

**STATE OF RHODE ISLAND**

**DEPARTMENT OF HEALTH  
DIVISION OF PREPAREDNESS, RESPONSE,  
INFECTIOUS DISEASE & EMERGENCY MEDICAL SERVICES  
CENTER FOR EMERGENCY MEDICAL SERVICES**

**In the Matter of:  
BRANDON G. COLOMBO  
LICENSE NUMBERS EMT#16017 AND ERS#16017**

**CONSENT ORDER**

Brandon G. Colombo (“Respondent”) is licensed as an Emergency Medical Technician-Cardiac pursuant to R. I. Gen. Laws §§ 23-4.1-1 et seq. (the “EMS Practice Act”) and 216-RICR-20-10-2, the Rules and Regulations Pertaining to Screening, Medical Services, and Reporting for Emergency Medical Services (the “EMS Rules”). The Rhode Island Department of Health, Division of Preparedness, Response, Infectious Disease and Emergency Medical Services, Center for Emergency Medical Services (“RIDOH”), in connection with the matter described below, herein makes the following:

**FINDINGS OF FACT AND CONCLUSIONS OF LAW**

1. That Respondent holds license numbers EMT16017 and ERS16017 (the “Licenses”). Respondent has held the Licenses since March 4, 2014.
2. That, at all times during which the incidents described in this Consent Order took place, Respondent was an employee of the Warwick Fire Department (“WFD”) located at 111 Veterans Memorial Drive, Warwick, RI 02886.
3. That on or about March 1, 2021, RIDOH received notice that Respondent had performed emergency medical services for Patient I, a 44-year-old woman who passed away at Kent Hospital on February 10, 2021, in the hours that preceded her death.
4. That, upon further investigation of Patient I’s death, it was discovered that Respondent and Respondent’s partner were called to a group home where Patient I resided at 11:37 a.m. Respondent’s partner acted as the primary for this call. Respondent did not have direct contact with Patient I. Respondent’s partner was advised that Patient I had experienced a seizure with subsequent breathing difficulty shortly before the sleep-like state in which Respondent’s partner found her.

5. That after consulting with staff as well as the facility's nurse, reviewing Patient I's past medical history, which included a seizure disorder, and determining that Patient I was at her "base-line," Respondent's partner decided not to transport Patient I to Kent Hospital. Respondent's partner instead advised the staff at the group home that if there were any change to Patient I's status, they should call 911 immediately and Rescue would come back.
6. That shortly after Respondent and Respondent's partner left Patient I's residence, according to staff, Patient I began moaning and/or making unusual breathing sounds. Staff did not call Rescue back. Instead, the House Manager and on-site staff opted for the House Manager to transport Patient I to Kent Hospital herself, rather than calling Rescue, at approximately 12:45 p.m. The emergency staff at Kent Hospital assessed Patient I as having tachycardia; after various life-saving attempts, she died at approximately 2:20 p.m. on February 10, 2021. The Rhode Island Department of Health, Office of the State Medical Examiners reviewed the case and determined that the circumstances surrounding the death did not warrant an autopsy.
7. That Respondent did not voice or otherwise indicate any objection to his partner's conclusion or advice, nor did he memorialize any such objection in the record.
8. That Respondent's care failed to comply with *Rhode Island Statewide EMS Protocols* (the "Protocols"): Protocol 1.01 -- Routine Patient Care (failure to transport patient to the hospital); and Protocol 6.04 -- Refusal of Patient Care or Transport. Moreover, Respondent's actions violated several subsections of § 2.5(G)(1) of the EMS Rules.
9. That the Director of RIDOH summarily suspended the Licenses as of March 4, 2021, as a result of the incidents that took place on February 10, 2021.
10. That Respondent admits to, and hereby agrees to remain under, the jurisdiction of RIDOH.
11. That Respondent has read this Consent Order and understands this Consent Order shall become binding once signed by Respondent and RIDOH.
12. That any admissions made herein by Respondent are not to be construed against Respondent's partner and cannot be used as evidence against Respondent or Respondent's partner in any administrative hearing or court action (excluding uses

related to settling or pursuing this matter with Respondent). Further, Respondent contests that the violation of Protocol, as alleged above, contributed in any way to the death of Patient I.

13. That Respondent hereby acknowledges and waives:
  - a. The right to have an administrative hearing on this matter;
  - b. The right to further procedural steps except for those specifically contained herein;
  - c. Any and all rights of appeal of this Consent Order;
  - d. Any objection to the fact that this Consent Order may be presented to RIDOH for consideration and review;
  - e. Any objection to the fact that it may be necessary for RIDOH to become acquainted with all evidence pertaining to this matter in order to review this Consent Order;
  - f. Any objection to the fact that potential bias against Respondent may occur as a result of any presentation of this Consent Order; and
  - g. Any objection that this Consent Order may be reported to the National Practitioner Data Bank, become a permanent part of Respondent's record maintained by RIDOH and a part of a public record of this proceeding, or posted on RIDOH's public website.

**ACCORDINGLY, AND BASED ON THE FOREGOING,**

RIDOH and Respondent hereby agree:

14. The Licenses shall be reinstated on the day that this Consent Order is ratified by RIDOH (the "Ratification Date"), subject to the terms and conditions of this Consent Order.
15.
  - a. Respondent agrees to a period of Probation<sup>1</sup> starting as of the date that Respondent was summarily suspended (the "Suspension Date") and lasting until the later of (a) 12 months after the Suspension Date and (b) the date on which Respondent satisfies all requirements of this Paragraph (within the reasonable determination of RIDOH).
  - b. Within 60 days of the Ratification Date, Respondent shall submit to RIDOH a plan for completing continuing education courses that addresses the topics listed below, such plan to be developed by Respondent in conjunction with

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<sup>1</sup> RIDOH reviews and weighs the facts and circumstances of each case to decide appropriate sanctions and penalties, if any, that protect public health and preserve public safety. Were a licensee on probation to commit another violation of the EMS Practice Act, the probation would not result in an automatic sanction and penalty multiplier; rather, it would be considered holistically along with the other conditions of the case.

the WFD EMS Chief and Instructor Coordinator. Unless Respondent receives notice from RIDOH within 20 days after submission that the plan is infirm or deficient in some way, Respondent may assume that the plan is acceptable to RIDOH.

- c. The WFD EMS Chief shall evaluate Respondent's comprehension of the topics listed below. When the WFD EMS Chief agrees that Respondent's comprehension of any topic has reached an adequate level, such Chief shall so indicate through a message to RIDOH submitted directly from such Chief to RIDOH via [DOH.PRCOMPLIANCE@health.ri.gov](mailto:DOH.PRCOMPLIANCE@health.ri.gov). These educational sessions are not to be construed as continuing education hours for Respondent's required license renewal credits:
  - i. the Protocols, in their entirety;
  - ii. the EMS Rules, in their entirety; and
  - iii. Seizures.

16. Respondent acknowledges that:

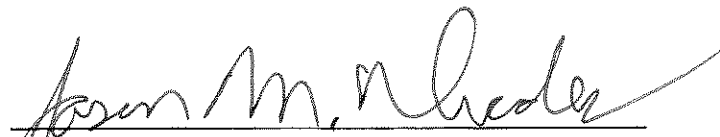
- a. this Consent Order is an agreement between RIDOH and Respondent; and
- b. any violation or failure to adhere to the terms and conditions of this Consent Order shall constitute unprofessional conduct and subject Respondent to further disciplinary action at the discretion of RIDOH, including but not limited to Suspension or Revocation.

Signed this 21<sup>st</sup> day of June, 2021



BRANDON G. COLOMBO  
EMT16017 and ERS16017

Ratified this 22<sup>nd</sup> day of June, 2021



JASON M. RHODES, MPA, AEMT-C  
Chief, Center for Emergency Medical Services  
Division of Preparedness, Response, Infectious Disease and Emergency Medical Services  
Rhode Island Department of Health