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BEFORE THE
PARAMEDIC DISCIPLINARY REVIEW BOARD
EMERGENCY MEDICAL SERVICES AUTHORITY
STATE OF CALIFORNIA

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In the Matter of the Emergency Medical Technician- Paramedic License of:) Enforcement Matter No. 23-0135
)
) OAH No. 2023070278
BRADFORD E. BUCHANAN,)
License No. P44080) **DECISION AND ORDER AFTER NON-ADOPTION, CORRECTED pursuant to California Government Code section 11518.5(d)**
Respondent.)

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DECISION AFTER NONADOPTION

This matter was reviewed on December 7, 2023, by the Paramedic Disciplinary Review Board, State of California Emergency Medical Services Authority (EMS Authority) ¹ pursuant to the Administrative Procedure Act (“APA”) ².

JURISDICTION AND PROCEDURAL HISTORY

Respondent holds Emergency Medical Technician-Paramedic (“EMT-P”) license number P44080 first issued to Respondent by the EMS Authority on August 5, 2022. The license is valid until August 31, 2024, unless revoked or suspended as provided by law.

On June 8, 2023, the EMS Authority filed Accusation No. 23-0135 pursuant to provisions of the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (EMS Act) ³ alleging Respondent’s actions evidenced a threat to the public

¹ California Health and Safety Code section 1797.125 grants the PDRB authority to make a final determination after an appeal of licensure discipline and/or licensure denial.

² The APA is codified at California Government Code section 11370 et. seq.

³ The Act is codified at Health and Safety Code section 1797 et seq.

1 health and safety supporting revocation of his license. On the same date, The Emergency
2 Medical Services Authority issued an Order for Temporary Suspension of Respondent's EMT-P
3 license pursuant to EMS Act Sections 1798.200(c) and 1798.2020 until a final determination of
4 the merits of the Accusation is made. The Respondent filed a timely notice of appeal on June 14,
5 2023.

6 Pursuant to the Respondent's appeal, Administrative Law Judge Juliet E. Cox, State of
7 California, Office of Administrative Hearings, Oakland, California held a hearing on July 25,
8 2023. The Notice of the Hearing contained extensive instructions on how to access and submit
9 exhibits and invite witnesses. Respondent appeared at the hearing representing himself.

10 Oral and documentary evidence was received. The record was closed, and the matter was
11 submitted on July 25, 2023, for decision.

12 On August 1, 2023, Administrative Law Judge Juliet E. Cox issued a proposed decision
13 which was received by the PDRB on August 2, 2023.

14 The power to adopt, modify, or reject a proposed decision is granted to the PDRB
15 directly by the provisions of California Government Code, Section 11517, which provides:

16 "11517. (a) A contested case may be originally heard by the agency itself and
17 subdivision (b) shall apply. Alternatively, at the discretion of the agency, an
18 administrative law judge may originally hear the case alone and subdivision (c) shall
19 apply.

(b) If a contested case is originally heard before an agency itself, all of the following
provisions apply:

20 (1) An administrative law judge shall be present during the consideration of the
21 case and, if requested, shall assist, and advise the agency in the conduct of the
22 hearing.

(2) No member of the agency who did not hear the evidence shall vote on the
23 decision.

(3) The agency shall issue its decision within 100 days of submission of the case.

24 (c)(1) If a contested case is originally heard by an administrative law judge alone, he or
25 she shall prepare within 30 days after the case is submitted to him or her a proposed
decision in a form that may be adopted by the agency as the final decision in the case.
Failure of the administrative law judge to deliver a proposed decision within the time

1 required does not prejudice the rights of the agency in the case. Thirty days after the
2 receipt by the agency of the proposed decision, a copy of the proposed decision shall be
3 filed by the agency as a public record and a copy shall be served by the agency on each
party and his or her attorney. The filing and service is not an adoption of a proposed
decision by the agency.

4 (2) Within 100 days of receipt by the agency of the administrative law judge's proposed
5 decision, the agency may act as prescribed in subparagraphs (A) to (E), inclusive. If the
6 agency fails to act as prescribed in subparagraphs (A) to (E), inclusive, within 100 days
of the receipt of the proposed decision, the proposed decision shall be deemed adopted
by the agency. The agency may do any of the following:

7 (A) Adopt the proposed decision in its entirety.

8 (B) Reduce or otherwise mitigate the proposed penalty and adopt the balance of
the proposed decision.

9 (C) Make technical or other minor changes in the proposed decision and adopt it
10 as the decision. Action by the agency under this paragraph is limited to a
clarifying change or a change of a similar nature that does not affect the factual
or legal basis of the proposed decision.

11 (D) Reject the proposed decision and refer the case to the same administrative
12 law judge if reasonably available, otherwise to another administrative law judge,
to take additional evidence. If the case is referred to an administrative law judge
13 pursuant to this subparagraph, he or she shall prepare a revised proposed
14 decision, as provided in paragraph (1), based upon the additional evidence and
the transcript and other papers that are part of the record of the prior hearing. A
copy of the revised proposed decision shall be furnished to each party and his or
15 her attorney as prescribed in this subdivision.

16 (E) Reject the proposed decision, and decide the case upon the record, including
17 the transcript, or upon an agreed statement of the parties, with or without taking
additional evidence. By stipulation of the parties, the agency may decide the case
upon the record without including the transcript. If the agency acts pursuant to
18 this subparagraph, all of the following provisions apply:

19 (i) A copy of the record shall be made available to the parties. The agency
may require payment of fees covering direct costs of making the copy.

20 (ii) The agency itself shall not decide any case provided for in this
21 subdivision without affording the parties the opportunity to present either
oral or written argument before the agency itself. If additional oral
22 evidence is introduced before the agency itself, no agency member may
vote unless the member heard the additional oral evidence.

23 (iii) The authority of the agency itself to decide the case under this
subdivision includes authority to decide some but not all issues in the
case.

24 (iv) If the agency elects to proceed under this subparagraph, the agency
25 shall issue its final decision not later than 100 days after rejection of the
proposed decision. If the agency elects to proceed under this
subparagraph, and has ordered a transcript of the proceedings before the

1 administrative law judge, the agency shall issue its final decision not later
2 than 10 days after receipt of the transcript. If the agency finds that a
3 further delay is required by special circumstance, it shall issue an order
4 delaying the decision for no more than 30 days and specifying the reasons
5 therefore. The order shall be subject to judicial review pursuant to Section
6 11523.

7 (d) The decision of the agency shall be filed immediately by the agency as a public
8 record and a copy shall be served by the agency on each party and his or her attorney.”

9 At a quarterly meeting on September 14, 2023, the PDRB reviewed the August 1, 2023
10 Proposed Decision issued by Administrative Law Judge Juliet E. Cox. The PDRB declined to
11 adopt the proposed decision and on September 19, 2023, issued an “Order of Non-Adoption of
12 Proposed Decision”, giving notice that the PDRB would decide the case upon the record,
13 including the transcript, and noticed the parties of their right to submit written argument by
14 November 7, 2023. The Respondent and the Complainant submitted written statements October
15 30, 2023 and November 7, 2023 respectively.

16 On November 27, 2023 the PDRB issued notice of a PDRB meeting on December 7,
17 2023, and pursuant to Government Code Section 11517, the PDRB considered the following
18 evidence: the August 1, 2023, Proposed Decision issued by Administrative Law Judge Juliet E.
19 Cox, written and audio transcripts of the July 25, 2023 hearing, the exhibits admitted at the July
20 25, 2023 hearing, and statements of the Respondent and Complainant submitted pursuant to
21 Notice of Non-Adoption of the Proposed Decision dated September 19, 2023.

22 Thus, the PDRB having read and considered the entire record, including the transcript
23 and the exhibits, and having considered the parties’ written statements, hereby enters this
24 Decision and Order after Non-Adoption.

25 SUMMARY

Complainant requests the Board revoke Respondent’s paramedic license based on his
actions while working as a paramedic on May 11-12, 2023, that “evidence a threat to the public
health and safety.”

1 Around midnight between May 11 and 12, 2023, a patient called 911 from a donut shop
2 requesting to go to the hospital. Both the Police and the Fire Department arrived first. Shortly
3 afterward, Respondent and his colleagues, two EMT's, arrived in their ambulance. The patient
4 was initially "irate", but officers were able to calm the patient prior to arrival of the ambulance
5 according to a report police officer Patrick Stack from the San Bruno Police Department
6 subsequently wrote about the incident. While at the scene, Officer Stack requested a records
7 check on the patient and was informed the patient had been booked into San Mateo County Jail
8 on May 4, 2023, for violation of California Penal Code section 243(c), battery of a "custodial
9 Officer, Firefighter, EMT, Paramedic, Animal Control Officer, or Lifeguard. He was released
10 one day prior to the incident on May 11, 2023. This information was never communicated to the
11 Respondent.

12 The patient explained he wanted to go to the hospital because he had chest pain.
13 Respondent and his colleagues loaded the patient into the ambulance and began traveling to the
14 hospital. Evidence indicated that the patient was strapped to the gurney with lap belts. EMT
15 trainee Ryan Cayago drove the ambulance while his trainer, EMT Richelle (Roe) Turner, rode in
16 the passenger seat.

17 Respondent administered a mental status exam of the patient and found him alert,
18 oriented to person, place, time, and event and administered an EKG that indicated signs the
19 patient might be suffering a myocardial infarction (STEMI). Respondent administered aspirin to
20 the patient and re-ran the EKG which was more strongly suggestive of a STEMI and transmitted
21 the results of the EKG to Mills Peninsula Hospital (Mills Peninsula). Respondent directed his
22 colleague EMT Ryan Cayago to elevate the ambulance response to "Code 3" (lights and siren).

23 Respondent informed the patient of the EKG results indicating a suspected heart attack
24 and that he would start in intravenous (IV) line. At this point, the patient became angry, refused
25 the IV, used aggressive, foul, threatening, language, demanded release from the ambulance, and

1 attempted to punch the Respondent. Respondent was on the patient's left side, and immediately
2 grabbed the patient's left arm pinning it down on the patient's left side and rolled him onto his
3 right side in an attempt to prevent him from hitting Respondent with his right arm/fist.

4 Respondent called for EMT Cayago to pull over having to ask twice due to noise from
5 the siren. EMT Cayago pulled over and both he and EMT Turner entered the rear of the
6 ambulance at which point Respondent asked for assistance with restraining the patient. EMTs
7 Cayago and Turner restrained the patient's legs and Cayago moved up the right side of the
8 patient to restrain the patient's right arm while the Respondent continued to hold the patient's
9 left side. The patient was able to break his right arm free from Cayago's hold and punch the
10 Respondent in the left cheekbone, just below his left eye. When the patient broke free from
11 Cayago's hold and swung his right arm, this resulted in Cayago being pulled over the patient's
12 chest area and Cayago did not see the patient strike the Respondent. The patient also began
13 spitting and attempting to throw additional punches. Respondent punched the patient in the nose,
14 but the patient pulled his right arm back attempting for a third time to strike the Respondent. The
15 Respondent punched the patient a second time. The patient suffered injury in that he was
16 bleeding from the nose. Turner's position at the patient's feet did not permit her to see the patient
17 strike Respondent nor see the Respondent strike the patient, but she did hear the strike. Cayago
18 was then able to restrain the patient's right arm, and Turner and Respondent were able to restrain
19 the patient's left arm. However, the patient was still able to spit containing saliva and blood with
20 contact to Respondent's face. Cayago placed a spit mask on the patient, but the patient was still
21 able to spit through the mask, prompting the Respondent to pull the patient's shirt over his face
22 and hold it there to prevent continued contact of the patient's spit to him and his colleagues.

23 Cayago drove to Mills Peninsula and EMT Turner remained in the rear of the ambulance
24 to assist Respondent. Turner indicated in her incident statement that she had to help hold the
25

1 patient's torso because he tried to take off the mask, spit, tried to bite her, and grabbed and tried
2 to bend her fingers in an attempt to take off his lap belt.

3 Complainant argues Respondent's actions violated Emergency Medical Services (EMS)
4 Act § 1798.200, subdivision (c)(2), "Gross Negligence", EMS Act § 1798.200 subdivision
5 (c)(7), "Violating or Attempting to Violate Directly or Indirectly, or Assisting in or Abetting the
6 Violation of, or Conspiring to Violate, any Provision of this Division or the Regulations
7 Adopted by the Authority Pertaining to Prehospital Personnel", EMS Act § 1798.200
8 subdivision (c)(10), "Functioning Outside the Supervision of Medical Control in the Field Care
9 System Operating at the Local Level, Except as Authorized by Any Other License or
10 Certification," and EMS Act § 1798.200 subdivision (c)(12)(A), "The Mistreatment or Physical
11 Abuse of Any Patient Resulting from Force in Excess of What a Reasonable and Prudent Person
12 Trained and Acting in a Similar Capacity while Engaged in the Performance of His or Her
13 Duties Would Use if Confronted with Similar Circumstances."

14 The Respondent denied his actions constituted violations of EMS Act § 1798.200 that the
15 patient attacked him, he acted in self-defense and defense of others and testified at the July 2023
16 ALJ hearing that he "tried every step of the way to de-escalate the situation," that violence
17 against EMS personnel is commonplace, he has had training on it, and that he uses defensive
18 tactics specifically for EMS personnel to help mitigate such situations from happening. He
19 testified and argued in his statement dated October 30, 2023, that he is permitted to defend
20 himself equal to or one-step above that force being used against him, if that is the only option.

21 Complainant argues outright revocation is the only appropriate disciplinary action
22 defining the Respondent's actions in hitting the patient as outside the standard of care for
23 paramedicine in California, unreasonable under the circumstances, and evidenced lack of
24 judgment and temperament to successfully practice paramedicine in California.

1 The Board agrees the Respondent violated Emergency Medical Services (EMS) Act §
2 (c)(12)(A). However, the Board finds that the Respondent has already had his license suspended
3 since June 8, 2023. In addition, the Board finds evidence supporting staying the revocation and
4 placing the Respondent on one year probation with all standard conditions, and an educational
5 condition requiring completion of educational coursework in an area substantially related to the
6 offense as stated in the accusation, and to the satisfaction of EMSA, is appropriate to protect the
7 public in California.

8 FACTUAL FINDINGS

9 Factual findings 4 through 37 as found by Administrative Law Judge Juliet E. Cox in her
10 Proposed Decision dated August 1, 2023 are incorporated by reference.

11 Factual findings 39 through 41 are incorporated by reference and are reiterated below:

12
13 39. Complainant presented expert testimony about a paramedic's professional
14 responsibilities from Samuel Stratton, M.D. Although Stratton is not a
15 paramedic, he is board certified in emergency medicine, has trained paramedics
for more than 35 years, and has served as the medical director for multiple
county EMSA's.

16 40. Stratton reviewed reports about the incident... as well as the video recording
17 of Stack's interview of respondent at the hospital. He testified that he understood
18 from these sources that respondent had struck the patient's face while fully
restrained.

19 41. According to Stratton, the standard of care for a paramedic does not allow the
20 paramedic ever to punch the patient. He believes that if a patient strikes a
21 paramedic, the paramedic must respond by retreating or by enlisting colleagues
22 to cooperate in safe restraint techniques. Stratton acknowledged that patient
23 violence is a genuine concern for emergency medical personnel, and that training
programs for emergency medical technicians and paramedics teach safe restraint
techniques. He emphasized, however, his opinion that these techniques always
should be adequate to address a patient's violent behavior, without resort to
additional violence.

24 Finding 42, including the statements that Dr. Samuel Stratton, M.D.'s "opinion did not
25 address the highly unusual circumstances" surrounding the incident and that Dr. Stratton's

1 opinion “is not persuasive” is rejected. The PDRB does not find the circumstances surrounding
2 the incident so “highly unusual” to warrant finding expert witness Dr. Stratton’s testimony
3 unpersuasive. To the contrary, the PDRB finds Dr. Stratton’s testimony persuasive.

4 Complainant noted the standard of skill, knowledge, and care prevailing in a medical
5 community is ordinarily a matter within the knowledge of experts (*Folk v. Kilk* (1975) 53
6 Cal.App.3d176,185) and called Dr. Stratton to testify at the July 25, 2023 hearing. His
7 testimony and curriculum vitae establish that he has been licensed in California since 1976 and
8 is board-certified in emergency medicine, emergency medical services, and internal medicine.
9 He practiced emergency medicine until 2019 when he retired. He has trained paramedics for
10 more than thirty-five (35) years and has served as the medical director for multiple local
11 emergency medical services agencies. He still actively works in the EMS field as the medical
12 director for the Redondo Beach Fire Department and as the medical advisor to the Huntington
13 Beach Fire Department. He also reviews research and data for the Orange County EMS Agency.

14 Dr. Stratton testified he reviewed the records in this case including the video and
15 transcripts of interviews with the Respondent and his EMT colleagues. He viewed Officer
16 Stack’s police body worn camera video interview of the Respondent, and the police body worn
17 camera video of the patient during his arrest. He reviewed the summary of the electronic patient
18 care report.

19 Dr. Stratton testified that upon his review of the records, the records indicated the
20 Respondent punched the patient in the face at least twice. He testified that paramedics are
21 trained in the use of safe restraint techniques and the standard of care for paramedics in
22 California is to respond to combative or violent patients by retreating or enlisting colleagues to
23 assist in safe restraint techniques but the standard of care of a paramedic in California does not
24 permit a paramedic to punch a patient.

1 When asked if it was permissible for a paramedic to punch a patient who was calling the
2 paramedic every unpleasant name ever heard, or struggling, twisting, or trying to break away,
3 Dr. Stratton opined that those circumstances do not permit a paramedic to punch a patient. He
4 described other methods of controlling a patient that are within the standard of care but
5 emphasized that it was inappropriate to physically punch a patient or cause bodily harm to a
6 patient even if they “are struggling and fighting against restraints and basically resisting...being
7 controlled on a gurney.”

8 In support of his opinion, Dr. Stratton testified regarding his experience working with
9 combative and violent patients. Specifically, he testified he has been stabbed by a patient,
10 worked with combative patients in cramped quarters such as aboard air ambulances, and in
11 emergency department patient bays. He has been struck by patients, spit on, kicked, and had
12 knives and guns pulled on him. He was shot at once in the field. He testified that he had two
13 other people with him while working on an air ambulance to help and experienced patients that
14 were difficult to control. He admitted that he experienced patients who had gotten loose from
15 initial methods of control. He acknowledged that a paramedic has the right to self-protection
16 “but not in an aggressive way,” adding that a patient is always a patient and never becomes an
17 aggressor as suggested by the Respondent during questioning. He opined a paramedic can “back
18 off”, use maneuvers they are trained to use such as restraining legs, and acknowledged that
19 restraints were used in this case.

20 Dr. Stratton acknowledged that the patient was able to answer mental status exam
21 questions administered by the Respondent with no abnormal findings. Emergency Department
22 records indicated the patient was under the influence of alcohol and assessed with alcohol
23 intoxication but admitted that this information would not have been available to the Respondent
24 and the EMT’s at the time of the incident. He opined the patient was incompetent based on his
25 extremely inappropriate behavior, i.e., behavior that is socially, culturally, and situationally

1 inappropriate. He acknowledged the patient was being restrained by two emergency medical
2 technicians, that the patient “broke loose and punched the Respondent” making contact causing
3 redness to Respondent’s left cheek.

4 Dr. Stratton opined that at that point, “it’s important not to, one, escalate the affair, to
5 rapidly control the patient and control them by restraining them to the gurney, and “assure they
6 don’t undergo bodily harm.”” He was steadfast in his opinion that medical providers are trained
7 to use techniques designed not to cause bodily harm and opined “it is outside the ethics of a
8 medical care provider to strike [a] patient, particularly if they’re incompetent, unable to think
9 clearly..., no matter how aggressive and obnoxious [the patient] was.” He again described
10 multiple techniques/maneuvers to gain control of a patient without causing harm.

11 Dr. Stratton’s testimony is bolstered by AMR’s Workplace Violence Prevention Policy,
12 and the San Mateo County Health Emergency Medical Services (EMS) Policy 525.

13 Respondent’s employer, AMR has a Workplace Violence Prevention Policy. Section 4.3
14 states, “Employees at no time shall engage in verbal or written threats implicit or explicit,
15 harassment, or physical actions that suggest a threat to the safety and security of any other
16 person.” Section 4.4. states, “Threats or acts of violence that will not be tolerated by AMR
17 include but are not limited to: (a) hitting or shoving an individual.”

18 Under section 5.0 and 5.1 Scene Safety, the policy states, “A system of “universal
19 precautions for violence” should be used by every AMR employee. Under such a system,
20 employees should regard every patient as a potential source of violence and routinely exercise
21 appropriate vigilance and precautions. Examples of which included (d) watching for non-verbal
22 cues of impending violence and maintaining a viable route of escape from every scene.

23 Section 6.2 states, “Field employees should generally use the lowest level of control,
24 which is effective in managing a hostile, combative patient, i.e., psychological before verbal
25 before physical before mechanical (restraint) techniques.”

1 San Mateo County Health Emergency Medical Services (EMS) Policy 525 addresses
2 assaultive patients. Under section IV subsection C, “Prehospital personnel should attempt to de-
3 escalate aggressive behavior with a calm and reassuring approach and manner when safe to do
4 so.” Under section VII Transport subsection A, “If an unrestrained patient becomes assaultive
5 during transport, prehospital personnel shall immediately request law enforcement assistance and
6 make reasonable efforts to calm and reassure the patient.”

7 These policies call for de-escalation using a calm approach, safe physical restraint, and/or
8 withdrawal and notification of law enforcement for potentially violent patients. The policies state
9 no grounds that striking a patient would be an acceptable means of patient control.

10 At the hearing, the Respondent admitted knowing about his employer’s Workplace
11 Violence Prevention Policy and Local EMS Policy 525. He opined AMR’s Workplace Violence
12 Prevention Policy only applied to co-workers. This interpretation is incorrect. As noted above,
13 AMR’s Workplace Violence Prevention Policy section 4.3 states, “Employees at no time shall
14 engage in verbal or written threats implicit or explicit, harassment, or physical actions that
15 suggest a threat to the safety and security of *any other person*” (*emphasis added*). Section 4.4
16 states, “Threats or acts of violence that will not be tolerated by AMR include but are not limited
17 to” (a) hitting or shoving an *individual*” (*emphasis added*). Use of the phrase “any other person”
18 and “individual” do not limit this policy to employees (co-workers) only. This is bolstered by
19 section 5.1 also discussed above that addresses “[a] system of “universal precautions for
20 violence” that every AMR employee should use which requires AMR employees regard every
21 patient as a potential source of violence.

22 As stated above, the PDRB does not find there were “highly unusual circumstances” that
23 would render Dr. Stratton’s opinion unpersuasive.

24 The PDRB acknowledges that events occurred swiftly when Respondent and
25 subsequently the EMT’s attempted to restrain the patient. However, there was no testimony that

1 a busy road restricted the ability of Cayago and Turner from exiting the ambulance cab and
2 traveling to the rear of the ambulance to gain access and assist the Respondent. Further, there
3 was no testimony that Cayago and Turner had to resort to use of the ambulance side door due to
4 traffic or other danger.

5 There is no dispute that the patient was agitated and assaultive to EMS personnel. The
6 patient was also intoxicated and suspected to be experiencing a myocardial infarction (STEMI,
7 or “heart attack”). When the patient initially attempted to strike Respondent, the patient was
8 completely unrestrained, and Respondent was alone with him in the back of a moving
9 ambulance.

10 There is no question that Respondent used appropriate force to initially subdue and
11 restrain the patient. However, the circumstances of combative patients are not new and are
12 specifically addressed as discussed above in San Mateo County Health Emergency Medical
13 Services (EMS) Policy 525. Under section IV subsection C, “Prehospital personnel should
14 attempt to de-escalate aggressive behavior with a calm and reassuring approach and manner
15 when safe to do so.” Under section VII Transport, subsection A, “If an unrestrained patient
16 becomes assaultive during transport, prehospital personnel shall immediately request law
17 enforcement assistance and make reasonable efforts to calm and reassure the patient.”

18 Here, the patient became assaultive when he attempted to strike Respondent at which
19 time the Respondent used appropriate force to initially subdue and restrain the patient. Local
20 EMS policy 525 required Respondent to “immediately request law enforcement assistance.”
21 Although the Respondent called for his colleagues to assist with safe restraint techniques, and
22 they were successful at applying leg restraints while the Respondent held the patient, the patient
23 continued aggressive behavior.

24 However, the Respondent’s argument that there was “no other way” to protect himself
25 and his crew other than to punch the patient twice while his legs were restrained is not compliant

1 with the above discussed local EMS Policy 525, nor is it complaint with his employer AMR's
2 Workplace Violence Prevention Policy.

3 Neither policy allows for hitting a patient. The AMR Workplace Violence Prevention
4 Policy states that engaging in physical actions that suggest a threat to the safety and security of
5 any other person, and hitting or shoving an individual will not be tolerated. As noted, these
6 policies call for de-escalation using a calm approach, safe physical restraint, and/or withdrawal
7 and notification of law enforcement for potentially violent patients. The policies state no
8 grounds that striking a patient would be an acceptable means of patient control. Nor is the
9 Respondent's argument supported by medical expert Dr. Stratton's testimony that the standard
10 of care of a paramedic in California does not permit a paramedic to punch a patient, further
11 stating "it is outside the ethics of a medical care provider to strike [a] patient, particularly if
12 they're incompetent, unable to think clearly..., no matter how aggressive and obnoxious [the
13 patient] was."

14 Accordingly, the PDRB finds Dr. Stratton's opinion that striking a patient is outside the
15 standard of care for paramedics in California persuasive and that the circumstances were not
16 unusual such as to abrogate this duty of care to patients in California.

17 The PDRB acknowledges that the ALJ found the testimony of EMT Turner that the
18 "respondent would not have hit the patient unless respondent saw absolutely no other way to
19 interrupt the patient's violence and to protect everyone's safety" credible. She found EMT
20 Cayago's statement that "striking the patient may have been an unfortunately appropriate action
21 to protect respondent, Cayago, and Tuner" credible. She found the Respondent's testimony
22 credible noting it was consistent with his interview with police officer Stack on May 12, 2023 at
23 the hospital. The Respondent testified the patient was initially cooperative when placed in the
24 ambulance and despite refusing an intravenous line and becoming argumentative, he did not
25 move to immediately place the patient in restraints stating, "I wasn't going to put him in

1 restraints for yelling at me.” The ALJ noted that Respondent only hit the patient after evading
2 Cayago and Respondent’s attempts to hold the patient’s arms while the patient appeared to be
3 winding up for a second punch to Respondent and Turner. The ALJ noted the Respondent
4 “believes that his professional responsibility as a paramedic facing a combative patient is to use
5 the minimum level of force necessary to prevent harm to anyone, and that he did so in this
6 case.”

7 As Dr. Stratton was the only qualified witness to provide testimony regarding the
8 standard of care of paramedics in California, and he opined that Respondent’s striking the
9 patient fell outside the standard of care, and this behavior violated both AMR’s Workplace
10 Violence Prevention Policy and the San Mateo County EMS Policy 525, the PDRB cannot find
11 Cayago’s, Turner’s, and Respondent’s statements credible.

12 LEGAL CONCLUSIONS

13 **First through Third Causes for Discipline**

14 The PDRB adopts the ALJ findings as to the first through third causes of actions, i.e.,
15 that there was no clear and convincing evidence the Respondent violated Health and Safety
16 Code sections 1798.200 (c)(2) Gross Negligence, 1798.200(c)7, Violating Authority Laws and
17 Regulations, or 1798.200(c)10 Functioning Outside the Supervision of Medical Control of the
18 Local Field Care System.

19 **Fourth Cause of Discipline: Patient Abuse**

20 Health and Safety Code section 1798.200(c)(12)(A) provides that disciplinary action
21 may be taken against an EMT-P license for unprofessional conduct that constitutes a threat to
22 the public health and safety. That section defines “unprofessional conduct” as “the mistreatment
23 or physical abuse of any patient resulting from force in excess of what a reasonable and prudent
24 person trained and acting in a similar capacity while engaged in the performance of his or her
25 duties would use if confronted with a similar circumstance.”

1 Based on the above, Respondent acted unprofessionally when he punched the patient
2 twice in the face with his fist causing harm to the patient's nose and thus cause is established to
3 discipline Respondent's license under Health and Safety Code section 1798.200, subdivision
4 (c)(12)(A).

5 DISCIPLINARY CONSIDERATIONS

6 California Code of Regulations section 100173(c) states that the Authority shall use the
7 "EMS Authority Recommended Guidelines for Disciplinary Orders and Conditions of
8 Probation", dated July 26, 2008 and incorporated by reference herein, as the standard in setting
9 disciplinary matters when a paramedic applicant or licenseholder is found to be in violation of
10 Section 1798.200 of Division 2.5 of the Health and Safety Code.

11 In addition, per Health and Safety Code section 1797.197(d), and 1798.200(b)(2) on or
12 after January 1, 2023, the PDRB shall act on appeals of licensure discipline and denial pursuant
13 to Article 2.5 commencing with section 1797.125.

14 The "EMS Authority Recommended Guidelines for Disciplinary Orders and Conditions
15 of Probation", dated July 26, 2008 sets forth Disciplinary Consideration Factors stating the
16 following factors shall be considered when determining the appropriate discipline:

- 17 1. Nature and severity of the act(s), offense(s), or crime(s) under consideration;
- 18 2. Actual or potential harm to the public;
- 19 3. Actual or potential harm to any patient;
- 20 4. Prior disciplinary record;
- 21 5. Prior warnings on record or prior remediation;
- 22 6. Number and/or variety of current violations;
- 23 7. Aggravating evidence;
- 24 8. Mitigating evidence;

1 9. Any discipline imposed by the paramedic's employer for the same occurrence or that
2 conduct;

3 10. Rehabilitation evidence;

4 11. In the case of criminal conviction, compliance with terms of the sentence and/or court-
5 ordered probation;

6 12. Overall criminal record;

7 13. Time that has elapsed since the act(s) or offense(s) occurred;

8 14. If applicable, evidence of expungement proceedings pursuant to Penal Code section
9 1203.4.⁴

10 California Code of Regulations section 100176 requires that in evaluating the
11 rehabilitation of the applicant and present eligibility for a license, the following shall be
12 considered:

13 (1) The nature and severity of the act(s) or crime(s).

14 (2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under
15 consideration as grounds for denial, placement on probation, suspension, or revocation
16 which could also be considered grounds for denial, placement on probation, suspension,
17 or revocation under Section 1798.200 of the Health and Safety code.

18 (3) The time that has elapsed since commission of the act(s) or crime(s) referred to in
19 subsection (1) or (2) of this section.

20 (4) The extent to which the person has complied with any terms of parole. Probation,
21 restitution, or any other sanctions lawfully imposed against the person.

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25 ⁴ Health and Safety Code section 1797.125.07(a) and (b) require the PDRB to develop and implement progressive discipline to aid in considering appeals of licensure action. Such action requires legislative approval and thus the criteria per the "EMS Authority Recommended Guidelines for Disciplinary Orders and Conditions of Probation", dated July 26, 2008" are still in effect.

1 (5) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the
2 Penal Code.

3 (6) Evidence, if any, or rehabilitation submitted by the person.

4
5 There is no evidence the Respondent has a prior disciplinary record, any evidence of
6 prior warnings, a criminal conviction, or any evidence of subsequent act(s) or crime(s) that are
7 grounds for license denial, probation, suspension, or revocation. As discussed above, the PDRB
8 finds evidence to support one violation of Health and Safety Code section 1798.200(c)(12)(A)
9 since May 11 and 12, 2023.

10 The nature and severity of the acts that occurred on May 11 and 12, 2023 are severe. The
11 Respondent's actions caused actual harm to the patient when he hit the patient twice in the nose
12 causing it to bleed. The Respondent continues to argue he acted in defense of himself and others
13 and there was no other way to handle the situation despite that he admitted he was aware of his
14 employer's Workplace Violence Prevention Policy and Local EMS Policy 525

15 While only a short time has elapsed since the incident and Respondent argues he has the
16 right to use force one step above that which the assailant/attacker uses, the evidence indicated
17 the patient assaulted the respondent and was charged and prosecuted for the offense. However,
18 in mitigation, the Respondent testified he has never struck a patient before despite that he has
19 been called every name in the book and been spit on multiple times. He testified that when the
20 patient began becoming verbally aggressive the Respondent was not going to restrain him "just
21 for yelling at me", and thus not escalating the situation further and remaining calm. His
22 colleague EMT Turner testified she has worked with him on numerous occasions, and he never
23 struck a patient, or lost his patience. Once the EMTs successfully restrained the patient, the
24 Respondent did not further strike the patient. Furthermore, as discussed above, the incident
25 devolved very quickly. EMT Turner testified the Respondent returned to a calm affect
immediately and engaged in appropriate patient care once the patient was restrained. Officer

1 Stack's body worn camera interview of the Respondent at the hospital also indicated the
2 Respondent's demeanor was calm. Lastly, the Respondent did not have the benefit of
3 information that the patient had been recently arrested and released for assault on an emergency
4 responder.

5 As the Respondent has no prior discipline against his license, he has been practicing for
6 over 5 years according the ALJ findings 6-8, he has never struck a patient, and was able to
7 resume appropriate care of the patient with a calm demeanor, the PDRB finds that it is not
8 contrary to the public interest to allow the respondent to retain his license with a probationary
9 period of one year with all standard conditions and an educational condition requiring
10 educational course work in an area substantially related to the offense of Health and Safety
11 Code section 1798.200(c)(12)(A).

12 DECISION AND ORDER

13 The PDRB therefore finds the following:

14 WHEREAS the PROPOSED DECISION of the Administrative Law Judge and the NOTICE
15 CONCERNING NON-ADOPTION OF THE PROPOSED DECISION in this matter were served
16 upon Respondent in accordance with Government code section 11517; the PDRB notified
17 Respondent that the PDRB considered, but did not adopt the PROPOSED DECISION, and

18 WHEREAS, the Respondent was afforded the opportunity to present written argument,
19 and exercised the opportunity via self-representation;

20 WHEREAS, the PDRB of the Emergency Medical Services Authority has considered the
21 entire record including the transcript of the hearing, now finds that;

22 GOOD CAUSE APPEARING THEREFORE, the PROPOSED DECISION and the
23 ORDER of the Administrative Law Judge are hereby not adopted by the PDRB as its Decision in
24 this matter, and the following ORDER being submitted therefore:

1 ORDER

2 Emergency Medical Technician-Paramedic License no. P44080 issue to Respondent
3 Bradford E. Buchanan, is revoked; however, the order of revocation is stayed, AND
4 Respondent's license is placed on one (1) year probation with the following additional terms and
5 conditions:

6 A. **Probation Compliance:** The respondent shall fully comply with all terms and conditions of
7 the probationary order. The respondent shall fully cooperate with the EMSA in its
8 monitoring, investigation, and evaluation of the respondent's compliance with the terms and
9 conditions of his/her probationary order.

10 The respondent shall immediately execute and submit to the EMSA all Release of
11 Information forms that the EMSA may require of the respondent.

12 B. **Personal Appearances:** As directed by the EMSA, the respondent shall appear in person
13 for interviews, meetings, and/or evaluations of the respondent's compliance with the terms
14 and conditions of the probationary order. The respondent shall be responsible for all of the
15 costs associated with this requirement.

16 C. **Quarterly Report Requirements:** During the probationary period, the respondent shall
17 submit quarterly reports covering each calendar quarter which shall certify, under penalty of
18 perjury, and document compliance by the respondent with all the terms and conditions of
19 his/her probation. If the respondent submits his/her quarterly reports by mail, it shall be sent
20 as Certified Mail.

21 D. **Employment Notification:** During the probationary period, the respondent shall notify the
22 EMSA in writing of any EMS employment. The respondent shall inform the EMSA in
23 writing of the name and address of any prospective EMS employer prior to accepting
24 employment.
25

1 Additionally, the respondent shall submit proof in writing to the EMSA of disclosure, by the
2 respondent, to the current and any prospective EMS employer of the reasons for and terms
3 and conditions of the respondent's probation.

4 The respondent authorizes any EMS employer to submit performance evaluations and other
5 reports which the EMSA may request that relate to the qualifications, functions, and duties
6 of prehospital personnel.

7 Any and all notifications to the EMSA shall be by certified mail.

8 E. **Notification of Termination:** The respondent shall notify the EMSA within seventy-two
9 (72) hours after termination, for any reason, with his/her prehospital medical care employer.
10 The respondent must provide a full, detailed written explanation of the reasons for and
11 circumstances of his/her termination.

12 Any and all notifications to the EMSA shall be by certified mail.

13 F. **Functioning as a Paramedic:** The period of probation shall not run anytime that the
14 respondent is not practicing as a paramedic within the jurisdiction of California.
15 If the respondent, during his/her probationary period, leaves the jurisdiction of California to
16 practice as a paramedic, the respondent must immediately notify the EMSA, in writing, of
17 the date of such departure and the date of return to California, if the respondent returns.

18 Any and all notifications to the EMSA shall be by certified mail.

19 G. **Obey All Related Laws:** The respondent shall obey all federal, state, and local laws,
20 statutes, regulations, written policies, protocols, and rules governing the practice of medical
21 care as a paramedic. The respondent shall not engage in any conduct that is grounds for
22 disciplinary action pursuant to Section 1798.200. To permit monitoring of compliance with
23 this term, if the respondent has not submitted fingerprints to the EMSA in the past as a
24 condition of licensure, then the respondent shall submit his/her fingerprints by Live Scan or
25 by fingerprint cards and pay the appropriate fees within 45 days of the effective date of this
decision.

1 Within 72 hours of being arrested, cited, or criminally charged for any offense, the
2 respondent shall submit to the EMSA a full and detailed account of the circumstances
3 thereof. The EMSA shall determine the applicability of the offense(s) as to whether the
4 respondent violated any federal, state, and local laws, statutes, regulations, written policies,
5 protocols, and rules governing the practice of medical care as a paramedic.

6 Any and all notifications to the EMSA shall be by certified mail.

7 **H. Completion of Probation:** The respondent's license shall be fully restored upon successful
8 completion of probation.

9 **I. Violation of Probation:** If during the period of probation, the respondent fails to comply
10 with any term of probation, the EMSA may initiate action to terminate probation and
11 implement actual license suspension/revocation. Upon the initiation of such an action, or the
12 giving of a notice to the respondent of the intent to initiate such an action, the period of
13 probation shall remain in effect until such time as a decision on the matter has been adopted
14 by the EMSA. An action to terminate probation and implement actual license
15 suspension/revocation shall be initiated and conducted pursuant to the hearing provisions of
16 the California Administrative Procedure Act.

17 The issues to be resolved at the hearing shall be limited to whether the respondent has
18 violated any term of his/her probation sufficient to warrant termination of probation and
19 implementation of actual suspension/revocation. At the hearing, the respondent and the
20 EMSA shall be bound by the admissions contained in the terms of probation and neither
21 party shall have a right to litigate the validity or invalidity of such admissions.

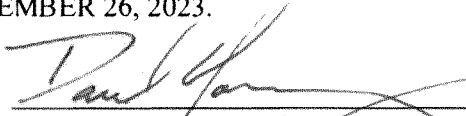
22 **J. Educational Course Work:** Within 90 days of the effective date of this decision, the
23 respondent shall submit to EMSA proof of completion of eight (8) hours of education in
24 areas substantially related to the offense as stated in the accusation and to the satisfaction of
25 the EMSA. Any educational program may include community service to reinforce the
learning objectives of the educational program.

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All courses must be approved by the EMSA. Within thirty-five days after completing the coursework, the respondent shall submit evidence of competency in the required education. Submittal of a certificate or letter from the instructor attesting to the respondent's competency shall suffice. Any and all notifications to the EMSA shall be by certified mail.

This DECISION shall become effective DECEMBER 26, 2023.

DATED: 12/20/2023



David Konieczny, Chair
Paramedic Disciplinary Review Board
Emergency Medical Services Authority

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BEFORE THE
PARAMEDIC DISCIPLINARY REVIEW BOARD
EMERGENCY MEDICAL SERVICES AUTHORITY
STATE OF CALIFORNIA

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In the Matter of the Emergency Medical Technician- Paramedic License of:) Enforcement Matter No. 23-0135
) OAH No. 2023070278
BRADFORD E. BUCHANAN,)
License No. P44080) **CORRECTIONS TO DECISION AND**
Respondent.) **ORDER AFTER NON-ADOPTION, dated**
) **December 12, 2023 pursuant to California**
) **Government Code section 11518.5(d)**

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CORRECTIONS


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Pursuant to California Government Code section 11518.5(d) an agency may on its own motion modify a decision to correct a mistake or clerical error within fifteen (15) days after issuance of the decision. The following corrections were made to the DECISION AND ORDER AFTER NON-ADOPTION, dated December 12, 2023:

- Deletion of the term “(Exhibit 3)” on page 2 paragraph 7.
- Deletion of the term “(Attachment 1)” on page 2 paragraph 12.
- Deletion of the term “(Attachment 2)” on page 4 paragraph 10.
- Deletion of the term “(Attachment 3)” on page 4 paragraph 11.
- Deletion of the term “and attached hereto as Attachment 1” on page 8 paragraph 10.
- Deletion of the term “(Attachment 1 pages 8 and 9)” on page 15 paragraph 10.
- Revise “Cayago’s and Respondent’s” to “Cayago’s, Turner’s, and Respondent’s” on page 15 paragraph 15.
- Deletion of paragraph “A. Licensing Requirements” on page 20 paragraphs 6-11 as Respondent’s license is active and none of these requirements apply.

This Decision shall become effective December 26, 2023.

DATED: 12/20/2023



David Konieczny, Chair
Paramedic Disciplinary Review Board
Emergency Medical Services Authority