

**SARATOGA COUNTY**

# **EMS MUTUAL AID PLAN**

**OCTOBER 2004**

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Copies can be downloaded from the Council website.

Changes to MAPs are made through the County EMS Coordinator:

Mike McEvoy, EMS-1  
[mcevoymike@aol.com](mailto:mcevoymike@aol.com)  
(518) 383-8608 office

# INTRODUCTION

Preplanning Mutual Aid benefits each Corps in Saratoga County. There is no one now, nor in the future, who will be better qualified to make mutual aid decisions for an EMS agency than its own leaders. Preplans put the expertise of local leaders on paper so they are available to the agency members and the rest of the County. Preplans make the expertise of Corps leaders available at times when the leaders themselves are away or otherwise not available.

The Saratoga County EMS Council developed this plan. Work started during summer of 1992 and took three years to complete. Revisions were compiled and republished in 2003 and 2004. The EMS Council is charged by County and State governments with coordinating Emergency Medical Services in Saratoga County. Each ambulance service provider in the County holds membership in the EMS Council. By this virtue, each Corps is a voluntary participant in the Mutual Aid Plan outlined herein.

It must be emphasized that this document will never replace the ability of EMS providers to make other choices based on unique needs of an actual incident.

The purposes of this document/plan are as follows:

1. Provide coverage of a Corps response area when it is unable to respond to emergency calls.
2. Establish a 10-minute maximum time in Saratoga County from receipt of a call until an ambulance is enroute.
3. Automatically enact mutual aid preplans when an ambulance is not enroute in 10 minutes.
4. Upon request, automatically provide up to 5 ambulances from a preplanned listing of nearest available appropriate ambulance services.
5. Automatically notify and respond a County EMS Coordinator to assist Corps leaders/Incident Commanders when resources needs exceed preplans.
6. Automatically place a helicopter on standby for critical patient conditions at locations that exceed 30 minutes ground transport time to the nearest trauma center.

Corps that are not dispatched by Saratoga County can accomplish these objectives by requesting their local dispatch follow this plan.

## **EMS DISPATCH AUTOMATIC MUTUAL AID PROCEDURE**

In the event that an ambulance has not started enroute to the scene of a request for assistance within 5 minutes from the time of initial activation, EMS Dispatch will reactivate the Corps.

If an ambulance is not enroute at 10 minutes from initial activation, EMS Dispatch will mutual aid the call following the Mutual Aid Preference (MAP) on file with the Office of Emergency Services, unless requested otherwise by a member of the Corps of jurisdiction. The Corps of jurisdiction will also be activated at 10 minutes to request a first responder and to advise of mutual aid. EMS Dispatch may not accept requests to tone for additional manpower once mutual aid activation has been initiated.

Mutual Aid can be cancelled only when one of the following occurs:

1. A request to cancel the ambulance is received from an EMS provider at the scene.
2. Any Saratoga County ambulance signs enroute to the scene.
3. It is determined that a patient is no longer at the scene.

If a Corps fails to respond an ambulance to any call (excepting ALS intercept requests), EMS Dispatch will place the Corps on Automatic Mutual Aid (AMA) status for all additional calls. The Corps will remain on AMA status until such time as a member requests return to regular service or the Corps answers a subsequent call within 10 minutes of initial activation. For these purposes, any call voluntarily Turned Over To (TOT) another agency will be considered as not answered and AMA status will be activated.

To assure that Corps members know that AMA status has been enacted, any crew that signs back in service (from another call, standby, etc.) will be advised by EMS Dispatch that their Corps is on AMA. A list of Corps on AMA will also be included with the daily EMS Radio announcements.

When a call has been mutual aided, there is no restriction on the agency of jurisdiction from responding if they are able to raise a crew before another agency arrives at the scene. The objective of this plan is for the closest ambulance to get to the patient in the shortest time. Crews who sign enroute before a mutual aid Corps should request cancellation of the mutual aid Corps, unless the other Corps will be needed for the call (ie: ALS, multiple patients, etc.).

To avoid depleting the resources of any single agency, if an ambulance is covering a mutual aid call for another Corps, any additional call that would ordinarily require mutual aid from the Corps already on the mutual aid call would pass to the next choice on the MAP.

## **COUNTY EMS COORDINATORS**

To assist EMS providers, an EMS Coordinator and several Deputy EMS Coordinators have been appointed by the Office of Emergency Services. Their role under New York State Law as EMS Coordinators includes a duty, "to administer mutual aid in cases of emergency where EMS might be involved."

On a routine basis, the role of the EMS Coordinator is advisory. They are notified automatically under the following circumstances:

- anticipation or dispatch of more than 3 ambulances to any scene
- request for standby or dispatch of a medivac flight to any scene
- when requested by any EMS, Fire, Police, or Local Government unit

Response depends on potential benefit to the EMS providers at a scene. In large incidents that require more than the 5 preplanned ambulances, an EMS Coordinator can help to obtain additional resources and assure EMS coverage for the entire County during the incident.

## **MUTUAL AID PRINCIPLES**

There were several principles upon which this Mutual Aid Plan was based:

- ◆ Mutual Aid Choice forms establish a day-to-day back up plan that becomes the basis for a large-scale incident response.
- ◆ The design of the plan allows response to expand or contract as the nature or size of an incident changes.
- ◆ Leaders refrained from personal or agency biases in their preplans. Choices were made for the most strategic and tactical placement of field units. To avoid geographic depletion of resources, no more than one rig is requested from each neighboring agency at a time. This allows for multiple simultaneous incidents and coverage assignments for squads that have exhausted their own resources.
- ◆ This plan is designed to be used within the framework of the Incident Command System (ICS) and the Regional Emergency Medical Organization (REMO) MCI Management Model.
- ◆ Level of care (BLS vs. ALS) is secondary to the need for sufficient ambulances to treat and transport all patients.
- ◆ Each participant responding on a mutual aid call assumes full responsibility for their equipment, personnel, and actions in the same manner as day-to-day operations.
- ◆ This preplan addresses incidents within a foreseeable scale. Beyond this magnitude, County EMS Coordinators will be available to assist with obtaining necessary resources.

## AEROMEDICAL MUTUAL AID

A medevac helicopter is an air ambulance that responds as mutual aid to the local ambulance corps. They are accountable to, and under the direction of the EMS Incident Commander. After years of requiring field providers to request aeromedical mutual aid in circumstances deemed necessary, Saratoga County implemented an automatic helicopter dispatch policy on April 1, 2001. There were several suppositions supporting these Automatic Helicopter Standby Criteria:

- ◆ Mechanism of Injury (MOI) has been a poor predictor of actual need for aeromedical transport in Saratoga County. Correlation of MOI with patient condition is necessary and can be done by the Emergency Medical Dispatcher (EMD).
- ◆ REMO protocols dictate helicopter use only when > 30 minutes from a trauma center. Automatic Helicopter Standby Criteria do not apply to Clifton Park-Halfmoon and Waterford Rescue jurisdictions. The only acceptable helicopter requests in those locations would be extrication exceeding 15 minutes, burns, CO poisoning, or other specific medical problem requiring direct transport to distant specialty hospitals. These should be determined once EMS providers have made patient contact, and should involve medical direction if transporting to a distant specialty hospital.
- ◆ Communications will automatically place the helicopter on standby for all jurisdictions except Clifton Park-Halfmoon and Waterford when any of the Automatic Helicopter Standby Criteria are satisfied.
- ◆ EMS Command has the option of canceling a helicopter standby or requesting a flight once they arrive and assess the patient.
- ◆ Helicopter requests will continue to be accepted outside of the situations listed in the Automatic Helicopter Standby Criteria. Any EMS, Fire, or Law Enforcement responder may request a helicopter by contacting the Saratoga County Sheriff's Department Communications Center. Requests should not be made prior to patient contact and assessment.
- ◆ After a helicopter standby or response has been requested, cancellation will only be accepted from EMS Command at the incident scene. All additional requests and inquiries for the helicopter must go through EMS Command at the scene or a County EMS Coordinator.

## AEROMEDICAL LANDING ZONE PROCEDURES

Helicopters require secure landing zones for the safety of Aeromedical Operations. Moving the LZ is a complex endeavor that requires coordination of multiple agencies operating in emergency mode and is inherently dangerous.

- ◆ Select an LZ only when personally certain that the patient ETA and helicopter ETA closely coincide. Flight requests stating, "LZ not yet determined" provide time to ascertain the most ideal LZ location and are appropriate while awaiting information about ETA.

- ◆ For personnel and scene safety, the County Communications Center will automatically dispatch the jurisdictional fire department to the designated landing zone (LZ) of all helicopter requests. By agreement with local ambulance corps, the fire department may also assume duties of Landing Zone Sector Chief when the ambulance corps is unable to do so.
- ◆ Responsibilities and duties of EMS Incident Commander for aeromedical requests:
  1. Choose a safe LZ as near to patient as possible depending on helicopter ETA.
  2. Assign LZ Sector Chief and determine operational radio frequency (preferably 155.715).
  3. Assure relay of preliminary patient information to County Communications Center.
- ◆ Responsibilities and duties of Landing Zone Sector Chief:
  1. Proceed immediately to designated LZ and determine if safe/adequate.
  2. Secure LZ perimeter.
  3. Mark LZ.
  4. Establish communications with EMS Incident Command and:
    - a) Advise LZ established.
    - b) Verify operational radio frequency and determine helicopter ETA.
    - c) Obtain brief patient report, if available.
    - d) Determine ETA of patient to LZ.
- ◆ Once established, the LZ should not be moved unless critical for safety. If, on arrival at the LZ, the helicopter is not there, determine its ETA from the LZ Sector Chief or County Communications Center. If the ETA is unreasonable, initiate transport per REMO protocol. Establish a new LZ only if critical for patient care.

## Revised Criteria for Automatic Helicopter Standby (effective 4-1-01):

Communications will automatically place the helicopter on standby for all jurisdictions except Clifton Park-Halfmoon and Waterford (these areas are < 30 minutes from a trauma center and do not meet REMO protocols for aeromedical transport) when any of the following criteria are satisfied:

Category	Card	Presenting Problem
Burns	7-D-1	Unconscious/arrest
“	7-D-4	Explosion
“	7-C-3	Burns $\geq$ 18% Body Surface Area
CO/Inhalation/Hazmat	8-D-1	Unconscious or arrest
Cardiac Arrest	9-E-6	Underwater
Drowning	14-D-1	Unconscious
“	14-D-3	Diving or suspected neck injury
“	14-D-4	SCUBA
Electrocution/Lightning	15-D-1	Unconscious
Fall	17-D-2	Long Fall <b>AND</b> Unconscious
Industrial/Machine Accidents	22-D-2	Caught in machinery
Pregnancy/Childbirth/Miscarriage	24-D-5	High Risk Complications (Premature Birth and Multiple Birth)
Stab/GSW/Penetrating Trauma	27-D-1	Unconscious or arrest
Traffic/Transportation Accidents	29-D-4	Pinned <b>AND</b> Unconscious
“	29-D-2	High Mechanism <b>AND</b> Unconscious

EMS Command has the option of canceling the helicopter standby or requesting a flight once they arrive at the scene and assess the patient. Copter requests will continue to be accepted outside of these situations. Contact Mike McEvoy, EMS-1 with any questions.

## **MUTUAL AID PREFERENCES (MAPs)**

Each Corps in the County has completed a Mutual Aid Choice designation form based on the geography, demographics, and unique local needs of their district. First, second, and third choice for up to 5 ambulances is listed. Some agencies elected to divide their coverage territory into zones using major roads or other obvious and permanent landmarks.

Revisions or changes to a Corps MAP can be made by contacting the County EMS Coordinator who will prepare a revised MAP and deliver it to Corps officials for signature. Implementation of revised MAPs will proceed once signed copies are filed with OES, EMS Dispatch, and Deputy EMS Coordinators. State law allows the EMS Coordinator to issue temporary MAPs if necessary to address any extraordinary circumstances that might arise.

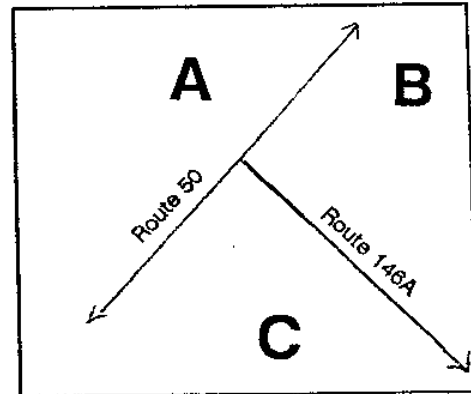
The full version of each Mutual Aid Choice form appears on the following pages of this manual.



# MUTUAL AID CHOICE

*First  
5 Ambulances*

You may subdivide your district into a maximum of 4 zones, using major roads. Diagram your dividing roads in the box at the right. Label each zone alphabetically, starting with A. Leave this box blank if you do not wish to divide your district for mutual aid choices.



Ambulance Corps Name: Ballston Lake - 12

# Ambulances Required	First Preference	Second Preference (if first not available)	Third Preference (if first & second not available)
<b>1</b>	Duty Crew	Second Call Crew	Third Call Crew
<b>2</b>	Second Call Crew	Third Call Crew	A: Malta B: Malta C: Clifton Park
<b>3</b>	Third Call Crew	A: Malta B: Malta C: Clifton Park	A: Clifton Park B: Clifton Park C: Malta
<b>4</b>	A: Malta B: Malta C: Clifton Park	A: Clifton Park B: Clifton Park C: Malta	A: Mohawk B: Mohawk C: Mohawk
<b>5</b>	A: Clifton Park B: Clifton Park C: Malta	A: Mohawk B: Mohawk C: Mohawk	A: Community B: Community C: Community

This document will be maintained on file for use by the Communications Center of the Saratoga County Sheriff's Department for EMS Dispatch. The Saratoga County Office of Emergency Services will utilize this document in county-wide MCI planning and management. Contact an EMS Deputy (Office of Emergency Services) to make changes in the original document.

*This plan has been discussed and agreed upon by the members of the above named ambulance organization.*

Signed: \_\_\_\_\_

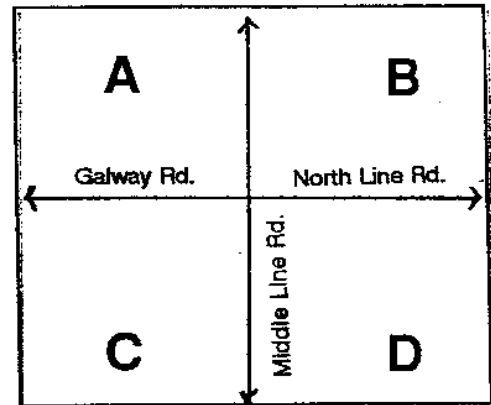
Chief Administrative Officer

Date: 10-11-99

# MUTUAL AID CHOICE

*First  
5 Ambulances*

You may subdivide your district into a maximum of 4 zones, using major roads. Diagram your dividing roads in the box at the right. Label each zone alphabetically, starting with A. Leave this box blank if you do not wish to divide your district for mutual aid choices.



**Ambulance Corps Name: Community (Ballston Spa) - 13**

# Ambulances Required	First Preference	Second Preference (if first not available)	Third Preference (if first & second not available)
<b>1</b>	Duty Crew	Second Call Crew	Third Call Crew
<b>2</b>	Second Call Crew	Third Call Crew	A: Galway B: Saratoga C: Ballston Lake D: Malta
<b>3</b>	Third Call Crew	A: Galway B: Saratoga C: Ballston Lake D: Malta	A: Saratoga B: Malta C: Galway D: Ballston Lake
<b>4</b>	A: Galway B: Saratoga C: Ballston Lake D: Malta	A: Saratoga B: Malta C: Galway D: Ballston Lake	A: Corinth B: Galway C: Malta D: Galway
<b>5</b>	A: Saratoga B: Malta C: Galway D: Ballston Lake	A: Malta B: Galway C: Malta D: Galway	A: Malta B: Wilton C: Saratoga D: Stillwater

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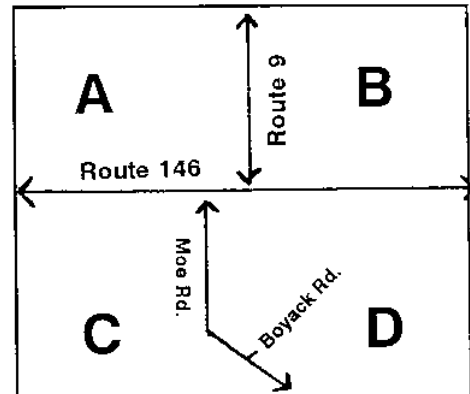
"This plan has been discussed and agreed upon by the members of the above named ambulance organization."

Signed: *Thomas J. Keane* Date: 7-7-94  
Chief Administrative Officer

# MUTUAL AID CHOICE

*First  
5 Ambulances*

You may subdivide your district into a maximum of 4 zones, using major roads. Diagram your dividing roads in the box at the right. Label each zone alphabetically, starting with A. Leave this box blank if you do not wish to divide your district for mutual aid choices.



Ambulance Corps Name: Clifton Park - Halfmoon - 19

# Ambulances Required	First Preference	Second Preference (if first not available)	Third Preference (if first & second not available)
<b>1</b>	Duty Crew	Second Call Crew	Third Call Crew
<b>2</b>	Second Call Crew	Third Call Crew	Fourth Call Crew
<b>3</b>	Third Call Crew	Fourth Call Crew	A: Ballston Lake B: Malta C: Colonie D: Waterford
<b>4</b>	Fourth Call Crew	A: Ballston Lake B: Malta C: Colonie D: Waterford	A: Malta B: Mechanicville C: Ballston Lake D: Colonie
<b>5</b>	A: Ballston Lake B: Malta C: Colonie D: Waterford	A: Malta B: Mechanicville C: Ballston Lake D: Colonie	A: Mohawk B: Waterford C: Mohawk D: G.E. Silicones

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"This plan has been discussed and agreed upon by the members of the above named ambulance organization."

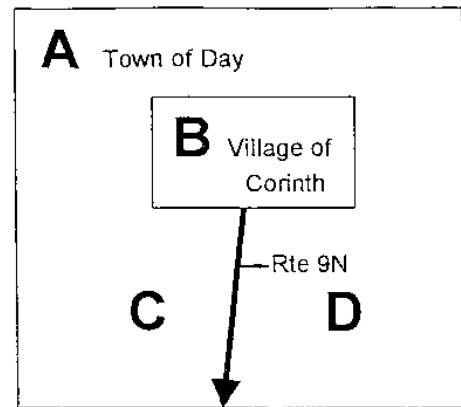
Signed: [Signature]  
Chief Administrative Officer

Date: 9/19/99

# MUTUAL AID CHOICE

*First  
5 Ambulances*

You may subdivide your district into a maximum of 4 zones, using major roads. Diagram your dividing roads in the box at the right. Label each zone alphabetically, starting with A. Leave this box blank if you do not wish to divide your district for mutual aid choices.



**Ambulance Corps Name: Corinth - 21**

# Ambulances Required	First Preference	Second Preference (if first not available)	Third Preference (if first & second not available)
<b>1</b>	Duty Crew	Second Call Crew	A: Luzerne-Hadley B: Moreau C: Saratoga D: Moreau
<b>2</b>	Second Call Crew	A: Luzerne-Hadley B: Moreau C: Saratoga D: Moreau	A: Stoney Creek B: LuzerneHadley C: Community D: Saratoga
<b>3</b>	A: Luzerne-Hadley B: Moreau C: Saratoga D: Moreau	A: Stoney Creek B: LuzerneHadley C: Community D: Saratoga	A: Edinburg B: Wilton C: Wilton D: Wilton
<b>4</b>	A: Stoney Creek B: LuzerneHadley C: Community D: Saratoga	A: Edinburg B: Wilton C: Wilton D: Wilton	A: Providence B: Saratoga C: Providence D: LuzerneHadley
<b>5</b>	A:Edinburg B: Wilton C: Wilton D: Wilton	A: Providence B: Saratoga C: Providence D: LuzerneHadley	A: Galway B: W. Glens Falls C: Galway D: W. Glens Falls

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"This plan has been discussed and agreed upon by the members of the above named ambulance organization."

Signed: *[Signature]* Date: 10/4/00  
Chgt Administrative Officer

# MUTUAL AID CHOICE

*First*  
*5 Ambulances*

You may subdivide your district into a maximum of 4 zones, using major roads. Diagram your dividing roads in the box at the right. Label each zone alphabetically, starting with A. Leave this box blank if you do not wish to divide your district for mutual aid choices.

**Ambulance Corps Name: Edinburgh - 22**

# Ambulances Required	First Preference	Second Preference (if first not available)	Third Preference (if first & second not available)
<b>1</b>	Duty Crew	Northville	Providence
<b>2</b>	Northville	Providence	Fulton County Ambulance
<b>3</b>	Providence	Fulton County Ambulance	Corinth
<b>4</b>	Fulton County Ambulance	Corinth	Galway
<b>5</b>	Corinth	Galway	Fulton County Ambulance

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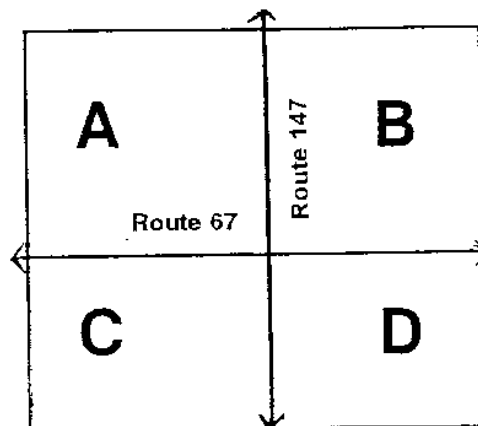
Signed: Karen D. Frasier  
Chief Administrative Officer

Date: 7-4-1994

# MUTUAL AID CHOICE

*First  
5 Ambulances*

You may subdivide your district into a maximum of 4 zones, using major roads. Diagram your dividing roads in the box at the right. Label each zone alphabetically, starting with A. Leave this box blank if you do not wish to divide your district for mutual aid choices.



Ambulance Corps Name: Galway - 23

# Ambulances Required	First Preference	Second Preference (if first not available)	Third Preference (if first & second not available)
<b>1</b>	Duty Crew	Second Call Crew	A: Providence B: Community C: GAVAC D: Ballston Lake
<b>2</b>	Second Call Crew	A: Providence B: Community C: GAVAC D: Ballston Lake	A: GAVAC B: Saratoga C: Ballston Lake D: Mohawk
<b>3</b>	A: Providence B: Community C: GAVAC D: Ballston Lake	A: GAVAC B: Saratoga C: Ballston Lake D: Mohawk	A: Saratoga B: Wilton C: Mohawk D: Community
<b>4</b>	A: GAVAC B: Saratoga C: Ballston Lake D: Mohawk	A: Saratoga B: Wilton C: Mohawk D: Community	A: Community B: Ballston Lake C: Community D: GAVAC
<b>5</b>	A: Saratoga B: Wilton C: Mohawk D: Community	A: Community B: Ballston Lake C: Community D: GAVAC	A: Ballston Lake B: Providence C: Providence D: Saratoga

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"This plan has been discussed and agreed upon by the members of the above named ambulance organization."

Signed: Nicholas J. ...

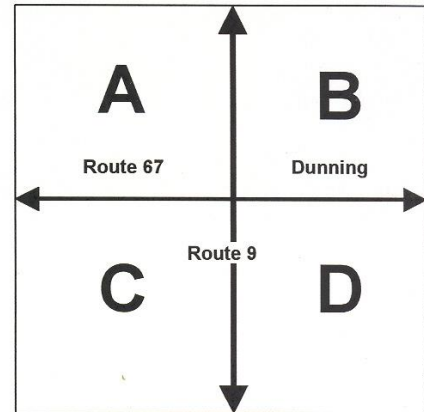
Chief Administrative Officer

Date: 10-01-98

# MUTUAL AID CHOICE

*First  
5 Ambulances*

You may subdivide your district into a maximum of 4 zones, using major roads. Diagram your dividing roads in the box at the right. Label each zone alphabetically, starting with A. Leave this box blank if you do not wish to divide your district for mutual aid choices.



**Ambulance Corps Name: Malta - 38**

# Ambulances Required	First Preference	Second Preference (first not available)	Third Preference (first & second not available)
<b>1</b>	<b>Duty Crew</b>	<b>Second Call Crew</b>	<b>Third Call Crew</b>
<b>2</b>	<b>Second Call Crew</b>	<b>Third Call Crew</b>	<b>Fourth Call Crew</b>
<b>3</b>	<b>Third Call Crew</b>	<b>Fourth Call Crew</b>	A: Community B: Saratoga C: Ballston Lake D: Stillwater
<b>4</b>	<b>Fourth Call Crew</b>	A: Community B: Saratoga C: Ballston Lake D: Stillwater	A: Saratoga B: Stillwater C: Clifton Park D: Clifton Park
<b>5</b>	A: Community B: Saratoga C: Ballston Lake D: Stillwater	A: Saratoga B: Stillwater C: Clifton Park D: Clifton Park	A: Ballston Lake B: General Schuyler C: Community D: Mechanicville

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"This plan has been discussed and agreed upon by the members of the above named ambulance organization."

Signed:   
Chief Administrative Officer

Date: 4/22/04

# MUTUAL AID CHOICE

*First  
5 Ambulances*

You may subdivide your district into a maximum of 4 zones, using major roads. Diagram your dividing roads in the box at the right. Label each zone alphabetically, starting with A. Leave this box blank if you do not wish to divide your district for mutual aid choices.

Ambulance Corps Name: Mechanicville (J.H. Ahearn) - 39

# Ambulances Required	First Preference	Second Preference (if first not available)	Third Preference (if first & second not available)
<b>1</b>	Duty Crew	Second Call Crew	Stillwater
<b>2</b>	Second Call Crew	Stillwater	Malta
<b>3</b>	Stillwater	Malta	Hoosic Valley
<b>4</b>	Malta	Hoosic Valley	Clifton Park
<b>5</b>	Hoosic Valley	Clifton Park	Waterford

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"This plan has been discussed and agreed upon by the members of the above named ambulance organization."

Signed: [Signature]  
Chief Administrative Officer

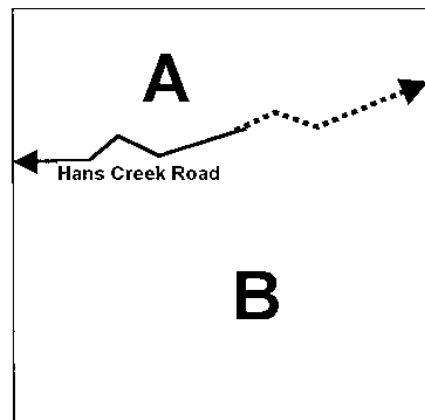
Date: 10/20/94



# MUTUAL AID CHOICE

*First  
5 Ambulances*

You may subdivide your district into a maximum of 4 zones, using major roads. Diagram your dividing roads in the box at the right. Label each zone alphabetically, starting with A. Leave this box blank if you do not wish to divide your district for mutual aid choices.



**Ambulance Corps Name: Providence - 47**

# Ambulances Required	First Preference	Second Preference (first not available)	Third Preference (first & second not available)
<b>1</b>	Duty Crew	A: Edinburg B: Galway	A: Fulton County B: Edinburg
<b>2</b>	A: Edinburg B: Galway	A: Fulton County B: Edinburg	A: Broadalbin B: Broadalbin
<b>3</b>	A: Fulton County B: Edinburg	A: Broadalbin B: Broadalbin	A: Galway B: Community
<b>4</b>	A: Broadalbin B: Broadalbin	A: Galway B: Community	A: Community B: Ballston Lake
<b>5</b>	A: Galway B: Community	A: Community B: Ballston Lake	A: Ballston Lake B: Saratoga

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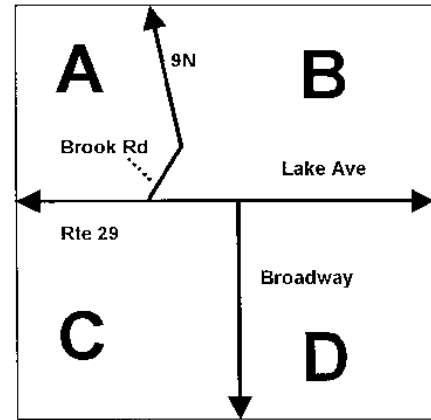
Signed: Shirley A. Smith, Capt.  
Chief Administrative Officer

Date: 8-9-02

# MUTUAL AID CHOICE

*First  
5 Ambulances*

You may subdivide your district into a maximum of 4 zones, using major roads. Diagram your dividing roads in the box at the right. Label each zone alphabetically, starting with A. Leave this box blank if you do not wish to divide your district for mutual aid choices.



**Ambulance Corps Name: Saratoga - 56**

# Ambulances Required	First Preference	Second Preference (first not available)	Third Preference (first & second not available)
<b>1</b>	<b>Duty Crew</b>	<b>Second Call Crew</b>	<b>Third Call Crew</b>
<b>2</b>	<b>Second Call Crew</b>	<b>Third Call Crew</b>	A: Corinth B: Wilton C: Community D: Malta
<b>3</b>	<b>Third Call Crew</b>	A: Corinth B: Wilton C: Community D: Malta	A: Community B: Malta C: Malta D: Wilton
<b>4</b>	A: Corinth B: Wilton C: Community D: Malta	A: Community B: Malta C: Malta D: Wilton	A: Wilton B: Schuylerville C: Wilton D: Schuylerville
<b>5</b>	A: Community B: Malta C: Malta D: Wilton	A: Wilton B: Schuylerville C: Wilton D: Schuylerville	A: Galway B: Moreau C: Ballston Lake D: Clifton Park

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"This plan has been discussed and agreed upon by the members of the above named ambulance organization."

Signed: \_\_\_\_\_

Chief Administrative Officer

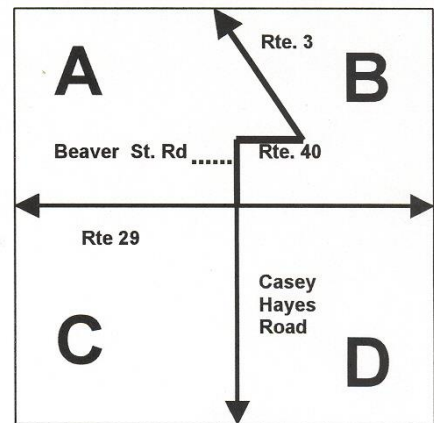
Date: \_\_\_\_\_

8/9/02

# MUTUAL AID CHOICE

*First*  
*5 Ambulances*

You may subdivide your district into a maximum of 4 zones, using major roads. Diagram your dividing roads in the box at the right. Label each zone alphabetically, starting with A. Leave this box blank if you do not wish to divide your district for mutual aid choices.



**Ambulance Corps Name: General Schuyler - 57**

# Ambulances Required	First Preference	Second Preference (first not available)	Third Preference (first & second not available)
<b>1</b>	<b>Duty Crew</b>	<b>Second Call Crew</b>	A: Wilton B: Easton Greenwich C: Saratoga D: Easton Greenwich
<b>2</b>	<b>Second Call Crew</b>	A: Wilton B: Easton Greenwich C: Saratoga D: Easton Greenwich	A: Saratoga B: Wilton C: Stillwater D: Stillwater
<b>3</b>	A: Wilton B: Easton Greenwich C: Saratoga D: Easton Greenwich	A: Saratoga B: Wilton C: Stillwater D: Stillwater	A: Moreau B: Moreau C: Wilton D: Mechanicville
<b>4</b>	A: Saratoga B: Wilton C: Stillwater D: Stillwater	A: Moreau B: Moreau C: Wilton D: Mechanicville	A: Easton Greenwich B: Stillwater C: Malta D: Saratoga
<b>5</b>	A: Moreau B: Moreau C: Wilton D: Mechanicville	A: Easton Greenwich B: Stillwater C: Malta D: Saratoga	A: Malta B: Saratoga C: Easton Greenwich D: Wilton

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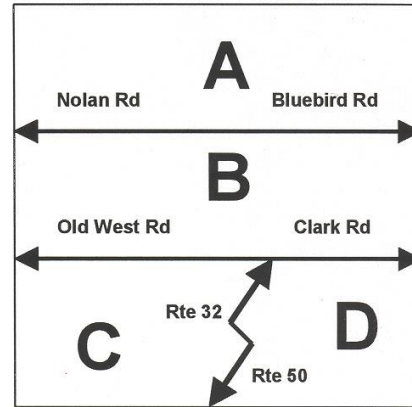
"This plan has been discussed and agreed upon by the members of the above named ambulance organization."

Signed: Sherry Doudleday Captain Date: 2-25-03  
Chief Administrative Officer

# MUTUAL AID CHOICE

*First*  
*5 Ambulances*

You may subdivide your district into a maximum of 4 zones, using major roads. Diagram your dividing roads in the box at the right. Label each zone alphabetically, starting with A. Leave this box blank if you do not wish to divide your district for mutual aid choices.



**Ambulance Corps Name: Moreau - 58**

# Ambulances Required	First Preference	Second Preference (first not available)	Third Preference (first & second not available)
<b>1</b>	<b>Duty Crew</b>	<b>Second Call Crew</b>	<b>Third Call Crew</b>
<b>2</b>	<b>Second Call Crew</b>	<b>Third Call Crew</b>	A: Empire B: Fort Edward C: Wilton D: Schuylerville
<b>3</b>	<b>Third Call Crew</b>	A: Empire B: Fort Edward C: Wilton D: Schuylerville	A: Fort Edward B: Wilton C: Schuylerville D: Wilton
<b>4</b>	A: Empire B: Fort Edward C: Wilton D: Schuylerville	A: Fort Edward B: Wilton C: Schuylerville D: Wilton	A: W. Glens Falls B: Schuylerville C: Corinth D: Corinth
<b>5</b>	A: Fort Edward B: Wilton C: Schuylerville D: Wilton	A: W. Glens Falls B: Schuylerville C: Corinth D: Corinth	A: Bay Ridge B: Corinth C: Saratoga D: Saratoga

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"This plan has been discussed and agreed upon by the members of the above named ambulance organization."

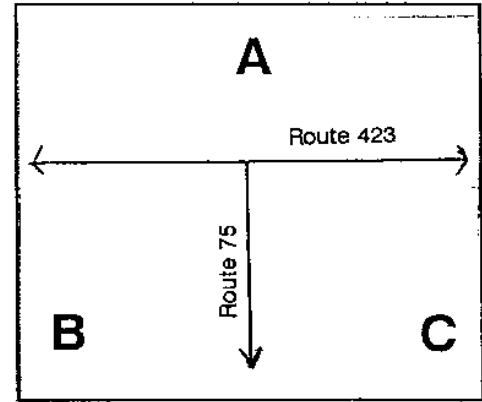
Signed:   
Chief Administrative Officer

Date: 8/14/14

# MUTUAL AID CHOICE

*First  
5 Ambulances*

You may subdivide your district into a maximum of 4 zones, using major roads. Diagram your dividing roads in the box at the right. Label each zone alphabetically, starting with A. Leave this box blank if you do not wish to divide your district for mutual aid choices.



**Ambulance Corps Name: Stillwater - 59**

# Ambulances Required	First Preference	Second Preference (if first not available)	Third Preference (if first & second not available)
<b>1</b>	Duty Crew	Second Call Crew	A: Schuylerville B: Malta C: Mechanicville
<b>2</b>	Second Call Crew	A: Schuylerville B: Malta C: Mechanicville	A: Saratoga B: Mechanicville C: Hoosic Valley
<b>3</b>	A: Schuylerville B: Malta C: Mechanicville	A: Saratoga B: Mechanicville C: Hoosic Valley	A: Mechanicville B: Hoosic Valley C: Malta
<b>4</b>	A: Saratoga B: Mechanicville C: Hoosic Valley	A: Mechanicville B: Hoosic Valley C: Malta	A: Malta B: Saratoga C: Schuylerville
<b>5</b>	A: Mechanicville B: Hoosic Valley C: Malta	A: Malta B: Saratoga C: Schuylerville	A: Hoosic Valley B: Schuylerville C: Waterford

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"This plan has been discussed and agreed upon by the members of the above named ambulance organization."

Signed: [Signature]  
Chief Administrative Officer

Date: 2/12/94

# MUTUAL AID CHOICE

*First  
5 Ambulances*

You may subdivide your district into a maximum of 4 zones, using major roads. Diagram your dividing roads in the box at the right. Label each zone alphabetically, starting with A. Leave this box blank if you do not wish to divide your district for mutual aid choices.

Ambulance Corps Name: Waterford - 64

# Ambulances Required	First Preference	Second Preference (if first not available)	Third Preference (if first & second not available)
<b>1</b>	Duty Crew	Second Call Crew	Third Call Crew
<b>2</b>	Second Call Crew	Third Call Crew	Clifton Park
<b>3</b>	Third Call Crew	Clifton Park	Mechanicville
<b>4</b>	Clifton Park	Mechanicville	Hoosic Valley
<b>5</b>	Mechanicville	Hoosic Valley	Troy or Mohawk Ambulance Svce.

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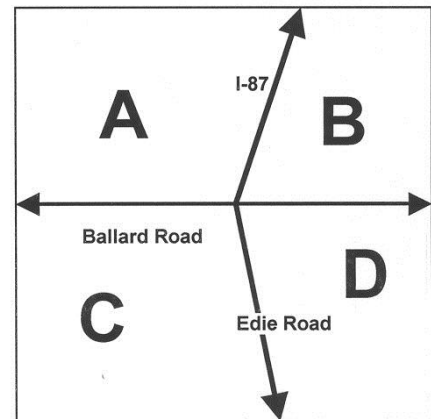
"This plan has been discussed and agreed upon by the members of the above named ambulance organization."

Signed: Dennis A. Schoonmaker Date: 2-11-95  
Chief Administrative Officer

# MUTUAL AID CHOICE

*First*  
**5 Ambulances**

You may subdivide your district into a maximum of 4 zones, using major roads. Diagram your dividing roads in the box at the right. Label each zone alphabetically, starting with A. Leave this box blank if you do not wish to divide your district for mutual aid choices.



**Ambulance Corps Name: Wilton - 71**

# Ambulances Required	First Preference	Second Preference (first not available)	Third Preference (first & second not available)
<b>1</b>	<b>Duty Crew</b>	<b>Second Call Crew</b>	A: Moreau B: General Schuyler C: Saratoga D: General Schuyler
<b>2</b>	<b>Second Call Crew</b>	A: Moreau B: General Schuyler C: Saratoga D: General Schuyler	A: Saratoga B: Moreau C: Moreau D: Saratoga
<b>3</b>	A: Moreau B: General Schuyler C: Saratoga D: General Schuyler	A: Saratoga B: Moreau C: Moreau D: Saratoga	A: Corinth B: Saratoga C: General Schuyler D: Malta
<b>4</b>	A: Saratoga B: Moreau C: Moreau D: Saratoga	A: Corinth B: Saratoga C: General Schuyler D: Malta	A: West Glens Falls B: West Glens Falls C: Malta D: Moreau
<b>5</b>	A: Corinth B: Saratoga C: General Schuyler D: Malta	A: West Glens Falls B: West Glens Falls C: Malta D: Moreau	A: General Schuyler B: Corinth C: Community D: Community

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"This plan has been discussed and agreed upon by the members of the above named ambulance organization."

Signed:   
Chief Administrative Officer

Date: 3-10-04