

STATE OF RHODE ISLAND

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

**In the Matter of: MICHAEL GARCIA
LICENSE NUMBER EMT17370
COMPLAINT No. C22-0581B**

CONSENT ORDER

Pursuant to R. I. Gen. Laws §§ 23-4.1-1 *et seq.*, Emergency Medical Transportation Services, and 216-RICR-20-10-2, Emergency Medical Services, the Rhode Island Department of Health, Division of Preparedness, Response, Infectious Disease and Emergency Medical Services, Center for Emergency Medical Services (“RIDOH”) has investigated Complaint No. C22-0581C charging Michael Garcia, License Number EMT17370, (“Respondent”) with unprofessional conduct. After review and consideration by RIDOH the following are and shall constitute

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 EMT17370.
2. On January 30, 2022, while employed as a Pawtucket Fire Department Firefighter/EMT-Cardiac responding to an emergency medical services call:
 - a. Respondent responded to an Unknown Problem/Person Down and was met by two bystanders and one unresponsive male, lying in a right lateral recumbent position, against a snowbank.
 - b. Respondent failed to adhere to the *Rhode Island Statewide Emergency Medical Services Protocols*, Protocol 1.01 Routine Patient Care:
 - i. Protocol 1.01 states: “For trauma patients, evaluate mechanism of injury (MOI) and employ spinal movement restriction precautions.”
 - ii. Protocol 1.01 states: “Obtain and document the patient’s chief complaint (CC), history of the present illness (HPI), past medical history (PMH),

- current medications (including over-the-counter medications) and allergies to medications”
- iii. Protocol 1.01 states: “Perform a primary assessment and obtain vital signs. Vital signs at a minimum shall include blood pressure (BP), palpated pulse, respiratory rate, and oxygen saturation as measured by oximeter (SpO2). Temperature (oral, rectal, axillary, or esophageal probe) should be obtained and documented.” Respondent failed to perform assessment and obtain vital signs, and concurred with partner’s, Terrence O’Neill, statement during an interview, that the patient’s jacket was never removed.
 - iv. Protocol 1.01 states: “Perform a secondary assessment (the secondary assessment may consist of a focused examination for isolated injuries).” Respondent failed to perform secondary assessment.
 - v. Protocol 1.01 states: “Treat life-threatening conditions in the order in which they are identified. Manage as indicated per age-appropriate protocol(s).” Respondent failed to identify traumatic life-threat and concurred with partner’s, Terrence O’Neill, statement during an interview, that the patient’s jacket was never removed.
 - vi. Protocol 1.01 states: “All patients shall have their level of pain assessed utilizing an age-appropriate pain scale.” Respondent failed to obtain appropriate pain scale.
 - vii. Protocol 1.01 states: 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. Respondent failed to obtain intravenous access or recognize the need for intravenous access.
 - viii. Protocol 1.01 states: “All procedures (successful and unsuccessful attempts) shall be documented on the Patient Care Report (PCR). Documentation shall include at a minimum: the procedure, device used, anatomic location, number of attempts, provider performing the procedure, and any noted complications.”

- ix. Protocol 1.01 states: “Transport the patient to the nearest appropriate Hospital Emergency Facility.” Respondent failed to recognize the patients need for transportation to a Hospital Emergency Facility.
- c. Respondent failed to adhere to *Rhode Island Statewide Emergency Medical Services Protocols*, Protocol 2.05 Altered Mental Status Adult.
 - i. Protocol 2.05 Adult states: “Patient with change in mental status from baseline”
 - ii. Protocol 2.05 Adult states: “Perform blood glucose (bG) analysis. Respondent failed to obtain blood glucose.
 - iii. Protocol 2.05 Adult states: “Obtain history and perform initial assessment to include mental status, neurologic, head, ears, eyes, nose, throat (HEENT), skin, lungs, cardiac, abdomen, back, extremities. Respondent failed to perform initial assessment and concurred with partner’s, Terrence O’Neill, statement during an interview, that the patient’s jacket was never removed.
 - iv. Protocol 2.05 Adult states: assessment for patients with altered mental states, provider must consider the etiology by considering suggested findings such as: Toxicological Emergencies, Diabetic Emergencies, General Shock, Head Trauma and/or Hypothermia. Provider should then treat finding. Respondent failed to conduct assessment and treatment for the patient’s altered mental status.
- d. Respondent failed to adhere to *Rhode Island Statewide Emergency Medical Services Protocols*, Protocol 6.04 Refusal of Care or Transport.
 - i. Protocol 6.04 states: “Informed refusal: A patient must be fully informed about his or her medical/ traumatic condition and the risks refusal and the benefits of treatment/ transport in accordance with their presenting complaint.” Respondent failed to obtain appropriate refusal.
 - ii. Protocol 6.04 states: “Perform an assessment of the patient’s medical/traumatic condition, and, to the extent permitted by the patient, a

physical examination including vital signs. This assessment, or the patient's refusal of assessment must be fully documented on the PCR.

- iii. Protocol 6.04 states: "Consider consulting medical control for assistance in facilitating patient acceptance of treatment or transportation. It may be helpful to have the patient or the patient's guardian speak directly with the medical control physician."
- iv. Protocol 6.04 states: "Inform the patient/guardian of the risks of refusal and the benefits of treatment/ transport in accordance with their presenting complaint. It should be explained that the list of risks described is not comprehensive due to the diagnostic limitations of the pre-hospital environment and that their refusal may result in worsening of their condition, serious disability or death."
- v. Protocol 6.04 states: "Assess the patient for their ability to demonstrate present mental capacity by determining the following. If the answer to all three is yes, present mental capacity is affirmed:
 1. Does the patient/guardian understand the illness or injury and the benefits of evaluation, treatment and/or transportation by EMS? and
 2. Does the patient/guardian understand the consequences (including death) of not seeking evaluation, treatment and/or transport by EMS? and
 3. Does the patient understand alternatives to immediate evaluation, treatment and/or transportation by EMS?"
- vi. Protocol 6.04 states: "A competent patient who is determined to have present mental capacity that meets the following criteria may refuse evaluation, care or transport by EMS:
 1. The refusal is solely initiated by the patient, not suggested/prompted by EMS practitioners.
 2. The patient is oriented to person, place, time and situation.
 3. There is no evidence of altered consciousness resulting from head trauma, medical illness, intoxication, dementia, psychiatric illness or other etiologies.

4. There is no evidence of impaired judgement from alcohol or drug influence.
 5. There is no language communication barriers, and
 6. There is no evidence or admission of suicidal ideation resulting in any gesture or attempt at self-harm and no verbal or written expression of suicidal ideation regardless of any apparent inability to complete a suicide attempt.”
- vii. Protocol 6.04 states: “Document the refusal of care/transportation by having the patient sign (or, in the case of a minor patient, the minor patient’s parent, legal guardian, or authorized representative) a refusal of care statement on the PCR or a standalone, service specific refusal of care form. Documentation should also include, when possible, a signature by a witness, preferably a competent relative, friend, police officer, or impartial third party.” Respondent failed to have patient or representee sign refusal form and stated during interview that the patient was alert and orientated, therefore, the patient should have been capable of signing.
- viii. Protocol 6.04 states: “If a patient refuses to sign a refusal of care statement, provide documentation on the PCR regarding the situation under which the patient refused to sign.”
- e. Respondent failed to adhere to *Rhode Island Statewide Emergency Medical Service Protocols*, Protocol 1.02 Documentation and Protocol 1.03 Medical Control:
- i. Protocol 1.02 states:
 1. “Documentation is the highest level of EMS professional accountability.”
 2. “The EMS patient care report (PCR) is part of the patient’s permanent medical record and is often examined by other medical providers for important and valuable information.”
 3. “The detail and accuracy of a patient’s PCR is reflective of the quality and credibility of the EMS practitioner(s) completing the documentation.”

4. "EMS documentation establishes compliance with or deviation from the established standard of care."

Respondent falsified the patient care report by providing a false account of patient interaction, patient assessment and patient refusal.

- ii. Protocol 1.02 states: All procedures and procedure attempts shall be documented. Documentation of the following is required for all procedures:
 1. anatomic location
- iii. Protocol 1.03 states: "The direction of prehospital care at the scene of an emergency is the responsibility of the most appropriately trained / senior, highest licensed EMS practitioner present. Care at the scene should be provided in a collaborative nature amongst all EMS practitioners present in the best interest of the patient."
- f. The actions of Respondent described above constitute unprofessional conduct pursuant to R.I. Gen. Law § 23-4.1-9:
 - i. Failure to adhere to the *Rhode Island Statewide Emergency Medical Services Protocols*, as specified; and
 - ii. Violation of 216-RICR-20-10-2.5(E)(4), which states that EMS practitioners must "Maintain current knowledge of RIDOH Regulations, EMS care protocols, and standing orders." Respondent failed to adhere to EMS protocols and failed to demonstrate a basic and standard level of patient care.

RIDOH and Respondent hereby agree:

1. Respondent admits to and agrees to remain under the jurisdiction of RIDOH.
2. Respondent has read this Consent Order and understands this Consent Order shall become binding once signed by Respondent and RIDOH.
3. Respondent understands the purpose of this Consent Order is solely to resolve Complaint C22-0581C.
4. Respondent acknowledges and waives:

- a) The right to have an administrative hearing on this matter;
- b) The right to represent herself or be represented by an attorney of his own choosing at said hearing;
- c) The right to present testimony, evidence and witnesses on his behalf;
- d) The right to cross-examine witnesses presented by RIDOH;
- e) The right to further procedural steps except for those specifically contained herein;
- f) The right to take an appeal from the terms of this Consent Order; and
- g) Any objection that this Consent Order will (i) be reported to the National Practitioner Data Bank, (ii) become a permanent part of Respondent's record maintained by RIDOH and a part of the public record of this proceeding or (iii) be posted on RIDOH's public website.

ACCORDINGLY, AND BASED ON THE FOREGOING,

5. Respondent's EMT License shall be **SUSPENDED** for thirty (30) days as of the Effective Date of this Consent Order. The Effective Date is the date on which this Consent Order is approved by RIDOH. During the period of Suspension, Respondent shall :

- a. Not provide emergency medical services at any level for any Rhode Island licensed EMS Agency.
- b. Complete a comprehensive cardiac level refresher course, conducted by an Instructor/Coordinator and following a curriculum approved by RIDOH. The refresher education will be separate from the State required refresher course for provider's bi-annual license renewal.
- c. Complete a comprehensive review of the *Rhode Island Statewide Emergency Medical Services Protocols*, in its entirety, conducted by an Instructor/Coordinator approved by RIDOH. The refresher education will be separate from the State required refresher course for provider's bi-annual license renewal.
- d. Complete a comprehensive review the Rhode Island Code of Regulations, Emergency Medical Services (216-RICR-20-10-2), in its entirety,
- e. Complete a refresher course on documentation and report writing, conducted by an Instructor/Coordinator approved by RIDOH. The refresher education will be separate from the State required refresher course for provider's bi-annual license renewal.

- f. Provide proof of current healthcare provider Basic Life Support (BLS) certification.
 - g. Provide proof of current Advanced Cardiac Life Support (ACLS) certification.
 - h. Provide documentation of successful completion, of items (5)(a-g).
6. Following successful completion of the 30-day suspension, Respondent agrees to a period of Probation for twelve (12) months, during which time Respondent shall:
- a. Submit all patient care reports to the ambulance service(s) EMS Coordinator and Medical Director for which he is employed or is a volunteer.
 - b. Complete a minimum of 50 hours of patient assessment at a hospital emergency department facility under the supervision of the ambulance service physician. Respondent must demonstrate the ability to perform an adequate assessment, formulate and implement a treatment plan, and adequately document the interaction with patients with altered mental status.
 - i. Respondent must demonstrate the ability to perform an adequate assessment, formulate and implement a treatment plan, and adequately document the interaction with patients with a traumatic injury.
 - ii. Respondent must demonstrate the ability to perform an adequate assessment, formulate and implement a treatment plan, and adequately document the interaction with patients with shock.
 - iii. Respondent must demonstrate the ability to perform an adequate assessment, formulate and implement a treatment plan, and adequately document the interaction with patients with pain/discomfort.
 - iv. Respondent must demonstrate the ability to perform an adequate assessment, formulate and implement a treatment plan, and adequately document the interaction with patients in cardiac arrest.
 - v. The respondent shall submit proof of completion of the presented hours during any month through a direct submission to RIDOH no later than 10 days after the end of that month via DOH.PRCCompliance@health.ri.gov.

- c. That said probationary period shall abate during any period in which Respondent ceases to be employed and/or to perform volunteer services as a paramedic or EMS provider at any level in Rhode Island.
- d. That should Respondent change EMS employment and/or EMS volunteer service during the period of probation, he shall notify RIDOH within 5 business days and shall provide the name and address of the new employer(s) and/or entities for which he is a volunteer.
- e. That RIDOH shall send a copy of this Consent Order to Respondent's current employer(s) and/or volunteer service and all future employer(s) and/or volunteer services during the period of probation.

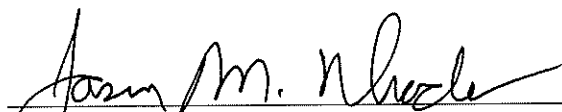
Failure to adhere to the terms of this Consent Order shall constitute unprofessional conduct and may subject Respondent to further disciplinary action at the discretion of RIDOH, including but not limited to Suspension or Revocation.

Signed this 10 day of March, 2023



MICHAEL GARCIA
EMT17370

Approved this 13th day of March, 2023



JASON M. RHODES, MPA, AEMT-C
Chief, Center for Emergency Medical Services
Division of Healthcare Quality and Safety
Rhode Island Department of Health