



WAYNE COUNTY 911
EMERGENCY COMMUNICATIONS DEPARTMENT
7336 State Route 31, Lyons New York 14489
(315) 946-9711



Automatic Mutual Aid Agreement

This document will be used by 911 to build the initial dispatch policy for the respective departments as detailed below. This document is not intended to affect the incident commander's ability to call for additional resources as may be needed based on specific incident needs. It is intended solely to provide additional resources at the time of call as dictated by known pre-existing conditions. As determined locally, it may be necessary for departments to execute more formal agreements and file them locally.

I. Guidelines and Reminders

1. Departments are encouraged to talk with the appropriate Fire and/or EMS Coordinator, as well as 911, to aid in the development of this Agreement.
2. This Agreement is applicable to all departments listed below.
3. To make Agreements, programming, and dispatch information most efficient, the primary agency cannot have more than three additional fire departments activated on the initial dispatch for any given incident type.
4. Except for emergency medical services, the dispatcher will not announce specific details for each mutual aid department's assignment. It is the responsibility of the department providing AMA to know this information and respond accordingly.
5. This agreement should be reviewed by all parties at least annually.
6. Cancellation of this Agreement: Notwithstanding extreme and extraordinary circumstances, this Agreement will be in effect for a minimum of one year. Following one year, at such time as this Agreement is no longer necessary, a cancellation form must be signed by both parties. However, if one party is not in agreement with cancellation, the other party may submit the cancellation notice provided that sixty days notice is given to the parties listed below. To cancel the Agreement, please follow the guidelines on the Cancellation form.
7. Departments are encouraged to ensure dissemination and understanding through all levels of membership.

II. Automatic Mutual Aid Agreement

1. **Does this AMA cancel another Agreement already on file at 911?**
 No Yes (please attach the Agreement and cancellation document signed by all parties)
2. **Time Requirements;** this Agreement is to be in effect (check one):
 24 hours / day Mon-Fri from 0600-1800 Weeknights (1800-0600) and weekends
3. **Reciprocal;** Should this AMA be entered into the system for all departments listed? (check one)
For example, department A will respond to all structure fires in department B's district, and vice-versa?
 No Yes
4. **Incident Types;** this Agreement is for the following incident types (check all that apply):
 - Structure Fires (This classification includes the following incident types: Barn Fire, Chimney Fire, Commercial Structure Fire, Electrical Fire, House Fire, Industrial Structure Fire, Multi Family Structure Fire, Trailer Fire, and select incident codes from the Emergency Medical Dispatch protocols identifying a potential fire within the structure.)
 - Specialized Teams / Equipment (e.g. Confined Space Rescue, Rapid Intervention Teams, Ladder Trucks). Please define the request: _____
 - Motor Vehicle Accidents: Fire/Rescue only Ambulance (both must have CON for the area)
 - Emergency Medical Services: Medics only ALS only
 - Emergency Medical Services – full ambulance (used when an ambulance service wants a dual response from another ambulance service – both must have CON for the area per NYS Article 30)

5. Coverage Area; this Agreement applies to (check one):

- All locations within the district(s)
- For non-reciprocal Agreements, and where the district includes a Village, send AMA to the:
 - Village only Township only
- Specific address(es): _____

6. Define Assignments; provide a brief narrative of each mutual aid department's response:

III. Signatures: By signing below, we are requesting that the Wayne County 911 Center implement this Agreement according to the criteria defined above.

Department: _____ **Date:** _____

Operations designee (e.g. Chief, D.O.):

Executive designee (e.g. Chairman):

Name: _____

Name: _____

Title: _____

Title: _____

Signature: _____

Signature: _____

Phone #: _____

Phone #: _____

Department: _____ **Date:** _____

Operations designee (e.g. Chief, D.O.):

Executive designee (e.g. Chairman):

Name: _____

Name: _____

Title: _____

Title: _____

Signature: _____

Signature: _____

Phone #: _____

Phone #: _____

If there are more than two departments involved in this agreement, check this box and utilize the signature lines on page 3 (otherwise, page 3 can be discarded).

IV. Implementation: Once completed, this Agreement must be sent to the Fire Coordinator and/or EMS Coordinator for review. Following the Coordinators' review and signature, the Agreement will be forwarded to the 911 Operations Manager for review and CAD programming. Following review at 911, it may take up to two weeks for the necessary changes to be made to the CAD system.

1. Fire and/or EMS Coordinator Review

Fire Coordinator

EMS Coordinator

Received: _____ Approved: Yes

Received: _____ Approved: Yes

Signature: _____

Signature: _____

2. 911 Review and CAD Programming

911 Operations Manager

911 CAD Programming

Received: _____ Approved as to form: Yes

Date Changed/Updated: _____

Signature: _____

Signature: _____

V. Additional Signatures: If more than two signature sets are needed for this agreement, please use this page for the third and fourth departments involved in the mutual aid. (*If there are no signatures on this page, it can be discarded.)

Department: _____ **Date:** _____

Operations designee (e.g. Chief, D.O.):

Executive designee (e.g. Chairman):

Name: _____

Name: _____

Title: _____

Title: _____

Signature: _____

Signature: _____

Phone #: _____

Phone #: _____

Department: _____ **Date:** _____

Operations designee (e.g. Chief, D.O.):

Executive designee (e.g. Chairman):

Name: _____

Name: _____

Title: _____

Title: _____

Signature: _____

Signature: _____

Phone #: _____

Phone #: _____