

<b>Policy Title: DUE PROCESS: Corrective coaching/DISCIPLINARY ACTION</b>			<b>No. D - 1</b>
<b>Board approval: 11/12/15</b>	<b>Effective: 1/1/16</b>	<b>Supersedes: 7/1/10</b>	<b>Page: 1 of 4</b>

**EMS Rule reference: Section 515.420 (June 15, 1998)**

**I. Philosophy and purpose**

- A. The NWC EMSS believes in uncompromising legal and ethical behavior based on the standards and codes of EMS professional conduct and the laws of our community, state, and country. EMS personnel have the opportunity to participate in a worthy, purposeful, and progressive profession. This opportunity is not without obligation. The viability of the profession rests on the integrity as well as the capability of its members.
- B. Further, we are dedicated to excellence as our basic performance standard. We affirm that all tasks and services provided in the context of EMS care shall be delivered in a consistently superior manner. Working together, we will approach everything we do as an opportunity for continuous quality improvement.

**II. Consequences of offenses stratified by their seriousness**

Corrective action is generally progressive in the NWC EMSS. For most minor incidents personal coaching, a verbal warning, a written warning, and/or a written reprimand may precede suspension, dismissal, or recommended action against an individual's license. The purpose of disciplinary action is to provide feedback that encourages accountability and behavior that reflects System values. Corrective action plans are intended to be positive, non-punitive interventions that allow an individual time to correct an identified deviation from expected behavior. In each instance, the corrective action is to be fair, just, and in proportion to the seriousness of the violation. In addition, feedback is to be communicated privately, out of sight and sound of peers or co-workers, and delivered in a timely manner. For more severe offenses, the disciplinary process may begin with a final written warning, suspension or dismissal.

**III. Grounds for corrective coaching and/or disciplinary action in the NWC EMSS**

The EMS Medical Director (EMS MD) may choose to invoke corrective coaching or disciplinary action against any individual or individual provider or other participant considered to be in violation of the EMS Act or other statute and/or any Rule promulgated under those Acts and/or failure to comply with the provisions of the System's Program Plan approved by IDPH which may include violation of the System's standards of care. **Examples may include but not be limited to the following:**

- A. Failure to meet education requirements prescribed by statute, Rule, or EMS MD;
- B. All forms of academic misconduct including but not limited to cheating, fabrication, plagiarism, or academic dishonesty.
- C. Selling, preparing, or distributing for any commercial purpose EMS educational materials and/or standard of care or QI documents or video or audio recordings unless authorized by the System in advance and explicitly permitted by the EMS MD or EMS Administrative Director in writing
- D. Failure to maintain proficiency in the provision of basic, intermediate or advanced life support services prescribed by IDPH and/or the EMS MD;
- E. Any EMS personnel, who, during the provision of emergency services or while acting as a student or an agent of an EMS agency or hospital, engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public;
- F. Intoxication or personal misuse of any drugs or the use of intoxicating liquors, narcotics, controlled substances, or other drugs or stimulants in such manner as to adversely affect the delivery or performance of activities in the care of patients requiring EMS interventions. ("adversely affect" means anything which could harm the patient or treatment that is administered improperly);
- G. Unlawful manufacture, distribution, dispensing, possession, use, or sale of, or the attempted manufacture, distribution, dispensing, or sale of controlled substances, identified in federal and state law or regulations.

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- H. Unauthorized use or removal of controlled substances, drugs, supplies, or equipment from any ambulance, health care facility, institution or other work place location;
- I. Intentional falsification of any medical reports or orders, or making misrepresentations involving personal affiliation with a healthcare agency or misrepresentation of scope of practice during patient care;
- J. Forgery, alteration, or misuse of any System document, record, key, or electronic device.
- K. Theft of, conversion of, destruction of, or damage to any EMS property, or any property of others while acting as a student or agent of the System, or possession of any property when the individual had knowledge or reasonably should have had knowledge that it was stolen;
- L. Theft or abuse of EMS electronic resources such as computers and electronic communications devices, facilities, systems, and services. Abuses include (but are not limited to) unauthorized entry, use, transfer, or tampering with the communications of others; interference with the work of others and with the operation of computer and electronic communications facilities, systems, and services; or copyright infringement (for example, the illegal file-sharing of copyrighted materials);
- M. Unauthorized entry to, possession of, receipt of, or use of any EMS services; equipment; resources; or properties.
- N. The System member is physically impaired to the extent that he or she cannot physically perform EMS duties for which he or she is licensed, as verified by a physician, unless the person is on inactive status pursuant to IDPH regulations;
- O. The System member is mentally impaired to the extent that he or she cannot exercise the appropriate judgment, skill and safety for performing the emergency care and life support functions for which he or she is licensed, as verified by a physician, unless that person is on inactive status pursuant to IDPH regulations and is not determined to be impaired a result of a medical condition;
- P. Abandoning or neglecting a patient during the provision of emergency care.
- Q. Performing or attempting emergency care, techniques or procedures without proper permission, licensure, education or supervision;
- R. Discriminating in rendering emergency care because of race, sex, creed, religion, national origin, medical condition, sexual orientation, or ability to pay;
- S. Physical abuse including but not limited to sexual assault, sex offenses, and other physical assault; threats of violence; or other conduct that threatens the health or safety of any person that occurs while a student and/or in the line of duty;
- T. Stalking behavior in which a System student or member repeatedly engages in a course of conduct directed at another student or agent of the System and makes a credible threat with the intent to place that person in reasonable fear for his or her safety, or the safety of his or her family; where the threat is reasonably determined by the System to seriously alarm, torment, or terrorize the person; and where the threat is additionally determined by the System to serve no legitimate purpose.
- U. Harassment by a student or System member in the line of duty: Harassment may include:
  - a) the use, display, or other demonstration of words, gestures, imagery, or physical materials, or the engagement in any form of bodily conduct, on the basis of race, color, national or ethnic origin, sex, religion, age, sexual orientation, or physical or mental disability, that has the effect of creating a hostile and intimidating environment sufficiently severe or pervasive to substantially impair a reasonable person's participation in program activities, or use of program facilities; b) must target a specific person or persons; and c) must be addressed directly to that person or persons. Sexual harassment means unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature that occurs while a student and/or in the line of duty;

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- V. Obstruction or disruption of teaching, research, administration, disciplinary procedures, or other System activities.
- W. Illegal possession, use, storage, or manufacture of explosives, firebombs, firearms or other weapons or other destructive devices while a student or acting as an agent of the System;
- X. Medical misconduct or incompetence, or a pattern of continued or repeated medical misconduct or incompetence in the provision of emergency care;
- Y. Behavior of the System participant of a nature that could cause foreseeable danger to himself/herself or the public; or
- Z. The System participant, while not in violation of any of the above, has consistently and repeatedly, during the provision of emergency care, acted in such a way as to reflect discredit upon the EMS System, their employer and/or IDPH.

#### IV. IMMEDIATE SUSPENSION OF PRIVILEGES

- A. The EMS MD may issue an immediate suspension if he finds that the information in his possession indicates that continued EMS practice by the individual, individual provider, or participant would constitute a foreseeable, imminent danger to the public. The suspended individual, individual provider, or participant shall be issued a verbal notice of Immediate Suspension followed by a written suspension order to the EMT or other provider by which the EMS MD states the length, terms and basis for the suspension. Verbal notice shall be communicated to the individual and to the highest-ranking on-duty officer or administrator of the agency employing the suspended individual at the time of the incident.
- B. Documentation in the individual's or individual provider's EMS file shall include all salient facts leading to the suspension.
- C. Within 24 hours following the commencement of the suspension, the EMS MD shall deliver to IDPH, by e-mail, messenger or telefax, a copy of the suspension order and copies of any written materials that relate to the decision to suspend the individual or individual provider.
- D. Within 24 hours following the commencement of the suspension, the suspended individual or individual provider may deliver to IDPH by e-mail, messenger or telefax, a written response to the suspension order and copies of any written materials that the individual or individual provider believes relates to that response.
- E. Within 24 hours of receipt of the EMS MD's suspension order or the written response, whichever is later, the Director or Director's designee shall determine whether the suspension should be stayed pending the individual's or individual provider's opportunity for hearing or review in accordance with the EMS Act, or whether the suspension should continue during the course of that hearing or review. IDPH shall issue this determination to the EMS MD, who shall immediately notify the suspended EMT or provider. The suspension shall remain in effect during this period of review by the Director or the Director's designee.
- F. Upon issuance of a suspension order for reasons directly related to medical care, the EMS MD shall provide notice to the individual or individual provider that they have the opportunity for a hearing before the local System Review Board, or they may elect to bypass the local Review Board and seek direct review of the suspension order by the State EMS Disciplinary Review Board in accordance with the EMS Act and Rules.
- G. If the local Review Board affirms or modifies the EMS MD's suspension order, the individual or individual provider shall have the opportunity to appeal the local Board's decision to the State EMS Disciplinary Review Board, pursuant to the EMS Act.
- H. If the local Review Board reverses or modifies the EMS MD's suspension order, the EMS MD shall have the opportunity to appeal the local Board's decision to the State EMS Disciplinary Review Board, pursuant to the EMS Act.

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V. **ADMINISTRATIVE SUSPENSION OF SYSTEM PRIVILEGES**

- A. For suspensions which do not include a finding by the EMS MD of a foreseeable risk to the public, the EMS MD shall invoke an Administrative suspension of practice privileges in the NWC EMSS by issuing a written notice to the individual or individual provider which includes a statement describing the reason(s) for the suspension (taken from the grounds listed in Section II of this policy), the terms, length, and condition of the suspension, corrective action that could avert a suspension if applicable, the effective date unless a hearing is requested, and the procedure for requesting a hearing.
- B. The written intent to suspend notice shall be sent to the individual by e-mail, return receipt mail or personal service and to the EMS agency employing the suspended individual by e-mail, fax or personal service.
- C. Documentation in the individual's or individual provider's EMS file shall include all salient facts leading to the suspension.
- D. **Reinstatement:** An administrative suspension shall remain in place until the Resource Hospital receives reliable evidence that the deficiency has been corrected.

VI. **Recovery of damages**

Students or system members who have been found to have stolen or damaged System or hospital property shall be required to provide reimbursement for expenses incurred by the program or other parties resulting from the person's infraction. Such reimbursement may take the form of monetary payment or appropriate service to repair or otherwise compensate for damages to program property or equipment. Restitution may be imposed on any student or System member who alone, or through group activities, participates in causing the damages or costs to the program.

VII. **Posting disciplinary action in academic transcripts or EMS personnel file**

When a student or System member is subject to disciplinary action, a notation that discipline was imposed must be placed on the academic transcript or in the EMS personnel file. If disciplinary action consisted of sanctions less than suspension or dismissal, such notations may be removed after one year if no further action has been necessary. If disciplinary action resulted in suspension, the notation shall remain in the file until the next licensure cycle. If disciplinary action resulted in dismissal, the investigation record and record of dismissal shall permanently remain in the EMS file.

VIII. **Expungement of the record**

If, as a result of an official appeal, it is determined that the individual was improperly disciplined, the System shall, if requested by the individual, have the record of the hearing sealed, and have any reference to the disciplinary process removed from the individual's EMS record. In such case, the record of the hearing may be used only in connection with legal proceedings. The EMS MD or designee also may take other reasonable actions to ensure that the status of the individual's relationship to the System shall not be adversely affected.

IX. **Responsibility for policy enforcement**

The EMS MD has the final authority and responsibility for implementing this policy and administering discipline even if other System agents become the instrument of enforcement.

Note: For investigation form; see policy G1: RFC Investigation Form 12/15