

COPY

RESTRICTED DELIVERY CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Before the Iowa Department of Public Health

IN THE MATTER OF:  Julie M. Nielson 1204 Chestnut Road Coon Rapids, Iowa 50058-8047  Provider: EMT-05-349-03	Case Number: 14-07-27  NOTICE OF PROPOSED ACTION  CITATION AND WARNING
--	--

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 issue a **Citation and Warning** to the emergency medical care provider identified above.

The department may issue a citation and warning when an emergency medical care provider has committed any of the following acts or offenses:

*Rendering treatment not authorized under Iowa Code chapter 147A.  
IAC 641—131.7(3)c*

*Specifically:*

*Emergency medical care providers shall provide only those services and procedures as are authorized within the scope of practice for which they are certified.  
IAC 131.3(3)a*

*Scope of Practice for Iowa EMS Providers (April 2012) is hereby incorporated and adopted by reference for emergency medical care providers. For any differences that may occur between the Scope of Practice adopted by reference and these administrative rules, the administrative rules shall prevail.  
IAC 131.3(3)b*

*Practicing emergency medical services or using a designation of certification or otherwise holding oneself out as practicing emergency medical services at a certain level of certification when the EMS provider is not certified at such level.  
IAC 641—131.7(3)aa*


The following events have lead to this notice:

On April 12, 2014, you performed the skill of intravenous access on two different occasions. On April 22, 2014, you administered sublingual medication to a patient. On April 23, 2014 you administered an IV push medication to a patient. At the time you performed these skill, you were certified as an EMT. The skill of intravenous access and administration of a sublingual or IV push medication is not within the scope of practice for the EMT. While you were attending training in an AEMT course at the time this occurred, you were not completing field time or clinical as part of your training.

You are hereby **CITED** for performing skills outside your Scope of Practice. You are **WARNED** that violating the Department's rules in the future may result in further disciplinary action, including suspension or revocation of your emergency medical care provider certification.

**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 and Trauma Services, Lucas State Office Building, 321 East 12<sup>th</sup> Street, 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, Chief  
Bureau of Emergency and Trauma Services

9/10/14  
Date

COPY