

**WESTCHESTER COUNTY**  
**EMERGENCY MEDICAL SERVICES**  
**MUTUAL AID PLAN**



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# WESTCHESTER COUNTY EMERGENCY MEDICAL SERVICES MUTUAL AID PLAN

## Section 1. PREAMBLE AND PURPOSE

The goal of the EMS Mutual Aid Plan in Westchester County is to decrease mortality and morbidity within the county. This plan is intended to help local EMS agencies and the municipalities they protect carry out this goal. Mutual aid needs to be recognized as a system of sharing resources; its intention is to provide personnel and equipment support in times of need. This plan recognizes the patient(s) as the primary reason for EMS, and that the patients needs shall be placed above all other considerations. This plan will comply with the State EMS Code (800.21.p) requiring all state certified EMS agencies to have a written mutual aid plan, with the intent of having the closest available EMS unit responds to a patients medical needs.

This plan will also comply with the Governor's Executive Order No. 26 establishing the National Interagency Incident Management System (NIIMS) as the standard command and control system for emergency operations in New York State.

## Section 2. OBJECTIVE

### A. Definition of Mutual Aid:

Mutual Aid is the organized, supervised, coordinated, cooperative, and reciprocal assistance in which personnel, equipment, and physical facilities of all participating emergency medical service (hereafter referred to as EMS) agencies, regardless of type or size, are utilized for multiple casualty incidents (hereafter referred to as MCI's), disasters, or other emergencies in which the services of EMS providers would be used throughout the County of Westchester and adjacent areas. (Note: Other definitions at the end of this document).

### B. Amendments:

Amendments to this plan may be made when necessary and will follow this procedure:

- 1) A written proposal is submitted by an agency, County EMS Coordinator, Department of Emergency Services Commissioner or by the Westchester Regional EMS Council (REMSCO). This proposal is then submitted to the Disaster Committee of REMSCO.
- 2) The Disaster Committee shall then make a recommendation to the EMS Council.
- 3) The REMSCO adopts or rejects the amendment.
- 4) If the amendment is adopted by REMSCO, the County EMS Coordinator and Emergency Services Commissioner shall approve the amendment.
- 5) The amendment is submitted for acceptance to the agency having jurisdiction.

### C. Annual Review:

Each year the Disaster Committee of REMSCO and the EMS Coordinator shall review this plan.

### D. Coverage:

A major function of this plan is to ensure that adequate EMS coverage is maintained in all communities. EMS agencies should be able to commit resources to an incident within or outside their normal coverage area, and not have to worry about covering their normal calls.

**Section 3. PARTICIPATION**

A. Extent and limit of participation by municipalities & agencies

All cities, towns, villages, fire and/or EMS districts, commercial & volunteer service, hospitals and the County of Westchester may fully participate in this plan. (See Appendix "D" attached)

B. Extent and Limit of Participation with Fairfield County, Connecticut

At present there is no formal agreement with this County. Local reciprocal assistance, if any, should be arranged between local agencies / municipalities. A copy of which shall be filed with the county EMS &/or Emergency Services Commissioner. All requests for assistance should be routed through the Westchester County Emergency Communications Center (60-Control).

C. Extent and Limit of Participation with Adjacent Counties

At present there are no formal agreements with any other Counties. Mutual aid is provided to, and received from, Dutchess, Orange, Putnam, and Rockland counties through their respective County Fire Control Centers under the direction of their County Fire or EMS Coordinators or legally appointed deputies.

Dutchess County	-	14 Control	Putnam County	-	40 Control
Orange County	-	36 Control	Rockland County	-	44 Control

D. Memorandum of understanding with the City of New York (Appendix "E")

Westchester County will be participating in the New York Area Emergency Medical Services Mutual Aid Protocol that includes reciprocal services to/from Westchester County, Nassau County, Suffolk County, University of Medicine and Dentistry of New Jersey (UMDNJ), and Fire Department New York, Emergency Medical Services Command.

In the event of a major catastrophic event, resources would be requested in task force format via the Westchester County Emergency Communications Center (60-Control).

Note: Currently under review by the Westchester County Department of Law.

E. Entering and Participating in the Plan

Any duly established EMS agency or provider may participate in this plan by filing a copy of a resolution adopted by the agency, with the Office of the County EMS Coordinator (see Appendix "A") and executing an agreement with the County of Westchester. Such resolution and agreement shall state that the agency elects to participate in the Westchester County EMS Mutual Aid Plan and that the agency will comply with the provisions of this plan. The resolution will state that the agency shall recognize a call for assistance from another EMS agency or provider through the Westchester County Emergency Communications Center (60-Control), and will not bill the requesting agency, municipality (i.e. city, town, or village), or the County of Westchester for services rendered.

Note: This does not preclude an agency from billing the patient, the responsible party (i.e. Transportation Co. [Railroad, Bus, NYS Thruway Authority] or the company responsible for the incident) or an insurance carrier.

There shall also be a copy, to be filed with the County EMS Coordinator of a resolution adopted by the legislative body of each participating city, town, or village, or by the governing board of the EMS agency of each participating EMS district. Such resolution shall state that no restrictions exist against "Outside Service" by the EMS agency, which would affect the power of such EMS agency to participate in the Westchester County EMS Mutual Aid Plan. Such resolution shall also state the billing policies for the EMS agency, if applicable (See Appendix "B" attached).

#### F. Withdrawal from the Plan

Any EMS agency or Department may elect to withdraw from this plan by adopting a resolution to such effect. Such withdrawal shall become effective 30 days after filing of a notice with the Westchester County EMS Coordinator. If the outside service activities of a participating EMS agency or Department are restricted pursuant to local law, policy, or contract, notice of any restriction shall be given promptly to the Westchester County EMS Coordinator. Any such restriction imposed by the legislative body of any city, town, village, or EMS Board of Directors shall take effect in accordance with the resolution imposing the restrictions.

**Withdrawal from the plan will result in the suspension of mutual aid through the Westchester County Emergency Communications Center (60-Control) to the community. Any EMS agency or Department withdrawing from the plan, upon the effective date, shall surrender and return to the County of Westchester at the Westchester County Emergency Control Center in Valhalla, any and all county owned equipment.**

Any agency requesting reinstatement shall follow the Entering and Participating in the Plan section of this document.

## Section 4. LINE OF AUTHORITY

#### A. At a Multiple Unit Incident

IMS (Incident Management System) shall be used; the agency requesting mutual aid is in-charge. The Senior Officer shall be the Incident Commander (IC) or Medical Command (MC) if another local agency is in-charge (i.e. Fire, Police, FBI). In the event that no EMS officer is on the scene, the Crew Chief or Senior Member (Usually on the first arriving unit) shall assume that role.

#### B. At a Single Unit Incident (1 Mutual Aid Ambulance Scene)

IMS (Incident Management System) shall be used. If an officer of the agency requesting mutual aid is on the scene, he/she is in-charge. If the agency requesting mutual aid does not have an officer on the scene, then the mutual aid unit's Senior Officer, Crew Chief or Senior Member, shall be the Incident Commander (IC) or Medical Command.

#### C. Incoming Policies

At a Single Unit Incident, the agency providing the mutual aid shall follow all applicable laws, regulations, and shall follow its SOG/SOP's (Standard Operating Guidelines/Policies).

At a Multiple Unit Incident, the agency providing the mutual aid shall follow all applicable laws, regulations, the Incident Command System, and all recognized MCI standards.

#### D. County EMS Zone and Fire Mutual Aid Coordinators

Westchester County EMS Zone and/or Fire Mutual Aid Coordinators are to assume the role of mutual aid coordinator (Both on scene and via radio). They shall work in a staff position to

assist the Incident Commander (IC). They shall not take over the role of Incident Commander.

#### E. Medical/Scene Control

EMTs & AEMTs shall follow the New York State BLS (Basic Life Support) Protocols and shall follow all applicable laws, regulations, and standards.

Paramedics from agencies based in the Westchester Region shall follow the Westchester Regional EMS WREMS MAC (Medical Advisory Committee) protocols.

Paramedics from agencies outside the Westchester Region shall follow their respective MAC protocols.

At the scene of a medical emergency, the medical chain of command shall follow NYS Public Health Law.

- 1) WREMS MAC Physicians
- 2) WREMS MAC Paramedics
- 3) NYS Paramedics
- 4) Non NYS Paramedics
- 5) Emergency Medical Technicians - Critical Care (EMT-CC)
- 6) Emergency Medical Technicians - Intermediate (EMT-I)
- 7) Emergency Medical Technicians – Basic (EMT-B)
- 8) Certified First Responders (CFR)
- 9) All other Responders

If questions of command arise between a paramedic and an officer (i.e. Chief, Captain, or Lieutenant) who has less medical training than the paramedic, the following procedures shall apply: (both shall communicate & coordinate with the IC).

- 1) The paramedic shall make **ALL** medical decisions, including but not limited to: treatment, when, where and how to transport, and the triage classifications.
- 2) The officer shall make **ALL** command and staff decisions, including but not limited to: manpower deployment, mutual aid requests, equipment needs, and personnel safety issues.

In the event that a non-MAC Physician is on the scene, the provider shall follow the WREMS protocol on Non MAC Physician intervention below. (Note: This only applies to a physician who appropriately identifies him/her self and wishes to intervene in patient care)

- 1) Contact Medical Control for approval.
- 2) Follow appropriate orders that meet the WREMS Protocols.
- 3) Require the Physician to accompany the patient to the hospital as per NYS Law.
- 4) Document the event; include the physician's name and address.
- 5) If any problems arise, including inappropriate orders, re-contact Medical Control.

## **Section 5. LIABILITY**

### **A. Insurance**

It shall be the responsibility of any agency responding outside of their primary response area to maintain appropriate insurance coverage as required by Law. Each agency should insure their personnel and vehicle(s) regardless of their location, or the location of the call.

### **B. Hold Harmless**

Any agency requesting mutual aid shall be held harmless by the responding agency. The responding agency shall be responsible for the negligent performance or failure to perform as if such negligence occurred within the area regularly served and protected by such responding agency. With respect to services covered under Section 209 (2) of the General Municipal Law (municipal agencies), any loss or damage to equipment of the responding agency sustained in answering a call for mutual aid, shall be a charge and paid by the agency from which issued the call for assistance. With respect to agencies not covered under Section 209 (2) of the General Municipal Law (independent, commercial and/or incorporated agencies), those agencies shall be responsible for their own loss or damage to their vehicles and equipment sustained in answering a call for mutual aid.

### **C. State and/or Federal Law**

In relation to this document, any state and/or federal laws shall be complied with. In the event of a conflict between this document and a state or federal law, regulation, standard, or requirement, that state or federal law, regulation, standard, or requirement shall supersede.

## **Section 6. CALL UP LISTS**

### **A. General**

Call up lists (also referred to as the Mutual Aid Response Plan) are intended to give a general order as to who shall be dispatched to a given incident. The Incident Commander, EMS or Emergency Services Commissioner, and/or the dispatchers (and/or any designee) may change who is called, and in what order. The reasons for this include, but are not limited to: units out of service, other incidents, and routes of access, response times, and/or certain types of units.

### **B. Changes to the Mutual Aid Response Plan**

Changes shall follow Sec 2.B. Amendments above. It shall be the responsibility of each agency to request changes that they feel are in the best interest of their community.

## **Section 7. INCIDENT MANAGEMENT SYSTEM (IMS)**

The Westchester County EMS Mutual Aid Plan recognizes the National Interagency Incident Management System (NIIMS) as the only appropriate system for managing multiple unit responses. (General overview follows).

### **A. Incident Command (IC)**

- 1) If the incident is only medical, it should be the same as Medical Command (Below)
- 2) Normally the IC is from the lead agency. (Fire – Senior Fire Officer, Crime – Senior Police Officer)

- a. Confirms the Incident
  - b. Manages the Response
  - c. Establishes Command Post (CP) (if not already established)
  - d. Remains at CP until... (Transfer to a higher / appropriate authority)
  - e. Designates Division Officers
  - f. Appoints Support Personnel (Safety, Liaison, & Public Information Officer [PIO])
- B. Medical Command (MC) (also referred to as EMS Command)
- 1) Crew Chief from the 1st Responding Unit Assumes Command
  - 2) Confirms the Incident
  - 3) Manages EMS Response
  - 4) Establishes Command Post (CP) (if not already established)
  - 5) Remains at CP until... (Transfer)
  - 6) Designates EMS Division Officers
- C. EMS Operations (EMS OPS)
- 1) Supervises EMS Staging, Triage, Treatment, Transport, and EMS Rehab Officers
  - 2) Works directly with Fire Operations & Police Operations Officers
  - 3) Usually this position is only use at large scale incidents
  - 4) Answers to Medical Command
  - 5) Allows Medical Commander to Deal with the big picture
- D. EMS Safety Officer
- 1) Ensures scene safety for EMS personnel
  - 2) Works with other Safety Officers (Fire, Police, etc.)
  - 3) Manages Infection Control Follow Up
  - 4) Has the Authority to "STOP" unsafe actions. May overrule Command.
  - 5) Should be in a position to view whole incident
  - 6) Reports Directly to Medical Command
- E. Staging Officer
- 1) Establishes Assembly Point
  - 2) Releases resources as requested by Sector Officers
  - 3) Ensures physiological needs of personnel are met (i.e. Food, Shelter, Bathrooms, etc)

- 4) Responsible for initial personnel and vehicle accountability

F. Triage Officer

- 1) Establish Triage procedures and location
- 2) Appoint Triage Support personnel
- 3) Coordinate Triage Activities, Equipment, & Personnel
- 4) Move patients to treatment division/sector

G. Treatment Officer

- 1) Establishes Treatment Area
- 2) Appoints Treatment Support Personnel  
(Consider a Supply Officer & P-1 [red], P-2 [yellow], & P-3 [green] Treatment Leaders.)
- 3) Coordinates Treatment Activities, Equipment, & Personnel
- 4) Coordinates Patient evacuation with Transportation Officer

H. Transportation Officer

- 1) Establishes & maintains ambulance loading area
- 2) Determines & monitors hospital capabilities
- 3) Determines Patient designations
- 4) Maintains patient log (Accountability)
- 5) Coordinates Helicopter evacuation (see Landing Zone Officer)
- 6) Performs Hospital notifications (Note: Ambulances Shall Not Call Hospital Direct)
- 7) Appoints Treatment Support Personnel (Consider a Communication Aide)

I. EMS Liaison Officer (Liaison)

- 1) Works with other agency liaison officers to complete the mission
- 2) Insures that fire, rescue, PD, etc. functions do not conflict with our mission
- 3) Arranges for personnel from other agencies to assist EMS
- 4) Reports directly to Medical Command

J. Rehab Officer (Rehab)

- 1) Establishes & maintains Rehab area
- 2) Monitors personnel capabilities
- 3) Treats & Transports injured/ill responders
- 4) Arranges for food, water, & shelter for responders
- 5) Requests CISD, as needed.

- 6) Release rehabilitated responders to Staging Officer
- K. Landing Zone Officer (LZ)
  - 1) Coordinates Helicopter evacuation
  - 2) Establishes & Maintains Landing Zone
  - 3) Controls access to the helicopter
  - 4) Establishes & Maintains radio communications with the Pilot
  - 5) Advises Helicopter Crew of # of Patients & Status
  - 6) Advises Transportation Officer on Helicopter Status

L. Establishing Command

The highest-ranking person (crew chief) of the 1st Unit (EMS, PD or Fire) on the scene shall establish command by notifying dispatch that Unit # \_\_\_\_ is on the scene and is establishing command.

M. Transfer of Command

The Crew Chief of the 1st EMS Unit on the scene shall become the Incident or Medical Commander (Police, or Fire Dept. Usually is IC, EMS is MC) until command is transferred to a higher-ranking officer (i.e. Lt., Capt. or Chief). Transfer shall include: Announcing who is in-charge and reporting the status of the operation.

Note: This is just a basic outline of ICS, for more information, contact SEMO or NYS EMS

**Section 8. MCI LEVELS**

Predetermining the response based on number of patients will save time. Requests for EMS resources will be made in Task Force\* format. A Task Force consists of three (3) BLS Ambulances, two (2) ALS Ambulances or two (2) additional BLS Ambulances and two (2) ALS equipped paramedics (two fly cars or one double fly car) and two (2) supervisors or senior line officers.

<u>MCI LEVEL</u>	<u>NUMBER OF PATIENTS</u>	<u>*MOBILIZATION OF</u>
1	Up to 10	one (1) task force
2	11-25	two (2) task forces
3	26-50	four (4) task forces
4	51-75	six (6) task forces
5	76-100	eight (8) task forces
6	100+	ten (10) task forces (plus additional resources as decided by the IC)

\*The Task Force concept is intended to address ALS & BLS needs along with the need for assistance in the management positions, interagency liaisons and communications. Clear text should be used for all radio communications.

If there are multiple ambulatory patients, a bus or buses should be requested from the municipality or County.

## Section 9. STATUS OF THE LOCAL EMS AGENCY/PROVIDER

### A. Maintenance of Individuality

Each EMS agency or provider participating in this plan shall retain its internal command and individuality.

### B. Authority of "requesting" Agency

A "requesting" Incident Commander (IC) or his/her designee, shall request mutual aid for his/her agency in accordance with this plan.

The line of "command" at an incident requiring mutual aid remains with the agency/provider requesting mutual aid.

The Incident Commander will work with Officers, the Crew Chief, or the Senior Member of agencies providing mutual aid. The responders from assisting agencies should be supervised by their own officers, crew chief, or their senior member, who are, in turn, commanded by officers of the agency requesting mutual aid.

### C. Method of determining status of equipment, apparatus and personnel.

The County Emergency Services Commissioner shall have prepared a map status board or similar visual device for rapidly determining the status of equipment, apparatus and personnel, such device to be located at the Westchester County Emergency Communications Center (60-Control).

The County Emergency Services Commissioner shall maintain lists of suitable inventories of equipment, apparatus and personnel, together with available disaster and emergency facilities available in Westchester County. It shall be the responsibility of the County Emergency Services Commissioner to update this list on a regular basis.

It shall be the responsibility of the head of each agency/provider to notify the office of the County Emergency Services Commissioner of any additions or deletions to his/her list of equipment (above the normal minimum NYS Certification equipment) including vehicles.

### D. It shall be the responsibility of the head of each agency/provider to notify the Westchester County Emergency Communications Center when units are going to be unable to respond to a mutual aid request or are out of service (this will expedite the dispatch of other units to mutual aid requests). This should be done by phone (231-1905) when possible, or radio on 155.400 on the HEAR radio.

Commercial services shall notify the Westchester County Emergency Communications Center when the number of ambulances available for mutual aid drops below one (1).

### E. Local Mutual Aid Plans presently operating exclusive of the Westchester County EMS Mutual Aid Plan.

a. Westchester County EMS Mutual Aid Plan is charged with providing emergency medical service assistance for anyone within the County of Westchester.

b. There shall be no local mutual aid plans, other than for day-to-day coverage. The County plan shall express the wishes of each agency.

c. All agencies shall forward a copy of any local mutual aid plan/agreement to the EMS Coordinator at: Westchester County Department of Emergency Services, 4 Dana Road, Valhalla, NY 10595

## **Section 10. ADHERENCE TO THE PLAN**

Mutual Aid is intended to provide personnel and equipment support in times of need. The request for mutual aid should be generated when resources within your response area are insufficient to handle the patient demand or community coverage. Each ambulance provider/agency and/or municipality is responsible for providing adequate coverage to handle their routine call volume without the need to call mutual aid.

Mutual aid needs to be recognized as a system of sharing resources; each participating agency should recognize the demands, which are placed upon mutual aid when those resources are needed.

Any EMS provider/agency may inform the Westchester County EMS Coordinator when they believe that they are being called upon to handle Mutual Aid calls in other EMS provider/agencies' primary area on a routine basis. The Westchester County EMS Coordinator and the REMSCO will investigate the notice and work to resolve the situation.

## **Section 11. OBLIGATION TO RESPOND**

Each participating EMS provider/agency must forth with respond to any call for assistance from another EMS provider/agency pursuant to the provisions of this plan, through the coordination of the county Emergency Services Communications Center.

This obligation to respond does not include unavoidable circumstances, such as maintenance problems, shortage of manpower, or if the provider/agency already involved in an emergency or other call.

## **Section 12. IDENTIFICATION OF APPARATUS**

- A. All EMS vehicles within the County of Westchester shall be identified by suitable insignia, which shall include the county mutual aid number and the apparatus designation, adopted by the County EMS Coordinator. This number shall identify the agency, type of vehicle, level of care and the unit #. (See Appendix G attached.)
- B. Individual EMS vehicles should bear appropriate county provided identification marks. (Agencies may use their own, but are responsible if a change is needed)

## **Section 13. RADIO SYSTEM**

- A. Frequencies

Frequencies for EMS Mutual Aid shall be determined by the EMS Council (with recommendation from the Communication Committee) and the EMS and Fire Coordinators.

The current radio frequency designation is listed below:

155.220	Field to Hospital Communications and contacting 60-Control
155.340	MCI On-Scene Command Communications
155.400	Mutual Aid Coordination and Contacting other EMS Agencies
155.205	ALS Intercept Coordination
155.715	NYS MCI Frequency
150.790	Tactical Field Operations (portable transceivers only)

## **Section 14. WESTCHESTER COUNTY EMS ZONES**

EMS zones are for the purpose of coordinating mutual aid to major MCI's. The following list contains the municipalities in each zone. Zone 1 is all of Westchester County.

ZONE	MUNICIPALITIES	AGENCIES
2	City of Yonkers	Empress EMS (City of Yonkers)
3	Eastchester (includes Tuckahoe & Bronxville) Mount Vernon, New Rochelle, Pelham and Pelham Manor Scarsdale	Eastchester VAC Empress EMS (City of Mt Vernon) Empress EMS (Town of Pelham) MetroCare (City of New Rochelle) Scarsdale VAC
4	Ardsley, Dobbs Ferry, Elmsford Greenburgh, Hastings, Irvington, Tarrytown	Ardsley VAC Dobbs Ferry VAC Elmsford Fire Dept. Greenburgh Police Dept. Hastings Fire Dept. Irvington VAC Tarrytown VAC
5	Harrison, Larchmont, (includes Mamaroneck Town) Mamaroneck (Village), Rye, Rye Brook, Port Chester, White Plains	Harrison VAC Larchmont/Mamaroneck VAC Mamaroneck EMS MetroCare (City of White Plains) Port Chester, Rye, Rye Brook VAC Town of Mamaroneck Ambulance District
6	Briarcliff Manor Mount Pleasant, New Castle North Castle, Ossining	Armonk Fire Dept. Briarcliff Manor Fire Dept. Chappaqua VAC Hawthorne Fire Dept. MetroCare (Town of Mt Pleasant ALS) Ossining VAC Ossining VAC ALSFR Pleasantville VAC Sleepy Hollow VAC Valhalla VAC
7	Buchanan, Croton, Cortlandt, Peekskill, Yorktown	Cortland Community VAC Cortland Paramedic Croton Fire Dept. Empress EMS (Yorktown ALS) Peekskill VAC Mohegan VAC Verplank Fire Dept. Yorktown VAC
8	Bedford Katonah, Lewisboro, Mount Kisco, North Salem Pound Ridge, Somers, Vista	Bedford Fire Dept. Katonah/Bedford Hills VAC Lewisboro VAC Mt. Kisco VAC North Salem VAC Pound Ridge VAC Somers Fire Dept. Vista Fire Dept. Westchester EMS

## Section 15. REQUEST FOR MUTUAL AID

Each participating EMS provider or agency may request assistance from another EMS provider or agency pursuant to the provisions of the plan.

Requests may take, but are not limited to the following forms:

- A. The request of the EMS officer -in- charge (Crew Chief / Line Officer / Incident Commander)
- B. Pre-planned and/or automatic pre-planned response to any call.
- C.

## Section 16. INCIDENTS OUTSIDE OF THE PRIMARY RESPONSE AREA

Whenever an ambulance provider/agency responds to an incident and determines it to be out of their district or primary response area, the following action shall be taken:

- A. Notify the Westchester County Emergency Communications Center (60-Control) to dispatch the proper EMS unit.
- B. Take appropriate action to control the incident until relieved. Your response should be continued until such point as the other responding agency arrives on the scene.
- C. Notify the appropriate agency and, after direction from them, continue to handle the call through to completion.

## Section 17. DISPATCH - 60-Control

### A. General

Each EMS agency shall be responsible for determining the day-to-day dispatch needs in that agency's primary response area. This plan recognizes that each agency and/or community has different needs, concerns, and priorities; however it is recommended that each agency strongly consider utilizing the Westchester County Emergency Communications Center for all dispatch services.

### B. Westchester County Emergency Communications Center (60-Control)

- 1) The Westchester County Emergency Services Communication Center which is located at the Westchester County Emergency Services Training Center / Department of Emergency Services, 4 Dana Rd, Valhalla, shall in this plan be referred to as 60-Control (per NY State).
- 2) 60-Control shall be the primary day-to-day dispatch facility for the following EMS agencies, as provided by contract or agreement. See Appendix "F".
- 3) 60-Control shall be the primary MCI mutual aid dispatch facility for all EMS agencies in Westchester County.

### C. Authority

- 1) This plan shall give the Westchester County Emergency Communications Center the authority to dispatch any and all EMS agencies that request it.
- 2) 60-Control shall have the authority to assign EMS unit(s) based on the needs of the patient.

- 3) 60-Control shall have the authority to “move-up” EMS unit(s) as needed to fill coverage “gaps”.

D. Obligations:

- 1) The EMS Coordinator, his/her designee or the shift supervisor at 60-Control shall have the obligation to identify “back-up” coverage for services who are committed elsewhere.
- 2) The EMS Coordinator, his/her designee or the shift supervisor at 60-Control shall have the obligation to pre-designate mutual aid level of coverage desired, (i.e. ALS vs. BLS).

E. Automatic Mutual Aid for Non Response

60-Control shall have the authority to establish and implement automatic mutual aid when the primary response agency is unavailable or fails to respond within a predetermined time frame, based on the medical needs of the patient.

F. Automatic ALS Intercept

- 1) 60-Control shall have the authority to establish and implement automatic ALS Intercept when the medical needs of the patient dictate an ALS response (Based on Emergency Medical Dispatch criteria).
- 2) The medical needs shall include, but are not limited to the following: chest pain, cardiac events, respiratory difficulties, unconsciousness, altered mental status, cardiac and/or respiratory arrest, shock, MCI's, multiple or penetrating trauma, near drowning, major burns, smoke inhalation, serious mechanism of injury, possible spinal cord injury, paralysis, multiple fractures, unstable vital signs, drug overdose, poisonings, or when traffic, road, weather conditions, or extended extrication will delay transport of the patient.
- 3) 60-Control shall dispatch the closest appropriate ALS intercept unit anytime they receive an EMS type call, and the information received indicates the patients need for ALS. This may include an ALS helicopter (following WREMS guidelines).
- 4) Any EMS agency that does not want the Automatic ALS Intercept service shall notify the Westchester County EMS Coordinator and Westchester County Emergency Services Coordinator in writing.
- 5) Cancellation of the ALS Intercept Unit can be performed by the EMT who is at the call location, has assessed the patient's medical condition, has determined that the patient is stable (based on C.U.P.S.), and is not in need of ALS treatment. Cancellation shall be through 60-Control. If the EMT is unsure of the patient's status, he/she should not cancel the ALS Intercept Unit.
- 6) If the patient wants to RMA (Refuse Medical Attention & transportation) and the EMT feels that this is not in the best interest of the patient, he/she shall attempt to wait for the ALS unit prior to the patient signing the RMA. If it is obvious that the patient's condition does not warrant ALS, the EMT may RMA the patient (Following NYS and Westchester REMAC Protocols) and notify 60-Control and the ALS Intercept Unit.
- 7) There shall be no delay in transporting any patient while awaiting the arrival of the ALS intercept unit. Prior to the ALS unit's arrival, the BLS crew shall treat the patient under the NYS BLS protocols. After treating the patients, they shall be moved to the ambulance.

At this time, if the ALS unit is not on the scene, the BLS crew shall:

- a. Start transporting to the closest **appropriate** hospital, and
- b. Notify 60-Control of their status, and

- c. Contact the ALS unit via radio and attempt to arrange an intercept somewhere between the scene and the hospital.
- 8) The senior paramedic on the ALS Intercept Unit may, after assessing the patient and determining that the patient does not need ALS intervention, turn patient care back to the senior EMT or Crew Chief for treatment and transportation to the hospital.

## **Section 18. MEDICAL ISSUES**

### **A. ALS vs. BLS in Large Scale Operations:**

- 1) At an MCI, there often are insufficient numbers of paramedics and/or cardiac care technicians. Because of this, priorities must be assigned. It is recommended that the rescue/disentanglement area, the red (Critical) area, and selected transports are the only locations where ALS providers operate until sufficient numbers of personnel are on the scene.
- 2) The Triage Officer should be an EMT (he/she should get input from the paramedics) unless there are sufficient numbers of paramedics.
- 3) ALS priorities should be airway control (including: Intubation, pleural decompression, needle cricothyrotomy & percutaneous transtracheal insufflation), fluid replacement (Large Bore IV's), and ACLS for cardiac patients.

Note: BLS personnel are allowed to transport intubated patients and patients with IV's without medications added.

### **B. Disaster Protocols**

All patient treatment shall be in accordance with the NYS BLS protocols, and the Westchester Regional MAC ALS protocols.

### **C. Triage System:**

- 1. During an MCI, all patients shall have triage tags attached to the patient.
- 2. At all incidents, the S.T.A.R.T. & Jump S.T.A.R.T. triage system should be used to separate red patients from all others. After that, the standard system should be used.
- 3. The standard system is spelled out in the NYS BLS procedure manual. The system uses 4 categories (Red, Yellow, Green, and Black).
- 4. Patients should be re-evaluated often. The categories that have been assigned to them can be upgraded or downgraded as necessary.

### **D In the event that an EMS responder is injured while on a mutual aid call, the following procedure should be followed:**

- 1. The EMS responder shall be treated & transported to the appropriate hospital by the next available ambulance.
  - a. 2. The Incident and Medical Commanders shall be notified.
  - b. 3. The officer, crew chief or senior member from the injured member's agency shall be notified.

- c. 4. After the incident, the Safety Officer shall follow-up on the injured member to ensure that all notifications have been made and that all paperwork has been completed.

E. Use of other personnel:

At most MCI's, EMS personnel may be insufficient in numbers to deal with all EMS operations. The main concern is personnel for lifting, carrying, and moving patients from one location to another (i.e. disentanglement area to red treatment sector or treatment to the transport sector). When this occurs, the EMS or Medical Commander should request;

- 1. Additional EMS personnel (from staging or mutual aid)
  - a. 2. Fire service personnel (from fire, operations or incident command)
  - b. 3. Police personnel (from police, operations or incident command)
  - c. 4. Other (i.e. Military, CAP, Scouts, etc.)

## **Section 19 - HOSPITAL CAPABILITY AND CAPACITY**

- A. Notification to hospitals during an MCI shall be the responsibility of the transportation officer. Hospitals shall be notified ASAP that an MCI is in progress and the approximate number of patients they may receive. Then they should be notified by the transportation officer each time an ambulance is sent to them. Ambulances should not notify hospitals directly during an MCI. (See Hospital list).

B. Hospitals Outside Westchester County

- 1) Ambulances transporting patients to hospitals outside of Westchester County shall follow all laws & regulations of the NYS Health Department.
- 2) During an MCI, the Transport Officer should consider using hospitals that are close, but outside of Westchester County to relieve local hospitals.
- 3) During an MCI, the Transport Officer should consider sending mutual aid ambulances back to their primary hospitals. If the ambulance is from outside Westchester, then have them transport their patient to hospitals within their County. (i.e. NYC EMS transports to NYC, Greenwich EMS to Greenwich Hospital, & Brewster FD to Putnam County.).

- C. During an MCI, the Transport Officer should contact 60-Control for a bed availability update.

D. Specialty Facilities

- 1) Designated Regional Trauma Centers
  - a. Westchester Medical Center (Valhalla, NY)
  - b. Bronx Municipal Hospital Center (Bronx, NY)
- 2) Designated Area Trauma Centers
  - a. Sound Shore Medical Center (New Rochelle, NY)
  - b. Danbury Hospital (Danbury, CT)
  - c. Nyack Hospital (Nyack, NY)
  - d. Norwalk Hospital (Norwalk, CT)

- 3) Burn Centers
  - a. Westchester Medical Center (Valhalla, NY)
  - b. Bronx Municipal Hospital Center (Bronx, NY)
  - c. New York Hospital / Cornell Medical Center (70<sup>th</sup> St & York Ave. NY. NY)
- 4) Hyperbaric Center
  - a. Westchester Medical Center (Valhalla, NY)
  - b. Bronx Municipal Hospital Center (Bronx, NY)
  - c. Mt. Vernon Hospital (Mt. Vernon, NY) **Note:** *Not Available 24/7 contact ER 1<sup>st</sup>*
- 5) Reimplantation Centers
  - a. Westchester Medical Center (Valhalla, NY)
  - b. Montifiore Hospital (Bronx, NY)

E. Post Incident Critical Stress Management for EMS providers:

The Incident Commander, Medical Commander or Safety Officer should consider the use of the Westchester County Critical Stress Debriefing Team (WC-CISD) for any and all responders at an MCI or other difficult or stressful incident. Requests should be through the Westchester County Emergency Services Communications Center (60-Control).

## **Section 20. MCI CRITIQUES AND PLAN REVIEW**

After an MCI occurs, this plan and the Mutual Aid Response Plan (call up list) shall be reviewed by the officer(s) of the primary agency and the Westchester County Zone Coordinator responsible for the district in which the MCI occurred. If deficiencies are found, the Zone Coordinator shall forward his/her recommendations to the Disaster Committee for review/update of the plan.

## **Section 21. PRE-ARRIVAL MEDICAL INSTRUCTIONS**

While awaiting the arrival of EMS, all patients (and/or the people waiting with them) have the right to pre-arrival medical instructions. This shall be performed by trained EMDs (Emergency Medical Dispatcher). This is available to all Westchester County communities by 60-Control.

## **Section 22. CALL SCREENING and PRIORITY DISPATCH**

After receiving a request for EMS, The EMD (Emergency Medical Dispatcher) shall determine the appropriate level of service needed (BLS, ALS, or both) and then dispatch the closest appropriate units (also see ALS intercept).

## **Section 23. STAGING**

At large or complicated incidents, the Incident Commander should consider establishing one (or more) staging area(s). At a minimum, staging areas need to have sufficient space for vehicles to safely enter and exit.

1. Level I Staging: Located within 500 feet of the incident. Generally used for smaller incidents or as a “forward” staging for immediate resources.
2. Level II Staging: Located within several miles of an incident. Generally used for large and extended incidents. Considerations should be given for security, shelter, food and restrooms.

Each municipality / agency (or zone) should preplan one or more level II staging area(s).

Proper Staging improves personnel accountability and safety. It also provides the Incident commander with the resources needed to mitigate the incident, while maintaining or regaining scene control.

## **Section 24 EMS RESPONSE TO HAZARDOUS MATERIALS (HAZMAT) AND WEAPONS OF MASS DESTRUCTION (WMD)**

- A. Hazardous Materials (HAZMAT) – To be developed.
- B. Weapons of Mass Destruction (WMD) – To be developed.

**APPENDIX A**

**RESOLUTION BY THE EMS AGENCY/PROVIDER ELECTING TO PARTICIPATE IN THE WESTCHESTER COUNTY MUTUAL AID PLAN**

Mr./Mrs./Ms. \_\_\_\_\_ offered the following resolution and moved its adoption.

RESOLVED that \_\_\_\_\_ (name of EMS agency or provider) elects to participate in the Westchester County EMS Mutual Aid Plan, will agree to recognize a call for assistance through the Westchester County Emergency Communications Center (60-Control) and will comply with the provisions of such plan as now in force and as amended from time to time. The provider further agrees not to bill the requesting emergency service agency, requesting community (i.e. city, town, or village), or the County of Westchester for services rendered.

And be it further resolved that a copy of this resolution be filed with the county EMS and CAD coordinators.

Mr./Mrs./Miss. \_\_\_\_\_ seconded the resolution.

Voted: In favor \_\_\_\_\_ Opposed \_\_\_\_\_ Not voting \_\_\_\_\_

Carried: Yes \_\_\_\_\_ No \_\_\_\_\_

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

Officer: \_\_\_\_\_

This resolution supersedes all previous resolutions.

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

**APPENDIX B**

**RESOLUTION BY THE MUNICIPALITY OR  
BODY HAVING JURISDICTION FOR EMS WITHIN THE COMMUNITY**

Mr./Mrs./Ms. \_\_\_\_\_ offered the following resolution and moved its adoption.

RESOLVED that \_\_\_\_\_ (name of Municipality or Body having jurisdiction for EMS within the community) elects to participate in the Westchester County EMS Mutual Aid Plan, and will agree to recognize a call for assistance through the Westchester Emergency Communications Center (60 Control) and will comply with the provisions of such plan as now in force and as amended from time to time, and certified by the Westchester County EMS Council through the County EMS and Emergency Service Coordinators and that no restrictions exists against "outside service" by such EMS agency/provider named herein within the meaning of section 209 of the General Municipal Law which would affect the power of such EMS agency/provider to participate in such plan.

And be it further resolved that a copy of this resolution be filed with the county EMS and CAD coordinators.

The billing policies of this agency are stated below.

**Note: This is to help avoid a conflict after an incident. (Please check all that apply)**

Our Agency/Municipality bills the following;

- The Patient
- Patients Insurance Co.
- Other (3rd Party) Insurance
- Transportation Co.
- Other; (Please List) \_\_\_\_\_
- The Party Requesting Service
- Local/County/State Government
- The Property Owner
- NYS Thruway / Rail Company.

Mr./Mrs./Miss. \_\_\_\_\_ seconded the resolution.

**Voted:** In Favor \_\_\_\_\_ Opposed \_\_\_\_\_ Not Voting \_\_\_\_\_

**Carried:** Yes \_\_\_\_\_ No \_\_\_\_\_

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

Officer: \_\_\_\_\_

This resolution supersedes all previous resolutions

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

## APPENDIX C

### DEFINITIONS

**ALS (Advanced Life Support)** – allowable invasive procedures and techniques utilized by EMT-P's and EMT-I's to stabilize the critically sick and injured patient(s) which exceed Basic Life Support procedures.

**AUTOMATIC MUTUAL AID** - the automatic dispatch of needed EMS resources into an area/municipality when the primary responder(s) are unavailable to request mutual aid. (This would be based on predetermined agreeable criteria)

**BLS (Basic Life Support)** – Basic non-invasive first aid procedures and techniques used by EMT-P, EMT-I, EMT-D and Certified First Responders to stabilize the sick and injured patient(s).

**CFR (Certified First Responder)** - An individual trained in minimal Basic Life Support according to the standards prescribed by the New York State Emergency Medical Services Code Part 800.

**CISD** - Critical Incident Stress Debriefing.

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

**CLEAR TEXT** – The use of plain English in radio communications/transmissions. No ten codes or agency specific codes should be utilized.

**EMT-B (Emergency Medical Technician)** – An individual trained in Basic Life Support according to the standards prescribed by the New York State Emergency Medical Services Code Part 800.

**EMT-I (Emergency Medical Technician Intermediate)** – An individual trained in limited invasive Advanced Life Support in according to the standards prescribed by the New York State Emergency Medical Services Code Part 800.

**EMT-D (Emergency Medical Technician)** – An individual trained in Basic Life Support with the additional training in the use of an automatic external defibrillator according to the standards prescribed by the New York State Emergency Medical Services Code Part 800.

**EMT-P (Emergency Medical Technician)** – An individual trained in extensive invasive Advanced Life Support procedures and techniques according to the standards prescribed by the New York State Emergency Medical Services Code Part 800.

**IMS (Incident Management System)** – See Incident Command System.

**JURISDICTIONAL AGENCY** - The agency having jurisdiction and responsibility for a specific geographic area.

**MUTUAL AID** - the organized, supervised, coordinated, cooperative, and reciprocal assistance in which personnel, equipment, and physical facilities of all participating emergency medical service agencies, regardless of type or size, are utilized for multiple casualty incidents, disasters, or other emergency.

**MUTUAL AID LIAISON** - Individual (s) from responding jurisdiction responsible for providing representation of that organization at an interagency command post. Mutual Aid Liaison will be one of the two supervisors from the *first* Mutual Aid Task Force to respond to the requesting jurisdiction.

The Liaison will assume the role of operations coordinator for the responding jurisdiction and serve as the communications link between incident command and the jurisdictional mutual aid response, each jurisdiction will be represented by its own Mutual Aid Liaison.

**MUTUAL AID TASK FORCE** – A response element composed of five (5) transport units; two (2) ALS units and three (3) BLS units, plus two (2) supervisors. A Mutual Aid Task Force serves as a standardized response package.

1. Mutual Aid Task Force Supervisor – Management or supervisory level personnel capable of serving as operations and communications coordinators (in a command, control, and decision making capacity) and as liaisons between their responding jurisdiction and the requesting jurisdiction. It is not necessary for Supervisors to have a medical background.
2. ALS Unit – Advanced Life Support unit; carries as least one EMT-P; may or may not be capable of patient transport. If not transport capable, one (1) additional BLS transport unit shall be added to the task force. A flycar that is equipped with two (2) complete sets of ALS equipment and as at least two EMT-P that can be separated can be considered as two (2) ALS Units (and would require two (2) BLS transport units).
3. BLS Unit – Basic Life Support unit; carries at least one EMT and a driver; units are capable of patient transport.

**EMS** - Emergency Medical Services.

**MCI** - Multiple Casualty Incident.

**ICS (Incident Command System)** - The combination of facilities, equipment, personnel, procedures 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.

**SOG** - standard-operating guidelines

**SOP** - standard operating procedures)

**WREMS** - Westchester Regional EMS

**WREMAC** – Westchester Regional Emergency Medical Advisory Committee

**WREMSCO** – Westchester Regional Emergency Medical Services Council

**INCIDENT COMMAND POST** – The location at which the primary command function are executed and usually collocated with the incident base.

**APPENDIX D****PARTICIPATION**

Extent and limit of participation by municipalities and agencies.

All cities, towns, villages, fire and/or EMS districts, commercial and volunteer services, hospitals and the County of Westchester may fully participate in this plan.

These entities presently are:

<b>Ardasley Secor VAC</b>	Mt Vernon, City of
<b>Armonk Fire Dept</b>	Mt. Pleasant ALS District, Town of
Bedford Fire Dept.	<b>New Rochelle, City of</b>
<b>Briarcliff Manor Fire Dept. Ambulance</b>	<b>North Salem VAC</b>
<b>Briarcliff Manor, Village of</b>	<b>Ossining VAC</b>
<b>Chappaqua VAC</b>	Ossining VAC ALSFR (Tri-Community Fly Car)
<b>Cortlandt Community VAC</b>	Peekskill VAC
<b>Cortlandt Regional Paramedics</b>	Pelham, Town of
<b>Croton Fire Patrol</b>	Pleasantville VAC
Dobbs Ferry VAC	<b>Port Chester/Rye/Rye Brook VAC</b>
<b>Eastchester VAC</b>	Pound Ridge VAC
Elmsford Fire Dept.	<b>Rye Brook, Village of</b>
<b>Empress Ambulance Service</b>	<b>Rye, City of</b>
<b>Greenburgh Police Dept.</b>	<b>Rye, Town of</b>
<b>Greenburgh, Town of</b>	Scarsdale VAC
<b>Harrison VAC</b>	Sleepy Hollow VAC.
<b>Hastings, Village of</b>	<b>Sleepy Hollow, Village of</b>
Hastings-on-Hudson Fire Dept. Amb.	Somers Fire Dept
<b>Hawthorne Fire District</b>	STAT-Flight
Hudson Valley VA Hospital Amb.	<b>Tarrytown VAC</b>
Irvington VAC	Valhalla VAC
<b>Irvington, Village of</b>	Verplanck Fire Dept.
Katonah - Bedford Hills VAC	<b>Vista Fire Dept.</b>
<b>Larchmont/Mamaroneck VAC</b>	<b>Westchester EMS (Stellaris Health Network)</b>
<b>Lewisboro VAC</b>	White Plains, City of
Mamaroneck Ambulance District, Town of	Yonkers, City of
<b>Mamaroneck Village EMS</b>	<b>Yorktown ALS District, Town of</b>
<b>MetroCare Ambulance</b>	<b>Yorktown VAC</b>
<b>Mohegan Vol. Fire Assoc. VAC</b>	<b>Yorktown, Town of</b>
<b>Mt Kisco VAC</b>	

**BOLD TYPE:** Indicates agency or municipality that has a resolution to participate on file with the Department of Emergency Services.

*As of January 21, 2004*

**APPENDIX E**

**MEMORANDUM OF UNDERSTANDING WITH THE CITY OF NEW YORK**

Currently under review by the Westchester County Department of Law.

**APPENDIX F****60 CONTROL - EMS AGENCY DISPATCH**

**NOTE:** *These lists are subject to contracts and agreements between the County of Westchester and individual agencies and municipalities and are therefore subject to change. This information is accurate as of the date appearing at the bottom of this page. Please contact the Department of Emergency Services regarding any changes since this document's publication.*

**PRIMARY DISPATCH BY 60 CONTROL**

<b>WC Code</b>	<b>EMS Agency</b>	<b>Primary Dispatcher</b>
5200	Bedford F.D.	60 Control
8800	Cortlandt Community VAC	60 Control
3500	Cortlandt Regional Paramedics	60 Control
5700	Eastchester VAC	60 Control
6300	Hawthorne F.D.	60 Control
6700	Lewisboro VAC.	60 Control
3000	MetroCare (City Of New Rochelle)	60 Control
8700	MetroCare (Grasslands Campus)	60 Control
7200	North Salem VAC	60 Control
7500	Peekskill VAC	60 Control
7800	Pound Ridge VAC	60 Control
8300	Verplanck F.D.	60 Control
8400	Vista F.D.	60 Control
4500	Westchester EMS (No. Westchester Medics)	60 Control

**SECONDARY DISPATCH BY 60 CONTROL AFTER LOCAL DISPATCH**

<b>WC Code</b>	<b>EMS Agency</b>	<b>Primary Dispatcher</b>
5100	Armonk F.D.	North Castle PD
5300	Briarcliff F.D.	Briarcliff PD
5400	Chappaqua VAC.	New Castle PD

***As of January 21, 2004***

**APPENDIX G****IDENTIFICATION OF APPARATUS**

Below is the approved county mutual aid number and the apparatus designation. This number identifies the agency, type of vehicle, level of care and the unit #. This identifier is designed as follows:

1. First two spaces identify the agency (agency numbers are listed below).
2. Third space identifies the level of care and type of unit:  
 "A" (Alpha) – ALS Transport Unit  
 "B" (Bravo) – BLS Transport Unit  
 "M" (Medic) – ALS First Response, Non-transporting Unit (Fly Car)  
 "U" (U) – Utility (MCI unit, Fleet Maintenance Unit, etc.)  
 or "O" (zero) for command units.
3. Last position identifies the vehicle number (for command, by rank order; 1,2,3)

**Agency / Municipal Identification Numbers:**

50	Ardsley Secor VAC	32	Mt. Vernon, City of
51	Armonk Fire Dept.	37	Mt. Pleasant ALS District, Town of
52	Bedford Fire Dept.	30	New Rochelle, City of
53	Briarcliff Manor Fire Dept. Ambulance	45	North East ALS Consortium
54	Chappaqua VAC	72	North Salem VAC
88	Cortlandt Community VAC	74	Ossining VAC
35	Cortlandt Regional Paramedics	36	Ossining VAC ALSFR (Tri-Community Fly Car)
55	Croton Fire Patrol	39	Peekskill Fire Dept. ALSFR
56	Dobbs Ferry VAC	75	Peekskill VAC
57	Eastchester VAC	38	Pelham, Town of
58	Elmsford Fire Dept.	76	Pleasantville VAC
43	Empress Ambulance Service	77	Port Chester / Rye/ Rye Brook VAC
87	Grasslands Reservation	78	Pound Ridge VAC
59	Greenburgh Police Dept.	79	Scarsdale VAC
61	Harrison VAC	73	Sleepy Hollow VAC
62	Hastings-on-Hudson Fire Dept. Amb	80	Somers Fire Dept.
63	Hawthorne Fire District	90	STAT-Flight
48	Hudson Valley (Montrose) - VA Hospital Ambulance	81	Tarrytown VAC
64	Irvington VAC	82	Valhalla VAC
65	Katonah – Bedford Hills VAC	83	Verplanck Fire Dept.
66	Larchmont / Mamaroneck VAC	84	Vista Fire Dept.
67	Lewisboro VAC	40	Westchester EMS (Stellaris Health)
49	Mamaroneck Ambulance District, Town of	31	White Plains, City of
68	Mamaroneck Village EMS	33	Yonkers, City of
46	Medtrans / Park	34	Yorktown ALS District, Town of
41	MetroCare	86	Yorktown VAC
69	Mohegan Vol. Fire Assoc. VAC		
71	Mt. Kisco VAC		

**Municipal**

30	New Rochelle, City of	37	Mt. Pleasant ALS District, Town of
31	White Plains, City of	38	Pelham, Town of
32	Mt. Vernon, City of	39	Peekskill Fire Dept. ALSFR
33	Yonkers, City of	49	Mamaroneck Ambulance District, Town of
34	Yorktown ALS District, Town of	87	Grasslands Reservation
35	Cortlandt Regional Paramedics		
36	Ossining VAC ALSFR (Tri-Community Fly Car) - Briarcliff, Village of, Croton, Village of		

**Commercial / Hospital**

40	Westchester EMS (Stellaris Health)	45	North East ALS Consortium
41	MetroCare	46	Medtrans / Park
42		47	
43	Empress Ambulance Service	48	Hudson Valley VA Hospital Ambulance
44		90	STAT-Flight

**Fire / Police / Independent**

50	Ardsley Secor VAC	70	
51	Armonk Fire Dept.	71	Mt. Kisco VAC
52	Bedford Fire Dept.	72	North Salem VAC
53	Briarcliff Manor Fire Dept. Ambulance	73	Sleepy Hollow VAC
54	Chappaqua VAC	74	Ossining VAC
55	Croton Fire Patrol	75	Peekskill VAC
56	Dobbs Ferry VAC	76	Pleasantville VAC
57	Eastchester VAC	77	Port Chester / Rye/ Rye Brook VAC
58	Elmsford Fire Dept.	78	Pound Ridge VAC
59	Greenburgh Police Dept.	79	Scarsdale VAC
60	<i>Reserved for 60 Control</i>	80	Somers Fire Dept.
61	Harrison VAC	81	Tarrytown VAC
62	Hastings-on-Hudson Fire Dept. Amb	82	Valhalla VAC
63	Hawthorne Fire District	83	Verplanck Fire Dept.
64	Irvington VAC	84	Vista Fire Dept.
65	Katonah – Bedford Hills VAC	85	
66	Larchmont / Mamaroneck VAC	86	Yorktown VAC
67	Lewisboro VAC	88	Cortlandt Community VAC
68	Mamaroneck Village EMS	89	
69	Mohegan Vol. Fire Assoc. VAC		

**Examples:**

- 55B2 is Croton Fire Patrol, BLS Ambulance #2
- 38A1 is Town of Pelham, ALS Ambulance #1
- 36M1 is Ossining VAC, Fly Car #1
- 30U1 is City of New Rochelle, Utility (MCI Unit) #1
- 6601 is Larchmont / Mamaroneck VAC Captain
- 5402 is Chappaqua VAC, 1<sup>st</sup> Lieutenant

**As of March 19, 2003**