



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved June 2022

Motor Vehicle Safety

Revised June 2022,
June 2021, June 2015,
September 2008

Reaffirmed October 2001

Revised June 1997

Originally approved
April 1985

As an adjunct to this policy statement, ACEP has prepared a Policy Resource Education Paper (PREP) titled “Motor Vehicle Safety”

Traumatic injury to operators, passengers and bystanders from motor vehicle crashes is one of the most frequent causes of injury to patients treated by emergency physicians. The American College of Emergency Physicians (ACEP) recommends a multifaceted coordinated effort between private and commercial motor vehicle operators, recreation enthusiasts, vehicle manufacturers, federal/state/local agencies, and the medical community to improve motor vehicle safety and thereby reduce society’s burden of disability, death, and costs related to motor vehicle trauma.

Emergency physicians must be knowledgeable about injury mechanisms and management of time-critical injuries of motor vehicle trauma. ACEP encourages its members to take the lead in motor vehicle safety activities at local, state, and national levels.

ACEP supports the development and implementation of programs, policies, legislation, regulations, and public education that will increase the safe use of all motorized vehicles including commercial, personal transportation and recreational vehicles (hoverboards, scooters, mopeds, lithium ion-based electronic bicycles and scooters, mini-bikes, all-terrain vehicles, [ATV], snowmobiles, boats, jet skis, go-karts, and other similar vehicles).

ACEP supports high-value motor vehicle safety activities and efforts to:

- Encourage public education about the dangers of impaired, intoxicated, and distracted driving.
- Adopt and enforce state legislation to prohibit alcohol-impaired driving, specifically mandating that: a blood alcohol concentration (BAC) of 0.08 g/dL is evidence of driving while impaired; a BAC of 0.05 g/dL is presumptive evidence of impaired driving; and any measurable level of BAC while driving shall be illegal in persons younger than the legal drinking age in each state.
- Adopt and enforce state legislation to prohibit driving while impaired by other intoxicating substances.
- Screen relevant patients for misuse of alcohol and other substances and offer referrals and treatment when indicated.
- Enforcement of existing speed limits and oppose further increases in speed limits.

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- Adopt and enforce state legislation to prohibit driving while distracted by handheld electronic devices or other activities.
 - Develop innovative technologies that detect driver impairment and reduce driver distraction from safely operating motor vehicles.
 - Adopt and enforce primary safety-belt use laws and extend them to cover all seating positions in all motorized vehicles where feasible.
 - Strengthen and enforce existing child safety seat laws and their use in appropriate locations within motor vehicles, consistent with current guideline recommendations (ie, rear-facing child seats until children are 2 to 4 years old, rear seat use until children are 14 years old).
 - Adopt and enforce laws requiring all motorcyclists, bicyclists, and other wheeled recreational equipment users to wear appropriate helmets.
 - Require vehicle manufacturers to adhere to rigorous safety standards.
 - Support research and development to improve vehicle safety and prevent injury through innovative roadway and recreation area design.
 - Promote the development, implementation, evaluation, and continuous improvement of advanced automatic crash notification and intelligent transportation technologies to optimize injured patient outcomes.
 - Support and fund research understanding the mechanisms of motor vehicle crashes to improve management of patients and prevention strategies
 - Continue support and funding of trauma research networks and research
 - Advocate for federal and state level funding to have an innovative and technologically updated 911 response system in all urban or rural settings with seamless transfer of crash information between prehospital personnel and trauma centers.