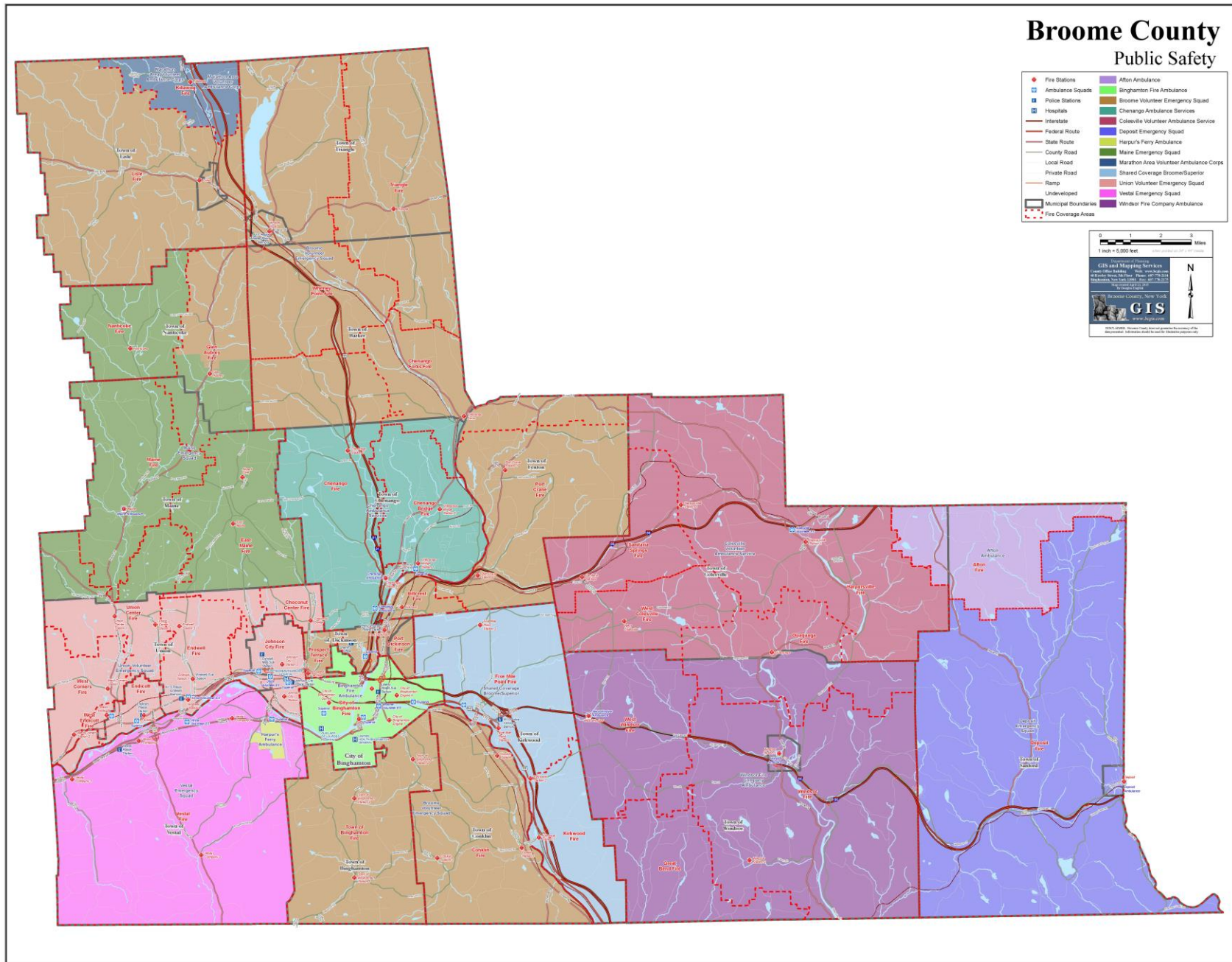
Standard Maximum Call Receipt Interval Time Line

Approved by the Broome County EMS Advisory Board 6/5/2018



* **Mutual Aid Ambulance Response Activation Procedure:** If automatic ALS Assist was dispatched for a “Charlie”, “Delta,” or “Echo” priority call, dispatcher verifies whether responding ALS unit is an ambulance, or a flycar (non-transporting ALSFR vehicle). If ALS unit is ambulance, it is advised that it may be transporting. If no automatic ALS dispatch, or ALS unit is a flycar, the nearest available ambulance that is staffed with an on-duty crew is dispatched. As soon as a closer ambulance is actually responding with a full crew on board or enroute to rendezvous at the scene, more distant responding ambulances will be cancelled. ONLY ACTUAL RESPONSE (not acknowledgements or “will be responding shortly” messages) will cancel more distant mutual aid units activated at the time intervals indicated.

APPENDIX I: BROOME COUNTY AMBULANCE AND EMS FIRST-RESPONSE ZONES



Intro. No. 16
Date 7-18-96
Reviewed by [Signature]
Co. Atty. [Signature]
Date 7/11/96

RESOLUTION
BROOME COUNTY LEGISLATURE
BINGHAMTON, NEW YORK

Permanent No. 96-300
Date Adopted 7-18-96
Effective Date 7/19/96

PUBLIC SAFETY & EMERGENCY SERVICES COMMITTEE
Introduced by _____
Seconded by Hon. William T. Wike

**RESOLUTION APPROVING REVISED BROOME COUNTY EMERGENCY
MEDICAL SERVICES MUTUAL AID PLAN.**

WHEREAS, the Director of Emergency Services has requested approval of a revised Broome County Emergency Medical Services Mutual Aid Plan pursuant to Section 3010 of the Public Health Law, and

WHEREAS, said Mutual Aid Plan has been approved by the Susquehanna Regional Emergency Medical Services Council, and

WHEREAS, said Mutual Aid Plan has been approved by the Broome County Emergency Medical Services Advisory Board, now, therefore, be it

RESOLVED, that this County Legislature hereby approves the Broome County Emergency Medical Services Mutual Aid Plan, a copy of which has been placed on file with the Clerk of the County Legislature, and be it

FURTHER RESOLVED, that the County Executive or his duly authorized representative is hereby empowered to execute any such agreements, documents, or papers, as approved as to form by the Department of Law, as may be necessary to implement the intent and purpose of this Resolution.

COUNTY OF BROOME }
STATE OF NEW YORK } ss.:

I, the undersigned, Clerk of the Legislature of the County of Broome, DO HEREBY CERTIFY that the above is an original resolution of such Legislature, duly adopted on the 18th day of JULY, 1996, by a majority of the members elected to the Legislature of said County at a regular meeting of said Legislature.

I FURTHER CERTIFY that at the time said resolution was adopted said Legislature was comprised of nineteen members.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of said Legislature this 19th day of JULY, 1996

Date sent to County Executive 7-19-96

Approved [Signature]
County Executive

Date: 7-19, 1996

[Signature]
Clerk, County Legislature
County of Broome



Susquehanna Regional Emergency Medical Services Council

Susquehanna Regional EMS Council
c/o Broome EMS
901 Upper Front Street
Binghamton, New York 13905

April 30, 1996

Raymond Serowik
Broome County EMS Coordinator
Public Safety Facility
897 Upper Front St.
Binghamton, New York 13905

Dear Ray,

The Susquehanna Regional EMS Council reviewed and approved the Broome County EMS Mutual Aid Plan at its April 24, 1996 meeting. Please keep the Council informed on its implementation and how it works for you. At times, other areas are interested in what we are doing. Thank you.

Sincerely,

Harry Smith,
Chairman