

RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Before the Iowa Department of Public Health

IN THE MATTER OF Damien Wimmer 104 South Fourth Street Fairfield, Iowa 5256-3330 Certification: EMT-16-1005-10	Case: 16-02-12 NOTICE OF PROPOSED ACTION SUSPENSION/PROBATION
--	---

Pursuant to the provisions of Iowa Code Sections 17A.18, 147A.7, and Iowa Administrative Code (IAC) 641—131.7, the Iowa Department of Public Health is proposing to **SUSPEND** your EMS certification identified above for a period of two months and place your certification on **PROBATION** for two years from the end of the suspension.

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

Failure to comply with the terms of a department order or the terms of a settlement agreement or consent order.

IAC 641—131.7(3)i

Willful or repeated violations of Iowa Code chapter 147A or these rules.

Iowa Code Section 147A.7(1)i and IAC 641—131.7(3)s

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 2013) is hereby incorporated and adopted by reference for EMS providers. For differences that may occur between the adopted references 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 led to this notice:

On November 29, 2015, you pushed normal saline through an intravenous line. Delivering intravenous fluid is not in the scope of practice for the EMT.

In addition:

Your certification is currently under a probation order. The terms and conditions of your probation require you to comply with the rules of the department, including compliance with the scope-of-practice for emergency medical care providers.

In March of 2014, you initiated intravenous access on a patient. On another occasion, a partner of yours indicated he stopped you from initiating intravenous access. Initiation of intravenous access is not in the scope of practice for the EMT-Basic. At that time the Department suspended your certification for one month and placed your certification on probation until April 23, 2017.

On November 18, 2013, the Department issued you a letter of warning for representing yourself as a Paramedic while certified as an EMT. The letter of warning indicated that further violations of the Department's statutes or administrative rules could result in disciplinary actions against your certification, including suspension or revocation.

On October 3, 2013, the Department issued a Notice of Proposed Action: Suspension to you for failing to respond to an inquiry by the department. On December 12, 2013, the Department rescinded the notice of suspension due to the submission of the requested information.

Your probation shall be subject to the following terms and conditions.

- a. Within six month of the probation becoming effective, you shall successfully complete two (2) hours of continuing education in the area of Scope-of-Practice, with content specific to Iowa's adopted Scope-of-Practice. Prior to attending a course, you shall submit the proposed course name and course syllabus. These hours shall be in addition to those required for renewal of your certification. You are responsible for all costs associated with this requirement.
- b. You shall participate in quarterly meetings with the service director of any service on whose roster you are on to review treatment decisions of twenty percent, randomly selected, of calls on which you responded as an emergency medical care provider.
- c. 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.
- d. 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.
- e. You shall obey all federal, state, and local statutes and rules governing the provisions of emergency medical services.
- f. 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.
- g. You shall notify any EMS training program you enroll in for courses leading to certification of the reasons for this probation. Within fifteen days of this notice taking effect, or entering an EMS training program, the training program director and medical director shall report to the bureau, in writing, acknowledging that the training program and medical director have read this document and understands it.
- h. You shall notify the bureau of any change in address within one week of said change.

- i. 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.
- j. 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 and Trauma Services, Lucas State Office Building, 321 East 12th 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
Bureau Chief
Iowa Department of Public Health
Bureau of Emergency and Trauma Services

7/20/2016
Date