



Approved September
2018

Military Considerations in Emergency Medical Services (EMS)

Originally approved
September 2018, replacing
the following rescinded
policy statements:

- Military Emergency Medical Services (1988-2018)
- Support for Transition of Military Medics into Civilian EMS Careers (2017-2018)

As an adjunct to this policy statement, ACEP has prepared a policy resource and education paper (PREP) titled, "Military Considerations in Emergency Medical Services (EMS)"

The American College of Emergency Physicians (ACEP) recognizes that some members of the United States military may be trained and assigned in EMS-related roles and that all members of the military, their families, and/or visitors on military installations could require EMS care while within these non-warfare military-oriented geographic areas. ACEP supports the following related concepts:

- Military installation EMS systems must, at minimum, meet prevailing standards of clinical care existing within the surrounding geographic area, to include similar standards of education, credentialing, response times to potentially life-threatening situations and provisioning of medical equipment. Data-driven staffing standards are highly encouraged to promote optimal clinical outcomes while simultaneously achieving fiscal responsibilities.
- National certification requirements as well as local credentialing processes should be in place to assure military medics, corpsmen, and medical technicians are able to attain and maintain contemporary education standards.
- Military installation EMS systems should utilize a formal system of emergency medical dispatch, including enhanced 911, geospatial addressing per national standards, pre-arrival care instructions, dispatchers credentialed via physician medical director oversight, and emergency medical dispatch center accreditation by a relevant accreditation organization. Emergency medical dispatch center physician medical director oversight should include the ability to specify response configuration (ie. number and types of apparatus dispatched) and response modality (eg. lights/sirens or no lights/no sirens) based upon type and prioritization of medical condition information garnered through standardized caller interrogation.
- Military installation EMS system physician medical director oversight must be equivalent with qualities established by the ACEP policy statement on "The Role of the Physician Medical Director in EMS Leadership."

- Military installations should have EMS working groups involving, at minimum, Disaster & Emergency Services, Emergency Management, Installation Emergency Operations Center, and Installation Command. Communications by the EMS working group should align with the chain of command and be tested routinely. When EMS Medicine board-certified physicians are available, they should be integrally involved in EMS working groups. Military installation EMS working groups should address, at minimum, the following aspects of pre-hospital care: emergency care system organization, medical oversight including the role(s) of the physician medical director(s), operations policies, EMS facilities, communications, transportation, destinations of care, public education, continuous quality improvement, mass casualty/major incident/disaster planning and management (to include volunteer management and emergency credentialing), professional education, credentialing programs designed for initial and ongoing competency verification, and human resources.
- Military EMS systems should be fully integrated and participating in relevant local geographic area EMS system design, planning, and memorandums of understanding development.
- Retiring or end-of-service military members with EMS training and certifications should be afforded a timely, efficient transition method to equivalent civilian EMS certifications if they so desire. With continual needs for highly skilled and experienced clinicians in civilian EMS, utilization of willing former military EMS personnel helps to fulfill these needs.
- ACEP encourages collaboration within appropriate governmental agencies and EMS organizations to further develop efficient, effective military-to-civilian EMS certification, licensing, and credentialing.