

Policy Statements

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Role of the State EMS Medical Director: A Joint Statement by the American College of Emergency Physicians (ACEP), the National Association of EMS Physicians (NAEMSP), and the National Association of State EMS Officials (NASEMSO)

Approved April 2009

Automatic Crash Notification and Intelligent Transportation Systems

Reaffirmed by the ACEP Board of Directors October 2008 and October 2009

Originally approved by the ACEP Board of Directors February 2002

Military Emergency Medical Services Systems

Reaffirmed by the ACEP Board of Directors October 2002

Revised and approved by the ACEP Board of Directors June 1997 and October 2009

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College Board Member and Officer Expert Testimony*

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Revised and approved by the ACEP Board of Directors February 2003

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Personal Protective Equipment Guidelines for Health Care Facility Staff

Reaffirmed by the ACEP Board of Directors October 2009

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Health Information Standards

Revised and approved by the ACEP Board of Directors titled, "Health Information Standards," January 2010

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Hospital Disaster Physician Privileging

Revised and approved by the ACEP Board of Directors titled, "Hospital Disaster Physician Privileging," January 2010

Originally approved by the ACEP Board of Directors titled, "Hospital Disaster Privileging," February 2003

Tobacco Products—Public Policy Measures

Revised and approved by the ACEP Board of Directors titled, "Tobacco Products – Public Policy Measures" January 2010

Reaffirmed by the ACEP Board of Directors February 2003

Originated as Council Resolution CR037 titled, "Smoking – Public Policy Measures" and reaffirmed October 1998

Alcohol Taxation

Revised and approved by the ACEP Board of Directors April 2003 and January 2010

Originated as Council Resolution CR013 and approved as a policy statement titled, "Alcohol Taxation" September 1990

Role of the State EMS Medical Director: A Joint Statement by the American College of Emergency Physicians (ACEP), the National Association of EMS Physicians (NAEMSP), and the National Association of State EMS Officials (NASEMSO)

[Ann Emerg Med. 2010;55:397.]

Dedicated and qualified medical direction is required to ensure safe and quality patient care. Medical direction is a fundamental element of the emergency medical services (EMS) system. It is essential that the lead agency for EMS within the fifty states, the District of Columbia, Puerto Rico, the territories of Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Marianas Islands, has a state EMS medical director.

The state EMS medical director provides specialized medical oversight in the development and administration of the EMS system and is an essential liaison with local EMS agencies, hospitals, state and national professional organizations, and state and federal partners. The state EMS medical director provides essential medical leadership, system oversight, coordination of guideline development for routine and disaster care, identification and implementation of best practices, system quality improvement, and research. The state EMS medical director is essential to the comprehensive EMS system at the local level by promoting integration of direct and indirect medical oversight for the entire emergency health care delivery system.

The state EMS medical director should be a physician with extensive experience in EMS medical direction and an unrestricted medical license within the state. Ideally, the state EMS medical director will be a board-certified emergency physician.

State EMS medical direction requires political, administrative, and financial support to achieve these goals. The foundation of the relationship between the state EMS lead agency and the state EMS medical director, including the job description, responsibilities and authority, should be clearly defined within legislation, regulation, or a written contract. The state EMS medical director should be provided with mutually agreed upon compensation for services, necessary materials and resources, and liability protection specific to the unique duties and actions performed.

In summary, ACEP, NAEMSP, and NASEMSO strongly encourage the establishment of a regular full-time position for a state EMS medical director in all fifty states, the District of Columbia, Puerto Rico, the territories of Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Marianas Islands.

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Automatic Crash Notification and Intelligent Transportation Systems

[Ann Emerg Med. 2010;55:397.]

The American College of Emergency Physicians (ACEP) supports the development and implementation of programs, policies, legislation, and regulations that promote the use of automatic crash notification (ACN) and intelligent transportation systems (ITS) technologies. ACEP encourages its members to provide a leadership role in defining public policy, developing guidelines and securing adequate funding for enhancement and implementation of ACN/ITS systems, and performing and evaluating outcomes research.

Reaffirmed by the ACEP Board of Directors October 2008 and October 2009

Originally approved by the ACEP Board of Directors February 2002

As an adjunct to this policy statement, ACEP's Public Health and Injury Prevention Committee has prepared a Policy Resource Education Paper (PREP) titled, "Automatic Crash Notification and Intelligent Transportation Systems: Implications for the Emergency Physician"

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Military Emergency Medical Services Systems

[Ann Emerg Med. 2010;55:397-398.]

The American College of Emergency Physicians (ACEP) believes optimal care of patients served by emergency medical services systems must not be limited by military installation boundaries. Military installation EMS systems must meet or exceed prevailing community standards, including standards for staffing, response times, training, and equipment. As an integral part of the EMS system, 911 dispatchers at military installations should be Emergency Medical Dispatcher (EMD) certified and have medical direction oversight.

EMS Organization Military installation EMS systems should address all aspects of out-of-hospital care and should include a lead coordinating agency, physician medical director, appropriate resource management, system design, and organization policies necessary to implement comprehensive service. Military EMS systems must be fully integrated into the regional EMS system.

EMS Components. The following components should be addressed in the development and continuing improvement of military EMS systems: system organization, operations policies, medical direction, 911 communications, human resources and education, transportation, facilities, public information and education, continuous quality improvement, and disaster management and mass casualty or major incident planning.