

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

| | |
|---|---|
| IN THE MATTER OF: George Doughty 1290 Penn Avenue Road Atalissa, Iowa 52720-9762 Certification : EMT-10-1022-07 | Case Number: 13-08-09 NOTICE OF PROPOSED ACTION RESTRICT/PROBATION |
|---|---|

Pursuant to the provisions of Iowa Code Sections 17A.18, 147A.7, and Iowa Administrative Code (I.A.C.) 641—131.7, the Iowa Department of Public Health is proposing to **RESTRICT** your EMS certification until the terms of this notice are completed and place your certification on **PROBATION** for two years from the end of the restriction.

The department may restrict or place on probation an EMS certification when it finds that the certificate holder has committed any of the following acts or offenses:

*Negligence in performing emergency medical care.
Iowa Code section 147A.7(1)a; IAC 641—131.7(3)a*

*Professional incompetency. Professional incompetency includes, but is not limited to:
(3) A failure to exercise the degree of care which is ordinarily exercised by the average EMS provider acting in the same or similar circumstances.
Iowa Code section 147A.7(1)e; IAC 641—131.7(3)e*

*Knowingly making misleading, deceptive, untrue or fraudulent representation in the practice of the profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.
Iowa Code Section 147A.7(1)f; IAC 641-131.7(3)f*

*Violating a statute of this state, or the United States, without regard to its designation as either a felony or misdemeanor, which relates to the provision of emergency medical care, including but not limited to a crime involving dishonesty, fraud, theft, embezzlement, controlled substances, substance abuse, assault, sexual misconduct, or homicide. A copy of the record of conviction or plea of guilty is conclusive evidence of the violation.
Iowa Code Section 147A.7(1)j and IAC 641—131.7(3)t*

The following has resulted in issuance of this proposed action:

On August 2, 2013, you were the driver during an inter-facility transfer. While driving, you rear-ended another vehicle in a construction zone, causing a third vehicle, a motorcycle, to lose control, ejecting both riders.

On October 17, 2013, you were found guilty of failure to maintain control.

Your restriction shall be subject to the following terms and conditions:

- a. Appellant's ability to operate an ambulance shall be RESTRICTED until the Emergency Vehicle Operator Course described in subsection b is completed. During the entire period of

restriction, Appellant shall not operate an ambulance under any circumstances. During the period of restriction, the Appellant may continue to provide all other aspects of emergency medical services or procedures for which he is certified.

- b. During the period of restriction, you shall successfully complete an Emergency Vehicle Operator Course – Ambulance (EVOC) based on the Department of Transportation’s National Highway Traffic Safety Administration 1995 National Standard Curriculum which includes behind-the-wheel performance. Prior to attending the course, you shall submit the proposed course name, course syllabus, instructor’s name, instructor’s credentials, and the course curriculum to the Department for approval. The Department may approve the proposed course, or may designate another course for completion. You shall provide proof of successful course completion to the Department. You are responsible for all costs associated with this course.
- c. You shall notify any current or prospective employer, to include direct supervisors, service directors and medical directors, of the terms, conditions and restrictions imposed by this notice. Any service which knowingly allows Appellant to operate an ambulance during the period of restriction shall be subject to disciplinary action pursuant to 641 Iowa Administrative Code 132.10(3)“c” and 131.8(3)“g”. Within fifteen days of this notice taking effect, or of undertaking new employment, your direct supervisor, service director and medical director shall report to the bureau, in writing, acknowledging that the employer and medical director have read this document and understands it.
- d. In the event you violate or fail to comply with any of the terms or provisions of your restriction, the department may initiate appropriate action to revoke your certification or to impose other appropriate discipline.

Upon successful completion of the terms of the restriction, your probation shall be subject to the following terms and conditions.

- a. You shall submit quarterly reports to the bureau (filed no later than January 10, April 10, July 10, and October 10) which shall include the following information:
 - i. The time period covered by the report
 - ii. Verification that you have complied with the terms of probation as specified in this Notice.
- b. You shall make a personal appearance before the bureau upon request. You shall be given reasonable notice of the date, time, and place of appearance.
- c. You shall obey all federal, state, and local statutes and rules governing the provisions of emergency medical services.
- d. You shall notify any current or prospective employer, to include direct supervisors, service directors and medical directors, of the terms, conditions and restrictions imposed by this notice. Within fifteen days of this notice taking effect, or of undertaking new employment, your direct supervisor, service director and medical director shall report to the bureau, in writing, acknowledging that the employer and medical director have read this document and understands it.
- e. You shall notify any EMS training program you enroll in for courses leading to certification of the reasons for this probation.
- f. You shall notify the bureau of any change in address within one week of said change.
- g. In the event you violate or fail to comply with any of the terms or provisions of your probation, the department may initiate appropriate action to revoke or suspend your certification or to impose other appropriate discipline.
- h. This Notice shall be part of the permanent record of the bureau and shall be considered by the bureau in determining the nature and severity of any disciplinary action to be imposed in the event of future violations.

You have the right to request a hearing concerning this notice of disciplinary action. A request for a hearing must be submitted in writing to the Department by certified mail, return receipt requested, within twenty (20) days of receipt of this Notice of Proposed Action. The written request must be submitted to the Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, 321 E 12th St, Des Moines, Iowa 50319. If the request is made within the twenty (20) day time limit, the proposed action is suspended pending the outcome of the hearing. Prior to or at the hearing, the Department may rescind the notice upon satisfaction that the reason for the action has been or will be removed.

If no request for a hearing is received within the twenty (20) day time period, the disciplinary action proposed herein shall become effective and shall be final agency action.



Rebecca Curtiss
Bureau Chief
Iowa Department of Public Health
Center for Disaster Operations and Response

6/16/14
Date