



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

JON S. CORZINE
Governor

www.nj.gov/health

FRED M. JACOBS, M.D., J.D.
Commissioner

February 9, 2007

Mr. Fred Antonelli
17 Lawrence Drive
Brick, NJ 08724

Re: **Notice of Proposed Probationary Status:**
EMT-Basic and EMT-Paramedic Certification #2213
Investigation Control # 06-C-054

Dear Mr. Antonelli:

The New Jersey Department of Health and Senior Services is vested with the responsibility of carrying out the provisions of N.J.S.A. 26:2K-7, et seq., which govern the provision of advanced life support services within the State of New Jersey and the Health Care Facilities Planning Act, N.J.S.A. 26:2H-1, et seq., which was enacted, in part, to ensure 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 paramedical and ambulance services. These laws establish a scheme that permits certain individuals, once certified, to perform basic life support (BLS) and/or advanced life support (ALS) services. In furtherance of the objectives set forth in the statutes, the Department of Health and Senior Services has adopted regulations that govern the training, certification and professional conduct of EMT-Basics (EMT-Bs) and EMT-Paramedics (EMT-Ps). See N.J.A.C. 8:40A-1.1, et seq. and N.J.A.C. 8:41A-1.1, et seq.

On July 17th, 2005 at approximately 11:30 p.m., [REDACTED] and [REDACTED] heard a thump from the upstairs bathroom of their home at [REDACTED] in [REDACTED], N.J. They investigated the thump and found their son, [REDACTED] on the floor in what they described as a full body seizure. He was described as being blue in color, shaking all over with his eyes rolled back in his head, and foaming at the mouth. A call was placed to 9-1-1 by [REDACTED] requesting help for her son.

You, along with your partner, EMT-P Adrienne Giorgione, responded. Upon arrival on location at [REDACTED] both you and your partner proceeded upstairs to assess the patient. You reported to the Office of Emergency Medical Services (OEMS) that the patient was initially found unconscious and unresponsive with a hematoma to the forehead and two Eatontown Police Officers present. EMT-P Giorgione took manual stabilization of

██████████ head while you finished assessing the patient, situated at the patient's side.

A few minutes passed before Eatontown First Aid Squad arrived, staffed by EMT-B Dale Bennett and Ms. Ann Lang. Both EMT-B Bennett and Ms. Lang proceeded upstairs where they found the patient conscious but disoriented and combative. Both you and EMT-P Giorgione requested that the patient be secured to a long board and cervical collar applied due to the possibility of a neck injury from the fall. The patient was lying supine on the floor with his head and torso outside the bathroom in the hallway, his legs and feet still in the bathroom. Ms. Lang left the hallway to retrieve a cervical collar, long board, head immobilizer, straps and some cravats. You were located at the patient's side close to the patient's shoulder. EMT-P Giorgione was located at the patient's head with the patient's father standing behind her. ██████████ the patient's mother, was located in the hallway just outside the bathroom. EMT-B Bennett was at the patient's side when he turned to ██████████ and asked, "Has he (the patient) taken anything today?" EMT-B Bennett then stated in your presence "this is a drug case" and ordered the officers to "search the house" for drugs.

The patient remained incoherent, combative, yelling and swinging his arms. At one point the patient struck EMT-B Bennett to which he shouted at the patient that if he (the patient) strikes him one more time, that is "assaulting an officer" and he is "arresting him" (the patient). The patient's leg then came in contact with EMT-B Bennett to which he responded, "That's it, I'm arresting him. He's assaulting an officer." Again, this was done in your presence.

EMT-P Giorgione exited the room to contact medical control via cell phone. Meanwhile, in the bathroom, EMT-B Bennett ordered to one of the officers, "I want him handcuffed," followed by a request to "make them tighter." A collar was applied to the patient as the patient continued to be combative.

EMT-P Giorgione returned to the patient after contacting medical control and advised you that she received orders to administer one milligram of Ativan to the patient. Dr. O'Keefe's orders were, "If you see a seizure that lasts more than, you know, a minute you can go ahead and give him Ativan. Give him one milligram." No seizure activity was witnessed or documented by either you or your partner. At no time did you or your partner request orders for any type of restraint from Dr. O'Keefe, or inform her that you were physically restraining the patient. This medication was administered in addition to the physical restraints that you and the other EMS providers took part in applying.

██████████ was permitted to ride in the front seat of the ambulance enroute to the hospital. Ms. Lang drove the ambulance while EMT-P Giorgione and EMT-B Bennett rode in the back with the patient. No police officer rode in the ambulance; however the police did follow behind. Both EMT-P Giorgione and EMT-B Bennett repeatedly yelled at the patient while enroute to the hospital, "I know you took drugs! Tell us what drugs you took! If you don't tell us what you took we're taking you to jail!" Despite these threats, no drugs were found, no charges filed, and the Emergency Room patient care report indicated that there were no drugs in the patients system.

As part of your interview you were asked by OEMS investigators how the patient was restrained. You stated to OEMS investigators that you secured the patient's upper

body to the long board by tying two cravats in an "X" fashion across the patient's chest. You further stated to investigators that you instructed the police officers to tie the patient's lower extremities while EMT-B Bennett was tying each side of the handcuffs to the long board. Although you were the EMT-P who had the most contact with the patient in the house during the period that he was restrained, you were unable to offer an explanation as to how, or who, restrained the patient. Your rationale was not stated in your patient care report. You did not seek an order for restraints, or ask your partner to seek an order for restraints.

The patient was, in fact, overly restrained with the following: two CID straps across his head (one on his forehead and one on his chin) with support blocks on either side of his head; two orange straps that were secured in an "X" fashion across the patient's torso, 2 tan cravats tied in an "X" fashion across the patient's torso and secured to the long board; one strap across the upper arms, one strap across the lower arms; hand cuffs, one tan cravat located on each side of the handcuffs tied to the board; one tan cravat across the upper legs secured to the long board; one strap across the knees, one yellow strap also across the knees secured to the long board, one tan cravat across the lower leg (shin area) that was secured to the long board; one tan cravat that was tied around the ankles, and one yellow strap that went from the ankles to around the handcuffs causing the patient's feet to be raised approximately 3 inches off the board.

As part of the OEMS investigation, the patient's mother was able to credibly describe in detail just how the patient was over-restrained including a description of the patient's hands being restrained with handcuffs and the handcuffs being tied to the board with cravats on each side, as well as a yellow strap that was secured between the handcuffs and the patient's feet that was so tight it caused the patients feet to be elevated three inches off the board. This was confirmed by the Emergency Department Physician and documented in the Emergency Department patient chart which read, "Pt arrived with FAS (First Aid Squad) handcuffed with handcuffs connected to feet." As part of the advanced life support team responsible for the care and transport of this patient, OEMS is holding you responsible for the over-restraint of this patient.

N.J.A.C. 8:41-3.5(c) states, "Physical behavioral restraints shall not be of a type, or utilized in a manner, that causes undue physical discomfort, harm or pain to a patient. Hard restraints, such as handcuffs, are specifically prohibited unless a law enforcement officer accompanies the patient. A patient placed in any type of restraint shall be closely monitored to ensure that his or her airway is not compromised in any way. In no circumstance shall a patient be placed prone (that is, face-down) on a stretcher while in restraints."

N.J.A.C. 8:41-3.5(e) states, "The rationale for placing and/or transporting a patient in physical behavioral restraints, and the type of restraints utilized, shall be clearly stated in the patient care report."

N.J.A.C. 8:40A-10.2(b) provides that, "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-Basic or EMT-Instructor 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;
3. Negligent practice;
4. Acting beyond the approved scope of practice of an EMT-Basic;
5. Abuse or abandonment of a patient;
20. Making verbal and/or physical threats against any person while acting in the capacity of an EMT-Basic;
23. Failure to comply with any part of this chapter, any applicable part of N.J.A.C. 8:40 or N.J.A.C. 8:41, or any applicable law, rule and/or regulation; and/or
24. Any other action deemed by the Department to pose a threat to the public health, safety or welfare."

N.J.A.C. 8:41A-5.2(b) states that, "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 shall include, but is not limited to:

1. Demonstrated incompetence or inability to provide adequate services;
3. Negligent practice;
4. Acting beyond the approved scope of practice of an EMT-EMT-P;
5. Abuse or abandonment of a patient;
19. Making verbal and/or physical threats against any person while acting in the capacity of an EMT-Paramedic;
20. Failure to provide appropriate ALS care and/or to recognize the need for and to provide for more advanced medical intervention;
25. Failure to comply with any part of this chapter, any applicable part of N.J.A.C. 8:40 or 8:41, or any applicable law, rule and/or regulation; and/or
26. Any other action deemed by the Department to pose a threat to public health, safety or welfare."

Pursuant to N.J.A.C. 8:41-2.7, violation by an individual of any portion of N.J.A.C. 8:41-1.1 et seq. may be cause for action against the individual, including, but not limited to, reprimand, probation, suspension of certification or privileges, revocation of certification or privileges, fines, or any combination thereof.

Therefore, in accordance with N.J.A.C. 8:41-2.7(c), it is this Department's intent to place you on probationary status for a period of twelve months. The terms and conditions of this probationary status are as follows:

1. In accordance with N.J.A.C. 8:41-4.16(a), your clinical performance shall be monitored for consistency with acceptable standards of EMT-P practice by all Advanced Life Support providers that employ you. This monitoring shall include complete review of all patients care reports in which you provide advanced life support services (i.e., 100% chart and tape reviews);
2. In accordance with N.J.A.C. 8:41-4.16(b), you shall operate only when under the supervision of an approved pre-hospital life support provider or physician. Under no circumstances may you act independently or in conjunction with another probationary provider on the same MICU vehicle;
3. In accordance with N.J.A.C. 8:41-4.16(c), the EMS Educator or Director of all Advanced Life Support providers that employ you, shall monitor your progress and shall forward to the Department a progress report, quarterly, until the end of the probationary period;
4. Should your employer status change during the departments imposed probationary period, you are required to notify the department; and
5. In accordance with N.J.A.C. 8:41-4.16(d), the Department shall have the right to restrict or otherwise limit your scope of practice. Failure to meet such conditions or any terms of the probationary period shall be deemed cause for revocation of your paramedic certification and/or other such action the Department deems appropriate.

Should you meet the above conditions and demonstrate clinical competence, the probationary status imposed herein shall be lifted at the end of the twelve-month period. Failure to comply with the above conditions shall be grounds for revocation of your EMT-Paramedic certification, in accordance with N.J.A.C. 8:41-4.16(d).

Pursuant to N.J.A.C. 8:41-2.8 and N.J.A.C. 8:41-4.18(e) you are entitled to a hearing before the Office of Administrative Law to contest this proposed period of probation. 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 will not be placed on probationary status until such time as the hearing has been concluded and a final decision has been rendered.

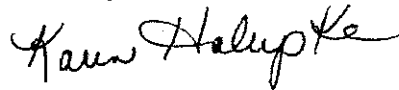
Your request for a hearing must be submitted within 30 days from the date of this Notice, and should be forwarded to:

New Jersey Department of Health & Senior Services
Office of Legal & Regulatory Affairs
Trenton, NJ 08625-0360
Attn: Michele Stark

Please include the control number noted above # 06-C-054 on all of your correspondence. **Finally, please note that failure to submit a request for a hearing within thirty days of the letter shall result in the activation of your probationary status of 12 months from the date of this letter.**

If you have any questions concerning this matter, please do not hesitate to contact Samuel Stewart, Esq., Regulatory Officer, at (609) 633-7777.

Sincerely,



Karen Halupke, R.N., M.Ed.
Director, Emergency Medical Services

- c. David W. Gruber, Senior Assistant Commissioner
Health Infrastructure Preparedness and Emergency Response
- Joseph Tricarico, Jr., Assistant Commissioner
Health Preparedness Infrastructure Bureau
- Mr. Vince Robbins
President, MONOC – MIC Program
- Mr. Jeff Behm
Director of Operations, MONOC – MIC Program
- Samuel Stewart, Esq., OEMS Regulatory Officer
- ✓ Donald Roberts, OEMS

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