STATE OF RHODE ISLAND
DEPARTMENT OF HEALTH
DIVISION OF HEALTHCARE QUALITY AND SAFETY
CENTER FOR EMERGENCY MEDICAL SERVICES

In the Matter of: ANTHONY ODOARDI, Jr.
LICENSE NUMBER Paramedic EMT11920

NOTICE OF COMPLIANCE ORDER

This Notice of Compliance Order is issued pursuant to R.I. Gen. Laws §§ 45-35-14, 23-1-20, 23-4.1-1 *et seq.*, Emergency Medical Transportation Services, and 216-RICR-20-10-2, Emergency Medical Services, regarding EMT License 11920 issued to Anthony Odoardi, Jr. (Respondent), by the Rhode Island Department of Health (RIDOH).

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Respondent is an emergency medical technician licensed to practice in the State of Rhode Island under Emergency Medical Technician License Number Paramedic EMT11920.
2. On or about March 19, 2024, the Commissioner of the Department of Public Health for the Commonwealth of Massachusetts issued an immediate suspension of Respondent's Emergency Medical Technician License Number P838422, issued by the Commonwealth, for failure to comply with Massachusetts statutes and regulations (Exhibit 1, attached).
3. That the conduct described in Exhibit 1 constitutes unprofessional practice pursuant to the statutes and regulations promulgated by the State of Rhode Island.

ORDER

4. Respondent's Rhode Island Paramedic License EMT11920 is hereby SUSPENDED.

5. Pursuant to R.I. Gen. Laws § 23-1-20, Respondent may request a hearing on this matter within 10 days of service of this notice of compliance order. If no written request for a hearing is made to the director within ten days of service of this notice, this notice shall automatically become a compliance order.

Ordered this 7 day of June, 2024

Jerome M. Larkin, M.D.
Director of Health
Rhode Island Department of Health
Three Capitol Hill, Room 401
Providence, Rhode Island 02908

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

EXHIBIT 1

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

March 21, 2024

VIA UPS OVERNIGHT: 1Z A3V 757 22 1006 303 1
AND
CERTIFIED MAIL RETURN RECEIPT REQUESTED: 9589 0710 5270 0684 6991 39

Anthony Odoardi
59 Linden Street #107
Taunton, MA 02780
andyfs32@aol.com

Re: Notice of Agency Action: **Immediate Suspension and Proposed Temporary Revocation of Certification as an EMT** (OEMS Complaint No. 24-0106)

Dear Mr. Odoardi:

For the reasons set forth in the attached Notice of Agency Action, the Department of Public Health ("Department") is immediately suspending and proposing to temporarily revoke your certification as an Emergency Medical Technician ("EMT"), at all levels. As provided in 105 CMR 170.770, this action is subject to the adjudicatory provisions of M.G.L. c. 30A and will be governed by the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 *et seq*. Pursuant to 105 CMR 170.750, you may request an adjudicatory hearing on the immediate suspension by filing a request for hearing **within fourteen (14) days** of receipt of this notice. Your request must meet the requirements of 801 CMR 1.01(6) of the Adjudicatory Rules and must be filed with counsel for the Department, **Matt A. Murphy, Deputy General Counsel, Office of General Counsel, Department of Public Health, 250 Washington Street, Boston, MA 02108-4619**. Once a request for hearing is received, the case will be sent to the Division of Administrative Law Appeals located in Malden, MA for docketing and for further proceedings consistent with the Adjudicatory Rules.

If you have any questions regarding this matter, please contact Attorney Murphy, at Matt.A.Murphy@mass.gov. Please note that if you are represented by counsel, all communications with Attorney Murphy should be made through your counsel.

Sincerely,
OFFICE OF EMERGENCY MEDICAL SERVICES,

Susan Lewis, NRP
Director, Office of Emergency Medical Services

Encl.
cc: Regional Directors
Silva Cameron, BHCSQ
Matt A. Murphy, OGC
Mark Brewster, President and CEO, Brewster Ambulance Service

COMMONWEALTH OF MASSACHUSETTS

Suffolk, ss

Department of Public Health
Office of Emergency Medical Services
Complaint Investigation #24-0106

DEPARTMENT OF PUBLIC HEALTH, OFFICE OF EMERGENCY MEDICAL SERVICES,
Petitioner,

v.

ANTHONY ODOARDI,
Respondent.

NOTICE OF AGENCY ACTION

IMMEDIATE SUSPENSION AND PROPOSED TEMPORARY REVOCATION OF CERTIFICATION AS AN EMERGENCY MEDICAL TECHNICIAN

INTRODUCTION

The Commissioner of the Department of Public Health ("the Department"), pursuant to M.G.L. c. 111C, §§2(1), 16 and 105 CMR 170.750, immediately suspends the certification of the Respondent, Anthony Odoardi, as an Emergency Medical Technician (EMT), P838422, at all levels, effective immediately. This summary suspension is based upon evidence that Odoardi, *inter alia* violated the Emergency Medical Services (EMS) System regulations and Statewide Treatment Protocols (STPs) by failing to perform a paramedic-level assessment and provide treatment to an approximately 3-month-old infant reported to be in respiratory distress, for whom 9-1-1 had been called for, and inappropriately assuming because the patient was actively crying, that the patient was "fine." In addition, there is evidence suggesting that the Respondent offered to transport the infant to Morton Hospital, instead of Boston Children's Hospital despite the fact that the parents had made the EMTs aware that the patient had recently been evaluated at Boston Children's Hospital., The parents then decided to transport the infant by personal car to the pediatrician's office. The Department determined that the Respondent failed to use reasonable care and judgment in his duties, and failed to recognize, due to lack of patient assessment, the critical condition of the infant, prolonging the patient's access to definitive medical care, and by his deciding the patient's condition "did not warrant" a transport to Children's Hospital. Finally, the Department determined the Respondent violated the EMS System regulations by failing to document a patient care report ("PCR") and signed informed refusal of transport from the infant's parents, and by knowingly making a false statement to his ambulance service's dispatcher that the disposition of this call was "no EMS."

Respondent has the right to an adjudicatory hearing on the imposition of the immediate suspension and/or the proposed revocation by submitting a written request for a hearing within fourteen (14) days of receipt of this notice. Failure to make a timely request for a hearing shall constitute a waiver of the right to a hearing with regard to the Department's actions.

JURISDICTION

This notice is issued pursuant to M.G.L. c.111C, §§1-24 and the regulations promulgated thereunder, 105 CMR 170.000 *et seq*. The referenced statutes and regulations control the delivery of pre-hospital emergency medical care in the Commonwealth.

PARTIES

1. The Petitioner is the Department. The Department is responsible for the enforcement of the above-referenced provisions of the Massachusetts General Laws and the regulations promulgated thereunder.

2. The Respondent is Anthony Odoardi, of 59 Linden St #107, Taunton, MA 02780 ("Odoardi" or the "Respondent"). He is certified as a Paramedic, P838422, with an expiration date of March 31, 2025. As such, the Respondent is subject to the above- referenced laws and regulations.

FACTS

3. The Department, through its Office of Emergency Medical Services (OEMS), is responsible for the certification of individuals who meet specified eligibility and training standards and are otherwise deemed suitable to act as EMTs. M.G.L. c.111C, §9; 105 CMR 170.000 *et seq.* The Department is authorized to suspend, revoke, or refuse to renew an EMT certification on grounds set forth in 105 CMR 170.940.

4. Pursuant to EMS System regulations, EMS personnel are to provide care in conformance with the STPs. 105 CMR 170.800(C). The STPs are the standard of care and require EMT operating procedures to be followed for patient assessment, treatment, and delivery to definitive care.

5. Pursuant to 105 CMR 170.355 of the EMS System regulations, upon receipt of an emergency call, ambulance services and their EMTs must immediately dispatch, assess and treat in accordance with the STPs and transport the patient to an appropriate health care facility. The sole exception to this is when there is a valid, signed patient refusal, in accordance with the requirements set out in the STPs.

6. Additionally, under 105 CMR 170.940(C), EMS personnel are required to exercise reasonable care, judgment, knowledge, or ability in the performance of duties or to perform those duties within the scope of his or her training and certification, and in accordance with the STPs.

7. The Department commenced an investigation after receiving a serious incident report on or about January 12, 2024, from Scott Cobb, Brewster Ambulance Service ("Brewster") continuous quality improvement (CQI) manager in the service's Taunton division. Cobb reported that Paramedic Anthony Odoardi and EMT-Basic Kevin Hancock responded to an emergency call for a pediatric patient reported to be in respiratory distress. Cobb wrote that the crew was on scene for approximately 9 minutes and called back to dispatch, with "Cancelled – No EMS/No Patient Contact" noted as the disposition in the dispatch record. Cobb reported that the same patient was later transported from an urgent care facility by another ambulance service, for "stroke-like symptoms." Cobb wrote that on January 15, 2024, Brewster terminated the Respondent's employment for this incident and on January 16, 2024, Cobb notified the Department that the Respondent was not remediated.

8. On January 16, 2024, Cobb submitted an investigation report he documented regarding this patient encounter. Cobb wrote that he was made aware of this incident by Dr. Daniel Muse, Brewster's service medical director. Dr. Muse reported that he was informed by Bridgewater Fire Department (FD) EMTs, who later transported this patient from a pediatrician's office to Boston

Children's Hospital ("Children's Hospital") emergency department (ED). Dr. Muse informed Cobb that the approximately 3-month-old infant was diagnosed by the physician at the pediatrician's office to have stroke-like symptoms and had been seen by the Brewster EMTs but had not been transported by ambulance when the parents first called 9-1-1.

9. Cobb reported that when he interviewed the Respondent about this incident, Odoardi told him that he evaluated a 3-month-old infant who was in the care of a parent and that he offered ambulance transport to Morton Hospital emergency department ("ED"). According to Cobb, the Respondent told him that "the patient's mother arrived at some point and elected to take the child to the pediatrician as opposed to the ER [emergency room]." Cobb wrote that he asked the Respondent if he documented this patient encounter and Odoardi replied, "No, I [profanity] up."

10. In his investigation report for Brewster, Cobb stated that he identified several deficiencies, including "not honoring transport request to Boston Children's Hospital, solicitation of a refusal by offering to take to Morton Hospital, clearly knowing the family would not comply and wanted Boston Children's Hospital, falsification of documentation changing from a refusal to cancellation, indicating that police and fire cancelled them, failure to document [a patient care report and a refusal] and adverse patient outcome."

11. Cobb documented that he did a "comprehensive report" of all patient contacts made by the Respondent for the calendar year 2023. He reported that of the 740 emergency calls to which the Respondent was dispatched, 511 resulted in ambulance transport to the hospital, and 178 calls were noted in dispatch to be "Cancelled – No patient contact." Cobb wrote, "This means that 24% of Paramedic Odoardi's calls resulted in his unit [ambulance] being cancelled with no patient contact."

12. Cobb documented that he ran the same exact report on two other paramedics from the same Brewster catchment area and found their corresponding results of "Cancelled – No patient contact" calls were between 4% and 8%.

13. Cobb reported that he looked further into the 178 calls documented by Respondent as "cancelled," and discovered 106 of them to have inconsistencies. He wrote that in many of these cases, there were direct indications that in fact a patient was located, not transported by ambulance and no informed refusal was documented.

14. Cobb concluded in his report that Paramedic Odoardi had a history of failing to document appropriate and accurate patient outcomes for unknown reasons. He wrote, "This discovery brings Paramedic Odoardi's integrity into question for this author. If he is documenting patient contacts as cancelled -no patient contact, there is no way without direct observation of Paramedic Odoardi's performance and interaction to assure that he is being truthful in his documentation of transported patients. One of the hallmarks of pre-hospital medicine is trust in the providers and Paramedic Odoardi has violated that trust."

15. The Department requested that Cobb perform the same retrospective report on all employees working out of the same headquarters as the Respondent, to determine if there are others who appear to have higher no transport rates than would be expected.

16. On February 26, 2024, Cobb submitted the report, and the Department reviewed the

report with Christopher DiBona, Brewster's chief clinical officer, who provided some explanation for the data. He reported that there were some employees with higher rates of no transport than what is commonly understood an industry average, but that it was unclear if it was due to an issue of not writing a PCR for every response or indicating "No EMS" when in fact a patient was encountered.

17. DiBona stated that the new PCR software that Brewster has now fully implemented will take care of this issue and will prevent it from happening in the future.

18. Additionally, in an email dated February 28, 2024, DiBona provided a copy of a notification that Brewster delivered to all Brewster EMS personnel, directing them that PCRs will be written on all responses, setting forth the STP standard for patient refusals, and that the service would be closely monitoring all patient dispositions through the quality assurance process, especially on those who show higher no transport rates than others.

19. Based on the PCR and dispatch records, Brewster dispatched an ambulance staffed by the Respondent and EMT-Basic Hancock, operating at the paramedic advanced life support (ALS) level to a "3-month-old struggling to breathe." Taunton FD first responders were also dispatched to help.

Interview Attempt: The Patient's Parents

20. The Department attempted to contact the parents of this pediatric patient; however, the documents for this case did not contain any contact phone numbers or emails for them. The Department contacted Cobb, and he provided two different phone numbers that were associated with the 9-1-1 call. On or around February 14, 2024, the Department called each of the numbers provided, left a voice mail, and did not receive a return call. The Department was unable to confirm that either of the numbers were in fact correct or associated with this case.

Incident Report and Interview: EMT-Basic Hancock

21. In an incident report dated January 11, 2024, written at Cobb's request, Hancock documented the details of this patient encounter. Brewster submitted it to the Department as a document relevant to this investigation. Subsequently, on February 21, 2024, the Department's investigator conducted a phone interview with Hancock to gain further clarification.

22. Hancock wrote that when he and the Respondent arrived on the scene of this emergency, the Respondent got out of the passenger side of the ambulance, was met by one of the patient's parents, and Hancock observed the Respondent and the parent talking as they both walked into the house. Hancock reported that he entered the house shortly after the Respondent and observed the infant to be lying on the couch, with a parent sitting with him. The other parent was standing near the couch, speaking with the Respondent.

23. The Department asked Hancock if they brought any equipment into the house with them. He stated that he usually brings in the stairchair but knew the patient was an infant, so he did not take it in. He said when he got inside the house, he noticed that the Respondent did not bring any equipment with him. Hancock said he "thought it was odd" that the Respondent did not bring in any equipment.

24. Hancock reported that the Respondent had already made patient contact and led the interview with the parents. "With my partner being the Paramedic who had already made patient contact, he led the entire interview with the family, as I was standing next to him, further awaiting to be notified of the plan," Hancock wrote in his incident report. He documented that he was not present for the parents informing his paramedic partner of their initial complaint regarding the infant's presentation, or the history leading up to this time. He stated that he could only hear some of what was said once he arrived. Hancock stated that the father reported the patient exhibited signs of having difficulty breathing and was not acting normally.

25. Hancock said that he observed the infant crying intermittently, appearing alert, moving all extremities, and appearing to want to go to sleep. He stated that the mother would pick up the infant and he would cry for a few seconds, and then would be quiet. Hancock stated that the infant's skin appeared pale, more so than what he thought was normal. He said that the Respondent asked the mother about that, and she said that the infant's skin appeared normal to her and that he was always pale. He reported there was no evidence of distress or cyanosis.

26. Hancock stated that the Respondent asked the parents if they wanted the infant transported by ambulance to the hospital. He said at some point in the conversation, the parents said the infant was followed at Children's Hospital. He stated he did not hear any additional details about that. The Department asked Hancock why they would ask the parents if they wanted the patient transported to the hospital, when they had called 9-1-1 and it is presumed that is what they wanted. He replied that the Respondent was asking the questions and that "I did not want to interfere. He is the [para]medic."

27. Hancock reported that the Respondent told the parents he could transport the infant to Morton Hospital ED where the infant could be evaluated. "Andy [Odoardi] offered several times to transport to Morton Hospital," he said. Hancock stated that when the Respondent offered to transport the infant to Morton Hospital ED, the parents started talking about what to "do and that they would rather call the pediatrician or possibly transport the baby by car to the pediatrician's office. He wrote, "I observed my partner and the family discussing other options as well, including contacting the patient's pediatrician and notifying them of the concerns and seeing what they advise." Hancock said that at some point in the conversation, the mother told the Respondent that she wanted to keep the baby at home. He said that the mother told the Respondent that if the infant had any further concerning issues, she would take him to the pediatrician.

28. The Department asked Hancock if he or the Respondent offered to transport the infant to Children's Hospital. He replied, "I had no problem going to Boston Children's Hospital, but thought Andy was making the decision. I did not want to step on his toes."

29. The Department asked Hancock if the Respondent ever touched the infant, listened to breath sounds, obtained vital signs, or evaluated the infant's breathing. Hancock stated he did not see Odoardi touch the infant.

30. Hancock reported that the Respondent confirmed with the parents they did not want ambulance transport to Morton Hospital and told them if they should change their mind to call 9-1-1 again. Hancock said that they left the home and went out to the ambulance.

31. The Department asked Hancock if he realized that the Respondent did not obtain a signed

refusal of ambulance transport from the parents. He replied that he assumed that the Respondent did what he was supposed to do with regards to obtaining a refusal and writing a PCR. He reported that it was later that he learned that the Respondent did not write a PCR. The Department asked Hancock how the Respondent could have gotten a signature if he did not have a document or the electronic device for the parents to sign. Hancock said again that he just assumed that the Respondent did what he was supposed to do.

32. Hancock reported that he then got in the driver's seat of the ambulance and the Respondent directed him to clear them with dispatch. He stated that he radioed to the dispatcher, saying something like, "Clear, no transport." The Department asked Hancock if he said cancelled or used the term "no EMS" or any other terminology when speaking to the dispatcher by radio. Hancock responded he did not say anything other than, "Clear, no transport."

33. The Department asked Hancock if he was aware of the practice at Brewster of using the terminology of "no EMS" and not writing a PCR even when a patient encounter occurred. He stated he was aware of that having happened with many of the EMTs and paramedics at Brewster but that it had been stopped. He reported that a supervisor had recently sent out a text message to staff announcing that this practice had to stop and that a PCR had to be generated for all patient encounters.

Interview: The Respondent

34. On February 12, 2024, the Department's investigator conducted an in-person interview with the Respondent regarding the details about this patient encounter. He stated that he and EMT-Basic Hancock were dispatched to a location for a baby reported to not be feeling well. He reported that they were dispatched with Taunton FD and police but does not recall ever seeing them at the patient's home.

35. The Respondent stated once they arrived, he brought in the cardiac monitor and first-in bag but did not bring in the pediatric bag.

36. In an email dated March 4, 2024, the Department asked the Respondent to clarify the discrepancy regarding the equipment bought into the house, between what he reported and what his partner reported. Odoardi responded and wrote, "I'm sorry if there is confusion in regard to equipment brought to the patient's side. I would routinely bring the cardiac monitor and the first-in bag into every call; however, this was a baby and there was no need for a stair chair which ordinarily would be my partner's responsibility. I believe my intent was for him to bring in the equipment and am honestly not sure that did happen."

37. In his interview with the Department's investigator, the Respondent reported that in the home he observed both parents present with the infant who was lying on the couch. He said the infant was "screaming" and that "a crying baby is a happy baby."

38. The Respondent stated that the mother told him that the infant recently had been seen at Bridgwater Pediatrics because he was not feeling well and was further evaluated at Boston Children's Hospital (Children's Hospital) ED and then discharged to home. The Department asked the Respondent if he obtained a diagnosis from the mother as to why the infant went to Children's Hospital and he replied he did not obtain details. He said he recalled the mother told him it was not respiratory syncytial virus (RSV), but he does not recall any further details about what she said.

39. The Respondent stated he "picked up the baby briefly" as part of his assessment and observed the crying infant to have pink nail beds and skin that was warm and pink. He reported there was no evidence of cyanosis or respiratory distress.

40. The Department asked the Respondent if he listened to lung sounds, considering the initial complaint was for respiratory distress. He stated he did not listen to lung sounds because the baby was crying and he passed the infant back to his mother.

41. The Respondent reported that he asked several questions of the parents about the precipitating events that led to their calling 9-1-1. He stated that the father had been home with the infant when he noticed the infant become "lethargic" and that after the infant woke from a nap he was not acting normally, which prompted the call to 9-1-1.

42. The Respondent said, "I initiated the conversation with the parents [about ambulance transport] and offered to transport to Morton Hospital ED. I offered Morton Hospital knowing they did not have a pedi[atric] center." He stated that the mother said she would rather call the pediatrician's office and possibly take him there on their own." The Department asked the Respondent why he would offer to take the infant to Morton Hospital ED when the infant had recently been seen at Children's Hospital ED. He replied, "I was not sure it warranted going to Children's Hospital [ED]. I felt confident that the baby would be fine going to the pediatrician," as the mother suggested she would do.

43. The Department asked the Respondent what he meant by "not warranted." He stated that based on his observations, the infant was not in distress, was crying and appeared to be acting normally. The Department asked the Respondent if he palpated a pulse rate, checked pupils, evaluated respirations, did a physical exam, or listened to lung sounds. He stated he did not, and based on his observations, did not see anything abnormal with the infant.

44. The Respondent reported that the parents began to prepare to take the infant to the pediatrician's office. He stated he offered several times to transport the infant to Morton Hospital; however the parents said they would go to the pediatrician. He said they cleared the location with the dispatcher.

45. The Respondent stated once at the ambulance he got on the radio and told the dispatcher "no EMS" and cleared from the scene. He said he did not write a PCR. "I made a mistake," he said.

46. The Respondent reported that Brewster had recently made some changes and is now using a new software program that had taken almost a year to implement. He said that he had some difficulty with the old system and did not have a clear understanding of some of its features. He said, "It became a habit [to not document a PCR] for certain types of calls, such as short on-scene times, cancelled enroute, or sometimes even refusals. Everyone has been doing it for the last year or so." He stated that because of this patient, Brewster is "making an example of him" when it was something "everyone did" at Brewster.

47. The Respondent reported that a Brewster supervisor, Paramedic Jeffrey Begin, recently sent out a text message to EMS personnel and one of the service's paramedics sent it to the Respondent. He stated that this text message proves the documentation problem was widespread.

48. The Department obtained a copy of the text message sent to Odoardi by a Brewster EMT, appearing to be written and sent out to Brewster EMS personnel by Begin. It states the following: "Ok peeps… [profanity] coming to a head. No more no EMS. If you get on scene you need to document as such. This is not something that I am not guilty of as well. However, we are under extreme scrutiny with our documentation secondary to multiple situations that have happened in the last few weeks in our system. The new EPCR platform is fairly easy to document refusals so let's do so. Bottom line … If you get on scene, something needs to be documented. Complacency is our enemy and lately seems to get us in trouble." It appears the text message was sent to the Respondent on or around January 14, at 12:42 PM, before he was terminated on January 15, 2024.

49. On March 5, 2024, the Department spoke with Begin about this text message. He reported that he is no longer in the supervisor role for Brewster and has not been for over a year. Begin confirmed he sent this text message. He stated that subsequent to the call the Respondent was involved in, he sent this text to his co-workers as a reminder to "do better" and tell them to correct their behavior. He said the text was never meant to be a service directive but rather a message from colleague to colleague.

50. The Respondent reported that Cobb contacted him a couple days after this call and asked him what happened on this patient encounter. He stated that he was then placed on administrative leave and approximately a week later, on or around January 15, 2024, Brewster terminated his employment.

51. The Respondent stated that on his own, he self-reported this incident to Dr. Shadi Kiriaki, who at the time was Brewster's affiliate hospital medical director at Morton Hospital, sometime between January 11, 2024, when Cobb first contacted him, and when he was terminated. The Respondent said that Dr. Kiriaki had not been notified by Brewster about this incident and upon hearing about it from Odoardi, suspended his authorization to practice pending completion of remediation.

52. The Respondent reported that since that time he has been completing remediation courses under the direction of Joseph Inacio, Morton's EMS coordinator, in topics such as PCR documentation, pediatric head trauma, and mandated reporting requirements. He reported that Dr. Kiriaki has since left Morton Hospital and Dr. Allison Rambler is now the temporary medical director overseeing his remediation.

Dispatch Times and Second Response to Patient: Bridgewater FD PCR

53. The Department reviewed the dispatch records for the Brewster response to this patient. The record states that the Respondent and his EMT partner were on scene with this patient from 5:12:05 PM until 5:21:16 PM, approximately 9 minutes and 11 seconds. As previously noted, they did not document a PCR.

54. Based on its PCR, Bridgewater FD received a call for this patient from the pediatrician's office the same day, at 6:12:32 PM, initiated ambulance transport at 6:23:19 PM and arrived at Children's Hospital at 6:59:05 PM. According to their PCR, the Bridgewater FD paramedics were on scene with the patient about an hour after the Respondent and his EMT partner had been there and did not transport.

55. The Department's investigator and its EMS medical director, Dr. Jonathan Burstein, reviewed the Bridgewater FD PCR, written by Paramedic Christopher Hamilton. The PCR

documents that the infant was showing signs of stroke-type symptoms, with one-sided eye drooping and arm tremors. It states the infant was "pale, not crying a lot, mottled in both hands," had right-sided deficits and a shallow respiratory rate in the 30s. It states the cardiac monitor showed the patient was bradycardic with a heart rate in the 70s and supplemental oxygen was being provided by face mask blow by at 6 liters. It states the blood pressure was 124/74 and the patient was rapidly transported to Children's Hospital ED.

Children's Hospital Records

56. On February 20, 2024, the Department requested hospital records from Children's Hospital. On February 22, 2024, the Department received the records relevant to this patient.

57. In summary, the hospital records document the patient was admitted to the Neonatal Intensive Care Unit for 11 days, for "nonaccidental trauma" and based on a CT (computerized tomography) scan, was found to have multiple rib fractures and a clavicle fracture, all in various stages of healing. Based on additional testing, the patient was found to have "multiple areas of edema at the posterior costovertebral junction bilaterally."

58. The hospital record documents the patient had a "large right subdural hemorrhage as well as trace subarachnoid hemorrhage." The hospital record documents that a "nonaccidental trauma evaluation was completed inclusive of a brain/spine MR [magnetic resonance spectroscopy], which was significant for a large right subdural hemorrhage and right side superficial extra axial hemorrhage suggestive of bridging vein injury. There are additional areas of right parietal subarachnoid hemorrhage and small area of interventricular hemorrhage."

59. According to the hospital records, "Skeletal survey was completed with confirmation of a healed right mid-clavicular fracture, a healing right 5th posterior rib fracture, a healing right 9th posterior rib fracture, a healing right distal tibia fracture, and healing right distal radius metaphyseal fracture. There are multiple suspected bilateral posterior rib fractures with associated soft tissue edema and subtle signs of injury involving multiple vertebral bodies on the prior MRI. A chest CT was completed for further evaluation of these areas and confirmed the presence of multiple healing right rib fractures as detailed above; however, was unable to be correlated to the prior MR brain/spine findings demonstrating concern for injury to other areas."

60. The hospital record states that "around 5pm [on the date of this incident], Father heard choking noises coming from [the patient] and saw his arms go "stiff and then limp." He called Mother, who was reported to be minutes away from home, and when she arrived, described [the patient] to be limp, with labored and shallow breathing. Parents called 911 for assistance, who directed them to lay [the patient] flat until EMS arrival. On arrival, [the patient] was assessed by EMS to be "fine" and suggested the parents seek care with [the patient's] PCP [primary care physician] at Bridgewater Pediatrics. [The patient] was seen by his pediatrician that evening, where parents reiterated this episode of choking, limb stiffening and eye rolling, followed by limpness/unresponsiveness. Parents also noted right arm shaking and his right eye appeared to be closing. On PCP exam, [the patient] was lethargic with intermittent cries. His right upper eyelid was drooping and closed and his right arm was flexed to his chest with his right hand in a tight fist. The PCP called EMS at

this time to transfer [the patient] to BCH [Boston Children's Hospital] ED for additional evaluation and management." The hospital record notes that after the first 9-1-1 call, Brewster did not transport the infant to the hospital for further care.

61. The hospital record documents that on arrival at Children's Hospital ED, the patient was "ill-appearing, slightly mottled and crying. His neurologic exam was significant for local deficits, to include notable right-sided facial droop with right eye closure. He had hypertonicity and rhythmic shaking of his right upper extremity."

62. According to the hospital records, the hospital's evaluation of the patient was performed approximately 90 minutes after the Respondent and his EMT partner were at the scene with this emergency patient but did not transport. Based on the Brewster dispatch records, and the Bridgewater FD PCR, the patient was transported by Bridgewater FD ambulance in serious condition, approximately 60 minutes after the Brewster EMTs left the scene. Based on this timeline, the patient was transported by the parents to the pediatrician's office almost immediately after Brewster EMTs left the scene.

63. The hospital records document that the infant was discharged from the hospital to the care of the Department of Children and Families (DCF).

Dr. Burstein's Clinical Review and STPs

64. Dr. Jonathan Burstein completed a clinical review of this patient encounter. Based on his review of the documentation, Dr. Burstein wrote, "Investigation showed that the crew did indeed respond to a call for an infant, and once on scene, did not evaluate or transport the patient, nor did they document those actions correctly." Dr. Burstein determined that the Respondent "did not perform a full history or examination of the patient. He inappropriately reassured the parents about the child's status, which was both beyond his ability to assess and inconsistent with the Statewide Treatment Protocols and good medical practice." Dr. Burstein wrote that the Respondent's "discussion with the parents regarding hospital destination seems to have caused them to refuse transport. He did not document any of this, nor any form of an informed refusal and the documentation for the call; instead indicated that no EMS services were needed at the scene."

65. Dr. Burstein wrote, "Paramedic Odoardi as the most highly trained provider, and the 'leader' on scene, bears significant responsibility for these actions; but EMT Hancock should have been aware that the actions they were taking violated the Statewide Treatment Protocols, regulations, and good clinical practice." Dr. Burstein determined that both the Respondent and his EMT partner hold responsibility for proper care and EMS response. But given the Respondent's lead role, he wrote, "Paramedic Odoardi's actions are consistent with his posing a direct and immediate threat to the health of the public. His actions could have materially contributed to the deterioration of this patient's clinical condition."

66. Dr. Burstein determined that the Respondent and his EMT partner failed to properly assess the patient, failed to begin care at the patient's side, failed to assess respiratory status in a patient with a chief complaint of respiratory difficulty, and failed to conduct or document an informed refusal of ambulance transport and a PCR, all in violation of applicable EMS System regulations and Statewide Treatment Protocols.

67. Specifically, the applicable Statewide Treatment Protocols for this patient encounter are 1.0 Routine Patient Care, 2.6P Bronchospasm/Respiratory Distress - Pediatric, and 7.5 Refusal of Medical Care and Transportation. Under Protocol 1.0, a paramedic is to conduct a thorough patient assessment, determine the quality of breathing, ensure a patent airway and palpate pulses for rate and quality, apply the cardiac monitor if indicated, and obtain additional vital signs such as oxygen saturation. A paramedic is to ensure the patient is transported to an appropriate health care facility, and document on the PCR the patient encounter. Under Protocol 2.6P, a paramedic is to treat any medical findings based on assessment findings.

68. Under Protocol 7.5, a parent who is on scene can refuse treatment or transport for their minor child. If the parent is refusing medical care and/or transport, a paramedic is to assess whether the parent is competent and has the capacity to understand the nature of the patient's medical condition and the risks of refusing the medical care and/or treatment. If so, the parent is to be allowed to make the decision to refuse care and/or transport. Under the protocol, EMS is to perform an assessment, inform the patient/patient's parent of his condition and the risks of refusal, and if the patient/parent continues to refuse, document the refusal on the PCR and have the patient/parent sign a written refusal form.

69. Based on its investigation, the Department determined the allegations that the Respondent failed to complete a PCR after responding to an emergency call for a pediatric patient in respiratory distress, being on scene for 9 minutes and clearing from the location with a false statement to the dispatcher who recorded the disposition as "Cancelled – No EMS / No Patient Contact," were valid. The Department determined that the Respondent, as the paramedic on this call, did not perform a complete and thorough patient assessment at his level of training and certification, and assumed inappropriately and incorrectly that because the patient was actively crying that the patient was "fine." The Department determined that the Respondent's offer of transport to Morton Hospital, prompting the infant's parent to say they would take the child to their pediatrician's office, and failure to offer to transport to Children's Hospital once the parents had made the EMTs aware that the patient had recently been evaluated there, likely persuaded the parents to transport the infant by personal car to the pediatrician's office. The Department determined that the Respondent and his partner violated the EMS System regulations and Statewide Treatment Protocols when they failed to use reasonable care and judgment in their duties, and failed to recognize, due to lack of patient assessment, the critical condition of the infant, prolonging the patient's access to definitive medical care, and by the Respondent's deciding inappropriately, based on no assessment, that the patient's condition "did not warrant" a transport to Children's Hospital. Finally, the Department determined the Respondent violated the EMS System regulations by failing to document a PCR, and by knowingly making a false statement to the dispatcher that the disposition of this call was "no EMS."

70. The Department also noted that under M.G.L. c. 119A, §51A, "(a) A mandated reporter who, in his professional capacity, has reasonable cause to believe that a child is suffering physical or emotional injury resulting from: (i) abuse inflicted upon him which causes harm or substantial risk of harm to the child's health or welfare, including sexual abuse; (ii) neglect, including malnutrition; (iii) physical dependence upon an addictive drug at birth, shall immediately communicate with the department [DCF] orally and, within 48 hours, shall file a written report with the department detailing the suspected abuse or neglect." The definition of "mandated reporter" in M.G.L. c. 119A, §21, which applies to §51A, includes EMTs. By virtue of being a statutory mandated reporter of child abuse, a paramedic is also

trained to observe for signs of pediatric abuse, through obtaining a thorough history of events and a detailed physical assessment, based on evidence of injuries or other medical conditions.

71. In reaching the above determination, the Department relied upon the following findings:

a. In the absence of a signed, valid refusal of treatment and transport by a parent of this infant patient, the Respondent failed to assess, treat, and transport an emergency patient to the hospital, in violation of 105 CMR 170.355.

b. The Respondent defaulted on his duties as the paramedic member of the dispatched ambulance crew by failing to perform a thorough, paramedic-level assessment of this patient, failing to obtain a thorough history of events that together with a thorough assessment may have flagged potential evidence of child abuse, and failing to document a signed valid refusal of treatment and transport by the parents of this infant patient, in violation of the STPs, all of which amounted to critical failures to exercise reasonable care, judgment, knowledge, or ability in the performance of duties or to perform those duties within the scope of his or her training and certification, and in accordance with the STPs, in violation of 105 CMR 170.940(C).

c. The Respondent violated the EMS System regulations by failing to document a PCR, in violation of 105 CMR 170.345(B) and 105 CMR 170.940(P).

d. The Respondent violated the EMS System regulations by knowingly falsely informing the ambulance service dispatcher that the disposition of this call was "no EMS," in violation of 105 CMR 170.940(O).

72. EMTs occupy a position of special public trust within their communities. The Respondent, by his actions, has proven he cannot be trusted to safely care for patients.

73. The Respondent remains certified as an EMT in Massachusetts. However, given the above facts, he cannot safely perform the duties of an EMT.

74. The Commissioner finds that the conduct described herein endangers the public health and safety and that immediate suspension of the Respondent's EMT certification is necessary to prevent endangering the public health and safety.

WHEREFORE, based upon the Commissioner's findings, it is ORDERED that:
The certification of Anthony Odoardi as an Emergency Medical Technician, at all levels, is suspended immediately.

GROUNDS FOR TEMPORARY REVOCATION OF THE RESPONDENT'S CERTIFICATION AS AN EMERGENCY MEDICAL TECHNICIAN

The following are separate and independent grounds for the revocation of Respondent's EMT certification:

A. Respondent's failure to adhere to the STPs constitutes a failure to exercise reasonable care, judgment, knowledge, or ability in the performance of his duties and to perform those duties within the scope of her training and certification, in violation of 105 CMR 170.940(C).

B. Respondent's actions constitute a failure to meet the requirements of 105 CMR 170.800 or 170.900, in violation of 105 CMR 170.940(B).

C. Respondent's actions fail to meet the requirements of 105 CMR 170.800(C) which states, in relevant part "EMS personnel working in connection with a licensed service shall provide care in conformance with the Statewide Treatment Protocols…"

D. Respondent's actions violated the EMS System regulations' duty to assess, treat and transport emergency patients, as set out in 105 CMR 170.355(A), in violation of 105 CMR 170.940(P).

E. Respondent violated the EMS System regulations by failing to document a PCR, in accordance with 105 CMR 170.345(B); in violation of 105 CMR 170.940(P).

F. Respondent's failure to provide assessment, treatment, and transport to the hospital to an emergency patient, for whom 9-1-1 was called, in the absence of a valid, signed refusal by a parent of this infant patient, in accordance with the STPs, endangers the health or safety of the public, in violation of 105 CMR 170.940(F).

G. Respondent knowingly made a false statement verbally to his dispatcher, an entity in the EMS system, in violation of 105 CMR 170.940(O).

WHEREFORE the Department of Public Health respectfully requests that:

A. Respondent's certification as an EMT at all levels, be temporarily revoked, for a minimum of one (1) year ("the temporary revocation period");

B. During the temporary revocation period, Respondent shall successfully complete one course each in the following topics: (i) Ethics in EMS; (ii) Full (not renewal) Pediatric Advanced Life Support (PALS) course, preferably in person, but can be done in hybrid format as long as it meets the regulatory requirements; (iii) EMS patient care documentation; (iv) Full EMS System regulations review; and (v) Complete STP review course, with special focus on 1.0 Routine Patient Care and 7.5 Refusal of Medical Care and Ambulance Transport, in person with discussion. **These courses require pre-approval by Renée Atherton, at OEMS.**

C. In addition, during the temporary revocation period, Respondent shall also successfully complete a simulation laboratory evaluation ("sim-lab"), demonstrating competency. He must successfully complete three (3) scenarios involving pediatric patients, at least one of which must involve an infant patient, in a sim lab of his choosing (with prior Department approval) that includes video arid audio, and once completed, will be reviewed by Dr. Burstein to verify competency. **A written description of the sim-lab shall be sent, for prior approval, to Renée Atherton, at OEMS**.

D. After completion of the temporary revocation period only, Respondent must submit a written request to OEMS to terminate the revocation of his EMT certification. The request must include:

1. documentation of successful completion of the remedial coursework and sim-lab evaluation outlined in paragraph (B) and (C) above;

2. documentation of having completed the required continuing education, remediation, and/or re-entry procedures in place at that time termination of revocation is requested;

3. copies of current CPR and ACLS cards;

4. certified information from the licensing or certification board for each jurisdiction in which Respondent has ever been licensed or certified as an EMT, sent directly to OEMS, identifying his license or certification status and discipline history, and verifying that his license or certification to function as an EMT is in good standing and free of any restrictions or conditions.

E. Respondent shall bear any costs associated with the requirements of the conditions required for termination of the revocation period.

F. The Department will notify the Respondent of its decision on any request(s) to terminate the temporary revocation period. The Department reserves the right to impose probationary conditions on the Respondent's EMT certification that are reasonably necessary to protect the public health and safety.

Date: 3/19/2024

By: _____
Robert Goldstein, MD, PhD
Commissioner
Department of Public Health