



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved October 2017

The Clinical Practice of Emergency Medical Services Medicine

Originally approved October 2017, replacing the following rescinded/sunsetted policy statements:

- Discontinuing Resuscitation in the Out-of-Hospital Setting (1997-2017)
- Early Defibrillation Programs (1998-2017)
- Implementation of EMS Interventions (1992-2017)
- Out-of-Hospital 12-Lead ECG (1999-2017)
- Out-of-Hospital Severe Hemorrhage Control (2014)
- Out-of-Hospital Use of Analgesia and Sedation (2015)

The American College of Emergency Physicians (ACEP) considers Emergency Medical Services (EMS) a practice of medicine, reaffirms its commitment to evidence-based decisions in practices of medicine, and supports the following principles:

- Clinical standards of care (including treatments that can be provided by laypersons prior to EMS arrival) developed, established, and promulgated by EMS physician medical directors should be based upon peer-reviewed, published, evidence-based treatments and outcomes. Where such supported treatments and outcomes do not exist, expert consensus statements should substantially form the basis for clinical standards of care.
- Clinically-related research initiatives involving EMS systems and providers should be encouraged and supported, with careful adherence to the ethical and legal principles of human subjects protection.