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Egyptian Regional Human Rights Authority
Report of Findings
10-110-9043
Union County Ambulance Service
November 16, 2010

The Egyptian Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation concerning Union County Ambulance Service. According to the 2000 Census record, Union County covers 422 square miles and has 18,293 residents. The specific allegation is as follows:

> An Emergency Medical Technician (EMT) threatened to drop an individual with a developmental disability out of the ambulance onto the road if that individual became upset or out of control.

Statutes

If substantiated, the allegation would be a violation of the Emergency Medical Services (EMS) Systems Act (Act) (210 ILCS 50/3 et seq.), the Illinois Administrative Code (Adm. Code) for Emergency Medical Services (77 Ill Code 515.430) and the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/1.101. and 405 5/2-212). The National Association of Emergency Medical Technicians Oath and Code of Ethics are also pertinent to the allegation.

Section 50/3.50 (d)(8) states, "The Department shall have the authority and responsibility to suspend, revoke, or refuse to renew the license of an EMT, after an opportunity for a hearing, when findings show one or more of the following: (A) The EMT has not met continuing education or relicensure requirements as prescribed by the Department; (b) the EMT has failed to maintain proficiency in the level of skills for which he or she is licensed; (c) the EMT, during the provision of medical services, engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public; (D) The EMT has failed to maintain or has violated standards of performance and conduct as prescribed by the Department in rules adopted pursuant to this Act or his or her EMS System's Program Plan; (E) the EMT is physically impaired to the extent that he or she cannot physically perform the skills and functions for which he or she is licensed, as verified by a physician, unless the person is on inactive status pursuant to Department regulations; (F) The EMT is mentally impaired to the extent that he or she cannot exercise the appropriate judgment, skill and safety for performing the functions for

which he or she is licensed, as verified by a physician, unless the person is on inactive status pursuant to the Department regulations; or (G) The EMT has violated this Act or any rule adopted by the Department pursuant to this Act."

Section 50/3.55 of the Act states, "Any person currently licensed as an EMT-B, EMT-I, or EMT-P may perform emergency and non-emergency medical services as defined in this Act, in accordance with his or her level of education, training and licensure, the standards of performance and the conduct prescribed by the Department in rules adopted pursuant to this Act, and the requirements of the EMS System in which he or she practices as contained in the approved Program Plan for that System."

According to Section 515.430 of the Adm. Code, "In accordance with Section 515.160 of this Part, the Director, after providing notice and an opportunity for an administrative hearing to the applicant or licensee, shall deny, suspend or revoke a license or refuse to relicense any person as an EMT-B, EMT-1 or EMT-P in any case in which he or she finds that there has been a substantial failure to comply with the provisions of the Act or this Part. Such findings must show one or more of the following: a) the EMT has not met continuing education or relicensure requirements as prescribed by the Department in this Part (Section 3.50(d)(8)(A) of the Act); b) The EMT has failed to maintain proficiency in the level of skills for which he or she is licensed (Section 3.50(b)(8) of the Act; c) The EMT, during the provision of medical services, engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive , defraud or harm the public (Section 3.50(d)(8)(C) of the Act) (e.g., use of alcohol or illegal drugs while on duty, verbal or physical abuse of a patient, or misrepresentation of licensure status; d) the EMT has failed to maintain or has violated standards of performance and conduct as prescribed by the Department in this Part or his or her EMS System's Program Plan (Section 3.50(D) of this Act); e) The EMT is physically impaired to the extent that he or she cannot physically perform the skills and functions for which he or she is licensed, as verified by a physician, unless the person is on active status pursuant to this Part (Section 3.50(d)(8)(E); f) The EMT is mentally impaired to the extent that he or she cannot exercise the appropriate judgment, skill and safety for performing the functions for which he or she is licensed, as verified by a physician, unless the person is an EMT-I or EMT-P on inactive status pursuant to this Part (Section 3.50(d)(8)9F) of the Act); g) the EMT has violated the Act or this Part (Section 3.50(d)(8)(G); h) The EMT has demonstrated medical misconduct or incompetence, or a pattern of continued or repeated medical misconduct or incompetence in the provision of emergency care; or i) The EMT license has been revoked, denied or suspended by the Department."

Section 5/1-101.1 of the Mental Health Code states, "'Abuse' means any physical injury, sexual abuse, or mental injury inflicted on a recipient of services other than by accidental means."

Section 5/2-112 of the same Code states, "Every recipient of services in a mental health or developmental disability facility shall be free from abuse or neglect."

The EMT Oath is as follows," Be it pledged as an Emergency Medical Technician, I will honor the physical and judicial laws of God and man. I will follow that regimen which, according to my ability and judgment, I will consider for the benefit of patients and abstain from

whatever is deleterious and mischievous, nor shall I suggest any such counsel. Into whatever homes I enter, I will go into them for the benefit of only the sick and injured, never revealing what I see or hear in the lives of men unless required by law. I shall also share my medical knowledge with those who may benefit from what I have learned. I will serve unselfishly and continuously in order to help make a better world for all mankind. While I continue to keep this oath unviolated, may it be granted to me to enjoy life, and the practice of the art, respected by all men, in all times. Should I trespass or violate this oath, may the reverse be my lot. So help me God."

The EMT Code of Ethics, states, "Professional status as an Emergency Medical Technician and Emergency Medial Technician-Paramedic is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the profession of Emergency Medical Technician. As an Emergency Medical Technician-Paramedic, I solemnly pledge myself to the following code of professional ethics: A fundamental responsibility of the Emergency Medical Technician is to conserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care. The Emergency Medical Technician provides services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race creed, color, or status. The Emergency Medical Technician does not use professional knowledge and skills in any enterprise detrimental to the public well being. The Emergency Medical Technician, as a citizen, understands and upholds the law and performs the duties of citizenship, as a professional, the Emergency Medical Technician has the never-ending responsibility to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people. The Emergency Medical Technician shall maintain professional competence and demonstrate concern for the competence of other members of the Emergency Medical Services health care team. An Emergency Medical Technician assumes responsibility in defining and upholding standards of professional practice and education. The Emergency Medical Technician assumes responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and knows and upholds the laws which affect the practice of the Emergency Medical Technician. The Emergency Medical Technician has the responsibility to be aware of and participate in matters of legislation affecting the Emergency Medical Service System. The Emergency Medical Technician, or groups of Emergency Medical Technicians, who advertise professional service, do so in conformity with the dignity of the profession. The Emergency Medical Technician has an obligation to protect the public by not delegating to a person less qualified, any service which requires the professional competence of an Emergency Medical Technician. The Emergency Medical Technician will work harmoniously with and sustain confidence in Emergency Medical Technician associates, the nurses, the physicians, and other members of the Emergency medical Services health care team. The Emergency Medical Technician refuses to participate in unethical procedures, and assumes the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner."

Complaint Information

According to the complaint, on 03/08/10, when a resident with developmental disabilities at a 16-bed Immediate Care Facility (ICF/DD) was found unresponsive and in medical distress, nursing staff at the facility evaluated the resident and determined that he needed to be transported by ambulance to a nearby hospital for further evaluation. It was reported that when ambulance personnel arrived and placed the resident on the gurney, he became more responsive, began to curse at those around him, and began to bite his own hand. According to the complaint, it is not unusual behavior for the resident to curse and bite himself when he is frustrated or scared. At that point, an emergency service personnel member (Captain) allegedly stated that residential staff would be required to ride in the ambulance with the resident because the resident became upset and combative. Information in the complaint indicated that the Residential Services Director (RSD) at the residential facility informed the ambulance personnel that it was the facility's policy to have a staff member follow the ambulance in one of the facility's vehicles but staff are prohibited from riding inside the ambulance with a resident. According to the complaint, the Captain made a statement that since a staff member was not riding in the ambulance, "If the resident becomes upset and out of control he will be dropped off on the road."

Investigation Information

To investigate the allegation, the HRA Investigation Team (Team), consisting of one HRA member and the HRA Coordinator (Coordinator), conducted a site visit at the ambulance service office. During the visit, the Team spoke with the Ambulance Service Director (Director), Ambulance Service Assistant Director (Assistant Director), Captain/Shift Supervisor (Captain), and an Emergency Medical Technician (EMT). The Team also reviewed ambulance service records pertinent to the 03/08/10 incident, the ambulance service's training schedules for 2010 and the Captain's individual training record. The Team spoke with a Residential Service Director at the residential facility and the resident's Guardian at her office. The Coordinator attempted to interview the resident and spoke with the Workshop Director at the workshop where the resident attends. The Coordinator spoke via telephone to a Direct Service Person (DSP) who works at the residential facility and an X-Ray technician who works at the area hospital. The Authority reviewed the resident's records, with his guardian's written authorization, pertinent to the 03/08/10 incident.

I: Interviews:

A: Director

The Director informed the Team that all calls are dispatched though the 911 emergency service system to the ambulance service. The dispatcher will provide pertinent information and the ambulance service personnel will notify the dispatcher when the ambulance is in route to the emergency situation and will communicate when the ambulance arrives at the destination.

The Director stated that general guidelines are followed as established in written protocols for emergency situations. Each ambulance has a book containing the protocols and has the availability of a designated resource hospital for directions on situations that may not be

addressed in the protocols. The emergency room physician at the resource hospital will provide orders to assist ambulance personnel in handling the emergency.

According to the Director, ambulance personnel are required to have successfully completed 120 hours of training to complete the basic EMT training and 30 hours of in service training yearly in order to maintain licensing.

The Director informed that Team that the Captain has been employed by the ambulance service for over twenty years and was well qualified for his position. He stated that the allegation listed in the HRA complaint had not been reported to or addressed by the ambulance's administrative staff.

B: Assistant Director:

According to the Assistant Director, Union County Ambulance Service employs twelve full time staff and six part time staff members. He stated the Captain has twenty-four years experience working at the ambulance service. He related that the Director has thirty years, and he has been employed by the service for twenty-five years. He stated that the service has four ambulances with two of the ambulances staffed with two emergency personnel for each ambulance on a twenty-four basis. He informed the Team that other staff members are on-call to staff the additional ambulances if needed for emergency services.

The Assistant Director stated that the volume of ambulance trips have increased significantly throughout the years of his employment. He stated that in 2009, approximately 2400 emergency calls were handled.

The Assistant Director informed the Team that the ambulance service receives approximately 1/3 of its funding from specified allocations in property taxes and approximately 2/3 from accounts receivable obtained from individuals who receive the services provided by the ambulance services.

The Assistant Director informed the Team that the Captain has basic and intermediate training and has completed the 30 hours of yearly in-service training required for licensing. He stated that the Captain has always been a valuable staff member.

C: Captain

The Captain stated that on 03/08/10 the ambulance service was called to the ICF/DD residential facility after the resident was found by staff in an altered state of consciousness. The Captain informed the Team when emergency personnel entered the residential facility, the resident was found lying on the floor unresponsive. He stated upon arrival, he assessed the resident's condition, took his vital signs, and administered glucose. The Captain stated that when he attempted to place a nasal cannula the resident aroused and tried to bite him. He stated that he and the other EMT lifted the resident onto the ambulance cot as he spoke with a facility nurse about the resident's medical history. He stated that he requested that staff from the facility ride with the resident in the ambulance to the hospital in order that the resident might be comforted.

The Captain stated that a facility staff member informed him that it was against the residential facility's policy to ride in the ambulance; however, a staff member would follow the ambulance in a residential vehicle. The Captain informed the Team that he expressed concern that he would be able to administer treatment and contain the resident during transit if he became combative. The Captain stated that he was more concerned about the resident's well being than his aggressive behaviors and denied stating that he would drop the resident onto the road if he exhibited aggressive behaviors during transit. The Captain stated that the other EMT was present during the entire episode.

D: EMT:

The EMT stated that he accompanied the Captain on the 03/08/10 trip to the ICF/DD facility. The EMT informed the Team that upon arrival to the facility, a resident was found unresponsive. However, shortly after arrival, the resident became more alert and began to curse at those around him. He stated that the when the Captain requested that staff from the facility ride in the ambulance with the resident to the hospital a facility staff member informed him that it was against facility policy to do so. The EMT stated that he heard the Captain express concern for the resident's welfare. However, he did not hear him state that he would place the resident out of the ambulance onto the road if he displayed any type of maladaptive behavior.

E: RSD:

According to the RSD, when the resident was found unresponsive a facility nurse assessed the resident's condition and called emergency services. He stated that he was not present when the resident was found; however, he was contacted and arrived at the facility as the ambulance arrived. He stated that the Captain's expressed dissatisfaction about having to come to the facility and wait on some of the resident's records; the Captain reportedly exhibited an overall poor attitude. He stated that the Captain informed him that a staff member from the facility would be required to ride with the resident in the ambulance to deal with any of the resident's behavior during transit. The RSD stated that he informed the Captain that it was against the facility's policy to have a staff member accompany a resident in the ambulance; however, he would follow behind the ambulance in an agency vehicle to the hospital. He stated that the Captain informed him that if a staff member did not accompany the resident in the ambulance and he became aggressive, facility staff would have to pick him up along the side of the road.

The RSD stated that the resident is a frail, elderly man who has diabetes. He stated that the resident will curse at others when he is frightened or upset and will sometimes swing at others. However, due to his physical condition, he is not harmful.

The RSD informed the Team that another EMT and a facility DSP were present when the comment was made.

F: Guardian

The Guardian informed the Team that the RSD had contacted her regarding the 03/08/10 incident. She stated the recipient was found unresponsive and very pale; his pulse was non-palpable, and he appeared to be in medical distress. She stated that residential nursing staff evaluated the resident's condition and determined that he needed to be transported by ambulance to an area hospital for further evaluation. The Guardian stated that the resident was lying in the corridor between the living room and the family room when the ambulance personnel arrived. She stated that according to residential staff, the ambulance personnel were a bit rough transferring the resident from the floor to the gurney. However, the handling appeared to cause the resident to become a bit more responsive. The Guardian stated that she was informed that as soon as he became responsive he began to curse. She stated that the resident frequently curses and attempts to bite his hand when frustrated or frightened. The Guardian stated that it was reported to her that the Captain informed residential staff that a staff member had to ride in the ambulance with the recipient in case he became upset and combative. According to the Guardian, the RSD informed the Captain that it was against the facility's policy to ride in the ambulance with a resident and the Captain related that he "would drop him [the resident] off on the road if he became aggressive." The Guardian stated that residential staff members were very upset regarding the Captain's comments and insensitive behavior toward the resident.

G: DSP

The Coordinator spoke via telephone with the DSP who was reported to have been present at the facility when the incident occurred. The DSP stated that he heard the Captain inform the RSD that if residential staff didn't ride in the ambulance with the resident he would just drop the resident out on the road if he became aggressive. He stated that another EMT was present when the comment was made.

H: X-Ray Technician

The Coordinator spoke via telephone with an X-Ray Technician who was reported to possibly have some information regarding the allegation. The X-Ray Technician informed the Coordinator that she knew the resident; however, she did not have any information pertinent to the allegation. She stated that she was not present in the hospital emergency room when the resident was brought to the hospital, and was not aware of any reported problems associated with the resident's March 2010 trip to the emergency room.

I: Resident:

The Coordinator went to the Elder Program at the workshop where the resident attends to attempt to speak with him regarding the 03/08/10 incident. The resident was sitting at a table in the dining area preparing to have his lunch. The Workshop Director assisted him into an area adjacent to the dining area and exited the room so that a private visit could be conducted. The resident was unable to provide any pertinent information. He pointed to the watch that the Coordinator was wearing and requested that he be given a watch. Then he touched his own head

and requested that he be given a cap. The Coordinator noted that the resident was fragile, and he needed considerable assistance with mobility.

J: Workshop Director:

After the resident was assisted out of the area, the Workshop Director stated that the resident uses a walker with wheels to ambulate; however, he needs support on both sides when the walker is not used. She informed the Coordinator that the resident will attempt to kick others; however, most of his maladaptive behaviors are biting his own hand. She stated that he will curse at others; however, this occurs when he is in a new environment or scared. She stated that he is "basically a very good client at the workshop".

II: Record Review:

A: Resident's Ambulance Records:

Documentation in an Ambulance Service Run Report (Report) indicated that an emergency service call was received, dispatched and the ambulance was routed to the residential facility at 4:55 PM on 03/08/10. The record indicated that the ambulance arrived on the scene at 4:59 PM. The record indicated that the EMTs conducted assessments of the head, face, eyes, neck, chest, back, abdomen, pelvic, upper extremities, lower extremities, and lungs. Blood sugar levels were obtained and skin color, moisture and temperature were assessed. The resident's vitals were taken, EKG monitoring was conducted, and oxygen administered. A peripheral IV was started and oral glucose was administered. The record indicated that the resident was placed in the ambulance, which departed from the residential facility at 5:14 PM and arrived at the community hospital at 5:21 PM. The Report was completed at 6 PM.

The record indicated that a second call was received, dispatched and the ambulance routed to the community hospital at 10:19 PM on 03/08/10. The ambulance arrived at the community hospital at 10:25 PM and departed from the scene at 10:30 PM to transport the resident to another hospital for treatment. Documentation in the Report indicated that the ambulance arrived at the second hospital at 11:01 PM. The Report was completed at 11:40 PM on 03/08/10. Recordings indicated that all areas assessed during the initial transport were once more assessed during transit from the community hospital to the second hospital.

Documentation in a Resource System Preliminary Field Report indicated that the resident was found in a chair unresponsive. Staff moved the recipient from the chair to the floor with his legs elevated. Upon arrival the resident was moved from the floor to a cot and taken to the ambulance. The resident's blood pressure, pulse, respiration, oxygen saturation levels, and blood sugar levels were evaluated. Cardiac monitoring was conducted, an IV started, and glucose administered.

Recordings in an additional Resource System Preliminary Field Report indicated that the resident was being transferred from the community hospital for direct admission to the second hospital. The recipient's blood pressure, pulse, respiration, oxygen saturation levels, and cardiac status were conducted during the transit. Documentation indicated that staff members from the residential facility were following the ambulance in a private vehicle from the community hospital to the hospital where the resident would be admitted.

B: Captain's Training Records

Documentation indicated that the Captain had received training in the following areas: ACLS (Advanced Cardiac Life Support), Report Writing, Methamphetamine Awareness/Street Drugs, LMA (Laryngeal Mask Airway) Training, Extrication and Emergency Removal, Body Substance Isolation and Zophran Protocols, Emergency Child Birth, STAT Heart Protocol/Pump Training , Pediatric Advanced Cardiac Life Support, Hazardous Materials, Terrorism, SMART Tab Triage, Extrication Review and Practice, Stroke Protocol and Procedures, Cardiac Emergencies, and the Life Support Program.

C: Ambulance Service Training Schedule for 2010

Documentation indicated that the following training sessions were scheduled for all emergency service personnel for 2010: Report Writing...01/20/10; Sports Injuries...02/17/10; Street Drugs...03/17/10; Extraction Review, Rescue, EMT-Intern/Advanced/Paramedic Objectives...04/14/10; Body Substance Isolation...05/19/10; Trauma/Fracture Packaging...06/16/10; Childbirth, EMT-Intermediate/Paramedic...7/21/10; PT Assessment Techniques...08/18/10; Cardiac Emergencies...09/15/10; Defibrillation Review/Airway Awareness...10/20/10; Hazardous Materials Awareness...11/17/10; and Helicopter Safety/Scene Safety...12/15/10.

Summary

According to the complaint, when an individual with a developmental disability was found unresponsive, staff at the residential facility called for an ambulance. It is alleged the Captain of the emergency services, after learning that facility staff would not accompany the resident in the ambulance, threatened to drop the resident out of the ambulance onto the road if he became upset or out of control during transit. During the investigation, conflicting reports were obtained regarding the Captain's comments. Both the RSD and the DSP informed the Authority that they heard the Captain make the comment. However, the EMT who was present stated that he did not hear the Captain make the threat, and the Captain denied making the threat. The resident's Guardian expressed concern regarding the issue that had been reported to her; however, she was not present when the incident was alleged to have occurred. All of the other individuals interviewed did not have direct knowledge regarding the specific incident. The resident was transported to and arrived at the hospital.

Conclusion

Since there were conflicting statements pertinent to the alleged incident, the allegation that the EMT, who served as Captain of Emergency Services, threatened to drop an individual with developmental disability out of the ambulance onto the road if the individual became upset or out of control during transit cannot with certainty be substantiated. No recommendations are issued.

Suggestions:

Since there was some evidence to the contrary, the Authority **fervently** suggests the following:

1. Training for ambulance service personnel should include information regarding various developmental disabilities, including the most appropriate procedures to implement, in a sensitive manner, when individuals with developmental disabilities require emergency services.

2. Ambulance Service personnel should be provided with training relevant to the various types and characteristic of mental health issues, and receive instruction regarding the most appropriate insightful manner to deal with the behaviors associated with the illness.

Comments:

The Authority recognizes that it is not within the ambulance services scope to alter the residential facility's policy, which prohibits staff to accompany a resident in the ambulance during emergency service transit, even though emergency services personnel has determined that the staff's presence does not interfere with the individual's treatment. However, the Authority wishes to note concern regarding that policy which appears to prohibit a resident from having a familiar caregiver with him/her during a stressful event.