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BEFORE THE
EMERGENCY MEDICAL SERVICES AUTHORITY
STATE OF CALIFORNIA

In the Matter of the Emergency Medical Technician- Paramedic License Held by:)
MARK R. MANCHESTER) Enforcement Matter No.: 16-0114
License No. P13701)
Respondent) **DEFAULT DECISION AND ORDER**
) **[Gov. Code, § 11520]**

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SUMMARY

The Director of the California Emergency Medical Services Authority (EMS Authority) decides this matter without a hearing in accordance with the default provisions of California Government Code Section 11520. In rendering this decision, the Director considered the contents of the Authority's official records in addition to official records of other public agencies.

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For the reasons that follow, Respondent **MARK R. MANCHESTER's** Emergency Medical Technician-Paramedic (EMT-P) license, No. P13701 is revoked for good cause pursuant to the provisions of the California Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (EMS Act; Health & Safe. Code, § 1797 et seq).

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PARTIES

1. Sean Trask (Complainant), Chief of the California Emergency Medical Services Authority (Authority) EMS Personnel Division, filed the Accusation in this matter in his official capacity.

1 Service by registered mail shall be effective if a statute or agency rule
2 requires the respondent to file the respondent's address with the agency and
3 to notify the agency of any change, and if the letter containing the
4 accusation and accompanying material is mailed, addressed to the
5 respondent at the latest address on file with the agency.

6 5. In accordance with the default provisions of Government Code Section 11505,
7 subdivision (b), the "Statement to Respondent" served on Respondent with the Accusation gives
8 the following notice regarding the legal consequences of a failure to request a hearing:

9 The Director of the Emergency Medical Services Authority (Authority) may
10 proceed upon the Accusation without a hearing unless a written request for
11 a hearing, signed by or on behalf of the person named as Respondent in the
12 accompanying Accusation, was delivered or mailed to the Authority within
13 fifteen (15) days after the Accusation was personally served upon the
14 person named as Respondent or mailed to the person named as Respondent.

15 6. Respondent failed to file a Notice of Defense or otherwise request a hearing within the
16 time allowed by statute (Gov. Code, § 11506; Civ. Code, § 1013) and has thus waived the right
17 to a hearing (Gov. Code, § 11506, subd. [c]).

18 GOVERNING STATUTES AND REGULATIONS

19 1. The Authority has sole jurisdiction over EMT-P licensure and licensure renewal in
20 California (EMS Act, § 1797.172, subd. [c]).

21 2. Section 1798.200 of the EMS Act authorizes the Authority to take disciplinary action
22 against an EMT-P license or to deny a license for acts deemed to constitute a threat to the public
23 health and safety. In relevant part, Section 1798.200 declares:

24 (b) The authority may deny, suspend, or revoke any EMT-P license issued
25 under this division or may place any EMT-P licenseholder on probation
upon the finding by the director of the occurrence of any of the actions
listed in subdivision (c). . . .

(c) Any of the following actions shall be considered evidence of a threat to
the public health and safety and may result in the denial, suspension or
revocation of a certificate or license issued under this division, or in the

1 placement on probation of a certificate or licenseholder under this division:

2 (2) Gross negligence.

3 (3) Repeated negligent acts.

4 (4) Incompetence.

5 (5) The commission of any fraudulent, dishonest, or corrupt act that is
6 substantially related to the qualifications, functions, and duties of
prehospital personnel.

7 (10) Functioning outside the supervision of medical control in the field
8 care system operating at the local level, except as authorized by any
other license or certification.

9 3. California Code of Regulations, Title 22, Section 100175, states the criteria for
10 determining when a crime or act is substantially related to an EMT-P's qualifications, functions,
11 or duties:

12 **Substantial Relationship Criteria for the Denial, Placement on Probation,
13 Suspension, or Revocation of a License.**

14 (a) For the purposes of denial, placement on probation, suspension, or
15 revocation, of a license, pursuant to Section 1798.200 of the Health and
16 Safety Code, or imposing an administrative fine pursuant to Section
17 1798.210 of the Health and Safety Code, a crime or act shall be
18 substantially related to the qualifications, functions and/or duties of a person
19 holding a paramedic license under Division 2.5 of the Health and Safety
Code. A crime or act shall be considered to be substantially related to the
20 qualifications, functions, or duties of a paramedic if to a substantial degree
it evidences present or potential unfitness of a paramedic to perform the
functions authorized by her/his license in a manner consistent with the
public health and safety.

21 **FACTUAL FINDINGS**

22 1. On February 5, 2016, Respondent was working for AMR in Redding, California. At
23 approximately 1812 hours, AMR Case #9578409, Respondent was dispatched to a medical aid
24 call and found a woman in the driver's seat of a car with shortness of breath, extremely poor skin
25 signs, and with an impalpable blood pressure. Respondent was unable to obtain a manual blood

1 pressure reading and performed an electronic reading. Respondent also performed a 12-lead
2 EKG that alerted for a STEMI. Respondent failed basic priority to maintain the patient's
3 Airway, Breathing, and Circulation. Respondent also failed to identify an irregular cardiac
4 rhythm and treat the patient per SSV policy C-7, Bradycardial/unstable. Respondent violated
5 SSV protocol when he delayed critical transport to start a 12-lead EKG. Respondent had the
6 patient stand, pivot, and sit onto the gurney. The patient's Glasgow Coma Score (GCS) dropped
7 to unresponsive and shortly thereafter experienced a second similar seizure on the gurney.
8 Respondent charted the patient's GCS as 14 (alert, oriented), when it actually was at 3
9 (unresponsive).

10 Respondent told the patient's family to meet the ambulance at Mercy Medical Center-
11 Redding, and then while enroute unilaterally diverted the ambulance to Shasta Regional Medical
12 Center even though both hospitals are STEMI receiving centers and equidistance.
13

14 Respondent transported the patient Code 2; but due to the critical nature of the patient,
15 she should have transported Code 3 as the patient was unresponsive. Upon arrival at the hospital
16 emergency department (ED), the patient's color was ashen and apneic, and an EMT observed
17 that she did not appear to be breathing. However, Respondent did not check the patient's airway
18 nor perform chest compressions.

19 Respondent removed the 12 EKG leads from the patient, which was not standard
20 procedure, and pushed the patient into the ED. Respondent told the nursing staff about the
21 patient's STEMI condition but failed to advise that two EMT's observed apnea, lack of pulse,
22 and had advised the Respondent to begin CPR. The patient died shortly thereafter.

23 2. On or about February 4, 2016, AMR Case #9579906, Respondent delivered an 87-
24 year old man to the Emergency Department (ED), reporting only skin tears on the man's elbows
25 and a slight ALOC (confusion) from an unwitnessed fall onto the garage floor. Upon arriving at

1 the ED, it was determined the man suffered a femur neck/head fracture with positive shortening
2 and rotation of the affected leg. Respondent missed the finding because he failed to perform a
3 full assessment. Respondent failed to access the man's lower extremities, remove the patient's
4 pants, or perform any lower body assessment. Respondent incorrectly documented that the
5 patient had no deformity or pain in any extremity. The patient was also found to be hypothermic
6 because he was exposed to the cold garage floor overnight, and Respondent was aware that the
7 patient may have been on the garage floor for 12 or more hours.

8 In this instance, Respondent demonstrated a lack of competency and dishonesty of
9 documentation in the care of the patient. This patient sustained a fall on the prior day, and his
10 hip fracture was not recognized during Respondent's assessment. He documented that the
11 patient had no deformity or pan in any extremity. At the ED, the patient was also noted to have
12 Rhabdomyolysis (skeletal muscle breakdown) undoubtedly as a result of being immobile on the
13 floor for several hours, which led to kidney function problems (Acute Kidney Injury). The
14 patient was noted to be hypothermic at the hospital, yet Respondent did not consider or address
15 this finding despite the patient's environmental exposure in a cold garage overnight.

16 3. On or about February 7, 2016, AMR Case #9579577, Respondent responded to a
17 medical aid call for a male patient with a medical history of stroke, high blood pressure, and
18 diabetes. The patient complained of shortness of breath, saying he had inhaled smoke in a house
19 fire the night before, but had not been medically evaluated for it. Respondent spent only four (4)
20 minutes with the patient and noted in the PCR, "Patient was advised to go to ER or call 911 if
21 medical need arises." Respondent charted that he had performed an EKG, which he did not
22 actually perform. Respondent failed to perform a full assessment of this patient. The
23 Respondent also documented that an AMA (against medical advice) release was signed by the
24 patient; however, one was not completed, a full assessment was not performed, and the base
25

1 hospital was not contacted as is required by local protocol #812, and #850. Respondent did not
2 contact base hospital nor did he contact his supervisor.

3 4. Respondent's acts as outlined above constitute gross negligence in the treatment of
4 patients, incompetence in the treatments that he did perform, and repeated negligent acts for the
5 substandard treatment of multiple patients.

6 7 **LEGAL CONCLUSIONS**

8 1. As detailed in the Factual Findings above, Respondent's fraudulent preparation of
9 PCR's fell below the standard of care for a licensed paramedic and demonstrates present and
10 potential unfitness of a paramedic to perform the functions authorized by the EMT-P license in a
11 manner consistent with the public health and safety.

12 2. Respondent's inability to adequately care for multiple patients reflect a lack of
13 sound professional judgment that is required of a paramedic's fitness to perform his duties.

14 3. Respondent violated EMS Act Section 1798.200, subdivision (c) (2), (3), (4), (5)
15 and (10) as demonstrated by Respondent's inadequate treatment of multiple patients, his
16 incompetence, gross negligence and repeated acts of negligence.

17 4. The records establish by clear and convincing evidence that Respondent
18 **MARK R. MANCHESTER** committed acts that demonstrate he is unfit to perform the
19 functions authorized by an EMT-P license in a manner consistent with the public health and
20 safety, warranting revocation of his EMT-P license under EMS Act Section 1798.200.

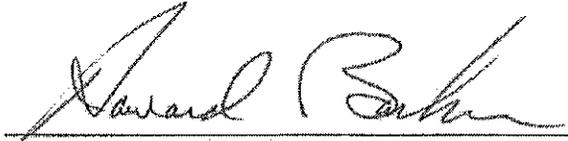
21 **ORDER**

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23 Emergency Medical Technician-Paramedic license number P13701, issued to Respondent
24 **MARK R. MANCHESTER**, is hereby revoked. This decision shall become effective 20 days
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1 after the date below.

2 IT IS SO ORDERED:

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4 Dated: May 4, 2017



Howard Backer, MD, MPH, FACEP
Director, Emergency Medical Services Authority
State of California

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BEFORE THE
EMERGENCY MEDICAL SERVICES AUTHORITY
STATE OF CALIFORNIA

In the Matter of the Paramedic License) Enforcement Matter No.: 16-0114
Held by:)
MARK R. MANCHESTER) ACCUSATION
License No. P13701)
Respondent)

I. INTRODUCTION

This case is brought under the California Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (EMS Act)¹ based on the actions of Respondent **MARK R. MANCHESTER**. Respondent's actions evidence a threat to the public health and safety and warrant disciplinary action against his Emergency Medical Technician-Paramedic (EMT-P) license.

II. PARTIES

1. Sean Trask (Complainant) is the Chief of the Emergency Medical Services Authority of the State of California (Authority) EMS Personnel Division. Complainant makes, executes,

¹ The EMS Act is codified at Health and Safety Code section 1797 et seq.

1 and files this Accusation in his official capacity as Chief of the EMS Personnel Division.

2 2. The Authority first issued EMT-P license No. P13701 to Respondent on July 25,
3 1997, and said license is valid through July 31, 2017, unless it is revoked or suspended as
4 provided by law.

5 3. At all times here relevant, Respondent was employed by American Medical Response
6 and was working under a valid EMT-P paramedic license.

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9 **III. JURISDICTION AND APPLICABLE LAW**

10 4. Complainant brings this Accusation before the EMS Authority (Authority) under the
11 following sections of the EMS Act and title 22 of the California Code of Regulations
12 (Regulations).

13 5. The Authority is a state agency within the California Health and Welfare Agency “[t]o
14 provide the state with a statewide system for emergency medical services,” and charges the
15 Authority with responsibility “[f]or the coordination and integration of all state activities
16 concerning emergency medical services.” (EMS Act, § 1797.1.)

17 6. Under the EMS Act, the Authority has the responsibility to develop and adopt
18 minimum standards for EMT-P training and scope of practice (Act, §1797.172, subd. (a))
19 and has sole responsibility for EMT-P licensure and licensure renewal in California
20 (Act, § 1797.172, subd. (c)).

21 7. Regulation 100139 defines “Paramedic” or “EMT-P,” as “[a]n individual who is
22 educated and trained in all elements of prehospital advanced life support (ALS); whose scope
23 of practice to provide ALS is in accordance with the standards prescribed by this Chapter [ch. 4
24 of Cal Code Regs., tit. 22, div. 9].”
25

1 8. "Advanced life support" is defined in EMS Act section 1797.52:

2 "Advanced life support" means special services designed to provide
3 definitive prehospital emergency medical care, including, but not limited
4 to, cardiopulmonary resuscitation, cardiac monitoring, cardiac
5 defibrillation, advanced airway management, intravenous therapy,
6 administration of specified drugs and other medicinal preparations, and
7 other specified techniques and procedures administered by authorized
8 personnel under the direct supervision of a base hospital as part of a local
9 EMS system at the scene of an emergency, during transport to an acute
10 care hospital, during interfacility transfer, and while in the emergency
11 department of an acute care hospital until responsibility is assumed by the
12 emergency or other medical staff of that hospital.

13 9. The medical procedures comprising EMT-P scope of practice are listed in Regulation
14 100146.

15 10. American Medical Response, Respondent's employer, operates an ALS program
16 under the medical direction and management of Sierra-Sacramento Valley Emergency Medical
17 Services Agency (SSVEMSA).

18 11. As a local EMS agency, SSVEMSA has the responsibility to establish policies and
19 protocols that govern and assure medical control of the county's emergency medical services
20 system.

21 EMS Act section 1798.220 declares:

22 The local EMS agency, using state minimum standards, shall establish
23 policies and procedures approved by the medical director of the local EMS
24 agency to assure medical control of the EMS system. . . .

25 12. Regulation 100170 requires local EMS agency medical directors to
establish and maintain medical control of emergency medical services in part as
follows:

1 (a) Prospectively, by assuring the development of written medical policies
and procedures, to include at a minimum:

2 (1) Treatment protocols that encompass the paramedic scope of
3 practice.

4 (2) Local medical control policies and procedures as they pertain to the
paramedic base hospitals, alternative base stations, paramedic service
5 providers, paramedic personnel, patient destination, and the LEMSA.

6 (3) Criteria for initiating specified emergency treatments on standing
orders or for use in the event of communication failure that is
7 consistent with this Chapter.

8 (4) Criteria for initiating specified emergency treatments, prior to voice
contact, that are consistent with this Chapter.

9 (5) Requirements to be followed when it is determined that the patient
will not require transport to the hospital by ambulance or when the
10 patient refuses transport.

11 (6) Requirements for the initiation, completion, review, evaluation, and
retention of a patient care record as specified in this Chapter.

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13 13. In accordance with the enabling statutes and regulations cited above, SSVEMSA
14 adopted and promulgated policies that define and govern the roles, responsibilities, and scope of
15 practice of accredited prehospital responders. The following SSVEMSA Treatment Protocols
16 are incorporated by reference as if set forth herein:

17 SSV-EMS Protocol C-6 Tachycardia

18 SSV-EMS Protocol C-7 Bradycardia

19 SSV-EMS Protocol C-8 Chest Pain

20 SSV-EMS Protocol 812 Base/Modified Base/Receiving Hospital Contact

21 SSV-EMS Protocol 850 Patient Initiated Release at Scene (RAS) or Patient Initiated
22 Refusal of Service Against Medical Advice (AMA)

23 SSV-EMS Protocol 605 Prehospital Documentation

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1 14. EMS Act section 1798.200 authorizes the Authority to take disciplinary action
2 against an EMT-P license or deny a license for acts that constitute a threat to the public health
3 and safety. In relevant part, section 1798.200 provides:

4 “(b) The authority may deny, suspend, or revoke any EMT-P license issued
5 under this division, or may place any EMT-P license issued under this
6 division, or may place any EMT-P licenseholder on probation upon the
7 finding by the director of the occurrence of any of the actions listed in
8 subdivision (c). . . .

9 (c) Any of the following actions shall be considered evidence of a threat to
10 the public health and safety and may result in the denial, suspension or
11 revocation of a certificate or license issued under this division, or in the
12 placement on probation of a certificate holder or licenseholder under this
13 division:

14 ...

15 (2) Gross negligence.

16 ...

17 (4) Incompetence.

18 (5) The commission of any fraudulent, dishonest, or corrupt act that is
19 substantially related to the qualifications, functions, and duties of
20 prehospital personnel.

21 ...

22 (7) Violating or attempting to violate directly or indirectly, or
23 assisting in or abetting the violation of, or conspiring to violate, any
24 provision of this division or the regulations adopted by the authority
25 pertaining to prehospital personnel.

...

(10) Functioning outside the supervision of medical control in the
field care system operating at the local level, except as authorized by
any other license or certification.”

15. California Welfare and Institutions Code §§ 15630-15632.

16. Regulation 100175 defines the criteria for determining whether an act is
substantially related to an EMT-P's qualifications, functions, or duties:
Substantial Relationship Criteria for the Denial, Placement on Probation,
Suspension, or Revocation of a License.

1 (a) For the purposes of denial, placement on probation, suspension,
2 or revocation, of a license, pursuant to Section 1798.200 of the Health and
3 Safety Code, or imposing an administrative fine pursuant to Section
4 1798.210 of the Health and Safety Code, a crime or act shall be
5 substantially related to the qualifications, functions and/or duties of a person
6 holding a paramedic license under Division 2.5 of the Health and Safety
7 Code. A crime or act shall be considered to be substantially related to the
8 qualifications, functions, or duties of a paramedic if to a substantial degree
9 it evidences present or potential unfitness of a paramedic to perform the
10 functions authorized by her/his license in a manner consistent with the
11 public health and safety.

8 IV. FIRST CAUSE FOR LICENSE DISCIPLINE

9 **Violation of EMS Act section 1798.200, subdivisions (c)(2) Gross**
10 **negligence, (c)(3) Repeated negligent acts, (c)(4) Incompetence.**

11 17. AMR case # 9578409.

12
13 On or about February 5, 2016, Respondent was working for AMR in Redding, California.
14 At approximately 1812 hours, Respondent was dispatched to a medical aid call and found a
15 woman in the driver's seat of a car with shortness of breath, extremely poor skin signs, and with
16 an impalpable blood pressure. The patient presented with concerns of cardiac or respiratory
17 problems and suffered a cardiac arrest prior to arrival at the hospital. Respondent was unable to
18 obtain manual blood pressure reading and performed an electronic reading, obtaining a reading
19 of 210/187 at 1819 hours, 228/212 at 1822 hours and 251/-- at 1825 hours. Respondent also
20 performed a 12-lead EKG that alerted for a STEMI. Respondent failed basic priority to maintain
21 the patient's Airway, Breathing, and Circulation. Respondent also failed to identify an irregular
22 cardiac rhythm and treat the patient per SSV policy C-7, Bradycardial/unstable. Respondent
23 violated SSV protocol when he delayed critical transport to start a 12-lead EKG. Respondent had
24 the patient stand, pivot and sit onto the gurney. However when the patient stood she lost pallor
25

1 and exhibited seizure type activity. The patient's Glasgow Coma Score (GCS) dropped to
2 unresponsive and shortly thereafter experienced a second similar seizure on the gurney.
3 Respondent charted the patient's GCS as 14 (alert, oriented), when it actually was at 3
4 (unresponsive).

5 Respondent told the patient's family to meet the ambulance at Mercy Medical Center-
6 Redding, and then while enroute unilaterally diverted the ambulance to Shasta Regional Medical
7 Center even though both hospitals are STEMI receiving centers and equidistance.

8
9 Respondent transported the patient Code 2, but due to the critical nature of the patient,
10 she should have transported Code 3 as the patient was unresponsive. Upon arrival at the hospital
11 emergency department (ED), the patient's color was ashen and apneic, and an EMT observed
12 that she did not appear to be breathing. However, Respondent did not check the patient's airway
13 nor perform chest compressions. Respondent removed the 12 EKG leads from the patient, which
14 was not standard procedure, and pushed the patient into the emergency department. Respondent
15 told the nursing staff about the patient's STEMI condition but failed to advise that two EMT's
16 observed apnea, lack of pulse and had advised the Respondent to begin CPR. The patient died
17 shortly thereafter.

18
19 Respondent's failure to recognize cardiac arrest, failure to begin resuscitative efforts, and
20 removal of cardiac monitoring equipment despite the apparent arrest demonstrate gross
21 negligence. His documentation of the patient's condition was contradictory to the findings at the
22 hospital and contradictory to his own radio report during the call. His documentation of vital
23 signs was also contradictory to findings recorded by the cardiac monitor. Those findings
24 indicated the patient undoubtedly suffered cardiac arrest prior to arrival at the hospital. He also
25 exercised poor judgment in allowing the patient to stand and in refusing the assistance of a fire

1 crew attending the call at the scene, demonstrating a lack of competency. Lastly, he was
2 dishonest in his discussion of care, stating he had given fluid boluses when in fact he had not.

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4 18. AMR case # 9579906

5 On or about February 4, 2016, Respondent delivered an 87 year-old man to the Emergency
6 Department, reporting only skin tears on the man's elbows and a slight ALOC (confusion) from
7 an unwitnessed fall onto the garage floor. Upon arriving at the ED it was determined the man
8 suffered a femur neck/head fracture with positive shortening and rotation of the affected leg.
9 Respondent missed the finding because he failed to perform a full assessment. Respondent failed
10 to access the man's lower extremities, remove the patient's pants, or perform any lower body
11 assessment. Respondent incorrectly documented the patient had no deformity or pain in any
12 extremity. The patient was also found to be hypothermic because he was exposed to the cold
13 garage floor overnight, and Respondent was aware that the patient may have been on the garage
14 floor for 12 or more hours.

15 In this instance Respondent demonstrated a lack of competency and dishonesty of documentation
16 in the care of the patient. This patient sustained a fall on the prior day, and his hip fracture was
17 not recognized during Respondent's assessment. He documented that the patient had no
18 deformity or pain in any extremity. At the emergency department, the patient also was noted to
19 have rhabdomyolysis (skeletal muscle breakdown) undoubtedly as a result of being immobile on
20 the floor for several hours, which led to kidney function problems (Acute Kidney Injury). The
21 patient was noted to be hypothermic at the hospital, yet Respondent did not consider or address
22 this finding despite the patient's environmental exposure in a cold garage overnight.
23

24 19. AMR case #9579577

25 On or about February 7, 2016, Respondent responded to a medical aid call for a male patient

1 with a medical history of stroke, high blood pressure, and diabetes. The Patient complained of
2 shortness of breath, saying he had inhaled smoke in a house fire the night before, but had not
3 been medically evaluated for it. Respondent spent only four minutes with the patient and noted in
4 the PCR, "Patient was advised to go to ER or call 911 if medical need arises." Respondent
5 charted that he had performed an EKG, which he did not actually perform. Respondent failed to
6 perform a full assessment of this patient. The Respondent also documented that an AMA
7 (against medical advice) release was signed by the patient, however, one was not completed, a
8 full assessment was not performed, and the base hospital was not contacted as is required by
9 local protocol #812 and #850. Respondent did not contact base hospital nor did he contact his
10 supervisor.

11 Respondent's acts as outlined above constitute gross negligence in the treatment of patients,
12 incompetence in the treatments that he did perform, and repeated negligent acts for the
13 substandard treatment of multiple patients.
14

15 V. SECOND CAUSE FOR DISCIPLINE

16 **Violation of EMS Act section 1798.200, subdivisions (C) (5), "The**
17 **commission of any fraudulent, dishonest, or corrupt act that is**
18 **substantially related to the qualifications, functions, and duties of**
prehospital personnel."

19 20. Complainant re-alleges the allegations set forth in paragraphs 17
through 19.

20 21. Respondent's fraudulent preparation of PCR's constitutes a
21 fraudulent, dishonest and corrupt act that substantially relates and reflects upon the
22 qualifications, functions and duties of paramedics.
23

24 22. It is critical that paramedics accurately report their findings and not
25 fraudulently distort or dishonestly report them. The intentional or negligent act of

1 misreporting the patient's condition is intolerable and directly relates to the duties
2 and obligations of prehospital personnel.

3 VI. THIRD CAUSE FOR DISCIPLINE

4 **Violation of EMS Act section 1798.200, subdivisions (c)**
5 **(7), Violating or attempting to violate directly or indirectly, or**
6 **assisting in or abetting the violation of, or conspiring to violate,**
7 **any provision of this division or the regulations adopted by the**
8 **authority pertaining to prehospital personnel.**

9 23. Complainant re-alleges the allegations set forth in paragraphs 17
10 through 22.

11 24. Respondent's failure to follow the local protocols of SSV EMS that
12 govern the procedures and policies for pre-hospital care in that jurisdiction
13 constitutes a violation of Section 1798.200(c)(7).

14 V. FOURTH CAUSE FOR DISCIPLINE

15 **Violation of EMS Act section 1798.200, subdivision (c) (10), "Functioning outside**
16 **the supervision of medical control in the field care system operating at the local**
17 **level, except as authorized by any other license or certification."**

18 25. Complainant realleges the allegations set forth in paragraphs 17 through 24.

19 26. Respondent violated EMS Act section 1798.200, subdivision (c) (10), through his
20 repeated failure to comply with the protocols, regulations, and statutes cited above governing
21 prehospital personnel, including but not limited to: SSV-EMS Protocol C-6 Tachycardia, SSV-
22 EMS Protocol C-7 Bradycardia, SSV-EMS Protocol C-8 Chest Pain, SSV-EMS Protocol 812
23 Base/Modified Base/Receiving Hospital Contact, SSV-EMS Protocol 850 Patient Initiated
24 Release at Scene (RAS) or Patient Initiated Refusal of Service Against Medical Advice (AMA),
25 SSV-EMS Protocol 605 Prehospital Documentation Policy, and by his failure to provide the
minimum level of required care for his patients as described in the preceding paragraphs.

1 Respondent failed to properly assess patients, perform the minimum amount of medical
2 treatment required to preserve life, failed to make base hospital contact, and failed to properly
3 document patient care reports. Respondent violated the basic requirements of attending to
4 patients, documenting their condition and rendering inadequate treatment to his patients.

5 **PRAYER**

6 WHEREFORE, Complainant prays that a decision be rendered by the Director of the
7 Emergency Medical Services Authority to revoke Respondent's EMT-P license for violations of
8 the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel
9 Act and regulations implementing the Act for the acts he has committed as alleged in this
10 accusation.

11 WHEREFORE, Complainant prays for such other and further relief, as the Director
12 deems proper.
13

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15 Dated: 3-16-2017


16 SEAN TRASK
17 Chief, EMS Personnel Division, EMS Authority
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10 **BEFORE THE**
11 **EMERGENCY MEDICAL SERVICES AUTHORITY**
12 **STATE OF CALIFORNIA**

13
14 In the Matter of the Accusation Against:) Enforcement Matter No.: 16-0114
15)
16 **MARK R. MANCHESTER**) **STATEMENT TO RESPONDENT**
17 License No. P13701) [Govt. Code § 11505]
18 Respondent)
19)
20)

21 **TO ALL PARTIES AND TO THEIR ATTORNEYS OF RECORD:**

22 Attached is a copy of the Accusation in the above matter, which is hereby served upon
23 you in accordance with the provisions of section 11505(a) of the California Government Code.
24 The Director of the Emergency Medical Services Authority ("Authority") may proceed upon the
25 Accusation without a hearing unless a written request for a hearing, signed by or on behalf of the
person named as Respondent in the accompanying Accusation, was delivered or mailed to the
Authority within fifteen (15) days after the Accusation was personally served upon the person
named as Respondent or mailed to the person named as Respondent. The request for a hearing
may be made by delivering or mailing the attached form, entitled Notice of Defense, or by
delivering or mailing a Notice of Defense as provided by Government Code section 11506, to:

EMERGENCY MEDICAL SERVICE AUTHORITY
LEGAL OFFICE
10901 Gold Center Drive 4th Floor
Rancho Cordova, CA 95670

1 You may, but need not, be represented by counsel at any or all steps of these proceedings.

2 If you desire the name of the Authority's legal representative, the names and addresses of
3 witnesses, or an opportunity to inspect and copy the items mentioned in Government Code
4 Section 11507.6 that are in the possession, custody or control of the Authority, you may contact
5 me at the Authority at the address noted above.

6 The hearing may be postponed for good cause. If you have good cause, you are obliged
7 to notify the Authority within ten (10) business days after you discover the good cause. Failure
8 to notify the Authority within the requisite ten business days will deprive you of a postponement.
9 In accordance with the provisions of section 11505 of the Government Code, attached are copies
10 of sections 11507.5, 11507.6, and 11507.7 of the Government Code.

11 Dated:

12 *March 16, 2017*

13 *Steph J. Egan for*
14 _____
15 STEPHEN J. EGAN
16 Senior Staff Counsel
17 Emergency Medical Services Authority
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**BEFORE THE
EMERGENCY MEDICAL SERVICES AUTHORITY
STATE OF CALIFORNIA**

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4 In the Matter of the Accusation Against:) Enforcement Matter No.: 16-0114
5)
6 MARK R. MANCHESTER) **NOTICE OF DEFENSE**
License No. P13701) [Govt. Code §§ 11505 AND 11506]
Respondent)
_____)

7 I, the undersigned Respondent in the above-entitled proceeding, hereby acknowledge receipt of a copy of the
8 Accusation; Statement to Respondent; Government Code sections 11507.5, 11507.6 and 11507.7, Complainant's
Request for Discovery; and two copies of a Notice of Defense.

9 I hereby request a hearing to permit me to present my defense to the charges contained in the Accusation.

DATED: _____

Respondent's Signature _____

Respondent's Mailing Address _____

City, State and Zip Code _____

Respondent's Telephone Number _____

Check appropriate box:

13 I am represented by counsel, whose name, address and telephone number appear below:

14 Counsel's Name _____

15 Counsel's Mailing Address _____

16 City, State and Zip Code _____

Counsel's Telephone Number _____

17 I am not now represented by counsel. If and when counsel is retained, immediate notification of the
18 attorney's name, address and telephone number will be filed with the Office of Administrative Hearings
and a copy sent to counsel for Complainant so that counsel will be on record to receive legal notices,
pleadings and other papers.

19 The EMSA has formulated guidelines to assist the administrative law judge in reaching an appropriate
20 penalty. You may obtain a copy of the guidelines at the Authority's website: <http://www.emsa.ca.gov>.

21 The hearing is required by law to be recorded for the official record. The hearing on this matter will be recorded
electronically, unless you desire that a certified court reporter be retained to record the proceedings.

Please check one:

22 I consent to have the hearing recorded electronically

23 I desire to have the hearing recorded by a court reporter

24 I am *not* available for Hearing on the following dates (Next 6 months):

25 _____

**BEFORE THE
EMERGENCY MEDICAL SERVICES AUTHORITY
STATE OF CALIFORNIA**

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6 **MARK R. MANCHESTER**) **NOTICE OF DEFENSE**
7 License No. P13701) [Govt. Code §§ 11505 AND 11506]
8 Respondent)
9)

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12 Request for Discovery; and two copies of a Notice of Defense.

13 I hereby request a hearing to permit me to present my defense to the charges contained in the Accusation.

14 DATED: _____

15 Respondent's Signature _____

16 Respondent's Mailing Address _____

17 City, State and Zip Code _____

18 Respondent's Telephone Number _____

19 **Check appropriate box:**

20 I am represented by counsel, whose name, address and telephone number appear below:

21 Counsel's Name _____

22 Counsel's Mailing Address _____

23 City, State and Zip Code _____

24 Counsel's Telephone Number _____

25 I am not now represented by counsel. If and when counsel is retained, immediate notification of the
attorney's name, address and telephone number will be filed with the Office of Administrative Hearings
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Please check one:

I consent to have the hearing recorded electronically

I desire to have the hearing recorded by a court reporter

I am *not* available for Hearing on the following dates (Next 6 months):

1 **COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6, and 11507.7,**
2 **PURSUANT TO GOVERNMENT CODE SECTIONS 11504 and 11505**

3 **§11507.5. Discovery; exclusive provisions**

4 The provisions of Section 11507.6 provide the exclusive right to and method of
5 discovery as to any proceeding governed by this chapter.

6 **§ 11507.6. Request for discovery; statements; writings**

7 After initiation of a proceeding in which a respondent or other party is entitled to a
8 hearing on the merits, a party, upon written request made to another party, prior to the hearing
9 and within 30 days after service by the agency of the initial pleading or within 15 days after the
10 service of an additional pleading, is entitled to (1) obtain the names and addresses of witnesses to
11 the extent known to the other party, including, but not limited to, those intended to be called to
12 testify at the hearing, and (2) inspect and make a copy of any of the following in the possession
13 or custody or under the control of the other party:

- 14 (a) A statement of a person, other than the respondent, named in the initial
15 administrative pleading, or in any additional pleading, when it is claimed that the
16 act or omission of the respondent as to this person is the basis for the
17 administrative proceeding;
- 18 (b) A statement pertaining to the subject matter of the proceeding made by any party to
19 another party or person;
- 20 (c) Statements of witnesses then proposed to be called by the party and of other
21 persons having personal knowledge of the acts, omissions or events which are the
22 basis for the proceeding, not included in (a) or (b) above;
- 23 (d) All writings, including, but not limited to, reports of mental, physical and blood
24 examinations and things which the party then proposes to offer in evidence;
- 25 (e) Any other writing or thing which is relevant and which would be admissible in
 evidence;
- (f) Investigative reports made by or on behalf of the agency or other party pertaining
 to the subject matter of the proceeding, to the extent that these reports (1) contain
 the names and addresses of witnesses or of persons having personal knowledge of
 the acts, omissions or events which are the basis for the proceeding, or (2) reflect
 matters perceived by the investigator in the course of his or her investigation, or (3)
 contain or include by attachment any statement or writing described in (a) to (e),
 inclusive, or summary thereof.

 For the purpose of this section, "statements" include written statements by the person signed or
 otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings,
 or transcripts thereof, of oral statements by the person, and written reports or summaries of these
 oral statements. Nothing in this section shall authorize the inspection or copying of any writing
 or thing which is privileged from disclosure by law or otherwise made confidential or protected
 as the attorney's work product.

1 § 11507.7. Petition to compel discovery; contents, services, finality of order;
2 review; costs and fees

- 3 (a) Any party claiming the party's request for discovery pursuant to Section 11507.6
4 has not been complied with may serve and file with the administrative law judge a
5 motion to compel discovery, naming as respondent the party refusing or failing to
6 comply with Section 11507.6. The motion shall state facts showing the respondent
7 party failed or refused to comply with Section 11507.6, a description of the matters
8 sought to be discovered, the reason or reasons why the matter is discoverable under
9 that section, that a reasonable and good faith attempt to contact the respondent for
10 an informal resolution of the issue has been made, and the ground or grounds of
11 respondent's refusal so far as known to the moving party.
- 12 (b) The motion shall be served upon respondent party and filed within 15 days after the
13 respondent party first evidenced failure or refusal to comply with Section 11507.6
14 or within 30 days after request was made and the party has failed to reply to the
15 request, or within another time provided by stipulation, whichever period is longer.
- 16 (c) The hearing on the motion to compel discovery shall be held within 15 days after
17 the motion is made, or a later time that the administrative law judge may on the
18 judge's own motion for good cause determine. The respondent party shall have the
19 right to serve and file a written answer or other response to the motion before or at
20 the time of the hearing.
- 21 (d) Where the matter sought to be discovered is under the custody or control of the
22 respondent party and the respondent party asserts that the matter is not a
23 discoverable matter under the provisions of Section 11507.6, or is privileged
24 against disclosure under those provisions, the administrative law judge may order
25 lodged with it matters provided in subdivision (b) of Section 915 of the Evidence
Code and examine the matters in accordance with its provisions.
- (e) The administrative law judge shall decide the case on the matters examined in
camera, the papers filed by the parties, and such oral argument and additional
evidence as the administrative law judge may allow.
- (f) Unless otherwise stipulated by the parties, the administrative law judge shall no
later than 15 days after the hearing make its order denying or granting the motion.
The order shall be in writing setting forth the matters the moving party is entitled to
discover under Section 11507.6. A copy of the order shall forthwith be served
by mail by the administrative law judge upon the parties. Where the order grants
the motion in whole or in part, the order shall not become effective until 10 days
after the date the order is served. Where the order denies relief to the moving party,
the order shall be effective on the date it is served.

- 1 c. Statements of witnesses proposed to be called by respondent and of other persons
2 having personal knowledge of the acts, omissions, or events that are the basis for
3 the proceeding, not included in (a) or (b) above;
- 4 d. All writings, including but not limited to, reports of mental, physical and blood
5 examinations and things which Respondent then proposes to offer in evidence;
- 6 e. Any other writing or thing that is relevant and would be admissible in evidence;
- 7 f. Investigative reports made by or on behalf of the Respondent, pertaining to the
8 subject matter of the proceeding, to the extent that these reports:
- 9 i. Contain the names and addresses of witnesses or of persons having
10 personal knowledge of the acts, omissions, or events that are the basis for
11 the proceedings, or
- 12 ii. Reflect matters perceived by the investigator in the course of his or her
13 investigation, or
- 14 iii. Contain or include by attachment any statement or writing described in (a)
15 to (e) inclusive, or a summary thereof.

16 For the purpose of this Request for Discovery, "statements" include written statements by
17 the person signed or otherwise authenticated by him or her, stenographic, mechanical, electrical
18 or other recordings, or transcripts thereof, of oral statements by the person, and written reports or
19 summaries of these oral statements.

20 **YOU ARE HEREBY FURTHER NOTIFIED** that nothing in this Request for
21 Discovery should be deemed to authorize the inspection or copying of any writing or thing which
22 is privileged from disclosure by law or otherwise made confidential or protected as attorney's
23 work product.

24 Your response to this Request for Discovery should be directed to the Complainant:
25

STEPHEN J. EGAN
Senior Staff Counsel
Emergency Medical Services Authority
10901 Gold Center Drive, 4th Floor
Rancho Cordova, CA 95670

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4 within thirty (30) days after service of the Accusation.

5 This is a continuing request for any discoverable items that may come into the
6 possession, custody, or control of the respondent at any time before or during the hearing.

7 Failure, without substantial justification, to comply with this Request for Discovery may
8 subject the Respondent to sanctions pursuant to sections 11507.7 and 11455.10 to 1455.30 of the
9 Government Code.

10 Dated:

11 March 16, 2017



STEPHEN J. EGAN
Senior Staff Counsel
Emergency Medical Services Authority

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