

## **SUMMARY**

### **DR. ANGELO SIMONE (CPSO #62617)**

#### **1. Disposition**

On September 7, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) required paediatrician Dr. Simone to appear before a panel of the Committee to be cautioned with respect to communication in his office.

In addition, the Committee ordered Dr. Simone to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Simone to:

- attend a Medical Record-Keeping Course;
- provide a written summary of the current management of needle stick injuries;
- undergo a reassessment of his practice approximately six months following completion of the education plan.

#### **2. Introduction**

A family member of a child patient complained to the College that Dr. Simone failed to administer the patient’s immunization in a competent manner and communicate with the patient’s family after an incident that occurred during an appointment in April 2016.

The family member stated that Dr. Simone accidentally stuck his own hand with a needle and then used the same needle to inject a vaccination into the patient. The family member indicated he tried to speak with Dr. Simone after the appointment but the receptionist told him that Dr. Simone was busy. The receptionist said that she would have Dr. Simone contact the family member. According to the family member, Dr. Simone did not contact him.

Dr. Simone responded that he had no recollection of sticking himself with the needle that he then used to administer the injection. He noted that it is conceivable to stick oneself and not feel anything, as the needles used for paediatric vaccination are very fine gauge.

Dr. Simone indicated that he was unaware the patient's family wished to speak with him after the incident, as his secretary did not inform him.

### 3. Committee Process

A panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College's professional expectations for physicians practising in Ontario. Current versions of these documents are available on the College's website at [www.cpso.on.ca](http://www.cpso.on.ca), under the heading "Policies & Publications."

### 4. Committee's Analysis

The Committee noted that Dr. Simone did not deny that he stuck himself with the needle used to administer the vaccination in this case. He stated in his response to the complaint that he had no communicable diseases.

The Committee found Dr. Simone's response in this matter to be inadequate on two levels. It would have been helpful if he had spoken to the patient's family about their concerns after the appointment in order to reassure them that the child's health was not at risk from the accidental needle stick. The fact that Dr. Simone reported that his office assistant did not inform him that the family wished to speak with him indicates to the College that there are shortcomings in the communication practices in Dr. Simone's office.

Furthermore, in his response to the College, Dr. Simone did not indicate that he took appropriate action now that he is aware of the family member's concerns about the needle stick injury. According to needle stick protocol, accidental needle pricks usually lead to immediate blood testing for any patients, physicians or other staff that have been exposed. By simply stating that he has no communicable diseases, Dr. Simone demonstrated a lack of understanding of how disturbing a needle stick injury is for patients or their family.

In the Committee's view, Dr. Simone's response was not sufficiently specific to address the family member's concerns. It would have been appropriate for Dr. Simone to have offered to

undergo testing so that he could have backed up his statement with specific serology to reassure the family regarding his HIV and Hepatitis B and C status.

In reviewing the medical record in this case, the Committee found Dr. Simone's documentation to be scant. There were several visits for which Dr. Simone's notes consisted of only a few words with little mention of the history of the patient's illness, vital signs, or instructions relayed.

In view of the above, the Committee determined that a SCERP was warranted in this case. The Committee also decided to caution Dr. Simone on the issue of communication in his office so that this type of situation, where Dr. Simone is unaware that parents have concerns and wish to speak with him, is not repeated in the future.