

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH**

In re: Iona Lyons, EMT

Petition No. 2005-0602-070-013

CONSENT ORDER

WHEREAS, Iona Lyons of Pawcatuck (hereinafter "respondent") has been issued certificate number 920407 to practice as an Emergency Medical Services-Technician by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 368d of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. On May 31, 2005 while responding as an Emergency Medical Services Technician with the Stonington Volunteer Ambulance Corps respondent failed to conduct a proper patient assessment in determining the death of a patient struck by lightning and, in doing so, failed to recognize that the patient was actually alive.
2. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §19a-180.

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing agrees that for purposes of this or any future proceedings before the Connecticut Department of Public Health (hereinafter "the Department"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10 and 19a-180. of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14 and 19a-180 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives her right to a hearing on the merits of this matter.
2. Respondent's certificate number 920407 to practice as a Emergency Medical Services Technician in the State of Connecticut is hereby reprimanded.
3. Respondent's certificate shall be placed on probation for a period of one year under the following terms and conditions.
 - a. Respondent shall provide her sponsor hospital and her employer at each place where respondent practices as an emergency medical services technician with a copy of this Consent Order, for the duration of her probation
 - b. Respondent shall obtain at her own expense, the services of a independent consultant, pre-approved by the Department (hereinafter "Supervisor"), to conduct a quarterly random review of twenty percent (20%) or twenty (20) of respondent's patient records, whichever is the larger number. In the event respondent has twenty (20) or fewer patient records, the Supervisor shall review all of respondent's patient records.
 - (1) Respondent shall provide a copy of this Consent Order to her practice Supervisor. Respondent's Supervisor shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - (2) Respondent's Supervisor shall conduct such review and meet with her not less than once every quarter for the entire time of her probationary period.

- (3) The Supervisor shall have the right to monitor respondent's practice by any other reasonable means which he or respondent deems appropriate. Respondent shall fully cooperate with the Supervisor in providing such monitoring.
- (4) Respondent shall be responsible for providing written Supervisor reports directly to the Department quarterly for the entire time of the probationary period. Such Supervisor's reports shall include documentation of dates and duration of meetings with respondent, number and a general description of the patient records and patient medication orders and prescriptions reviewed, additional monitoring techniques utilized, and statement that respondent is practicing with reasonable skill and safety.
- c. Within the first six month of the probationary period, respondent shall attend and successfully complete a course in patient assessment and protocols governing guidelines for withholding resuscitation, pre-approved by the Department. Within six months of the completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such course.
- d. Respondent shall not perform patient assessments until respondent has provided proof to the satisfaction of the Department of completion of such coursework required in subsection paragraph "c" above.
4. All correspondence and reports are to be addressed to:

Jay Nowakowski, R.N.
Department of Public Health
Operations Branch
410 Capitol Avenue, MS# 12EMS
P.O. Box 340308
Hartford, CT 06134-0308

5. All reports required under paragraphs 3(b)(4) and 3(c) of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
6. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
7. Respondent shall pay all costs necessary to comply with this Consent Order.
8. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
 - a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
 - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
 - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 8a above to demonstrate to the satisfaction of the Department that respondent has complied with the terms of this Consent Order or, in the alternative, that respondent has cured the violation in question.
 - d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, respondent shall be entitled to a hearing before the Department which shall make a final determination of the disciplinary action to be taken.
 - e. Evidence presented to the Department by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.

9. In the event respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing as an Emergency Medical Services Technician, upon request by the Department, with notice to the Department, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's certificate. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall constitute an admission that respondents conduct constitutes a clear and immediate danger as required pursuant to the General Statutes of Connecticut, sections 4-182(c) and 19a-17(c).
10. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's certificate before the Department.
11. In the event respondent is not employed as a Emergency Medical Services Technician for periods of thirty (30) consecutive days or longer, or is employed as a Emergency Medical Services Technician less than twenty (20) hours per week, or is employed outside of the State of Connecticut, respondent shall notify the Department in writing. Such periods of time shall not be counted in reducing the probationary period covered by this Consent Order.
12. Legal notice shall be sufficient if sent to respondent's last known address of record reported to Practitioner Licensing and Investigations Section of the Healthcare Systems Branch of the Department.
13. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Department.

14. Respondent agrees that this Consent Order shall be deemed a public document, and the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Department in which respondent compliance with this Consent Order or with §19a-180 of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that all discipline imposed by this Consent Order, except for civil penalties, will be reported to the National Practitioner Data Bank.
15. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
16. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.
17. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
18. Respondent permits a representative of the Legal Office of the Healthcare Systems Branch to present this Consent Order and the factual basis for this Consent Order to the Department. Respondent understands that the Department has complete and final discretion as to whether this executed Consent Order is approved or accepted.
19. Respondent has the right to consult with an attorney prior to signing this document.
20. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

I, Iona Lyons, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Iona Lyons
Iona Lyons, Emergency Medical Services Instructor-
Technician (A)

Subscribed and sworn to before me this 9th day of January ~~2005~~ 2006

DAN E. BLACKSTONE
NOTARY PUBLIC
MY COMMISSION EXPIRES FEB. 28, 2010

Dan E. Blackstone
Notary Public or person authorized
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the
Commissioner of the Department of Public Health on the 9th day of Jan
January ~~2005~~ 2006, it is hereby accepted.

Leonard H. Guercia, Jr.
Leonard H. Guercia, Jr., Branch Chief
Emergency Medical Services Section
Operations Branch

John E. Fratus, Jr.

EMSI – EMT-P

38 Paula Lane

Waterford, CT 06385

860-447-2291 (H) 860-608-5908 (C)

Fax: 860-439-1353

01/04/06

To: Stanley Peck Esq. Section Chief Legal Office.
State of Ct. DPH

From: John E. Fratus Jr. EMTP, EMSI

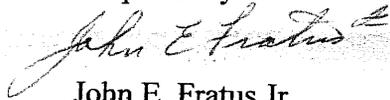
Re: EMT Remediation.

Mr. Peck

This letter is to certify that EMT's Iona P. Lyons and Victor M Lima from Stonington Ambulance Service have reviewed the Standard of Care, Patient Assessment of Trauma and Medical Emergencies, Lighting Strike, General Electrocution Emergencies and Presumption of Death for EMT-B level of care. This class was conducted on Jan 2, 2006 at the Oswegatchie Fire Dept. Waterford, Ct. 06385.

Iona and Victor demonstrated to me they both understand local and state guidelines in the topics presented. If you have any questions please feel free to contact me at any time.

Respectfully



John E. Fratus Jr.