

**BEFORE THE MINNESOTA
EMERGENCY MEDICAL SERVICES REGULATORY BOARD**

In the Matter of
Paul C. Sabus, EMT-P
Certificate Number: 249768

**FINDINGS OF FACT,
CONCLUSIONS,
AND FINAL ORDER**

On October 11, 2006, the Complaint Review Panel ("Panel") of the Minnesota Emergency Medical Services Regulatory Board ("Board" or "EMSRB") initiated the above-entitled proceeding against Paul C. Sabus, EMT-P ("Respondent"), by service of a Notice of Petition and Petition to Suspend Certification.

The matter came on for consideration by the Board pursuant to Minnesota Statutes section 144E.28, subdivision 5(b) (2004), at a regularly scheduled meeting on November 16, 2006, convened in Conference Room A (fourth floor), University Park Plaza, 2829 University Avenue S.E., Minneapolis, Minnesota 55414.

Rosellen Condon, Assistant Attorney General, appeared and presented oral argument on behalf of the Panel. Respondent was not present or otherwise represented at the meeting. Nathan W. Hart, Assistant Attorney General, was present as legal advisor to the Board.

The following members of the Board were present: Megan Hartigan, R.N.; Laurie Hill; Robert Jensen; Senator Gary W. Kubly; Karla McKenzie; Kevin Miller; Michael Parrish; and Marlys Tanner, R.N. As a member of the Panel, Megan Hartigan, R.N., did not participate in deliberations or vote in the matter. Michael Parrish recused himself and did not participate in deliberations or voting. As an ex officio member, Senator Kubly did not vote.

Based on the record and the proceedings herein, the Board makes the following:

FINDINGS OF FACT

1. In 1995, Respondent received a warning from the ambulance service where he was employed regarding, among other things, alleged drinking before reporting for duty and severe mood swings. As a condition of continued employment, Respondent was required to seek help through the company's employee assistance program.

2. At the request of the same employer in April 2001, Respondent was evaluated and completed an eight-week outpatient chemical dependency treatment program. In August 2001, Respondent relapsed. His employment was terminated by the ambulance service in September 2001, following his admitted theft and personal use on numerous occasions of small amounts of morphine taken from partly used and discarded vials.

3. On June 19, 2002, pursuant to a Notice of Conference dated May 24, 2002, Respondent and his attorney, Gary A. Weissman, met with the Panel to discuss these matters and their implications for Respondent's continued certification by the Board as an emergency medical technician-paramedic. Respondent stated and provided an affidavit stating he: (a) had consumed no alcohol and had been drug-free for the preceding nine months; (b) had attended Narcotics Anonymous meetings since September 2001, including twice weekly meetings since November 2001; (c) had tested negative in each of three drug screenings administered by other employers for whom he worked after being terminated by the ambulance service; (d) had begun employment as a paramedic at a second ambulance service on May 28, 2002; and (e) had made an appointment with a psychologist regarding his depression.

4. Effective July 17, 2002, Respondent entered into an Agreement for Corrective Action ("Agreement") with the Panel. The Agreement required Respondent to contact the Health Professionals Services Program ("HPSP") to obtain chemical dependency and mental

health evaluations and comply with all recommended treatment and monitoring. The Agreement provided that if Respondent failed to satisfactorily complete all HPSP requirements, the Panel reserved the right to proceed with disciplinary action.

5. On August 13, 2002, Respondent signed an HPSP Participation Agreement and Monitoring Plan. Among other things, the Monitoring Plan required him to abstain from the use of alcohol and other drugs of abuse for no fewer than 36 months, submit to periodic unscheduled bodily fluid screens, and file quarterly reports.

6. On September 17, 2002, Respondent tested positive for alcohol. Respondent worked that day as an EMT-Paramedic. When questioned by HPSP, Respondent admitted using alcohol on August 20, 2002, but denied use in connection with the positive screen. HPSP asked him to refrain from practice until a plan had been established to address Respondent's failure to abstain.

7. Respondent was reassessed by a chemical dependency treatment center on October 11, 2002, and recommendations included an outpatient chemical dependency treatment program. On October 14, 2002, HPSP sent Respondent a revised Monitoring Plan which permitted Respondent to return to work after verification of his attendance at three treatment sessions and supervised limited access to narcotics.

8. On November 1, 2002, HPSP received a report that Respondent had relapsed with alcohol on October 26, 2002. Respondent admitted drinking two and a half beers. Respondent agreed to remain off work indefinitely but worked that weekend. On November 4, 2002, HPSP discharged Respondent for noncompliance, specifically for continuing to work after HPSP asked him to refrain from practice.

9. Respondent met with the Panel on December 18, 2002, pursuant to a Notice of Conference dated December 2, 2002, and informed the Panel that after his discharge from HPSP he had undergone inpatient chemical dependency treatment and participated in a weekly aftercare program. Respondent stated that his most recent ambulance service position was terminated when he was discharged from HPSP. Respondent expressed a willingness to return to HPSP.

10. On January 30, 2003, Respondent entered into a Stipulation and Order with the Board, which placed Respondent's certification on probation. In addition, it required him to seek readmission to HPSP and to successfully complete the program.

11. On February 11, 2003, Respondent entered into a new Participation Agreement and Monitoring Plan with HPSP. Among other things, Respondent was required to have supervised access to narcotics, receive oversight by a work-site monitor, and submit to unscheduled toxicology screens.

12. In May 2003, Respondent stated he forgot to call the tox line and missed a screen. In August 2003, his HPSP case manager telephoned Respondent regarding his missing quarterly reports. Respondent's therapist reported that Respondent stopped attending therapy in March 2003. Respondent agreed to return to therapy.

13. In November 2003, Respondent was contacted by HPSP regarding missing quarterly reports. In December 2003, Respondent tested positive for alcohol. Respondent stated that he took some samples of cough syrup from a medical clinic. Respondent denied using alcohol. In February 2004, Respondent was contacted again regarding missing quarterly reports.

14. Respondent failed to provide the following documentation to HPSP:

- a. Self-Help sponsor reports due April 15, July 15, and October 15, 2005;

- b. Self-Update reports due April 15, July 15, and October 15, 2005;
- c. A release of information for a psychiatric evaluation due to be completed by September 13, 2005; and
- d. Therapist report due October 15, 2005.

15. On November 23, 2005, Respondent was discharged from HPSP for noncompliance.

CONCLUSIONS

1. The Board has jurisdiction in this matter pursuant to Minnesota Statutes sections 144E.28 and 144E.30 (2004).

2. Respondent was given timely and proper notice of the November 16, 2006, hearing before the Board and of his right under Minnesota Statutes section 144E.28, subdivision 5(b), to request a contested case hearing to be conducted in accordance with Minnesota Statutes chapter 14.

3. The Panel has proven by a preponderance of the evidence that Respondent has violated Minnesota Statutes section 144E.30, subdivision 3, by failing to cooperate with a Board investigation.

4. The Panel has proven by a preponderance of the evidence that Respondent has violated Minnesota Statutes section 144E.28, subdivision 5(4), in that he is actually or potentially unable to provide emergency medical services with reasonable skill and safety to patients by reason of illness or use of alcohol and drugs.

5. As a result of the violations set forth above and Respondent's failure to request a contested case hearing within 30 days of receipt of notice of his right to do so or at any time, the

Board has the authority without further proceedings to take disciplinary action against Respondent's EMT-P certification. Minn. Stat. § 144E.28, subds. 4 and 5.

Based on the foregoing Findings of Fact and Conclusions, the Board issues the following:

ORDER

1. Respondent's EMT-P certificate is **SUSPENDED**, effective immediately. At no time subsequent to the date of this Order shall Respondent engage in any act in Minnesota which constitutes practice as an emergency medical technician-paramedic as defined in Minnesota Statutes sections 144E.001 and 144E.28, nor shall he in any manner represent or hold himself out as being authorized to so practice.

2. Not later than 7 (seven) days from the date of this Order, Respondent shall surrender and cause the Board to receive his current EMT-P certificate card.

3. Respondent may apply to the Board for reinstatement of his certification as an EMT-P not earlier than 6 (six) months from the date of this Order. Any such application shall be accompanied by:

a. The results of a chemical dependency evaluation administered to Respondent at his expense by a licensed provider since the date of this Order;

b. Evidence that Respondent has successfully completed or is successfully participating in any and all treatment indicated by the chemical dependency evaluation; and

c. Evidence of compliance with all applicable continuing education or training requirements under Minnesota Statutes section 144E.28, subdivisions 7 and 8.

4. Respondent shall appear before the Panel to review any application for reinstatement submitted pursuant to paragraph 3. The burden of proof shall be on Respondent to demonstrate that he is able to provide emergency medical services in a fit and competent manner

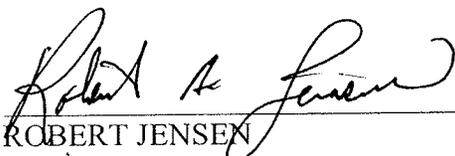
without risk of harm to the public. The Board reserves the right to approve an application for reinstatement only upon the imposition of conditions and limitations which the Board deems necessary to ensure public protection. Such conditions and limitations may include, but need not be limited to, restricted duties and practice supervision.

5. This Order is a public document.

The foregoing Findings of Fact, Conclusions, and Order constitute the decision of the Board in this matter.

Dated this 28 day of November, 2006.

MINNESOTA EMERGENCY MEDICAL
SERVICES REGULATORY BOARD

By: 
ROBERT JENSEN
Acting Board Chair

AG: #1645324-v1