



Eastern Division Red Merit Star

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The Red Merit Star fills a unique and necessary recognition gap—honoring patrollers whose instinct, training, and intervention made a profound difference, even when the patient may not show, or present with immediate life-threatening signs.

Unlike the NSP Purple Merit Star, which recognizes life-saving interventions, the Red Merit Star acknowledges situations where timely and skilled action (including load and go) prevented a potentially catastrophic outcome but where the injury or illness may not have initially presented as immediately life-threatening.

The Red Merit Star – recognizes National Ski Patrol (NSP) patrollers who demonstrate exceptional emergency care, critical decision-making, and compassion in situations where their intervention was instrumental in preventing a significant negative outcome, or death.

The Red Merit Star may be presented regardless of where the act was performed, and emergency care was accomplished under the sole responsibility of patrollers, hosts or alumni members. To qualify for a Red Merit Star, the patroller, host(s), or alumni member must in good standing and have held a current OEC or OFC; and CPR card(s) at the time of the action.

Award Evaluation:

To qualify for the Red Merit Star, the situation must involve these two key factors:

1. Significant Mechanism of Injury or Illness

The patroller's OEC training and knowledge identified a potentially serious condition despite the possible lack of obvious life-threatening signs.

2. Humanitarian Act / Good Samaritan Decision-Making / Action

The patroller demonstrated exceptional compassion and judgment, going beyond their expected duties to ensure a positive patient outcome.

Examples of some Qualifying Incidents:

To further clarify the intent of the Red Merit Star, the following non-inclusive examples illustrate realistic scenarios where a patroller's training, instinct, and decision-making significantly impacted patient outcomes:

1. Declines Care After Severe Fall, Later Diagnosed with a Critical Injury

Suffers a high-speed crash but insists they are fine and refuses a full assessment. The patroller notices subtle signs of head trauma—slight confusion, delayed responses—and strongly encourages medical evaluation despite the skier's reluctance. Hours later, the skier is diagnosed



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with a serious traumatic brain injury (TBI) that could have been fatal without timely intervention.

1. No immediate life-threatening signs, but the patroller identified a high-risk mechanism.
2. The patient refused assessment, but the patroller's persistence ensured medical care or actions that provided or ensured access to additional or definitive care.

2. Hanging, Choking Incident Without Airway Compromise

A patroller responds to a partial hanging or choking incident where the patient is conscious and breathing but initially refuses care. Recognizing the risk of delayed airway swelling, the patroller documents the refusal and advises urgent medical attention. The patient later experiences life-threatening airway obstruction but survives due to the patroller's early or actions of significant intervention.

1. No immediate airway emergency, but delayed risk was recognized.
2. Patient refused care, yet the patroller's knowledge influenced decision for follow up care and or provided pathway preventing a bad outcome.

3. Child in Near-Drowning Incident with Delayed Symptoms

A child falls into icy water but is pulled out quickly, appearing alert and stable. The family refuses medical attention. The patroller recognizes the risk of secondary drowning and insists on monitoring for respiratory distress. Hours later, the child is admitted to the hospital for pulmonary edema.

1. No immediate breathing difficulty, but patroller identified delayed risk factors.
2. Early intervention led to timely hospital treatment.

4. Elderly Skier with Minor Fall, Later Diagnosed with Internal Bleeding

An elderly skier (age 70+) takes a low-energy fall and feels fine. The patroller learns they are on blood thinners and recognizes the risk of internal bleeding. Despite no external injuries, the patroller insists on medical evaluation. The skier later collapses due to undiagnosed internal bleeding, but timely transport prevents a fatal outcome.

1. No visible injuries, but the patroller identified a hidden, life-threatening risk.
2. Intervention prevented a medical crisis.

5. Avalanche Survivor Declines Transport, Later Found to Have Serious Injuries

A skier caught in an avalanche self-evacuates without obvious injuries and refuses medical evaluation. The patroller, recognizing the high-energy mechanism of injury, warns of potential internal trauma and advises hospital transport. The skier later experiences respiratory distress due to lung contusions, requiring hospitalization.

1. Patient initially seemed fine, but patroller identified hidden trauma risks.
2. Patient declines further care, but instinct, experience and desire drive the patroller to ensure access for additional evaluation.
3. Early, persistent or alternative action prevented a delayed medical crisis.



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Approval Process & Recognition:

1. Submission Requirements

- NSP member must be 'in good standing'
- Patroller, host, or alumni members who are under the direction of another group (e.g., search and rescue, American Red Cross, military), do not qualify for a Red Merit Star, nor do individuals who perform the act while on duty in the course of their normal occupations (e.g., ambulance crew, firefighter, etc.), unless that occupation is patrolling.
- A detailed timeline, incident report describing the patroller's actions, observations, and medical interventions.
- If available, witness statements or additional documentation.
- The nomination must be accompanied by a signed statement from an attending physician or, in the physician's absence, any higher medical authority (a PA – Physician Assistant, R.N. – Registered Nurse, or paramedic) that can substantiate that the patroller's, host's, or alumni member's actions were instrumental in preventing a significant negative outcome, or death.
- In the event the nominator is unable to obtain the statements as required in above, a letter from the nominee's local, region or division medical advisor attesting that, in their professional opinion based on the existing documentation supporting the case, the patroller's, host's, or alumni member's actions were instrumental in preventing a significant negative outcome, or death will suffice. All other documentation describing the event must also be included in the submission.

2. Review

This is a two-step process of consisting of:

- A. Region Medical Advisor must review and approve the nomination prior to sending the nomination to Division.
- B. Division panel of judges, consisting of 3 members, to determine the relevancy of the award for each incident.

3. Formal Recognition; Recipients will receive:

- Red Merit Star and Division Red Merit Star certificate.
- Recognition to be presented at division, region or patrol event by the highest division, region or patrol officer available.