



## **Official EMS Star of Life Awards Nomination Packet**

The Ohio Chapter of the American College of Emergency Physicians, the State Board of Emergency Medical, Fire, and Transportation Services and the Ohio Department of Public Safety, Division of Emergency Medical Services celebrate EMS Week with the



### **17<sup>th</sup> Annual EMS Star of Life Awards Ceremony**

***Join us in celebrating Ohio's Emergency Medical Services STARS!***

#### **This Awards Nomination Packet includes:**

- Information about all the EMS Star of Life award categories
- Stars Award Criteria & Nomination Form (*pages 4-5*)
- Star of Life Patient Consent Form (*page 6*)
- Frank Giampetro Distinguished EMS Educator Award Criteria & Nomination Form (*pages 7-8*)
- EMS Provider of the Year Criteria & Nomination Form (*pages 9-10*)
- EMS Agency of the Year Criteria & Nomination Form (*pages 9-10*)
- EMS Medical Director of the Year Criteria & Nomination Form (*pages 9-10*)

### **All Nominations due February 24, 2017**

Mail, fax or e-mail to:

**Ohio Department of Public Safety  
Division of Emergency Medical Services—EMS Star of Life Awards  
PO Box 182073  
Columbus, Ohio 43218-2073  
Fax (614) 466-9461  
E-mail: [DEMS@dps.ohio.gov](mailto:DEMS@dps.ohio.gov)**

*The EMS Star of Life Awards Ceremony will be held on Wednesday, May 24, 2017.  
Official event details are to be determined.*

**EMS Week 2017 – May 21-27**





The Ohio Chapter of the American College of Emergency Physicians (Ohio ACEP), the State Board of Emergency Medical, Fire, and Transportation Services, and the Ohio Department of Public Safety, Division of Emergency Medical Services take great pleasure in presenting:



**The 17<sup>th</sup> Annual EMS Star of Life Awards Ceremony**

The EMS Star of Life Awards were created by Ohio ACEP and the Ohio Division of EMS to recognize outstanding achievements and to honor those in Ohio’s EMS system whose accomplishments rise above the day-to-day excellence of that system.

**Award categories include:**

- EMS Stars
- EMS Provider of the Year
- EMS Agency of the Year
- Frank Giampetro Distinguished EMS Educator
- EMS Medical Director of the Year

Each day in Ohio, EMS providers save lives and perform countless noteworthy acts of caring, kindness and service to their community. These awards are a tribute to those individuals and organizations whose overall contributions go beyond their basic duties and responsibilities and who represent the finest traditions of our profession.

**The deadline for nomination submissions is February 24, 2017.**

Thank you for supporting our efforts to honor and recognize the State of Ohio’s exceptional EMS providers! If you have any questions, feel free to contact the Division of EMS at (614) 466-9447 or (800) 233-0785.

Melvin House  
Executive Director, Division of EMS

Laura Tiberi, CAE  
Executive Director, Ohio ACEP

Thomas E. Allenstein, RN, MBA, CMTE  
Chair, State Board of Emergency Medical,  
Fire, and Transportation Services

Dr. Michael McCrea, MD, FACEP  
President, Ohio ACEP



## EMS Star of Life Awards

### Purpose

- ❖ **HONOR** exceptional EMS personnel from Ohio.
- ❖ **RECOGNIZE** Ohio's emergency medical services systems and organizations for a job well done.
- ❖ **REUNITE** EMS providers with the person treated and present the actual patient scenario.
- ❖ **GENERATE** positive media stories regarding prehospital care and the **EMS Star of Life Awards**.
- ❖ **MAGNIFY** the profile of National EMS Week in the State of Ohio.

### Award Selection Process

An Award Selection Panel consisting of the Ohio ACEP EMS Committee, Ohio ACEP Staff, ODPS Division of EMS staff, State Board of Emergency Medical, Fire, and Transportation Services members and others, as appropriate, will review each nomination and select the recipients. Once all nominations are reviewed, you will be notified if your EMS personnel have been chosen to receive an award.

All nominations will be thoroughly reviewed to determine that the nominee is in good standing and that individuals are currently certified at the level for which they were nominated. Any nomination that does not meet these criteria will be considered invalid and will not be forwarded for consideration. Members of the Ohio ACEP Board of Directors, the State Board of Emergency Medical, Fire, and Transportation Services, and ODPS Division of EMS are ineligible to receive any of these awards.

No award will be given if there are no nominations for an award. No award will be given if the Award Selection Panel's evaluation finds that no nominee meets that award's criteria.

**DEADLINE FOR SUBMISSION IS FEBRUARY 24, 2017.**

Ohio Department of Public Safety  
Division of Emergency Medical Services, EMS Star of Life Awards  
PO Box 182073  
Columbus, Ohio 43218-2073  
Fax (614) 466-9461  
E-mail: [DEMS@dps.ohio.gov](mailto:DEMS@dps.ohio.gov)



## **EMS Stars Nomination Form**

**\*\*ALL FIELDS REQUIRED\*\***

(Use additional paper if needed)

*Due by February 24, 2017*

### **Nomination Criteria**

This award is meant to recognize an individual/agency for their remarkable life-saving efforts and exceptional patient care performed during a particular call in the state of Ohio. Recipients will be selected from throughout the state of Ohio.

This awards program reunites patients with their EMS providers at the ceremony. Please discuss this with the patients and encourage them to attend. Please note: It is important to have the patient sign the release form before you submit this information in order to release you, the Ohio Chapter ACEP, the EMFTS Board, and the Division of EMS from any liability for reviewing these records.

### **Eligibility & Requirements**

- Any Ohio-based, Emergency Medical Service organization and/or individual(s) in good standing with their respective agency and the State of Ohio;
- Organization/Individual is dedicated to serving their community and committed to saving the lives of their patients.
- Incident took place in Ohio during the 2016 calendar year;
- Organization/Individual demonstrates the highest quality level of care and professionalism.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Contact regarding nomination - Please contact me \_\_\_\_\_ Agency contact listed below \_\_\_\_\_

**Names of Nominees (w/credentials, i.e. FF, EMT, Paramedic, etc.) – Please type or print CLEARLY**

1. \_\_\_\_\_ 6. \_\_\_\_\_

2. \_\_\_\_\_ 7. \_\_\_\_\_

3. \_\_\_\_\_ 8. \_\_\_\_\_

4. \_\_\_\_\_ 9. \_\_\_\_\_

5. \_\_\_\_\_ 10. \_\_\_\_\_

(Continue to next page)



Agency Affiliation: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Agency Medical Director: \_\_\_\_\_

Medical Director's Phone #: \_\_\_\_\_ Medical Director's E-mail: \_\_\_\_\_

Agency Chief: \_\_\_\_\_

Chief's Phone #: \_\_\_\_\_ Chief's E-mail: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient Phone Number: \_\_\_\_\_

\*Patient Consent Form Attached: YES  \*Required. Nomination will not be reviewed or considered without this form.

\*Date of Incident: \_\_\_\_\_ \*Must be during the 2016 calendar year

\*Place of Incident: \_\_\_\_\_ \*Must be in Ohio

Please provide a brief description of the EMS run:  
(Attach a copy of run sheet, news articles, photos, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain why you think the *EMS Star Award* should be given to the nominees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEADLINE FOR SUBMISSION IS FEBRUARY 24, 2017**



**PATIENT CONSENT FORM**  
*(Required for EMS Star Award Only)*

Permission is hereby granted to the Ohio Chapter of the American College of Emergency Physicians (“Ohio Chapter ACEP”), the State Board of Emergency Medical, Fire, and Transportation Services, and the Ohio Department of Public Safety, Division of EMS to utilize the information contained in the EMS run report for my accident that occurred on the \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year), in \_\_\_\_\_, Ohio.

I understand that the EMS run report contains personal medical information that may, under state and federal laws, be considered confidential, and I hereby expressly waive my right to maintain the confidentiality of this medical information, so that the information in the EMS run report may be used by Ohio Chapter ACEP, the EMFTS Board, and the Division of EMS in connection with the EMS Star of Life Award Ceremony. This release and waiver includes the potential publication of the information on television, radio and print media.

I also expressly waive any and all claims that I might have against the EMS service that prepared the EMS run report and/or against Ohio Chapter ACEP, the EMFTS Board, and the Division of EMS, in connection with the use of this information for the EMS Star of Life Award Ceremony.

\_\_\_\_\_  
Patient Name (Please print)

\_\_\_\_\_  
Witness Name (Please print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# **FRANK GIAMPETRO DISTINGUISHED EMS EDUCATOR AWARD**

## **Nomination Criteria**

*Due by February 24, 2017*

### **Purpose**

Each year, the Ohio Chapter of the American College of Emergency Physicians awards the **Frank Giampetro Distinguished EMS Educator Award** at the Annual EMS Star of Life Award Ceremony. This award was established to recognize a dynamic educator who has made notable contributions to the Emergency Medical Services system thus improving the quality of care delivered to the citizens of Ohio.

### **Eligibility**

Eligible candidates will be actively involved with the EMS care delivery system and have made an outstanding contribution to the profession in one or more of the following areas: service to community/EMS organization through education and training, contribution to the body of knowledge in prehospital care, prehospital research/publication activities, and education leadership. ***There is no time limit for when these requirements may have been accomplished.***

### **Requirements**

Contribution to ***Excellence in EMS Education*** in at least one of the following:

Service to community/EMS Organization:

- Active local, state or national participation in the education and training of EMS providers.

Contribution to the body of knowledge:

- Dissemination of knowledge of practice through education endeavors to others in the field.
- Recognized resource person in area of EMS.

Publication activities:

- Significant publications of EMS education articles in professional journals.
- Author or co-author of material in instructional guides, position papers, or books.

Education leadership:

- Presenter/Instructor at local, state, regional, or national workshops, seminars, or conferences.



**FRANK GIAMPETRO DISTINGUISHED EMS EDUCATOR AWARD**  
**Nomination Form**

*Due by February 24, 2017*

**Nominee's Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title:  EMT  Paramedic  Nurse  Physician  Other: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone:(\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**If nominee is not currently employed:**

Home Address: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Why do you believe this person should be considered?** *(Use additional paper if necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nominated by:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone:(\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to nominee: \_\_\_\_\_

All of the information I have provided about the nominee for the **Frank Giampetro Distinguished EMS Educator Award** is true and accurate.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_



# **EMS Provider, Agency, & Medical Director Awards**

## **Nomination Criteria**

The primary reasons for which a person or agency is being nominated must have occurred in Ohio and based on an individual's or service's overall contributions, body of work, or sustained performance, not on single acts of heroism. The individual or agency must be in good standing with their affiliated agency, the State of Ohio and/or the State Medical Board. Awards will be provided for the following:

### **EMS PROVIDER OF THE YEAR**

#### **Eligibility & Requirements**

- An Emergency Medical Service provider, certified by the State of Ohio as an EMR, EMT, AEMT or Paramedic;
- EMS provider is directly responsible for responding to emergencies or disasters and providing the direct delivery of care with at least one recognized Ohio EMS Agency;
- Has personally or organizationally improved the quality of patient care provided;
- Exemplifies outstanding leadership, professionalism, dedication, and service to the community through involvement with EMS.

### **EMS AGENCY OF THE YEAR**

#### **Eligibility & Requirements**

- Any Ohio-based, emergency medical service organization that is recognized by the State Board of Emergency Medical, Fire, and Transportation Services, and the Ohio Department of Public Safety, Division of EMS;
- Is directly responsible for responding to emergencies or disasters and providing the direct delivery of care;
- Is active in local public education and/or injury prevention efforts and demonstrates positive relationships with the community served and with receiving hospitals;
- Takes meaningful and visible steps to assure the quality and professionalism of its personnel and patient care provided.

### **EMS MEDICAL DIRECTOR OF THE YEAR**

#### **Eligibility & Requirements**

- Ohio physician who serves or has served meritoriously as a medical director for an Ohio based emergency medical service;
- Meets the minimum requirements for the medical director of an EMS organization as outlined in Ohio Administrative Code 4765-3-05;
- Significant active participation in education and training of prehospital emergency medical care providers;
- Has made significant contributions to the development and advancement of EMS at the local, regional, state, or national level through prehospital studies, EMS research and pilot programs;
- Has demonstrated commitment to the principles of quality improvement, customer service, and excellence in EMS.



## EMS Provider, Agency, & Medical Director Nomination Form

**\*\*ALL FIELDS REQUIRED\*\***

**Due by February 24, 2017**

### THIS NOMINATION IS FOR:

- EMS Provider of the Year  
  EMS Agency of the Year  
  EMS Medical Director of the Year

### Nominee's Information:

Name & Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Agency: \_\_\_\_\_ Agency Chief: \_\_\_\_\_

Chief's Phone:(\_\_\_\_) \_\_\_\_\_ Chief's Email: \_\_\_\_\_

*This individual/agency meets all eligibility requirements for this award*

**Why does this individual/agency deserve this award? Please be specific in addressing how the nominee meets the award criteria. (Use additional paper as needed.)**

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### Nominated By:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to nominee: \_\_\_\_\_

Contact regarding nomination: Please contact me \_\_\_\_\_ Please contact nominee \_\_\_\_\_

**DEADLINE FOR SUBMISSION IS FEBRUARY 24, 2017**