BEFORE THE STATE FIRE PREVENTION COMMISSION OF THE STATE OF DELAWARE

IN RE: RICHARD H. SMITH	**)**	
	)	**Case No.: SFC-24-0063**
EMT I.D. NO. 81320	**)**	

COMPLAINT AND REQUEST FOR TEMPORARY SUSPENSION

1. Richard H. Smith ("Respondent") is a resident of Townsend, Delaware and is certified as an emergency medical technician ("EMT") in Delaware pursuant to the provisions of 16 *Del. C.* Ch. 67.

2. Respondent's EMT certification, I.D. Number 81320 was originally issued on April 22, 2010, and expires on March 31, 2025. His certification is currently active.

3. At all times relevant, Respondent was working with Volunteer Hose Company of Middletown as an EMT.

4. *Delaware Basic Life Support Protocols, Guidelines and Standing Orders for Prehospital and Interfacility Patients ("BLS Protocols")* for Documentation Requirements states as follows:

   a. An essential part of prehospital medical care is the completion of a Patient Care Report (PCR). The PCR provides written documentation of patient condition and treatment for medical and legal purposes. EMS personnel shall be responsible for providing clear, concise, complete and accurate documentation.

   b. EMS providers must complete, without exception, a State of Delaware PCR on each patient contact, and shall document all relevant findings, and treatments.

5. *BLS Protocols* for General Patient Care (Pediatric) states as follows:

…

The General Patient Care protocol will be followed in conjunction with all other applicable protocols.

…

The most current version of the American Heart Association Guidelines for Cardiopulmonary Resuscitation is considered the standard for CPR within these protocols.

- …
- General assessment should be done using the pediatric assessment triangle (PAT).
    - Appearance
    - Work of breathing
    - Circulation
- After using the PAT, proceed to a primary assessment:

    …

    - Breathing for respiratory effort and quality; use of a Pulse Oximeter as appropriate.
        - …
    - Circulation for pulse rate, skin temperature and capillary refill.
        - …
- Expose the patient as needed for assessment needs.
- …
- Evaluate blood pressure, pulses, respiratory rate, GCS (Glasgow Coma Scale) and tactile temperature: if available use thermometer to take an accurate temperature. Refer to normal vital signs chart for pediatrics, or a Broselow tape or OEMS determined equivalent.

- Monitor and reassess the patient as appropriate.

- …

It should be noted that the protocol above is a guideline to be followed in as much as it aids in providing appropriate and timely medical care. The EMT provider may change the order or omit steps listed above as dictated by sound judgment of the care provider and/or presentation of the patient(s).

6. *BLS Protocols* for EMT/Telephone Report Guidelines states as follows:

The EMT report to Medical Control should be brief and concise. The goal is to provide enough vital information to Medical Control so that they may provide informed direction for the patient's continued care and plan for the patient's disposition. …

For Priority I patients call online Medical Control utilizing the following report format:

• BLS unit number
• Specific notification (Trauma, Cardiac Arrest, Stroke, CPAP, etc.)
• Estimated time of arrival.
• Priority.
• Patient age.
• Patient sex.
• Chief complaint and related past medical history (i.e., patient with chest pain, history of Ml and CABG or patient with altered mental status and history of insulin dependent diabetes).
• Vital signs.
• Significant physical findings (i.e., patient with shortness of breath found to have wheezing and to be hot to the touch, or the patient complaining of leg pain who has deformity of the mid-thigh without distal pulses).
• Care rendered.
• Response to care.

For hospitals that prefer radio reports regarding BLS patients who are a Priority of II or Ill and are being treated by standing orders with no anticipated requests for orders, the following brief report format is acceptable:

• BLS unit number.
• Priority.
• Patient age.
• Patient sex.
• Chief complaint
• Standing Order being followed
• Estimated time of arrival

The above information should be more than adequate for most BLS runs. When additional information is felt to be important for patient care or disposition, the Medical Control physician is well within their jurisdiction to request more information.

7. *BLS Protocols* for Albuterol states as follows:

INDICATIONS: Signs and symptoms of acute exacerbations of asthma, emphysema, reactive airway disease and allergic reactions may include wheezing, cough, shortness of breath, diminished breath sounds, retractions, tachypnea, and/or air hunger. Providers will be able to identify the need for Albuterol medication treatments and administer them as appropriate.

• Follow General Patient Care Protocol.
  o Be aware of any current recommended restrictions of nebulized medications

• Consider the administration of 0.5 mg nebulized ipratropium bromide (Atrovent) with Albuterol.

• Consider use of the Allergic Reaction Protocol.

• Request ALS. If a paramedic unit is not available, radio a report to the emergency department advising of the estimated time of arrival (ETA) and patient status. Consider paramedic unit intercept route. Do not delay transport.

• If patient is less than 1 year, Contact Medical Control immediately.

• If patient's pulse is less than 150 beats per minute for adult or 180 beats per minute for pediatric and the patient has a known history of Asthma or COPD; or signs of Asthma, COPD, or Allergic reaction are present, administer Albuterol as follows:
  o …
  o For patients 1-5 years of age: administer 2.5 mg Albuterol via nebulizer with oxygen flow set at 8LPM.

• Reassess patient, especially lung sounds, vitals, and oxygen saturation.

• If signs and symptoms of respiratory distress persist, repeat dose as follows:
  o …
  o For patients 1-5 years of age: administer 2.5 mg Albuterol via nebulizer with oxygen flow set at 8LPM*.

> • Contact Medical Control with any questions or concerns. Document Medical Control physician number and any orders on the patient care report.
>
> • Document on the EMS patient care report the name of the medication, the time(s) of administration, the number of doses, and pulse rate before administration.
>
> **When using an albuterol MDI, please use clean spacer if available.
>
> * If respiratory status worsens, refer to CPAP protocol with inline neb Utilize BVM for pediatric patients.

8. On February 22, 2024, Basic Life Support ("BLS") and Advanced Life Support ("ALS") were dispatched to a private residence for a two-year-old male child ("patient") having difficulty breathing.

9. Prior to the arrival of BLS, the child's caregiver had sought help from a neighbor who is a pediatric physician.

10. When BLS arrived, the neighbor physician was with the patient.

11. Respondent was the primary patient caregiver for BLS. EMT Brandon Blackburn ("Blackburn") was the listed secondary patient caregiver.

12. Shortly after arrival and without checking the patient's vital signs, Respondent advised the patient's caregiver that the patient was "fine". At that time, the patient was sitting up and Respondent advised that the patient was "fine", and he was "ok".

13. ALS was cancelled without first examining the patient and obtaining vital signs.

14. Without conducting an assessment, including taking vital signs, of the patient, Respondent advised the caregiver that there was "no distress whatsoever".

15. The neighbor physician asked for a pulse oximeter ("pulse ox") and was told by Respondent that it would not work on a child. Respondent then provided the pulse ox to the

neighbor physician, and she was able to obtain a reading of 94-95% and a heart rate.

16. Blackburn used a stethoscope to listen to the patient from his back. Neither Respondent nor Blackburn lifted the patient's clothing to listen and or visualize his breathing. Neither Respondent nor Blackburn listened to the patient via stethoscope on the front of his body.

17. Respondent then called Med Control where Respondent advised he was looking for refusal. When specifically asked if he had vital signs, Respondent provided a set of false vital signs for blood pressure and heart rate. Respondent advised that the pulse ox would not correlate. Respondent advised Med Control that the caregiver would like to transport by private vehicle.

18. Prior to leaving the residence, Respondent provided a single unused dose of Albuterol to the caregiver. Respondent did not administer any Albuterol to the patient.

19. After providing the caregiver a single dose of unused Albuterol, Respondent learned that the neighbor who had been helping the patient was a pediatric physician. After learning that the neighbor was a physician, Respondent advised he thought they should transport the patient to the hospital.

20. After providing the unused dose of Albuterol and prior to leaving the residence, Respondent retrieved a thermometer from the BLS vehicle. The neighbor physician took the patient's temperature and noted the patient had a fever of more than 103 degrees. Neither Respondent nor Blackburn had taken the patient's temperature prior to cancelling ALS or contacting Med Control. Once the patient's fever was discovered, Respondent advised they could transport the patient to the hospital.

21. As the primary patient caregiver, Respondent wrote the patient care report ("PCR"). The PCR fails to note any vital signs or reasoning for failure to check vital signs.

22. The patient's caregiver declined transport as she was not comfortable with the care

provided by BLS to the patient. Instead, the caregiver and the neighbor physician transported the patient to the emergency room by private vehicle.

23. During his interview with a Fire Commission Investigator, Respondent stated the following:

a. Respondent is familiar with Delaware protocols;

b. ALS was cancelled after Respondent assessed the patient;

c. Respondent assessed the patient while talking to the caregiver;

d. Respondent obtained the patient's vitals:

i. The pulse ox was not correlating or the probe was too big for the patient's finger.

ii. Respondent is pretty sure he obtained patient's heart rate through the femoral or brachial pulse.

iii. Respondent is pretty sure he tried to check the patient's blood pressure.

iv. Respondent obtained lung sounds from listening to the patient's back.

v. Respondent completed a Glasgow Coma Scale ("GCS") and believes the score was normal.

e. Respondent denied giving a dose of Albuterol to the caregiver.

f. Respondent could not explain why the patient's vital signs and GCS scores were not included in his PCR.

24. During his interview, Respondent stated that he was a certified EMT in the State of Maryland and stated that he was a paramedic in Maryland, but his license had expired. Maryland

Institute for Emergency Medical Services Systems ("MIEMSS") confirmed that Respondent's Maryland EMT certification had expired on January 31, 2024. However, MIEMSS indicates that Respondent was never a paramedic in the State of Maryland.

25. Respondent has violated Part 710, Section 14.4.1.3 in that he has demonstrated gross negligence, a pattern of negligence, or has proven otherwise to be grossly incompetent.

26. Respondent has violated Part 710, Section 14.4.1.4 in that he has violated Protocols.

27. Respondent has violated Part 710, Section 14.4.1.5 in that he has violated or aided or abetted in the violation of any provision of these regulations.

28. Respondent has violated Part 710, Section 14.4.1.9 of the Delaware State Fire Prevention Regulations in that he has engaged in "unprofessional conduct".

29. Respondent violated Regulation 14.4.2.3 because Respondent's above-described conduct was "dishonorable, unethical, or other conduct likely to deceive, defraud, or harm the public."

30. Respondent's above-described conduct shows that Respondent's continued practice as a licensed EMT presents a clear and immediate danger to the public health, safety or welfare pursuant to Ambulance Service Regulation Part 710, Section 14.4.6.

WHEREFORE, pursuant to 16 *Del. C.* §§ 6712, 6712A and Regulation 14.4 the State of Delaware respectfully requests that the Commission:

a. Issue an order temporarily suspending Respondent's EMT license;

b. Serve Respondent with a copy of the Complaint and Motion;

c. Set a time for a hearing on the allegations set forth above;

d. Find grounds to impose a temporary suspension on Respondent's certification; and

e. Impose such disciplinary measures as the Commission deems appropriate.

STATE OF DELAWARE
DEPARTMENT OF JUSTICE

*/s/ Renee Hrivnak*_____
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