



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

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Unsolicited Medical Personnel Volunteering at Disaster Scenes

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The American College of Emergency Physicians (ACEP) and the National Association of EMS Physicians (NAEMSP) believe an organized approach is needed for the utilization of unsolicited medical personnel who volunteer to respond to disaster scenes or mass casualty incidents. Volunteer medical resources must integrate with the responding jurisdiction's established incident command system (ICS).

To that end, ACEP and NAEMSP encourage its members to become affiliated with pre-established disaster response organizations. This includes becoming pre-registered as disaster response personnel through the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), which is present in every state and provides for license verification, personnel notification, and rostering of response teams. Affiliation with an established response team increases the likelihood of being mobilized in large scale events and provides training, integration into the emergency response with the in the jurisdiction, and logistical support. Examples include Medical Reserve Corps (local and state resource), Disaster Medical Assistance Team (DMAT, federal resource), Urban Search and Rescue (FEMA), and others.

ACEP and NAEMSP generally discourage health care provider self-deployment to a disaster scene, believing that a medical provider's primary responsibility during a disaster or multi-casualty event is to respond to the facility or health system where he/she has staff privileges. An exception can occur when medical personnel are already present at a scene where an unanticipated incident occurs. These health care providers are encouraged to provide initial care as a Good Samaritan. Responding EMS and law enforcement will establish on-scene medical command and direct further scene coordination and care. Once ICS is established, responsibility of a volunteer medical provider will be determined by the incident commander based on the nature of the incident, skills of the provider, and other medical resources available.