



Audit Report

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EMS EMPLOYEE SAFETY FOLLOW-UP

March 2005

Office of the City Auditor
Austin, Texas

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March 22, 2005

To: Mayor and Council Members
From: Stephen L. Morgan, City Auditor
Subject: Emergency Medical Services Employee Safety Follow-up Audit

I am pleased to present this report on the status of Emergency Medical Service's (EMS) implementation of audit recommendations made in our April 2001 audit report *Employee Safety: Emergency Medical Services*.

EMS management has made progress, or has efforts that are recently underway, to improve the safety of employees such as:

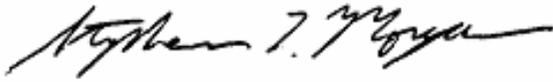
- Hiring a Certified Safety Professional as the department's Safety Officer,
- Improving the injury data collection format,
- Initiating an improved records management system database,
- Updating the department's Accident Prevention Plan,
- Initiating the development of an assessment tool (in cooperation with the Exercise Physiology section at Austin Fire Department) to evaluate EMS staff's ability to meet the physical requirements of their position on an ongoing basis and upon return to work from an injury, and
- Broadening the role and involvement of the EMS Safety Committee.

These actions have directly contributed to our finding that, of the nine original recommendations, three have been fully implemented and the other six have been partially implemented. Our work, however, indicated that most of these efforts have been in operation for such a short period of time, that they have not yet had any positive effect on EMS's lost time injury rate.

We are in agreement with EMS management that efforts are "underway" on the four recommendations that we show as partially implemented, and that three other recommendations have been fully implemented. However, we believe there remains two areas where EMS is reporting the recommendations as implemented, while we feel the recommendations are only partially implemented. It is our judgment that EMS management has not implemented an effective injury reporting format and should update and revise its current injury investigation process to place more emphasis on causes and preventability of injuries. Secondly, we do not believe EMS effectively utilizes mid-level supervisors (commanders) to reinforce employee safety. EMS should strengthen its

accountability for supervisors whose activities in the field can affect three main causes of injury on the job: imprecise execution of physical work, employee negligence, and failure to follow approved safety practices.

We appreciate the cooperation and assistance from the Emergency Medical Services' staff during this audit.

A handwritten signature in black ink, appearing to read "Stephen L. Morgan". The signature is fluid and cursive, with a long horizontal stroke at the end.

Stephen L. Morgan, CIA, CGAP, CFE, CGFM

COUNCIL SUMMARY

The combination of higher EMS lost time injury rate and the rise in EMS claim costs suggests that there remains a need to take strong proactive measures to enhance the safety of EMS employees. We reviewed the EMS lost time injury (LTI) rate and cost associated with these injuries for the fiscal years since the original audit was issued, beginning with FY2001. The data indicate that, despite an initial decrease in the EMS LTI rate, the most recent measurement is slightly higher than the rate when the original audit was issued.

Since the original audit was issued in April of 2001, the cost of EMS injury claims rose \$86,778, an increase of 21.6 percent. The city-wide claim cost increased 18.5 percent during this same period. Also, while EMS comprises only 3.14 percent of the City workforce in FY2004 they account for 6.01 percent of the city-wide cost of claims.

By testing the implementation status of the audit recommendations issued in 2001, we also intended to provide information on current issues related to EMS employee safety.

Our findings indicate that three of our original recommendations are fully implemented and six are partially implemented. Our observations show that EMS:

- has developed and implemented a supplemental injury form aimed at categorical descriptions related to the injury;
- has implemented several performance measures that can track the results of efforts to reduce employee injuries;
- investigates a variety of employee injuries, in addition to vehicle accidents and infectious diseases;
- has established a Safety Committee that has recently begun functioning as intended and is actively working toward the reduction of injury incidents in the workplace; and
- is revising and updating the department's existing Accident Prevention Plan (APP) through the Safety Committee.

However, we also found that:

- Although EMS injury and safety data is being collected currently, the data is not being consistently tracked, investigated, analyzed, or systematically reported to top management in a way that injury trends can be easily discerned. Such reports are now only on an *ad hoc* basis to the Safety Committee;
- The supplemental injury form does not focus on the root causes, preventability, or safety issues related to the injury;
- EMS does not assess the physical fitness of paramedics once they have graduated from the academy or have returned to full duty status following an on the job injury.

We are in agreement with EMS management that efforts are “underway” on the four recommendations that we show as partially implemented, and that three other recommendations have been fully implemented. However, we believe there remains two

areas where EMS is reporting the recommendations as implemented, while we concluded both recommendations are only partially implemented. It is our judgment that EMS management has not implemented an effective injury reporting format and should update and revise its current injury investigation process to place more emphasis on causes and preventability of injuries. Secondly, we do not believe EMS effectively utilizes mid-level supervisors (commanders) to reinforce employee safety. EMS should strengthen its accountability for supervisors whose activities in the field can affect three main causes of injury on the job: imprecise execution of physical work, employee negligence, and failure to follow approved safety practices.

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BACKGROUND

Safety program management is well defined by industry sources and is applicable to organizations of all sizes. The National Safety Council (NSC), the Occupational Safety and Health Administration (OSHA), the Texas Workers' Compensation Commission (TWCC), and the Texas State Office of Risk Management (TSORM) each promulgate a set of components essential to a successful safety program. In the broadest sense, an employee safety program must comprise four basic components. These components include:

1. the consistent involvement and support of senior management;
2. methods to identify hazards and potential causes of injury;
3. methods to control the hazards once identified; and
4. education and training for employees on hazard control and injury prevention.

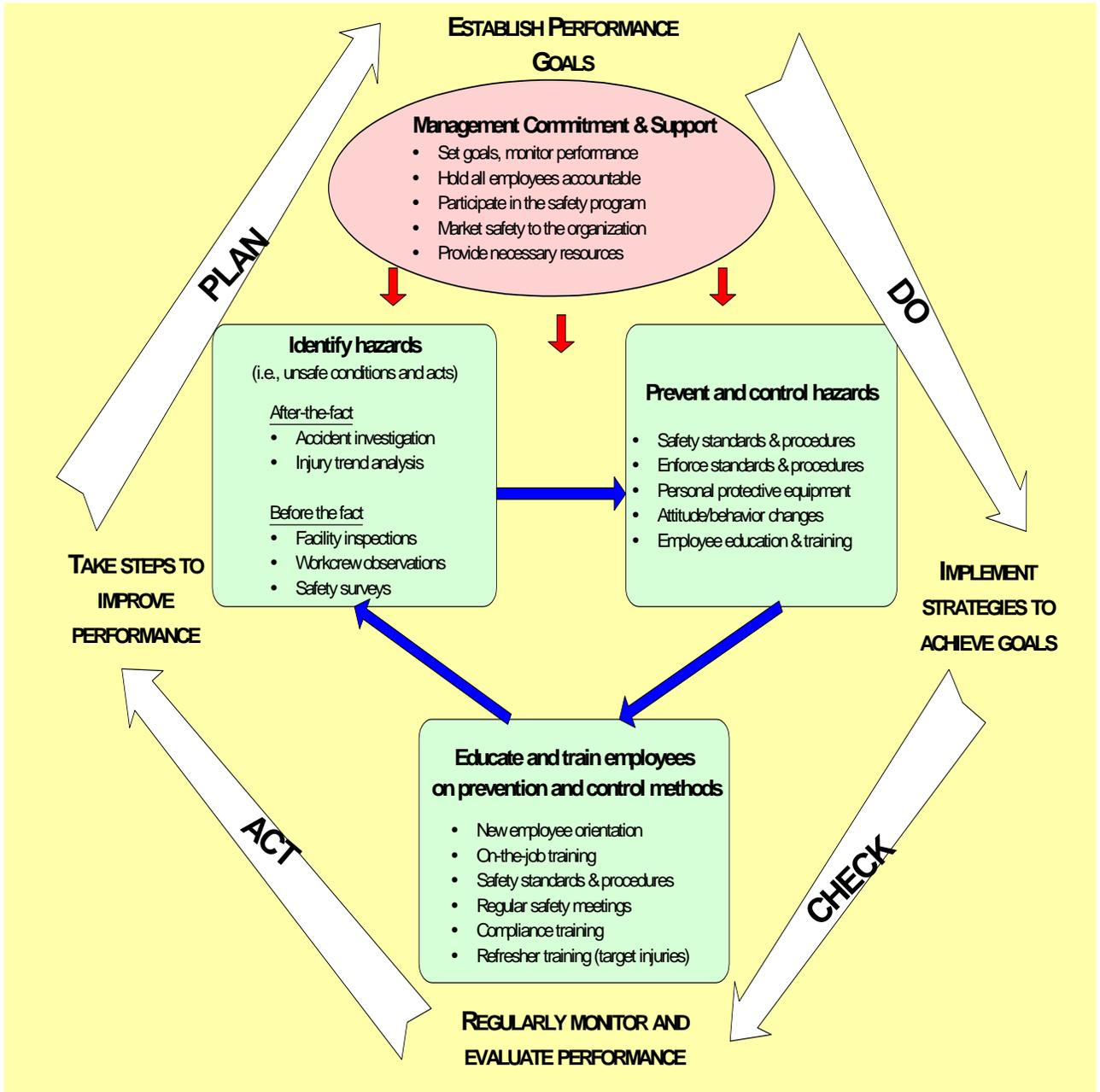
Specific practices, procedures, and processes underpinning these components contribute to program success and effectiveness. Exhibit 1.1 on the next page illustrates the basic safety program framework we used to evaluate the EMS program and performance in 2001, and to assess the scope of improvements made since the original audit report.

In April 2001, OCA issued the EMS Employee Safety audit report. It contained nine recommendations designed to improve the department's existing safety program. Management concurred with all nine recommendations, and presented an action plan to the City Council's Audit and Finance Committee for their implementation.

The original recommendations addressed the need to strengthen key areas of safety program operations:

- the investigation and collection of information for each injury incident;
- trend analysis of injuries to determine causal relationships;
- development of mitigating strategies to prevent and reduce injury incidents;
- establishment of performance measures and targets for the reduction of all types of employee injuries;
- better use of the department's Safety Committee to influence a reduction in workplace injuries;
- review and revision of the Accident Prevention Plan (APP); and
- the development of a fitness assessment for paramedics and return-to-work testing following an injury.

**EXHIBIT 1.1
Safety Program Management**



SOURCE: Office of the City Auditor (OCA) analysis of safety industry literature, January 2005

OBJECTIVE, SCOPE AND METHODOLOGY

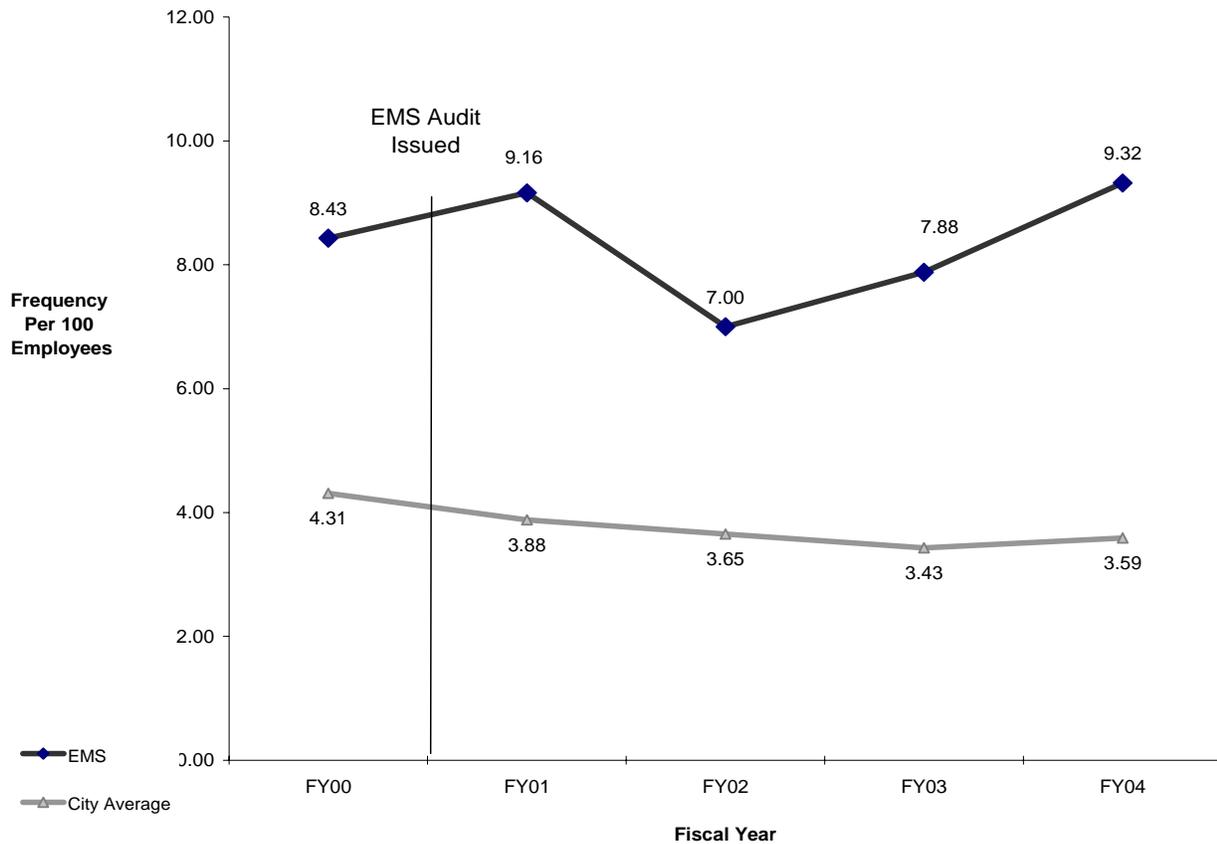
The objective of this follow up audit was to assess the progress that the EMS department has made toward addressing findings and implementing recommendations set forth in the 2001 EMS Employee Safety audit. Our audit scope consisted of verifying the implementation status of all nine original recommendations presented in the 2001 audit. To accomplish our objective we interviewed management and operations staff, and reviewed and analyzed a variety of safety data, internal documents, and management reports.

This audit was conducted in accordance with generally accepted government auditing standards.

FOLLOW UP AUDIT FINDINGS

EMS continues to record a high lost time injury(LTI) rate and rising worker's compensation claim costs. A lost time injury case is one where an employee injured on the job loses one or more days due to that injury. The graph below (Exhibit 1.2) shows the EMS LTI rate compared to the city-wide average for fiscal years 2000-2004. These data indicate that, despite an initial decrease in the EMS LTI rate in FY2002, the most recent measurement is slightly higher than the rate when the original audit was issued.

**Exhibit 1.2
Lost Time Injury Rate**



Source: Human Resources Department Safety and Workers Compensation, November 2004

As Exhibit 1.3 (below) shows, the cost of EMS claims rose \$86,778, an increase of 21.6 percent, since the original audit was issued. The city-wide claim cost increased 18.5 percent during this same period. Also, while EMS comprises only 3.14 percent of the City workforce in FY2004 they account for 6.01 percent of the city-wide cost of claims.

**Exhibit 1.3
Cost of Claims Paid**

	FY01	FY02	FY03	FY04
EMS	\$401,759	\$366,725	\$413,423	\$488,537
Difference from FY01 (baseline)		- 8.72%	2.90%	21.60%
CITY-WIDE	\$6,855,732	\$7,423,938	\$8,523,215	\$8,124,276
Difference from FY01 (baseline)		8.29%	24.32%	18.50%
EMS Claims as a Percentage of City-wide claims	5.86%	4.94%	4.85%	6.01%

Source: Human Resources Department Safety and Workers Compensation, November 2004

The combination of higher LTI rate and the rise in claim costs suggests that there remains a need to take strong proactive measures to enhance the safety of EMS employees. To assess the status of EMS actions and measures in place to help address the LTI rate and claim cost, we assessed the implementation status of each of the recommendations of the 2001 audit. By testing the implementation status of these recommendations issued in 2001, we hoped to provide information on current issues related to EMS employee safety.

At-A-Glance: Verified Implementation Status

Recommendation	EMS Reported Status	Auditor Reported Status		
		Implemented	Partially Implemented	Not Implemented
1 Track and analyze workers' compensation lost-time injury claims and cost information regularly and report the results	Underway		X	
2 Develop and implement an incident form that captures adequate information	Implemented		X	
3 Update the database to include all claims not originally entered when the database was first developed	Implemented	X		
4 Ensure that responsibility, authority, and adequate staffing are assigned to the safety function	Implemented		X	
5 Establish performance measures and targets for the reduction of employee injuries of all types	Implemented	X		
6 Ensure that the Safety Committee is functioning as intended and is actively working toward the reduction of injury incidents in the workplace	Implemented	X		
7 Review and restructure the Accident Prevention Plan	Underway		X	
8 Implement a mandatory assessment of each paramedic's ability to perform the essential function of the job	Underway		X	
9 Require paramedics to pass a functional capacity/work capacity evaluation before returning to regular duty following an injury	Underway		X	

Recommendation #1

The EMS Safety Officer and Workers' Compensation representative should track and analyze workers' compensation lost-time injury claims and cost information regularly and report the results.

EMS Management Reported Status: Underway

✓ **OCA Implementation Status: Partially Implemented**

EMS does not have a systematic process in place for collecting injury data and monitoring the reliability and validity of the data entered and processed in the department's RMS. Therefore, EMS management does not have accurate information available to make decisions that precisely address injury and safety issues within the department. Although EMS injury and safety data is being collected currently, the data is not being consistently tracked, investigated, analyzed, or systematically reported to top management in a way that injury trends can be easily discerned. EMS management does not currently have access to reports of specific injury related data, including injury trends, on a routine basis, making it difficult to observe trends. However, EMS provides safety and injury related reports requested by management on an *ad hoc* basis, often for EMS Safety Committee meetings.

To prevent and control injuries, EMS must collect sufficient information, conduct injury investigations, and report the results on a regular basis so that management can understand what caused the injury to occur and how the injury can be prevented in the future. Analyses of OJI accident and injury trends are critical to maintaining and improving safety within an organization. The federal Occupational Safety and Health Administration (OSHA) states that injury trends over time should be analyzed so that patterns of injuries with common causes can be identified and prevented. The most current EMS Accident Prevention Plan (APP) states that the Director of Austin/Travis County EMS (A/TCEMS) is to ensure that a record of injuries and illnesses is maintained. The Record Keeping section of the APP states that the Safety Officer will ensure proper records and documentation of all accident and incident investigation activities are maintained, reviewed, and analyzed. Such investigations are not complete until all data are analyzed and a final report is completed.

EMS management does not believe it is beneficial to track injury cost separately, in addition to HRD, since the City's HRD data is the official legal data of record for all EMS LTI claim and cost information. Over the last several years, EMS has ranked high among City departments in workers' compensation claim rates. EMS management does not internally track lost time injury cost information because the Records Management System (RMS) was not designed to track injury cost, and they believe it is very difficult to accurately assess the true cost of an injury. This latter difficulty is because of variables such as overtime for other paramedics covering additional shifts due to a colleague's injury. EMS instead obtains cost information each quarter from the City's Corporate HRD which receives information from the City's third party workers' compensation administrator, JI Companies. Management does not believe it would be an efficient use of resources for both EMS and Corporate HRD to maintain databases with the same information.

However, we did find that EMS tracks LTI information for use in internal decision making. When internally tracking lost time due to injuries, EMS takes into consideration the organization's unique shift structure (i.e., 24 hours on – 48 hours off rotation, 56 hours/seven day week). According to EMS staff, this shift schedule is not taken into account on the TWCC-1 forms, used by City of Austin Corporate HRD, or JI Companies. Instead, eight hours is considered to be a shift. To accurately track employee lost time information, EMS HRD staff maintain separate records in a spreadsheet format for each injured employee so that changing work status can be kept up to date for internal decision making processes.

Therefore, we find that this recommendation was partially implemented.

Suggested strategies for further implementation:

To improve information tracking:

1. Utilize the Records Management System to consistently:
 - collect the same data on every injury;
 - enter the data in RMS;
 - fully investigate the cause of the injury;
 - track and analyze data; and
 - routinely report safety information to top management such that injury trends can be easily discerned.

Recommendation #2

The Director of EMS should require the EMS Safety Officer to develop and implement an incident form that captures adequate information on how and why the injury occurred, the probable cause of injury, the established safety procedures violated, and the potential preventative measures.

EMS Management Reported Status: Implemented

✓ **OCA Implementation Status: Partially Implemented**

The supplemental injury form in use does not capture sufficient information to fully analyze and trend injuries to prevent the recurrence of similar injuries in the future.

As recommended in the 2001 safety audit, EMS has developed and implemented a supplemental injury form to capture additional injury information. However, the current supplemental injury form is aimed at categorical descriptions related to the injury, not the root causes or safety issues related to the injury. The original audit team found that EMS needed better data collection on injuries to identify the root cause of an injury, possible preventative actions for unsafe working conditions, and to hold employees accountable to preventable incidents. In response to this finding, EMS staff developed a five page supplemental injury form to capture descriptive information concerning employee injuries in addition to the limited information collected on the TWCC-1 (Texas Workers' Compensation Commission form) or the first report of injury. The TWCC-1 and the current supplemental injury form are completed by the EMS commander who oversees the injured employee. Because of the length of the form, it was not consistently completed. In 2003, EMS management shortened the supplemental injury form from five

pages to one page, hoping the abridged version would be completed regularly by the commanders. Commanders are now completing the forms regularly.

According to the National Safety Council's Accident Prevention Manual, "a well designed incident report should establish all causes contributing to the incident and reveal questions the investigator should ask to determine all environmental and human causes." The City's *Risk Management Manual* (RMM), Section Three, II.D., Accident Identification and Training, addresses importance of the determination of the cause of accidents. The documentation, analysis, assessment, and monitoring of injury data provides the Safety Officer and the department's management with feedback that allows for the identification of injury trends to see if corrective measures are effective once implemented. The Accident Identification section of the RMM suggests that the Safety Officer maintain a log of all accidents and calculate the frequency rates, severity rates, and determine trends by division. The Safety Officer should then meet with managers on a regular basis, such as in Safety Committee meetings, to discuss the observed trends.

EMS management does recognize that the one page form is incomplete as it is missing areas for prevention, the implementation of corrective actions, and follow-up procedures and is planning on enhancing the investigation process to capture missing information that will help in analyzing injuries and near-miss incidents. The current supplemental injury form does not collect enough information on employee injuries to consistently identify:

- how and why an injury occurred;
- probable root cause of an injury;
- safety procedures that were violated;
- corrective and preventive actions implemented; and
- the utilization of mechanisms in place to hold employees accountable for violating established safety procedures.

Without additional injury information, EMS will continue to have difficulty determining the root cause of injuries, identifying if an injury was preventable, and creating and implementing a prevention plan to eliminate similar injuries in the future.

We determined that this recommendation was partially implemented.

Suggested strategies for further implementation:

To improve supplemental injury data collection efforts consider enhancing the injury investigation process to collect the following information:

- how and why an injury occurred;
- the root cause of an injury/incident;
- preventative measures that could have been taken;
- possible corrective actions to implement; and
- follow-up actions to monitor corrective action implementation.

Recommendation #3

To ensure the completeness of the “Active OJI Incidents” database, the EMS Workers’ Compensation representative should update the database to include all claims not originally entered when the database was first developed.

EMS Management Reported Status: Implemented

✓ **OCA Implementation Status: Implemented**

EMS has updated its internal database to include all claims not originally entered when the RMS was first developed. In 2001, the audit found that EMS injury data was incomplete and inaccurate, therefore hindering EMS’s ability to conduct accurate injury trend analysis. The EMS database staff state that before RMS went live in 1999, the department’s safety and injury data was originally entered and maintained in an Access database. To address this finding, we recommended that EMS update their internal database (RMS) to include all claims that were not originally entered when the new RMS database was first developed. This data has since been imported into RMS with the available EMS injury data from the original Access database to the extent possible. However, database staff acknowledge that if safety and injury data were missing from the Access database at the time it was imported into RMS, the data does not exist in RMS.

We therefore believe this recommendation to be implemented.

Suggested strategies for further improvement

Develop controls to test the reliability and validity of the injury data entered into RMS on a regular basis.

Recommendation #4

The Director of EMS should ensure that responsibility, authority, and adequate staffing are assigned to the safety function to proactively address all types of employee injuries.

EMS Management Reported Status: Implemented

✓ **OCA Implementation Status: Partially Implemented**

EMS may not have allocated sufficient staff resources necessary to conduct a regular review and evaluation of the safety program and of the department’s safety performance. The Safety Officer position has experienced considerable turnover and vacancies during the last four years and EMS management has struggled to hire a qualified individual. The first vacancy began in September 2001 and was filled in August 2002. The position again became vacant in March 2003 and was not filled until June 2004. The Safety Officer stated that he is “a one man show” and often does not have enough time to perform all the tasks required to accomplish all the functions expected of the position, including investigating all on-the-job injuries.

According to the City of Austin job description, the EMS Safety Officer (Safety Officer) is responsible for coordinating, continually assessing, and improving the Austin/Travis County EMS Safety Program. The Safety Officer is also responsible for identifying the steps necessary, during both routine assessments and event investigations, to ensure safe

operations and practices throughout the Department. Essential duties and functions of the position include, in part:

- promptly investigate on-the-job incidents to determine cause and recommends preventative measures for the future;
- investigates accidents and safety violations to identify possible causes and recommend corrective action; and
- prepares trend analysis and safety reports regarding progress and continuing safety challenges.

The EMS Accident Prevention Plan (APP) states that all accidents are to be investigated regardless of the extent of injury or damage. Due to multiple responsibilities, the Safety Officer must prioritize the injuries investigated based on the severity and complexity of the injury. The Safety Officer stated that phone contact is made to as many injured employees as possible, but there is not enough time to make contact with all injured employees given the multiple responsibilities of the Safety Officer. Additionally, the Safety Officer is not providing regular data trending reports to management because he is waiting for the safety information that would allow such trending to be completely entered into RMS. Temporary employees have been hired to assist in data entry.

EMS commanders are not evaluated on their SSPRs for the safety record of their employees making it difficult to hold them accountable for employee safety. The City of Austin's RMM states that the Department Safety Liaison (DSL) or Safety Officer is the cornerstone for operational safety. The position of EMS Safety Officer frees the supervisors (i.e., commanders) from the task of researching, evaluating and creating proper accident prevention solutions but does not relieve the supervisor from the responsibility of implementing and enforcing safe work practices and compliance to the department's safety program. First line supervisors such as commanders are organizationally in the best positions to provide opportunities to guide, train, and influence employees to adopt safe work practices. We reviewed SSPRs for all EMS commanders for 2004. We did not find any program or activities related to upholding the safety of employees in their command. Only individual safety is addressed on commanders' SSPRs. EMS does not appear to utilize commanders as field safety representatives to focus on on-the-job injuries as evidenced by the absence of such priorities on commander SSPRs. Therefore, not holding supervisors accountable to some degree for their employees' safety on their SSPRs may decrease supervisor involvement in safety activities in the field.

We have concluded that this recommendation is partially implemented.

Suggestions for further improvements:

To help ensure that responsibility, authority, and adequate staffing are assigned to the EMS safety function to proactively address all types of employee injuries:

1. Continue to assess whether the staffing levels are adequate to provide an effective safety program that allows for the thorough investigation and documentation of all employee injuries or change the requirement to prioritize the investigation process by the Safety Officer based on severity or frequency of certain types of injuries.

2. Improve supervisor and employee accountability for on-the-job injuries that occur due to violations of established safety procedures.

Recommendation #5

The Director of EMS should establish performance measures and targets for the reduction of employee injuries of all types, such as the number and percentage of preventable injuries, average cost per injury, lost-time injury, and workers' compensation claim rates.

EMS Management Reported Status: Implemented

✓ **OCA Implementation Status: Implemented**

Additional EMS performance measures and targets have been added to assess the reduction of employee injuries. The 2001 safety audit found that the EMS safety activity lacked performance measures that could track the results of efforts to reduce employee injuries. Since the previous safety audit, EMS management has developed an internal Safety Action Plan (FY 03-04) with the goal of making safety improvements to reduce employee injuries and the lost time injury rate. Specifically, EMS proposes to reduce the number of injuries and the lost time injury rate by ten percent by FY 04 and by another ten percent in FY 05. By FY 06, EMS plans to reduce the number of injuries and lost time injury rate by twenty five percent.

The action steps underway to achieve these performance goals include:

- utilizing RMS to regularly track and analyze injury data and injury-related claim and cost information;
- requesting approval to hire a fitness agility specialist (a newly created position for EMS);
- implementing fitness requirements to be maintained by current staff and fitness testing for potential paramedic candidates; and
- developing a fitness incentive pay program for maintaining fitness levels.

As recommended in the 2001 audit, EMS now tracks the following performance measures:

- OJI cost per FTE
- cost/loss per OJI incident
- number of infection control and safety training hours conducted
- infectious disease exposure incident rate (per 100 employees)
- number of preventable vehicle accidents per 10,000 miles driven

Additionally, corporate measures exist for the lost-time injury rate and number of employee injuries. Corporate HRD data is used to calculate these performance measures, not the data in the EMS Records management system.

This recommendation has been implemented.

Recommendation #6

The Director of EMS should ensure that the Safety Committee is functioning as intended and is actively working toward the reduction of injury incidents in the workplace.

EMS Management Reported Status: Implemented

✓ **OCA Implementation Status: Implemented**

The EMS Safety Committee is functioning as intended and is actively working toward the reduction of injury incidents in the workplace. The original audit found that EMS management had established a safety committee in May 2000 to focus on safety and health issues that occur in the organization and to implement a departmental function that would evaluate work processes and identify hazardous conditions, but these efforts of the EMS safety committee were not sustained throughout 2000. Realizing the important role an active safety committee can play in reducing workplace injuries, the EMS safety committee began meeting again in 2001, although inconsistently. However, in 2004 the EMS safety committee met consistently on a monthly basis. Recent topics addressed by the EMS safety committee members include:

- developing a supplemental injury form as recommended in the 2001 audit;
- developing and implementing a facility inspection form;
- creating the *Hot Wash* Safety News letter that is disseminated electronically to EMS staff to keep them informed of safety issues at all levels of the organization;
- informing employees about employee personal protective equipment (PPE), such as safety glasses and boots;
- reporting safety data;
- recruiting for the Safety Officer position;
- training on various safety topics such as protection from the West Nile Virus;
- revising the EMS Accident Prevention Plan (APP); and
- workstation ergonomics.

According to the National Safety Council, safety committees have considerable potential for influencing occupational safety. The best structure for a safety committee includes representatives from all divisions and levels of the organization. The safety literature lists the multiple responsibilities of an effective safety committee. Safety committees may:

- advise management on matters pertaining to safety in operations,
- communicate the importance of occupational safety to all employees, assist management in setting safety goals and strategies for reducing on-the-job injuries,
- draft standard operating procedures (SOPs) that address safety components to reduce injuries resulting from common causes and hazards,
- monitor compliance with SOPs, review injury investigation reports, issue corrective action, and follow up to ensure appropriate action is taken,
- identify safety training needs and suggest potential training,
- review safety concerns and suggestions submitted by employees, and
- provide an annual review and evaluation of the safety program and make recommendations for improvement.

We, therefore, consider this recommendation currently implemented.

Recommendation #7

The Safety Officer and designated representatives should review the current APP and restructure the APP so it can be a useful document that responds to the safety needs of EMS.

EMS Management Reported Status: Underway

✓ **OCA Implementation Status: Partially Implemented**

EMS management has revised the department's APP as recommended in the 2001 safety audit. The EMS APP was developed for the purpose of demonstrating management commitment to preventing accidents and providing a safe workplace environment. The original audit reported that the EMS APP calls for an annual review and revision by management of its components for effectiveness and implementation feasibility during the first month of the fiscal year. The plan was revised in 2002 to meet the audit recommendation. Management feels, however, that this 2002 version of the APP is too general to be helpful for EMS operations. Therefore, management wants to update the current APP to provide more specificity for EMS programs and operations.

Sufficient resources have not been dedicated to annually review, and potentially revise, the APP as required by the APP. EMS staff has not revised the APP on an annual basis as recommended in the plan itself and in the 2001 audit report. The original report stated that the APP had not been revised since it was first implemented in 1997. The plan was revised in 2002 and is under review at the present time. Without an adequate and approved APP, employees can not be trained on management expectations for safety or be held accountable for deviations from prescribed safety practices. Lacking a regular review and evaluation of the safety program and of the department's safety performance, the management of EMS may not be sufficiently equipped to take necessary actions to prevent the recurrence of avoidable injuries.

Thus, this recommendation is partially implemented.

Suggestions for further improvements:

For the APP to be a useful document that responds to the safety needs of EMS, EMS management should:

1. Complete, ratify, and implement the current APP.
2. Develop mechanisms to hold employees accountable for following policies and procedures set forth in the APP at all levels of the organization.
3. Modify the APP to require bi-annual review and revision the APP rather than annual review.

Recommendation #8

The Director of EMS should implement a mandatory assessment of each paramedic's ability to perform the essential function of the job. Individuals unable to meet requirements should be provided with an improvement plan and retested.

EMS Management Reported Status: Underway

✓ **OCA Implementation Status: Partially Implemented**

Recommendation #9

The Director of EMS should require paramedics to pass a functional capacity/work capacity evaluation before returning to regular duty following an injury.

EMS Management Reported Status: Underway

✓ **OCA Implementation Status: Partially Implemented**

Note: Recommendations #8 and #9 were tested concurrently due to their similarities.

EMS does not assess the physical fitness of paramedics once they have graduated from the academy or have returned to full duty status following an on the job injury as recommended in the 2001 EMS employee safety audit. Our current audit work did not find that a mandatory physical fitness requirement exists for the majority of EMS' incumbent employees. To date, Austin's EMS has not established a mandatory fitness level for all its employees or a physical fitness standard for return to work following an on-the-job injury as recommended by the 2001 audit. It appears that physical fitness is still given a higher priority by EMS before the cadets graduate and become paramedics, with the exception of Special Operation paramedics. Currently, the only EMS employees who must meet any type of physical fitness standards following the Cadet Training Academy are the Special Operation paramedics. Physical fitness standards must be met twice a year by Special Operation paramedics. Special Operation paramedics must also maintain certifications and annual competencies in a variety of rescue skills including rope, water, confined space, hazardous materials, and helicopter rescue.

Recognized as a physically demanding job, EMS paramedics frequently encounter situations that can result in personal injury. Paramedics in poor physical condition may be less able to endure the physical demands of their job, particularly over the long-term. For most individuals, a high level of physical fitness enhances their ability to perform the physical demands of their job without injury. Further, fitness programs can focus on recurring types of injuries and potentially reduce the number and severity of incidents.

EMS management is currently developing a physical assessment tool and process for incumbent employees that will also include those who have returned to work following an on-the-job injury. EMS management has been working with the Exercise Physiology section of the Austin Fire Department (AFD) to develop a physical assessment tool for evaluating the ability of paramedics to perform essential physical functions after cadet training and after an on-the-job-injury prior to returning to full duty status. EMS management agrees there should be mandatory physical fitness testing for paramedics following Cadet Training and upon returning to full duty status following an injury, but such testing is currently not occurring. However, to date, the physical

assessment tool has not been implemented, so this recommendation is only partially implemented.

Suggestions for further improvements:

To encourage paramedics to be able to perform the essential functions of their jobs on a continuous basis and to reduce the number of recurring injuries:

1. Continue working toward implementing the physical fitness assessment currently being developed by the department in conjunction with the Exercise Physiology section of the AFD.
2. Require paramedics to pass a functional/work capacity evaluation at appropriate intervals and before returning to regular duty status following an injury.
3. Establish a mechanism for the development of an improvement plan and retesting for individuals unable to meet the established physical fitness requirements.

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APPENDIX A



MEMORANDUM

TO: Stephen L. Morgan, City Officer
Office of the City Auditor

FROM: Richard Herrington Director
Austin-Travis County EMS

DATE: March 17, 2005

SUBJECT: EMS Employee Safety Follow-up Audit

We have reviewed the draft report of the Safety Follow-up audit. We feel that over all it is a fair and accurate assessment of what we have achieved in addressing the recommendations of the original Safety audit. We have been credited with full implementation of three of the original nine recommendations and partial implementation of the other six. We are very close to full implementation of three of the remaining six. We are continuing to address the other three, but because they require a significant resource commitment, they will take longer for full implementation.

Recommendation 1: The EMS Safety Officer and Workers' Compensation representative should track and analyze workers' compensation lost-time injury claims and cost information regularly and report the results.

Report formats are currently being developed that will result in the consistent reporting of injury information that will allow for a more comprehensive analysis of factors that can be addressed in the effort to reduce the incident and cost of employee injuries.

Recommendation 2: The Director of EMS should require the EMS Safety Officer to develop and implement an incident form that captures adequate information on how and why the injury occurred, the probable cause of injury, the established safety procedures violated, and the potential preventative measures.

The current supplementary form was designed to optimize entry of initial information by the EMS Commander or Supervisor. We are currently designing a separate investigation reporting process that will be coordinated by the Safety Officer and will capture the information regarding

cause and outcome. Both initial injury and investigation information will be entered into the employee injury database for optimal analysis of all injury information. This will be accomplished very soon.

Recommendation 4: The Director of EMS should ensure that responsibility, authority, and adequate staffing are assigned to the safety function to proactively address all types of employee injuries.

The EMS Department has struggled within the last four years to keep the Safety Officer position filled. At the onset of the first audit, EMS had one position for Safety and Infection Control. Currently there are 2 dedicated uniformed positions, a Safety Officer and an Infection Control Officer. We have recommended a Safety budget package that would ultimately provide 4 additional safety positions.

Recommendation 7: The Safety Officer and designated representatives should review the current APP and restructure the APP so it can be a useful document that responds to the safety needs of EMS.

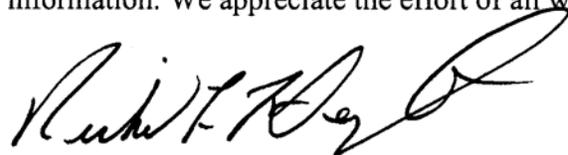
The revision process of the Accident/Injury Prevention Plan is in its final stages. It will be implemented and widely distributed in the very near future.

Recommendation 8: The Director of EMS should implement a mandatory assessment of each paramedic's ability to perform the essential function of the job. Individuals unable to meet requirements should be provided with an improvement plan and retested.

Recommendation 9: The Director of EMS should require paramedics to pass a functional capacity/work capacity evaluation before returning to regular duty following an injury.

We agree that these two recommendations represent areas critical to addressing injuries within the EMS Department. They are also the two that require the heaviest commitment of resources. We have been working with the Fire Department to develop and implement a combined Wellness Program that will help us address these concerns. A Federal Grant was awarded last week to fund this program. This combined wellness initiative will help us address both the on going employee fitness and return to work aspects of the two recommendations.

Summary: The follow-up audit process has been open and fair and provided very useful information. We appreciate the effort of all who participated.



Richard Herrington, Director
Austin-Travis County EMS

APPENDIX B

STATUS OF RECOMMENDATIONS TESTED

<p>Recommendation 1: The EMS Safety Officer and Workers' Compensation Representative should track and analyze workers' compensation lost-time injury claims and cost information regularly and report the results to management.</p> <p>Per OCA review: Partially Implemented</p>
<p>Recommendation 2: The Director of EMS should require the Safety Officer to develop and implement an incident form that captures adequate information on how and why the injury occurred, the probably cause of injury, the established procedures violated, and potential preventative measures.</p> <p>Per OCA review: Partially Implemented</p>
<p>Recommendation 3: To ensure the completeness of the "Active OJI Incidents" database, the Workers' Compensation Representative of EMS should update the database to include all claims not originally entered when the database was first developed.</p> <p>Per OCA review: Implemented</p>
<p>Recommendation 4: The Director of EMS should ensure that responsibility, authority, and adequate staffing are assigned to the safety function to proactively address all types of employee injuries.</p> <p>Per OCA review: Partially Implemented</p>
<p>Recommendation 5: The Director of EMS should establish performance measures and targets for the reduction of all types of employee injuries such as the number and percentage of preventable injuries, the average cost per injury, lost-time injury and workers' compensation claim rates.</p> <p>Per OCA review: Implemented</p>
<p>Recommendation 6: The Director of EMS should ensure that the Safety Committee is functioning as intended and is actively working toward the reduction of injury incidents in the workplace.</p> <p>Per OCA review: Implemented</p>
<p>Recommendation 7: The Director of EMS should direct the Safety Officer and designated representatives to review the current Accident Prevention Plan (APP) and restructure the APP so it can be a useful document that responds to the safety needs of EMS.</p> <p>Per OCA review: Partially Implemented</p>
<p>Recommendation 8: The Director of EMS should implement a mandatory assessment of each paramedic's ability to perform essential job functions. Individuals unable to meet requirements should be provided with an improvement plan and retested at appropriate intervals.</p> <p>Per OCA review: Partially Implemented</p>
<p>Recommendation 9: To mitigate the risk of recurring injuries, the Director should require paramedics pass a functional capacity/work capacity evaluation before returning to regular duty following an injury.</p> <p>Per OCA review: Partially Implemented</p>