

STATE OF OHIO  
STATE PERSONNEL BOARD OF REVIEW

LORI M. WILLIAMS,

*Appellant,*

v.

Case No. 08-REM-01-0031

VINTON COUNTY EMERGENCY MEDICAL SERVICES,

*Appellee*

**ORDER**

This matter came on for consideration on the Report and Recommendation of the Administrative Law Judge in the above-captioned appeal.

After a thorough examination of the record and a review of the Report and Recommendation of the Administrative Law Judge, along with any objections to that report which have been timely and properly filed, the Board hereby adopts the Recommendation of the Administrative Law Judge.

Wherefore, it is hereby **ORDERED** that Appellant's removal be **MODIFIED** to a written reprimand, pursuant to R.C. 124.03 and R.C. 124.34.



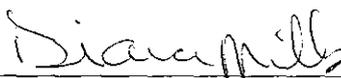
Lumpe - Aye  
Booth - Aye  
Sfalcin - Aye

  
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J. Richard Lumpe, *Chairman*

**CERTIFICATION**

The State of Ohio, State Personnel Board of Review, ss:

I, the undersigned clerk of the State Personnel Board of Review, hereby certify that this document and any attachment thereto constitutes ~~(the original)~~ a true copy of the original order or resolution of the State Personnel Board of Review as entered upon the Board's Journal, a copy of which has been forwarded to the parties this date, December 16, 2008.

  
\_\_\_\_\_  
Clerk



**NOTE:** Please see the reverse side of this Order **or** the attachment to this Order for information regarding your appeal rights.

**STATE OF OHIO  
STATE PERSONNEL BOARD OF REVIEW**

Lori M. Williams,

Case No. 08-REM-01-0031

*Appellant*

v.

November 4, 2008

Vinton County Emergency  
Medical Services,

*Appellee*

Jeannette E. Gunn  
*Administrative Law Judge*

**REPORT AND RECOMMENDATION**

To the Honorable State Personnel Board of Review:

This cause comes on for consideration pursuant to Appellant's appeal of her termination from employment. A record hearing in the instant matter was held on June 5, 2008. Appellant was present at the record hearing and was represented by James J. Leo, Attorney at Law. Appellee was present at record hearing through its designee, Director Anthony Robinson, and was represented by Timothy P. Gleeson, Vinton County Prosecuting Attorney.

The R.C. 124.34 Order of Removal issued to Appellant stated as grounds for her removal:

Neglect of Duty, Failure of Good Behavior. Specifically: Nasotracheal intubation in a patient with head/skull/facial trauma, no c-spine immobilization, falsification of a patient care report, delay in treatment, cardiac rhythm misinterpreted, termination of resuscitation without following protocol, removal of nasotracheal tube prior to coroners arrival, recommendation from the Medical Director for termination.

The effective date of Appellant's removal, as listed on the R.C. 124.34 Order, was January 17, 2008.

### **STATEMENT OF THE CASE**

Tony Robinson testified that he is presently employed by Appellee as its Director, and confirmed that he held that position in August 2007. He indicated that he has worked for Appellee for approximately five years and holds an EMT certification as a paramedic.

The witness confirmed that he was working on August 23, 2007, when Appellant and her partner, Cheryl Schrader, responded to the scene of a fatal car accident near McArthur, Ohio. He indicated that Appellant's truck was the only EMT truck on scene; a second truck had also been dispatched to the scene initially, but was diverted to another call. Director Robinson acknowledged that although he had reviewed photos of the accident, read the run report and spoke with Ms. Schrader, he had no first-hand knowledge of what had happened. He agreed that he would characterize the incident as a serious run that presented a challenge for a paramedic. The witness confirmed that he was told that the vehicle was upside down, and that the victim's legs were trapped in the vehicle.

Director Robinson recalled that when Appellant and Ms. Schrader returned to the station after responding to the crash, Ms. Schrader was very upset and came to him with concerns about the treatment provided to the crash victim. He testified that as a result of Ms. Schrader's concerns, he pulled the run records for the Medical Review Committee, which suggested that the matter be forwarded to Appellee's Medical Director, Dr. David Brown. The witness indicated that the Medical Review Committee found that Appellant had acted improperly by delaying treatment; failing to immobilize the patient; performing a nasal intubation on a patient with head and facial trauma; removing the nasotracheal tube prior to the coroner's arrival; misinterpreting a cardiac rhythm; terminating resuscitation without three rounds of cardiac drugs; and falsifying a report by stating that she performed an oral intubation rather than a nasal intubation.

Director Robinson observed that paramedics have to make decisions quickly when they arrive on-scene, so as not to delay treatment. He noted that Ms. Schrader told him that when she and Appellant arrived on the scene, Appellant hesitated and was not sure what to do first. The witness testified that Appellant did not immediately hook up the cardiac monitor to check the patient's vital signs and explained that her delay was significant because she had the discretion to not administer treatment if the patient had an asystole, or flat-line, rhythm. He noted, however, that once Appellant began treating the patient, Vinton County protocol required her to administer three rounds of cardiac drugs before terminating

resuscitation efforts, even if the patient had an asystole rhythm. Director Robinson stated that the run report did not reflect that three rounds of cardiac drugs had been administered. He further stated that Appellant misread the patient's cardiac rhythm strip as asystole when it showed possible electrical activity (PEA); the witness testified that he personally reviewed the printout (Appellee's Exhibit 4) and found it to show PEA.

Director Robinson indicated that establishing an airway is the most critical task to be performed when assisting a patient and explained that an EMT generally responds in ABC order – airway, breathing, and circulation of blood. He testified that it is a basic life support guideline to immobilize a trauma victim with a C-collar, a backboard, or both. The witness agreed, however, that in some situations a victim may be trapped in a vehicle in such a way that it is not practical to put on a C-collar.

Director Robinson stated that basic trauma life support guidelines also dictate oral intubations for individuals with trauma to the head, skull or face. He explained that a nasal intubation provides an airway passage via a tube that goes from the patient's nose to his lungs. The witness agreed that a nasal intubation is appropriate in some situations and acknowledged that he did not know if the crash victim's oral pathway was obstructed or not. He noted that although the run report completed by Appellant indicated that she performed an oral intubation, both Appellant and Ms. Schrader told him that she performed a nasal intubation.

Director Robinson testified that that after resuscitation was terminated, Appellant should have left the nasal tube in place until the coroner arrived. He agreed that it would have been proper for Appellant to remove the nasal tube if the CO<sub>2</sub> detector indicated that the tube had entered the patient's gastric area, rather than his lungs.

The witness stated that after Dr. Brown reviewed the findings of the Medical Review Committee (Appellee's Exhibit 2), the run report prepared by Appellant and Ms. Schrader (Appellee's Exhibit 3), and the cardiac rhythm strips, he recommended that Appellant's employment be terminated (Appellee's Exhibit 1). Director Robinson testified that the seven findings made by the Medical Review Committee formed the basis for the R.C. 124.34 Order of Removal issued to Appellant.

The witness recalled that he scheduled a pre-disciplinary meeting with Appellant and provided her with a formal notice of the meeting. He stated that Appellant notified him by letter that she could not attend her predisciplinary

conference, but could not recall whether she indicated that she had a prior work obligation or if she suggested alternative dates for the conference.

Director Robinson confirmed that he also filed a report regarding the matter with the Ohio EMS Board (Appellant's Exhibit B), and noted that the Ohio Department of Public Safety, Division of Emergency Medical Services governs and issues EMT licenses. He stated that, to his knowledge, the EMS Board did not take any additional disciplinary action regarding the matter.

Michael D. Francis II testified that he has been employed by Appellee for approximately four years and holds an EMT certification as a paramedic. He confirmed that he was one of three members of the Medical Review Committee that reviewed the August 23, 2007, incident. The witness recalled that the Committee reviewed the run sheet and Ms. Schrader's incident report, and spoke with Appellant and two firefighters who were on the scene in order to determine whether any medical errors had occurred on scene. He noted that although the Committee members did not address each specific issue with Appellant, they did ask her questions regarding the run sheet and incident report.

Mr. Francis indicated that the committee members made several findings, including a determination that the cardiac rhythm strip showed a PEA rhythm, and submitted a copy of their report to Appellee's Medical Director.

Cheryl Schrader testified that she responded with Appellant to a fatal crash scene on August 23, 2007. She recalled that it appeared to be a very violent crash and the vehicle had rolled approximately one hundred feet down a hill. The witness explained that the vehicle was upside down and the patient was lying sideways on the driver's door, which had been ripped off, with his head out of the driver's side and his feet pointed toward the passenger door. She noted that the patient was pinned to the ground, with the steering wheel pressing down on his upper abdomen, and the dash pressing down on the right side of his head; the patient's skull was exposed on the left side of his head and his left arm appeared to be broken in multiple places.

Ms. Schrader recalled that the firefighter who met them at the scene indicated that it would take a while to extract the patient from the vehicle and that he thought he was dead. She indicated that she got to the patient first and did not see any breathing. The witness explained that Appellant took over, because she was Advanced Life Support (ALS), and she went to the other side of the vehicle to assist the firefighter in determining the best way to extricate the patient. Ms. Schrader

indicated that they had backboards on both sides of the car so that they could immobilize the patient once they removed him from the car.

The witness testified that when she went back to the driver's side of the car, Appellant told her that she had seen bubbles and wanted to intubate the patient. Ms. Schrader recalled that she asked Appellant if she wanted to do a nasal intubation when the patient had head injuries and Appellant responded that it was the only option she had, as the dash was crushed down against the patient and she had no room to work. She indicated that Appellant established an airway and bagged the patient, but that she could not tell if Appellant was able to get air to him as she was not close enough to see the results.

Ms. Schrader stated that she returned to the truck for the cardiac monitor, hooked it up and printed out three leads, which Appellant interpreted as an asystole rhythm. She testified that there was no hesitancy on either Appellant's or her part when they arrived at the accident scene and noted that each person has their specific job to do. The witness observed that she and Appellant could not both be at the patient's head, but that because they had worked together so many times, they knew what each expected of the other.

Ms. Schrader indicated that after Appellant declared the patient dead, they got a sheet from the truck and covered him, and stated that she believed that was the point at which they removed the trauma dressings and tubes. She confirmed that when she returned to the station she went to Director Robinson with some concerns regarding the use of a nasal intubation on a patient with a head injury.

Mr. Tom Gwinn testified that he is presently employed by the Ohio Department of Public Safety, Division of Emergency Medical Services (EMS), as an investigator, and is responsible for investigating allegations and complaints regarding certification issues for paramedics. He explained that if a complaint is issued against an Emergency Medical Technician (EMT) and the allegations are substantiated, the EMS Board may revoke the EMT's license, issue a written reprimand or suspension, or limit the EMT's privileges in any way they see fit.

The witness recalled that a complaint was issued against Appellant by Appellee, and confirmed that the EMS Board reviewed the complaint (Appellant's Exhibit B). He testified that the EMS Board did not issue any restrictions on Appellant's license or otherwise take any type of disciplinary action against Appellant as a result of the complaint (Appellant's Exhibit C), and the case was closed (Appellant's Exhibit D).

Appellant testified that she is presently employed as a full-time paramedic with Life Ambulance, and has been so employed since September 2007. She indicated that she performs ambulance runs and assists in transporting patients to hospitals. Appellant stated that she has been a certified paramedic for approximately eight years, and has been an EMT for approximately ten years.

Appellant confirmed that she was working on August 23, 2007, and recalled that she and Cheryl Schrader were dispatched to the scene of a roll-over automobile accident that day. She recalled that when they arrived on-scene, there was a black GMC Jimmy with a sunroof lying on its top and angled up against the guardrail, with the victim pinned underneath the vehicle. Appellant indicated that the victim was lying face up on the door of the vehicle, which had crumpled inward, the seat had come down and was blocking the right side of his head and the steering wheel and airbag were pressing against his chest; his left arm was twisted and sticking out the driver's side window. She noted that she could only see the patient's forehead and down to his top lip in a three inch gap between the seat and the door.

Appellant testified that when she arrived on-scene she grabbed her bag from the back of the truck and instructed Ms. Schrader to bring the backboard, C-collars and anything else they might need to get the patient out of the vehicle. She noted that she was the individual in charge of Advanced Life Support at that time, which meant that she had the specific responsibility for intubations, administering drugs and electric shock. Appellant explained that Ms. Schrader's qualifications limited her to backboarding a patient, splinting, and administering oxygen and first aid treatment.

She recalled that when she rubbed the patient's forehead, he spit a mouthful of blood bubbles on her arm and she thought it was an attempt to breathe. Appellant stated that she asked Ms. Schrader for the intubation equipment and performed a nasal intubation on the patient. She explained that although she knew a nasal intubation was risky, she could not perform an oral intubation because she could not see his mouth; Appellant observed that without an airway the patient had no chance of survival.

Appellant indicated that when a patient is not laying flat and straight, there is a 50/50 chance that a nasal intubation will result in the tube going into the esophagus, rather than the lungs. She explained that if the EMT pumps air into the patient's esophagus, it could cause the patient to vomit and aspirate into his lungs.

Appellant recalled that after she performed the nasal intubation on Appellant, she put the CO<sub>2</sub> detector on the end of the tube and it showed that the tube had gone into the esophagus instead of the lungs, and the airway had not been established.

Appellant testified that she removed the nasotracheal tube, but was unable to intubate the patient a second time either nasally or orally because of the amount of blood in the patient's nose and mouth. She noted that the firemen had, by that time, opened the vehicle door about six more inches, but she was still unable to reach the patient to perform any other type of resuscitation. Appellant stated that since she could not see a deformity on the patient's right cheek and a large laceration on the other side of the patient's head, she applied a trauma dressing to the patient's scalp laceration in an effort to control the bleeding. She noted that Ms. Schrader was not with her during this entire process and explained that once Ms. Schrader had helped her get the equipment to the site, she walked around the vehicle to help determine the best way to remove the patient from the vehicle.

Appellant recalled that she was also able, at that point, to access the patient sufficiently to apply electrodes in order to get a heart monitor reading (Appellee's Exhibit 4). She observed that the patient's reading showed a flat line rhythm with a little movement, but she attributed the movement to the firefighters on the other side of the car yanking on the vehicle and working with their equipment. She confirmed that she determined the patient's heart rhythm to be asystole, and because she was unable to establish an airway, she pronounced him dead.

Appellant noted that she had not really begun any type of treatment on the patient, because she had not been able to establish an airway and could not start an IV because the only arm she could reach was broken in five places. She observed that since she did not have IV access or an intubation tube, she could not administer cardiac drugs to the patient. Appellant testified that Appellee's protocol does not state that an EMT is required to administer three rounds of drugs to a trauma patient if he or she is asystole and not breathing.

Appellant agreed that backboards and C-collars are standard equipment used to immobilize patients so that no additional injuries are caused during transport. She explained that although she pulled the C-collar out of her bag, she did not put it on the patient because his position in the vehicle made it impossible to do so.

Appellant confirmed that she completed a run report for the incident before she left work that day and explained that because the pull-down screen on the computerized form did not have an option to select nasal intubation she selected oral intubation. She explained that she meant to indicate that she had performed a nasal intubation in the narrative section of the report, but mistakenly wrote "blind digital intubate," which is a different procedure. Appellant noted that she had been on several runs that day and had more than one run report to fill out.

Appellant recalled that on August 28, 2007, she received a letter from Appellee notifying her that a pre-disciplinary hearing had been scheduled for 9:00 a.m. on August 27, 2007. She indicated that she sent Appellee a letter stating that she had not received their notification until after the date of the hearing and requesting that it be rescheduled. Appellant testified that she was told by Linda Sadler and Director Robinson approximately one week later that a decision to terminate her employment had been made. She noted that she received a second letter after that meeting, indicating that a pre-disciplinary hearing had been rescheduled for October 11 or 12, 2007; Appellant stated that she was scheduled to work a 24-hour shift at Life Ambulance that day and again requested that the hearing be rescheduled, providing them with approximately five alternative dates and times. She indicated that Appellee did not reschedule the pre-disciplinary hearing and instead held it on October 11 or 12, 2007, when she was scheduled to work at Life Ambulance.

Rebecca Huston, D.O., testified that she is in her fourth year a family practice physician in Vinton County. She noted that she has held her paramedic certification since 1988 and worked as a full-time paramedic until 1994. The witness confirmed that she has been on trauma runs on many occasions.

Dr. Huston stated that she is proficient in reading cardiac rhythmic charts and teaches the Advanced Cardiac Life Support protocol to physicians and paramedics at area hospitals and colleges. She explained that "asystole" means a flat line rhythm that shows no useful activity, while "pulseless electrical activity" (PEA) means that there is an organized, useful rhythm that is consistent with life if there is also a pulse present. The witness stated that the August 23, 2007, patient's cardiac rhythm strip (Appellee's Exhibit 4), shows no evidence of any PEA action and that the correct interpretation of the strip would be asystole.

Dr. Huston testified that an intubation can be performed in three ways: nose, mouth or neck. She explained that a nasotracheal intubation for a patient with head and/or facial trauma is a relative contraindication, noting that an absolute

contraindication means that a treatment should not be used, while a relative contraindication means that the benefits of the treatment should be weighed against the risks. The witness indicated that if there was no other way to get an airway, she would try a nasotracheal intubation. She confirmed that the nasotracheal tube should have been removed if it was not placed correctly in the patient's lungs.

Dr. Huston observed that paramedics are trained not to proceed to a second step if the first step cannot be accomplished, so if Appellant was unable to establish an airway, she would not proceed on to resuscitation.

### **FINDINGS OF FACT**

Based upon the testimony presented and evidence admitted at record hearing, I make the following findings of fact:

On August 23, 2007, Appellant and her partner, Cheryl Schrader, responded to the scene of a fatal car accident near McArthur, Ohio. When Appellant and Ms. Schrader arrived on-scene, they found the vehicle lying on its top with the victim pinned underneath the vehicle. The victim was lying face up on the door of the vehicle, which had crumpled inward, the seat had come down and was blocking the right side of his head and the steering wheel and airbag were pressing against his chest; his left arm was twisted and sticking out the driver's side window and appeared to be broken in multiple places.

Ms. Schrader did not see any breathing when she reached the patient. Appellant took over from her and Ms. Schrader went to the other side of the vehicle to assist the firefighter in determining the best way to extricate the patient. When Ms. Schrader returned to the driver's side of the vehicle, Appellant told her that she had seen bubbles and wanted to intubate the patient. Establishing an airway is the most critical task to be performed when assisting a patient.

Because the patient's head was accessible only through a three inch gap between the seat and the door and was visible only from his forehead down to his top lip, Appellant performed a nasal intubation of the patient. Appellant inserted the tube and bagged the patient, however, she was unable to correctly place the tube in the patient's lungs and had to remove it. Appellant was unable to intubate the patient a second time due to the amount of blood in the patient's nose and mouth. She was also unable to start an IV on the patient.

The firefighters were able to open the vehicle door about six more inches by the time Ms. Schrader returned from the truck with the cardiac monitor, and Appellant applied electrodes to get a heart monitor reading from the patient. Appellant also applied a trauma dressing to the patient's head. Upon a review of the patient's monitor reading, Appellant determined that the heart rhythm was asystole and, because she had been unable to establish an airway, she pronounced him dead.

Vinton County protocol requires that once treatment of a patient has been started, an EMT is required to administer three rounds of cardiac drugs before terminating resuscitation efforts, even if the patient has an asystole rhythm. Appellant did not administer cardiac drugs to the patient.

Appellant did not put a C-collar on the patient because his position in the vehicle made it impossible to do so, but backboards were in place on either side of the vehicle so that the patient could be immobilized once he was removed from the vehicle.

Appellant indicated on her run report that she had performed an oral intubation on the patient, then wrote in the narrative section of the report that she had performed a "blind digital intubate." When she spoke with Director Robinson about the incident, she confirmed that she had performed a nasal intubation, and not an oral or blind digital intubation.

After returning to the station, Ms. Schrader spoke with Director Robinson about the use of a nasal intubation on a patient with a head injury. As a result of their conversation, Director Robinson pulled the run records for the Medical Review Committee. The Committee found that Appellant had acted improperly by delaying treatment; failing to immobilize the patient; performing a nasal intubation on a patient with head and facial trauma; removing the nasotracheal tube prior to the coroner's arrival; misinterpreting a cardiac rhythm; terminating resuscitation without three rounds of cardiac drugs; and falsifying a report by stating that she performed an oral intubation rather than a nasal intubation. The Committee suggested that the matter be forwarded to Appellee's Medical Director, Dr. David Brown, who reviewed the Committee's findings, the run report and the patient's cardiac rhythm strips and recommended Appellant's termination.

Appellant was notified by letter received on August 28, 2007, that a pre-disciplinary hearing had been scheduled on August 27, 2007. She responded to Appellee in writing, indicating that she had not received the notification until after the

date of the hearing and requested that it be rescheduled. Appellant spoke with Linda Sadler and Director Robinson approximately one week later and was informed that a decision to terminate her employment had been made. She received a second letter after their conversation, indicating that a pre-disciplinary hearing had been rescheduled for October 11 or 12, 2007. Appellant informed Appellee in writing that she was unable to attend that meeting due to her work schedule with Life Ambulance.

Appellee filed a report regarding Appellant's conduct with the Ohio Department of Public Safety, Division of Emergency Medical Services, but the Ohio EMS Board did not further review the matter.

### **CONCLUSIONS OF LAW**

As in any disciplinary appeal before this Board, Appellee bears the burden of establishing by a preponderance of the evidence, certain facts. Appellee must prove that Appellant's due process rights were observed, that it substantially complied with the procedural requirements established by the Ohio Revised Code and Ohio Administrative Code in administering Appellant's discipline, and that Appellant committed one of the enumerated infractions listed in R.C. 124.34 and on the disciplinary order. The standard of proof required by this Board, a "preponderance of the evidence," means that Appellee must produce evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probable than not.

With regard to the infractions alleged, Appellee must prove for each infraction that Appellee had an established standard of conduct, that the standard was communicated to the Appellant, that the Appellant violated that standard of conduct, and that the discipline imposed upon Appellant was an appropriate response. In weighing the appropriateness of the discipline imposed upon Appellant, this Board will consider the seriousness of Appellant's infractions, Appellant's prior work record and/or disciplinary history, Appellant's employment tenure, and any evidence of mitigating circumstances or disparate treatment of similarly situated employees presented by the Appellant.

Due process requires that a classified civil servant who is about to be disciplined receive oral or written notice of the charges against her, an explanation of the employer's evidence, and an opportunity to be heard prior to the imposition of

discipline, coupled with post-disciplinary administrative procedures as provided by R.C. 124.34. *Seltzer v. Cuyahoga County Dept. of Human Services* (1987), 38 Ohio App.3d 121. Information contained in the record indicates that the initial pre-disciplinary hearing scheduled by Appellee was rescheduled to a later date in order to allow Appellant to attend. Conflicting testimony was presented regarding whether or not Appellant informed Appellee of her inability to attend the rescheduled pre-disciplinary hearing. Appellant testified, however, that she had an opportunity to discuss the matter with Director Robinson and Ms. Sadler prior to her termination; although minimal, I find that Appellant's informal discussion was sufficient to provide her with due process. I further find that Appellee substantially complied with the procedural requirements established by the Ohio Revised Code and Ohio Administrative Code in removing Appellant.

This Board's scrutiny may, therefore, proceed to the merits of the charges made against Appellant. Appellant's removal was based on neglect of duty and failure of good behavior. The Medical Review Committee made several specific findings related to Appellant's alleged improper treatment of the crash victim. The first alleged deficiency was that Appellant improperly performed a nasotracheal intubation on the patient, who had head, skull, and/or facial trauma. Undisputed testimony contained in the record established that the patient's position in the vehicle allowed Appellant insufficient access to establish an airway in any manner other than a nasotracheal intubation. As noted by Dr. Huston, use of a nasotracheal intubation on a patient with head trauma is a relative contraindication, rather than absolute. Accordingly, I find that Appellant's use of a nasotracheal intubation on the patient was not improper, given the circumstances of the situation.

The second finding made by the Medical Review Committee was that Appellant acted improperly by not providing a C-spine immobilization of the patient. Again, the undisputed testimony contained in the record indicated that Appellant was unable to gain access to the patient to apply a C-collar. Information contained in the record further indicates that the patient was not removed from the vehicle until after he had been pronounced dead. Therefore, I find that Appellant's failure to immobilize the patient was not improper, given the circumstances of the situation.

The third finding made by the Medical Review Committee was that Appellant falsified a patient care report. Appellant acknowledged that she improperly completed the run report reflecting the treatment provided to the patient. She explained that the computerized report's drop-down menu did not provide a selection for nasal intubation, and that she incorrectly stated in the report's comments section that she performed a blind digital intubation. It is undisputed,

however, that Appellant freely stated when questioned that she actually performed a nasal intubation. Although it appears that Appellant's actions were inadvertent, I find that Appellant's actions were sufficient to constitute falsification of a patient care report.

The fourth finding made by the Medical Review Committee was that Appellant delayed treatment of the patient. Both Appellant and Ms. Schrader, who were the on-scene responders testified that there was no delay in providing treatment to the patient. Appellee provided no testimony to establish otherwise, accordingly, I find that Appellant did not delay treatment of the patient.

The fifth finding made by the Medical Review Committee was that Appellant misinterpreted the patient's cardiac rhythm strip. Testimony presented by Dr. Huston, who instructs both physicians and paramedics in the area in Advanced Cardiac Life Support, supported Appellant's interpretation of the cardiac rhythm strip. Because I find Dr. Huston's testimony to be credible, I find that Appellant did not misinterpret the patient's cardiac rhythm strip, and that the strip reflected an asystole rhythm.

The sixth finding made by the Medical Review Committee was that Appellant terminated resuscitation efforts without following County protocol. Testimony established that County protocol dictates that after beginning treatment of a patient, three rounds of cardiac drugs must be administered before terminating resuscitation efforts. Although Appellant attempted unsuccessfully to intubate the patient, her undisputed testimony was that she never began any treatment of the patient. She noted that she had no way to administer cardiac drugs, as she was unable to intubate the patient or to start an IV. No testimony or evidence was offered to refute Appellant's interpretation of County protocol. I find that Appellant did not violate County protocol by failing to administer three rounds of cardiac drugs prior to terminating resuscitation efforts.

The seventh, and final, finding made by the Medical Review Committee was that Appellant violated County protocol by removing the patient's nasotracheal tube prior to the arrival of the Coroner. Appellant testified that she removed the nasotracheal tube after her first, unsuccessful, attempt to intubate the patient and was then unable to intubate him a second time due to the amount of blood in his nose and mouth. Both Director Robinson and Dr. Huston testified that if the tube had been inserted incorrectly, it would have been necessary to remove the tube in order to prevent additional injury to the patient. Ms. Schrader testified that she believed the nasal tube was removed after the patient was declared dead, but was

not present at Appellant's side the entire time and could not state with certainty that it was removed at that point. I find that insufficient evidence exists in the record to support a finding that the circumstances under which Appellant removed the nasotracheal tube constituted a violation of County protocol.

Of the seven allegations of improper conduct with which Appellant was charged, the only one substantiated by Appellee was Appellant's falsification of a patient care report. Appellee introduced at record hearing no training materials, standards of employee conduct or other applicable policies and procedures to demonstrate that it had an established standard that Appellant violated. In general, however, I note that Appellant's failure to correctly complete the run report was unprofessional and, in a situation where the patient was transported to an emergency room, could have had an impact on the patient's medical record.

Based upon the above analysis and upon the totality of the evidence contained in the record, I find that termination of Appellant's employment as a Part-Time Paramedic with Vinton County Emergency Medical Services was too harsh a discipline. Therefore, I respectfully **RECOMMEND** that Appellant's removal be **DISAFFIRMED**, and that Appellant be issued a written reprimand for failure to properly complete a patient care report.

  
Jeannette E. Gunn  
Administrative Law Judge