

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF:

Case Number: 10-01-06

Michael Forschler
1266 South Goodrich Street
Colfax, Iowa 50054-7552

NOTICE OF PROPOSED ACTION

SUSPENSION/PROBATION

Certification #: PS-11-001-09

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 **SUSPEND** your EMS certification identified above for a period of six month from the effective date of this notice 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:

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. Acts which may constitute unethical conduct include, but are not limited to:

- (1) verbally or physically abusing a patient or coworker*
- (2) Improper sexual contact with or making suggestive, lewd, lascivious or improper remarks or advances to a patient or coworker.*

IAC 641—131.7f

An EMS provider shall not sexually harass a patient, student or supervisee. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

IAC 641—131.7p

The following incidents resulted in issuance of this proposed action:

On November 12, 2009, you slapped a female coworker on the buttocks while at the annual Iowa EMS Association Conference. After the female co-worker asked you to refrain from touching her, you replied that you were not on duty and could do whatever you wanted. Later the same day you slapped the same female coworker on the buttocks again.

On the following day, you grabbed the buttocks of another female coworker.

You have repeatedly engaged in inappropriate conduct and made rude, suggestive and improper remarks to female colleagues.

On November 17, 2009, your service placed you on suspension. You then improperly contacted one of the females involved in the above situation.

On November 17, 2009, you resigned from your ambulance service.

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

- a. During the period of suspension, you shall successfully complete sexual harassment training. Prior to attending the course, you shall submit the proposed course name, course syllabus, instructor's name, instructor's credentials, and the course curriculum to the Department for approval. 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 suspension. You are responsible for all costs associated with this course.
- b. You shall complete a comprehensive, multi disciplinary evaluation by Dr. Gary Schoener, 2421 Chicago Avenue South, Minneapolis, Minnesota, 55404, telephone (612) 870-0565. You are responsible for all costs associated with this evaluation. Prior to the evaluation, Dr. Schoener shall be provided with the Notice of Proposed Action and the investigative file in this contested case. Upon completion of the evaluation and report, Dr. Schoener shall forward the same directly to the Bureau. The evaluation report shall include Dr. Schoener's opinion as to whether you may practice emergency medical services safely and ethically, and shall include any restrictions or recommendations deemed necessary by Dr. Schoener for your practice. You shall comply with the restrictions and recommendations of Dr. Schoener. You shall sign a release which (a) will enable the Bureau to freely communicate with all individuals involved in your evaluation and treatment, and (b) provide for full access by the Bureau to all records maintained with respect to such evaluation.
- c. 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.
- d. In the event you violate or fail to comply with any of the terms or provisions of your suspension, the department may initiate appropriate action to revoke your certification or to impose other appropriate discipline.

Upon successful completion of the terms of the suspension, your probation shall be subject to the following terms and conditions.

- a. 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.
- b. 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.
- c. You shall obey all federal, state, and local statutes and rules governing the provisions of emergency medical services.
- d. 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.
- e. You shall notify any EMS training program you enroll in for courses leading to certification of the reasons for this probation.
- f. You shall notify the bureau of any change in address within one week of said change.

- g. 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.
- h. 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 Medical 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.



Kirk Schmitt, Bureau Chief
Emergency Medical Services



Date