

COPY

RESTRICTED DELIVERY CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Before the Iowa Department of Public Health

<p>IN THE MATTER OF</p> <p>Bret Carlson 23089 165<sup>th</sup> Street Columbus Junction, Iowa 52738-8968</p> <p>Certification: PM-18-124-18</p>	<p>Case: 14-12-20</p> <p><b>NOTICE OF PROPOSED ACTION</b></p> <p><b>PROBATION</b></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 the emergency medical care provider certification identified above 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:

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

*Professional incompetency. Professional incompetency includes, but is not limited to:*

- (1) A substantial lack of knowledge or ability to discharge professional obligations within the scope of practice.*
- (2) A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other EMS providers in the state of Iowa acting in the same or similar circumstances.*
- (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.*
- (4) Failure to conform to the minimal standard of acceptable and prevailing practice of certified EMS providers in this state.*

*Iowa Code Section 147A.1e; IAC 641—131.7(3)e*

The following event has led to this notice:

On October 17, 2012, you failed to properly immobilize a patient with head and neck injury.


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

- a. You shall participate in quarterly meetings with the service medical director to review treatment decisions of all calls on which you respond as an emergency medical care provider when the selective spinal immobilization protocol is utilized.
- b. Within six month of the effective date of this notice, you shall successfully complete a Nationally Recognized Trauma Care Provider Course. Prior to attending the course, you shall submit the proposed course name, date and sponsoring training program. 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 within the period of probation. You are responsible for all costs associated with this course.

- 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 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.
- 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 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  
Bureau Chief  
Iowa Department of Public Health  
Bureau of Emergency and Trauma Services

2/20/15  
Date

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