

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:
WESLEY J. MEYER
LICENSE NUMBERS EMT11058 AND ERS11058**

CONSENT ORDER

Wesley J. Meyer (“Respondent”) is licensed as Advanced EMT-Cardiac and ERS-Endotracheal Intubation pursuant to R. I. Gen. Laws Chapter 23-4.1 (the “EMS Practice Act”). Pursuant thereto, the Rhode Island Department of Health, Division of Preparedness, Response, Infectious Disease and Emergency Medical Services, Center for Emergency Medical Services (“RIDOH”) makes the following:

FINDINGS OF FACT

- A. That Respondent is licensed as an Advanced EMT-Cardiac and ERS-Endotracheal Intubation pursuant to the EMS Practice Act and holds license numbers EMT11058 AND ERS11058.
- B. On or about March 25, 2019, RIDOH was notified that a 38-year-old female patient in cardiac arrest (“Patient A”) had been transported to The Miriam Hospital (“Miriam”) by Respondent. Upon arrival at Miriam and prior to removal from the ambulance stretcher, Miriam staff recognized that the endotracheal tube on Patient A was misplaced; however, there was no indication at that time that Respondent recognized that the endotracheal tube was misplaced. Miriam staff then removed and replaced the endotracheal tube.
- C. Waveform capnography, which continuously measures carbon dioxide levels in expired air, is required for patients who are intubated pursuant to applicable treatment protocol. Specifically, the Rhode Island Statewide Emergency Medical Services Protocols, Section 5.01A (“Airway Management–Adult”), Item 12, state “[t]he use of continuous quantitative waveform in [sic] MANDATORY in all

patient [sic] with an endotracheal tube in place.” RIDOH’s investigation determined that RIDOH found and the Respondent admitted that he never used, and he never attempted to use, waveform capnography for Patient A as required.

- D. Notwithstanding Respondent’s contentions that (1) he and another EMT auscultated Patient A’s chest and abdomen to ensure proper placement, and (2) he personally viewed the proper placement of the endotracheal tube, RIDOH staff ultimately concluded that Respondent did not recognize the misplaced endotracheal tube and Respondent failed to use waveform capnography. RIDOH staff based these conclusions on the totality of the circumstances and testimonial evidence proffered by each party, which included: statements by Miriam staff (independent and otherwise objective witness) that Patient A arrived at Miriam with an unrecognized misplaced endotracheal tube; Respondent’s own admissions with respect to his conduct during the relevant time periods.
- E. That the actions of Respondent described in Paragraphs B through D above constitute unprofessional conduct pursuant to R. I. Gen. Laws § 23-4.1-9: (1) not recognizing a misplaced endotracheal tube by Respondent in or on the body fails to meet the minimum treatment standards of care for EMTs as referenced in R. I. Gen. Laws § 23-4.1-4(8); and (2) failing to use waveform capnography on an intubated patient is a violation by Respondent of 216-RICR-20-10-2.5(E)(4), since (a) that regulation states EMTs are responsible for knowing “RIDOH regulations, EMS care protocols, and standing orders,” and (b) mandatory EMS care protocols (like waveform capnography) must be followed by EMTs in all circumstances.

ACCORDINGLY, AND BASED ON THE FOREGOING

The parties agree as follows:

1. Respondent admits to and hereby agrees to remain under the jurisdiction of RIDOH.
2. Respondent hereby acknowledges and waives:
 - a. The right to appear personally or by counsel or both before RIDOH;
 - b. The right to produce witnesses and evidence on his behalf at a hearing;
 - c. The right to cross-examine witnesses;

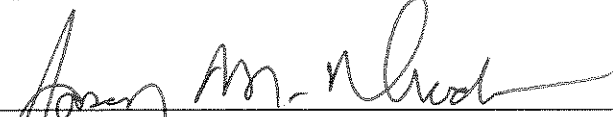
- d. The right to have subpoenas issued by RIDOH;
 - e. The right to further procedural steps except for specifically contained in this Consent Order;
 - f. Any and all rights of appeal of this Consent Order;
 - g. Any objection to the fact that this Consent Order, and all evidence pertaining to this matter, may be presented to RIDOH for consideration and review;
 - h. Any objection to the fact that potential bias against Respondent may occur as a result of any presentation of this Consent Order; and
 - i. Any objection that this Consent Order may be reported to the National Practitioner Data Bank or posted on RIDOH's public web site.
3. Respondent hereby agrees to a period of Probation that shall begin on the last date that this Consent Order is executed and shall terminate 24 months after such date. Respondent hereby agrees to a stayed 30-day Suspension of his Advanced EMT-Cardiac license, which is based on RIDOH considered the totality of the circumstances balanced against the factual environment in which those violations occurred. The breaches described in the Findings of Fact above are tempered here by several unusual factors: (i) Respondent has already taken corrective actions, of his own accord and in advance of this decision's issuance, to retrain himself on the relevant subject matter; and (ii) review of Respondent's past performance in providing EMS is unblemished.
4. Before the Probation terminates, Respondent hereby agrees to be retrained in the following protocols by an EMS Instructor Coordinator approved by RIDOH:
- a. Routine Patient Care (EMS Protocol 01.01)
 - b. Documentation (EMS Protocol 01.02)
 - c. Medical Control (EMS Protocol 01.03)
 - d. Biological Death (EMS Protocol 01.04)
 - e. Chest Pain – Acute Coronary Syndrome (EMS Protocol 03.02)
 - f. Cardiac Arrest – Adult (EMS Protocol 03.03A)
 - g. Cardiac Arrest – Pediatric (EMS Protocol 03.03P)
 - h. Airway Management – Adult (EMS Protocol 05.01A)

- i. Airway Management – Pediatric (EMS Protocol 05.01P)
 - j. Failed Airway – Adult (EMS Protocol 05.02A)
 - k. Failed Airway – Pediatric (EMS Protocol 05.02P)
 - l. Cardiac – Defibrillation – Automated (EMS Protocol 07.23)
 - m. Cardiac – Defibrillation – Manual (EMS Protocol 07.24)
 - n. Cardiac – Defibrillation – Double Sequential (EMS Protocol 07.25)
 - o. Cardiac – Mechanical CPR Device (EMS Protocol 07.28)
5. Upon completion of the above program of retraining, Respondent shall be required to pass a practical examination supervised by a Chief Examiner of the National Registry of Emergency Medical Technicians (as assigned by RIDOH).
6. Respondent has read this Consent Order and understands that it is a proposal and is not binding on Respondent until signed by RIDOH. Once approved by RIDOH, this Consent Order shall remain in full force and effect until further order of RIDOH. This Consent Order shall become part of the public record.
7. Failure to comply with the terms and conditions of this Consent Order in full shall subject Respondent to further disciplinary action.

Signed this _____ day of August, 2019 *9-12-19*


 Wesley J. Meyey
 EMT11058 and ERS11058

Approved this *12th* day of *September*, 2019


 Jason M. Rhodes, MPA, AEMT-C
 Chief, Center for Emergency Medical Services
 Division of Preparedness, Response, Infectious Disease & EMS
 Rhode Island Department of Health
 Three Capitol Hill, Room 105
 Providence, RI 02908
 401-222-2401 (telephone)
 401-222-3352 (fax)