BEFORE THE STATE FIRE PREVENTION COMMISSION OF THE STATE OF DELAWARE

IN RE: BRIAN LEE WILLIAMS	)	
	)	**Case No.: SFC-25-0034**
EMT I.D. NO.: 0114821	)	

CONSENT AGREEMENT

A written Complaint and Motion for Temporary Suspension ("Complaint") has been filed with the Delaware State Fire Prevention Commission ("Commission") alleging that Brian Lee Williams ("Respondent"), an emergency medical technician ("EMT") in the State of Delaware, license number 0114821, 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 Frankford, 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 0114821, was originally issued on May 3, 2024, and expires on March 31, 2026.

3. At all times relevant, Respondent was employed as an EMT at Gumboro Fire Company in Millsboro, Delaware.

4. On January 3, 2025, Respondent was dispatched for a fall outside to an address on Cypress Road, Frankford, Delaware.

   a. Respondent was the primary patient caregiver for Patient B.B. D.M. was the driver and Respondent's partner for this call.

b. Patient B.B. was complaining of pain and would yell whenever Respondent and D.M. attempted to move her.

c. Patient B.B.'s family member asked Respondent if there was anyone to help move the patient; Respondent said there was not. D.M. had to ask Respondent approximately 2-3 times to request more manpower before he finally made the call asking for more manpower. However, prior to the extra manpower arriving, Respondent and D.M. were able to get Patient B.B. on a Reeves stretcher and into the ambulance.

d. Respondent delayed in beginning an assessment of Patient B.B.

e. Shortly thereafter, a medic arrived and began an assessment. Respondent did not engage in additional patient care.

5. On February 4, 2025, Respondent was dispatched to an address on Main Street, Millsboro, Delaware for a cardiac arrest. Respondent was primary patient caregiver for Patient B.W. D.M. was the driver and Respondent's partner.

a. Patient B.W. was located on a bed in a bedroom. Patient B.W.'s wife was attempting to perform CPR on B.W.

b. Instead of beginning compressions upon arrival, Respondent began working on cutting off Patient B.W.'s clothing leaving D.M. to do compressions.

c. Respondent failed to place a backboard or other appropriate support under Patient B.W. on the bed to allow for effective CPR either manually or via the LUCAS device.

d. Respondent did not properly ventilate Patient B.W.

e. Another EMT who arrived on scene requested a backboard or Reeves so

they could move the patient to the living room where there was more space.

f. Shortly after moving Patient B.W. to the living room, Advanced Life Support ("ALS") arrived.

g. D.M. continued assisting ALS but Respondent stood back and did not participate.

6. On February 24, 2025, Respondent was dispatched to an address on Lowes Road, Millsboro, Delaware for a non-injury fall needing help getting up. Respondent was the primary patient caregiver. D.M. was the driver and Respondent's partner.

a. An 82-year-old male had fallen and needed help up as he and his wife could not get him up.

b. The male's wife advised that he has dementia. She further advised she did not want him transported to the hospital.

c. The male advised he was not injured and did not want to go to the hospital.

d. Respondent and D.M. assisted the male up off the floor.

e. Respondent incorrectly labeled this incident as a public assist when it should have been a refusal.

f. Respondent did not call Medical Control despite being told the male had dementia.

g. Respondent did not inform the patient about the needed treatment and possible outcomes including verbalizing the possibility of disability and death.

7. *Delaware Basic Life Support Protocols, Guidelines and Standing Orders for*

Prehospital and Interfacility Patients[1] *("BLS Protocols")* for General Patient Care (Adult) states, in part, as follows:

Indications:

- 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.
- The General Patient Care protocol will be followed in conjunction with all other applicable protocols.
- 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.
- The most current version of the American Heart Association Guidelines for Cardiopulmonary Resuscitation ("CPR") 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,

[1] Effective November 1, 2024.

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 (**O**nset, **P**rovocation/**P**alliation, **Q**uality, **R**ate, **S**everity, **T**ime)
- 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. *2024 BLS Protocols* for Refusal of Service states, in part, as follows:

Indications:

a. EMTs respond to various scenes where 911 or emergency services are activated due to a person(s)/patient(s) that appears to be in some sort of

distress and may be in need of Emergency Medical assistance. It is important that the EMT obtains the patient's informed consent before leaving the scene; otherwise, the EMT might be exposed to legal liability for abandonment of the patient.

b. 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.

c. **Coercing a patient or family into a Refusal of Services may lead to loss of EMS provider privilege by the State Fire Prevention Commission.**

d. Follow General Patient Care Protocols and any other appropriate protocols that may be required based on the patient condition, complaint, or your assessment.

e. Discussion of refusal should be initiated by the patient and/or their guardian.

f. If patient and/or patient's guardian wishes to refuse treatment and/or transport to a medical facility:

   - Inform the patient about the needed treatment and possible outcomes including verbalizing the possibility of disability and death.
   - Every effort should be made to persuade the patient to consent to treatment and/or transport.
   - Consider involving family, **Medical Control** and law enforcement as

needed.

g. Contact Medical Control for patients presenting or having originally presented with:

- Suspicion of intoxication by drugs or alcohol
- Past medical history or suspicion of dementia
- Any intervention performed by any other healthcare provider.
- A summons of EMS to a health care facility or call initiated by a healthcare provider.
- Suspicion of acute mental disease or suicidal or homicidal ideation.
- Suspicion of a significant head injury
- Respiratory distress
- Abnormal vital signs (normal vital signs are defined as a heart rate between 60-100 bpm, systolic blood pressure greater than 100mmHg, respiratory rate 12-20, and a SpO2 reading greater than 92% on room air)
- Altered mental status who remain altered.
- An age less than 18 years
- Any time ALS is dispatched and recalled by BLS prior to ALS arrival unless the patient meets hypoglycemia, opiate overdose or taser barb removal protocol parameters for refusal of service.

h. Obtain a signed *Refusal of Service form* and document the informed consent process, concerns, and if applicable the physician number on the appropriate reports.

9. *2024 BLS Protocols* for Initiation of Resuscitative Efforts states, in part, as follows:

Indications: For initiation of cardiopulmonary resuscitation (CPR) for patients in cardiac arrest.

- Follow General Patient Care Protocol.
- Witnessed or suspected recent arrest will get immediate CPR.
- For patients with Ventricular Assist Devices (VAD's) reference VAD protocol.
- CPR (use of mechanical chest compression device is recommended as per manufacturer's recommendations) shall be initiated for all patients **unless** one or more of the following criteria apply:
    - Resuscitation would place the rescuer at significant risk of physical injury.
    - Patient is pulseless and apneic (without vital signs), cold in a warm environment, along with rigor mortis (which is found many hours after death) and/or dependent lividity.
    - Injuries which are obviously incompatible with life. *
        - decapitation
        - body fragmentation
        - severe crush injury to head (without vital signs)
        - severe crush injury to chest (without vital signs)
        - severe thermal burns (without vital signs)
        - gunshot wounds to the head with lateral entrance wound and an opposite side exit wound (without vital signs)
    - Decomposition of the body
        - skeletonization
        - severe bloating (without vital signs)
        - skin slough (without vital signs)
- Confirmation that a patient is without vital signs should be done by looking, listening, and feeling for breathing, along with checking for a carotid pulse and one additional pulse point (i.e., femoral, radial).
- It is preferable these steps be performed by two EMTs. Both providers must agree with the decision not to begin CPR. If two providers are present and there is any disagreement or doubt, resuscitation is to begin immediately.

- If only a single EMT is on scene and there is any doubt as to obvious death begin CPR immediately.

- Presentation of any legal document to withhold life-saving efforts refer to DNR Orders protocol. **Contact with Medical Control** as required. (Example: DMOST)

- For patients who do not meet the criteria for initiation of cardiopulmonary resuscitation, withhold resuscitation and have paramedics continue in non-emergent for a death pronouncement.

**At no time should BLS cancel paramedics. ALS must make pronouncement in the field.*

10. *2024 BLS Protocols* for Cardiac Arrest (Adult) states, in part, as follows:

Indications: Current AHA guidelines reflect the importance of compressions for survival from cardiac arrest. EMS practice must evolve to address this important change.

- Compressions should begin as soon as possible following EMS arrival.
- Treating the patient where they are found allows compressions to be started without delay. Only provider safety issues should prompt patient movement off the scene.
- High Quality CPR - Crews should perform continuous compression PIT CREW HIGH PERFORMANCE CPR,
    - Switch compressors every 2 minutes
    - No pauses for ventilations
    - Ventilations on the upstroke of CPR
- No procedure should slow or stop compressions.
- Compressions should be FAST, HARD, and DEEP at a rate of 100-120 compressions per minute and to a depth of at least 2 inches.

- Ensure complete recoil of the chest wall prior to the next compression.

- Ventilations
  - Ventilate at 8-10 breaths per minute to decrease intra-thoracic pressure.
  - Ventilations should be just enough to see chest rise.
- Interruption for defibrillation should be minimal and compressions should resume AS SOON AS shock delivery is complete.
- Consider mechanical CPR device if adequate PIT CREW HIGH PERFORMANCE CPR cannot be maintained or transport is indicated,
- Mechanical chest compression device*, if utilized, should be set to continuous.
- Complete a minimum of 20 minutes of high-quality CPR performed by initial arriving EMS professional on scene before moving patients or initiating transport, unless the use of a mechanical chest compression device has been established and is providing effective compressions.
  - Patient movement on stretchers prevents effective CPR.
  - Effective CPR cannot be safely performed in a moving ambulance**

**CPR assist device must be an FDA approved device approved for use by the Delaware Office of Emergency Medical Services and coordinated with the county EMS medical director and county paramedic service.*

***For patient care and provider safety, the EMS medical directors advocate the*

use of an optional mechanical chest compression device.

11. Section 3.0 of 710 Ambulance Service Regulations, Section 3.0 provides the following relevant definitions:

a. "Advanced Life Support" ("ALS") means the advanced level of pre-hospital and inter hospital emergency care that includes basic life support functions including cardiopulmonary resuscitation, plus cardiac monitoring, cardiac defibrillation, electrocardiography, administration of anti arrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive medical devices, trauma care and other authorized techniques and procedures.

b. "Paramedic" means a person who has successfully completed a course approved by the Board of Medical Licensure and Discipline or its duly authorized representative, documented by OEMS, recognized by the Commission as a Delaware EMT while in the performance of their duties with a county paramedic service or State agency.

c. "Basic Life Support" ("BLS") means the level of capability which provides EMT emergency patient care designed to optimize the patient's chances of surviving an emergency situation.

12. Respondent has violated Part 710, Section 18.4.1.4 in that he has violated protocols.

13. Respondent has violated Part 710, Section 18.4.1.5 in that he has violated or aided or abetted in the violation of any provision of this regulation.

14. Respondent has violated Part 710, Section 18.4.1.7 in that he has engaged in unprofessional conduct, specifically 18.4.2.3 in that he has engaged in any dishonorable, unethical,

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

15. Respondent has violated Part 710, Section 18.4.2.13 in that he engaged in a violation of a provision of this regulation, the violation of which more probably than not will harm or injure the public or an individual.

16. Respondent admits that the allegations set forth in paragraphs one (1) through fifteen (15) above are true and correct.

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

a. Respondent's EMT certification shall be placed on probation for a period of 12 months from the date the Commission enters their Order;

b. Respondent shall complete remedial training in the areas of documentation and report writing within ninety (90) days of the date the Order goes into effect;

c. Respondent shall take a CPR course within ninety (90) days of the date the Order goes into effect;

d. Respondent shall engage in an educational meeting with Patrick Matthews, MD, the Delaware BLS Medical Director, at a time scheduled by Dr. Patrick Matthews; and

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

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

19. 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.

20. 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.

21. 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.

22. 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.

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

24. 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.

25. 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.

26. 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.

27. 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.

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

BRIAN L Williams
Brian Lee Williams
Respondent

Dated: 11/10/2025

Renee Hrivnak (ID# 3742)
Deputy Attorney General

Dated: 1/13/2025

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EMT I.D. NO. 0114821	)	

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 20th day of January, 2026.

Ronald H. Marvel, Chairman

William Kelly, Vice Chairman

Lynn Truitt

Jeff Eisenbrey

Joseph J. Leonetti, Sr.

J. David Majewski Sr.

Thomas DiCristofaro