

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF Eric Hansen 18 Dartmouth Street SW Cedar Rapids, Iowa 52404-5201 Certification: B-21-218-06	Case: 11-03-23 NOTICE OF PROPOSED ACTION SUSPENSION/PROBATION
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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 six months of 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:

*An owner of an unauthorized service program in this state who operates or purports to operate a service program, or who uses any term to indicate or imply authorization without having obtained the appropriate authorization under this subchapter, is guilty of a class "D" felony.
Iowa Code Section 147A.11(2)*

*Rendering treatment not authorized under Iowa Code Chapter 147A.
Iowa Code Section 147A.1(c); IAC 641—131.7(2)c*

*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:
Iowa Code Section 147A.1i; IAC 641—131.7(2)f*

*Knowingly aiding, assisting or advising a person to unlawfully practice EMS.
IAC 641—131.7(2)k*

*Fraud in representation as to skill, ability or certification.
IAC 641—131.7(2)r*

*Violating a statute of this state, another state, or the United States, without regard to its designation as either a felony or misdemeanor, which relates to the provision of emergency medical care, including but not limited to a crime involving dishonesty, fraud, theft, embezzlement, controlled substances, substance abuse, assault, sexual abuse, sexual misconduct, or homicide. A copy of the record of conviction or plea of guilty is conclusive evidence of the violation.
Iowa Code Section 147A.7(1)j and IAC 641—131.7(2)t*

Practicing emergency medical services at a certain level of certification when the EMS provider is not certified at such level.

IAC 641—131.7(2)aa

The following events have lead to this notice:

You are the Administrator for Helping Hands Activity Volunteer Program. Helping Hands Activity Volunteer Program is not an authorized EMS program in the State of Iowa.

On January 5 and February 25, 2011, you and volunteers with Helping Hands Activity Volunteer Program, requested an EMS response for an individual with a medical condition. The individual requesting the response identified himself as a Helping Hands Paramedic. Upon the arrival of EMS, you and the volunteers were noted to be wearing coats and hats marked with the letters EMS. The two volunteers are not certified as EMS providers in the State of Iowa. A vehicle present at the scene on February 25th had a magnet that read "Helping Hands AVP Volunteer EMS."

In addition:

On January 5th, you provided glucose to a patient independently and not as a member of an authorized service.

On February 25th, you identified yourself to a law enforcement official as a paramedic.

On February 25th, you identified the volunteers with you as First Responders.

On February 25th, you administered glucose, utilized a glucometer and administered oxygen to a patient independently and not as a member of an authorized service.

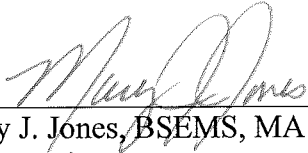
Your probation shall be subject to the following terms and conditions.

- 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. Ambulance calls attended
 - ii. Verification that the medical director has reviewed treatment decisions
- 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. 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.
- 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 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.



Mary J. Jones, BSEMS, MA
Deputy Director
Iowa Department of Public Health
Division Director
Acute Disease Prevention and Emergency Response

6-2-11
Date