

NFPA 455 (2026 EDITION)

What You Need to Know



WHY WAS NFPA 455 CREATED?

In 2020, NFPA began a five-year project to consolidate its standards and guides by topic into fewer documents. This was meant to better serve users and create better efficiencies for the thousands of NFPA Technical Committee members. NFPA guides related to EMS were consolidated in year five (2025) to create *NFPA 455, Standard for Emergency Medical Services (EMS)*.

NFPA 450, Guide for Emergency Medical Services and Systems was designed to be a template for developing an EMS system and evaluating measurable outcomes. It could also be used to evaluate and improve existing EMS systems. *NFPA 451, Guide for Community Health Care Programs* debuted in 2020. It provided a framework for the design and evaluation of comprehensive community healthcare programs beyond emergency response that were based in local EMS systems.

HOW DID THE CONSOLIDATION WORK?

The NFPA Technical Committee on EMS began the 450-451 consolidation in January 2024. One of the first decisions made was to blend 450 and 451 content into a single, all-purpose document. 455 treats everyday 911 responses and MIH programs as unified EMS activities. MIH programs are growing in number and scope. For many EMS agencies, they are every bit a part of daily operations as 911 responses. While no MIH programs are mandated, information from 451 about how to incorporate them was written into 455.

WHAT'S THE DIFFERENCE BETWEEN A GUIDE AND A STANDARD?

The next discussion focused on whether to draft 455 as another EMS guide or as an EMS standard. Standards and guides are written quite differently, and the committee wanted to clearly define up front which path it wanted to pursue. After spending a half-day discussing pros and cons, the committee voted to draft 455 as an NFPA standard.

The committee maintained keen awareness of the impacts of changing from a guide to a standard on EMS systems large and small. As it drafted 455, every time a sentence included “shall,” discussion focused on, “Could any EMS agency – no matter its size, budget, and staffing – do this?” Any time the answer was no, the “shall” language was modified until the answer was yes. Additional “should” recommendations were written into Annexes.

WHAT CHANGED FOR EMS AGENCIES?

Chapter content includes EMS system analysis and planning, financial management, medical oversight, health information exchanges, human resources, operations, training and education, quality management, equipment and facilities, MIH program implementation, and other topics. Taken together, these provisions give EMS leaders a more consistent framework for planning, implementing, and evaluating the full range of services their agencies provide.