



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE



POLICY STATEMENT

Approved June 2024

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

Revised June 2024

Originally approved
June 2018, replacing the
rescinded policy statement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) and recognition of cardiac arrest, 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.
- Every PSAP should have a physician medical director responsible for oversight of emergency medical dispatch (EMD). The EMD medical director should provide medical oversight of the EMD protocols, initial and ongoing EMD education of telecommunicators, and the continuous quality improvement (CQI) program.
- All EMS-related PSAPs should utilize an evidence-based system of EMD pre-arrival instructions, approved by the PSAP physician medical director, 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. PSAP call taking and dispatch personnel should be instructed in telecommunicator CPR (T-CPR) to improve bystander CPR rates.

Copyright © 2024 American College of Emergency Physicians. All rights reserved.

- Ideally, local ordinances or other systems would be in place to ensure public access defibrillators are registered with the PSAP in a way that permits directing a caller to a nearby AED when available.
- All PSAPs should incorporate an organized system of EMD initial education, continuing education, and continuous quality improvement for an evidence-based system of pre-arrival instructions, approved by the PSAP physician medical director.
- It is advantageous that the physician medical director of the EMS system dispatched by the PSAP also serves as the PSAP physician medical director or that these medical directors work closely together to ensure integration. Shared medical oversight best promotes an effective, integrated EMD into the local standards of EMS care for the ultimate goal of improving patient clinical outcomes.
- Appropriate and sustainable funding should be provided to ensure continuous, efficient, and effective EMD protocols and the related systems. Mechanisms 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.