

PLEASE NOTE: THIS RESOLUTION WILL BE DEBATED AT THE 2020 COUNCIL MEETING. RESOLUTIONS ARE NOT OFFICIAL UNTIL ADOPTED BY THE COUNCIL AND THE BOARD OF DIRECTORS (AS APPLICABLE).



RESOLUTION: 24(20)

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SUBJECT: 911 Awareness and Policy

PURPOSE: 1) Promote awareness that healthcare providers are calling 911 on behalf of patients who cannot or will not call themselves; and 2) Promote awareness that medical directors of Public Safety Access Points and EMS may need to develop policies to address patients' medical information and patients' medical needs provided by the treating doctor who activates the 911 emergency on behalf of a patient.

FISCAL IMPACT: Budgeted committee, section, and staff resources.

- 1 WHEREAS, ACEP represents emergency physicians practicing in all emergency care environments; and
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- 3 WHEREAS, ACEP represents emergency physicians who support and endorse good policies in emergency
- 4 medical systems and 911 Public Safety Access Points (PSAPs) through its lobbying and public awareness; and
- 5
- 6 WHEREAS, There are roughly 6,100 PSAPs in the U.S. that have different office, regional, state, and federal
- 7 guidelines and policies; and
- 8
- 9 WHEREAS, Medical professionals often treat patients who are in different locations in an emergency and there
- 10 are known methods for calls to be routed to correct PSAPs pertaining to the patient location; and
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- 12 WHEREAS, Patients are at times reluctant or unable to call or activate 911 themselves and communication is
- 13 shown to be better when between a treating medical professional and 911 dispatchers; and
- 14
- 15 WHEREAS, The COVID-19 pandemic has increased the cases where doctors are treating patients remotely and
- 16 are directly activating 911 on behalf of patients and in such cases treating doctors are often still communicating with
- 17 patients when EMS arrives, are able to communicate with EMS, expedite emergency response, and convey valuable
- 18 medical information and recommendations to improve care; and
- 19
- 20 WHEREAS, 911 EMS National and State Guide cards, International Academies of Emergency Dispatch
- 21 protocols, were reviewed and none of them had much guidance or training on healthcare professionals calling 911 on
- 22 behalf of patients in different areas; and
- 23
- 24 WHEREAS, Guide cards contain standard emergency medical questions for patients such as chest pain with
- 25 algorithms on determining if ALS or BLS units were needed but lacked guide cards and protocols for doctors calling on
- 26 behalf of patients in different locations; and
- 27
- 28 WHEREAS, Twenty-two emergency 911 call audio recordings were reviewed by ACEP members for 911 calls
- 29 placed by providers calling on behalf of patient addresses located in New Jersey, New York, Texas, Connecticut, Florida,
- 30 and Pennsylvania and common cases included suicidal ideation, altered mental status, and shortness of breath; 911 PSAP
- 31 dispatchers activated ambulances however there were delays due to not having protocols in place; example responses

32 included “how are you calling me,” “can I talk to the patient,” and “let me see what the procedure is” and one such case  
33 had a patient in SVT diagnosed over Mobile Cardiac Telemetry (MCT) where the treating provider activated 911 and  
34 needed an ALS response yet there was no dispatcher guide card or procedure in place for the scenario of a doctor calling  
35 them; and

36  
37 WHEREAS, ACEP’s EMS section has 1,143 members including 40 international EMS doctors from the five  
38 continents (Argentina, Australia, South Africa, Bahrain, United Arab Emirates, Saudi Arabia, Canada, Ireland, Germany,  
39 Brazil, Lebanon, Belgium, Taiwan, Panama, Israel, Austria, New Zealand, Trinidad and Tobago, Chile , India, and  
40 Philippines) and lack of awareness and protocols for doctor initiated 911 activations on behalf of patients is a global  
41 problem; therefore be it

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43 RESOLVED, That ACEP promote awareness that healthcare providers are calling 911 on behalf of patients who  
44 cannot call 911 themselves, will not call 911 themselves, or have inadequate communication when speaking to 911  
45 dispatchers themselves; and be it further

46  
47 RESOLVED, That ACEP promote awareness that medical directors of Public Safety Access Points and EMS  
48 may need to build policies to take into strong consideration the patients’ medical information and patients’ medical needs  
49 provided by the treating doctor who activates the 911 emergency on behalf of a patient.

## **Background**

This resolution calls on ACEP to promote awareness that healthcare providers are calling 911 on behalf of patients who cannot or will not call themselves. Additionally, the resolution requests that ACEP promote awareness that medical directors of Public Safety Access Points and EMS may need to develop policies to address the patients’ medical information and patients’ medical needs provided by the treating doctor who activates the 911 emergency on behalf of a patient.

Many members of ACEP’s EMS-Prehospital Care Section are EMS medical directors who oversee Public Safety Answering Points (PSAP)/911 and Emergency Medical Dispatch (EMD) centers or work closely with other physicians that oversee them. Most PSAP/EMD systems address handling 911 calls from third parties but how these procedures are implemented locally are not uniform across the county. In some areas 911/PSAP’s are under the control of the fire department or law enforcement and the EMS EMD personnel may not be able to speak directly with the caller on every call received. The EMS medical director also may not have control or oversight on some of these systems.

ACEP can work with other EMS organizations to promote awareness of the issue and identify appropriate actions to collaborate with other organizations to address it going forward.

## **ACEP Strategic Plan Reference**

Goal 1 –Improve the Delivery System for Acute Care

Objective B – Develop and promote delivery models that provide effective and efficient emergency medical care in different environments across the acute care continuum, including rural areas.

## **Fiscal Impact**

Budgeted committee, section, and staff resources.

## **Prior Council Action**

Resolution 27(17) 9-1-1 Number Access and Prearrival Instructions adopted. Directed ACEP to advocate and promote efforts that support achieving 100% coverage of the U.S. population with 9-1-1 next generation level service and every Public Safety Answering Point (PSAP) or EMS dispatch center provides appropriate medical pre-arrival

instructions with EMS physician oversight. Also directed the College to work with appropriate stakeholders to collect information on 9-1-1 and PSAP funding models and engage in development of model legislation incorporating enduring funding for 9-1-1 and PSAPs that incorporates EMS physician involvement.

Resolution 24 (91) Universal Access to 911 adopted. Directed ACEP to promote the availability of basic 911 access for all communities and encourage the establishment of enhanced levels of 911 in all communities where feasible.

**Prior Board Action**

June 2018, approved the policy statement “[Access to 9-1-1 Public Safety Centers, Emergency Medical Dispatch, and Public Emergency Aid Training](#),” which replaced the rescinded policy statement “Public Training in Cardiopulmonary Resuscitation” and “Public Access Defibrillation.”

October 2017, approved the policy statement “[The Role of the Physician Medical Director in Emergency Medical Services Leadership](#)” replacing five policy statements that were rescinded or sunsetted.

Resolution 27(17) 9-1-1 Number Access and Prerival Instructions adopted.

Resolution 24 (91) Universal Access to 911 adopted.

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