RESTRICTEDDELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Before the Iowa Department of Public Health

IN THE MATTER OF:	Case Number: 09-05-28
Ronald Johnson 706 North 10th Forest City, Iowa 50436 Certification : PS-02-003-10	NOTICE OF PROPOSED ACTION **SUSPENSION/PROBATION**

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:

Negligence in performing emergency medical care.
Iowa Code section 147A.7(1)a; IAC 641—131.7(2)a

Professional incompetency. Professional incompetency includes, but is not limited to :
(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.
Iowa Code section 147A.7(1)e; IAC 641—131.7(2)e

Knowingly making misleading, deceptive, untrue or fraudulent representation 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.
Iowa Code Section 147A.7(1)f; IAC 641-131.7(2)f

The following has resulted in issuance of this proposed action:

On July 31, 2008, you were the attending a patient during an inter-facility transfer. Under your direction, the driver was driving with emergency lights and no siren. The driver proceeded through a controlled intersection. As the ambulance proceeded through the intersection, a car also entered the intersection from the driver's right hand side. The ambulance struck the car and three individuals in the car required ambulance transport to a hospital for evaluation. Without checking on these patients, or making contact with law enforcement on the scene, you directed the driver to proceed to the destination hospital.

In addition, you directed transport of the patient using emergency lights against the policy of your employing agency which states, "when en route to a destination with a patient on board, the emergency lights and siren will be utilized during life threatening emergencies."

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

a. During the period of suspension, you shall successfully complete an Emergency Vehicle Operator Course – Ambulance (EVOC) based on the Department of Transportation's National Highway Traffic Safety Administration 1995 National Standard Curriculum which

includes behind-the-wheel performance. 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 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.
c. 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. The medical director of any service for which you are employed or volunteer shall review all emergency medical calls and transfers on which you drive or attend to ensure you decisions concerning patient ambulance transport (including the use of lights and sirens) are appropriate. If the medical director for any service for which you are employed or volunteer has any concerns regarding your transport decisions, such medical director shall notify the Department immediately.
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 of the reasons for this probation.
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 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 E. Schmitt, Bureau Chief
Emergency Medical Services

6/4/2015
Date