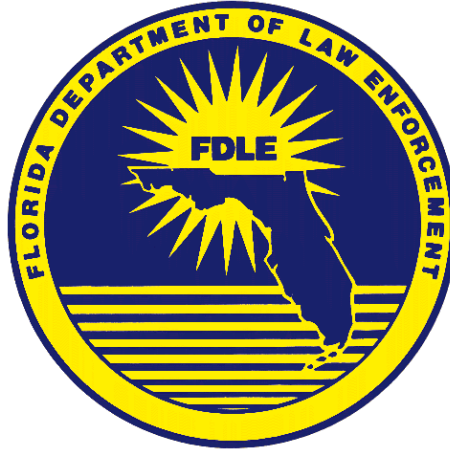


FLORIDA DEPARTMENT OF LAW ENFORCEMENT

Office of Inspector General



PROJECT NUMBER: IG-0050

Medical Emergency Preparedness and Response Audit

FINAL REPORT

June 30, 2014



**Florida Department of Law Enforcement
Office of Inspector General**

EXECUTIVE SUMMARY PAGE		Audit # IG-0050
AUDIT TITLE: Medical Emergency Preparedness and Response Audit		Date Issued: June 30, 2014
Responsible Manager: David Coffman Forensic Services Director		Auditor: Tijuana L. Comer Senior Management Analyst II
Background:	<p>One of the Department's many goals is to promote safety awareness through training, education, and recognition programs, as well as to ensure safety for all members.</p> <p>The FDLE Safety Committee is charged with establishing and implementing Department-wide policies and procedures regarding the safety of personnel and loss due to accidents. The committee is chaired by the Department's Safety Officer and includes at least one member from the seven Regional Operations Centers and the following areas within the headquarters (HQ) building:</p> <ul style="list-style-type: none">• Office of the Executive Director• Criminal Justice Information Services• Criminal Justice Professionalism• Investigations and Forensic Science• Information Technology Services• Business Support <p>FDLE has the following safety awareness resources available to prepare and respond to a medical emergency in the HQ building.</p> <p><u>FDLE Policy</u> Policy 3.15, Safety and Work-Related Injury/Illness – Workers' Compensation, provides guidance regarding: work-related injury and/or illness – workers' compensation, the safety and loss prevention committee, the Automated External Defibrillator (AED), and bloodborne pathogen exposure.</p> <p><u>FDLE Safety Manual</u> Section 1: General Safety Procedures in the Safety Manual provides information on the Safety Committee, safety and health, safety procedures, safety training, loss prevention, and work-related injury/illness.</p> <p><u>Florida Administrative Code (F.A.C.)</u> Rule 64J-1.023, F.A.C., provides guidelines regarding the management of the AED, optimal response time, lay responder or rescuer training, demographics of the facility's workforce, physical layout of the facility and suggestions for proper placement of AEDs in state owned or leased facilities.</p> <p><u>Florida Statutes (F.S.)</u> Section 284.50, F.S., provides information regarding the structure of a loss prevention program, the duties and responsibilities of the safety coordinators, the establishment of an interagency advisory council on loss prevention and the establishment of an employee recognition program.</p> <p><u>U.S. Department of Labor, Occupational Safety and Health Administration (OSHA)</u> OSHA 3088, How to Plan for Workplace Emergencies and Evacuations Booklet (R. 2001), provides guidance on how to plan for a medical emergency at the workplace.</p>	

	<p>OSHA 3317-06N, Best Practices Guide: Fundamentals of a Workplace First-Aid Program (R. 2006), provides guidelines for the purchase of first aid supplies based on the specific needs of the employer.</p> <p><u>Pathlore Learning Management System (LMS)</u> FDLE uses the Pathlore LMS, an electronic training management system, to track members' training records, including Cardiopulmonary Resuscitation (CPR)/AED/First Aid certification information.</p>
Scope:	<p>The audit focused on FDLE's preparedness and response to a medical emergency involving first aid and/or the use of an AED in the HQ building. The Tallahassee Crime Laboratory and the Tallahassee Regional Operations Center were excluded from this audit as they were considered separate entities even though they are located in the HQ building. The audit covered first aid kit inspections, AED inspections, medical analysis, CPR/AED/first aid training, CPR/AED members' certification, safety acknowledgement documentation, and member's safety training for the period of January 2007 through June 11, 2014.</p>
Audit Objectives:	<p>The objectives of this audit were to:</p> <ul style="list-style-type: none"> • Determine if adequate policies and procedures are in place addressing emergency preparedness and response to a medical emergency in the HQ building; • Determine FDLE's preparedness to respond to a medical emergency (e.g. a member's unexpected illness); and • Identify opportunities for improving efficiency and effectiveness.
Methodology/ Tasks:	<p>To accomplish these objectives, the Office of Inspector General:</p> <ul style="list-style-type: none"> • Reviewed Florida Statutes, Florida Administrative Code, and other authoritative guidance to obtain an understanding of applicable laws, rules, regulations and policies as they relate to a medical emergency. • Reviewed and obtained an understanding of Policy 3.15, the Safety Manual, and documentation addressing FDLE's preparedness and ability to respond to a medical emergency. • Surveyed and interviewed the nine Division Safety Officers to determine: <ul style="list-style-type: none"> ➢ If Safety Acknowledgment Forms have been maintained; ➢ If first aid kits were annually inspected and stocked; and ➢ Who the Safety Officers have identified as CPR/AED certified. • Compared member certification documentation provided by the Safety Officers with data obtained from Pathlore LMS to determine the accuracy of the information, and to identify if at least two members per Division are trained in CPR and AED use. • Reviewed CPR/AED training course files for the period of 2007 through 2013 to determine the number of CPR/AED trainings offered at the HQ building. • Conducted an interview to determine if FDLE has developed basic safety awareness training for all FDLE members.

	<ul style="list-style-type: none"> • Identified and inspected 82 first aid kits located throughout the HQ building to determine if Safety Officers have annually inspected and properly stocked the first aid kits in their Division. • Inspected and conducted a functionality test on ten AEDs identified by the CPR/AED Coordinator as located throughout the HQ building. • Assessed FDLE's response to a medical emergency at the HQ building. • Conducted a test of the Aiphone intercom system (video camera intercom station) to determine the range of visibility and effectiveness of the device to be used during a medical emergency. <p>This audit was conducted in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.</p> <p>Copies of this audit report will be made available for public inspection.</p>
Summary of Audit Findings:	<p>Based on audit work performed, it was concluded that FDLE's Policy 3.15 and Safety Manual addressing emergency preparedness and response to medical emergencies at the HQ building need to be revised. It was also noted that policy and procedures are not always consistently followed. FDLE's preparedness to respond to medical emergencies could be improved. The following opportunities for enhancements were identified:</p> <ol style="list-style-type: none"> 1. CPR/AED Certified Members <ul style="list-style-type: none"> • The CPR/AED Coordinator does not maintain an accurate list of current CPR/AED certified members who work at the HQ building. • Policy 3.15 does not identify who is responsible for submitting to the CPR/AED Coordinator the names of members who are trained in CPR and AED use in each Division¹ and/or Region annually by December 31. 2. Automated External Defibrillator (AED) <ul style="list-style-type: none"> • The AED Log (attached to Policy 3.15) is not consistently used. • The CPR/AED Coordinator is not consistently notified when an AED is used. • Policy 3.15 does not identify who is responsible for the submission of the AED Use Report to the CPR/AED Coordinator. • Policy 3.15 has not been revised to amend reference to the responsible Division for receipt of AED use documentation. • Policy 3.15 has not been updated with the correct F.A.C. rule reference that identifies guidelines for AED use in state owned or leased facilities.

¹ Effective March 28, 2013, the FDLE organization chart removed "Program" from the titles. The Program Areas are referred to as Divisions.

3. First Aid Kits

- Not all first aid kits located at the HQ building were readily accessible; some contained expired medical supplies and/or medication; and there is no uniformity in the brand or the contents of first aid kits purchased throughout the Divisions.
- Some Safety Officers are not aware of all the location and the number of first aid kits within their Division.
- The Department does not have minimum requirements for workplace first aid kits as suggested in OSHA 3317-06N.

4. Medical Reporting

- Neither Policy 3.15 nor the Safety Manual is clear about whether the FDLE Supervisor's Report of Personal Injury/Illness Form (OHR-064) is to be submitted for all incidents/accidents involving or that could have resulted in personal injury/illness.
- Neither Policy 3.15 nor the Safety Manual distinguishes between medical emergencies and work-related injury/illnesses.
- Policy 3.15 could be enhanced regarding the evaluation of FDLE's effectiveness in preparedness and response to a medical incident/accident.
- Policy 3.15 does not include reference to Section 284.50, Florida Statutes.

5. Training

- The Department has not developed basic safety awareness training for all members.
- The Safety Manual does not identify the frequency in which on-going training is to be provided by each Region and Division.
- Policy 3.15 does not identify the frequency in which the CPR/AED Coordinator should coordinate CPR and AED trainings and certification of agency members.
- The Department does not require a member to review and acknowledge revisions to the Safety Manual.
- The Department does not have written procedures for all members regarding the arrival location of Emergency Medical Services (EMS) at the HQ building pursuant to OSHA 3088, How to Plan for Workplace Emergencies and Evacuations Booklet; nor does the Department provide all members EMS response training.

FINDINGS	#IG-0050	ISSUE: #1 of 5
AUDIT TITLE: Medical Emergency Preparedness and Response Audit	Date Issued: June 30, 2014	
ISSUE:	CPR/AED Certified Members	
FINDING 1:	<p>The CPR/AED Coordinator does not maintain an accurate list of current CPR/AED certified members who work at the HQ building.</p> <p>Information extracted from Pathlore LMS by the CPR/AED Coordinator is used to compile a list of current CPR/AED certified members in the Department. The audit identified discrepancies between the information extracted from Pathlore LMS for the period of 1/1/11 through 3/10/14, and the information provided by the Safety Officers. The comparison revealed that there were ten (10) names provided by the Safety Officers that were not included in the Pathlore LMS report. It was also noted, the Pathlore LMS report included information for members who are no longer employed with the Department or whose certification has expired. Additionally, the Pathlore LMS report did not include information for some members who received their certification through an external agency. (Note: The Division Training Coordinator may not have been aware of some members receiving CPR/AED certification, therefore the information was not included in Pathlore LMS, which could account for the discrepancies.)</p> <p>Policy 3.15 requires that the CPR/AED Coordinator maintain a record in the electronic training management system of all members trained and certified in CPR/AED use. In addition, each Division and/or Region must have at least two CPR/AED certified members. The name of each such person is to be provided to the CPR/AED Coordinator annually by December 31; however, policy does not identify who is responsible for submitting such information.</p> <p>Without an accurate list of members trained in CPR and AED use, the Department runs the risk of not knowing which members to contact in a medical emergency. Also, a member certified in CPR and AED use may not be identified on the CPR/AED certified list posted under the AEDs; a member that is currently identified may have an expired certification; or may include members who are no longer employed with the agency. The risks identified above may hinder the delivery of aid in a medical crisis.</p>	
RECOMMENDATION:	<p>The OIG recommends the CPR/AED Coordinator develop a list of current CPR/AED certified members that work at the HQ building. Members previously not identified in Pathlore LMS should have their certification information validated and entered into the system.</p> <p>The OIG also recommends FDLE Policy 3.15 and the FDLE Safety Manual be revised to:</p> <ul style="list-style-type: none"> • Identify the position at HQ responsible for submitting the list of certified members to the CPR/AED Coordinator. • Include a requirement for the Safety Officers to quarterly conduct an assessment of all members in their Division to identify any members who are certified, but were not previously included on the list of CPR/AED certified members; identify the certification expiration dates of members within their Division; and identify members who received their certification through an external agency to ensure such information is included in Pathlore LMS. 	

	<ul style="list-style-type: none"> • Change the requirement for submitting the list of certified members to the CPR/AED Coordinator from annually to quarterly. This would allow for the CPR/AED Coordinator to maintain a more accurate list of certified members who work at the HQ building. • Include a requirement for the CPR/AED Coordinator to on a quarterly basis submit a master list of certified members to the Department Safety Officer and Alternate Safety Officer.
MANAGEMENT RESPONSE:	<p>1. Agree. To create a master listing of all current HQ CPR/AED certified members, the CPR/AED Coordinator in conjunction with the Alternate Safety Coordinator will conduct an audit using the Pathlore LMS system. In addition, each Division Safety Officer will be contacted to request that he/she review his/her current listing of CPR/AED certified members and provide the additions/deletions to the CPR/AED Coordinator for inclusion to the master listing. Verification of all CPR/AED certified members will be included as part of the draft Safety Officer Quarterly Safety Inspection Checklist. This component will include confirming that the member has submitted his/her CPR/AED certification document(s) to his/her Division training coordinator for retention in the Pathlore LMS system.</p> <p>2. Agree. The agency will draft a revision to Policy 3.15 and the FDLE Safety Manual that will, once adopted, address this policy/procedural concern regarding the submission of CPR/AED certified members' names to the CPR/AED Coordinator by each Division Safety Officer.</p> <p>3. Agree. The agency is currently drafting a Safety Officer Quarterly Safety Inspection Checklist that will include an assessment of all members within each division that are CPR/AED certified, as well as their training certification status, and the submission of any external CPR/AED trained member's certification documentation to the Pathlore LMS system. This form will be submitted to the agency's Alternate Safety Coordinator who will extrapolate this information and provide it to the CPR/AED Coordinator to use in maintaining the agency's master HQ CPR/AED Member Certification Listing. The Safety Officer Quarterly Safety Inspection Checklist will be included in the draft revision of the FDLE Safety Manual and newly developed draft Safety Officer Guide. The requirement for the CPR/AED certified member quarterly assessment will be included in the draft revision of Policy 3.15.</p> <p>4. Agree. The agency will draft a revision to Policy 3.15 and the FDLE Safety Manual that will, once adopted, direct the Division Safety Officers to submit a list of CPR/AED certified members on a quarterly rather than annual basis as currently directed in Policy 3.15. In addition, with the adoption of the Safety Officer Quarterly Safety Inspection Checklist, the Division Safety Officers will be prompted to review their CPR/AED Certified Member Listings and send the updates, via the form, to the Alternate Safety Coordinator. This information will be provided to the CPR/AED Coordinator to provide a quarterly update to the agency's master listing of all HQ CPR/AED certified members.</p> <p>5. Agree. The agency will draft a revision of Policy 3.15 and the FDLE Safety Manual that will, once adopted, include in the CPR/AED Coordinator's responsibilities the submission of a quarterly CPR/AED Master Listing to the Department's Safety Coordinator and Alternate Safety Coordinator.</p>

IMPLEMENTATION DATE:	<ol style="list-style-type: none">1. July 31, 20142. November 30, 20143. November 30, 20144. November 30, 20145. November 30, 2014
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FINDINGS	#IG-0050	ISSUE: #2 of 5
AUDIT TITLE: Medical Emergency Preparedness and Response Audit		Date Issued: June 30, 2014
ISSUE #2:	Automated External Defibrillator (AED) Documentation of AED inspections is not maintained in accordance with Policy 3.15 and notification of the use of an AED is not consistently practiced. In addition, Policy 3.15 does not identify who is responsible for submitting the AED Use Report to the CPR/AED Coordinator; inaccurately identifies the involvement of the Professionalism Program Director; and includes an inaccurate F.A.C. rule reference.	
FINDING 2.1:	AED Inspections The CPR/AED Coordinator provided a list of ten AEDs located throughout the HQ building. The list, not an AED Log, was dated 6/11/13 and had been used to document the last quarterly inspection. Information for prior quarterly inspections was not provided. Policy 3.15 requires that the CPR/AED Coordinator and/or designee inspect AEDs for placement and access at least once annually, and not less than quarterly, conduct an inspection of all AED units to ensure each unit is in proper working order, and record the results of the inspection on the AED log. During an interview, it was noted that the CPR/AED Coordinator is not kept informed of AED use. Based on the inspection of the ten (10) AEDs identified as located in the HQ building, the following was observed: <ul style="list-style-type: none"> • The AED located on the first floor between quads B and C was missing from the AED wall bracket for eight (8) days due to the unavailability of a replacement AED. • One of the ten (10%) AEDs had a serial number that did not match the serial number on the list of AEDs. • Ten of 10 (100%) AEDs passed the functionality test. • Ten of 10 (100%) AED pads will not expire until 2018. Without proper notification to the CPR/AED Coordinator that an AED was removed from the AED wall bracket during a medical emergency, regardless if it was used, the Department runs the risk that the unit is not inspected by the CPR/AED Coordinator to ensure that it is in properly working order prior to the AED being returned to the AED wall bracket. In addition, if an AED is not replaced in a timely manner, the Department may not be able to ensure proper preparedness for a medical emergency in the HQ building.	
FINDING 2.2	Policy and Safety Manual Policy 3.15 does not identify who is responsible for submitting the AED Use Report to the CPR/AED Coordinator. In addition, Policy 3.15 has not been revised to amend reference to the responsible Division for receipt of the AED Use documentation. Currently, the policy references submission of documentation to the Professionalism Program Director. However, the current Department Safety Officer is the Forensic Services Director within the Investigations and Forensic Sciences Division. Policy 3.15 further requires that the Professionalism Program Director or the CPR/AED Coordinator forward the internally recorded information from the AED device within 48	

	<p>hours of the AED event to the Medical Director of the Florida Department of Health, Bureau of Emergency Medical Services. Without accurate identification of the responsible party for receipt of the AED Use documentation, the responsibilities identified above may not be fulfilled and the Department may not be in compliance with the Florida Department of Health, Bureau of Emergency Medical Services.</p> <p>Furthermore, the Policy has not been updated with the correct F.A.C. rule reference that identifies guidelines for AED usage in State Owned or Leased Facilities. Policy currently references Rule 64E-2.039, F.A.C.;² however, the correct reference is Rule 64J-1.023, F.A.C.</p> <p>In addition, the Safety Manual does not clearly identify who is to know the location of the nearest first aid kit/AED in each work area, ensure that the AED is inspected quarterly and ensure the batteries and supplies are replaced as needed for proper operation. Currently, all members are required to read the Safety Manual and may assume the above identified responsibilities.</p> <p>With the issues identified above, the Department is limited in the ability to ensure all the AEDs located in the HQ building are being inspected, proper documentation is maintained, and proper notification is being made. Members may also not know where to find an AED in an emergency if the location of the machine is not easily identifiable.</p>
RECOMMENDATION:	<p>The OIG recommends the CPR/AED Coordinator immediately conduct an inventory of AEDs located in the HQ building to ensure all AEDs are identified for future inspections.</p> <p>The OIG recommends FDLE Policy 3.15 be revised to:</p> <ul style="list-style-type: none"> • Include a requirement for the CPR/AED Coordinator to, on a quarterly basis, submit the AED Log required by Policy 3.15 to the Department Safety Officer and Alternate Safety Officer for review. • Include a requirement that the AED Use Report be submitted directly to the CPR/AED Coordinator. • Update the references to all the responsible parties involved in submitting AED Use documentation. • Update the outdated reference to the F.A.C. rule that identifies guidelines for AED use in state owned or leased facilities. <p>The OIG recommends the FDLE Safety Manual be revised to identify the Safety Officer as the responsible party for the following safety rules: know the location of the nearest first aid kit/AED in each work area; assure that first aid kits are inspected at least annually and are properly stocked; and assure that the AED is inspected quarterly and the batteries and supplies are replaced as needed to ensure proper operation.</p> <p>Note: During the audit period, a new CPR/AED Coordinator was appointed and the Department is in the process of purchasing additional AEDs to serve as spare AEDs.</p>
MANAGEMENT RESPONSE:	<p>1. Agree. An inventory of all HQ AEDs has been conducted by the agency's CPR/AED Coordinator, including verification of each unit's property ID number, serial</p>

² Rule Title: Guidelines for Automated External Defibrillators (AED) in State Owned or Leased Facilities (Transferred to 64J-1.023).

	<p>number and location. In addition, each unit was inspected to ensure that it is in working order including containing all appropriate supplies. This information will be recorded on the recently revised AED Log which will be maintained by the CPR/AED Coordinator. The agency will include in the draft revision to Policy 3.15 that will, once adopted, address this policy concern regarding the revised AED Log.</p> <p>2. Agree. The agency will draft a revision to Policy 3.15 that will, once adopted, address this policy concern regarding the quarterly submission of the AED Log to the Department Safety Coordinator and Alternate Safety Coordinator.</p> <p>3. Agree. The agency has drafted a revision to Policy 3.15 that will, once adopted, address this policy/procedural concern regarding the requirement that the recently revised AED Use Report be submitted directly to the CPR/AED Coordinator.</p> <p>4. Agree. The agency will draft a revision to Policy 3.15 that will, once adopted, address this policy/procedural concern by clarifying the sequence of each responsible party when submitting the AED Use Report documentation.</p> <p>5. Agree. The agency's draft revision to Policy 3.15 will, once adopted, address this policy concern of removing the outdated reference to the F.A.C. rule identifying guidelines for AED use in state owned or leased facilities.</p> <p>6. Agree. The agency will draft a revision to the FDLE Safety Manual that will, once adopted, clarify each Division Safety Officer as the responsible party for the following: documenting the location of each safety first aid kit within his/her division so that it may be inspected on a quarterly basis to ensure that it is properly stocked. A quarterly inspection of the first aid kits will allow a more timely response to replenish any missing and/or nearly depleted items. The quarterly safety first aid kit inspection will also be included on the draft version of the Safety Officer Quarterly Safety Inspection Checklist within the revised FDLE Safety Manual draft and the newly developed draft Safety Officer Guide.</p> <p>NOTE: The CPR/AED Coordinator responsibilities contained within Policy 3.15 have been revised at the request of Director of Forensic Services and Safety Coordinator David Coffman with the consensus of Tallahassee Regional Operations Center Director Mark Perez as of April 28, 2014. The revised responsibilities of the CPR/AED Coordinator will be included in the draft revision of Policy 3.15 that will, once adopted, address this policy concern.</p> <p>In addition, to further assist the CPR/AED Coordinator with the position's responsibilities, the agency's Alternate Safety Coordinator in conjunction with the CPR/AED Coordinator began creating a CPR/AED Coordinator Procedural Manual in March 2014.</p>
IMPLEMENTATION DATE:	<ol style="list-style-type: none"> 1. July 31, 2014 2. November 30, 2014 3. November 30, 2014 4. November 30, 2014 5. November 30, 2014 6. November 30, 2014

FINDINGS	#IG-0050	ISSUE: #3 of 5
AUDIT TITLE: Medical Emergency Preparedness and Response Audit		Date Issued: June 30, 2014
ISSUE:	First Aid Kits	
FINDING 3:	<p>The auditor observed that not all first aid kits located at the HQ building were readily accessible; some contained expired medical supplies and/or medication; and there is no uniformity in the brand or the contents of first aid kits purchased throughout the Divisions.</p> <p>Through a survey and interviews of the nine Safety Officers, along with an inspection of the first aid kits, the following was identified:</p> <ul style="list-style-type: none"> • Some Safety Officers were not aware of all the first aid kits located within their respective Division. As a result, not all first aid kits were annually inspected and/or properly stocked as required per the FDLE Safety Manual. Two of the nine (0.22%) Safety Officers indicated they have not checked the first aid kits in their respective Divisions within the last six, twelve, and/or twenty-four months. • 35 first aid kits were discovered during the inspection; these are in addition to the 47 first aid kits identified by the Safety Officers. • 64 of the 82 (0.78%) first aid kits were not located in plain sight, as defined as easily accessible. It was also noted, twelve of the 64 (0.19%) first aid kits were located behind a locked door (e.g. locked closet and/or a locked room). • Some Safety Officers did not identify the first aid kits located in the Fire Safety Kit as a part of their Division inventory. Fourteen of the 82 (0.17%) first aid kits were located in Fire Safety Kits located throughout the units within Divisions. • Several first aid kits contained expired medical supplies and/or medication. (Due to the large number of first aid kits inspected, the total quantity of expired supplies and medication were not individually identified.) <p>OSHA 3317-06N Best Practices Guide suggests the use of American National Standards Institute (ANSI) Z308.1-2003, Minimum Requirements for Workplace First Aid Kits, when determining adequate first aid supplies for an agency. However, it was noted the Department has not identified minimum requirements for workplace first aid kits for all Divisions. The auditor also observed several different first aid kit brands were purchased throughout the Department. Additionally, some first aid kits were not identified as OSHA/ANSI compliant.</p> <p>The Safety Manual requires that the location of the nearest first aid kit/AED be known in each work area. The manual also requires that first aid kits be inspected at least annually and are properly stocked.</p> <p>Without ensuring that first aid kits are inspected and properly stocked; contain unexpired medical supplies and medication; and are readily accessible, the Department runs the risk that during a medical emergency, assistance may be delayed. The Department also runs risk that Safety Officers may purchase first aid kits for their Division that may not be OSHA/ANSI compliant. Without the use of minimal contents requirements in a first aid kit, the Department may not be consistent in supplying each Division with basic first aid supplies.</p>	

RECOMMENDATION:	<p>The OIG recommends the Department immediately purge and replace all expired medical supplies and medication contained in the first aid kits, including the first aid kits located in the Fire Safety Kits in each Division.</p> <p>The OIG also recommends FDLE Policy 3.15 and the FDLE Safety Manual be revised to:</p> <ul style="list-style-type: none"> • Identify minimum requirements for the contents of first aid kits in a workplace as suggested in OSHA 3317-06N. • Include a requirement for Safety Officers to conduct and document regular assessments of the first aid needs for the units within their Division and to identify the location of all first aid kits. • Include a requirement for the Safety Officers to use a Department first aid checklist to ensure the kits are regularly stocked and contain the appropriate medical supplies and medication. • Include a requirement for the Safety Officers to, on a quarterly basis, submit a completed first aid checklist to the Department Safety Officer and Alternate Safety Officer. • Include a requirement that the first aid kits in each Division are centrally located and easily identifiable.
MANAGEMENT RESPONSE:	<p>1. Agree. Each Division Safety Officer along with the agency's Alternate Safety Coordinator will review all first aid kits to purge and replace all expired medical supplies and medication. The Division Safety Officer will notate any missing items contained in his/her area's first aid kits including the Fire Safety Kits for immediate replenishment. In addition, each Divisional Safety Officer will document the location of each first aid kit to prepare for the newly required Safety Officer Quarterly Safety Inspection component. Follow-up will be conducted by the agency's Alternate Safety Coordinator to ensure compliance.</p> <p>NOTE: For items 2-6, the projected inclusion of the FDLE Safety Manual as a component of the agency's Policies and Procedures, accesible on the FDLE intra-net, will alleviate the need to also address these items in Policy 3.15.</p> <p>2. Agree. The agency's Safety Committee will review the OSHA minimum requirements for first aid kits in a workplace to determine the most appropriate for each Division. After a consensus is reached, the recommendations will be included in the agency's draft revision of the FDLE Safety Manual and the draft version of the Safety Officer Guide that will, once adopted, address this procedural concern.</p>

MANAGEMENT RESPONSE: (Continued)	<p>3. Agree. The agency's draft revision of the FDLE Safety Manual and the draft version of the Safety Officer Guide will, once adopted, address this procedural concern of ensuring that as part of the Safety Officer's responsibilities, he/she will document the location of each first aid kit within his/her Division. Each quarter, the Safety Officer will review each first aid kit for completeness and will replenish any necessary items. This action will be documented on the newly developed Safety Officer Quarterly Safety Inspection Checklist and follow-up will be conducted by the agency's Alternate Safety Coordinator to ensure compliance.</p> <p>4. Agree. The agency's draft revision of the FDLE Safety Manual and the draft version of the Safety Officer Guide and the newly developed Safety Officer Quarterly Safety Inspection Checklist, will, once adopted, address this procedural concern of ensuring that all divisional safety first aid kits are verified on a quarterly basis for the appropriate medical supplies and medication.</p> <p>5. Agree. The agency's draft revision of the FDLE Safety Manual will, once adopted, address this procedural concern regarding the establishment of a requirement for Division Safety Officers to submit on a quarterly basis to the agency's Safety Coordinator and Alternate Safety Coordinator, a completed Safety Officer Quarterly Safety Inspection Checklist which includes a component for first aid kit inspections.</p> <p>6. Agree. The agency's draft revision of the FDLE Safety Manual and newly developed Safety Officer Guide will, once adopted, address this procedural concern regarding the establishment of a requirement that all divisional first aid kits are easily assessable and clearly identified. Placement guidelines will be provided for first aid kit locations. In addition, if approved, the standardization of first aid kits (applicable to the work area) will provide consistency.</p>
IMPLEMENTATION DATE:	<ol style="list-style-type: none"> 1. July 31, 2014 2. November 30, 2014 3. November 30, 2014 4. November 30, 2014 5. November 30, 2014 6. November 30, 2014

FINDINGS	#IG-0050	ISSUE: #4 of 5
AUDIT TITLE: Medical Emergency Preparedness and Response Audit		Date Issued: June 30, 2014
ISSUE:	Medical Reporting	
FINDING 4:	<p>A review of Policy 3.15 and the Safety Manual noted that it is not clear whether the FDLE Supervisor's Report of Personal Injury/Illness Form (OHR-064) is to be submitted for all incidents involving or that could have resulted in personal injury/illness. Even though both Policy 3.15 and Safety Manual make reference to using Form OHR-064, it may not be clear to supervisors that the form is to be used for all incidents/accidents, as the form is mainly referenced in conjunction with workers compensation incidents. In addition, though Policy 3.15 and the Safety Manual reference member expectations for work-related injury/illnesses, neither distinguishes member expectations for all medical emergencies deemed not work-related.</p> <p>It was further noted, the Safety Committee currently has a process for reporting medical incidents/accidents via the "Lost Time Report" presented at committee meetings. Policy 3.15 could be enhanced by adding an evaluation component similar to what is identified in the work-related injury/illness investigation and reporting procedures section within the Safety Manual. This would allow the Safety Committee to determine FDLE's effectiveness in the preparedness and response to the emergency after a medical incident/accident has occurred. Section 284.50(1)(c), F.S. requires each safety coordinator, at the direction of his or her department head, to investigate job-related employee accidents of his or her department. Currently, policy does not include reference to this section of the statute.</p> <p>The Department runs the risk that without clear instructions regarding medical reporting for any incident/accident that occurred at the HQ building involving or that could have resulted in personal injury/illness, the Safety Committee is limited in their ability to evaluate FDLE's preparedness and response to a medical incident/accident that occurs at the HQ building. Also, a member who has an injury/illness that is later determined to be work-related may be denied workers' compensation benefits because the Department failed to submit the information in a timely manner as required.</p>	
RECOMMENDATION:	<p>The OIG recommends FDLE Policy 3.15 be revised to clearly define members' expectations for all medical emergencies. The policy should also include reference to Section 284.50, Florida Statutes.</p> <p>The OIG recommends FDLE Policy 3.15 and the FDLE Safety Manual be revised to:</p> <ul style="list-style-type: none"> Clearly define the use of the Supervisor's Report of Personal Injury/Illness Form (OHR-064) for any incident involving or that could have resulted in personal injury/illness. Require a quarterly evaluation of all medical incidents/accidents, that require the response of EMS to an FDLE building, to assess the effectiveness in preparedness and response to a medical emergency. 	
MANAGEMENT RESPONSE:	<p>1. Agree. The agency's draft revision of FDLE Policy 3.15 will, once adopted, address this policy concern regarding clarification of members' expectations for all medical emergencies to include defining the term <i>medical emergency</i>. In addition, the reference to Section 284.50, Florida Statutes will be added.</p>	

	<p>2. Agree. The agency's draft revision to Policy 3.15 and the FDLE Safety Manual will, once adopted, address this policy/procedural concern regarding the clarification of the use of the Supervisor's Report of Personal Injury/Illness Form (OHR-064) to include documenting work-related injury/illness incidents and providing documentation for any incident involving, or that could have resulted in, personal injury/illness due to a medical emergency.</p> <p>3. Agree. The agency's draft revision to Policy 3.15 and the FDLE Safety Manual will, once adopted, address this policy/procedural concern regarding a quarterly evaluation of all medical incidents, that require the response of EMS to an FDLE building, to assess the effectiveness in preparedness and response to a medical emergency. A form will be developed to record this information allowing the Safety Officer to present his/her findings at the Safety Committee meeting following the incident. The Safety Committee members will evaluate the emergency incident and revise/create new parameters, as necessary, to improve the agency's response to a medical emergency.</p>
IMPLEMENTATION DATE:	<p>1. November 30, 2014</p> <p>2. November 30, 2014</p> <p>3. November 30, 2014</p>

FINDINGS		#IG-0050	ISSUE: #5 of 5
AUDIT TITLE: Medical Emergency Preparedness and Response Audit		Date Issued: June 30, 2014	
ISSUE:	Training and Procedures		
	The Department's safety awareness training could be enhanced.		
FINDING 5.1:	Safety Awareness Training		
	<p>During the audit, the following was identified regarding FDLE's safety awareness training:</p> <ul style="list-style-type: none">• The Department has not developed basic safety awareness training for all members. Section 284.50(1)(d), F.S., requires each safety coordinator, at the direction of his or her department head, establish a program to promote increased safety awareness among employees. Without training, members may lack basic safety awareness necessary to respond to a medical emergency.• The Safety Manual requires that all members participate in on-going safety training and instructs each Region and Division to administer first aid training programs that include the training of selected members in first aid, CPR, AED, emergency care procedures, injury/illness reporting, and maintenance of first aid supplies. However, the Safety Manual does not identify the frequency of the trainings nor does it provide guidance on how to ensure training is administered in a consistent, effective manner. Without a training frequency requirement (e.g. quarterly, bi-annually, annually) the Department runs the risk that on-going training in the Region/Division is not provided.• Policy 3.15 identifies the CPR/AED Coordinator as responsible for coordinating CPR and AED training and certification of agency members. However, Policy 3.15 does not identify the frequency in which said training should be coordinated. During the period of 2007 through 2013, the Department offered 59 classes in CPR/AED/First-Aid training at the HQ building. Forty (40) classes were designated for sworn members only; nineteen (19) of the 59 classes had sworn and non-sworn members in attendance. Without sufficient availability of sworn/non-sworn classes, the Department may not have CPR/AED trained personnel available to respond to a medical emergency in each Division.• The Safety Manual requires that members sign a Safety Acknowledgment Form once they have received and read the Safety Manual. However, the Department does not require a member to review and acknowledge revisions to the Safety Manual. Without a requirement to read and acknowledge revisions to the Safety Manual, the Department runs the risk that not all members are aware of changes to the Safety Manual.		
FINDING 5.2	Emergency Medical Services (EMS) Procedures and Training		
	The Department does not have written procedures for all members regarding the arrival location of Emergency Medical Services (EMS) at the HQ building; nor does the Department provide all members EMS response training. FDLE members expressed concerns regarding the coordination of EMS arriving at the main entrance versus the security gates and/or loading dock. During interviews it was noted that if EMS arrived at the guard gates, the security guards are not allowed to let EMS enter without proper authorization, due to security concerns as there is no way to confirm the legitimacy of their arrival. In addition, the members of the Watch Desk		

	<p>temporarily lost the ability to raise and lower the guard gates/barriers from the Watch Desk due to a software programming issue. (Note: Prior to the conclusion of the audit, members of the Watch Desk regained the ability to raise and lower the gates/barriers).</p> <p>Best business practices dictate that there should be a written plan for member response to a medical emergency. Without comprehensive EMS procedures and member training for all members, the arrival of EMS through the main entrance may not be consistently practiced, which may hinder the delivery of medical treatment to a member.</p>
RECOMMENDATION:	<p>The OIG recommends the Department:</p> <ul style="list-style-type: none"> • Implement basic safety awareness training for all members. The Department could provide members with training in an on-line or classroom format. As a reminder of the training, the Department could develop a slide to add to the existing standard FDLE screen saver which includes key points members should follow in response to a medical emergency. • Provide a link to the Safety Manual via the Member Dashboard. This would ensure members could readily determine the location of the Safety Manual and acknowledge review of revisions once they are made. • Provide a link on the main intra-net FDLE homepage for Safety Committee contact information. <p>The OIG recommends FDLE Policy 3.15 and the FDLE Safety Manual be revised to:</p> <ul style="list-style-type: none"> • Include a requirement for the CPR/AED Coordinator to quarterly coordinate CPR and AED training and certification of agency members. • Include a requirement for training documentation to be submitted to the Department Safety Officer and Alternate Safety Officer as a review process to ensure CPR and AED trainings are consistently offered for all members. • Include written procedures regarding EMS arrival at the HQ building to ensure efficient arrival without delays. The procedures should clearly define: member responsibilities; the coordination of the arrival location of EMS; response for medical emergencies that occur after hours; and the roles and responsibilities of the units involved during a medical emergency (e.g. the Watch Desk, Building Security, etc.).
MANAGEMENT RESPONSE:	<p>1. Agree. Through the creation of a comprehensive Safety Officer Training Guide, each Safety Officer will be able to provide basic safety awareness training for all members. In addition, during New Member Orientation, each member will be provided a safety pamphlet which will provide basic safety tips as well as safety information applicable to his/her work area, such as the location of first aid kits, evacuation route(s), rally point, etc. Basic on-line safety training options will be researched to determine their feasibility and, if approved, will be adopted by the agency. To reinforce the key points to follow in a medical emergency, the agency's Safety Committee in conjunction with the agency's Alternate Safety Coordinator will research the feasibility of developing a slide to add to the existing standard FDLE screen saver.</p>

	<p>In an effort to provide a quality safety program and to maintain consistency, it would be very beneficial for the agency to have a full-time Safety Coordinator and re-institute the Safety Officer salary incentive. Currently, the members assigned safety duties change at such a high frequency, it is difficult to achieve the necessary continuity and stability.</p> <p>2. Agree. The FDLE Safety Manual needs to be easily accessible for all members and a link could be provided on the main intra-net FDLE homepage and the Member Dashboard. In an effort to provide documentation and consistency with members' review of the FDLE Safety Manual and any subsequent revisions, the agency's Safety Coordinator will request, in consultation with the Director of External Affairs, that each member will be notified and will acknowledge his/her initial review of the FDLE Safety Manual and any updates/revisions via the Policies and Procedures section of the FDLE intra-net page. The agency will include this change in its draft revision of the FDLE Safety Manual that will, once adopted, address this procedural concern.</p> <p>3. Agree. The Alternate Safety Coordinator will research and confirm with ITS and the Director of External Affairs regarding the placement of a link on the main intra-net FDLE homepage for Safety Committee contact information.</p> <p>4. Agree. The agency's draft revision of Policy 3.15 and the FDLE Safety Manual will, once adopted, address this policy/procedural concern to include the requirement for the CPR/AED Coordinator to quarterly coordinate CPR and AED training allowing agency members to become certified. Currently, CPR/AED training classes are being conducted on a quarterly basis with emphasis on the agency's non-sworn members.</p> <p>5. Agree. The agency's draft revision of Policy 3.15, the draft revision of the FDLE Safety Manual, and the newly developed CPR/AED Coordinator Procedural Manual will, once adopted, address this policy/procedural concern to include the requirement for the CPR/AED Coordinator to submit a copy of the training documentation of each quarterly CPR/AED training class to the agency Safety Coordinator and the Alternate Safety Coordinator to ensure consistency and compliance.</p> <p>6. Agree. An analysis will be conducted to create written procedures regarding EMS arrival at the HQ building to include member responsibilities; the coordination of the arrival location of EMS; response for medical emergencies that occur after hours; and the roles and responsibilities of the units involved during a medical emergency (e.g. the Watch Desk, Building Security, etc.) and will be included in the agency's draft revision of Policy 3.15 and the FDLE Safety Manual.</p>
IMPLEMENTATION DATE:	<ol style="list-style-type: none"> 1. December 31, 2014 2. December 31, 2014 3. December 31, 2014 4. November 30, 2014 5. November 30, 2014 6. November 30, 2014