



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE



POLICY STATEMENT

Approved June 2018

Access to 9-1-1 Public Safety Centers, Emergency Medical Dispatch, and Public Emergency Aid Training

Originally approved June 2018, replacing the following rescinded policy statement:

- Public Training in Cardiopulmonary Resuscitation and Public Access Defibrillation (1984-2018)

The American College of Emergency Physicians (ACEP) believes that patients with a medical emergency as defined using the prudent layperson standard must have universal access to 9-1-1 based emergency medical services (EMS) systems, and supports the following principles:

- 100% of the United States population should have Next Generation 911 (NG911) access to local public safety answering points (PSAPs). The definition of Next Generation 911 and multiple information resources about Next Generation 911 can be found at https://www.911.gov/issue_nextgeneration911.html.
- ACEP strongly supports education in cardiopulmonary resuscitation (CPR), to include use of an automated external defibrillator (AED), and hemorrhage control being compulsory prior to high school graduation. Scientific studies conclude that pre-high school students can successfully attain and retain this lifesaving education. ACEP strongly supports a structured program of education in CPR, AED use, and hemorrhage control throughout primary and secondary school curriculums. These same skills should be widely taught to the adult public at large.
- All EMS-related PSAPs should utilize an evidence-based system of pre-EMS arrival medical aid instructions, approved by the PSAP physician medical director(s), to include CPR, an AED and hemorrhage control as primary instruction for those without prior training, and as secondary supportive instruction for those utilizing their prior training.
- An AED should be registered with the applicable PSAP in order to develop a real-time map of AED locations, to promote AED use when suspected sudden cardiac arrest victims collapse in the vicinity of an AED. Local ordinances regarding AEDs should be developed that include requirements that AEDs be maintained with physician consultation, including within AED plans developed by the local PSAP and EMS physician medical director(s).

- All EMS-related PSAPs should incorporate an organized system of initial education, continuing education, and continuous quality improvement for an evidence-based system of pre-EMS arrival medical aid instructions, approved by the PSAP physician medical director(s).
- It is advantageous that the physician medical director(s) of the EMS system(s) dispatched by the PSAP also serves as the PSAP physician medical director(s). Shared medical oversight best promotes an effective, integrated emergency medical dispatch system into the local standards of EMS care for the ultimate goal of improving patient clinical outcomes.
- Appropriate and enduring funding should be provided to ensure continuous, efficient and effective PSAP operations. Mechanism to promote funding may include local, regional, state, and/or federal legislative measures.
- Research designed to improve public training in CPR, AEDs, and hemorrhage control and effective utilization of such training in times of patient need is encouraged.