

CLINTON COUNTY EMS MUTUAL AID PLAN
ISSUED BY
CLINTON COUNTY EMS ADVISORY BOARD

CLINTON COUNTY
EMERGENCY MEDICAL SERVICES
MUTUAL AID PLAN



Altona: Ausable Forks: Beekmantown: Cadyville:
Champlain: Chazy: Churubusco: Cumberland Head:
Dannemora: Ellenburg Center: Ellenburg Depot:
EMT of CVPH: Keeseville: Lyon Mountain: Morrisonville:
Peru: City of Plattsburgh: Rouses Point: Saranac: South
Plattsburgh: West Chazy

CLINTON COUNTY
EMERGENCY MEDICAL SERVICES
MUTUAL AID PLAN
TABLE OF CONTENTS

1.	Purpose.....
2.	Annual Review
3.	After Activation Review.....
4.	Training
5.	Amendments
6.	Participation
7.	Entering the Plan
8.	Withdrawal from the Plan
9.	Insurance and Liability
10.	Financial Responsibility
11.	Reciprocity
12.	Obligation to Respond
13.	Administration
14.	Move-Ups
15.	Communications and Dispatch.
16.	Dispatch Discretion
17.	Plan Implementation
18.	Suggested Actions to take Upon Declaration of an MCI
19.	Example MCI
20.	County EMS Coordinator and Deputy Coordinator
21.	Response of EMS Coordinators
22.	EMS Radio Identifiers
23.	Glossary
24.	Appendix A: Agency Resolution to Participate
25.	Appendix B: Mutual Aid Request Form
26.	Appendix C: Communications Agencies

CLINTON COUNTY
EMERGENCY MEDICAL SERVICES
MUTUAL AID PLAN

Purpose:

The purpose of this agreement is to establish an inter-agency relationship between all EMS providers based or certified within Clinton County for the provision of Emergency Medical Care and the sharing of resources, primarily in the event of multiple casualty incidents anywhere within the County. As well as to establish a relationship between those agencies and the Clinton County Emergency Dispatch Center specifically for the coordinated dispatching of ambulance resources under those circumstances.

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

1. When the volume of emergency calls is in excess of what is normally experienced, and exceeds the capability of the primary EMS agency.
2. When a shortage of resources of the primary EMS agency (i.e. vehicle breakdown) renders that agency temporarily incapable of responding to an emergency call.
3. When a temporary shortage of human resources on the part of the primary EMS agency exists. (i.e. time of day)

This plan is intended to interface with all Local, State and Federal Plans as these are developed.

Annual Review:

This plan shall be reviewed, annually by the Clinton County EMS Advisory Board. The purpose of this review is to make the necessary changes to keep up with the growth of the EMS system.

After Activation Review:

At any time following an Emergency Incident for which this plan is activated, any participating agency may request review of the plan's performance. Such a request shall be submitted in writing to the Clinton County EMS Coordinator's Office. Following receipt of the request, the Coordinator or Deputy Coordinator shall meet with the Chief Operational Officer of the requesting agency to conduct a review. Any recommended revisions to the plan will be submitted to the Clinton County EMS Advisory Board.

Training:

Training for this plan will include the following:

1. Incident Command
2. Public Safety Incident Command Course
3. County Wide Drills involving but not limited to, Police, Fire, Forrest Rangers, DPW, CISD, Red Cross, Schools. (Note: these can be developed at the local level and grow as further risks are identified within the Communities.
4. Drills involving the major industries
5. Local and Regional Hospital involvement
6. Helicopter response from various agencies
7. Critique of all drills and incidents

Amendments:

Amendments to this plan may be made periodically and shall follow the procedure as herein described:

1. Prepared by the Clinton County EMS Coordinator
2. Reviewed by the Clinton County EMS Advisory Board for a 30 day period before vote.
3. Approved by Director of Emergency Services
4. Adopted by the Clinton County Emergency Services Office

Participation:

1. EMS Agencies within Clinton County:

All EMS agencies sponsored or operated by a County, City, Town, Village, Fire District, Independent, Not-for Profit Corporation, or For-profit Corporation may participate in this plan.

2. EMS Agencies outside Clinton County:

All EMS agencies sponsored or operated by a County, City, Town, Village, Fire District, Independent, Not-for Profit Corporation, or For-profit Corporation may participate in this plan. EMS Mutual Aid is provided to and received from agencies outside Clinton County through the outside agencies respective County EMS Communications Centers as well as through the Clinton County Dispatch Center.

Entering and Participating in the Clinton County Mutual Aid Plan:

Any EMS agency may participate in this plan by filing a copy of a resolution adopted by that agency with the Clinton County EMS Coordinator's office. Such resolution shall state the EMS Agency in question elects to participate in the Clinton County Emergency Medical Services Mutual Aid Plan and that they will comply with the provision of said plan. The resolution will state that the EMS agency shall recognize a call for assistance from another EMS agency through the Clinton County Dispatch Center or any other recognized communications agency. (Appendix A)

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 be effective thirty days after such notice is received by the Clinton County Emergency Services office. The EMS agency shall be required to file their own plan in accordance with the NYS DOH with the Clinton County Emergency Services office prior to the resolution taking effect.

Insurance and Liability:

Each participating agency shall maintain proper and adequate insurance coverage. Unless otherwise provided by law or under separate agreement (i.e.: fire mutual aid plan). Any losses would be handled in the same manner as in day to day operations. Ambulance services responding under this agreement assume full responsibility for their personnel, equipment, and the actions of their personnel. Nothing in this plan shall be construed as restriction or preventing the transfer of liability where it is provided for by specific insurance carriers, under the law, or under separate agreement. All mutual aid ambulances shall maintain liability for their equipment and personnel.

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. The assisting EMS agencies shall be entitled, at their option, to bill patients or their insurance carriers for any usual or customary charges, in exactly the same way as they would bill patients receiving their services within their own primary operating territory unless provided for under supplemental contracts.

Reciprocity:

This plan is intended to be completely reciprocal, in that all participants must understand 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 imply the expectation of equal capability among all parties. 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 that others cannot.

Nothing in this plan shall be construed to prohibit or limit 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.

Obligation to Respond:

Participants in this agreement will respond to the best of their ability as a Mutual Aid Agency with the requested resources to any location within Clinton County that is outside of their primary operating territory. The obligation to respond will not exist; however, under certain unavoidable circumstances including but not limited to, maintenance problems, shortage of personnel, accident en-route, or involvement in an existing emergency at the time of request for Mutual Aid.

The participating agency agrees to provide the following pending on the type of request:

BLS request

1. a NYS Certified Ambulance equipped as such
2. a NYS Certified First Response vehicle equipped as such
3. EMS personnel that hold current NYS certification at a minimum level of EMT
4. a driver

ALS request

1. A NYS Certified Ambulance equipped as such with all additional ALS equipment as required by the NYS DOH and Mountain Lakes REMAC
2. EMS personnel that hold current NYS certification at a minimum BLS level and ALS personnel that are fully credentialed within the Mountain Lakes Region and have current on line status as an advanced provider.
3. A NYS Certified First Response vehicle equipped as such
4. Access to all BLS and ALS equipment
5. Driver

Administration:

The Clinton County Emergency Medical Services Mutual Aid Plan shall be administered by the Clinton County Office of Emergency Services through the Clinton County EMS QI Committee and the Clinton County EMS Coordinator's office.

Move-Ups:

Participants in this agreement will, upon request of the Dispatch Center, relocate to an area other than their primary operating territory due to either a MCI in progress in that area, or an excessive call volume that has depleted ambulance resources in that area.

Individual Emergency Medical Services Agencies:

Each participating EMS agency agrees to utilize the INCIDENT COMMAND SYSTEM as indicated by the incident.

Each EMS agency participating in this plan shall retain its own internal command structure and individuality.

Communication and Dispatch

The EMS Dispatch Center for the County shall be that operated by the Clinton County Emergency Services Office located at 16 Emergency Services Dr., Plattsburgh, NY. This 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 Dispatch Center or designated back up location

Request for EMS resources from participating EMS agencies outside Clinton County shall be made through, the Clinton County Dispatch Center.

Dispatcher Discretion:

Dispatchers have the discretion to do what they think is necessary to obtain an ambulance in a reasonable amount of time and to back fill outside of the plan as needed and resources allow.

Plan Implementation:

The goal of EMS during multiple casualty incidents is to deliver the best possible care to the greatest number of people. Since large scale multiple casualty incidents are infrequent, use of the ICS (Incident Command System) must be practiced on a frequent basis in order to develop command and organizational skills. Accordingly, this policy mandates the use of ICS at EMS incidents that require two (2) or more ambulances or 3 or more patients. In addition, use of the ICS facilitates interagency cooperation by unifying command at all incidents.

I. Establishing Unified Command

A. Incident Command shall be established in all of the following circumstances:

- Personal injury auto accidents involving more than 3 patients
- Fire calls where EMS is needed
- Rescue incidents
- Multiple casualty incidents
- Hazardous material incidents
- Police tactical incidents

It shall be the responsibility of EMS command to direct all aspects of EMS operation at the scene in cooperation with Fire and Police command personnel

B. EMS command shall be unified with fire and police command as soon as possible after arrival on the scene

C. The first arriving EMS unit shall report to incident commander for assignment:

D. The incident commander shall request additional resources or delegate this task.

E. EMS branch of the incident shall assume all of the following sector functions for EMS personnel unless a sector officer is designated to handle that function. Once a function is delegated, the person responsible shall wear the appropriate bib. The following are EMS sector functions:

1. Triage
2. Treatment
3. Transportation
4. Other functions at the incident that concern EMS

F. All EMS personnel should have appropriate, visible EMS identification (i.e. EMS turnout gear or EMS Vest).

G. All patients will be identified by a triage card from the SMART system.

II. Declaration of a Multiple Casualty Incident (MCI)

The Department has adopted the NYS Multiple Casualty Incident Plan to be implemented in stages depending on the following criteria:

A. An MCI shall be declared in all cases where there are two (2) or more ambulances or 3 or more patients.

B. MCI shall be broken into the following levels

1. Level 1 MCI = 3 to 10 patients
2. Level 2 MCI = 11 to 25 patients
3. Level 3 MCI = 26 + patients

C. In addition to command activities in Section I, the following actions should be taken at the discretion of Incident Command for each level:

Level 1 [3 to 10 patients]

- Declare a MCI
- Request the number of units needed
- Notify nearest appropriate medical facility of number of patients
- Ensure mutual aid coverage
- Designate sector officers as needed

Level 2 [11 to 25 patients]

- Declare a MCI
- Request the number of units needed
- Notify nearest appropriate medical facility of number of patients
- Ensure mutual aid coverage
- Designate sector officers as needed
- Consider setting up a rehab sector and requesting CISD

Level 3 [26+ patients]

- Declare a MCI
- Request the number of units needed
- Notify nearest appropriate medical facility of number of patients
- Ensure mutual aid to cover the town
- Designate sector officers as needed
- Consider setting up a rehab sector and requesting CISD

III Sector Officer Roles and Responsibilities

A. EMS Site Operations [Radio ID = Operations, Location = Field Command Post at Site]
At large incidents where EMS Command must stay within the command post with Fire and Police Command personnel, EMS Command shall appoint an Operations Officer to handle command at the actual site.

B. Triage Officer [Radio + Vest ID = Triage, Location = Extrication Site]
At Level 1 incidents the triage officer also fulfills the role of the treatment sector officer. At fire and rescue incidents the triage officer supervises all inner circles EMS activities such as delivery of care, patient safety, and packaging and directs the medical aspects of rescue/extrication process. At larger scale incidents the following is the role of the triage officer:

1. Ensures that all patients receive primary triage using triage labels
2. Supervises initial patient care at the site
3. Supervises patient packaging and transportation back to treatment area
4. Arranges for adequate personnel to move patients from the site to treatment area
5. Has fire personnel assist in the movement of patients back to treatment area

C. Treatment Officer [Radio + Vest ID + Treatment, Location = Treatment Area]

1. Establishes the treatment area with color coding for each triage level (flags/tarps)
2. Establishes a corridor into and out of the treatment area
3. Requests any additional equipment/supplies needed for treatment
4. Supervises the treatment, re-triage and tagging of patients in the treatment area
5. Coordinates the movement of patients to the hospital with the Transportation Officer
6. Establishes Treatment group leaders for each level, P-1, P-2, P-3

D. Transportation Officer [Radio + Vest ID = Transport, Location = Treatment exit corridor]

1. Establishes and maintains an ambulance loading area
2. Instructs units not to remove stretcher or driver from unit
3. Coordinates the movement of patients out of treatment area
4. Determines patient destinations
5. Maintains log of all patient destinations
6. Appoints an aide to handle hospital communications as needed
7. Instructs units not to call hospital unless a need for a signal

- E. Staging Officer [Radio + Vest ID = EMS Staging, Location = Safe area off site]
 1. Establishes a safe assembly area for personnel, vehicles and equipment
 2. Talks to inbound EMS units on proper frequency
 3. Assists in assembling resources needed for support of the operation
 4. Establishes a sign in/out roster to account for all personnel
 5. Appoints an aide to handle communications as needed

- F. Rehab Officer [Radio = Vest ID = Rehab, Location = away from the triage, treatment and transport areas]
 1. Set up and operate sector to handle the physical and emotional needs of personnel
 2. Arranges for food and water
 3. Requests CISD as necessary
 4. Monitors the vital signs and general condition of those in the rehab area

IV EMS Manpower and Equipment Staging/Utilization

- A. EMS Personnel
 1. The central staging area for all EMS personnel and equipment shall be ANY AREA DESIGNATED BY THE COMMAND/STAGING OFFICER.
 2. When an EMS call for all available personnel is transmitted, back-up personnel are requested to respond to the scene and report to staging officer
 3. EMS personnel ideally should be deployed in treatment and transportation area functions, but may be deployed by EMS command as needed.

- B. Fire and First Responder Personnel
 1. EMS command shall coordinate with fire command the deployment of fire personnel to assist with medical operations, when they become available
 2. The primary role of fire department personnel {rescue companies and first responder personnel} is the following:
 - a. extrication sector activities'
 - b. moving patients to spineboards
 - c. acting as litter bearers to move patients to treatment sector
 - d. assisting in moving patients from treatment to transportation sector

V Incident Reporting

- A. Transportation Sector
 1. Prior to any patient leaving the scene, the person functioning as transportation officer shall keep part of their MCI label and log the following information:
 - a. patient name or assigned ID #
 - b. patient priority
 - c. hospital destination or disposition

B. Ambulance Crews

1. On Level 1, 2 and 3 incidents, crews shall complete a PCR on each patient and obtain the following minimal information as available:
 - a. Name (may be designated unknown male)
 - b. address
 - c. major complaint
 - d. vital signs

C. Post Documentation

1. An Incident Tactical Worksheet shall be filled out by EMS command with an attached copy of the transportation sector roster.

County EMS Coordinators and Deputy Coordinators:

To assist EMS providers in the Clinton County Emergency Management Office has appointed an EMS Coordinator and Deputy Coordinators. The EMS Coordinator's office is a branch of the Clinton County Emergency Management Office. Their role under New York State Law as EMS Coordinator includes a duty to administer Mutual Aid in cases of Emergencies where EMS might be involved.

On a routine basis the role of the EMS Coordinator's office is advisory. They are notified automatically under certain circumstances.

The response of a Coordinator depends on the potential benefits to the EMS providers at a scene. On-Scene assistance at major emergencies or unusual problematic situations is provided by the EMS Coordinator's Office. It will be the duty of the EMS Coordinator to offer advice and support to EMS provider's on-scene and to assist with the coordination of the response of EMS agencies and resources when needed under the County EMS Mutual Aid Plan.

GLOSSARY

THIS GLOSSARY CONTAINS DEFINITIONS OF TERMS FREQUENTLY USED IN ICS DOCUMENTATION AND MUTUAL AID OPERATIONS

ADVANCED LIFE SUPPORT (ALS)

Those medical skills, techniques and didactic area of study defined by the State of New York for the training of EMT-Ds, EMT-I, EMT-Critical Care (CC) and EMT Paramedics for the immediate care and management of persons in physiological or psychological distress in the pre-hospital or interfacility transfer settings.

Advanced level of care provided by an EMT-I, EMT-CC and Paramedics

AGENCY EXECUTIVE OR ADMINISTRATOR

Chief executive officer (or designee) of the agency or jurisdiction that has responsibility for the incident

ALLOCATED RESOURCES

Resources dispatched to an incident that have not yet checked-in with the Incident Communications Center

AMBULANCE

A motor vehicle, airplane, boat or other form of transportation especially designed and equipped to provide emergency medical care during transit.

AMBULANCE SERVICE

An agency engaged in providing emergency medical services and the transportation of the sick, disabled, or injured persons by motor vehicle, aircraft or other form of transportation to or from facilities providing hospital services under New York regulations and laws.

ASSIGNED RESOURCES

Resources checked-in and assigned work tasks on an incident

ASSISTANTS

Title for subordinates of the Command Staff positions

The title indicates a level of technical capability, qualifications and responsibility subordinate to the primary positions. Assistants may also be used to supervise unit activities at camps.

AVAILABLE RESOURCES

Resources assigned to an incident and available for an assignment

BASE

That location at which the primary logistics functions are coordinated and administered (incident name or other designator will be added to the term base)

The Incident Command Post may be collocated with the base. There is only one base incident.

BASIC LIFE SUPPORT (BLS)

Those medical skills, techniques, and didactic areas of study defined by the State of New York for the training of Certified First Responders and Emergency Medical Technicians for the immediate care and management of persons in physiological or psychological distress in the pre-hospital or interfacility transfer setting.

Emergency care not utilizing the advanced level of care provided by an EMT-I, EMT-CC and Paramedics

BRANCH

The organizational level having functional or geographic responsibility for major parts of Incident Operations. Branches are identified by the use of Roman Numerals or by functions name (medical, security, etc.)

CAMP

A site within the general incident area, separate from the base, equipped and staffed to provide food, water and sanitary services to incident personal.

CLEAR TEXT

The use of plain English in radio communications
No Ten Codes, or agency specific codes.

COMMAND

The act of directing, ordering, or controlling resources by virtue of explicit legal, agency or delegated authority

COMMAND STAFF

The Command Staff consists of the Information Officer, Safety Officer and Liaison Officer, who report directly to the Incident Commander.

COMPANY

Any piece of equipment having a full complement of personnel

COOPERATING AGENCY

An agency supplying assistance other than direct suppression, rescue, support, or service functions to the incident control effort (i.e. Red Cross, Law enforcement, telephone company, etc).

COORDINATION

The process of systematically analyzing a situation, developing relevant information, and informing appropriate command authority (for it decision) of viable alternatives for selection of the most effective combination of available resources to meet specific objectives. The coordination process does not in and of itself involve command dispatch actions. However, personnel responsible for

coordination may perform command or dispatch functions within limits as established by specific agency delegations, procedures, legal authority, etc.

DEPUTY

A qualified individual who, in the absence of a superior, could be delegated the authority to manage a functional operation or perform a specific task. In some cases, a deputy could act as relief for a superior and therefore must be fully qualified in the position. Deputies can be assigned to the Incident Commander, General Staff and Branch Directors.

DIVISION

That organization level having responsibility for operations within a defined geographic area or with functional responsibility

EMERGENCY MEDICAL SERVICE

An organization engaged in the provision of pre-hospital medical care

EMERGENCY RESPONSE AREA

Geographic boundaries used to define emergency medical services response capability by one or more EMS agencies

This can be an EMS District, Fire District, village, town, city or an area defined by local statute or contract or any combination thereof.

GENERAL STAFF

The group of incident management personnel comprised of:

- Incident commander
- Operations section chief
- Planning section chief
- Logistics section chief
- Finance/Administration section chief

GROUPS

Groups are established to divide the incident into functional areas of operation. Groups are composed of resources assembled to perform a special function not necessarily within a single geographic division.

HELIBASE

A location within the general incident area for parking, fueling, maintenance and loading of helicopters

HELISPOT

A location where a helicopter can take off and land

INCIDENT ACTION PLAN (IAP)

Initially prepared at the first meeting, contains general control objectives reflecting the overall incident strategy and specific action plans for the next operational period. When complete, it will have a number of attachments.

INCIDENT COMMAND POST (ICP)

Location at which the primary command functions are executed and usually collocated with the incident base

INCIDENT COMMAND SYSTEM (ICS)

Combination of facilities, equipment, personnel and communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish stated objectives pertaining to an incident

INCIDENT OBJECTIVES

Statements of guidance and direction necessary for the selection of appropriate strategy(s) and the tactical direction of resources

Incident objectives are based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed.

Incident objectives must be achievable and measurable, yet flexible enough to allow for strategic and tactical alternatives

JURISDICTIONAL AGENCY

Agency having jurisdiction and responsibility for a specific geographical area

MULTIPLE CASUALTY INCIDENT (MCI)

Any incident, which produces a number of casualties necessitating assistance from outside the normal jurisdiction

This may be in the form of simple mutual aid for a localized incident or a more extensive response involving county or regional resources in the case of a large scale incident

MUTUAL AID

Preplanned 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 upon formal agreements among participating agencies or jurisdictions

OPERATIONAL PERIOD

Period of time scheduled for execution of a given set of operation actions as specified in the Incident Action Plan

PERSONNEL ACCOUNTABILITY

Ability to account for the whereabouts and welfare of personnel
It is accomplished when supervisors ensure that ICS principles and processes are functional and personnel are working within these guidelines

PRIMARY OPERATING TERRITORY

That geographical area specified on the New York State Department of Health Certificate or Certificate of Registration which defines the usual or normal operating territory

REHABILITATION (REHAB)

Resting and treatment of incident personnel who are suffering from the effects of strenuous work and/or extreme conditions
Also used to monitor the general health and welfare of personnel involved and to prevent illness or injury

STAGING AREA

That location where incident personnel and equipment are assigned on a three minute available status

STRIKE TEAM

Specified combinations of the same kind and type of resources, with common communications and a leader

TASK FORCE

Group of resources with common communications and a leader, that may be pre-established and sent to an incident, or formed at an incident

TECHNICAL SPECIALISTS

Personnel with special skills who are activated only when needed

UNIFIED COMMAND

In ICS, Unified Command is a unified team effort which allows all agencies with responsibility for the incident, either geographical or functional to manage an incident by establishing a common set of incident objectives and strategies. This is accomplished without losing or abdicating agency authority, responsibility or accountability.

UNIT

That organization element having functional responsibility for a specific incident planning, logistic or finance activity

CLINTON COUNTY
EMERGENCY MEDICAL SERVICES
MUTUAL AID PLAN

AGENCY RESOLUTION TO PARTICIPATE FORM

Resolved that the _____ elects to participate in the Clinton 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 C 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 Clinton County Emergency Medical Services Office.

Signed

Title

Date

CLINTON COUNTY
EMERGENCY MEDICAL SERVICES
MUTUAL AID PLAN

Mutual Aid Agency Request Form

The _____ designates the Clinton County Dispatch Center or other designated dispatch center for the incident activate to provide assistance to our EMS agency the most appropriate resource available at the given time taking into consideration distance and availability. This request applies to both ALS and BLS calls. We understand that Dispatcher have the discretion to do what they think is necessary to obtain timely care patients or potential patients of the incident.

This agreement will remain in effect until it is amended by resolution of our agency and the Clinton Count EMS Coordinator's office has been notified in writing.

Signed

Title

Date

CLINTON COUNTY
EMERGENCY MEDICAL SERVICES
MUTUAL AID PLAN

Communications Agencies

1. Clinton County Dispatch Center
2. Any designated back up communications center