

STATE OF RHODE ISLAND

**DEPARTMENT OF HEALTH
DIVISION OF PREPAREDNESS, INFECTIOUS DISEASES AND
EMERGENCY MEDICAL SERVICES
CENTER FOR EMERGENCY MEDICAL SERVICES
IN THE MATTER OF: JARROD P. MARTIN
LICENSEE NO.: EMT10934
COMPLAINT ID #: C22-0960(B)**



**SUMMARY SUSPENSION OF
EMERGENCY MEDICAL TECHNICIAN--CARDIAC LICENSE**

Jarrold P. Martin (“Respondent”) has been licensed as an Emergency Medical Technician-Cardiac pursuant to R. I. Gen. Laws §§ 23-4.1-1 *et seq.* since March 9, 2001. Complaint ID #C22-0960(B) (the “Complaint”) recently came before the Rhode Island Department of Health, Division of Preparedness, Infectious Diseases and Emergency Medical Services, Center for Emergency Medical Services (“RIDOH”) alleging that Respondent had engaged in behavior that constituted “cause” for taking action against his Emergency Medical Technician--Cardiac license pursuant to R. I. Gen. Laws § 23-4.1-9. This Summary Suspension of Emergency Medical Technician-Cardiac License (this “Order”) is issued related to the Complaint and pursuant to R. I. Gen. Laws § 42-35-14(c) and § 2.5(G)(1) of the Emergency Medical Services Rules and Regulations, 216-RICR-20-10-2 (the “EMS Rules”). After careful consideration and further investigation by RIDOH, the following constitute the findings of fact and conclusions of law with respect to the allegations against Respondent in the Complaint:

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. That Respondent is an Emergency Medical Technician-Cardiac licensed to practice in the State of Rhode Island under License Number EMT10934 (the “License”).
2. That, at all times during which the incidents described in this Order took place, Respondent was an employee of the Woonsocket Fire Department located at 5 Cumberland Hill Road, Woonsocket, RI 02895.
3. That on or about August 4, 2022, RIDOH received notice that Respondent had performed emergency medical services for Patient I, a 24-25 week-old neonate who passed away at Landmark Medical Center on August 1, 2022.
4. That, upon further investigation of Patient I’s death, it was discovered that Respondent was called to Patient I’s residence at 12:18 p.m.; after arriving at 12:23 p.m., Respondent found Patient I located in a bathroom toilet having been recently delivered, with the maternal umbilical cord intact. Respondent clamped the umbilical cord, performed an omphalotomy and left Patient I in the toilet to escort Patient I’s mother out of the bathroom to the living room. Respondent returned to the bathroom and removed Patient I from the toilet and determined Patient I did not have a brachial pulse present and also determined there was no movement of Patient I’s limbs after tapping the feet.
5. Respondent then wrapped Patient I’s body in a towel and placed it into a biohazard bag, which then was placed behind the mother on the ambulance stretcher. The mother and Patient I were transported to Landmark Medical Center. Patient I was left in the ambulance in the biohazard bag with another Woonsocket Fire Department member. After the emergency department

physician inquired about Patient I, Respondent escorted the emergency department charge nurse to the ambulance to retrieve Patient I. Upon returning to the emergency department, it was determined Patient I demonstrated a palpable pulse and hospital emergency department staff attempted resuscitation. Resuscitative efforts were later ceased and death was pronounced by the attending physician.

6. That Respondent's treatment of Patient I constituted cause to summarily suspend the License for the following reasons:
 - A. Respondent's care failed to comply with several *Rhode Island Statewide EMS Protocols*, including
 - I. Protocol 1.01 – Routine patient care
 - a. Treat life-threatening conditions in the order in which they are identified. Manage as indicated per age-appropriate protocol(s).
 - b. Provide airway management when indicated following age-appropriate Airway Management Protocols.
 - c. Advanced life support (ALS) providers may establish intravenous (IV) access in any unstable or potentially unstable patient or when required for protocol directed therapeutic intervention.
 - d. Communicate with medical control as indicated and/or provide entry notification to receiving hospital facility. EMS practitioners may consult directly with a medical control physician at any time they feel such communication may be helpful in the care of a patient.
 - II. Protocol 2.16 – Neonatal resuscitation
 - a. Recognition: newly born infant meeting any of the following criteria: (x) less than term gestation (<37 weeks), (y) not crying/breathing and (z) poor muscle tone
 - b. Routine patient care.
 - c. Perform the following within the first 60 seconds of delivery:
 - i. Warm the infant and maintain normothermia.
 - ii. Position the infant to establish and maintain a patent airway.
 - iii. Clear airway secretions by suctioning with a bulb syringe or suction catheter only if secretions are copious and/or obstructing the airway or positive pressure ventilation is required.
 - iv. Stimulate the infant.
 - v. Assess breathing and heart rate. Heart rate should be assessed by the use of 3 lead ECG monitoring if utilization of such is appropriate for provider level, alternative methods of determining HR when ECG monitoring is unavailable is by auscultation of the apical pulse or by palpating the base of the umbilical cord.
 - d. If the HR is <60 bpm:
 - i. Provide positive pressure ventilation with supplemental oxygen at a rate of 40-60 bpm for a period of 30 seconds. If the heart rate increases to >60 bpm, but is <100 bpm, monitor heart rate and continue provide positive pressure ventilation until the heart rate is >100 bpm.
 - ii. If the HR remains < 60 bpm after 30 seconds of positive pressure ventilation, provide external chest compressions following current American Heart Association Guidelines for CPR and emergency cardiovascular care (two thumb technique preferred, 3:1 ratio of compressions to ventilations with 90 compressions and 30 breaths to achieve approximately 120 events/minute). Infants requiring continued chest compressions should receive positive pressure ventilation with high concentration (FiO₂ 1.0) oxygen.
 - iii. Reassess the heart rate every 60 seconds. If the heart rate fails to

increase, check for adequate chest rise and take corrective actions as indicated.

iv. Supplemental oxygen should be titrated down as soon as possible.

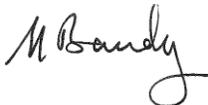
- B. Moreover, Respondent's actions violated the following sections of the EMS Rules
- i. § 2.5(G)(1)(b) prohibits gross negligence in providing medical care
 - iii. § 2.5(G)(1)(e) prohibits unprofessional conduct related to current standards of EMS practice
 - iv. § 2.5(G)(1)(f) prohibits the violation of federal or state law

7. That the RIDOH director (the "Director of Health") has reviewed the facts and conclusions in this case and finds that public health, safety, or welfare imperatively requires emergency action.

ORDER

8. Based on the foregoing and pursuant to R. I. Gen. Laws §§ 23-4.1-9 and 42-35-14(c), and EMS Rule 2.5(G)(1), the License is hereby **SUSPENDED** until further order of RIDOH.
9. A written request for hearing may be filed with the Director of Health within ten days after service of this Order. If a hearing is requested and held, an Administrative Hearing Officer shall preside over such hearing. As a result of the hearing, discipline may be imposed on the License (for example, it may be suspended or revoked), or no discipline may be imposed on the License.
10. This Order shall become a permanent part of Respondent's record maintained by RIDOH and a part of a public record of this proceeding.

Ordered this day of August, 2022.



Utpala Bandy, MD, MPH
Interim Director of Health
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CERTIFICATION

I hereby certify that a copy of this Order was delivered via constable to Jarrod P. Martin

on this _____ day of August, 2022.
