



Westchester Regional EMS Council Lifesaving Award Nomination

Event Location _____ Event Date ____ / ____ / ____

PRIMARY CARE GIVERS: (four (4) person maximum)

1	Name	_____	
	Phone	_____	Position _____
	Email	_____	Affiliation _____
2	Name	_____	
	Phone	_____	Position _____
	Email	_____	Affiliation _____
3	Name	_____	
	Phone	_____	Position _____
	Email	_____	Affiliation _____
4	Name	_____	
	Phone	_____	Position _____
	Email	_____	Affiliation _____

EMS/EMD CITATION RECIPIENT (S): (please print - additional names can be submitted.)

1	Name	_____	
	Phone	_____	Position _____
	Email	_____	Affiliation _____
2	Name	_____	
	Phone	_____	Position _____
	Email	_____	Affiliation _____
3	Name	_____	
	Phone	_____	Position _____
	Email	_____	Affiliation _____
4	Name	_____	
	Phone	_____	Position _____
	Email	_____	Affiliation _____

PLEASE COMPLETE PART II



Lifesaving Award Nomination (Part II)

PLEASE PROVIDE A BRIEF DESCRIPTION TO SUPPORT WHY THE INDIVIDUAL (S) LISTED IN THIS NOMINATION SHOULD BE CONSIDERED FOR A LIFESAVING AWARD.

NOMINATOR INFORMATION

Name _____
Role / Title _____
Organization _____
Address of Organization _____
City _____ State _____ Zip _____
Phone _____ Email _____

Signature

Date

THE PATIENT CARE REPORT (PCR) AND ADDITIONAL DOCUMENTATION MUST BE ATTACHED TO THIS FORM TO BE CONSIDERED FOR A LIFE SAVING AWARD.

SEE AWARD RULES AND REGULATIONS FOR MORE INFORMATION.

SUBMISSION DEADLINE: APRIL 11th 2018



Westchester Regional EMS Council

February 2018

Officers

Joseph Barca
Chairperson

Tina Harbach
Vice-Chairperson

Cesar Perez
Treasurer

Timothy Haydock, MD
Secretary

Timothy Haydock, MD
Medical Director

Erik Larsen, MD
REMAC Chair

To All Regional Hospital ED Directors and EMS Liaisons

The Westchester Regional EMS Council (REMSCO) will be accepting from the region's emergency service agencies, documentation related to medical care provided by the police officers, firefighters, EMTs and paramedics, which directly contributed to the saving of a patient's life. This material is reviewed thoroughly by a designed committee of the REMSCO and the resulting recognitions for excellence are then presented at EMS Awards Ceremony in May.

As you may be aware, to substantiate a finding for "Lifesaving", a patient must have been found in cardiac or respiratory arrest by the emergency service providers, and the patient must have been delivered to the hospital in a resuscitated state. A key component to this designation also is that the patient must have been discharged from the hospital and/or rehabilitation center in a condition that closely resembles his or her functioning prior to the event.

In order to support these applications, agencies are asked to offer documentation from the hospital, newspaper clippings and/or letters from the patients themselves. While most often an agency will refer to the hospital, the REMSCO recognizes that the increased constraints placed on the sharing of patient care information makes full disclosure of patient condition difficult. However, we do not want to see this situation prevent our pre-hospital providers from receiving the recognition they deserve.

In light of this situation, the REMSCO will accept your reporting of "yes" or "no" in regards to whether the outcome of the patient meets the criteria described above. The attached report will be provided to all the agencies. They will submit a name, date of birth and date of call. All you will need to do is check the box in the appropriate column, sign your name and return it to the agency.

Thank you in advance for your assistance with this process. If you or your facility has any questions, please feel free to contact the Regional EMS Office at 914-231-1616.

Respectfully,

Joseph Barca, Chairman
Westchester Regional EMS Council

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Valhalla, NY 10595
Tel. (914) 231 - 1616
Fax. (914) 813 - 4161

www.wremSCO.org
wremSCO@wremSCO.org



Westchester Regional Emergency Medical Services Council Life Saving Award – Supporting Documentation

To be completed by Agency. Please type or print legibly.

Agency Name _____

Agency Code _____ *(If applicable)*

Agency Address _____

City _____ State _____ Zip _____ Phone _____

Agency Medical Director Name _____

Agency Medical Director Contact Number () _____

Hospital _____

ED Director / EMS Liaison _____

The following patients were transported to your facility on the dates indicated. Please indicate which patients, based upon your review of the hospital's records, meet the previously described criteria established by the REMSCO for determining a "Lifesaving" intervention by emergency service personnel:

Date of Call	Patient Last Name	Patient DOB		Yes	No

Name of Hospital ED Director / Liaison (Type / Print) Signature of Hospital ED Director / EMS Liaison Date

To be completed by the Regional Office

Received By/ Date _____

Application Complete Yes No