

# PREHOSPITAL PECC IN NYS

A Pediatric Emergency Care Coordinator is an individual or individuals who are responsible for coordinating pediatric-specific activities. A designated individual who coordinates pediatric emergency care need not be dedicated solely to this role; it can be an individual already in place who assumes this role as part of their existing duties. The individual may be a member of your agency, or work at a county or region level and serve more than one agency.

**A Prehospital Pediatric Emergency Care Coordinator (PECC) in New York State is responsible for:**

1. Being a resource for education on pediatric medications, equipment, and supplies;
2. promoting and sharing pediatric continuing-education opportunities;
3. encouraging pediatric simulations/hands on pediatric skills assessments;
4. and encouraging that fellow providers follow pediatric clinical-practice guidelines.

**A Prehospital Pediatric Emergency Care Coordinator (PECC) in New York State can be:**

Individual within the agency dedicated solely to the PECC role; multiple individuals within the agency sharing the PECC role; individual within the agency with the PECC role as an additional duty; Program Agency serving a region as the PECC; or other individual serving multiple agencies or for a region as the PECC.

NYS Agency Code \_\_\_\_\_ Agency Name \_\_\_\_\_

CEO/COO Name \_\_\_\_\_

CEO/COO Email \_\_\_\_\_

The PECC for my agency is: (check one)

Individual(s) within the agency

Program Agency representative serving a region as the PECC

Individual(s) outside of the agency

Region Name \_\_\_\_\_

County \_\_\_\_\_

Names(s) and title(s) of individual(s) or agency representative(s) serving as the PECC \_\_\_\_\_

PECC Email(s) \_\_\_\_\_

PECC Phone Number (\_\_\_\_\_) \_\_\_\_\_ Does your PECC cover multiple agencies?:  Yes  No

If yes, what other agencies?: \_\_\_\_\_

*I hereby attest that my agency has a Prehospital Pediatric Emergency Care Coordinator. The individual(s) or agency representative(s) serving as the PECC for my agency fulfills all four responsibilities of a Prehospital PECC.*

Agency CEO/COO Signature \_\_\_\_\_ Date \_\_\_\_\_

PECC Signature \_\_\_\_\_ Date \_\_\_\_\_

*Regional Endorsement*

Program Agency Official Name \_\_\_\_\_

Signature of Program Agency Official \_\_\_\_\_ Date \_\_\_\_\_

**After obtaining Regional Endorsement, please send completed form to [pecc@sthcs.org](mailto:pecc@sthcs.org) or by fax at 716-372-5217.**