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RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Before the Iowa Department of Public Health

<p>IN THE MATTER OF</p> <p>Jordan Wright 207 W Harrison Street Richland, Iowa 52585-9513</p> <p>Certification: EMT-15-1004-04</p>	<p>Case: 14-11-03</p> <p>NOTICE OF PROPOSED ACTION</p> <p>PROBATION</p>
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Pursuant to the provisions of Iowa Code Sections 17A.18 and 147A.7, and Iowa Administrative Code (I.A.C.) 641—131.7, the Iowa Department of Public Health is proposing to place you on **PROBATION** for a period of two years from the effective date of this notice.

The Department may place an EMS provider on probation when it finds that the applicant or certificate holder has committed any of the following acts or offenses:

*Willful or repeated violations of Iowa Code chapter 147A or these rules.
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 lead to this notice:

You administered an intravenous medication to a patient. You also initiated intravenous access on a patient. Both intravenous medication administration and intravenous access are not in the scope of practice for the EMT.

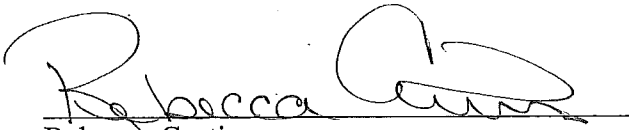
Your probation shall be subject to the following terms and conditions:

- a. You shall participate in quarterly meetings with the service director of any service on whose roster you are on to review treatment decisions of ten percent, randomly selected, of calls on which you responded as an emergency medical care provider.
- b. 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.
- c. 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.
 - d. You shall obey all federal, state, and local statutes and rules governing the provisions of emergency medical services.
 - e. 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.
 - f. You shall notify any EMS training program you enroll in for courses leading to certification or endorsement 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.
 - g. You shall notify the bureau of any change in address within one week of said change.
 - h. 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.
 - i. 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

2/20/15
Date

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