

[Agency Name] Artificial Intelligence Acceptable-Use Policy (MODEL TEMPLATE, v2.0)

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Aligned with: NASEMSO Data Managers Council, *Artificial Intelligence Use In EMS* (guidance document approved by the NASEMSO Board of Directors on December 4, 2025; posted on NEMSIS.org in February 2026): https://nemsis.org/wp-content/uploads/2026/02/Artificial_Intelligence_Use_In_EMS.pdf. Section references such as "NASEMSO: Governance and Oversight" refer to that document's headings. This template is independent and not endorsed by NASEMSO.

1. **Purpose.** Allow AI tools that improve documentation, data analysis, education and operations while protecting patients, PHI and clinical accountability. (*NASEMSO: Introduction; Benefits of AI in EMS*)
2. **Scope.** All employees, volunteers, students and contractors, and all AI use in documentation, training, analysis and operations. (*NASEMSO: Develop Internal AI Policies*)
3. **Governance.** An AI Review Group, made up of the medical director (clinical leadership), the compliance/privacy officer, the data manager and IT, approves tools, maintains this policy and reviews AI-related incidents. Agency AI rules follow state and federal frameworks and established healthcare guidance rather than standalone rules. (*NASEMSO: Governance and Oversight*)
4. **Approved tools and vendor evaluation.** Only tools on the Approved AI List maintained by [role] may be used. Before approval, the vendor must:

(a) meet healthcare-specific security standards (HIPAA) and any state-specific security standards, with a signed BAA when PHI is processed;

(b) confirm in writing that PHI/PII will not be used for model training or stored outside secure, compliant systems;

(c) integrate with our ePCR or workflow without disrupting it.

(*NASEMSO: Vendor and Platform Evaluation*)

5. **PHI rules.** Never enter PHI into any public or non-approved AI tool (for example, web-based chatbots not designed for healthcare use), *even if you believe it is anonymized*. De-identify under the HIPAA Safe Harbor standard any data used for training material or templates. (*NASEMSO: Risks and Confidentiality Concerns, Data Privacy & HIPAA Compliance and Non-Secure Inputs; Develop Internal AI Policies*)
6. **AI as a tool / clinical use.** AI supports, and does not replace, clinicians, protocols, medical direction or clinical judgment. AI must not be used for real-time treatment decisions unless the

medical director has approved the tool for that use. *(NASEMSO: AI as a Tool; Benefits, Clinical Decision Support)*

7. **Documentation review and responsibility.** Any field or narrative populated with generative AI must be reviewed, and edited as needed, by the clinician before report submission. The clinician remains fully accountable for the accuracy of patient care and documentation. AI errors never relieve clinicians of responsibility. *(NASEMSO: AI as a Tool; Clarify Documentation Responsibility)*
8. **Verification and bias.** Users verify all AI-generated facts, doses, protocol references and citations against approved protocols, and report output that appears biased or inconsistent with regional practice standards. *(NASEMSO: Risks, Bias & Inaccuracy)*
9. **Audit trails.** Approved documentation tools must keep logs showing AI suggestions and what the clinician accepted or edited, available to QA/QI. Tools without adequate traceability are not approved for ePCR use. *(NASEMSO: Transparency and Auditability; Risks, Lack of Audit Trails)*
10. **Disclosure.** Disclose AI use in documentation and research as required by state and federal regulations, agency policy or a court. *(NASEMSO: Transparency and Auditability)*
11. **Training.** Before use, staff complete AI-specific HIPAA and cybersecurity training. Leaders complete awareness-level training on AI bias. *(NASEMSO: Develop Internal AI Policies)*
12. **Pilots.** New AI tools start as a monitored pilot, with defined QA review, before system-wide rollout. *(NASEMSO: Develop Internal AI Policies)*
13. **Incidents.** Report suspected PHI exposure or harmful or inaccurate AI output to [privacy officer] within [24h]. *(NASEMSO: Risks and Confidentiality Concerns)*
14. **Enforcement and review.** Violations follow the disciplinary policy. The AI Review Group reviews this policy at least annually and whenever state or federal guidance changes.

Crosswalk: NASEMSO guidance to this policy

NASEMSO section (Dec 2025 guidance)	What NASEMSO says (summary)	Policy section(s)
Benefits of AI in EMS	Documentation help, pattern recognition, predictive modeling, future clinical decision support	1, 6
Risks: Data Privacy & HIPAA Compliance	Misconfigured tools may upload PHI to third parties	4, 5
Risks: Non-Secure Inputs	Don't enter patient info into open-access AI, even if anonymized	5
Risks: Lack of Audit Trails	AI documentation may lack traceability	9
Risks: Bias & Inaccuracy	Output may be biased or conflict with protocols	8, 11
Vendor and Platform Evaluation	HIPAA/state security standards, no PHI for training, safe-harbor data, ePCR integration	4
AI as a Tool	Supports, doesn't replace, clinicians. Generative AI fields need human review before submission	6, 7
Clarify Documentation Responsibility	Clinicians fully accountable. AI errors don't absolve them	7
Develop Internal AI Policies	Agency protocols, bias training, PHI ban for public tools, HIPAA/cyber training, pilots	2, 5, 11, 12

NASEMSO section (Dec 2025 guidance)	What NASEMSO says (summary)	Policy section(s)
Governance and Oversight	Clinical, compliance, data and IT input. Align with state and federal frameworks	3, 14
Transparency and Auditability	Log suggestions and accepted edits for QI. Follow disclosure rules	9, 10

Implementation checklist

- ☐ AI Review Group named (medical director, compliance, data manager, IT)
- ☐ Approved AI List published, with BAA status and "no training on PHI" confirmation for each tool
- ☐ Audit-log capability confirmed for each documentation tool
- ☐ Training completed and recorded
- ☐ Pilot QA plan defined (for example, score AI-assisted narratives with a consistent QA rubric)
- ☐ State disclosure requirements checked with counsel

Source: NASEMSO, Artificial Intelligence Use In EMS (2025), https://nemsis.org/wp-content/uploads/2026/02/Artificial_Intelligence_Use_In_EMS.pdf. Not legal advice.

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