

**BEFORE THE STATE FIRE PREVENTION COMMISSION OF THE
STATE OF DELAWARE**

IN RE: ROBERT RODERICK)	
)	Case No.: SFC-25-0012
EMT I.D. NO.: 74924)	

CONSENT AGREEMENT

A written Complaint and Motion for Temporary Suspension ("Complaint") has been filed with the Delaware State Fire Prevention Commission ("Commission") alleging that Robert Roderick ("Respondent"), an emergency medical technician ("EMT") in the State of Delaware, license number 74924, has engaged in conduct which constitutes grounds for discipline under 16 *Del. C. Ch. 67* and the Delaware State Fire Prevention Regulations.

Respondent and the State, by the undersigned Deputy Attorney General, hereby enter into this Consent Agreement to be submitted to the Commission for review and approval.

IT IS UNDERSTOOD AND AGREED THAT:

1. Respondent is a resident of New Castle, 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 Delaware EMT Certification, I.D. Number 74924, was originally issued on July 11, 2023 and expires on March 31, 2026.
3. At all times relevant, Respondent was employed as an EMT at Claymont Fire Company, Minquadales Fire Company, Belvedere Volunteer Fire Company, and or Wilmington Manor Volunteer Fire Company.
4. *Delaware Basic Life Support Protocols, Guidelines and Standing Orders for Prehospital and Interfacility Patient*, effective November 1, 2022, ("2022 BLS Protocols") for Documentation Requirements states in part 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.
 - i. In the absence of extraordinary circumstances, a PCR should be submitted to the receiving facility within four (4) hours of patient disposition.
 - ii. EMS providers must complete and submit a PCR to the receiving facility prior to going off duty.
 - iii. EMS calls should only be entered into the PCR system as a "service call" or "public assist" if the person does not meet the definition of a patient after an assessment. A patient is an individual who is sick, injured, wounded or otherwise incapacitated or helpless and seeks immediate medical attention for whom EMS has been activated. A person that denies the need for medical treatment and/or transport, but any reasonable EMS provider can see that a person(s) has an obvious injury or illness, should be considered a patient and treated as such.
 - iv. If the reasonable EMS provider on scene determines that a person(s) is a patient, the person(s) should be treated as a patient and a patient refusal is needed.
 - v. A PCR entry is not needed for any Good Samaritan occurrences. Providers are encouraged to leave their information with the transporting agency.
- c. A completed PCR is also necessary to identify EMS providers in the event of a potential infectious disease exposure.

5. *Delaware Basic Life Support Protocols, Guidelines and Standing Orders for Prehospital and Interfacility Patients*, effective November 1, 2024, (*"2024 BLS Protocols"*) for Documentation Requirements states in part 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.
 - i. In the absence of extraordinary circumstances, a PCR should be submitted to the receiving facility within four (4) hours of patient disposition.
 - ii. EMS providers must complete and submit a PCR to the receiving facility prior to going off duty.
 - iii. EMS calls should only be entered into the PCR system as a "service call", "public assist" or "lift assist" if the person does not meet the definition of a patient after an assessment regardless of the dispatch disposition. A patient is an individual who is sick, injured, wounded, or otherwise incapacitated or helpless from an acute condition and seeks immediate medical attention for whom EMS has been activated. A person that denies the need for medical treatment and/or transport, but any reasonable EMS provider can see that a person(s) has an obvious injury or illness, should be considered a patient, and treated as such.
 - iv. If any Reasonable EMS provider (Reasonable Person Standard) would determine that a person (s) is a patient, the person (s) should be treated as a patient with a full assessment including vital signs, encouragement of the patient to accept treatment and a patient refusal is needed if the patient continues to refuse.
 - v. A PCR entry is not needed for any Good Samaritan occurrences. Providers are encouraged to leave their information with the transporting agency.

- c. A completed PCR is also necessary to identify EMS providers in the event of a potential infectious disease exposure.

6. *2022 BLS Protocols* for General Patient Care (Adult) states, in part, as follows:

Indications:

- a. Any patient, who is greater than or equal to the age of 15 years, requiring prehospital medical evaluation by a prehospital health care provider in the State of Delaware.
- b. The General Patient Care protocol will be followed in conjunction with all other applicable protocols.
- c. A patient is an individual who is sick, injured, wounded or otherwise incapacitated or helpless and seeks immediate medical attention for whom EMS has been activated. A person that denies the need for medical treatment and/or transport, but any reasonable EMS provider can see that a person(s) has an obvious injury or illness, should be considered a patient and treated as such.
- d. The most current version of the American Heart Association Guidelines for Cardiopulmonary Resuscitation is considered the standard for CPR within these protocols.
 - Scene Safety, Observe body substance isolation (BSI) precautions.
 - Identify the number of patients; perform Triage if necessary. See Triage Protocol.
 - Consider the need for additional resources.

- Manage cervical spine as needed.
- Complete patient assessment: Level of consciousness (AVPU, Determine GCS).
- Assess and manage the airway.
- Assess breathing rate, rhythm, quality and oxygenation.
- Assess and manage circulation.
- Obtain vital signs. Monitor Blood Glucose as appropriate.
- Obtain SAMPLE history and OPQRST history if patient can speak (Onset, Provocation/Palliation, Quality, Rate, Severity, Time)
- Assess pertinent body systems as appropriate.
- Assess and record pain severity, if applicable.
- Assign treatment priority and make a transport decision.
- For transport consider closest appropriate medical facility, keeping in mind patient (family) requests and diversion status.
- Victims of sexual assault should be transported to a facility staffed with a Sexual Assault Nurse Examiner (SANE) / Forensic Nurse Examiner (FNE). If patient has significant trauma transport to appropriate trauma facility.
- On scene direction of medical care is provided by the on-duty Delaware EMS provider with the highest level of licensure and/or certification. Rescue operations and control of the scene remains under the direction of the Fire Officer in Charge.
- **Contact Medical Control** as needed.
- Monitor and reassess as appropriate.
- Responsibility of care does not end until transfer of care of the patient to an appropriately trained health care provider is completed.

7. *2024 BLS Protocols* for General Patient Care (Adult) states, in part, as follows:

Indications:

- a. Any patient, who is greater than or equal to the age of 15 years, requiring prehospital medical evaluation by a prehospital health care provider in the State of Delaware.
- b. The General Patient Care protocol will be followed in conjunction with all other applicable protocols.
- c. A patient is an individual who is sick, injured, wounded, or otherwise incapacitated or helpless from an acute condition and seeks immediate medical attention for whom EMS has been activated. A person that denies the need for medical treatment and/or transport, but any reasonable EMS provider can see that a person(s) has an obvious injury or illness, should be considered a patient, and treated as such.
- d. The most current version of the American Heart Association Guidelines for Cardiopulmonary Resuscitation is considered the standard for CPR within these protocols.
 - Scene Safety, Observe body substance isolation (BSI) precautions.
 - Identify the number of patients; perform Triage if necessary. See Triage Protocol.
 - Consider the need for additional resources.
 - Manage cervical spine as needed.
 - Complete patient assessment: Level of consciousness (AVPU, Determine GCS).
 - Assess and manage the airway.
 - Assess breathing rate, rhythm, quality, and oxygenation.
 - Assess and manage circulation.
 - Obtain manual initial vital signs prior to using any approved medical grade monitoring equipment. Monitor Blood Glucose as appropriate.

- Obtain SAMPLE history and OPQRST history if patient can speak (Onset, Provocation/Palliation, Quality, Rate, Severity, Time)
- Assess pertinent body systems as appropriate.
- Assess and record pain severity, if applicable.
- Assign treatment priority and make a transport decision.
- For transport consider closest appropriate medical facility, keeping in mind patient (family) requests and diversion status.
- Victims of sexual assault should be transported to a facility staffed with a Sexual Assault Nurse Examiner (SANE) / Forensic Nurse Examiner (FNE). If patient has significant trauma transport to appropriate trauma facility.
- On scene direction of medical care is provided by the on-duty Delaware EMS provider with the highest level of licensure and/or certification. Rescue operations and control of the scene remains under the direction of the Fire Officer in Charge.
- **Contact Medical Control** as needed.
- Monitor and reassess as appropriate.
- Responsibility of care does not end until transfer of care of the patient to an appropriately trained health care provider is completed.

8. Between August 2023 and February 2025, Respondent wrote up to forty (40) PCR's where the vital signs, specifically the blood pressure, were not correctly assessed and or documented in the PCR.

9. Between August 2023 and January 2025, Respondent wrote up to six (6) PCR's where the patient signature and or initials were forged by Respondent instead of having the patient sign himself or herself.

10. Between August 2023 and February 2025, Respondent wrote up to thirty-five (35) PCR's which were turned in more than 24 hours after the dispatch time.

11. During December 2024, while working for Belvedere Volunteer Fire Company,

Respondent failed to complete three (3) PCRs.

12. Some of the PCRs referenced in paragraphs 8-11 include issues with one or more of the following: vital signs, patient signatures, and or turning in the PCR late.

13. Respondent was interviewed by investigators for the Fire Commission and made the following admissions:

- a. Respondent admitted to having been trained on how to complete patient care reports.
- b. Regarding the three PCRs that Respondent failed to complete during December 2024 at Belvedere Volunteer Fire Company, Respondent admitted that he would start the PCRs and then forget to go back and finish them.
- c. In response to PCRs being turned in late, Respondent said he forgot about them.
- d. Respondent advised that, in the PCRs which are missing diastolic blood pressure readings, he would have obtained a systolic reading by palpation.
- e. Respondent admitted to signing patient initials in the patient signature location in specific instances, such as when the patient was two-months old and when he was locked out of DEMRS and was unable to get the patient signature.

14. Regarding incidents between August 2023 and June 30, 2024, Respondent has violated Regulation 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.¹

15. Regarding incidents between July 1, 2024 and February 10, 2025, Respondent has violated Regulation 710, Section 18.4.1.3 in that he has demonstrated gross negligence, a pattern of negligence, or has proven otherwise to be grossly incompetent.²

16. Regarding incidents between August 2023 and June 30, 2024, Respondent has violated Regulation 710, Section 14.4.1.4 in that he has violated Protocols.³

17. Regarding incidents between July 1, 2024 and February 10, 2025, Respondent has violated Regulation 710, Section 18.4.1.4 in that he has violated protocols.⁴

18. Regarding incidents between August 2023 and June 30, 2024, Respondent has violated Regulation 710, Section 14.4.1.5 in that he has violated or aided or abetted in the violation of any provision of these regulations.⁵

19. Regarding incidents between July 1, 2024 and February 10, 2025, Respondent has violated Regulation 710, Section 18.4.1.5 in that he has violated or aided or abetted in the violation of any provision of this regulation.⁶

20. Regarding incidents between August 2023 and June 30, 2024, Respondent has violated Regulation 710, Section 14.4.1.9⁷ in that he has engaged in unprofessional conduct, specifically the following sections:

- a. Section 14.4.2.3 in that he has engaged in any dishonorable, unethical, or

¹ 1 *Del. Admin. Code* Regulation 710, §14.4.1.3, effective April 1, 2022.

² 1 *Del. Admin. Code* Regulation 710, §18.4.1.3, effective July 1, 2024.

³ 1 *Del. Admin. Code* Regulation 710, §14.4.1.4, effective April 1, 2022.

⁴ 1 *Del. Admin. Code* Regulation 710, §18.4.1.4, effective July 1, 2024.

⁵ 1 *Del. Admin. Code* Regulation 710, §14.4.1.5, effective April 1, 2022.

⁶ 1 *Del. Admin. Code* Regulation 710, §18.4.1.5, effective July 1, 2024.

⁷ 1 *Del. Admin. Code* Regulation 710, §14.4.1.9, effective April 1, 2022.

other conduct likely to deceive, defraud, or harm the public.⁸

- b. Section 14.4.2.13 in that he has engaged in the violation of a provision of this Regulation or the violation of an order of the Commission related to the practice of EMT services, BLS Service or to the procedures of other professions or occupations regulated by the Commission, the violation of which more probably than not will harm or injure the public or an individual.⁹

21. Regarding incidents between July 1, 2024 and February 10, 2025, Respondent has violated Regulation 710, Section 18.4.1.7¹⁰ in that he has engaged in unprofessional conduct, specifically the following sections:

- a. Section 18.4.2.3 in that he has engaged in any dishonorable, unethical, or other conduct likely to deceive, defraud, or harm the public.¹¹
- b. Section 18.4.2.13 in that he has engaged in the violation a provision of this regulation or the violation of an order of the Commission related to the practice of EMT services, BLS service or to the procedures of other professions or occupations regulated by the Commission, the violation of which more probably than not will harm or injure the public or an individual.¹²

22. Respondent admits that the allegations set forth in paragraphs one (1) through

⁸ *Id.* at §14.4.2.3.

⁹ *Id.* at §14.4.2.13

¹⁰ 1 *Del. Admin. Code* Regulation 710, §18.4.1.7, effective July 1, 2024.

¹¹ *Id.* at §18.4.2.3.

¹² *Id.* at §18.4.2.13

twenty-one (21) above are true and correct.

23. Respondent and the State agree that the appropriate disciplinary sanctions shall be as follows:

- a. Respondent's EMT certification shall be suspended for a period of 30 days from the date the Commission signs the Order;
- b. At the conclusion of the period of suspension, Respondent's EMT certification shall be placed on probation for a period of twenty-four (24) months;
- c. Respondent shall complete remedial training in the areas of report writing, protocols, and blood pressure;
- d. Respondent shall be subjected to random audits of his PCRs during the period of probation;
- e. If an audit of Respondent's PCRs reveals errors in Respondent's PCRs of the same or similar nature as outlined in this consent agreement, then Respondent's EMT certification will be immediately suspended without further hearing by the Commission;
- f. Respondent shall engage in an educational meeting with Patrick Matthews, MD, the Delaware BLS Medical Director, at a time scheduled by Dr. Patrick Matthews;
- g. If Respondent fails to appear for the educational meeting addressed in paragraph 19(f) above, his EMT certification will be immediately suspended without further hearing by the Commission;
- h. If Respondent is suspended pursuant to paragraphs 19(e) or 19(g) above, such suspension will not lift until Respondent files a written petition and appears in

person before the Commission to address his request to lift the suspension. After hearing Respondent's petition to lift the suspension, the Commission may deny the request or may lift the suspension and may impose any additional discipline it deems appropriate to protect the public health, safety, and or welfare; and

- i. Respondent shall notify the Commission within ten (10) days of any change of his residential address or EMT-related employment.

24. The parties to this Consent Agreement are the State of Delaware and Respondent.

25. The parties agree and acknowledge that nothing contained in this Consent Agreement shall affect any rights or interests of any person not a party to this Agreement.

26. Respondent acknowledges that he is waiving his rights under the State Fire Prevention Regulations and 29 *Del. C.* Ch. 101 to a hearing before the Commission prior to the imposition of disciplinary sanctions.

27. Respondent acknowledges that he has carefully read and understands this Consent Agreement, and is entering into this Consent Agreement freely, knowingly, voluntarily, and after having received or having been afforded the opportunity to receive the advice of counsel.

28. Respondent acknowledges that this Consent Agreement is a public record within the meaning of 29 *Del. C.* § 10002 and will be available for public inspection and copying as provided for by 29 *Del. C.* § 10003.

29. The parties acknowledge and agree that this Consent Agreement is subject to approval by the Commission.

30. The parties acknowledge and agree that if the Commission does not accept this Consent Agreement, it shall have no force or effect, except as follows:

- a. Neither Respondent, nor anyone on his behalf, will in any way or in any forum

challenge the ability of the Commission or any of its members to conduct an evidentiary hearing relating to the allegations in the subject Complaint;

b. The Consent Agreement, or conduct or statements made in negotiating the Consent Agreement, will be inadmissible at any administrative, civil or criminal legal proceeding; and


c. No provision contained in the Agreement shall constitute or have the effect of an admission by the Respondent as to any fact alleged in the Complaint in this matter or in this Agreement.

31. If the Commission accepts the Consent Agreement and enters it as an Order, the Consent Agreement shall be admissible as evidence at any future proceedings before the Commission.


32. Respondent understands and acknowledges that the Commission will report this Consent Agreement to the licensing authority of any other state in which he is licensed to practice.

33. The parties acknowledge and agree that this Consent Agreement, along with any exhibits, addendums, or amendments hereto, encompasses the entire agreement of the parties and supersedes all previous understandings and agreements between the parties, whether oral or written. There are no other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever concerning this agreement.

34. This Consent Agreement shall be effective upon acceptance by the Commission and entry of the Commission's Order.


Robert Roderick
Respondent

Dated: 09/02/2025


Renee Hrivnak (ID# 3742)
Deputy Attorney General

Dated: 9/2/2025

**BEFORE THE STATE FIRE PREVENTION COMMISSION OF THE STATE OF
DELAWARE**

IN RE: ROBERT RODERICK

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Case No.: SFC-25-0012

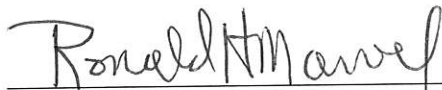
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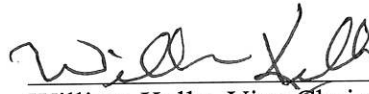
ORDER

WHEREAS, the Delaware State Fire Prevention Commission has reviewed this matter and hereby approves the Consent Agreement of the parties, and enters it now as an Order of the Delaware State Fire Prevention Commission;

IT IS SO ORDERED this 16 day of September, 2025



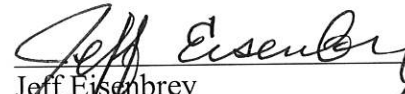
Ronald H. Marvel, Chairman



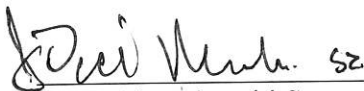
William Kelly, Vice Chairman



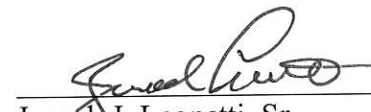
Lynn Truitt



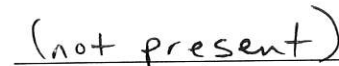
Jeff Eisenbrey



J. David Majewski Sr.



Joseph J. Leonetti, Sr.



Ronald O'Neal

