COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss. Division of Administrative Law Appeals

Department of Public Health,
Petitioner

v. Docket No. PHET-25-0458

John Tagliani,
Respondent

Appearance for Petitioner:

Matt A. Murphy, Esq.

Appearance for Respondent:

John Tagliani, pro se

Administrative Magistrate:

Kenneth J. Forton

SUMMARY

Department of Public Health's motion for summary decision is allowed because the evidence, taken in the light most favorable to the Respondent EMT, establishes: (1) that Respondent EMT violated 105 CMR 170.940(C) by failing to follow Statewide Treatment Protocols when he and another EMT forced a patient experiencing serious respiratory distress to walk down stairs to an ambulance rather than carry them; (2) that the same actions constituted a failure to exercise reasonable care and judgment; and (3) that he violated 105 CMR 170.345(B) by providing, and signing off on, an inaccurate Patient Care Report.

RULING ON MOTION FOR SUMMARY DECISION

This appeal concerns the Department of Public Health's (DPH) proposed discipline of Respondent John Tagliani for failing to adhere to Statewide Treatment

Protocols; failing to exercise reasonable care, judgment, knowledge, or ability in the performance of his duties; and providing and signing off on an inaccurate report when he and his higher ranking training officer responded to a patient experiencing respiratory distress.

At a pre-hearing conference, Mr. Tagliani affirmed that he did not materially dispute the facts DPH presented in its examiner's report. He disputed only the extent of the discipline proposed: a three-month temporary suspension of his license and related professional education. Consequently, I agreed to decide the matter on motions. DPH moved for summary decision on that basis on January 16, 2026. It attached three exhibits. (Exhibits A-C.) Petitioner filed an opposition to the motion, with no attachments, on February 7, 2026.

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The following facts either are established beyond genuine dispute or are taken as true in Respondent's favor and are largely taken from DPH's memorandum. *See generally* 801 CMR 1.01(7)(h); *Caitlin v. Bd. of Registration of Architects*, 414 Mass. 1, 5-7 (1992).

On or around April 19, 2025, DPH received a complaint from Coastal Ambulance, LLC. In the complaint, it was alleged that on or about April 17, 2025, Paramedic John Tagliani, along with two other Emergency Medical Services (EMS) workers, was dispatched to a patient experiencing respiratory distress.

The patient had been diagnosed with Influenza B the day before and had a history of asthma. On the day of the call the patient reported significant weakness,

dizziness, and shortness of breath. (Ex. A.) Mr. Tagliani's training officer, Paramedic Derek Smart, told the patient that they[1] would have to walk to the ambulance, despite the respiratory distress. (Ex. A.) Before walking out of the home, the patient informed the responding EMS that they felt dizzy when standing up. This was corroborated by the Ring Camera footage that was provided to DPH by the patient. The camera footage then shows the patient walking out of the home and down the front porch stairs. Mr. Smart walked in front of the patient; Mr. Tagliani followed behind. Neither paramedic provided support to the patient as they walked to the ambulance. (Ex. A.) Mr. Tagliani handed the patient a mask and then walked towards the ambulance to put away the cardiac monitor. (Ex. A.) The patient then began to exhibit bronchospasm symptoms that included audible wheezing. Mr. Tagliani was required to treat this medical event, but he did not. Mr. Tagliani acknowledges that the likely cause of the bronchospasm event was from the exertion of walking to the ambulance.

Immediately following the call, Mr. Tagliani drafted and signed a Patient Care Report (PCR). (Ex. B.) In the PCR, Mr. Tagliani did not note that there was a "unique circumstance or deviation" from the Statewide Treatment Protocols (STP) that occurred here when the patient was not carried to the ambulance—a requirement under the STP. (Ex. C.) Mr. Smart asked Mr. Tagliani not to report the deviation from the STP in the PCR, and Mr. Tagliani went along with Mr. Smart's request.

In a later review of the matter, Mr. Smart accepted full responsibility for the results of the call and its aftermath. He has already been separately disciplined by DPH.

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[1] I refer to the patient as "they" to preserve anonymity.

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DPH, through its Office of Emergency Medical Services, is responsible for the certification of EMTs. *See* 150 CMR 170.001 et seq. EMTs are subject to initial training and continuing education requirements regarding the current standard of care, regulations, and laws pertaining to pre-hospital emergency medical treatment.

DPH is authorized to investigate complaints and to commence enforcement action. *See* 105 CMR 170.795. DPH may temporarily revoke an EMT's certification. *See* 105 CMR 170.760. A finding that Mr. Tagliani's actions or omissions violate any of DPH's regulations must result in a decision affirming DPH's actions. 105 CMR 170.770(B). *See also Dep't of Pub. Health v. Mailloux*, PHET-22-0589, at *4 (Div. Admin. L. App. June 6, 2023).

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105 CMR 170.940(C) authorizes DPH to suspend or revoke EMT certification for "[f]ailure to exercise reasonable care, judgment, knowledge, or ability in the performance of duties or to perform those duties within the scope of his or her training and certification, and in accordance with the Statewide Treatment Protocols."

Failing to use the proper procedures for transporting a patient to an ambulance is a violation of the STP. STP 1.0, regarding transportation of patients, states: "DO NOT allow sick or injured patients to walk or otherwise exert themselves. Use safe and proper lifts and carries and appropriate devices to extricate patients to the ambulance stretcher." (Ex. C.) (Emphasis in original.) STP 1.0 further states:

> The presumption is that patients requesting EMS services should not walk to the stretcher or ambulance, but should be moved using safe and

> proper lifts and devices. Specifically, the condition of patients with cardiac, respiratory, or neurological conditions, and of patients with unstable vital signs, can be worsened by exertion, so patient effort in moving to the stretcher and ambulance should be minimized. Unique circumstances and deviations from these principles must be clearly described in the Patient Care Report (PCR) and the service must have an internal continuous quality improvement (CQI) process to review each case.

(Ex. C.)

Here, plainly, the presumption is patients should not walk to the ambulance. STP 1.0 highlights specifically patients with respiratory conditions because their condition can be worsened by the exertion. This is exactly what transpired during this call. The patient with a respiratory condition was forced to walk to the ambulance despite telling the paramedics that they became dizzy when standing and ended up having a bronchospasm event as a result of the exertion. This is exactly what was anticipated by the STP. The actions taken by EMS during this call were a violation of STP 1.0 and, thus, a violation of 105 CMR 170.940(C).

Walking the patient to the ambulance when they were complaining of respiratory distress was also a failure to exercise reasonable care and judgement, in violation of 105 CMR 170.940(C). It takes no special knowledge or training to understand that a person having significant trouble breathing should not exert themselves for fear of making the problem worse.

For the purposes of this motion, I have accepted as true that Mr. Tagliani followed the orders of his superior officer, Mr. Smart, not to carry the patient to the ambulance and instead make them walk. Mr. Smart has accepted responsibility for the decisions he made that day. I cannot say the same for Mr. Tagliani. It is not enough for

Mr. Tagliani to say that he was just following orders. Certification as an EMT required him to exercise independent judgment in the care that he provided the patient that day. I concede that this may have been difficult when his superior officer directed him not to follow the STP, but he was still required to independently follow the STP and DPH's regulations.

Finally, Mr. Tagliani violated 105 CMR 170.345(B), which is grounds for revocation under 105 CMR 170.940(O), by providing, and signing off on, an inaccurate PCR. This is an additional violation and is an independent ground for revocation.

105 CMR 170.345(B) provides:

> Each patient care report shall be accurate, prepared contemporaneously with or as soon as practicable after, the EMS call that it documents. EMS personnel shall provide a verbal report to receiving staff at the time of patient transfer of care. Each written patient care report shall, at a minimum, include the data elements pertaining to the call as specified in administrative requirements of the Department. *All EMS personnel on the ambulance or ambulances dispatched to the patient are responsible for the accuracy of the contents of their respective patient care reports*, in accordance with their level of certification.

(Emphasis added).

As noted in STP 1.0, supra, when a deviation from the principles of the STP occurs, it must be clearly described in the PCR. That did not happen here. Walking the patient to the ambulance instead of transporting them using proper carry and transport techniques was a violation of STP 1.0, and it was therefore required to have been documented in the PCR.

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For the reasons set out above, the motion for summary decision is allowed, and I

recommend that the Commissioner affirm the decision to temporarily revoke Mr. Tagliani's license.

DIVISION OF ADMINISTRATIVE LAW APPEALS

/s/ Kenneth J. Forton

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Kenneth J. Forton
Administrative Magistrate

Dated: March 17, 2026