POLICY STATEMENT

Approved 2021

A Culture of Safety in EMS Systems

Revised April 2021

Originally approved April 2014

The American College of Emergency Physicians (ACEP) and the National Association of EMS Physicians (NAEMSP) believe that safety must be a foundational component of every emergency medical services (EMS) system. Providing high-quality EMS requires understanding risk and embracing practices to prevent harm to patients, EMS professionals, and members of our communities. EMS physicians should lead development and support of a culture of safety in EMS systems.

We believe:

- EMS systems should partner with national organizations to increase safety in all aspects of EMS.
- EMS systems should support the development, implementation, and ongoing evaluation of comprehensive system-wide safety, quality, and risk management programs.
- EMS safety and comprehensive risk management should be emphasized in both initial and continuing education for all EMS professionals, including EMS physicians.
- EMS systems should implement and support the Just Culture approach to facilitate honest and prompt reporting of risk and error and to support analysis of near miss and adverse events in an environment of professionalism and accountability for systems and individuals.
- Integrated EMS safety data systems with mandatory reporting should be created to promote evaluation of safety programs and to promote research that advances understanding of safety for EMS professionals, systems, and patients.
- EMS physicians should advocate for EMS safety-related programs coordinated at the local, regional, state, and federal levels based on evidence-based practice and benchmarks.
- EMS physicians should evaluate technologies and equipment for improvements in safety for patients, EMS professionals, and the public.
- EMS physicians should support the development of and adherence to safety standards and guidelines based on the best available evidence.
- EMS physicians should integrate opportunities to limit risk and increase safety within protocols, policies, and standing orders.