



Department of Health
Division of State EMS

New York State

County EMS Plan Framework

Comprehensive County Emergency Medical Services System Planning Framework

Pursuant to N.Y. Public Health Law § 3019

County EMS Plan Framework Overview

This Comprehensive Emergency Medical Services (EMS) System Plan framework was developed in collaboration with the State EMS Council Legislative Committee, County EMS Coordinators, the department and other stakeholders pursuant to N.Y. Public Health Law § 3019, Department Review of Comprehensive County Emergency Medical System Plans. This outline is intended to help counties produce a framework that will be the first step to produce a county-wide collaborative EMS plan inclusive of all cities, towns, and villages. The framework is designed to ensure the coordinated and reliable delivery of Emergency Medical Services to all residents and visitors of the county.

Emergency Medical Services (EMS) in New York State is at a critical crossroads. Counties are in a unique position to take the lead in developing modern, data-informed, and community-centered plans to ensure timely, reliable, and clinically excellent prehospital care. The framework will guide counties through a comprehensive analysis of their EMS systems. The framework is grounded in accountability, equity, and long-term sustainability.

This planning process begins with a fundamental question: *When someone calls 911 for an ambulance, who responds, and what happens if there is not an ambulance to respond?* From this starting point, a complete systems review must examine dispatch protocols, coverage areas, resource reliability, financial sustainability, medical oversight, staffing structures, and public expectations. Failure to conduct a thorough analysis risks perpetuating fragmented services, chronic underperformance, and community health disparities.

Ultimately, the value of this planning framework lies in its ability to illuminate the current state of each county's system and plot a practical, locally informed path toward dependable EMS delivery.

The framework should be used as a tool to collect, coordinate and deliver the information in an organized manner that is able to be used by county EMS leaders, County leadership and other local and state stakeholders to ensure a sustainable, reliable EMS model.

The framework has several tools associated with the document including two surveys to gather information from each EMS agency in the County as well as key information related to County operations. The Division of State EMS will share information with the counties to assist in writing parts of their plan.

Creating a meaningful EMS system plan requires inclusive engagement of all stakeholders: government officials, EMS agencies, dispatch centers, medical directors, hospital partners, public health officials, other types of first responders, and the public. Each partner in development of the plan brings critical insight into current challenges and future needs. Involving all these partners will result in a product that is transparent, collaborative, and creates accountability via shared outcomes.

Importantly, the plan must be dynamic; not a one-time report, but a living document that evolves with changes in demand, population, regulations, and technology. It should incorporate measurable performance benchmarks across clinical care, operations, finance, training, and patient experience. It must also recognize the unique attributes of each county's EMS landscape and align with state guidance and best practices. A well-developed plan can be a resource for those who provide care within EMS systems and those who may have oversight of an EMS system but may not be clinical providers, who can use this document to facilitate the future development of EMS delivery in each community.

Purpose of the Framework

This framework is intended to assist counties in developing a comprehensive, coordinated, and reliable county Emergency Medical Services system plan. The plan is designed to:

- Describe how EMS is delivered throughout the county
- Identify current service levels and gaps
- Define organizational and financial structures supporting EMS
- Support coordinated decision-making among counties, municipalities, EMS providers, and the State
- Facilitate timely submission, feedback, and value to stakeholders

Plan Structure

Each section below includes:

CORE PLAN ELEMENTS

- **Core Plan Elements** – components for a complete comprehensive County EMS Plan

EXPANDED PLANNING ELEMENTS

- **Expanded Planning Elements** – recommended components when data or system capacity allows

The model recognizes that counties vary significantly in size, resources, data availability, and system maturity. Counties should complete all core plan elements and include expanded elements where information is available, or development is feasible.

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I. County Overview & EMS System Description

SECTION SUMMARY

This section establishes the foundational context for the county EMS system. It provides an overview of the county's geography, population, and municipal structure, and describes how emergency medical services are currently organized and delivered. The intent is to give readers a clear understanding of the local environment in which EMS operates before examining system performance and gaps.

CORE PLAN ELEMENTS

- 1. County geographic size and general description**
- 2. Municipal structure (cities, towns, villages)**
- 3. Residential population and notable population patterns**
- 4. High-level description of EMS delivery models in the county**
 - a. County-run EMS service(s)
 - b. Local Municipal Service
 - c. Commercial service contract(s)
 - d. Volunteer/combination service(s)
 - e. Fire-based service(s)
 - f. Air Medical Service(s)

EXPANDED PLANNING ELEMENTS

- 1. Combined daytime workforce and residential population estimates**
- 2. Demographic factors impacting EMS demand**
- 3. Summary of air medical services serving the county**
- 4. Initial identification of system strengths and vulnerabilities**

II. EMS Resource & Coverage Analysis

SECTION SUMMARY

This section describes the EMS resources available throughout the county and how those resources are distributed geographically and operationally. It is intended to document who responds to EMS requests in each area of the county and identify areas where coverage may be inconsistent, limited, or dependent on backup resources.

CORE PLAN ELEMENTS

- 1. Identification of EMS service areas by municipality or geographic zone**
 - a. Identify service areas by municipality, region, EMS tax district, or other subdivisions within the County
 - b. Complete EMS Agency Chart (Appendix A)
 - c. Complete Coverage Area Chart (Appendix B)
- 2. Identification of primary and backup EMS providers by municipality**
- 3. Description of organizational models used to provide service**
- 4. Identification of areas with limited or inconsistent coverage**
- 5. Describe staffing and availability of resources throughout county**
- 6. Identification of geographic or time-based service gaps**

EXPANDED PLANNING ELEMENTS

- 1. Mapping of coverage areas and response zones**
- 2. Identification of overlapping responsibilities**
- 3. Description of stations and general infrastructure conditions**
- 4. Availability of out of service data**
- 5. Cost of readiness**

III. EMS Workforce & Practitioner Analysis

SECTION SUMMARY

This section provides an overview of the EMS workforce supporting service delivery in the county. It focuses on practitioner availability, staffing models, and workforce challenges that impact system reliability, recognizing that personnel availability is a critical determinant of EMS performance.

CORE PLAN ELEMENTS

1. Summary of EMS practitioners by certification level

- a. Provide the number of certified EMS practitioners in the county by certification level (e.g., CFR, EMT, AEMT, EMT-CC, Paramedic).

Note: This is by home address, providers may work in the area and live outside the area.

- b. Identify whether practitioners are active within the county EMS system (appear on ePCR) and note any trends in certification levels over time.

2. Description of staffing models (career, volunteer, combination)

- a. Identify the primary staffing models used by EMS agencies in the county and the number of agencies using each model.
- b. Describe how these staffing models influence hours of coverage, response capability, and operational readiness.

3. Identification of workforce challenges affecting reliability

- a. Identify key workforce challenges such as recruitment shortages, daytime staffing gaps, volunteer availability, or training pipeline limitations.
- b. Describe how these challenges impact service reliability, response times, or agency operational capacity.

EXPANDED PLANNING ELEMENTS

1. Retention and turnover trends

- a. Describe trends in practitioner retention, turnover, or workforce attrition within EMS agencies in the county.
- b. Identify factors contributing to workforce turnover such as retirement, career transitions, workload, or compensation differences.

2. Advanced Life Support (ALS) availability by geography or time of day

- a. Identify areas of the county where Advanced Life Support (ALS) coverage may be limited based on geography, agency distribution, or staffing availability.
- b. Describe any variations in Advanced Life Support (ALS) availability during different times of day or day of the week.

3. Reliance on mutual aid due to staffing limitations

- a. Identify circumstances where agencies rely on mutual aid due to limited staffing or resource availability.
- b. Describe how frequent mutual aid reliance may affect response reliability or resource distribution across the county.

IV. Call Volume, Demand, & Dispatch Overview

SECTION SUMMARY

This section examines how EMS demand enters the system and how calls are processed, prioritized, and dispatched. It provides a high-level understanding of call volume and dispatch practices to support analysis of system workload, response reliability, and opportunities for improved call handling.

CORE PLAN ELEMENTS

1. Summary of county-wide EMS call volume

- a. Requests, Responses, Transports, Treat and Release, Refuse Medical Aid (RMA), Low Acuity

2. Identification of 911 call intake and dispatch entities

- a. How many call transfers need to occur before an ambulance is assigned?

3. Description of call prioritization and dispatch practices

- a. Tiered response, Emergency Medical Dispatch (EMD) prioritization, etc.
- b. How much time is permitted between primary agency not being able to respond and the next agency being dispatched?

4. Identification of routine mutual aid use due to unavailability

5. Call Time on Tasks Averages

- a. Dispatch to Clear
- b. Out of chute times / call receipt interval

EXPANDED PLANNING ELEMENTS

1. Breakdown of responses, transports, and non-transport encounters

2. Review of EMD utilization

- a. Is every call EMD, is EMD used for prioritization, gaps in screening
- b. EMD Data collection and analysis for system improvement

3. Mutual aid activation trends

4. Review of interoperability capabilities

V. Operational Capacity & System Performance

SECTION SUMMARY

This section focuses on the operational characteristics of the EMS system, including staffing patterns, unit availability, and medical oversight. It is intended to describe how EMS resources function on a day-to-day basis and identify operational factors that influence reliability and performance.

CORE PLAN ELEMENTS

1. Staffing Response Model — Description of staffed versus non-staffed resources

- a. Percentage of time staffed in station or vehicle
- b. Percentage of time with a schedule of assigned responders responding from a location other than the station
- c. Percentage of time with no scheduled responder (all potential responders notified and those available respond)
- d. Number of unit hours per agency per week (staffed ambulances, prepared to immediately respond)

2. Coverage patterns by time of day

3. Identification of operational challenges impacting reliability

4. Description of medical oversight structure

EXPANDED PLANNING ELEMENTS

1. Out-of-service trends and causes

2. Time-on-task estimates

3. Advanced Life Support (ALS) availability when requested

4. Overview of Quality Assurance Programs/Activities

VI. Education, Training, & Workforce Readiness

SECTION SUMMARY

This section describes how education, training, and professional development support EMS workforce readiness and system reliability within the county. The focus is on understanding whether sufficient education and training capacity exists to sustain EMS staffing levels, support clinical competence, and reduce service disruptions related to workforce shortages. This section is not intended to evaluate or regulate educational programs, but to inform planning and coordination efforts within the county.

CORE PLAN ELEMENTS

1. Training Availability

- a. Summarize the availability of EMS education and training resources serving the county, including:
 - i. General availability of initial certification courses in a year
 - ii. General availability of Continuing Medical Education (CME)
 - iii. Identification of any geographic, scheduling, or capacity barriers affecting access to training
 - iv. Overall testing pass rates by educational program

2. Agency Training Practices

- a. Describe common agency practices related to workforce readiness:
 - i. Use of Continuing Medical Education (CME) programs (internal or through partnerships)
 - ii. Presence of formal onboarding or field training processes with trained Field Training Officers
 - iii. General use of Quality Assurance/Quality Improvement or call review processes to support clinical improvement
 - iv. Participation in county/regional quality assurance programs

3. Workforce Impact

- a. Describe how education and training availability affects workforce stability:
 - i. Recruitment of new EMS personnel
 - ii. Retention and advancement of existing personnel
 - iii. Known challenges related to course access, cost, or scheduling
 - iv. Where available, provide high-level observations regarding:
 1. Certification or recertification challenges impacting workforce

EXPANDED PLANNING ELEMENTS

1. Coordination and Improvement Opportunities

- a. Where applicable, describe:
 - i. Regional or county-level coordination of training resources

- ii. Use of shared instructors, facilities, or training partnerships
- iii. Identified training gaps that impact staffing reliability
- iv. Opportunities to strengthen workforce readiness through coordination, shared services, or targeted support

VII. Fiscal Structure & EMS Sustainability

SECTION SUMMARY

This section describes how emergency medical services are funded within the county and identifies financial factors that affect system reliability and long-term sustainability. The purpose is to support informed decision-making by documenting funding sources, fiscal pressures, and opportunities to strengthen EMS readiness.

CORE PLAN ELEMENTS

1. EMS Funding Overview

- a. Summarize how EMS services are funded across the county, including:
 - i. Municipal and/or county tax support
 - ii. Billing for service
 - iii. Donations, grants, and other local funding sources

2. Municipal and County Financial Participation

- a. Describe:
 - i. The percentage of municipalities that directly fund EMS services
 - ii. Use of alternative tax structures (fire districts, ambulance districts, or special districts)
 - iii. Any county-level financial support, subsidies, or shared services that support EMS delivery

3. Financial Pressures Impacting Reliability

- a. Identify key fiscal challenges affecting EMS service delivery

4. Operating Funds

- a. Operating budgets by service area and agency
- b. Total EMS operating expenses in county (all agencies combined)
- c. Municipalities budget dedicated to supporting/funding EMS service(s)

5. Strategic Fiscal Reserves Planning

- a. How many EMS agencies maintain financial reserves or contingency funding for at least 6 months of operational budget

EXPANDED PLANNING ELEMENTS

1. Cost of Service and Readiness

- a. Where available, summarize:
- b. Average cost per transport by service level (BLS, ALS-1, ALS-2, Specialty Care Transport)
- c. Fixed costs required to maintain EMS readiness, including staffing, facilities, vehicles, and training

2. Capital Needs and Oversight

- a. Condition and replacement challenges for ambulances and equipment
- b. Any county-level oversight or coordination related to EMS finances

VIII. Emergency Preparedness & System Resilience

SECTION SUMMARY

This section outlines how the county EMS system prepares for and responds to large-scale incidents, system strain, and emergencies. It documents coordination mechanisms and evaluates the system's ability to maintain service during periods of increased demand.

CORE PLAN ELEMENTS

1. County Response Expectations

- a. Outline any county expectations/metrics for reliability of ambulances:
 - i. Sample: target of 90–95% first-call reliability
 - ii. Current units in operations vs. estimated units needed
- b. Collect input from local government jurisdictions and public on expectations for response times, service quality, and clinical outcomes
- c. Evaluate whether expectations align with current performance and identify gaps

2. System Reliability & Capacity

- a. Relative to these expectations:
 - i. Assess first-call response reliability
 - ii. Compare routinely available and reliable units to expected EMS demand
 - iii. Identify geographic areas or time periods where system capacity is routinely limited and does not meet demand
 - iv. Evaluate how often mutual aid resources are utilized to maintain service continuity

3. Emergency Preparedness & Surge Capability

- a. Describe how EMS services coordinate during periods of increased demand, including:
 - i. County-wide or regional Mass Casualty Incident (MCI) and surge response planning
 - ii. Role of EMS in county emergency management structures
 - iii. Mutual aid coordination during disasters, major incidents, or prolonged system strain

EXPANDED PLANNING ELEMENTS

1. Alignment of Expectations and Performance

- a. Where information is available, describe:
 - i. How current EMS performance aligns with community and municipal expectations
 - ii. Gaps between expected and actual service reliability
 - iii. Patterns indicating chronic reliance on external or mutual aid resources

2. Continuous System Readiness

- a. Where applicable, describe:
 - i. Processes used to monitor system reliability over time

- ii. Planning considerations to improve resilience, reliability, and surge capacity
- iii. Opportunities to strengthen coordination, agreements, or preparedness activities

IX. Community Programs & Alternative Response Models

SECTION SUMMARY

This section describes community-based programs and alternative response approaches that support EMS operations, improve access to appropriate care, and help manage system demand. The focus is on documenting existing efforts and identifying opportunities to better align EMS services with community needs.

CORE PLAN ELEMENTS

1. Community Outreach & Education

- a. Describe existing community education and outreach efforts related to EMS and public health, such as:
 - i. CPR/AED training
 - ii. Naloxone distribution and overdose education
 - iii. Bleeding control or first aid training

2. High-Utilization Populations and Facilities

- a. Identify populations or facilities that generate higher-than-average EMS demand, including:
 - i. Skilled nursing or assisted living facilities
 - ii. Behavioral health or substance use-related calls
 - iii. Recurrent non-injury or lift-assist locations
 - iv. Describe how these patterns affect EMS availability and workload.

3. Existing Alternative Response Approaches

- a. Identify any programs or practices that supplement traditional EMS response, such as:
 - i. Community Paramedicine or Mobile Integrated Health
 - ii. Treat-in-place
 - iii. Non-transport protocols
 - iv. Nurse Navigation

EXPANDED PLANNING ELEMENTS

1. Additional Care Pathways

- a. Where applicable, describe:
 - i. Alternate destinations or referral options
 - ii. Telemedicine or remote clinical support
 - iii. Barriers to expanding alternative response models

X. System Assessment, Gaps & Strategic Direction

SECTION SUMMARY

This section synthesizes information from all preceding sections to provide a clear assessment of the county EMS system. It identifies strengths, limitations, and service gaps that affect reliability, access, and sustainability, and outlines strategic directions to guide future decision-making and investment.

CORE PLAN ELEMENTS

1. System Strengths and Limitations

- a. Summarize key findings from the plan, including:
 - i. Areas where EMS services are reliable and well-supported
 - ii. Structural, operational, or financial challenges affecting delivery
- a. Summarize strengths and opportunities based on data metric collections about the system.

2. Identification of Service Gaps

- a. Identify gaps that impact EMS reliability or access, such as:
 - i. Geographic areas with limited coverage
 - ii. Time periods with insufficient unit availability
 - iii. Workforce or funding constraints
 - iv. Chronic reliance on mutual aid
- b. Describe how these gaps affect patients, providers, or local governments.
- c. Does current funding structures adequately support a reliable EMS delivery model
- d. Identify any funding gaps or structural vulnerabilities that may require county or municipal action.
- e. Provide recommendations, including fiscal, to eliminate service gap

3. Strategic Direction and Priority Actions

- a. Outline priority strategies to address identified gaps, including:
 - i. Service delivery changes
 - ii. Organizational or structural adjustments
 - iii. Financial or policy considerations
 - iv. Future Metrics for System Sustainability & Monitoring

4. Financial

- a. Cost and Feasibility Considerations

EXPANDED PLANNING ELEMENTS

1. Collaborative training, purchasing, response and/or staffing models

P L A N N I N G H O R I Z O N S

- 1. Provide 5 anticipated short-term (12–24 months) system improvement opportunities**
- 2. Provide 5 longer-term (36–48 months) system improvement opportunities**
- 3. Additional Considerations:**
 - a. Add Advanced Life Support (ALS) coverage to underserved rural zones, deploy rapid response vehicles in rural areas
 - b. Establish reliable 24/7 transport coverage in all geographic sectors
 - c. Improve recruitment and retention through stipends and incentive
 - d. Integrate telehealth triage and Treat-in-Place and Mobile Integrated Health programs county-wide
 - e. Improve interfacility transport availability
 - f. Increase First Responder capability county-wide
 - g. County-wide Certificate of Need (CON/Operating Authority) to increase revenue when providing mutual aid
 - h. Reduce mutual aid by “stacking” Omega, Alpha and Bravo calls

XI. Appendices & Attachments

SECTION SUMMARY

This section contains a list of appendices that should be included in the County EMS Plan, when required, as well as additional appendices to consider. The attachments referenced in this section should be utilized as tools or guides when required or considered for use in the County EMS Plan.

RESOURCE DOCUMENTS

1. Consider inclusion in the County EMS Plan:

- Appendix A: EMS Agency Inventory and Map
- Appendix B: EMS Agency Detailed Data Map
- Appendix C: Response Time, Time to Patient and Call Volume Analysis
- Appendix D: Financial Estimates by Region
- Appendix E: Letters of Support and Intermunicipal Agreement

2. Consider utilization in the development of the County EMS Plan:

- Attachment 1: County EMS Plan Framework – EMS Agency Data Collection
- Attachment 2: County EMS Plan Framework – Course Sponsor Data Collection
- Attachment 3: County EMS Plan Framework – Municipality Data Collection
- Attachment 4: County EMS Plan Framework – Supplement Planning Considerations
- Attachment 5: County EMS Plan Framework – Designated Primary EMS Agency by Municipality Template