

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

<p>IN THE MATTER OF:</p> <p>Brian Saunders 823 Spring Street, Apt. 230 Grinnell, IA 50112</p> <p>Certification: EMT-08-1008-53</p>	<p>Case Number: 17-03-07</p> <p style="text-align: center;">NOTICE OF PROPOSED ACTION</p> <p style="text-align: center;">REVOCACTION</p>
--	---

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 **REVOKE** your EMS certification identified above.

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

*Knowingly making misleading, deceptive, untrue or fraudulent representations 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 Chapter 147A.7(1)f and IAC 641—131.7(2)f*


Failure to comply with a subpoena issued by the department or failure to cooperate with an investigation of the department IAC 641-131.7(3)h

The following incidents resulted in issuance of this proposed action:

On February 21, 2017, you reported to work at an authorized emergency medical service, drove an ambulance to the maintenance facility and back. Your partner noticed the smell of alcohol and suspected you had been drinking prior to reporting to work and reported these concerns to the supervisor. You consented to an alcohol breath test which demonstrated a blood alcohol level reading of 0.054%. The bureau has made numerous attempts to contact you for an interview and you have failed to cooperate or respond.

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 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
Bureau of Emergency and Trauma Services

10/20/2017
Date