October 2009

the SIREN

Ohio Department of Public Safety
Education · Service · Protection
EMS

Beyond Lights and Sirens:

Planning for Fall and Winter Influenza Season

CDC Guidance for Businesses and Employers: Influenza Season Response Plan

Businesses may have already been impacted by the spring and summer outbreaks of 2009 H1N1 influenza affecting their employees. CDC anticipates that more communities may be affected than were in the spring/summer 2009, and/or more severely affected reflecting wider transmission and possibly greater impact. In addition, seasonal influenza viruses may cause illness at the same time as 2009 H1N1 this fall and winter.

In response to the anticipated spread of 2009 H1N1 influenza, the CDC has revised its recommendations to assist businesses and other employers of all sizes.

The severity of illness that 2009 H1N1 influenza flu will cause (including hospitalizations and deaths) or the amount of illness that may occur as a result of seasonal influenza during the 2009–2010 influenza season cannot be predicted with a high degree of certainty. Therefore, employers should plan to be able to respond in a flexible way to varying levels of severity and be prepared to refine their pandemic influenza response plans if a potentially more serious outbreak of influenza evolves during the fall and winter.

More people and communities are likely to be affected as influenza is more widely transmitted. The CDC and its partners will continuously monitor national and international data on the severity of illness caused by influenza, will disseminate the results of these ongoing surveillance assessments and will make additional recommendations as needed.

Actions Employers Should Take Now

- Review or establish a flexible influenza pandemic plan and involve your employees in developing and reviewing your plan;
- Conduct a focused discussion or exercise using your plan, to find out ahead of time whether the plan has gaps or problems that need to be corrected before flu season;
- Have an understanding of your organization's normal seasonal absenteeism rates and know how to monitor your personnel for any unusual increases in absenteeism through the fall and winter.
- Engage state and local health department to confirm channels of communication and methods for dissemination of local outbreak information;
- Allow sick workers to stay home without fear of losing their jobs;
- Develop other flexible leave policies to allow workers to stay home to care for sick family members or for children if schools dismiss students or child care programs close;
- Share your influenza pandemic plan with employees and explain what human resources policies, workplace and leave flexibilities and pay and benefits will be available to them;
- Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce and associations to improve community response efforts; and
- Add a "widget" or "button" to your company Web page or employee Web sites so employees can access the latest information on influenza:
  www.cdc.gov/widgets/
  www.cdc.gov/SocialMedia/Campaigns/H1N1/buttons.html

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ANNOUNCEMENT:

On October 7th, Governor Strickland declared an emergency affecting the public's health which permits EMTs-I and EMTs-P with appropriate training and medical direction to perform H1N1 immunizations.

A Newsletter of the Division of Emergency Medical Services
and the State Emergency Medical Services Board
Richard N. Rucker, Executive Director
www.ems.ohio.gov

the SIREN

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Layout & Design: Printing Services

Ted Strickland, Governor
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Department of Public Safety

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

Proposed Legislation may affect the EMS, Fire and Trauma Communities

The Division of EMS has identified the following bills as potentially affecting the EMS, Fire and trauma communities. This information is provided to keep you informed of pending legislation. A bill's presence on this list does not imply the support or opposition of the Division or the EMS Board.

The status and content of the proposed bills may change rapidly during the course of the legislative session. Please refer to the General Assembly's Web site at http://www.legislature.state.oh.us for the current information regarding any bill's status.

Senate Bill 65 and House Bill 128	To increase penalties for failure to maintain assured clear distance or to yield the right of way when those offenses result in serious injuries. Also to create a new Highway Safety Education Fund.
Senate Bill 58	To permit emergency medical technicians-intermediate and emergency medical technicians-paramedic to withdraw blood for the purposes of the watercraft or vehicle OVI law or the commercial motor vehicle law.
Senate Bill 66	To provide health insurance benefits to dependents of volunteer firefighters killed in the line of duty.
Senate Bill 86	To grant qualified civil immunity to a physician who provides emergency medical services, first-aid treatment or other emergency professional care in compliance with the federal Emergency Medical Treatment and Active Labor Act or as a result of a disaster.
House Bill 93	To require bicycle operators and passengers under 18 years of age to wear protective helmets when the bicycle is operated on a roadway and to establish the Bicycle Safety Fund to be used by the Department of Public Safety to assist low-income families with the purchase of bicycle helmets.
Senate Bill 94 and House Bill 246	To provide that a firefighter, police officer or public EMS worker who is disabled as a result of specified types of cancer or certain contagious diseases is presumed for purposes of workers' compensation and the Ohio Police and Fire Pension Fund to have incurred the disease while performing official duties.
Senate Bill 105	To prohibit broadcasting an actual 9-1-1 call that has been made available as a public record.
Senate Bill 160	To prohibit driving a vehicle while using a handheld or manually operated mobile communication device.
Senate Bill 166	To allow emergency personnel in public safety vehicles to report traffic law violations under certain circumstances.
House Bill 241	To make changes to the law governing DNR identification and orders and to require the Director of Health to prescribe a form to document medical orders for life-sustaining treatment (MOLST).
House Bill 255	To allow a $400 income tax credit for volunteer firefighters.

Grant Awards

The Division of EMS awarded $3.3 million for fiscal year 2010 to 712 EMS agencies for Priority 1 grants (training and equipment). The grants were given to EMS organizations for personnel training, equipment and vehicle purchases and to improve the availability, accessibility and quality of emergency medical services. All funds will be administered through a reimbursement process. No funds will be mailed in advance. Any grantee needing funds in advance should complete the hardship application found on the EMS Web site, www.ems.ohio.gov. Click on Grants, complete the application and fax to 614-995-7012.

The Division also awarded $650,000 for Priorities 2, 3 and 4 grants for injury prevention and trauma research. All grants are funded through monies generated from seat belt fines.

The grant applications for next year's grants will be available in an electronic version on Feb. 1, 2010, at the Ohio Division of EMS Web site, www.ems.ohio.gov, click on the Grants section to access the electronic applications.

Board Announcements

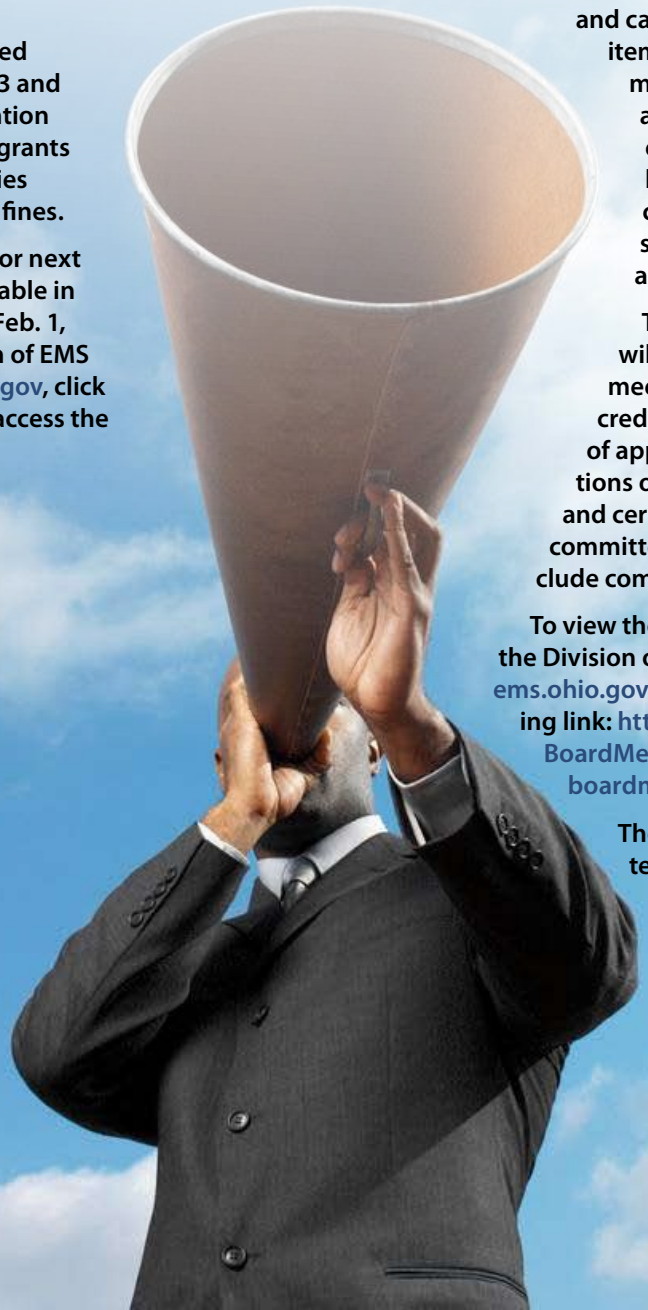
With the EMS Board's recent move to an every other month schedule to reduce operating costs, the Board looked at how to streamline the meeting to better accommodate the larger volume of work. Measures taken include combining committees, only placing items requiring discussion or action on the meeting agenda and implementing a committee report and consent agenda report.

Consent and committee report agendas will be posted to the Web site seven days prior to a meeting. EMS Board members will review the material in advance of the meetings and can approve the agenda items with a single vote and motion rather than a separate motion and vote on each item. Board members may request clarification or further discussion on any item prior to a vote.

The consent agenda will contain items such as meeting minutes, school accreditations and certificates of approval, as well as ratifications of certificates to practice and certificates to teach. The committee report agenda will include committee activity reports.

To view these new agendas, visit the Division of EMS Web site at www.ems.ohio.gov or click on the following link: http://ems.ohio.gov/emsb/BoardMeetingMinutes/ems-boardminutes_master.html

Those interested in attending EMS Board meetings or its committees are encouraged to monitor the Division of EMS Calendar at www.localcalendar.com/public/Ohioems for current meeting information.



16 Life Safety Initiatives

Firefighters must have the courage to face a multitude of risks in order to save lives and protect their communities. Their courage allows them to willingly risk their own lives so that others can be saved. A different type of courage is required to stay safe in potentially dangerous situations, avoiding needless risks and tragic consequences.

The U.S. Fire Administration has a stated goal of reducing firefighter fatalities by 25 percent within five years and by 50 percent within 10 years. Recognizing the need to do more to prevent line-of-duty deaths and injuries, the *National Fallen Firefighters Foundation* has launched a national initiative to bring prevention to the forefront. The 2004 Firefighter Life Safety Summit produced 16 major initiatives that give the fire service a blueprint for making changes. Adoption of these initiatives by the fire service is a vital step in meeting this goal. Every firefighter can train and use these 16 initiatives daily so *everyone* goes home.

1. **Define and advocate the need for a cultural change within the fire service relating to safety; incorporating leadership, management, supervision, accountability and personal responsibility.**
2. **Enhance the personal and organizational accountability for health and safety throughout the fire service.**
3. **Focus greater attention on the integration of risk management with incident management at all levels; including strategic, tactical and planning responsibilities.**
4. **All firefighters must be empowered to stop unsafe practices.**
5. **Develop and implement national standards for training, qualifications and certification (including regular recertification) that are equally applicable to all firefighters based on the duties they are expected to perform.**
6. **Develop and implement national medical and physical fitness standards that are equally applicable to all firefighters, based on the duties they are expected to perform.**
7. **Create a national research agenda and data collection system that relates to the initiatives.**
8. **Utilize available technology wherever it can produce higher levels of health and safety.**
9. **Thoroughly investigate all firefighter fatalities, injuries and near misses.**
10. **Grant programs should support the implementation of safe practices and/or mandate safe practices as an eligibility requirement.**
11. **National standards for emergency response policies and procedures should be developed and championed.**
12. **National protocols for response to violent incidents should be developed and championed.**
13. **Firefighters and their families must have access to counseling and psychological support.**
14. **Public education must receive more resources and be championed as a critical fire and life safety program.**
15. **Advocacy must be strengthened for the enforcement of codes and the installation of home fire sprinklers.**
16. **Safety must be a primary consideration in the design of apparatus and equipment.**

For more information on how you can bring these 16 initiatives to your training program, contact your Ohio advocates.

OHIO ADVOCATES

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The "Red Flags" Rule:

New Identity Theft Federal Compliance Requirements

As many as nine million Americans have their identities stolen each year. The crime takes many forms. When identity theft involves health care, the consequences can be particularly severe.

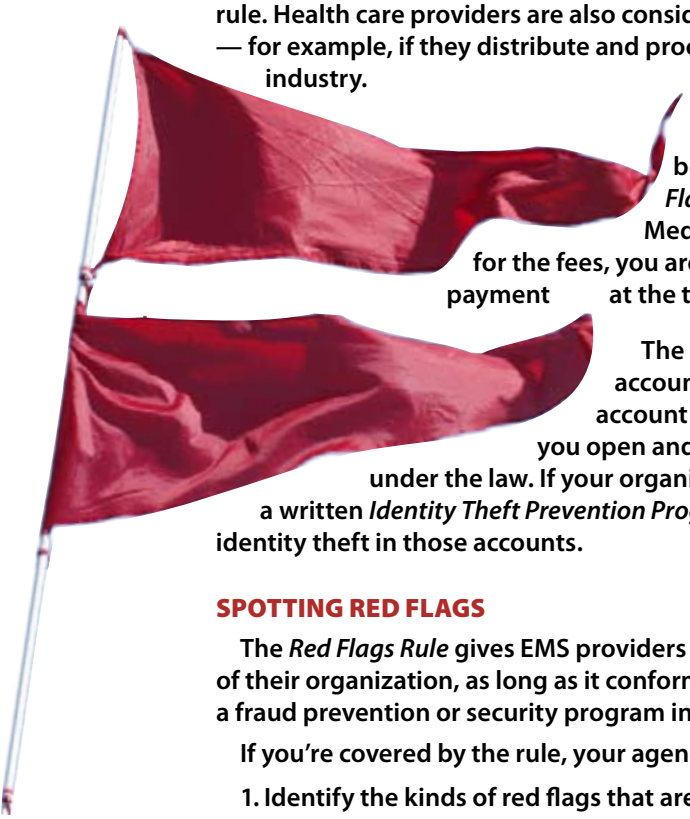
The *Red Flags Rule*, a law the Federal Trade Commission will begin to enforce in November 2009, requires certain businesses and organizations — including EMS provider agencies, doctors' offices, hospitals and other health care providers — to develop a written program to spot the warning signs — or "red flags" — of identity theft.

WHO MUST COMPLY

Every EMS agency must review its billing and payment procedures to determine if they are covered by the Red Flags Rule. Whether the law applies to you isn't based on your status as a health care provider, but rather on whether your activities fall within the law's definition of two key terms: "*creditor*" and "*covered account*."

EMS agencies may be subject to the *Rule* if they are "*creditors*." Although you may not think of your service as a "*creditor*" in the traditional sense of a bank or mortgage company, the law defines "*creditor*" to include any entity that regularly defers payments for goods or services or arranges for the extension of credit.

For example, you are a creditor if you regularly bill patients after the completion of services, including for the remainder of medical fees not reimbursed by insurance. Similarly, health care providers who regularly allow patients to set up payment plans after services have been rendered are creditors under the rule. Health care providers are also considered creditors if they help patients get credit from other sources — for example, if they distribute and process applications for credit accounts tailored to the health care industry.



On the other hand, health care providers who require payment before or at the time of service are not creditors under the *Red Flags Rule*. In addition, if you accept only direct payment from Medicaid or similar programs where the patient has no responsibility for the fees, you are not a creditor. Simply accepting credit cards as a form of payment at the time of service does not make you a creditor under the rule.

The second key term, "*covered account*," is defined as a consumer account that allows multiple payments or transactions or any other account with a reasonably foreseeable risk of identity theft. The accounts you open and maintain for your patients are generally "*covered accounts*" under the law. If your organization is a "*creditor*" with "*covered accounts*," you must develop a written *Identity Theft Prevention Program* to identify and address the red flags that could indicate identity theft in those accounts.

SPOTTING RED FLAGS

The *Red Flags Rule* gives EMS providers flexibility to implement a program that best suits the operation of their organization, as long as it conforms to the rule's requirements. Your billing office may already have a fraud prevention or security program in place that you can use as a starting point.

If you're covered by the rule, your agency must:

1. Identify the kinds of red flags that are relevant to your service;
2. Explain your process for detecting them;
3. Describe how you'll respond to red flags to prevent and mitigate identity theft; and
4. Spell out how you'll keep your program current.

continued…"Red Flags" Rule: New Identity Theft Federal Compliance Requirements

What red flags signal identity theft? There's no standard checklist. *Supplement A to the Red Flags Rule* — available at www.ftc.gov/redflagsrule — sets out some examples, but here are a few warning signs that may be relevant to health care providers:

- **Suspicious documents.**
  Has a new patient given you identification documents that look altered or forged? Is the photograph or physical description on the ID inconsistent with what the patient looks like? Did the patient give you other documentation inconsistent with what he or she has told you; for example, an inconsistent date of birth or a chronic medical condition not mentioned elsewhere? Under the Red Flags Rule, you may need to ask for additional information from that patient.
- **Suspicious personally-identifying information.**
  If a patient gives you information that doesn't match what you've learned from other sources, it may be a red flag of identity theft. For example, if the patient gives you a home address, birth date, or Social Security number that doesn't match information on file or from the insurer, fraud could be occurring.
- **Suspicious activities.**
  Is mail returned repeatedly as undeliverable, even though the patient still calls for service? Does a patient complain about receiving a bill for a service that he or she didn't get? Is there an inconsistency between a physical examination or medical history reported by the patient and the treatment records? These questionable activities may be red flags of identity theft.
- **Notices from victims of identity theft, law enforcement authorities, insurers, or others suggesting possible identity theft.**
  Have you received word about identity theft from another source? Cooperation is key. Heed warnings from others that identity theft may be ongoing.

WHAT'S AT STAKE

Although there are no criminal penalties for failing to comply with the rule, violators may be subject to financial penalties. But even more important, compliance with the *Red Flags Rule* assures your patients that you're doing your part to fight identity theft.

The Federal Trade Commission has published *Fighting Fraud with the Red Flags Rule: A How-To Guide for Business*, a plain-language handbook on developing an Identity Theft Prevention Program. For a free copy of the Guide, visit http://www.ftc.gov/bcp/edu/pubs/business/idtheft/bus23.pdf.

For more information about compliance, visit www.ftc.gov/redflagsrule.

For questions about the rule, email RedFlags@ftc.gov.

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Guidance from the State Medical Director:

Ohio EMS Scope of Practice and the Administration of Immunizations

There has been a resurgence of emergency medical services (EMS) agencies and the Ohio Department of Public Safety, Division of EMS being approached by various occupational and public health agencies requesting assistance and manpower from EMS providers for the administration of immunizations.

The Ohio Administrative Code (OAC) 4765-6-03 was promulgated by the EMS Board and states that EMS providers who have received the appropriate training may administer immunizations only when a declaration of emergency that affects the public health has been made by the governor. The foundation supporting this rule is within sections 4765.01, 4765.37, 4765.38 and 4765.39 of the Ohio Revised Code (ORC) which state that the certification provided to EMTs permits the performance of emergency medical services. I am providing the following information as a clarification of the background and expanse of thought and consideration that the EMS Board enlisted when OAC 4765-6-03 was written.

EMS is the delivery of emergency care and this was the heart of the mission when the EMS Board promulgated OAC 4765-6-03. We have received inquiries about the ability of EMS providers administering routine immunizations that are recommended by occupational health guidelines, i.e. tetanus or hepatitis immunizations, to fellow public safety colleagues instead of obtaining them through a clinic or physician's office. We have also received inquiries about the ability of EMS providers administering routine immunizations to prepare patients in at-risk populations for the anticipated arrival of a biologic agent such as smallpox or pandemic flu. Both scenarios are examples of systems that are challenged in routine occupational or public health delivery due to a shortage in staffing or resources, but neither meet the criteria where one would expect an emergency to be declared. The administration of immunizations by EMS providers, in their roles as EMTs or representatives of an EMS agency, is clearly outside of the Ohio EMS scope of practice in these situations.

There is an established accepted standard of practice for all fields of health care delivery. For the delivery of routine or elective immunizations, occupational and public health care facilities are expected to have the expertise to appropriately screen and identify the patients in the at-risk populations who should receive specific vaccinations. The facilities are expected to create and maintain a medical record, monitor the patients for the development of adverse reactions or disabilities resulting from the vaccine (i.e. seizure disorder, encephalitis, fever, allergic reaction, Guillain-Barré syndrome, cellulitis, etc.) and provide an avenue for ongoing follow-up care. The individual administering a routine or elective immunization in the setting of an occupational or public health facility must, from both a medical and medicolegal standpoint, have the ability and knowledge to successfully complete all of these tasks.

A declared emergency is a significantly different scenario as the options to the general public for receiving an immunization have clearly become "life or death." Upon the declaration of an emergency, the goal of immunization administration and its associated liability concerns shift away from the "elective" end of the spectrum for both the emergency care provider and for the patient. Subsequently, altered standards of care are initiated within a scope of practice, as outlined within OAC 4765-6-03, as the risks of mortality and morbidity of a biologic event now far exceed those of adverse effects of the preventative measures, i.e., an immunization, for the causative agent. The utilization of EMS providers to solve a manpower shortage within a system's occupational and public health resources may seem like a quick and easy solution to the problem until one takes a deeper assessment of the full scope and the accepted standard of medical care for the occupational medicine and public health professions as well as the ORC which commits the duties of the EMT to the performance of emergency medical services.

Carol A. Cunningham, M.D., FACEP, FAAEM
State Medical Director
Ohio Department of Public Safety
Division of EMS

EMS *Test Item Writing* Workshop

The Ohio Division of EMS is pleased to offer EMS instructors throughout the state an opportunity to participate in a workshop devoted to the fundamentals of high-quality, multiple choice questions and test construction. This professional development workshop is in high demand and made possible through a grant from the Ohio Department of Public Safety and Ohio Department of Health.

Joseph Mistovich and David Page, nationally recognized authors with decades of EMS teaching experience, are partnering with FISDAP® to train EMS instructors in writing valid, reliable and predictive EMS exams.

The Ohio Division of Emergency Medical Services encourages you to join them for a two-day workshop that includes a one-day training course in item writing, test construction and item analysis with an optional second day to reinforce those skill sets.

The ultimate goals of the EMSI Workshop are to promote effective implementation of the EMS National Education Standards, provide an improved understanding of formative assessment and strengthen test construction and item writing abilities among Ohio EMS Instructors.

Participants who complete the workshop assignment and attend the first day will receive eight hours of continuing education credit from the Ohio Division of EMS. Participants who attend both days of the workshop and complete the assignment will receive up to 15 hours of continuing education credit.

- Registration for one of the five regional workshops is open to EMS faculty holding a certificate to teach as an EMS instructor.
- The workshop will be applicable to EMS instructors teaching at all levels of EMS training.
- Workshops will be held from 9 AM – 5 PM each day.
- A $20 non-refundable registration fee covers the cost of lunch.

Register at www.fisdap.net/events for one of the remaining locations:

October 22 - 23	Owens Community College Toledo OH
November 19 - 20	Cuyahoga Community College Cleveland OH
December 3 - 4	University of Cincinnati, Raymond Walters College Cincinnati, OH

Register Now!

EMS Ohio Emergency Medical Services

ODH Ohio Department of Health

FISDAP

EMS Disciplinary Actions

June 2009

Douglas E. Conley, EMS Certificate Number 22645
Violation: Random audit issues
Sanction: Revocation of EMT certificate to practice

Tiffany A. Forte, EMS Certificate Number 105034
Violation: Felony convictions, *Aggravated Theft*, *Attempted Identity Fraud*, *Misuse of Credit Card and Forgery*
Sanction: Permanent revocation of EMT certificate to practice

Clayton M. Parcell, EMS Certificate Number 129582
Violation: Committed fraud, misrepresentation, or deception in applying for certificate to practice; Failed to meet requirements for reciprocity
Sanction: Denial of reciprocity application for EMT certificate to practice

Rodney W. Madewell, EMS Certificate Number 21962
Violation: Random audit issues
Sanction: Revocation of EMS Instructor certificate to teach

James D. Wiseman, EMS Certificate Number 138542
Violation: Incomplete application; Misdemeanor involving moral turpitude convictions, *Domestic Violence*, two (2) counts
Sanction: Denial of application for EMT certificate to practice

Amanda G. Smith, EMS Applicant Number 174563
Violation: Felony conviction, *Attempted Child Endangering*
Sanction: Denial of application for EMT certificate to practice

Scott B. Lewis, II, EMS Certificate Number 120548
Violation: Practiced on expired certificate
Sanction: Written reprimand, seven (7) month suspension, with credit for time served, must supply documentation of continuing education with next renewal application and must disclose consent agreement to employer

Mark E. Taylor, EMS Certificate Number 139486
Violation: Treatment in lieu of conviction for a felony, *Theft of Drugs*
Sanction: Written reprimand, revocation—stayed, must submit *Bureau of Criminal Identification & Investigation Civilian Background Check* within 120 days, another in three (3) years, must complete drug/alcohol treatment program, three (3) year probation, random drug/alcohol screenings during probation, must notify Division of any violations within ten (10) days, must disclose consent agreement to employer and must obtain written authorization to practice from Chief/Medical Director prior to practicing and throughout probation

EMS Disciplinary Actions

June 2009

Douglas W. Isaacson, EMS Certificate Number 21958
Violation: Misdemeanor involving moral turpitude conviction, *Disorderly Conduct*
Sanction: Written reprimand and must submit *Bureau of Criminal Identification & Investigation Civilian Background Check* within 120 days

[redacted]

Andrew T. Hopkins, EMS Certificate Number 29680
Violation: Random audit issues
Sanction: Written reprimand, must complete the continuing education requirements and must supply documentation of continuing education with next renewal application

Nicole D. Kaufman, EMS Applicant Number 177706
Violation: Misdemeanor involving moral turpitude conviction, *Assault*
Sanction: Written reprimand, must submit *Bureau of Criminal Identification & Investigation Civilian Background Check* prior to issuance/within 120 days, must complete fit-for-duty evaluation prior to issuance/within 120 days and must disclose consent agreement to employer

Scott A. Taylor, EMS Applicant Number 177829
Violation: Misdemeanor involving moral turpitude conviction, *Fraudulent Use of Credit Card*
Sanction: Written reprimand, must submit *Bureau of Criminal Identification & Investigation Civilian Background Check* prior to issuance/within 120 days and must disclose consent agreement to employer

Larry L. Collins, EMS Certificate Number 20302
Violation: Random audit issues
Sanction: Written reprimand, must complete the continuing education requirements and must supply documentation of continuing education with next renewal application

Michael S. Stafford, EMS Certificate Number 122826
Violation: Felony convictions, *Forgery* and *Theft*
Sanction: Written reprimand, must submit *Bureau of Criminal Identification & Investigation Civilian Background Check* within 120 days, another in three (3) years and must disclose consent agreement to employer

FIRE Disciplinary Actions

June 2009

Douglas W. Isaacson, Fire Certificate Number 21958
Violation: Misdemeanor involving moral turpitude conviction, *Disorderly Conduct*
Sanction: Written reprimand and must submit *Bureau of Criminal Identification & Investigation Civilian Background Check* within 120 days

Thomas J. Romito, Fire Applicant Number 174475
Violation: Misdemeanor involving moral turpitude convictions, *Resisting Arrest* and *Obstruction of Official Business*
Sanction: Written reprimand, must submit *Bureau of Criminal Identification & Investigation Civilian Background Check* prior to issuance/within 120 days, another at renewal and must disclose consent agreement to employer

Seth R. Pitman, Fire Applicant Number 177243
Violation: Misdemeanor involving moral turpitude conviction, *Theft*
Sanction: Written reprimand, must submit *Bureau of Criminal Identification & Investigation Civilian Background Check* prior to issuance/within 120 days and must disclose consent agreement to employer

Timothy A. Jacobs, Fire Applicant Number 177297
Violation: Misdemeanor involving moral turpitude conviction, *Attempted Assault*
Sanction: Written reprimand, must submit *Bureau of Criminal Identification & Investigation Civilian Background Check* prior to issuance/within 120 days, must successfully complete anger management program within nine (9) months and must disclose consent agreement to employer

Jason M. Perkins, Fire Applicant Number 177348
Violation: Misdemeanor involving moral turpitude conviction, *Public Indecency*
Sanction: Written reprimand, must submit *Bureau of Criminal Identification & Investigation Civilian Background Check* prior to issuance/within 120 days, must successfully complete fit-for-duty evaluation prior to issuance/within 120 days and must disclose consent agreement to employer

Ryan P. Quinn, Fire Applicant Number 177138
Violation: Misdemeanor involving moral turpitude convictions, *Receiving Stolen Property* and *Obstructing Official Business*
Sanction: Written reprimand, must submit *Bureau of Criminal Identification & Investigation Civilian Background Check* within 120 days, another at renewal and must disclose consent agreement to employer

FIRE Disciplinary Actions

June 2009

[redacted]

Michael S. Stafford, Fire Certificate Number 122826

Violation: Felony convictions, *Forgery* and *Theft*

Sanction: Written reprimand, must submit *Bureau of Criminal Identification & Investigation Civilian Background Check* within 120 days, another in three (3) years and must disclose consent agreement to employer