



State of New Jersey  
DEPARTMENT OF HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES  
PO BOX 360  
TRENTON, N.J. 08625-0360

CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

[www.nj.gov/health](http://www.nj.gov/health)

MARY E. O'DOWD, M.P.H.  
Commissioner

July 27, 2015

Jennifer Green

**Re: Notice of Proposed Suspension:**

**Emergency Medical Technician - Paramedic Certification # 3017 (#501682)  
Investigation Control # 2015-0022V**

Dear Ms. Green:

The New Jersey Department of Health (the Department) is vested with the responsibility of carrying out the provisions of N.J.S.A. 26:2H-1 et seq., Health Care Facilities Planning Act, which was enacted, in part, to assure that all hospital and related health care services rendered in the State of New Jersey are of the highest quality. As defined at N.J.S.A. 26:2H-2b, health care services include any pre-hospital care rendered by Basic Life Support (BLS) personnel. In addition, N.J.S.A. 26:2K-7 et seq., Emergency Medical Services Act, authorizes the Department to certify Emergency Medical Technician(s) (EMT). In furtherance of the objectives set forth in the statutes, the Department has adopted regulations that govern the training, certification and professional conduct of EMTs and EMT candidates. See N.J.A.C. 8:40A-1.1 et seq.

On February 25, 2015, the Department's Office of Emergency Medical Services (OEMS) received information calling into question the quality of care you provided to a patient who had crashed head first into tree while bicycle riding in Rahway Park on April 13, 2014. Consistent with regulatory authority and OEMS policy, the OEMS opened an investigation in response to this information. The investigation included reviewing all pertinent reports and conducting interviews to determine if any violations occurred.

From the investigation, it was determined that on or about April 13, 2014, a man was riding his bicycle as part of an annual bicycle race. During the race, the man struck a curb, lost control of his bicycle, crashed into a tree and sustained a head injury. According to the patient care report, you arrived on scene at approximately 07:55. You reported finding the patient lying on the ground as the Rahway First Aid Emergency Squad personnel were securing the patient to a long backboard. The patient was placed into the ambulance where you began to assess him.

The patient presented with an unsecured airway, an altered mental status, and was moaning. You reported the patient had secretions in his airway but was unable to be intubated because his jaw was clenched. The patient's ventilations were assisted and his airway was suctioned. Despite your efforts to clear the patient's airway, he still needed to be intubated. The medical control doctor was contacted and provided your partner with orders for sedation, specifically 5 milligrams (mg) Versed and 20 mg Etomidate, to facilitate the intubation. After the patient was given the medication via intravenous, his respirations decreased and he stopped moaning, but his jaw remained clenched. So, the patient still could not be intubated. At this point, you had been on scene for approximately 17 minutes. The medical control physician was contacted a second time and advised that the first attempt to intubate the patient was unsuccessful. The physician gave you an order for an additional 20 mg of Etomidate. The medication was administered, but it did not unclench the patient's jaw. You then contacted the medical control physician a third time to seek guidance regarding treatment and transportation. At this point, you had been on scene for approximately 20 minutes. During the third medical control call, the physician inquired as to whether or not the patient was being transported via aeromedical unit (AMU). You advised the physician that you were attempting to obtain an estimated time of arrival for the AMU but were still on scene. You also advised the physician that the patient was still unable to be intubated, was not oxygenating well and would not accept an oral pharyngeal airway (OPA). The physician then gave you an order for an additional 5 mg of Versed in a final attempt to secure the patient's airway. She also stated that if the patient became unclenched after the medication was administered, would accept an OPA and could be ventilated sufficiently, he should be taken to the closest trauma center, which was University Hospital approximately 17 miles away. If not, the physician ordered that the patient be brought to the closest hospital, which was Robert Wood Johnson University Hospital – Rahway (RWJUH-Rahway) approximately 2 miles away, for advanced airway management. In fact, the physician instructed multiple times that the patient should be brought to RWJUH-Rahway if the patient's airway could not be secured.

You administered the additional sedative, but the intubation was still unsuccessful, there was no change in the patient's tonicity and the airway remained unstable. Instead of taking the patient to the nearest hospital as directed by the medical control doctor, you chose to wait an additional fifteen minutes for the AMU to arrive. At this point, you had been on scene for a total of approximately 35 minutes. Upon arrival, the AMU crew attempted to secure the patient's airway but was unsuccessful. After inserting a supraglottic airway, the patient was transported by AMU to the trauma center where he received further care. The total on scene time was approximately 61 minutes.

When investigators asked you during your interview why you did not transport the patient to the closer hospital, you stated your partner was adamant about going to a trauma center. You stated that because your partner had more experience than you did, you acquiesced to her, even though you felt otherwise. At no point did you advocate for your patient by urging your partner to reconsider and go to the closest hospital.

The above recitation of events that took place on April 13, 2014, evidences that you violated N.J.A.C. 8:41-3.3(a)(3), which requires paramedics to "provid[e] the patient with prompt, effective and appropriate medical care." Your actions demonstrate a violation of this regulation because you deviated from the appropriate standard of care while caring for your patient. From early on, emergency medical service professions are taught that a patient's airway must come first. As stated in the EMT-Paramedic curriculum, which is published by the National Highway Traffic Safety Administration, "airway patency and adequate ventilation is a priority" as all medical "therapies will fail if the airway is inadequate." See [www.ems.gov](http://www.ems.gov). Indeed, the



curriculum advises that "a patient without an airway is a dead patient." Ibid. When a patient's airway cannot be secured, the unstable patient must be "transported as soon as possible to the most appropriate hospital per local trauma guidelines or online medical control instructions." National Registry Paramedic Curriculum, Caroline, 2008, p.22.12). This basic procedure is reiterated in the Prehospital Trauma Life Support curriculum published by the National Association of Emergency Medical Technicians, which indicates a patient with an unstable airway and difficult intubation requires rapid and immediate transport.

In the present matter, your patient's airway could not be appropriately managed with the tools and means at your disposal. As a result, the patient should have been transported to the closest hospital for stabilization as soon as possible; in this case that would have been RWJUH-Rahway. In fact, the online medical control physician ordered you to do just that – transport the patient to RWJUH-Rahway so that his airway could be secured. Instead, you chose to disregard medical command's orders and wait for an AMU to arrive, thereby delaying the provision of advanced airway management to stabilize the patient's airway. Consequently, your patient was without an adequate airway for a significant amount of time. Allowing your patient to unnecessarily go without a secured airway for such an extended period time exhibits a clear failure to provide the patient with the appropriate standard of care.

Furthermore, you failed to comply with the medical command physician's directions, in violation of N.J.A.C. 8:41-9.6 and 8:41-3.3. Pursuant to N.J.A.C. 8:41-9.6, the provision of advanced life support care by a paramedic is a delegated medical practice and, consequently, the medical command physician provides the authority for the paramedic to act. The regulation further provides that "no [advanced life support] crewmember shall perform any skill or procedure, administer any pharmaceutical agent or engage in any other activity within his or her approved scope of practice unless the crewmember has first received the direct and specific order of the medical command physician or physician directed registered nurse." Additionally, N.J.A.C. 8:41-3.3(a)(8) states that advanced life support crewmembers must "continually monitor[] the patient's condition and equipment while providing necessary intervention according to the medical command physician, written protocols and/or standing orders."

Here, the medical command physician specifically instructed you to transport the patient to RWJUH-Rahway so that his airway could be stabilized. You failed to comply with this direction. Instead, you and your partner made the decision to wait for AMU to arrive and transport the patient to the closest trauma center. Your failure to comply with the medical command physician's directions was a clear violation of the above regulations and placed the patient's health in unnecessary jeopardy. Such actions cannot be tolerated.

Pursuant to N.J.A.C. 8:41A-5.2(b), "the Commissioner, or his or her designee, may issue a formal written warning, impose a monetary penalty, place on probation, suspend, revoke and/or refuse to issue or renew the certification of any EMT-Paramedic for violation of any of the rules set forth in this chapter. This includes, but is not limited to:

1. Demonstrated incompetence or inability to provide adequate services;
20. Failure to provide appropriate ALS care and/or to recognize the need for and to provide for more advanced medical intervention;"

The above violations evidence incompetence and also show that you failed to provide appropriate advanced life support care to your patient. **Therefore, as a result of our investigation, please be advised it is the intention of this Department to suspend your EMT-Paramedic certification for a period of sixty (60) days. Following the period of**



suspension; you shall be placed in a probationary status for a period of twenty-four (24) months. Prior to the Department reinstating your probationary EMT-Paramedic certification you must successfully complete the following educational remediation courses:

- i. EMT-Paramedic National Registry Refresher Class;
- ii. Pre-hospital Trauma Life Support / International Trauma Life Support;
- iii. The Difficult Airway Course.

Additionally, you must meet with your employer's medical director for an evaluation of clinical competency and supply the Department with a letter indicating his or her satisfaction with your ability to perform the duties of an EMT-Paramedic prior to the Department reinstating your probationary certification.

Upon initiating your probationary status, you will be required to comply with the following, in accordance with N.J.A.C. 8:41A-5.2(e):

1. While on probation you shall operate only when under the direct supervision of an EMT-Paramedic, registered nurse or physician. Under no circumstances may you act independently or in conjunction with, or on the same BLS ambulance, MICU, SCTU or AMU another probationary EMT-Paramedic.
2. The mobile intensive care program for which you work shall monitor your progress. The director shall forward to the Department a progress report at the end of the probationary period or as required by the Department.
  - i. Monitoring shall include a review of all calls by your employer, or any other EMS program by which you are employed where you provide Advanced or Basic Life Support services (including 100% chart reviews). Your employer's Medical Director is required to provide a written quarterly report to the Department as to your progress and any remediation that may be needed;
  - ii. You shall provide the Department within 14 days of your probation with the name(s) of all of the EMS programs by which you are employed or with whom you volunteer. You are required to notify the Department within one (1) business day of any changes in your status with these agencies.

Please note, in accordance with N.J.A.C. 8:41A-5.2 (d), no person shall serve in the capacity of an EMT-Paramedic on any BLS ambulance, MICU, SCTU or AMU while his or her certification is suspended. **However, you will be permitted to enroll and successfully complete the educational conditions outlined during this suspension period.**

You are further put on notice that this Department may move to suspend or revoke your certification if an incident like this occurs at any time in the future.


Pursuant to N.J.S.A. 52:14B-1, et seq. and N.J.A.C. 8:41A-5.3(b), you are entitled to a hearing before the Office of Administrative Law to contest this Department's decision to suspend, place you on probation and require educational remediation. Your request for a hearing on this matter must be submitted in writing and must be accompanied by a response to the charges contained herein. In the event that you request a hearing, you shall retain your paramedic certification until such time as the hearing has been concluded and a final decision

has been rendered. Your request for a hearing must be submitted within 30 days from the date of this Notice and should be forwarded to:

New Jersey Department of Health  
Office of Legal & Regulatory Compliance  
P.O. Box 360, Room 805  
Trenton, NJ 08625-0360  
Attn: Tamara Roach

Please include the control number **2015-0022V** on all your correspondence. Finally, please note that your failure to submit a request for a hearing within 30 days shall be interpreted as an acceptance of this Department's decision, thereby negating any further appeal rights. If you have any questions concerning this matter, please contact Dr. Jo-Bea Sciarrotta, OEMS Compliance Officer, at (609) 633-7777.

Sincerely,

  
Nancy Kelly-Goodstein, MAS  
Acting Director, Emergency Medical Services

c: Tamara Roach, Office of Legal & Regulatory Compliance  
Christopher Rinn, Assistant Commissioner  
Don Roberts  
James Sweeney  
Robert Wood Johnson University Hospital - Rahway  
Kevin Kramer, Esq.

SENT VIA REGULAR U.S. MAIL AND  
CERTIFIED MAIL #  
RETURN RECEIPT REQUESTED