

**Relationship between Clinical Capabilities & Medical Equipment in the
Practice of Emergency Medical Services Medicine**

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This policy statement is a new policy statement by the ACEP Board of Directors:

The American College of Emergency Physicians (ACEP) recognizes Emergency Medical Services (EMS) as a subspecialty practice of medicine. As such, the clinical practice of EMS Medicine requires commitment to evidence-based decisions, patient safety and continuous quality improvement throughout all aspects of EMS systems. Decisions regarding clinical care and capabilities enabled by medical equipment chosen within an EMS system, should be consistent with the following principles:

- Clinical standards of care developed, established, and promulgated by EMS physician medical directors, in the form of treatment guidelines or protocols, form the foundation of the EMS system's provision of patient care.
- The medical equipment lists for apparatus and personnel in an EMS system must fully align with its clinical care guidelines and protocols for efficient, effective medical care and optimal patient outcomes.
- The authority (eg. EMS system physician medical director, EMS system physician advisory board, regional or state EMS physician oversight committee) responsible for applicable EMS treatment protocol or guideline development, establishment, and promulgation should also be the authority for related medical equipment lists for apparatus and personnel in an EMS system to assure alignment.