

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF THE INSPECTOR GENERAL**

**FIRE AND EMERGENCY MEDICAL  
SERVICES DEPARTMENT  
REPORT OF RE-INSPECTION  
and  
UPDATE ON FEMS RESPONSE TO THE  
ASSAULT ON DAVID E. ROSENBAUM  
SEPTEMBER 2009**



**CHARLES J. WILLOUGHBY  
INSPECTOR GENERAL**

**OIG No. 09-I-0028FB**

**SEPTEMBER 2009**

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Office of the Inspector General**

Inspector General



September 15, 2009

Dennis L. Rubin  
Chief  
D.C. Fire and Emergency Medical Services Department  
1923 Vermont Avenue, N.W.  
Washington, D.C. 20001

Dear Chief Rubin:

Enclosed is our *Report of Re-inspection of the Fire and Emergency Medical Services Department (FEMS) and Update on FEMS Response to the Assault on David E. Rosenbaum*. We conducted the re-inspection at FEMS as a follow-up to our initial inspection that occurred in 2002. Re-inspections and follow-up reports are the key components of the OIG compliance process. This process was developed to assist District managers in improving service delivery by implementing the recommendations that were agreed upon at the conclusion of the initial inspection.

This re-inspection report is divided into four main sections: 1) Summaries of Management Alert Reports; 2) New Findings; 3) Updated Findings; and 4) Update on FEMS Response to the Assault on David E. Rosenbaum. I commend FEMS for the improvements evidenced by those recommendations complied with, and ask that FEMS managers be encouraged to work diligently and expeditiously to bring the agency into full compliance on the remaining issues and the new recommendations.

If you have questions or comments concerning this report or other matters related to the re-inspection, please contact me or Alvin Wright, Jr., Assistant Inspector General for Inspections and Evaluations, at (202) 727-2540.

Sincerely,

  
Charles J. Willoughby  
Inspector General

CJW/lg

Enclosure

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Letter to Dennis L. Rubin

September 15, 2009

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**ACRONYMS**

## ACRONYMS

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## ACRONYMS

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<b>ACA</b>	Ambulance Crewmember Aide
<b>ACIC</b>	Ambulance Crewperson in Charge
<b>ALS</b>	Advanced Life Support
<b>AFCO</b>	Assistant Fire Chief for Operations
<b>ACFS</b>	Assistant Fire Chief for Services
<b>BLS</b>	Basic Life Support
<b>CAD</b>	Computer Aided Dispatch
<b>CQI</b>	Continuing Quality Improvement
<b>CY</b>	Calendar Year
<b>DOH</b>	Department of Health
<b>DDOT</b>	District Department of Transportation
<b>DPM</b>	District Personnel Manual
<b>EEO</b>	Equal Employment Opportunity
<b>EMOP</b>	Emergency Mobilization Operations Plan
<b>EMS</b>	Emergency Medical Services
<b>EMSB</b>	Emergency Medical Services Bureau
<b>EMT</b>	Emergency Medical Technician
<b>EMT/B</b>	Emergency Medical Technician/Basic
<b>EMT/P</b>	Emergency Medical Technician/Paramedic
<b>ePCR</b>	Electronic Patient Care Report
<b>FEMS</b>	Fire and Emergency Medical Services
<b>FTE</b>	Full Time Employee
<b>FY</b>	Fiscal Year

## ACRONYMS

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<b>GAO</b>	Government Accountability Office
<b>GIS</b>	Geographic Information Systems
<b>GLBT</b>	Gay, Lesbian, Bi-sexual, Transgender
<b>GPS</b>	Global Positioning System
<b>I&amp;E</b>	Inspections and Evaluations
<b>MAR</b>	Management Alert Report
<b>MERU</b>	Medical Equipment Repair Unit
<b>MIS</b>	Management Information System
<b>MPD</b>	Metropolitan Police Department
<b>NAEMT</b>	National Association of Emergency Medical Technicians
<b>NIMS</b>	National Information Management System
<b>NFPA</b>	National Fire Prevention Association
<b>OCP</b>	Office of Contracting and Procurement
<b>OCTO</b>	Office of the Chief Technology Officer
<b>OFC</b>	Office of the Fire Chief
<b>OIG</b>	Office of the Inspector General
<b>OSHA</b>	Occupational Safety and Health Administration
<b>OUC</b>	Office of Unified Communications
<b>PCR</b>	Patient Care Report
<b>PEC</b>	Paramedic Engine Company
<b>PES</b>	Performance Evaluation System
<b>PMO</b>	FEMS Property Management Office
<b>PMP</b>	Performance Management Program

## ACRONYMS

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<b>PSAP</b>	Public Safety Answering Point
<b>PSO</b>	Professional Standard Office
<b>QA</b>	Quality Assurance
<b>QI</b>	Quality Improvement
<b>ROI</b>	Report of Inspection
<b>UCT</b>	Universal Call Taker

## ACRONYMS

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**ORGANIZATION CHART**

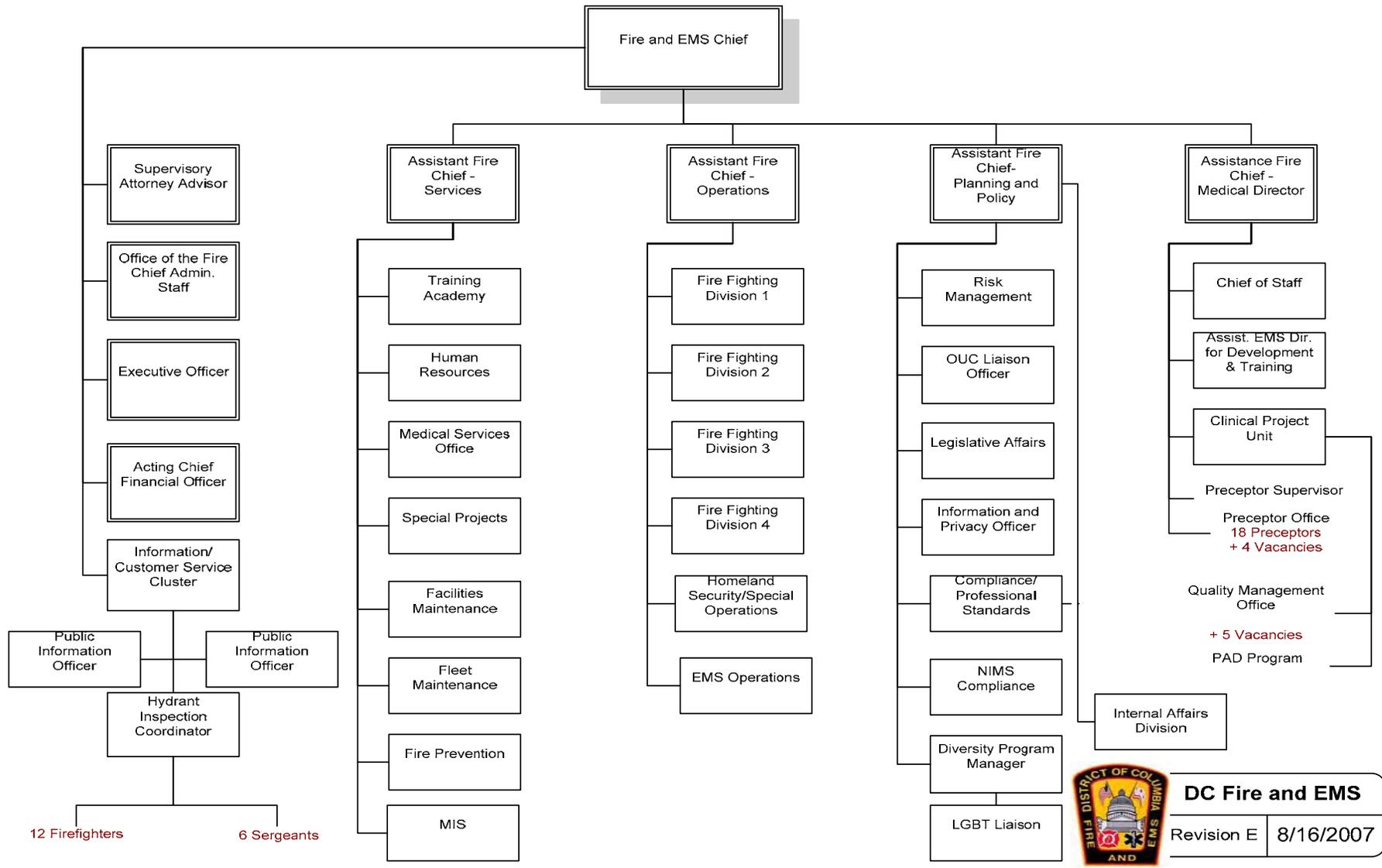
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**ORGANIZATION CHART**

## **ORGANIZATION CHART**

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# DISTRICT OF COLUMBIA FIRE AND EMERGENCY MEDICAL SERVICES ORGANIZATIONAL CHART



**DC Fire and EMS**  
Revision E 8/16/2007



**EXECUTIVE SUMMARY**

## **EXECUTIVE SUMMARY**

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## EXECUTIVE SUMMARY

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### Background and Perspective

The re-inspection of the District of Columbia (District) Fire and Emergency Medical Services Department (FEMS), which focused on Emergency Medical Services (EMS), was a follow-up to the initial report of inspection (ROI) issued by the Office of the Inspector General (OIG) in October 2002 (ROI No.03-0001FB). The OIG inspection process includes follow-up with inspected agencies to determine their compliance with agreed-upon recommendations. This follow-up inspection and report are part of the compliance process that the OIG has implemented to assist District agencies in improving the delivery of services to residents and other stakeholders.

The mission of the FEMS is to promote safety and health through excellent pre-hospital medical care, fire suppression, hazardous materials response, technical rescue, homeland security preparedness, and fire prevention and education in the District. In addition, FEMS conducts fire inspections to identify potential fire hazards in apartment buildings, businesses, hotels, public and private schools, hospitals, nursing homes, correctional facilities, and residential care facilities.

According to the FEMS website, resources are deployed from 33 fire stations and include 37 EMS transport units, 33 engine companies, 16 ladder trucks, 3 heavy-rescue squads, 1 hazardous materials unit, and 1 fire boat facility. Seventeen of the transport units and 19 of the engine companies are staffed by paramedics providing advanced life support (ALS) care.<sup>1</sup> In addition, there are 20 basic life support (BLS) ambulances. FEMS responds to over 150,000 incidents per year, an average of 421 per day.

### Summary of Findings

This re-inspection report is divided into four main sections: 1) Summaries of Management Alert Reports; 2) New Findings; 3) Updated Findings; and 4) Update on the FEMS Response to the Assault on David E. Rosenbaum.

The Summaries of Management Alert Reports (MAR) section contains issues sent to FEMS for immediate attention and FEMS' responses to the OIG. Copies of the four MARs and the FEMS responses are included at Appendices 5-8. A list of the findings and recommendations in these MARs is included at Appendix 1.

The New Findings section reports, among other things, that FEMS has not established a permanent medical quality assurance program; there is excessive turnover in key management positions; and the number of administrative employees is insufficient. See Appendix 2 for a complete list of the findings and recommendations for this section.

The Updated Findings section covers the findings from the October 2002 ROI. During the initial inspection, the team evaluated emergency response times, citizen abuse of the 911 call system, deficiencies in processing emergency calls, problems with paramedic certifications, the

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<sup>1</sup> See <http://www.fems.dc.gov/fems/cwp/view,a.3,q.525955,femsNav,{31536}.asp>.

## EXECUTIVE SUMMARY

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lack of policies and procedures, staffing deficiencies, inadequate quality assurance programs, and other issues. FEMS agreed with each of the OIG's original 2002 recommendations. See Appendix 3 for a complete list of the findings and recommendations for this section.

The OIG re-inspection team (team) found that FEMS has made some progress in correcting many of the deficiencies found during the initial inspection. Of the 31 original recommendations made, FEMS was found to be in full compliance with 12, in partial compliance with 9, not in compliance with 6, and 4 recommendations were overtaken by events.

The David E. Rosenbaum section reports on the status of recommendations made in the June 2006 *OIG Special Report: Emergency Response to David E. Rosenbaum*, and describes FEMS actions since the special report was published. See Appendix 4 for a complete list of the findings and recommendations for this section.

### Scope and Methodology

The re-inspection began in December 2006 and evaluated FEMS' compliance with recommendations resulting from the 2002 initial inspection. The team also was tasked to follow-up on recommendations made to FEMS following the evaluation of District agency responses to the January 2006 assault on David E. Rosenbaum. In addition, the team issued MARs containing findings and recommendations requiring the immediate attention of FEMS management regarding deficiencies in universal precautions training (see Appendix 5), deficiencies in the security and readiness of reserve ambulances (see Appendix 6), water and sewage damage at Engine 16 (see Appendix 7), and inoperative smoke detectors at FEMS engine company buildings (see Appendix 8). During the re-inspection, the team conducted 73 interviews, directly observed work processes, reviewed documentation, inspected work areas and facilities, and accompanied personnel during emergency calls.

As part of its re-inspection fieldwork, the team visited all 33 fire stations and the fire boat facility in order to evaluate conditions in key areas such as general infrastructure, employee accommodations, and communication systems. Two of these stations were under renovation and could not be evaluated. Because the team found some conditions requiring priority attention, we issued a special report in October 2007 that documented deficiencies such as missing or inoperative smoke detectors, malfunctioning heating and cooling systems, leaking roofs, potential asbestos hazards, and inoperative toilets, sinks, and showers. In an October 23, 2007, response to our special report, FEMS officials stated that smoke detectors had been installed in July 2007, materials containing asbestos in FEMS facilities were being monitored, and an annual asbestos monitoring inspection program was under development. FEMS officials also stated that they were working with the Management Information Systems Office to track repair work needed at FEMS facilities.

***Confusion in FEMS Responses.*** The OIG issued a draft re-inspection report (draft) to FEMS for comment on January 14, 2009. In February, after reviewing that draft and before sending OIG its response, FEMS officials requested and attended a meeting with the OIG in order to provide clarifying information to some of the findings in the draft. As a result of that meeting, OIG conducted additional research and field work and modified some of the original

## EXECUTIVE SUMMARY

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findings and recommendations. OIG then sent FEMS a revised draft report in May 2009 so that officials could respond to these modifications. Meanwhile, in April, FEMS had responded to the original draft, and then sent responses to the modified draft in July.

In a number of instances, however, instead of responding only to the modified findings and recommendations, FEMS officials sent OIG two responses for the same findings and recommendations. In some instances, FEMS responses that OIG had received in April were no longer relevant because a finding had been modified. Some responses received in July duplicated those sent in April to the original, unmodified findings and recommendations.

Consequently, the OIG has tried to ensure that despite this confusion, FEMS responses that are relevant to all of OIG's findings and recommendations are presented in their entirety as received from FEMS.

**Note:** The OIG does not correct an agency's grammatical or spelling errors, but does format an agency's responses in order to maintain readability of OIG reports. Such formatting is limited to font size, type, and color, with the following exception: if an agency bolds or underlines text within its response, the OIG preserves these elements of format.

OIG inspections comply with standards established by the Council of Inspectors General on Integrity and Efficiency, and pay particular attention to the quality of internal control.<sup>2</sup>

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<sup>2</sup> "Internal control" is synonymous with "management control" and is defined by the U.S. Government Accountability Office as comprising "the plans, methods, and procedures used to meet missions, goals, and objectives and, in doing so, supports performance-based management. Internal control also serves as the first line of defense in safeguarding assets and preventing and detecting errors and fraud." STANDARDS FOR INTERNAL CONTROL IN THE FEDERAL GOVERNMENT, Introduction at 4 (Nov. 1999).

## EXECUTIVE SUMMARY

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**Findings and  
Recommendations:**

**SUMMARIES OF  
MANAGEMENT ALERT REPORTS**

## SUMMARIES OF MANAGEMENT ALERT REPORTS

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## SUMMARIES OF MANAGEMENT ALERT REPORTS

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**1. Employees who are regularly exposed to blood and other potentially infectious materials do not receive universal precautions training as frequently as required by federal regulations.**

Occupational Safety and Health Administration (OSHA) Title 29 C.F.R. §1910.1030(g)(2)(i) and (ii) state that employers must ensure that all employees with occupational exposure to blood or other potentially infectious materials participate in a training program “[a]t the time of initial assignment to tasks where occupational exposure may take place ... [and] [a]t least annually thereafter.”

The team found that FEMS employees, including paramedics and Medical Equipment Repair Unit (MERU) employees, were not receiving annual training related to bloodborne and body fluid-borne pathogens as mandated by OSHA regulations. EMTs receive training once every 2 years as part of their mandatory recertification courses, but do not receive annual training as required. These employees are regularly exposed to blood and other potentially infectious materials in the course of caring for patients and cleaning ambulances. Interviewees stated that FEMS is developing a computer-based, online training course.

On April 4, 2007, the OIG presented three recommendations concerning this finding to FEMS as part of Management Alert Report (MAR) 07-I-002. The MAR and the FEMS response are included at Appendix 5 to this report.

On May 16, 2007, FEMS responded that it is “substantially in compliance with critical elements of the OSHA standard on blood borne pathogens. . . .” The FEMS Chief indicated that this compliance includes training on reducing exposure to blood borne pathogens. In addition, FEMS is developing an online training program that will be accessible by all employees and incorporated into the current training structure.

FEMS did not indicate in its response how the agency will ensure that all FEMS employees regularly exposed to blood and other potentially infectious materials will receive annual training in universal precautions.

**New Recommendation:**

That the Chief/FEMS update the OIG on how FEMS ensures that all vulnerable employees receive annual training in universal precautions.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

***FEMS’ April 2009 Response, as Received:***

*The department trained 1270 members in an OSHA-Compliant Blood-Borne Pathogen curriculum using a face-to-face delivery method in 2008. New procedures have been put in place to allow all personnel to be trained and evaluated in 2009 using an on-line teaching program culminating in assessment and evaluation. The Blood-Borne Pathogen training*

## SUMMARIES OF MANAGEMENT ALERT REPORTS

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program is an integral part of the Learning Management System (LMS) expected to go on-line in late 2009, and compliance will be tracked through the LMS.

### ***FEMS' July 2009 Response, as Received:***

*As of July 2009, Fire & EMS has integrated the annual infection control continuing education into its new Learning Management System (LMS), a web-based tool that not only allows the Department to deliver the annual training through distributive (on-line) methods, but also enables the Department to track employee compliance with completing the annual training requirement.*

### **2. Deficiencies in the security and readiness of reserve ambulances.**

FEMS stores reserve ambulances<sup>3</sup> at the MERU, which is responsible for cleaning and maintaining them and for making minor repairs to the medical equipment they carry. FEMS also maintains and stores Emergency Mobilization Operations Plan (EMOP) ambulances<sup>4</sup> at three other locations.

The OIG found that reserve ambulances parked at the MERU were vulnerable to misuse, vandalism, and theft. On the day that the team conducted its observation at the MERU, nine reserve ambulances were unlocked and parked in an unsecured lot. The ambulances contained medical supplies and equipment, such as bandages and stretchers. The other end of the lot opens to another lot with a gate that interviewees stated is always open.

EMOP ambulances parked at several locations were vulnerable to misuse, vandalism, and theft. On the day of the team's unannounced visits in January 2007, ambulances at the EMOP storage locations (Engine 12, 1338 Park Road, N.W., and at the Training Academy) were not secure. Some of these ambulances contained medications, equipment, and medical supplies. At 1338 Park Road, N.W., a Weapons of Mass Destruction response unit and two John Deere Gator utility vehicles were not secure and vulnerable to vandalism and theft. Upon learning of the unlocked ambulances, FEMS Special Operations management at 1338 Park Road, N.W. promptly locked the ambulances. In February 2007, management stated that the ambulances at Engine 12 were locked and that EMOP ambulances would be fitted with padlocks.

On April 2, 2007, the OIG presented five recommendations regarding the finding to FEMS as part of MAR 07-I-004. The MAR and the FEMS response are included at Appendix 6 to this report.

On May 15, 2007, the FEMS Chief indicated that FEMS has replaced and/or secured many of the gates at the facilities. All ambulances stored at Engine 12 have been moved inside

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<sup>3</sup> Reserve ambulances are kept in company quarters and are ready for immediate use. They can replace regularly assigned vehicles.

<sup>4</sup> EMOP ambulances are maintained for immediate use. This gives FEMS the ability to rapidly expand its capabilities during emergencies or when resources are taxed beyond those required to provide efficient service to the public.

## SUMMARIES OF MANAGEMENT ALERT REPORTS

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the fenced area, which has a gate that locks. In addition, a new policy requires that all units be checked daily after each event. The Weapons of Mass Destruction truck and the John Deere Gators were secured. Lastly, FEMS contacted a contractor to provide options for installation of a gate that restricts access to the side and rear of 1338 Park Road, N.W.

### **New Recommendation:**

That the Chief/FEMS provide an update to the OIG on the installation of a gate at the 1338 Park Road, N.W. location.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

### ***FEMS' April 2009 Response, as Received:***

*The Fire & EMS Medical Equipment Repair Unit (MERU) located at 1300 New Jersey Ave, N.W., and maintains the Department's reserve ambulances. These ambulances were not always secured properly when they were being stored in a parking lot at this facility. To correct this situation a fence was erected and the gate locked to only allow access by authorized people. A passage door was also added between the MERU building to the parking lot so that the ambulances can be checked and serviced without needing to open the gate. EMOP ambulances are now kept at two secure locations, (2) are kept behind a locked and closed gate at Engine 12, and (10) are kept at the ready reserve building at 915 Gallatin Street, N.W., behind a locked gate. The Weapons of Mass Destruction truck is now a reserve rescue squad kept in the ready reserve building at 915 Gallatin Street, N.W. All off road vehicles (John Deer Gators and ASAP) are kept at the Nationals Ball Park in a secure facility with 24 hour guard force.*

### ***FEMS' July 2009 Response, as Received:***

*Fire & EMS has moved all of the ambulances or John Deere Gators that were stored at this location to a secure location at 915 Gallatin Street, N.W. Since there are no longer any vehicles that need to be secured at 1338 Park Road, NW, a gate would no longer serve a purpose and is not going to be installed.*

### **3. Water and sewage contaminated the basement of Engine Company 16.**

Title 7 DCMR § 2009.1 states that “[e]mployees have a right, to the maximum extent possible, to a safe and healthful working environment.”

During site visits at Engine Company 16, the team observed that standing water, wetness, and sewage in the building's basement posed health and safety risks to employees. Standing water can produce microorganisms such as viruses, bacteria, and mold; in addition, floodwater that contains sewage carries the risk of possible infectious diseases.<sup>5</sup> Employees at Engine

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<sup>5</sup> U.S. Environmental Protection Agency, Flood Cleanup: Avoiding Indoor Air Quality Problems, Fact Sheet Publication No. 402-F-93-005 (Revised Oct. 2003), available at <http://www.epa.gov/mold/pdfs/floods.pdf>, (last visited Apr. 2, 2007).

## SUMMARIES OF MANAGEMENT ALERT REPORTS

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Company 16 informed the team that water and sewage in the basement have been a problem for several years. Team members were told that there have been from 12 inches to 6 feet of water in the basement at various times. During another visit, while the team was inside the elevator, it heard running water that sounded as if it were surrounding the elevator.

On April 4, 2007, the OIG presented two recommendations about this finding to FEMS as part of MAR 07-I-005. The MAR and the FEMS response are included at Appendix 7 to this report.

On May 15, 2007, the FEMS Chief responded that Engine Company 16 had a history of storm water backing up. An investigation by the D.C. Water and Sewer Authority (WASA) led to the discovery of collapsed combination storm water and sewer pipes in the alley alongside the station that were causing a back up of storm water and sewage into the firehouse. The FEMS Chief added that a "WASA representative stated that they would replace the pipes but did not give a time frame of when that would occur." To prevent further flooding, FEMS placed a plug in the drain that was allowing sewage to enter the firehouse. In addition, a contractor cleaned and sanitized the basement.

### **New Recommendation:**

That the Chief/FEMS coordinate with WASA to ensure the collapsed storm water and sewer pipes are replaced at Engine Company 16 and report all progress to the OIG.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

**OIG Note:** FEMS disagreed with this recommendation in its April 2009 response and agreed with it in the July 2009 response. We are presenting the July response of agreement as the official response because it is FEMS' most recent response.

### ***FEMS' April and July 2009 Response, as Received:***

*The storm drains at Engine 16 have not backed up into the firehouse since the preventive work that was performed by DC Fire & EMS Facilities Maintenance Office. To address any future flooding including burst water pipes in the basement mechanical room, a sump pump was installed. This will prevent water from filling the basement to prevent any future problems.*

*Fire & EMS has been in contact with WASA and will report any current or future problems that WASA may need to address such as the collapsed storm and sewer lines for which WASA is responsible.*

### **4. Some FEMS engine company buildings did not have working smoke detectors.**

The team conducted unannounced visits to 31 of 33 engine companies and the Fire Boat station. The two other stations were under renovation and could not be evaluated. The team found inoperable smoke detectors in living quarters and work areas of engine company

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## SUMMARIES OF MANAGEMENT ALERT REPORTS

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buildings. Some detectors appeared to have been inoperable for some time and, in a number of instances, FEMS employees confirmed to the team that smoke detectors were not working.

On June 15, 2007, the OIG presented a recommendation for this finding to FEMS as part of Management Alert Report (MAR) 07-I-007. The MAR and the FEMS response are included at Appendix 8 to this report.

On July 9, 2007, the FEMS Chief responded that a survey was conducted at each facility to test the smoke detectors and, if any problems were found, they were supplemented with a battery powered smoke detector. FEMS tasked an electrical contractor to determine the condition of the system in all facilities. Thereafter, a plan was to be formulated to perform permanent repairs.

In October 2007, FEMS informed the OIG that smoke and Carbon Monoxide (CO) detectors were installed in July 2007. In addition, a budget enhancement was requested to fix and maintain all of these systems because there is no operating funding allocated to address this problem.

### **New Recommendations:**

- (1) That the Chief/FEMS update the OIG on the conditions found by the electrical contractor and whether permanent repairs on defective smoke detector equipment in the firehouses have been made.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

### ***FEMS' April 2009 Response, as Received:***

*The electrical contractor awarded the work to ensure that there are working smoke detectors in all Fire & EMS firehouses completed the work in December of 2008. The smoke detection systems in 28 of the facilities were replaced with completely new ones and 5 systems were made operational by replacing components.*

### ***FEMS' July 2009 Response, as Received:***

*The permanent smoke detectors in all Fire & EMS firehouses were made operational in December of 2008. The smoke detection heads were replaced in 28 of the facilities and 5 systems were fixed by replacing other components.*

- (2) That upon receipt of this report, the Chief/FEMS update the OIG on the number of fully operative and inoperative smoke detectors in all firehouses.

Agree \_\_\_\_\_ **X** \_\_\_\_\_ Disagree \_\_\_\_\_

## SUMMARIES OF MANAGEMENT ALERT REPORTS

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### *FEMS' July 2009 Response, as Received:*

*All smoke detection systems all currently operational in all Fire & EMS stations at this time.*

**Findings and  
Recommendations:**

**NEW FINDINGS**

## **NEW FINDINGS**

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### 1. Additional resources needed for FEMS quality assurance activities.

Quality assurance is a review of services or processes to identify problems, and quality improvement is a continuous focus on improving a process, system, or organization.<sup>6</sup> Quality assurance helps improve internal operations and provides a measure of accountability to the public.<sup>7</sup> Best practices recommend that EMS leaders make quality assurance programs a seamless part of EMS operations. Best practices also recommend that EMS organizations collect and manage data to evaluate performance.<sup>8</sup> Data collection methods include reviewing patient care reports, and using patient surveys and/or focus groups to understand patient needs and expectations.<sup>9</sup>

The D.C. Code requires quality assurance programs in various aspects of District operations, but not for FEMS medical services. For example, D.C. Code § 31-3406 (b) (2001) requires each health maintenance organization to have an “ongoing internal quality assurance program to monitor and evaluate its health care services ....” D.C. Code § 7-3010 requires that the Addiction Prevention and Recovery Administration establish a quality assurance division to monitor providers’ service quality.

The FEMS Medical Director is responsible for handling EMS quality assurance matters. All quality assurance employees report to the Medical Director, who in turn, reports to the Fire Chief. When changes are needed regarding EMS quality assurance activities, the Medical Director can be proactive in making the necessary changes without awaiting approval from the FEMS Chief.

As of March 2009, FEMS has three positions designated for quality assurance activities. Two of these positions are currently filled and one is vacant. In March 2009, the Medical Director stated that he wants to hire approximately six additional employees to conduct quality assurance studies. Two to four of these additional employees would be responsible for assessing call screening and call instructions at the Office of Unified Communications (OUC). Two others would review and report on patient care activities. Currently, position descriptions have been written for these additional positions and FEMS is recruiting for them internally.

Recently, FEMS developed a Customer Care Survey that is mailed to patients with known addresses who are transported by ambulance to a hospital. The feedback is analyzed and results are produced. For instance, in calendar year 2008, 95 percent (1,318) of respondents strongly agreed/agreed that FEMS and EMS personnel seemed competent and knowledgeable when performing their duties. As another quality assurance activity, FEMS developed a new policy and specific interventions regarding care to patients suffering from cardiac arrest. In addition, FEMS has transferred from producing paper patient care reports to inputting this

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<sup>6</sup> JAMES N. EASTHAM, JR., et al, A LEADERSHIP GUIDE TO QUALITY IMPROVEMENT FOR EMERGENCY MEDICAL SERVICES (EMS) SYSTEMS, 85 (Jul. 1997).

<sup>7</sup> INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS, EMERGENCY MEDICAL SERVICES: A GUIDE BOOK FOR FIRE-BASED SYSTEMS, 2<sup>nd</sup> ed. 39 (1999).

<sup>8</sup> JAMES N. EASTHAM, JR., et al, A LEADERSHIP GUIDE TO QUALITY IMPROVEMENT FOR EMERGENCY MEDICAL SERVICES (EMS) SYSTEMS, 2 (Jul. 1997).

<sup>9</sup> *Id.* at 15.

## NEW FINDINGS

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information into an Electronic Patient Care Report (ePCR) system.<sup>10</sup> According to the current Medical Director, the system can query and develop reports for the EMS staff. However, the Medical Director would like to develop its capacity to query and gather more data on the number of calls, the type of illnesses, the type of patients serviced, and how many different medications were administered.

The previous Medical Director (who resigned in August 2008) began to implement the following quality assurance initiatives: a Quality Council that would meet monthly to conduct peer reviews of cases referred to the Council and a data management team that would verify the reliability of data and completeness of EMS data entry. The current Medical Director wants to implement the following additional quality assurance initiatives: FEMS participation in a Cardiac Arrest Registry System to examine care for cardiac arrest patients and to compare data pertaining to this issue with other jurisdictions; production of additional statistics on performance; and enhance the query capabilities of the ePCR system to produce additional performance reports.

### **Recommendation:**

That the Chief/FEMS take steps to acquire sufficient resources to conduct permanent and comprehensive medical quality assurance activities.

Agree            X            Disagree      \_\_\_\_\_

**OIG Note:** As the recommendation for this finding was revised from the first draft report, the OIG did not include FEMS' April 2009 original response.

### ***FEMS' July 2009 Response, as Received:***

*Fire & EMS strongly concurs with the importance of maintaining sufficient resources to conduct permanent and comprehensive medical quality assurance activities. As of July 2009, a key staff vacancy has been filled with the recruitment of a highly experienced nurse consultant to perform medical quality reviews. In addition, two EMS supervisors currently are assigned full-time to medical quality assurance duty. Over the past three years, Fire & EMS has expanded the number of on-duty EMS field supervisors from 5 to 8, and has significantly increased the percentage of their work time devoted to providing medical quality evaluation and management. As of July 2009, the Office of Unified Communications (OUC) has developed a plan to provide medical quality management for the call-taking and dispatch process (AQUA) using OUC supervisors under the general oversight of the Medical Director.*

## **2. FEMS has had excessive turnover in key upper management positions.**

Government Accountability Office (GAO), *Internal Control Management and Evaluation Tool*, best practices emphasize the importance of having stability in key personnel

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<sup>10</sup> Electronic Patient Care Reporting is an electronic patient care reporting software that FEMS employees use to document patient care via a SafetyPad on a laptop computer.

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functions such as operations and program management.<sup>11</sup> Since FY 2000, many employees have transitioned in and out of important FEMS positions. FEMS provided documentation that lists a variety of reasons for employee departures, including retirement. The team reviewed employee turnover in the following FEMS positions because their occupants fill vital leadership roles.<sup>12</sup>

### **FEMS Chief**

The Chief directs the department's overall policy, planning, and management. From July 2000 through March 2007, three employees served as the FEMS Chief for an average tenure of approximately 2 years.

### **Medical Director**

The Medical Director manages and supervises pre-hospital emergency medical care, emergency medical training, and quality assurance programs. From August 1999 through August 2008, four employees held this position. The average tenure was approximately 2 years. The OIG inspection team learned that the most recent Medical Director resigned in August 2008.

FEMS officials stated that the Medical Director's position had high turnover. A contributing factor is that the Medical Director's salary is low compared to hospitals' emergency medicine doctors. In August 2008, a FEMS official stated there were no plans to increase the Medical Director's salary.

### **Assistant Fire Chief for Services**

This assistant fire chief manages the Fire Prevention Division, Training Academy, Professional Standards Office, Police and Fire Clinic, Fleet Maintenance Division, and Property Management Office. From June 1999 through March 2007, seven employees, including the current assistant chief, served in this position for an average tenure of approximately 1 year.

### **Assistant Fire Chief for Operations**

This position is responsible for supervision and coordination of all field activities, including the Firefighting Division and Special Operations. From June 1999 through March 2007, six employees, including the current assistant chief, held this position. This is an average tenure of approximately 1 year.

An external draft report found that FEMS does not have a comprehensive department-wide operational strategy and that "plans change whenever new people are put into senior positions."<sup>13</sup> The report also found that "[f]requent changes and a lack of a long-term strategy

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<sup>11</sup> GOVERNMENT ACCOUNTABILITY OFFICE, INTERNAL CONTROL MANAGEMENT AND EVALUATION TOOL, GAO-01-1008G 13 (Aug. 2001).

<sup>12</sup> This report includes a brief overview of the responsibilities of the Chief, Medical Director, Assistant Fire Chief for Operations, and Assistant Fire Chief for Services, but is not an exhaustive list of all responsibilities.

<sup>13</sup> JOHNS HOPKINS UNIVERSITY, SCHOOL OF PROFESSIONAL STUDIES IN BUSINESS AND EDUCATION, ISSUES

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weaken the credibility of any plans put forth to personnel in the field.”<sup>14</sup> When managers leave the organization, there can be a significant loss of institutional knowledge and experience.

### **Recommendation:**

That the Chief/FEMS develop strategies to increase the retention of senior level FEMS managers.

Agree                      **X**                      Disagree

**OIG Note:** FEMS did not respond in July because there were no modifications to the finding and recommendation in the first draft report.

### ***FEMS’ April 2009 Response, as Received:***

*In the past these employees were typically senior personnel at the apex of their career who are eligible for retirement. That dynamics has changed for the current administration which has focused assigning personnel to senior positions based on professional and industry peer qualifications, thus lessening the reliance on seniority. Recruiting becomes difficult if the less tenured Chiefs at the career level are moved into an “at will position”. To resolve this we are looking at other programs that may assist in the retention of talented candidates including: an ability to access some form of early retirement (20 years), retreat rights, and a D.R.O.P program which in other jurisdiction has been shown that these programs would better help us to manage and anticipate senior staff vacancies.*

### **3. FEMS employees cite insufficient numbers of administrative employees.**

The GAO *Internal Control Management and Evaluation Tool* recommends as a best practice that agencies have “the appropriate number of employees, particularly in managerial positions.”<sup>15</sup> FEMS officials must deal with a wide range of complex issues such as medical care, training, fire prevention, and arson investigations. The majority of FEMS employees are assigned to the Field Operations Division (Operations) and are responsible for providing fire/rescue operations, special operations, and emergency medical services. However, there are administrative divisions that sustain the department and provide support to Operations.

Employees stated that there are an insufficient number of administrative employees in areas such as the Office of General Counsel, Operations, Risk Management Division, Property Management Office, and the Arson Investigation Section.

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FACING THE AGENCY (DRAFT), 6 (undated).

<sup>14</sup> *Id.*

<sup>15</sup> GOVERNMENT ACCOUNTABILITY OFFICE, INTERNAL CONTROL MANAGEMENT AND EVALUATION TOOL, GAO-01-1008G 16 (Aug. 2001).



## NEW FINDINGS

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During the re-inspection, the team interviewed many civilian and uniformed employees and most stated that they work well together and appreciate each other's skills.

A number of FEMS single-role employees and managers stated that dual-role employees have more benefits and are treated better, which negatively impacts employee morale. The employees stated that it is unfair that they have separate retirement plans, disciplinary processes, evaluation systems, and work shifts. For example, single-role employees are eligible for the 401(a) Defined Contribution Pension Plan and the Civil Service Retirement System, and dual-role employees are eligible for the D.C. Police and Fire Retirement Plan. However, single-role employees and management stated that the dual-role employee's retirement plan is more beneficial. Firefighters are evaluated using the Form 50.5 and single-role EMTs are evaluated through the District government's centralized Performance Evaluation System using Form 12. Managers stated that dual-role employees have better promotion opportunities. Dual-role employees assigned to the Field Operations Division work a 24-hour shift followed by 72 hours off duty. All single-role employees work 4 consecutive days, followed by 4 consecutive days off, with rotating 12-hour shifts.

Employees explained that these differences are long-standing. For example, a D.C. City Administrator's report in 1989 found problems within the department such as "a lack of equity between fire service and civilian personnel" and "morale problems."<sup>19</sup> Some interviewees stated that single-role employees receive less respect.

On April 9, 2008, the Mayor and FEMS announced a plan to unify fire and EMS employees into an "all hazards agency." Under the plan, civilian single-role EMS providers will become sworn, uniformed members with the same pay and benefits available to firefighter/EMTs and firefighter/paramedics. EMS providers can choose "to become all-hazards, fully trained firefighters" or "receive an orientation to all-hazards operations ...." (A copy of the Mayor's Announcement is included at Appendix 9.)

### **Recommendation:**

That upon receipt of this report, the Chief/FEMS provide an update to the OIG on the progress of implementing the Mayor's April 2008 plan to unify FEMS dual and single-role employees.

Agree                              X                              Disagree                    \_\_\_\_\_

### ***FEMS' April and July 2009 Responses, as Received:***

*On April 9, 2008, Mayor Adrian M. Fenty announced the "One Force – One Standard"\* unification plan. Under this plan, all civilian, single-role EMS providers would become sworn uniformed members, allowing them to have the same pay and benefit opportunities offered to firefighters. Under this plan there would be no loss of base pay, no loss of rank, and there would be a unified promotional process. Former single-role employees would have two career options:*

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<sup>19</sup> District of Columbia City Administrator, IMPROVING AMBULANCE OPERATIONS IN WASHINGTON, D.C.: A BLUEPRINT FOR CHANGE, 23(Mar. 1989).

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*(1) they may elect to become all-hazards personnel (fully trained firefighters) or (2) they may receive an orientation to all-hazards operations and then function as specialized EMS providers. Details of the Unification Plan is available to Department employees and to the public on the agency website, under the link: Unification Initiative.*

*On May 30, 2008, Chairman Vincent C. Gray, at the request of Mayor Adrian M. Fenty, introduced Bill 17-0768: "Paramedic and Emergency Medical Technician Transfer Act of 2008\*." This bill was designed to support the unification of the operational personnel of the D.C. Fire & Emergency Medical Services Department into a fully-functional all-hazards workforce. Subsequently, on November 25, 2008, the Committee on Public Safety and the Judiciary transmitted the bill, now renamed the "Paramedic and Emergency Medical Technician Transition Amendment Act of 2008\*" to the Committee of the Whole.*

*Regrettably, the Committee Print of Bill 17-0768 contained significant changes to the version introduced on behalf of the Mayor. These changes were contrary to the letter and intent of the original legislation. These changes have the practical effect of obstructing implementation of Recommendation 1 of the Task Force: "The Department of Fire and Emergency Medical Services shall transition to a fully integrated, all hazards agency." Fire & EMS Chief Dennis L. Rubin transmitted a letter to the Council\* on 12/15/08 highlighting these concerns. In addition, the Office of the Chief Financial Officer (OCFO) withdrew their fiscal impact statement due to the changes made to the legislation. Finally, the D.C. Retirement Board transmitted a letter to the Council on 12/15/08 raising legal and fiscal concerns about the amended legislation.*

*The amended legislation was approved by the Committee of the Whole on 12/16/08 and transmitted to the Mayor for signature. Mayor Fenty returned the bill unsigned. Mayor Fenty's letter\* to Chairman Gray dated 1/30/09 notes: "the Attorney General has raised legal questions regarding the amended bill's effect on employee participation in the District of Columbia Police Officers' and Firefighter's Retirement Plan, and the Chief Financial Officer has withdrawn its fiscal impact statement as a result of modifications to the original bill... the amended bill makes it difficult for F&EMS to implement the task force's recommendations. For these reasons I will not be able to sign Bill 17-768. However, I would be happy to work with the Council to develop a proposal that meets our shared goal of improving fire and emergency medical services."*

### ***Addition to FEMS' July 2009 Response, as Received:***

*Efforts to implement Recommendation 1 of the Task Force on EMS will continue and Fire & EMS will keep the OIG apprised of progress.*

### **5. FEMS Training Division class files were disorganized and not properly stored.**

The Training Division is responsible for maintaining class files for accredited training programs in a secure location. The Test Bank Administrator stated that all test information, class files, and records should be locked when unattended. FEMS training class file folders include class answer sheets, class test scores, sign-in sheets, instructor evaluations, skill sheets, one copy of the tests, and other class-related materials.

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The team found that the Training Division does not have an organized filing system that enables the prompt retrieval of class files. Class files were placed in unlabeled expandable folders with file folders inside of them. Other class files were placed in unlabeled interoffice envelopes inside an unlocked file cabinet. However, a FEMS employee stated that the file cabinets can be locked. Because the files were disorganized, it was difficult to retrieve a file on a specific class. The files were not arranged by date, and were not in alphabetical or numerical order.

The lack of an adequate filing system and unsecured storage may result in misplaced class files and delay the ability to analyze training outcomes. In addition, the delayed filing and securing of test documents may jeopardize the confidentiality of employees' test scores and impede file retrieval.

### **Recommendation:**

That the Chief/FEMS ensure that all Training Division class files are maintained in an organized and secure fashion.

Agree                X                Disagree      \_\_\_\_\_

**OIG Note:** FEMS did not respond in July because there were no modifications to the finding and recommendation in the first draft report.

### ***FEMS' April 2009 Response, as Received:***

*Please see response for #6 below.*

### **6. The Training Division does not have adequate, secure space for creating course exams.**

The FEMS Training Division conducts exams at the end of various courses, such as Emergency Medical Technician (EMT) training and firefighter certification training. The Division maintains all test questions and scores in a password protected electronic database for accredited FEMS training programs. According to DC FEMS Training Division Policies and Procedures, Section 17.1, "[o]nly authorized personnel shall have access to the test bank. [The t]est bank administrator or designee of the Training Director shall be the only individuals that have authority to make changes to the test bank." The Test Bank Administrator is responsible for updating test questions to reflect current standards listed by the National Fire Prevention Association (NFPA), analyzing the test bank items for validity and reliability, and maintaining student test scores.

The team observed that the computer that holds FEMS test bank information is in a room with five employees other than the test creator. These employees can view the test creator's computer monitor. An employee stated that tests are normally created before the other employees report for duty and that no private space is available for the test creator. However,

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the limited and unsecured work space for creating course exams creates opportunities for test tampering, test duplication, and cheating.

### **Recommendation:**

That the Chief/FEMS find a private and secure area for the Test Bank Administrator to create and maintain FEMS testing materials.

Agree                      **X**                      Disagree

**OIG Note:** FEMS did not respond in July because there were no modifications to the finding and recommendation in the first draft report.

### ***FEMS' April 2009 Response, as Received:***

*The Training Academy has aggressively worked over the past two months to correct the deficiencies listed. A secure room has been identified in the main building for this purpose. All Training Academy [hard copy] class files along with the Test Bank computer and associated databases will be relocated into the newly designated Test Bank / file room. The room has one entrance and exit and the locking mechanism will be changed to a key fob entry system. Entrance into the Test Bank will be limited to the following: Test Bank Administrator, Fire Training Lieutenant, EMS Training Lieutenant, Driver Training Lieutenant. Completion of project April 01, 2009.*

### **7. FEMS can control only one traffic light in front of its stations. This limits its ability to respond to emergencies safely and expeditiously when leaving the firehouse.**

When FEMS employees respond to emergencies from their stations, they respond using a variety of emergency vehicles such as ambulances, fire trucks, and fire engines. FEMS Station 19, located at 2813 Pennsylvania Avenue, S.E., is the only FEMS station in which employees have the ability to control the traffic light that is located on the roadway outside the station. Employees at Station 19 can change the traffic light to red in all directions, which alerts drivers to stop and allows emergency vehicles to enter or exit the station. An FEMS official explained that historically, the District Department of Transportation (DDOT) has located a traffic light near FEMS stations but did not provide FEMS the ability to control the light. In addition, FEMS does not have a budget to install devices to control traffic lights.

Article 20, Section 19 of the FEMS Order Book requires that at least one employee assist a driver in backing a vehicle into a station. Employees assist the driver because emergency vehicles are large and need space to maneuver into a station. Employees exit the emergency vehicle and stand in the street to stop traffic while the driver is backing up. During a site visit in June 2007, employees noted to the team that approximately 6 years previously, an employee was seriously injured by an oncoming vehicle while he was in the street assisting a fire truck backing into a station. FEMS provided reflective vests to ensure greater visibility for employees when

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they stop traffic during this maneuver.<sup>20</sup> However, some employees explained that the ability to control traffic lights outside the station would enhance safety. Even with the large size of emergency vehicles and their lights and sirens, some drivers do not always pay close attention to either the vehicles or the employees in the street guiding them into the station.

According to an FEMS official, FEMS intends to eventually install traffic lights at all firehouses that they will be able to control. The ability to control traffic lights could help employees respond more expeditiously and limit accidents because all civilian traffic would be halted when emergency vehicles are entering and exiting the firehouse.

### **Recommendation:**

That the Chief/FEMS work with DDOT to install traffic control devices for traffic lights outside of FEMS fire stations.

Agree                X                Disagree      \_\_\_\_\_

### ***FEMS' April 2009 Response, as Received:***

*The installation of traffic lights is a project that is funded and implemented by DC Department of Transportation (DDOT); we have provided the following information as forwarded to us by DDOT.*

*Engine 17 & 23 have been completed and are operational; Engine 26 the infrastructure is complete and the configuration has to be programmed; Engine 10 Infrastructure complete and waiting on PEPCO to energize the system with programming in the horizon; Engine 7 was slated for signals but was cancelled by DDOT on information provided by Ralph Cyrus.*

*According to Mr. Reggie McCoy DDOT Project Manager for signal installation there are (30) sites projected for this year for install some of which are Fire Stations. At this time there is no list of locations available and we will be contacted when informed.*

*After my conversations with Mr. McCoy of DDOT and Mr. Adam Kopp of MC Dean Construction, it was discussed that a meeting should be scheduled regarding these signals and the priorities. I am currently in the process of scheduling this meeting with Mr. Bill McGuire Traffic Signal Division manager and will inform you of his response.*

### ***FEMS' July 2009 Response, as Received:***

*DDOT currently has a funded program in place to install traffic control devices to improve safe exit and entry of emergency vehicles around all District fire stations. The Fire & EMS Property Management Office is working closely with DDOT to help facilitate this program. Currently there are six fire stations (Engines 1, 2, 17, 19, 20, & 23) that have operational traffic control devices. There are three devices under design or construction.*

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<sup>20</sup> FEMS Memorandum, Roadway Safety Cones and Reflective Safety Cones, Series 2006, Number 27, Effective Date February 8, 2006.

### **8. Inconsistent information received from FEMS personnel regarding the sufficiency of resources at the Fire Boat facility.**

FEMS maintains a fire boat, which responds to a multitude of emergencies such as providing fire suppression from boats; providing medical assistance to persons on boats and land; responding to aircraft alerts;<sup>21</sup> rescuing persons who have fallen into the water; responding to fuel spills; and breaking up ice in the water during the winter.

FEMS employees stated that the Fire Boat facility lacked sufficient resources, which could hinder a large-scale emergency response. Employees stated that they have three large boats, as well as an aluminum boat and an inflatable boat. They stated that it is very difficult to obtain sufficient funding to repair the boats. They also stated that they have jet skis that have been out of service for approximately 3 years due to insufficient funding for maintenance. Employees stated that there are not enough dry suits<sup>22</sup> for every person on each shift. If a large-scale emergency requires a response by all Fire Boat employees on a shift, or additional employees, there could be problems because there will not be enough dry suits. In addition, employees stated that they have to share dry suits, which is not hygienic. Employees also noted that the vehicle used to respond to emergencies on land should be replaced because it has frequent mechanical problems.

During additional interviews conducted in March 2009, a FEMS official stated that there are sufficient resources at the Fire Boat facility. The official stated that since 2007, FEMS has had a \$16,000 open purchase agreement to repair its boats. This budget is used mainly for replacing parts, tune-ups, and maintenance work, and the official stated that the funds are sufficient.

Another FEMS official stated that while the Fire Boat facility did operate a jet ski for a period of time, FEMS never purchased it. Rather, it was loaned to FEMS and is not included in any FEMS operational procedures. This official added that the five-person crew assigned to each shift at the Fire Boat facility has ample personal protective equipment. There are 14 dry suits assigned to each shift. There are an additional 8 dry suits for detailed members and extra swimmers as well as 11 Ice Commander suits.<sup>23</sup> Officials acknowledged that the automobile used to respond to emergencies is a 1999 model and needs to be replaced. FEMS plans to replace it in FY 2010; meanwhile, FEMS can use a reserve vehicle when there are mechanical problems.

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<sup>21</sup> These include instances in which airplanes experience problems approaching the runway at Reagan National Airport and could land in the water.

<sup>22</sup> Dry suits have thermal insulation, which provides extra protection to responders when they are in cold water.

<sup>23</sup> Ice Commander suits are waterproof suits that protect responders for extended periods in freezing water.

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### Recommendation:

That the Chief/FEMS or Fire Boat management meet with FEMS employees to clarify the status of the resources required for the efficient operation of the Fire Boat facility.

Agree \_\_\_\_\_ Disagree \_\_\_\_\_ **X** \_\_\_\_\_

### ***FEMS' July 2009 Response, as Received:***

*Fire & EMS has already provided ample rebuttal to the inaccurate and non-credible claims of an unidentified employee. To the extent that any unit-wide briefing of personnel by management is required, this can be easily accomplished prior to the issuance of this report, and this entire item should simply be deleted. Furthermore, Fire & EMS requests that OIG perform greater due diligence when processing statements from line employees that can be easily rebutted if the investigative team would simply interview the appropriate supervisors.*

**OIG Response: We stand by this finding and recommendation as presented. OIG inspectors based the finding on initial interviews with Fire Boat employees and a manager on duty during a Fire Boat site observation. In April 2009, after reviewing the finding and our original recommendation in the draft report, FEMS agreed with the recommendation and returned the following response. We are presenting FEMS' indication of "disagree" as its official response because it was submitted after the OIG's final recommendation.**

### ***FEMS' April 2009 Response, as Received:***

*The total number of dry suits and break down of where they are carried and or stored: There are fourteen dry suits that are assigned. Rescuer swimmers are assigned PPE at the beginning of each shift. There are an additional eight dry suits assigned to the Fireboat for detailed members and if extra swimmers are needed. If ice suits are needed there are eleven ice commander suits available.*

*All suit assignments are done at the beginning of each shift and depends upon what vessel each member will be assigned and what vessel will be used. The FBSU will always have two dry suits and two ice commander suits assigned. In addition, all three rescue squads have additional dry suits and ice rescue suits.*

*In all, the five person crew that is assigned to the Fireboat always has ample PPE for any emergency that they may respond to. The FB support vehicle is a 1999 Chevrolet Suburban. The Fleet Maintenance Division advises that if funding is restored that this vehicle could be replaced in this fiscal year. Records indicate that this vehicle was out of service three times in the past six months. A copy of the Fire Boats maintenance budget has been included with this report and is sufficient for the preventive and periodic maintenance required. There was also a question concerning jet skis. While the Fire Boat did operate a jet ski for a period of time, the Department has never purchased a jet ski. The jet ski was loaned to the Department and is not included in any of our operational procedures.*

OIG Response: **In February 2009, FEMS officials met with OIG and disputed the accuracy of this finding. In response to their concerns, OIG interviewed another senior FEMS official about resources at the Fire Boat Facility, who contradicted the information provided to the OIG by Fire Boat employees during our initial on-site interviews. Given these inconsistencies, OIG submitted to FEMS the revised recommendation shown above, which recommends that FEMS officials “clarify the status of the resources required for the efficient operation of the Fire Boat facility.”**

### **9. CPR databases are not secure and inadequately track CPR certifications.**

The FEMS Training Academy provides Cardio-Pulmonary Resuscitation (CPR) instruction for FEMS employees and members of the community. At the end of the 2-year CPR certification, FEMS employees attend a refresher course to obtain CPR recertification. Two employees maintain the CPR and EMT certification records in two separate databases to track expiration dates.

In an October 2006 MAR response to the OIG, the FEMS Fire Chief stated that the EMT and CPR databases had been consolidated into one database. However, as of January 2008, FEMS continued to have two separate databases maintained by two different employees. One database contains information on all individuals who receive CPR instruction. The other database has EMT and CPR certification information such as employee names, rank, and certification expiration dates. Employees stated that for use as a back-up, both databases are saved on flash drives; the data are not kept on the FEMS network. The employees who monitor the databases stated that they take the flash drives with them when they leave their workstations. However, this creates the possibility that the flash drives could be lost or misplaced. Neither of the databases is password protected. In addition, the employees’ workstations are located in a room with at least three other people who are not authorized to access these databases.

EMT certifications are monitored by expiration dates, and notices are sent to employees about upcoming expirations with a schedule of courses they are enrolled in. The employee who maintains the EMT and CPR certification database stated that the primary focus is to ensure that EMT certifications are renewed before they expire. CPR certification information is also given to the employee to incorporate into the EMT and CPR certification database.

The team observed that the employee responsible for maintaining all CPR certifications has difficulty tracking expired CPR certifications because some CPR courses are taken outside FEMS. Firefighters and EMS employees are allowed to take courses at local hospitals and organizations that provide accredited CPR certification courses. The employees should give copies of their new CPR certification cards to their immediate supervisor, who should forward the information to the CPR instructor. However, this often does not happen, and the employee who monitors the CPR database loses track of updated CPR information. Consequently, sometimes the database reflects dates of CPR certification cards that have expired. FEMS has a written policy, which states that it is the responsibility of all fire and EMS employees to make sure certifications do not expire; employees must notify immediate supervisors 30 days prior to expiration dates; and the Training Division should keep a current record of all certifications. If



## NEW FINDINGS

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*certifications will expire. Also it will be program to notify the affected member via e-mail that their certifications are due to expire.*

## NEW FINDINGS

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**Findings and  
Recommendations:**

**UPDATED FINDINGS FROM 2002 REPORT  
OF INSPECTION**



**OFFICE OF THE FIRE CHIEF  
(Formerly the Office of the FEMS Chief)**

**Original Finding 1: Emergency units do not meet some FEMS management and national standards related to response times.**

During the initial inspection, the team found that when FEMS emergency response units were dispatched to the scene of medical emergencies, FEMS management and National Fire Protection Association (NFPA)<sup>24</sup> standards required response units to acknowledge the dispatcher and have the response vehicle in motion and en route<sup>25</sup> within 1 minute or less 80% of the time. However, the majority of FEMS emergency response units were not meeting this standard.

**Original Recommendation:**

That the Assistant Fire Chief of Fire Operations, the Medical Director and the Assistant Chief for EMSB Operations ensure that emergency medical response units adhere to both national and FEMS management standards for exiting the stationhouse and responding to emergency medical calls.

**Current Status: Not in compliance.** The re-inspection team found that the NFPA standard for having a response vehicle en route, has changed to 1 minute or less 90% of the time. An FEMS official stated that FEMS is not required to adhere to the NFPA standard. The official stated that FEMS does not find the NFPA standard measurement to be “sufficiently stringent”; therefore, FEMS’ method of measurement cannot be compared to the NFPA standard. However, the official noted “if measured according to the NFPA standards, [FEMS] would be well within the compliance zone of 90%.”

In February 2009, the OIG met with a senior FEMS official to discuss response times. According to this official, FEMS measures en route time, otherwise known as chute time or turnout time, from the point at which dispatch notifies a firehouse of an emergency to the point at which the emergency response vehicle is moving en route to the scene. The official added that this differs from NFPA’s time measurement, which is the point from acknowledgement of a call from dispatch to when a vehicle is in motion.<sup>26</sup> FEMS does not have a unique process that time stamps a firehouse’s acknowledgement of a call from dispatch; thus they use the earlier point of time when dispatch contacts the firehouse.

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<sup>24</sup> NFPA Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career, Fire Departments Chapter 1710 §4.1.2.1 (2001).

<sup>25</sup> En route time is the sum of the time between the receipt of the emergency dispatch by the response unit and the unit’s acknowledgement of the dispatch, plus the time between the acknowledgement of the dispatch and the departure of an emergency vehicle to the scene of an emergency.

<sup>26</sup> NFPA defines turnout time as the “[T]ime interval that begins when call processing time is completed and ends at the beginning point of travel time.

## UPDATED FINDINGS FROM 2002 REPORT OF INSPECTION

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FEMS stated that the following factors affect turnout time:

- The length of time it takes the Office of Unified Communications (OUC) to transmit the information necessary to begin an emergency response;
- The amount of time necessary for personnel to reach the apparatus, put on protective equipment, and fasten seatbelts prior to vehicle movement;
- The amount of time necessary to program navigational references; and
- The amount of time necessary to raise station doors and check vehicular traffic.

According to FEMS, from October 2007 – July 2008, the average overall chute time [FEMS also refers to this as turnout time] for critical and non-critical responses was 1 minute and 16 seconds. Response time within 60 seconds occurred 38.65% of the time.

The re-inspection team asked FEMS if it is using 90% as the standard of measurement within 60 seconds. FEMS responded that “[t]he Department has utilized several performance targets for turnout time, including  $90\% \leq 60$  seconds.” When the OIG met with a senior official from FEMS in February 2009, this official explained that FEMS has not established a uniform benchmark for en route response time that all firehouses should meet because many differing variables from station to station affect performance with this measure. While FEMS monitors en route time performance, they need more statisticians to assist with in-depth analysis of response times, such as comparing performance of individual firehouses across all four shifts.

### **New Recommendation:**

That the Chief/FEMS use the NFPA standard to measure en route response time. If FEMS chooses not to use the NFPA standard, the OIG recommends that the Chief/FEMS define a clear, uniform performance benchmark for en route response time that is similar to the NFPA standard, and against which current FEMS response time performance can be measured.

Agree \_\_\_\_\_ Disagree \_\_\_\_\_ **X** \_\_\_\_\_

**OIG Note:** As the recommendation for this finding was revised from the first draft report, the OIG did not include FEMS’ April 2009 response.

### ***FEMS’ July 2009 Response, as Received:***

*Fire & EMS has communicated to the OIG that it has a clear uniform standard for measuring en route response time that is comparable (but superior) to the NFPA standard, and that comparative analysis of performance against a set benchmark (for example 60 seconds) has and will continue to take place. Therefore this recommendation is moot.*

**OIG Response: The OIG stands by its recommendation. According to FEMS’ response, it may compare its timeliness to a standard of 60 seconds. However, FEMS has not**

articulated to the OIG a uniform benchmark for performance. In other words, it has not articulated what percentage of its emergency response vehicles should meet this standard at any given time, such as 90% ≤ 60 seconds.

**Original Finding 2: Once en route, FEMS units arrive at the scene of critical medical emergencies faster than the national standard.**

During the initial inspection, the team found that the nationally recognized standards state that once en route, it should take 8 minutes or less for the arrival of an advance life support (ALS) unit at an emergency medical incident, where this service is provided by the fire department. FEMS records showed that once en route, FEMS emergency response employees were doing an excellent job by getting to the scenes of emergencies quickly.

**Original Recommendation:**

None.

**Current Status:** According to an EMS Response Time Performance Report, during FY 2007, FEMS' standard of arrival within 8 minutes was met 89.4% of the time. In 4 months of FY 2007, FEMS exceeded the 90% national standard. From October 2007 through July 2008, FEMS arrived within 8 minutes 89.2% of the time; during three of these months, FEMS met or exceeded the 90% national standard.

**OIG Note:** FEMS did not respond in July because there were no modifications to the finding in the first draft report.

***FEMS' April 2009 Response, as Received:***

*Fire & EMS will continue to strive to meet or exceed its response time performance targets and continue to deliver reliable and consistent operational performance.*

**Original Finding 3: FEMS does not measure significant time intervals that may affect overall response time.**

During the initial inspection, the team found that MPD operators at the Public Safety Answering Point (PSAP) initially answered all emergency calls placed to the call center. Operators assessed callers' needs and transferred medical emergency calls to call takers in the FEMS Communications Division. If the call was a fire emergency, it was transferred to a FEMS lead dispatcher in the Communications Division. According to nationally recognized standards, the initial call taker's response to a call should take no more than 60 seconds.

FEMS and MPD management stated that they did not measure the interval from the time the PSAP receives the call to the time that the call was transferred to FEMS. In addition, FEMS managers stated that they did not measure the amount of time it took the FEMS call taker to

answer the call after it was transferred from the PSAP. Because these intervals were not measured, actual response times to emergencies were likely longer than reported.

**Original Recommendation:**

That the Chief/FEMS and the Deputy Chief of the Communications Division ensure that data on all time intervals that affect response time is collected and reviewed on a regular basis.

**Current Status: Overtaken by Events.** In 2001, the FEMS Communication Division and the MPD PSAP were combined to form the Public Safety Communications Center within the OUC. OUC processes FEMS emergency calls, dispatches the calls to the appropriate units, and coordinates telephone, computer, and radio needs for all FEMS units. OUC has Universal Call Takers (UCT) who are cross-trained for EMS, fire, and police 911 calls and can answer calls from the 311 non-emergency line. In addition, OUC has fire/EMS call takers and MPD call takers. In August 2008, the OIG re-inspection team asked OUC management for current time intervals for transferred calls. An OUC manager responded that OUC is eliminating the transfer of calls by training all call takers to be UCTs.

**OIG Note:** FEMS did not respond in July because there were no modifications to the finding in the first draft report.

***FEMS' April 2009 Response, as Received:***

*FEMS & EMS defers to the Office of Unified Communications.*

***OUC's Response, as Received:***

*Correction: the Universal Call Takers (UCT) who are cross-trained to handle calls for EMS, fire and police calls CAN NOT and DO NOT answer calls from 311/The Mayor's Citywide Call Center line.*

OIG Response: **During the course of fieldwork, the OIG reviewed OUC's *Operational Division Positions and Responsibilities* issued in April 2005. This document reflected that OUC's Universal Call Takers were cross-trained to take calls from citizens calling the 911 Emergency and 311 non-emergency telephone lines for both fire and police operations. The OIG accepts OUC's response that Universal Call Takers are not currently handling 311 non-emergency calls.**

**Original Finding 4: Some callers abuse the 911 system by misrepresenting their medical needs.**

During the initial inspection, the team found that some callers abuse emergency medical services, which contributes to response time problems. Callers misrepresented the nature of their

needs in an effort to get a higher priority for their calls and a faster response from FEMS units. For example, people called for emergency medical care when they actually needed rides to the hospital for scheduled clinic appointments. System abuses contributed to increased response times because ALS units that would otherwise be available for critical medical emergencies were often taken out of their service areas to respond to these non-life-threatening calls. Callers with such non-emergencies should dial 311. The Chief/FEMS and the Public Information Officer (PIO) were responsible for ensuring that the public is knowledgeable about the appropriate use of the District's 311 number. According to FEMS management, a comprehensive community outreach program to educate the public on using 311 instead of 911 for non-emergency calls had not been developed.

**Original Recommendation (a):**

That the Chief/FEMS and the PIO develop and implement a written community outreach plan to disseminate information to the public on how abusing the emergency medical response system affects the timeliness of emergency medical services in the District.

**Current Status: In compliance.** The re-inspection team found that in September 2004, FEMS contracted with a vendor to design a bi-lingual English/Spanish brochure entitled "Make the Right Call," which outlines ways to recognize a true medical emergency and provides alternatives to calling 911 when a situation is not a true medical emergency.

The brochure was mailed to 40,000 residential addresses in the District within the six zip codes that have the most "frequent flyer" addresses for 911 medical services. Additional brochures were printed for use during community events – 20,000 in fall 2004 and 20,000 in spring 2006. The messages of "Make the Right Call" and other brochures are a regular part of outreach activities conducted by the Customer Service Office and the Fire Prevention Division.

In addition, a PowerPoint presentation was created for display at public events and "Make the Right Call" information is posted on the FEMS website in both English and Spanish. However, an FEMS official indicated that no funds have been identified to support the purchase of ad space in print materials or air time on television or radio.

**OIG Note:** FEMS did not respond in July because there were no modifications to the finding in the first draft report.

***FEMS' April 2009 Response, as Received:***

*Fire & EMS will continue to partner with the Office of Unified Communications and other private and public partners to reduce demand and educate the public on responsible use of the 911 scene.*

**Original Recommendation (b):**

That the Chief/FEMS and the PIO ensure that the public is well-informed about when to use the District's 311 non-emergency number.

**Current Status: In compliance.** OUC management informed the re-inspection team that they have a community action team that informs the public about the 311 non-emergency number. This community action team focuses on public awareness and visits neighborhood associations and public hearings. OUC also distributes a brochure to the public (see original recommendation 4a).

Additionally, in January 2008, the Mayor and the OUC Director announced that the 311 telephone number could now be used for callers to contact the Mayor's Citywide Call Center seeking government services. The 311 number replaced the call center's 727-1000 number. All calls received by the 311 number requiring a public safety personnel response are forwarded to 911.

**OIG Note:** FEMS did not respond in July because there were no modifications to the finding in the first draft report.

***FEMS' April 2009 Response, as Received:***

*FEMS & EMS defers to the Office of Unified Communications.*

***OUC's Response, as Received:***

*The OUC also launched a marketing campaign including a PSA and WMATA advertisements, complete with 311 instructions located on metro buses, bus stops, inside buses, and at metro rail stations. 311 is no longer the "police non-emergency number" and is now "The Mayor's Citywide Call Center" and the number used for information and city services. The 911 number is used for any call that requests either a fire, ems, or police unit to respond to a location.*

**Original Finding 5: Despite independent reports citing deficiencies in the critical medical emergency response system, many problems have not been corrected.**

During the initial inspection, the team found that FEMS had been evaluated by several public and private organizations, which noted deficiencies within the emergency response process and recommended corrective actions.

In March 1989, the Office of the City Administrator, Productivity Management Services Division issued a report that highlighted deficiencies in staffing, ambulance unit hours of operation, medical supply availability for ambulances, and the dispatching of emergency medical calls in an efficient manner. In October 1997, two private organizations submitted the first of a series of reports entitled *Development and Implementation of a Management Reform Plan for the District of Columbia: Fire and Emergency Medical Services Department*, to the District's Financial Responsibility and Management Assistance Authority.

### Original Recommendation:

That the Chief/FEMS and the FEMS Medical Director organize a committee or Task Force comprised of management and line employees to review the 1989 and 1997 reports, as well as this report, and develop a comprehensive strategic plan to address the issues covered. The Chief/FEMS should ensure that a strategic plan is subsequently developed and implemented.

**Current Status: Partially in compliance.** FEMS has developed and implemented a strategic plan that covers some of the issues addressed in the 1989 and 1997 reports.

- **Average Response Times:** The re-inspection team found that FEMS is close to meeting national response time standards. From October 2007 through July 2008, FEMS met the 8 minute standard for arrival time 89.2% of the time. During three of these months, FEMS met or exceeded the standard. The FY 2009 FEMS performance plan includes actual performance results regarding timeliness with critical medical calls for en route to scene as well as dispatch to scene and hospital drop off for FY 2007 and FY 2008. In addition, it lists projected targets for FY 2009 through FY 2011. For additional information on how FEMS monitors en route response time, please see the update to original finding 1 on page 35 of this report.
- **Friction Between Firefighter and EMS Cultures:** Since the original inspection, the re-inspection team found that this problem continues to exist among FEMS employees, but may be ameliorated by the current Mayor's April 2008 unification initiative. The FY 2009 FEMS performance plan states that the mission of the Planning and Standards Division is to "[s]upport the operational requirements of [FEMS] by planning, complying, promoting and managing workforce related risks, workforce diversity and opportunity...." *Id.* at 7. However, the plan does not list specific performance targets or strategies to achieve regarding this matter.
- **Quality assurance:** The re-inspection team found that FEMS has made improvements in its quality assurance program. The FY 2009 FEMS performance plan includes the following initiatives for quality improvement:
  - Implement the Mayor's EMS Task Force recommendations.
  - Revise medical protocols.
  - Expand quality improvement monitoring methods.
  - Continue to expand paramedic field supervision city-wide.
  - Develop and implement a PCR reporting and documentation standard for FEMS.
  - Expand "Street Calls" patient intervention program.

While FEMS has implemented several new quality assurance initiatives, it needs additional resources to conduct quality assurance activities. For additional information, please see new finding 1 on page 17 of this report.

- **Computerized Dispatch System:** The re-inspection team found that since the original inspection, FEMS is no longer responsible for the computerized dispatch system. The OUC is responsible for receiving and dispatching calls for FEMS. The OUC has upgraded the old dispatch system to the Sentinel 911 CAD system (Sentinel). Sentinel is a computerized telephone application used to manage emergency and administrative calls. The system also includes ProQA software, which provides a script of questions to ask the caller.
- **Property Management:** The re-inspection team found that FEMS now has a Facilities Maintenance Division (FMD), which ensures that supply needs are met. The FMD also resolves maintenance and repair requests from station employees. Other responsibilities include management and oversight of FEMS building renovations, and evaluating new products and technologies for potential application in FEMS facilities. In March 2009, an FEMS official acknowledged that the FY 2009 performance plan did not address the property office management, which the OIG team confirmed by reviewing the plan.

**OIG Note:** As the status of this finding was revised from the first draft report, the OIG did not include FEMS' April 2009 response.

### ***FEMS' July 2009 Responses, as Received:***

*Fire & EMS believes that it is fully compliant with the goal of having a strategic plan that addresses the issues raised in the 1989 and 1997 reports. Furthermore, Fire & EMS respectfully suggests that the OIG update this recommendation to reflect the tremendous environmental change and more relevant analysis of EMS in the District that have occurred since those reports were written twenty and twelve years ago, respectively.*

*The Agency Performance Plan document referenced by the OIG is only one of several strategic documents that describe the Department's initiatives. The Agency Performance Plan is a standardized high-level summary produced by the Office of the City Administrator and is subject to formatting restrictions for brevity and clarity. This format cannot provide the level of detail in all areas that the OIG is seeking. In order for the OIG to fully assess compliance with this recommendation, we request that the OIG review additional strategic documents such as:*

- *Report and Recommendations of the Task Force on EMS (9/27/07)*
- *Progress Report on Achieving the Recommendations of the Task Force on EMS (Agency website, updated monthly)*
- *Strategic Plan Report and updates from the agency's comprehensive strategic planning process initiated November 2007 (generated by a representative cross section of employees, management, and labor groups).*
- *Fire & EMS FY 2008, 2009, and 2010 Agency Budget and Capital Plans.*

*Reviewed in totality, these documents will provide a holistic picture of strategic planning and provide clear evidence that the agency is fully compliant with this recommendation.*

*OUC's Responses, as Received:*

*OUC Correction: The OUC has upgraded the CAD system Intergraph IPS Version 8.1 running Oracle 10g and are planning on doing system upgrades every 18 months. The OUC has also incorporated the CAD pictometry to provide satellite imagery of building and street layouts. Sentinel is the Telephony system and Intergraph IPS is the CAD system.*

**OIG Response: The OIG stands by its assessment of the current status as stated. The OIG reviewed the Report and Recommendation of the Task Force on EMS, the Progress Report on Achieving the Recommendations of the Task Force on EMS, the Fire & EMS FY 2008 and 2009 Performance Plans, and met with a Fire & EMS senior official to discuss this finding.**

**OFFICE OF UNIFIED COMMUNICATIONS  
(Formerly the Communications Division)**

**Original Finding 6: The Communications Division does not meet management and nationally recognized standards for responding to critical medical calls.**

During the initial inspection, the team found that each of the two aspects of FEMS calls should be processed within 1 minute or less: call takers should process all 911 calls in 1 minute or less,<sup>27</sup> and dispatchers should dispatch all 911 calls in one minute or less.<sup>28</sup>

Communications Division data, however, indicated that call takers were processing calls in 1 minute or less only 68% of the time. On average, they took 1 minute and 6 seconds to process calls. The data also indicated that dispatchers were dispatching calls in 1 minute or less only 44% of the time. On average, dispatchers took 1 minute and 56 seconds to dispatch calls.

Communications Division employees stated that there was an inadequate number of Fire Communications Operators<sup>29</sup> to provide quality services to District customers. At the time, 46 operators were divided into 4 alternating work shifts. FEMS management informed the inspection team that call takers were “overworked, frustrated and tired” because of insufficient staff. In addition, one of the two radio channels was frequently out of service because FEMS did not have a qualified employee to operate the radio. When the 011<sup>30</sup> radio channel was not staffed, emergency personnel were asked to use the 012 radio channel for both en route and on-the-scene communications.

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<sup>27</sup> Call taker processing time includes the time that a call is placed in queue by the PSAP until the call taker forwards the call to the FEMS dispatcher.

<sup>28</sup> Dispatch time is the time interval between the forwarding of an emergency call by the call taker and the dispatch of the appropriate response unit by the lead ambulance radio operator.

<sup>29</sup> This position title includes several positions with the OUC, including call taker, dispatcher, radio operator, switchboard operator, and lead operator.

<sup>30</sup> Fire and EMS employees use the 011 radio channel to communicate with the Communications Division when they are en route to a medical emergency and the 012 radio channel when they are on the scene.

The inspection team also found that the new Computer Aided Dispatch (CAD)<sup>31</sup> system had problems that may have affected response times. A key problem was that administrative telephone numbers for call center management and employees were erroneously programmed into the CAD system and the system did not distinguish between administrative and 911 emergency calls.

**Original Recommendation (a):**

That the Chief/FEMS ensure that there is adequate staff for the Communications Division and that key positions are filled as soon as possible.

**Current Status: In compliance.** At the beginning of the re-inspection, employees stated that they did not have adequate staff because there was not enough support when a call taker is absent from a shift. When this occurred, the remaining employees were overwhelmed with 911 calls and could not take breaks, unless a supervisor or an employee from another shift was available to work overtime to assist.

As of May 2008, OUC was restructured and increased the number of call takers that work in the call center. OUC had 35 dispatchers, 6 watch commanders, and 63 universal call taker (UCT) positions. Seven of the 63 UCT positions were vacant. OUC staff stated it has employees to operate the 011 and 012 radio channels to ensure the 011 radio channel is no longer out of service.

**OIG Note:** FEMS did not provide a response in April 2009.

***FEMS' July 2009 Response, as Received:***

*Fire & EMS is no longer responsible for this recommendation; the Office of Unified Communications is an independent agency.*

***OUC's Response, as Received:***

*OUC has 86 Universal Call Takers.*

**Original Recommendation (b):**

That the Chief/FEMS and the Assistant Fire Chief of Fire Operations explore the possibility that the emergency response system could be reprogrammed so that it distinguishes between administrative and emergency calls to ensure that only emergency calls are routed to call takers.

**Current Status: In compliance.** The re-inspection team observed OUC's call center and confirmed that the center has two separate lines - 911 for emergency calls and 311 for

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<sup>31</sup> The Computer Aided Dispatch (CAD) system is a software package that displays information pertaining to each incoming 911 call on a computer screen. It also has the ability to locate the closest FEMS response unit to the scene of the emergency and can select that unit to respond to the emergency.

non-emergency calls. Interviewees stated that administrative calls are no longer directed to 911, and UCTs assess whether calls pertain to fire/EMS, police matters, or non-emergencies.

***FEMS' April 2009 Response, as Received:***

*Fire & EMS defers to the Office of Unified Communications.*

***FEMS' July 2009 Response, as Received:***

*Fire & EMS is no longer responsible for this recommendation; the Office of Unified Communications is an independent agency.*

***OUC's Response, as Received:***

*There are 2 separate lines located at the OUC call center: 1) 311 Mayor's Citywide Call Center used for information and city services; 2) 911 used for any call that requires a fire, ems, or police unit to respond. The OUC has upgraded the Telephony System to the new Sentinel 1.1 and Avaya ACD/PBX 3.1 that has been integrated with the new CAD IPS 8.1 and has eliminated the above reported issues.*

**Original Finding 7: The Communications Division has no written policies and standard operating procedures that govern its daily operations.**

During the initial inspection, the team found that there were no written procedures governing the Communications Division's functions.

**Original Recommendation:**

That the Chief/FEMS ensure that division management creates and promulgates comprehensive written policies and standard operating procedures for current operations and systems.

**Current Status: In compliance.** In April 2005, the OUC created a Standard Operating Procedures manual for all employees. The procedures outline OUC's mission, background, history, organizational structure, hours of operation, each division's positions and responsibilities, general policies, and an emergency operation contingency plan.

***FEMS' April 2009 Response, as Received:***

*Fire & EMS defers to the Office of Unified Communications.*

***FEMS' July 2009 Response, as Received:***

*Fire & EMS is no longer responsible for this recommendation; the Office of Unified Communications is an independent agency.*

***OUC's Response, as Received:***

*The OUC uses a General Order Process to disseminate policies and procedures.*

**EMERGENCY MEDICAL SERVICES BUREAU (EMSB)**

**Original Finding 8: The Field Operations Division does not have an adequate number of paramedics to provide timely responses to critical medical emergencies.**

The initial inspection team reported that at least two paramedics were required to staff Advanced Life Support (ALS) transport units. Paramedics, also referred to as ALS providers, have an advanced license and their scope of practice consists of both basic and advanced emergency medical services. EMTs, also referred to as Basic Life Support (BLS) providers, are only allowed to provide basic emergency medical services.

The team reported that the ALS units were often placed out of service or downgraded to BLS transport units because there were an insufficient number of paramedics to staff the ALS units. The team reported in the initial inspection that in a 91-day period, all scheduled ALS units were operating on only 4 of 7 days. When ALS transport units were out of service or downgraded, this created the potential for significant delays in ALS services. FEMS supervisors stated that some paramedics abused sick leave, which impacted the department's ability to provide timely ALS services.

**Original Recommendation (a):**

That the Chief/FEMS, the FEMS Medical Director, and the Assistant Chief of EMSB Operations assess the staffing shortages within EMSB to determine how many additional paramedics should be hired.

**Current Status: In compliance.** In April 2008, a FEMS official stated that they need approximately 100 additional paramedics. The optimum number of paramedics is determined by using two primary methods. The first method is to monitor ALS response time performance. The second method involves the FEMS Medical Director monitoring call volume, training, and quality of care to ensure that paramedics maintain proficiency with their ALS skills. Employees explained that if there were too many paramedics and a low volume of ALS responses, the skill level of paramedics could diminish because they would not have as many opportunities to use their ALS skills.

The team found the following areas in which FEMS could improve its methods of assessing staffing levels:

- FEMS uses a staffing factor<sup>32</sup> that approximates the number of single-role firefighter and dual-role firefighter/EMT employees needed. The OIG requested FEMS to provide documentation related to the staffing factor and how it was developed. The department provided the team with documentation explaining the rationale for calculating the staffing factor for fire suppression units, but did not have documentation that explains the rationale for calculating the single-role EMS staffing factor. A manager stated that the staffing factor for the fire division is probably similar to that for the EMS division. In addition, the manager stated that the staffing factor needs to be increased because paramedics require more training to maintain their certifications. Without having a rationale for the single-role EMS staffing factor, FEMS may not be optimizing the number of personnel needed to keep each position staffed 24 hours a day, allow for scheduled and unscheduled absences, and minimize overtime.
- An FEMS official provided the team with its ambulance staffing plans for 2000 and 2006. The plans included an analysis of call volume by time of day and type of call (ALS or BLS), as well as a comparison of the current and proposed number of units. Plans for 2001 – 2005 apparently were not done, and the team is concerned that if staffing plans are not done each year, FEMS may not account for changes in call volume patterns, and, consequently, may develop staffing plans that do not meet the service needs of the community.

**OIG Note:** FEMS provided a response to this unchanged finding in both April and July 2009.

***FEMS' April 2009 Response, as Received:***

*These findings are obsolete and inaccurate, as the Department monitors its operational performance on a dynamic and frequent basis and adjusts deployment accordingly. The most recent adjustment to the transport unit staffing plan, which included -distribution of units and personnel to match leave-usage and other staffing factor variables, took place in the summer of 2008. Under the revised transport unit staffing plan, overtime has been reduced while response time performance and efficiency improved. The Department continues to invest in technology to improve the collection of accurate data to inform the staffing factor calculation, and is procuring Tele-Staff, a nationally recognized product, during this fiscal year, to support this goal.*

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<sup>32</sup> According to an FEMS document entitled *Calculating Fire Fighter Staffing Factors*, “the purpose in calculating the staffing factor for fire suppression is to determine the number of people needed on the payroll to keep each position staffed 24 hours a day, 365 days a year, allowing for scheduled and unscheduled absences. The staffing factor allows [FEMS] to calculate the number [ ] of personnel needed on the payroll to minimize overtime.”

***FEMS' July 2009 Response, as Received:***

*This recommendation has been overtaken by events. The Emergency Ambulance Bureau does not exist as a division of the agency anymore. Staffing for EMS first response and EMS transport units is now coordinated in a unified Operations Division. DC Fire & EMS ended the hiring of single-role EMS personnel on September 27, 2007, consistent with the directive of the Mayor's Task Force on EMS.*

*The staffing factor analysis cited by the OIG is not specific to fire suppression staffing—it is specific to staffing by uniformed personnel, and therefore applies to staffing for the majority of the Department's transport units. The smaller number of transport units currently staffed by the Department's single-role personnel have been consolidated to reflect the actual size of the remaining single-role workforce. It is correct that these units have a different staffing factor than that used for units staffed by uniformed personnel, but the methodology used to calculate this staffing factor is identical to that used for uniformed personnel. Previous comparative reviews of the two staffing factors have found that civilian single-role personnel have a significantly lower percentage of availability for full duty than uniformed personnel, and thus generate a higher staffing factor ratio.*

*The Department monitors all of the variables associated with staffing on an ongoing basis, including demand and training requirements. The Department periodically makes adjustments to its staffing plans in order to ensure that resources are being deployed efficiently and effectively to meet the needs of the community, within the allocated budget.*

*The Department's strategic efforts to increase the percentage of the workforce certified at the Advanced Life Support (ALS) level are ongoing. As of July 2009, a nationwide recruiting campaign has led to a significant influx of newly hired paramedic/firefighters, including 19 recruits currently at the Training Academy. As of July 2009, the agency has approximately 247 ALS providers: (199 EMT-P and 48 EMT-I). Efforts will continue to increase this number to a total of 350 EMT-P through a combination of external hiring and internal training and certification upgrades, subject to budget constraints.*

**OIG Response: The OIG stands by our reasoning for stating FEMS is in compliance. During the re-inspection, FEMS provided the OIG with two documents: 1) *Calculating Fire Fighter Staffing Factors* and 2) *Calculating Fire Suppression Staffing Factors*. These documents did not indicate that they applied to staff beyond fire suppression personnel. After reviewing FEMS' response, the OIG conducted further research and found the *Transport Unit Staffing Plan* issued in June 2008 on FEMS' website. It references the staffing plan for single-role providers. In addition, FEMS' efforts to conduct a nationwide recruiting campaign appear to meet the intent of this recommendation.**

**Original Recommendation (b):**

That the Chief/FEMS coordinate with all senior level managers to address and take appropriate action with employees who have patterns of abusing leave.

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**Current Status: In compliance.** A review of sick leave data from 2003 through 2006 suggests that new FEMS sick leave policies have helped the department maintain greater employee accountability. For example, one FEMS Special Order, issued in December 2003, specifies that essential employees, other than firefighters, are allowed a maximum of three separate sick days that do not require a physician's note within a calendar year. After an employee has used two sick days, the employee will be notified in writing that he or she is at risk of being placed on sick leave restriction for 12 months. In addition, if the employee is on sick leave for more than 3 consecutive days, and/or has been placed on sick leave restriction, the employee must provide signed medical documentation in order to use additional sick leave. The policy also specifies that failure to provide the necessary documentation may result in disciplinary action.

An FEMS General Order requires fire employees to use the D.C. Police and Fire Clinic for treatment when they are injured or become ill at work. During this time, the employee would be on sick leave. The team reviewed sick leave data from 2003 through 2006 and found a decrease in the amount of sick leave used by single-role EMS employees; however, the department did not have complete records available for uniformed employees.

One issue reported in the initial inspection was that FEMS often downgraded ALS transport units to BLS transport units because they did not have an adequate number of paramedics. The re-inspection team requested statistics from FEMS on the number of days an ALS transport unit was in service during a 3 month period. An FEMS official responded that the methodology cited in the original inspection is "now obsolete." FEMS follows industry best practices by using "results-based fractile measurements" to ensure they are meeting performance. The official added that the "number of ALS transport units has proved to have little relationship to ALS response time performance." According to partial FY 2008 (October 2007 – July 2008) performance results from FEMS, the average overall chute time for critical and non-critical responses was 1 minute and 16 seconds and overall response time within  $\leq 60$  seconds was 38.65%.

### **New Recommendations:**

- (1) That the Chief/FEMS develop and implement annual ambulance staffing plans.

Agree \_\_\_\_\_ Disagree \_\_\_\_\_ **X** \_\_\_\_\_

### ***FEMS' July 2009 Response, as Received:***

*Fire & EMS finds this recommendation incomplete and poorly worded. Fire & EMS supports the regular calculation of variables associated with the staffing factor figure, and is making a significant investment in information technology (procurement of the Telestaff system) in order to improve the timeliness and accuracy of these calculations. However these calculations cannot be limited to ambulance staffing only, they must include all of the apparatus staffed by the department.*

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**UPDATED FINDINGS FROM 2002 REPORT OF INSPECTION**

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**OIG Note:** FEMS agreed with this recommendation in April 2009 and provided the following response. We are presenting the July response of disagreement as the official response because it is FEMS' most recent response.

***FEMS' April 2009 Response, as Received:***

*Fire & EMS is constantly reviewing its transport unit staffing and deployment and already exceeds both the letter and intent of this recommendation.*

**OIG Response:** During the re-inspection, the **OIG reviewed the *EMS Transport Unit Staffing Plan* from 2006 and the *Report of the Redeployment Workgroup* from 2000. Due to the significant time gap between these two plans, the **OIG was concerned that calculations for determining the number of staff and ambulances were based on outdated data.****

**After reviewing FEMS' July response, the **OIG conducted further research and found the *Transport Unit Staffing Plan* issued in June 2008 on FEMS' website. The plan reflected that FEMS will deploy 39 transport units at all times. While FEMS may disagree that an annual ambulance staffing plan is needed, FEMS' action to regularly calculate variables associated with the staffing factor meets the intent of this recommendation to ensure that its calculations of staffing for ambulances are based on current data.****

- (2) That the Chief/FEMS document the method used to calculate the EMS staffing factor.

Agree \_\_\_\_\_ Disagree \_\_\_\_\_ **X** \_\_\_\_\_

***FEMS' July 2009 Response, as Received:***

*Fire & EMS has already provided the **OIG** with the method used to calculate the staffing factor; therefore we request this recommendation be dropped as already completed.*

**OIG Note:** FEMS agreed with this recommendation in April 2009. We are presenting the July response of disagreement as the official response because it is FEMS' most recent response.

***FEMS' April 2009 Response, as Received:***

*The variables that impact the staffing factor are highly dynamic and difficult to capture and document. The implementation of Tele-staff software will significantly support our effort to comply with this recommendation.*

**OIG Response:** During the re-inspection, FEMS provided the **OIG** with two documents: 1) *Calculating Fire Fighter Staffing Factors* and 2) *Calculating Fire Suppression Staffing Factors*. These documents indicated that they pertained to the calculation of fire suppression staffing. In its July 2009 response to the Original Finding 8, Recommendation (a), FEMS stated that the methodology used to calculate the single-role staffing factor is identical to that used for uniformed personnel.

In February 2009, an FEMS official stated that FEMS has diminished the number of single-role employees and that they now have around 200 of these employees. Therefore, the official did not see the need to develop a staffing plan for single-role employees. If FEMS' methodology used to calculate the single-role staffing factor is identical to that used for uniform personnel, as FEMS stated, its actions meet the intent of this recommendation.

- (3) That the Chief/FEMS develop and implement a written policy to maintain sick leave data for both uniformed and civilian employees.

Agree \_\_\_\_\_ Disagree \_\_\_\_\_ **X** \_\_\_\_\_

***FEMS' July 2009 Response, as Received:***

*Fire & EMS already maintains this data, therefore requests clarification from the OIG on why they were unable to locate the data. As already noted, Fire & EMS has made a significant investment in information technology through procurement of the Telestaff system in order to improve the ability of the agency to utilize data on leave usage at both the individual as well as systemic level to achieve management efficiencies.*

**OIG Note:** FEMS agreed with this recommendation in April 2009. We are presenting the July response of disagreement as the official response because it is FEMS' most recent response.

***FEMS' April 2009 Response, as Received:***

*The Department supports any improvements in the accuracy and utility of de-identified leave-usage statistics to improve human resource planning and operational efficiency analysis, consistent with the privacy rights of our employees.*

**OIG Response:** The OIG stands by its recommendation as stated. During the re-inspection, the OIG received sick leave data from 2003 through 2006, but the data did not include all information requested. For instance, it did not include sick leave data for 2005 and it included aggregated sick leave usage by battalion and for EMS employees. We did not receive requested sick leave data for other positions, including firefighter/EMTs and firefighter/paramedics.

**Original Finding 9: Some paramedics provide emergency medical assistance in violation of District regulation requiring biennial recertification.**

According to 29 DCMR § 504.6, “[n]o emergency medical technician’s certificate shall be granted for more than two (2) years.” During the initial inspection, the team learned that the FEMS Continuing Quality Improvement (CQI) Unit was responsible for completing six favorable in-field paramedic evaluations within a 2-year period as part of the paramedic recertification process.<sup>33</sup> These evaluations were required to ensure that paramedics

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<sup>33</sup> DOH requires five successful field evaluations, but FEMS requires six. The Paramedic Review Board is responsible for approving and denying paramedic certification and recertification applications.

administered proper ALS care, complied with standard DOH paramedic policies, and adhered to the EMS Bureau's medical protocols. The evaluations also served as part of the requirement to qualify paramedics for recertification.

During a December 2001 session of the Paramedic Review Board, the initial inspection team observed that an FEMS representative had requested extensions from the DOH, Office of Emergency Health and Medical Services (OEHMS) for several paramedics whose certifications had expired. Assignment of CQI evaluators to other duties prevented the timely completion of the six field evaluations within the required 2 years. Some FEMS paramedics, with the approval of an extension by FEMS and OEHMS management, continue to provide emergency medical services to District patients after their EMT/paramedic certifications had expired. In addition, the CQI Unit did not have an adequate pool of emergency response vehicles to conduct field evaluations in a timely manner. Finally, the team found that OEHMS and FEMS employees provided them with conflicting and outdated standards governing paramedic recertifications.

Since the initial inspection, OEHMS was renamed the Health Emergency Preparedness and Response Administration (HEPRA). HEPRA certifies and provides regulatory oversight of the entire EMS system and ambulance companies.

### **Original recommendation (a):**

That the Chief/FEMS and the FEMS Medical Director ensure that additional evaluators are hired for the CQI Unit so that the mission, goals, and objectives of the unit can be fulfilled in a timely manner.

**Current Status: In compliance.** The CQI Unit was eliminated in August 2004 and evaluation responsibilities for the recertifications of the paramedics were transferred to the Preceptor Unit. In March 2009, a senior FEMS official stated that there are sufficient resources to conduct the field evaluations of the paramedics and that all paramedics are compliant with this requirement. According to this official, FEMS has eight EMS field supervisors – one in each geographic battalion at all times – which is an increase from its previous four supervisors.<sup>34</sup> These supervisors conduct field evaluations of the paramedics.

**OIG Note:** As the status of this finding was revised from the first draft report, the OIG did not include FEMS' April 2009 response.

### **Original Recommendation (b):**

That the FEMS Medical Director take steps to ensure that the CQI Unit has the necessary staff and resources to complete field evaluations on paramedics within the 2-year certification period.

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<sup>34</sup> The official stated that they anticipate hiring a supervisor for Battalion 7 (Homeland Security/Special Operations Division).

**Current Status: Overtaken by events.** As stated above, the CQI unit is no longer in existence. FEMS provided the OIG team with statistics on the number of FEMS personnel who have received their clinical evaluations. Clinical evaluations<sup>35</sup> differ from annual performance evaluations that all District government employees receive.

In March 2009, a senior FEMS official stated that FEMS is working with DOH to modify the existing DOH requirement to conduct five field evaluations every 2 years. The official stated that FEMS found this evaluation process to be a wasteful use of resources because a paramedic would be removed from the field to go to the Preceptor Unit to be evaluated.

The official stated that FEMS' goal is to ensure that all operational personnel receive at least one clinical evaluation per year, but that most receive them more frequently. FEMS has field battalion supervisors who conduct field evaluations on location while paramedics are providing treatment to patients. DOH will be able to review FEMS files on the treatment provided.

The official explained that EMS battalion supervisors use Form 502 to evaluate the care provided during a particular incident. This is the primary mechanism for clinical evaluations. The supervisors use Form 503 for holistic evaluations on multiple incidents.

According to this official, as of March 11, 2009, for the first cycle of 2008-2009 annual clinical evaluations, 1,620 of 1,776 EMS personnel assigned to the Operations Division completed their annual evaluation requirement of at least one clinical evaluation. At the close of the first cycle, 156 individuals were unavailable to be evaluated due to illness, injury, administrative leave, suspension, detail to non-operational positions, or not yet being certified as EMTs.

**OIG Note:** While the status of this finding was revised from the first draft report, the following reflects FEMS' April 2009 response as it is relevant to the revised finding. FEMS did not submit a July 2009 response.

***FEMS' April 2009 Response, as Received:***

*There are currently three primary modes of clinical evaluation being performed by the Department:*

- 1. Clinical evaluations (Form 502) performed by EMS battalion supervisors in the field (occasionally assisted by staff from the Training Division utilizing the patient simulation laboratory). The Department has set a goal of ensuring that all operational personnel receive a minimum of one clinical evaluation annually, although most receive them more frequently. This goal is designed to support EMS Task Force recommendations 3 b, c & d. The Department's current performance towards achieving this objective is described below.*

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<sup>35</sup> Clinical evaluations are performed when providers are undergoing initial entry-level or reciprocity training or when a provider is undergoing field training and evaluation as part of a remedial process.

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2. *Clinical evaluations performed by designated field trainer/evaluators (mentors, preceptors, etc.) utilizing EMS evaluation reports, Forms 502, 503, 506 & 507. These evaluations are performed when providers are undergoing initial entry-level or reciprocity training in our system, or when a provider is undergoing field training and evaluation as part of a remedial process. The old biannual recertification process for advanced life support (ALS) provider's required five field evaluations that were produced specifically for the Department of Health. This process has been overtaken by events and is being replaced by a more efficient and holistic process under the oversight of the Medical Director.*
  
3. *Clinical evaluations performed by instructors in a patient simulation laboratory or similar static environment as part of an instructional process. Examples would be completion of National Registry practical skill sheets during initial certification or re-certification.*

*The field evaluation by the EMS Battalion Supervisor utilizing the Form 502 is the primary mechanism for clinical evaluation. As of 3/11/09, the Department's status for the first cycle (2008—2009) of annual clinical evaluation requirement for the 1,776 personnel assigned to the Operations Division was: 1,620 out of 1,620 eligible individuals (100%) had completed their annual evaluation requirement of at least one clinical evaluation. (Note that many of these individuals will have received multiple evaluations during the course of the year.) At the close of the first cycle (3/31/08) 156 individuals were unavailable to be evaluated during this cycle due to illness, injury, administrative leave, suspension, detail to non-operational positions, or not yet being certified as EMTs. As these 156 personnel return to full-duty status and operational assignments, they resume their eligibility for field evaluation and are updated in the evaluation database.*

EMS Evaluation status report: First cycle ending 3/30/09	Platoon	Population	Field evaluation by supervisor	Field evaluation by Mentor or Preceptor	No evaluation completed yet	Unavailable to be evaluated	Percent complete
<b>TOTAL</b>	<b>Platoon 1</b>	459	381	36	0	42	100.0%
	<b>Platoon 2</b>	441	382	21	0	38	100.0%
	<b>Platoon 3</b>	440	377	22	0	41	100.0%
	<b>Platoon 4</b>	436	367	34	0	35	100.0%
		<b>1,776</b>	<b>1,507</b>	<b>113</b>	<b>0</b>	<b>156</b>	<b>100.0%</b>

*There are currently eight on-duty EMS field supervisors at all times: one in each geographic battalion (EMS 1 through 6, assigned to Battalion Management Teams in Battalions 1 through 6), one at the Office of Unified Communications (EMS Liaison Officer [ELO]), and a platoon supervisor (EMS-8). We also anticipate eventually adding a seventh EMS battalion supervisor for Battalion 7 (Homeland Security/Special Operations Division). Currently, each EMS battalion supervisor (EMS 1 through 6) is responsible for evaluating approximately 74 individuals annually. We feel the number of EMS battalion supervisors is adequate to meet this objective.*

**Original Recommendation (c):**

That the Chief/FEMS consider reassigning all detailed CQI Unit evaluators back to the CQI Office.

**Current Status: Overtaken by Events.** The CQI Unit was disbanded in 2004.

**OIG Note:** As the status of this finding was revised from the first draft report, the OIG did not include FEMS' April 2009 response.

**Original Recommendation (d):**

That the Chief/FEMS coordinate with the Director/DOH and the Paramedic Review Board to develop a policy on certification extensions.

**Current Status: Not in compliance.** According to a HEPRA official, although HEPRA continues to grant paramedic certification extensions, they have not established a written policy for the same.

**OIG Note:** FEMS did not respond in July because there were no modifications to the first draft report.

***FEMS' April 2009 Response, as Received:***

*Fire & EMS defers to HEPRA on this recommendation. HEPRA is drafting comprehensive EMS regulations which will address this and many other policy and regulatory issues.*

**Original Recommendation (e):**

That the FEMS Medical Director coordinate with the Chief/FEMS to ensure that the most recent version of District regulations governing paramedic certification and recertification is followed.

**Current Status: In compliance.** The Medical Director stated that the 29 DCMR § 504 continues to be the provision that is administered by DOH to certify paramedics.

**OIG Note:** FEMS did not respond in July because there were no modifications to the first draft report.

***FEMS' April 2009 Response, as Received:***

*Fire & EMS defers to HEPRA on this recommendation. HEPRA is drafting comprehensive EMS regulations which will address this and many other policy and regulatory issues.*

**Original Finding 10: The COI Unit does not evaluate and monitor the field performance of basic level emergency medical technicians.**

During the initial inspection, the team found that paramedics were required to have at least five<sup>36</sup> favorable field performance evaluations as part of the recertification process. However, there was no similar evaluation process for basic EMTs because it was not a DOH requirement. CQI evaluators occasionally performed evaluations but not for all EMTs.

**Original Recommendation (a):**

That the FEMS Medical Director develop a field evaluation process for basic EMTs similar to that used for paramedics.

**Current Status: Overtaken by Events.** In March 2009, a senior FEMS official stated that FEMS never developed a process (similar to that for the paramedics) to conduct five field evaluations every 2 years. This official stated that FEMS would not have concurred with this recommendation and that the past four medical directors did not agree with it. [OIG Note: FEMS agreed to this recommendation in the original report of inspection.] Instead, the FEMS senior official stated that FEMS' goal is to ensure that all operational personnel have at least one clinical evaluation per year, but that most receive evaluations more often. This requirement applies to all EMS staff providing medical care including EMTs. While FEMS has set a standard of at least one evaluation per year, there are some EMS staff who have been evaluated 5 to 10 times a year.

This official added that the EMS battalion supervisors use Form 502 to evaluate the care provided during a particular incident. This is the primary mechanism for clinical evaluations. The supervisors also use Form 503 for holistic evaluations of a provider on multiple incidents.

As stated in Original Finding 9, as of March 11, 2009, for the first cycle of 2008-2009 annual clinical evaluations, 1,620 of 1,776 EMS personnel assigned to the Operations Division, which includes paramedics as well as EMTs, completed their annual evaluation requirement of at least one clinical evaluation. At the close of the first cycle, 156 individuals were unavailable to be evaluated due to illness, injury, administrative leave, suspension, detail to non-operational positions, or not yet being certified as EMTs.

**New Recommendation:**

That the Chief/FEMS explain why a minimum of one evaluation per year for EMS staff, including paramedics and EMTs, is sufficient.

Agree \_\_\_\_\_ Disagree \_\_\_\_\_ **X** \_\_\_\_\_

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<sup>36</sup> This figure differs from the original finding 9 and is how it appears in the 2002 original report. In March 2009, a senior FEMS official stated the requirement was five favorable field performance evaluations.

**OIG Note:** As the status of this finding and recommendation was revised from the first draft report, the OIG did not include FEMS' April 2009 response.

***FEMS' July 2009 Response, as Received:***

*Fire & EMS has increased the percentage of the workforce receiving clinical evaluations by more than 800%, has increased the absolute number of evaluations being performed by over 430%, and has established a process whereby basic EMTs are evaluated for clinical proficiency just as paramedics are. Fire & EMS has both met and exceeded the original recommendation. Fire & EMS respectfully requests that OIG mark this recommendation as compliant, or meet with us for additional clarification if they do not believe that the agency already accomplished the recommendation.*

**OIG Response:** **The OIG stands by its recommendation as stated. The team received documentation from senior officials that indicated that all EMS staff receive one evaluation per year. FEMS has not articulated why a minimum of one evaluation per year is sufficient.**

**Original Recommendation (b):**

That the Chief/FEMS and the FEMS Medical Director hire sufficient staff to perform field evaluations on basic EMTs when feasible.

**Current Status: In Compliance.** In June 2008, the Medical Director stated that there are 2,700 EMT evaluations on record and approximately 60% of EMTs have been evaluated. FEMS has 27 EMS supervisors and 56 mentors responsible for monitoring field performance of basic EMTs. Managers stated that they are working to hire additional EMS field supervisors to evaluate the EMTs.

As of March 2009, a senior FEMS official stated there are sufficient resources to evaluate the EMTs. As stated in Original Finding 9, FEMS has eight field supervisors (one per geographic battalion), which is an increase from its previous four supervisors.

**OIG Note:** As the status of this finding was revised from the first draft report, the OIG did not include FEMS' April 2009 response. FEMS did not provide a response in July 2009.

**Original Finding 11: The CQI Unit's method of monitoring the en route time of ambulances and PECs is insufficient.**

During the initial inspection, the team found that FEMS monitored the en route time of all units. The CQI evaluators sat outside randomly selected stationhouses and used stopwatches to capture the en route times for ambulances and Paramedic Engine Companies (PEC). When a call was dispatched over the vocal alarm system, the evaluators started the stopwatch and recorded the time once the unit left the stationhouse. The team concluded that the CQI Unit's method of monitoring the en route time was not done in conjunction with data collected by the

CAD system,<sup>37</sup> and did not use a systematic or scientific method to select which stationhouses to monitor.

**Original Recommendation:**

That the FEMS Medical Director instruct the Office of Program Evaluation to compile the en route times for all ambulances and PECs from the CAD system on a monthly basis, and disseminate it to the CQI unit for use in determining which stationhouses need to be monitored.

**Current Status: In compliance.** FEMS supervisors are no longer using stopwatches for monitoring and capturing en route times for ambulances and PECs. OUC management stated that FEMS en route times for ambulances and PECs are monitored through the CAD system on a monthly basis. In addition, these times are displayed on the FEMS website.

**OIG Note:** FEMS did not provide a response in July 2009.

**FEMS' April 2009 Response, as Received:**

*No additional comment.*

**OUC's Response, as received:**

*The CAD system is utilized by FEMS for monitoring performance.*

**Original Finding 12: Equipment stored in the Medical Repair Unit lacks accountability and is vulnerable to theft.**

During the initial inspection, the team found that the Medical Equipment Repair Unit (Unit) had many responsibilities, such as repairing and replacing equipment on ambulances, transporting ambulances to the Fleet Division for preventive maintenance, and cleaning and stocking reserve ambulances. Unit facilities were accessible to other FEMS employees, which contributed to the inability to account for the inventory. When the Unit was closed, EMSB<sup>38</sup> field supervisors accessed the facilities for equipment but did not always sign for items as required. Consequently, the Unit could not track equipment removed during off hours if the supervisors did not sign-out the equipment. In addition, there was no inventory system.

**Original Recommendation (a):**

That the FEMS Medical Director limit access to all areas used by the Medical Equipment Repair Unit to Unit employees during service hours.

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<sup>37</sup> ALS and BLS response unit employees pressed a button once they acknowledged receipt of the call and when they were en route to the emergency. This information was captured in the CAD system.

<sup>38</sup> The EMSB has since been renamed the Emergency Medical Services Division.

**Current Status: Partially in compliance.** The team observed that some areas used by the Unit were not secured in order to limit access to Unit employees during service hours. Doors into the Unit's storage room in the firehouse were unlocked, as were some storage lockers in the room. In addition, the parking lot where reserve ambulances are stored was not secure because one of the gates was broken and not all of the reserve ambulances' doors were locked. As a result of a MAR issued by the OIG, FEMS stated that it replaced the west-end gate (and it is locked) and the east-end gate has been locked at the MERU. In addition, all of the units that are stored outside of a locked facility have been padlocked. See Appendix 6 for additional information on reserve ambulances.

**OIG Note:** FEMS did not respond to this finding in April or July 2009.

**Original Recommendation (b):**

That the FEMS Medical Director hire additional staff, when possible, to ensure that at least two Medical Repair Unit employees are available at all times. Once adequate staff has been hired, the hours of operation for the unit should be changed from 16 hours a day to 24 hours a day.

**Current Status: In compliance.** FEMS employees stated that the Unit operates 24 hours a day. The Unit is staffed by one employee for each shift and, during the day, it is staffed by a supervisor and an employee.

**Original Recommendation (c):**

That the FEMS Medical Director and EMSB Administrative Services management Medical Equipment Repair Unit employees conduct an inventory of all equipment on a regular basis and report any discrepancies to division management.

**Current Status: Not in compliance.** FEMS employees stated that the Medical Equipment Repair Unit does not have an inventory system for medical equipment.

**OIG Note:** FEMS did not respond to this finding in April 2009.

***FEMS' July 2009 Response, as Received:***

*Inventory control for medical equipment and supplies, as well as other property, is the function of the Logistics Section which is under Facilities Management, not the Medical Equipment Repair Unit. The Deputy Chief of Logistics has implemented a robust inventory management system (SAM) department wide. Field Officers are currently being updated on the revised inventory management system.*

**Original Finding 13: Medical Equipment Repair Unit employees lack the training and resources to properly repair medical equipment used by EMSB field providers.**

The Medical Equipment Repair Unit is responsible for ensuring that all replacement equipment and repaired ambulances are available for field providers within minutes of receiving a call from EMSB management in order to minimize the amount of time that field providers are out of service. Unit employees stated that they did not receive training to repair essential ambulance equipment such as stretchers and gauges on oxygen bottles. Employees repaired equipment by trial and error and without the required tools.

**Original Recommendation (a):**

That the FEMS Medical Director and the Assistant Chief of Administrative Services coordinate with the Training Academy to identify training for Medical Equipment Repair Unit employees.

**Current Status: Not in compliance.** According to a manager, MERU employees are not adequately trained. The manager requested additional training, but the District's Center for Workforce Development does not have relevant classes. The manager had not researched outside training options. An employee stated he/she received on the job training from co-workers to make repairs.

**OIG Note:** FEMS did not provide a response in April 2009.

***FEMS' July 2009 Response, as Received:***

*The current manager of the EMS Fleet & Property Management Detachment, formerly Medical Equipment Repair Unit, arranged, earlier this year, to have his staff take a three-day class on the maintenance and repair of (Ferno) stretchers and stair chairs. The training was conducted by the FEMS stretcher vendor. Three full-time and one back up employee successfully completed the class.*

*The O2 regulators which FEMS purchases now are of a more durable design, break down less often, and are more easily shipped to the manufacturer for repair/return. In addition, an employee has been identified to take a comprehensive train-the-trainer class provided by the vendor. Staff members are anticipated to be trained and capable to repair the new regulators before the start of FY '10. All full-time staff members are adept in repairing/replacing O2 hose lines, stretcher brackets and other miscellaneous components. The OJT method is a tried and proven staple and continues to be a norm within the Detachment. Computer/office skills and time management training is, budget permitting, scheduled to take place in CY '10.*

**Original Recommendation (b):**

That the FEMS Medical Director and the Assistant Chief of EMS Administrative Services ensure that the Medical Equipment Repair Unit employees have the necessary tools to adequately repair the agency's existing medical equipment.

**Current Status: Not in compliance.** Employees stated that the Unit does not have a complete set of all necessary mechanical tools, such as wrenches. Interviewees stated that they brought in their own tools to supplement those provided by FEMS.

***FEMS' April 2009 Response, as Received:***

*Fire & EMS will review this claim and ensure that the manager of the Equipment Repair Unit is providing proper oversight and ensuring that the personnel assigned to the Medical Equipment Repair Unit have the tools they need to perform their assigned duties.*

***FEMS' July 2009 Response, as Received:***

*A complete set of hand tools along with safety devices were purchased several months ago.*

**Original Recommendation (c):**

That the Chief/FEMS coordinate with the FEMS Procurement Officer to ensure that all contracts for the purchase of equipment and tools for repairing that equipment contain provisions for training unit employees on how to make repairs.

**Current Status: Not in compliance.** Contracts for the purchase of medical equipment and repair tools do not contain provisions for training employees to make repairs. For example, FEMS has a contract with a company to repair stretchers but, according to one manager, training should be provided so that FEMS can perform repairs in-house.

***FEMS' April 2009 Response, as Received:***

*Fire & EMS will review this recommendation and take appropriate action, in consultation with the Office of Contracting and Procurement.*

***FEMS' July 2009 Response, as Received:***

*The current level of training that the MERU staff has received is appropriate for the level of repairs for which they are responsible. It has been decided by FEMS that repairing equipment such as patent stretchers and oxygen regulators in-house would place too much liability on the District Government. This liability would not be justified by the small amount of savings that would result.*

**THE TRAINING DIVISION**  
(Formerly the Emergency Medical Services Training Academy)

**Original Finding 14: The Training Academy does not receive information on new streets and subdivisions in the District, which can affect EMSB field providers' ability to respond to emergency medical calls in a timely manner.**

During the initial inspection, FEMS field providers and Training Division instructors stated that FEMS does not receive information on the location of new streets and housing developments in the District. FEMS supervisors stated that they encourage field providers to drive through District neighborhoods to become familiar with new housing subdivisions and streets when they are not responding to emergencies. Without such knowledge, field providers cannot respond to emergencies within those areas in a timely manner because they have to search for addresses.

**Original Recommendation (a):**

That the Chief/FEMS ensure that the locations of new areas and streets within the District are disseminated to all FEMS employees.

**Current Status: Partially in compliance.** Through interviews and observations, the re-inspection team determined that FEMS issues a map of the District in the new employee training classes. FEMS officials stated that updated street information is provided to employees as it becomes available. However, some interviewees stated that not all ambulances have map books, and they have purchased them with their own money to ensure that they are aware of new areas and streets. Inadequate geographic knowledge jeopardizes a provider's ability to arrive rapidly to a scene and to transport patients to hospitals.

**OIG Note:** FEMS did not provide a response in April 2009.

***FEMS' July 2009 Response, as Received:***

*This recommendation has been overtaken by events. All Fire & EMS apparatus is now equipped with Mobile Data Computers that include GPS, mapping, and navigation functions. In addition, all transport units are equipped with a secondary Garmin GPS/Navigation device. Furthermore, the Department disagrees with the original finding that locations of new areas and streets were not disseminated to all employees. This is simply not true. It has been the practice of the Department for many years to distribute notifications of both short and long-term changes in streets and addresses to all employees through memorandums on the Department Local Area Network (LAN), which are required to be reviewed by all employees on a daily basis. It is the responsibility of all employees to ensure that they stay current with the important informational bulletins that are issued by the Department on a regular basis, such as notifications of street closings.*

OIG Response: **The OIG stands by the current status as stated. FEMS' response appears to meet the intent of this recommendation.**

**Original Recommendation (b):**

That the Chief of the Training Academy and the Director of the Communications Center ensure that the locations of new areas and streets within the District are incorporated into all geography and training classes.

**Current Status: Partially in compliance.** FEMS issues memoranda to the entire department regarding changes in traffic patterns and street closures based on information from the Planning or Zoning Office. However, some employees state it is rare that changes to street names are announced. The instructor for Geography and Navigation training is notified of street changes and includes them in the Geography and Navigation training if they are important, such as bridge closures. Firefighters have geography and navigation training that includes a book and monthly probationary exams. However, single-role EMS providers are not given monthly exams and do not receive the same materials.

**OIG Note:** FEMS provided a response to this unchanged finding in both April and July 2009.

***FEMS' April 2009 Response, as Received:***

*These findings are obsolete as they reference an organizational unit and training process that no longer exist. The finding referenced the navigation module of the old entry-level training process for single-role providers. Effective September 27, 2007, in compliance with the recommendations of the Mayor's Task Force on EMS, Fire & EMS ended the hiring of single-role providers and no longer has a bifurcated entry-level training process. All personnel are now hired as all-hazards (firefighter/EMT or firefighter/paramedic) personnel and undergo a standardized entry-level training process. In addition to the introductory training process, which introduces basic concepts of navigation and geography of the District, newly hired firefighter/EMTs and firefighter/paramedics undergo extensive focused training and evaluation in navigation during the probation process. In addition, all personnel are trained to operate mobile data computers and now have access to GPS systems and computer-aided navigation devices in their apparatus.*

***FEMS' July 2009 Response, as Received:***

*This recommendation has been overtaken by events. The Department no longer hires single-role providers, and all new employees undergo standardized entry-level training.*

OIG Response: **The OIG stands by the current status as stated. FEMS' response appears to meet the intent of this recommendation.**

**Original Finding 15: FEMS field providers believe that the FEMS Training Academy does not provide the training they need to ensure high quality emergency medical care for District patients.**

During the initial inspection, the team reported that paramedic and basic EMTs believe that FEMS provides inadequate training. This training includes preparatory instruction for paramedic and basic EMT certification and recertification examinations as well as continuing medical education classes. The inspection team found that the instructor selection process is inadequate. Interviewees stated that instructors did not have teaching experience or had not attended instructor training. Some instructors often came to class late, were not prepared, and allowed students to leave early. FEMS detailed employees to the Training Academy because of injuries in the field or because management asked them to teach a course, rather than because they were qualified instructors.

The team also found that the Training Academy lacked resources and space, and that training had been shifted to several locations. Class participants arrived at training locations and were told that the location had changed. In addition, some EMS instructors stated that they did not have access to audiovisual equipment, computer hardware and software, and other instructional supplies necessary to facilitate effective training classes. Further, some field providers stated that the medical techniques training provided may have violated the District's medical protocols. As a result, some field providers stated that they attended outside training in order to receive quality instruction.

**Original Recommendation (a):**

That the FEMS Medical Director establish qualifications and create a hiring policy for EMS training instructors.

**Current Status: Partially in compliance.** DOH established certification requirements for EMS instructors. People seeking to become certified EMS instructors must complete an instructor trainee process in which they teach EMS modules under the supervision of an experienced instructor and are evaluated by DOH. However, interviewees stated that FEMS does not have written guidelines for the qualifications of EMS instructors beyond DOH requirements. In addition, Training Division management stated it wants applicants to complete instructor training prior to becoming instructor trainees, but does not have written guidelines. There are no continuing education or evaluation requirements for instructor recertification. The position description for instructors does not list any required certifications above those required for non-instructor paramedics, except that they must be a current ambulance crewperson in charge (ACIC) with a minimum of 4 years experience.

**OIG Note:** FEMS provided a response to this unchanged finding in both April and July 2009.

***FEMS' April 2009 Response, as Received:***

*The Fire & EMS department has adopted the National Registry for Emergency Medical Technicians (NREMT) exam as its testing amend certification instrument. The NREMT holds accreditation from the National Commission for Certifying Agencies (NCCA). All providers attend a 40 hour refresher class per year, in conjunction with Lectures and Training sessions that are held monthly at the ALS Training Annex located at DC General Hospital. All EMT-B providers are now required to attain 72 hours of continuing education prior to the expiration of their certification card. The latest in training sessions was a 12-lead ECG interpretation class that was attended by all ALS providers.*

*The Department has created and advertised new positions for EMS educators and EMS training administrators.*

*Written requirements for EMS instructor's qualifications and education requirements are contained in the new position descriptions for these positions and are referenced to relevant national standards including IFSAC, ProBoard, USDOT and the National Association of EMS Educators.*

***FEMS' July 2009 Response, as Received:***

*This recommendation has been overtaken by events. The position descriptions referenced in the OIG narrative have been completely re-written and classified as EMS educators. The revised position descriptions include a detailed list of required qualifications. The Department believes it is fully compliant with this recommendation and requests the OIG review the revised PDs.*

**OIG Response: The OIG stands by the current status as stated. No further fieldwork will be conducted to review the revised position descriptions. If FEMS has ensured its position descriptions detail a list of required qualifications, FEMS' response appears to meet the intent of this recommendation.**

**Original Recommendation (b):**

That the FEMS Medical Director assess the qualifications of all EMS training managers and instructors to ensure that only qualified instructors are teaching classes.

**Current Status: Partially in compliance.** According to DOH instructor requirements and an FEMS employee, all Training Division instructors are certified by DOH as EMS instructors. The team reviewed instructors' files and found that many, but not all, instructors had documentation of instructor training on file.

***FEMS' April 2009 Response, as Received:***

*The Department is currently recruiting and assisting the director to meet this recommendation.*

**OIG Note:** FEMS did not respond in July because there were no modifications to the finding in the first draft report.

**Original Recommendation (c):**

That the FEMS Medical Director ensure the instructors are facilitating course instruction in compliance with District medical protocols.

**Current Status: Partially in compliance.** EMT recertification classes are geared to the DOH EMT examination, which is based on general national standards instead of District protocols. Interviewees stated that EMTs do not receive instruction specific to District protocols after their initial training. However, FEMS has hired an EMS Training and Education employee who will assess instructor qualifications and the manner in which instructors lecture. In addition, FEMS plans to revamp the entire curriculum.

**OIG Note:** FEMS provided a response to this unchanged finding in both April and July 2009.

**FEMS' April 2009 Response, as Received:**

*FEMS disagrees. We have created a trained pool of instructors who have assisted employees in passing NREMT within percentages established by National Peer Group.*

**FEMS' July 2009 Response, as Received:**

*This recommendation has been overtaken by events, particularly the adoption of the National Registry as the new state testing mechanism by the DC Department of Health and the greater use of national certification courses such as Pediatric Advanced Life Support (PALS), Advanced Medical Life Support (AMLS), Pre-Hospital Trauma Life Support (PHTLS). Fire & EMS requests that the OIG re-interview the Medical Director, Training Director, and EMS Training Director in order to gain a better understanding of which EMS classes must be taught to national standards, and which should include District protocol-specific content.*

OIG Response: **The OIG stands by the current status as stated.**

**Original Recommendation (d):**

That EMS Training Academy managers and employees provide a list of training materials and equipment needed to FEMS senior management, and that these materials and equipment be provided as needed.

**Current Status: Partially in compliance.** Instructors and providers interviewed were generally satisfied with the equipment at the Training Division. The team observed a class using PowerPoint presentations, a computer room for students, and simulators for hands-on practice. However, one employee was concerned that they did not receive course materials far enough in advance of the courses to allow them to study beforehand.

**New Recommendation:**

That the Chief/FEMS establish written requirements for EMS instructors' qualifications and continuing education.

Agree                        X                        Disagree                    \_\_\_\_\_

**OIG Note:** FEMS did not respond in July because there were no modifications to the finding in the first draft report.

***FEMS' April 2009 Response, as Received:***

*The qualifications for instructors are referenced to relevant national standards such as IFSAC, Pro-Board, and NAEMS educators.*

**Original Finding 16: Although the FEMS curriculum is designed for 5 days, the Geographical and Navigation training class is taught in 2 days.**

During the initial inspection, the team found that a new field providers' 5-day Geographical and Navigation training class was reduced to 2 days. During these classes, students learn the layout of the city, the locations of hospitals, and other information necessary to navigate quickly around the District. Due to budget constraints, FEMS shortened the training time allotted to new paramedics and basic EMTs.

In the 5-day course, students were given 40 hours of classroom training in this subject, but this was reduced to only 16 hours in the 2-day course. Some academy instructors stated that students need more time in the classroom to learn about the layout of the District.

**Original Recommendation:**

That the FEMS Medical Director ensure that paramedics and EMTs are allotted sufficient training time so that the 40-hour curriculum is not condensed into 16-hours.

**Current Status: Partially in compliance.** Interviewees indicated that the Geography and Navigation course for new single-role paramedics and EMTs is taught in 2 days in the classroom and 3 days in the field. Because FEMS is hiring very few single-role EMS providers, an instructor stated that he/she provided Geography and Navigation training to approximately three or fewer students in 2006. The Medical Director stated that new paramedics and EMTs are receiving adequate geography and navigation training in the 16-hour instruction. The Director added that this training is especially important because FEMS is hiring a significant number of new providers from outside the Washington area.

According to other interviews and a review of FEMS documents, new firefighter/EMTs receive geography and navigation training during their probationary period. Their geography and navigation training focuses on their service area; however, units may be

deployed in outlying areas after transporting a patient to a hospital in an outlying area. Firefighter training materials regarding citywide geography and navigation are limited to a broad overview of the grid system and do not include hospital locations. Some interviewees expressed the hope that GPS devices will be installed in vehicles. This would reduce the potential for delayed arrival of EMS services.

**OIG Note:** FEMS provided a response to this unchanged finding in both April and July 2009.

***FEMS' April 2009 Response, as Received:***

*This finding is obsolete as it references an organizational unit and training process that no longer exist. The finding referenced the navigation module of the old entry-level training process for single-role providers. Effective September 27, 2007, in compliance with the recommendations of the Mayor's Task Force on EMS, Fire & EMS ended the hiring of single-role providers and no longer has a bifurcated entry-level training process. All personnel are now hired as all-hazards (firefighter/EMT or firefighter/paramedic) personnel and undergo a standardized entry-level training process. In addition to the introductory training process, which introduces basic concepts of navigation and geography of the District, newly hired firefighter/EMTs and firefighter/paramedics undergo extensive focused training and evaluation in navigation during the probation process. In addition, all personnel are trained to operate mobile data computers and now have access to GPS systems and computer-aided navigation devices in their apparatus.*

***FEMS' July 2009 Response, as Received:***

*This recommendation has been overtaken by events. All Fire & EMS apparatus is now equipped with Mobile Data Computers (MDCs) that include GPS, mapping, and navigation functions. In addition, all transport units are equipped with a secondary Garmin GPS/Navigation device. All employees receive training in the use of the new navigation technology.*

**OIG Response:** **The OIG stands by the current status as stated. FEMS' response appears to meet the intent of this recommendation.**

**Findings and  
Recommendations:**

**Update on FEMS Response to the  
Assault on David E. Rosenbaum**

**UPDATE ON FEMS RESPONSE TO THE  
ASSAULT ON DAVID E. ROSENBAUM**

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## **UPDATE ON FEMS RESPONSE TO THE ASSAULT ON DAVID E. ROSENBAUM**

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On January 6, 2006, at approximately 9:20 p.m., David E. Rosenbaum was found lying on the sidewalk in a residential area near his home. The wife of the neighbor who found him called 911. When first responders arrived at the scene, they did not detect serious injuries, illness, or evidence that the then-unknown man had been physically attacked. He did not have any identification in his pockets. Because Mr. Rosenbaum was vomiting, and because one or more responders thought they smelled alcohol, he was presumed to be intoxicated. Consequently, Mr. Rosenbaum was classified as a low priority patient and transported to Howard University Hospital where, after lying in a hallway for more than an hour, medical personnel discovered he had a critical head injury.

On January 7, 2006, the Rosenbaum family was alerted by credit card companies to unusual activity on Mr. Rosenbaum's credit cards. The Metropolitan Police Department (MPD) subsequently linked Mr. Rosenbaum's injuries, his missing wallet, and the unusual credit card activity, and initiated an assault and robbery investigation.

Despite surgery and other medical intervention, Mr. Rosenbaum died on January 8, 2006. The autopsy report issued on January 13, 2006, by the Office of the Chief Medical Examiner concluded that Mr. Rosenbaum was a victim of homicide due to injuries sustained to his head and body.

An OIG special evaluation team concluded that there was an unacceptable chain of failure in the provision of emergency medical care and other services to Mr. Rosenbaum by FEMS, MPD, and Howard University Hospital. The individuals who played critical roles in providing services to him failed to adhere to applicable policies, procedures, and other guidance. FEMS personnel made errors both in getting to the scene and in transporting Mr. Rosenbaum to a hospital in a timely manner. Once FEMS personnel detected the odor of alcohol, they ignored other symptoms and failed to properly detect and treat Mr. Rosenbaum's injuries. In addition, their failure to adequately and properly communicate information regarding the patient affected subsequent caregivers' abilities to carry out their responsibilities.

In June 2006, the OIG issued a special report on the *Emergency Response to the Assault on David E. Rosenbaum*. The re-inspection team reviewed documents and interviewed FEMS officials to determine if FEMS had complied with the recommendations in the report. The following presents the special report's recommendations pertaining to FEMS and includes an update of the actions FEMS has taken since the recommendations were issued.

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### Engine 20 Response to Assault on David E. Rosenbaum

**Recommendation 1: That FEMS ensure that all personnel have current required training and certifications prior to going on duty.** (This recommendation also applied to Ambulance 18 Response, Recommendations 5-7, *infra.*).

**FEMS Action: Medical care certifications are verified prior to personnel going on duty.** In May 2006, FEMS officials stated that they had revised the EMS administrative and operational rules (Article 24 of the Fire/EMS Order Book) to require that company officers ensure on a quarterly basis that all emergency service providers have the required certifications to provide medical care and cardiopulmonary resuscitation (CPR). Company officers and the Training Division are to maintain up-to-date records of all certifications. In addition, the Training Division should notify employees 15 days before certifications are due to expire so that employees can schedule a recertification exam. Finally, all employees are required to notify their immediate supervisors of a pending expiration 30 days prior to the expiration date on their certification card. OIG has reviewed a copy of Article 24 of the Fire/EMS Order Book and is satisfied with its contents. However, the FEMS has difficulty tracking CPR certifications earned outside of the agency. For additional information on this subject, please see new finding 9 on page 29 of this report.

FEMS also issued General Order 18, Series 2006, which introduced Form 55, *Company Officer Daily Checklist*. Form 55 is to be completed by the on-duty company officer at the beginning of each shift. The company officer is required to visually confirm the validity and currency of each employee's CPR certification card, driver's license, and EMT or paramedic card before the employee goes on duty. The results of the company officer's check are entered on the Form 55s daily, and the forms are inspected periodically by the battalion chief for compliance.

In April 2007, FEMS provided OIG with copies of General Order 18 and Form 55. FEMS officials stated that the files are being retained for 2 years, and compliance with all procedures is verified through scheduled and random supervisory inspections by battalion level supervisors.

When FEMS officials responded to the Rosenbaum recommendations, they stated that they have a policy of notifying employees before certifications expire. In addition, the Medical Director stated that none of the providers whose certifications have lapsed are allowed to be in patient contact. However, FEMS did not state how they ensure that all providers are trained for EMT and CPR certifications.

#### ***FEMS' April 2009 Response, as Received:***

*Fire & EMS remains in compliance with this recommendation.*

**OIG Note:** FEMS did not respond in July because there were no modifications to the finding in the first draft report.

## UPDATE ON FEMS RESPONSE TO THE ASSAULT ON DAVID E. ROSENBAUM

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**Recommendation 2: That FEMS develop a form that is mandated for use by firefighter/EMTs who respond to any medical calls so that first responder actions and patient medical information can be documented.**

**FEMS Action: A new reporting form is now used to document first responder actions and patient medical information.** Soon after the release of the OIG Rosenbaum report, FEMS developed and began field testing Form 902EMS, *1<sup>st</sup> Responder Report* for documentation of patient care. The OIG reviewed a copy of this form and instructions on its use in April 2007. FEMS officials stated that compliance with Form 902EMS reporting requirements is verified through scheduled and random supervisory reviews by battalion-level supervisors as well as through field observation by EMS supervisors and quality assurance staff of the Office of the Medical Director.

**OIG Note:** FEMS did not respond to this recommendation in either its April or July 2009 response.

**Recommendation 3: That FEMS develop and implement a standardized performance evaluation system for all firefighters.**

The OIG team determined that FEMS firefighters were not evaluated on a regular basis consistent with the performance evaluations conducted in other District government agencies. Consequently, FEMS lacked standards to guide firefighters' performance and for use in evaluating their performance.

**FEMS Action: FEMS has implemented an annual performance evaluation system.** FEMS officials reported that they established and implemented an annual evaluation system and created Performance Evaluation Form 50.5 in October 2006. The evaluation process is designed to be an objective approach to assessing employee performance and is almost identical to the performance evaluation system currently in place for District non-unionized supervisory and managerial employees in the District's Career Service. FEMS sent a copy of the form and instructions on its use to the OIG in April 2007.

In February 2007, FEMS put its battalion chiefs under the District's Performance Management Program. FEMS Bulletin No. 14-24 announced the change and FEMS sent the bulletin to the OIG in April 2007. FEMS officials stated that they use the new Employee Performance Evaluation Form 50.5 to evaluate members of the Firefighter's Bargaining Unit for captains and below. In coordination with the D.C. Department of Human Resources (DCHR), the non-bargaining unit for firefighters (battalion fire chief and above) was integrated into the online Performance Management Program (PMP). Both of these new evaluation processes were used in FY 2007 to evaluate FEMS employees.

In April 2009, we contacted several senior FEMS officials to ascertain whether Performance Evaluation Form 50.5 was being used for all firefighters, including firefighter/EMTs. We did not receive a definitive answer. They were unsure if this form was still being used or whether all the firefighters were being evaluated through the PeopleSoft

## UPDATE ON FEMS RESPONSE TO THE ASSAULT ON DAVID E. ROSENBAUM

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system (formally referred to as ePerformance). FEMS officials stated that regardless of the process used to conduct the evaluations, it would apply to all firefighters, including firefighter/EMTs.

**OIG Note:** As this finding was revised from the first draft report, FEMS' April 2009 response is not reflected. FEMS did not provide a response in July 2009.

**Recommendation 4: That FEMS assign quality assurance responsibilities to the employee (pre-hospital provider) with the most advanced training on each emergency medical call. The designated employee should: (a) have in-depth knowledge of the most current protocols, General Orders, Special Orders, and other management and medical guidance that govern emergency response activities; (b) monitor compliance with FEMS protocols by all personnel at the scene, and provide on-the-spot guidance to ensure that all key duties are performed; and (c) include the results of on-scene compliance monitoring in reports as required by FEMS management.** (This recommendation also applied to Ambulance 18 Response, Recommendations 5-7, *infra*).

**FEMS Action: FEMS has revised its protocols to put providers with the most training in charge on an emergency medical call.** In May 2006, FEMS revised the D.C. FEMS Order Book, Article 24, which states that the EMS provider with the highest medical certification will be designated as the ambulance crewperson in charge (ACIC) and the other member as the ambulance crewmember aide (ACA). However, when both personnel have equal certifications, the member possessing the greatest seniority at that certification level shall be designated the ACIC. In June 2006, FEMS reemphasized this policy to all personnel operating on first-responding fire apparatus by issuing a Deputy Fire Chief Firefighting/EMS Division Memo No. 42, Series 2006. The policy stated that the employee with the highest medical certification should be the lead emergency medical care provider, and others will be guided by the emergency medical decisions made by the lead provider for emergency care. FEMS officials stated that they hired a Clinical Quality Manager (Nurse Consultant) who is responsible for quality assurance consulting as well as reviewing paper and electronic patient care records. In addition, the Clinical Quality Manager maintains a database, performs chart reviews of health care practices, investigates citizen complaints, and prepares comprehensive reports of findings and recommendations for submission to the Medical Director. FEMS also established a Medical Director's Quality Council, and placed field deployed supervisors in every battalion for the purpose of quality oversight and field evaluation of all FEMS providers.

In July 2006, FEMS created Form 55, *Company Officer Daily Checklist*. This form is completed daily by the company officer in charge during the official line-up. Form 55 has a section that requires the company officer to designate the EMS provider with the highest certification as the lead medical care provider.

Finally, in June 2008, FEMS received an additional \$3.7 million increase in funding for the EMS program. The Mayor announced in February 2008 that these enhancements include money to add program staff; provide additional training; add a new cadre of EMS field

## UPDATE ON FEMS RESPONSE TO THE ASSAULT ON DAVID E. ROSENBAUM

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supervisors; purchase medical supplies and tools; and install 50 ePCR devices to improve medical quality management and assurance.

**OIG Note:** FEMS did not respond to this recommendation in either its April or July 2009 response.

### Ambulance 18 Response to Assault on David E. Rosenbaum

**Recommendation 5: That FEMS take steps to comply with its own policy on evaluating EMTs on a quarterly basis.**

**FEMS Action: FEMS officials stated that they never had an official policy for evaluating EMTs on a quarterly basis.** FEMS does not intend to conduct quarterly evaluations. However, officials stated that in 2005, EMS supervisors were instructed to take notes on a quarterly basis regarding the performance of EMTs under their supervision, using an evaluation form. This process is the basis for completing yearly evaluations.

Effective June 2007, FEMS officials stated that they established annual clinical evaluations of EMS employees by EMS supervisory personnel. FEMS provided a *Quality Assurance Evaluating and Reporting Memorandum* and Form 502, *EMS Evaluation Report*, to the OIG. FEMS officials stated that the Form 502 is used to evaluate EMS employees. In addition, single-role EMTs are evaluated through the Performance Evaluation System using Form 12.

In November 2007, FEMS revised the Form 502, to measure a provider's professionalism, compassion, psychomotor skills, decision making, and treatment. In addition, FEMS officials stated that clinical performance evaluations are performed using the following evaluation forms: Form 503,<sup>39</sup> *Provider Clinical Impression*; Form 504,<sup>40</sup> *Clinical Incident Report Form*; and Form 505,<sup>41</sup> *Clinical Incident Findings Form*. These forms were added to the providers' clinical performance evaluations, which are annually reviewed by the Medical Director and the Medical Quality Manager.

**OIG Note:** As this finding was revised from the first draft report, FEMS' April 2009 response is not reflected.

#### ***FEMS' July 2009 Response, as Received:***

*As previously noted, this entire recommendation was based upon a false premise, confusing the annual personnel evaluation system for single-role personnel with a clinical evaluation system.*

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<sup>39</sup> Form 503 evaluates and rates an EMT's skills with conducting a patient assessment, general knowledge of protocols, as well as respiratory, pharmacology, and trauma knowledge.

<sup>40</sup> Form 504 documents clinical details about a specific incident.

<sup>41</sup> Form 505 specifies the provider's findings of a patient during an incident.

## UPDATE ON FEMS RESPONSE TO THE ASSAULT ON DAVID E. ROSENBAUM

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OIG response: **The OIG acknowledges that FEMS never had an official policy for evaluating EMTs on a quarterly basis.**

**Recommendation 6: That FEMS promptly reassign, retrain, or remove poor performers.**

**FEMS Action: FEMS has taken steps to reassign, retrain, or remove poor performers.** FEMS officials stated that based on the results of investigations into complaints of poor clinical performance by EMS employees, generally employees will be required to successfully complete appropriate training, focused re-training, education, and/or evaluation at the direction of the Medical Director and Assistant EMS Director for Training, Education, and Research. If it is determined that an event occurred that requires disciplinary action, additional and appropriate action is taken.

FEMS officials stated that the investigations of poor clinical performers are tracked through the Office of the Medical Director, and disciplinary actions are tracked by the Compliance Office. Written policies and procedures for disciplinary action are contained in the DPM, FEMS orders and bulletins, and collective bargaining agreements.

In March 2008, FEMS officials stated that they changed procedures for identifying and removing poor performers. They stated that DCHR enacted amendments to the District of Columbia Municipal Regulations (DCMR) that govern discipline. These amendments will increase the department's ability to remove poor performers because the revisions identify specific behaviors as cause for initiating discipline and include a table of penalties. FEMS officials stated that they have developed and will use a new table of penalties in conjunction with the DPM. However, FEMS officials noted that the new table is the subject of current contract negotiations and is not available for distribution at this time. They stated that upon completion of negotiations with the collective bargaining unit and after internal revisions, they will be able to provide copies.

**OIG Note:** FEMS did not respond to this recommendation in either its April or July 2009 response.

**Recommendation 7: That FEMS consider installing global positioning devices in all ambulances to assist EMTs in expeditiously arriving at destinations in response to emergency calls.**

**FEMS Action: Global positioning devices not installed in all ambulances.** FEMS officials stated that they submitted an enterprise enhancement request in FY 2007 to install a comprehensive driver navigation system in ambulances and other emergency vehicles. They stated that subsequently, FEMS, OUC, and MPD jointly received \$1 million, part of which was for driver navigation system devices. They also stated that although this project is ongoing, the department did not believe that the current level of funding was sufficient to install these devices in all ambulances and other emergency vehicles. The team asked FEMS officials how much of the \$1 million went to FEMS, but they did not provide the amount. They stated that the

## UPDATE ON FEMS RESPONSE TO THE ASSAULT ON DAVID E. ROSENBAUM

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enterprise fund is administered by OUC and MPD, and FEMS does not determine how the funds are spent.

In April 2008, an FEMS ambulance was misguided in its response to an emergency call. The emergency responders went to the wrong address and it took about 12 minutes before they finally arrived at the correct destination. Unfortunately, the patient died. His parents set up a fund in their son's name to help FEMS purchase GPS devices. Following this incident, FEMS purchased 120 GPS devices for its emergency vehicles.

**OIG Note:** FEMS provided a response to this unchanged finding in both April and July 2009.

***FEMS' April 2009 Response, as Received:***

*Global positioning devices are installed in all transport units. In addition, all emergency apparatus are equipped with Mobile Data Computers, which contain real-time GPS and navigation functionality. Fire & EMS is fully compliant with this recommendation.*

***FEMS' July 2009 Response, as Received:***

*The OIG narrative is incorrect. Two GPS systems are installed in all ambulances: 1) a Mobile Data Computer, 2) a Garmin GPS device. Both devices provide real-time GPS and navigation functionality.*

**OIG Response:** **During the time of the re-inspection, GPS devices were not installed in all ambulances. However, FEMS' response appears to meet the intent of this recommendation.**

**UPDATE ON FEMS RESPONSE TO THE  
ASSAULT ON DAVID E. ROSENBAUM**

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**APPENDICES**

## **APPENDICES**

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## APPENDICES

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- Appendix 1:** List of Findings and New Recommendations – Management Alert Reports
- Appendix 2:** List of Findings and Recommendations - New Findings
- Appendix 3:** List of Findings and Recommendations – Updated Findings From 2002 Report of Inspection
- Appendix 4:** List of Findings and Recommendations – David E. Rosenbaum Special Report
- Appendix 5:** MAR 07-I-002 – Deficiencies in Universal Precautions Training
- Appendix 6:** MAR 07-I-004 – Deficiencies in the Security and Readiness of Reserve Ambulances
- Appendix 7:** MAR 07-I-005 – Deficiencies at Engine Company 16
- Appendix 8:** MAR 07-I-007 – Non-Working Smoke Detectors in FEMS Engine Company Buildings
- Appendix 9:** Mayor’s Press Release Announcing FEMS Unification

## **APPENDICES**

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**APPENDIX 1**

## **APPENDICES**

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**LIST OF FINDINGS AND NEW RECOMMENDATIONS  
MANAGEMENT ALERT REPORTS**

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1. **Employees who are regularly exposed to blood and other potentially infectious materials do not receive universal precautions training as frequently as required by federal regulations.**

(MAR 07-I-002 – issued on April 4, 2007)

That the Chief/FEMS update the OIG on how FEMS ensures that all vulnerable employees receive annual training in universal precautions.

2. **Deficiencies found in the security and readiness of reserve ambulances.**

(MAR 07-I-004 – issued on April 2, 2007)

That the Chief/FEMS provide an update to the OIG on the installation of a gate at the 1338 Park Road, N.W. location.

3. **Water and sewage contaminated the basement of Engine Company 16.**

(MAR 07-I-005 – issued on April 4, 2007)

That the Chief/FEMS coordinate with WASA to ensure the collapsed storm water and sewer pipes are replaced at Engine Company 16 and report any progress to the OIG.

4. **Some FEMS engine company buildings did not have working smoke detectors.**

(MAR 07-I-007 – issued on June 15, 2007)

(1) That the Chief/FEMS update the OIG on the conditions found by the electrical contractor company and whether permanent repairs on defective smoke detector equipment in the firehouses have been made.

(2) That upon receipt of this report, the Chief/FEMS update the OIG on the number of fully operative and inoperative smoke detectors in all firehouses.

**LIST OF FINDINGS AND NEW RECOMMENDATIONS  
MANAGEMENT ALERT REPORTS**

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**APPENDIX 2**

## APPENDICES

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**LIST OF FINDINGS AND RECOMMENDATIONS**  
**NEW FINDINGS**

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**1. Additional resources needed for FEMS quality assurance activities.**

That the Chief/FEMS take steps to acquire sufficient resources to conduct permanent and comprehensive medical quality assurance activities.

**2. FEMS has had excessive turnover in key upper management positions.**

That the Chief/FEMS develop strategies to increase the retention of senior level FEMS managers.

**3. FEMS employees cite insufficient numbers of administrative employees.**

That the Chief/FEMS ensure that there are a sufficient number of administrative employees to meet the requirements of the department.

**4. Complaints from many FEMS employees concerning the lack of a unified employment system are being addressed by the Mayor.**

That upon receipt of this report, the Chief/FEMS provide an update to the OIG on the progress of implementing the Mayor's April 2008 Order to unify FEMS dual and single-role employees.

**5. FEMS Training Division class files were disorganized and not properly stored.**

That the Chief/FEMS ensure that all Training Division class files are maintained in an organized and secure fashion.

**6. The Training Division does not have an adequate, secure space for creating course exams.**

That the Chief/FEMS find a private and secure area for the Test Bank Administrator to create and maintain FEMS training materials.

**7. FEMS can control only one traffic light in front of its stations. This limits its ability to respond to emergencies safely and expeditiously when leaving the firehouse.**

That the Chief/FEMS work with DDOT to install traffic control devices for traffic lights outside of FEMS fire stations.

**8. Inconsistent information received from FEMS personnel regarding the sufficiency of resources at the Fire Boat facility.**

That the Chief/FEMS or Fire Boat management meet with FEMS employees to clarify the status of the resources required for the efficient operation of the Fire Boat facility.

**LIST OF FINDINGS AND RECOMMENDATIONS**  
**NEW FINDINGS**

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**9. CPR databases are not secure and inadequately track CPR certifications.**

- (1) That the Chief/FEMS ensure that the EMT and CPR databases are maintained in a secure manner and that FEMS update the OIG on the status of the CPR database.
- (2) That the Chief/FEMS ensure that the CPR and EMT databases have adequate reporting capability and are able to flag all pending certification expiration dates.
- (3) That the Chief /FEMS improve the tracking system for maintaining CPR certification courses taken outside of the agency to ensure that the Training Academy is given current CPR information.

**APPENDIX 3**

## APPENDICES

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**LIST OF FINDINGS AND RECOMMENDATIONS**  
**UPDATED FINDINGS FROM 2002 REPORT OF INSPECTION**

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**OFFICE OF THE FEMS FIRE CHIEF**

**1. Emergency units do not meet some FEMS management and national standards related to response times.**

That the Assistant Fire Chief of Fire Operations, the Medical Director and the Assistant Chief for EMSB Operations ensure that emergency medical response units adhere to both national and FEMS management standards for exiting the stationhouse and responding to emergency medical calls.

**New Recommendation:**

That the Chief/FEMS use the NFPA standard to measure en route response time. If FEMS chooses not to use the NFPA standard, the OIG recommends that the Chief/FEMS define a clear, uniform performance benchmark for en route response time that is similar to the NFPA standard, and against which current FEMS response time performance can be measured.

**2. Once en route, FEMS units arrive at the scene of critical medical emergencies faster than the national standard.**

No Recommendations.

**3. FEMS does not measure significant time intervals that may affect overall response time.**

That the Chief/FEMS and the Deputy Chief of the Communications Division ensure that data on all time intervals that affect response time is collected and reviewed on a regular basis.

**4. Some callers abuse the 911 system by misrepresenting their medical needs.**

- (1) That the Chief/FEMS and the PIO develop and implement a written community outreach plan to disseminate information to the public on how abusing the emergency medical response system affects the timeliness of emergency medical services in the District.
- (2) That the Chief/FEMS and the PIO ensure that the public is well-informed about when to use the District's 311 non-emergency number.

**5. Despite independent reports citing deficiencies in the critical medical emergency response system, many problems have not been corrected.**

That the Chief/FEMS and the FEMS Medical Director organize a committee or Task Force comprised of management and line employees to review the 1989 and 1997 reports, as well as this report, and develop a comprehensive strategic plan to address the

**LIST OF FINDINGS AND RECOMMENDATIONS**  
**UPDATED FINDINGS FROM 2002 REPORT OF INSPECTION**

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issues covered. The Chief/FEMS should ensure that a strategic plan is subsequently developed and implemented.

**COMMUNICATIONS DIVISION**

**6. The Communications Division does not meet management and nationally recognized standards for responding to critical medical calls.**

- (1) That the Chief/FEMS ensure that there is adequate staff for the Communications Division and that key positions are filled as soon as possible.
- (2) That the Chief/FEMS and the Assistant Fire Chief of Fire Operations explore the possibility that the emergency response system could be reprogrammed so that it distinguishes between an administrative and emergency calls to ensure that only emergency calls are routed to call takers.

**7. The Communications Division has no written policies and standard operating procedures that govern its daily operations.**

That the Chief/FEMS ensure that division management creates and promulgates comprehensive written policies and standard operating procedures for current operations and systems.

**EMERGENCY MEDICAL SERVICES BUREAU**

**8. The Field Operations Division does not have an adequate number of paramedics to provide timely responses to critical medical emergencies.**

- (1) That the Chief/FEMS, the FEMS Medical Director and the Assistant Chief of EMSB Operations assess the staffing shortages within EMSB to determine how many additional paramedics should be hired.
- (2) That the Chief/FEMS coordinate with all senior level managers to address and take appropriate action with employees who have patterns of abusing leave.

**New Recommendations:**

- (1) That the Chief/FEMS develop and implement annual ambulance staffing plans.
- (2) That the Chief/FEMS document the method used to calculate the EMS staffing factor.
- (3) That the Chief develop and implement a written policy to maintain sick leave data for both uniformed and civilian employees.

**LIST OF FINDINGS AND RECOMMENDATIONS**  
**UPDATED FINDINGS FROM 2002 REPORT OF INSPECTION**

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**9. Some paramedics provide emergency medical assistance in violation of District regulations requiring biennial recertification.**

- (1) That the Chief/FEMS and the FEMS Medical Director ensure that additional evaluators are hired for the CQI Unit so that the mission, goals, and objectives of the unit can be fulfilled in a timely manner.
- (2) That the FEMS Medical Director take steps to ensure that the CQI Unit has the necessary staff and resources to complete field evaluations on paramedics within the 2-year certification period.
- (3) That the Chief/FEMS consider reassigning all detailed CQI Unit evaluators back to the CQI office.
- (4) That the Chief/FEMS coordinate with Director/DOH and the Paramedic Review Board to develop a policy on certification extensions.
- (5) That the FEMS Medical Director coordinate with the Chief/FEMS to ensure that the most recent version of District regulations governing paramedic certification and recertification is followed.

**10. The CQI Unit does not evaluate and monitor the field performance of basic level emergency medical technicians.**

- (1) That the FEMS Medical Director develop a field evaluation process for basic EMTs similar to that used for paramedics.
- (2) That the Chief/FEMS and the FEMS Medical Director hire sufficient staff to perform field evaluations on basic EMTs when feasible.

**New Recommendation:**

That the Chief/FEMS explain why a minimum of one evaluation per year for EMS staff, including paramedics and EMTs, is sufficient.

**11. The CQI Unit's method of monitoring the en route time of ambulances and PECs is insufficient.**

That the FEMS Medical Director instruct the Office of Program Evaluation to compile the en route times for all ambulances and PECs from the CAD system on a monthly basis, and disseminate it to the CQI unit for use in determining which stationhouses need to be monitored.

**LIST OF FINDINGS AND RECOMMENDATIONS**  
**UPDATED FINDINGS FROM 2002 REPORT OF INSPECTION**

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**12. Equipment stored in the Medical Repair Unit lacks accountability and is vulnerable to theft.**

- (1) That the FEMS Medical Director limit access to all areas used by the Medical Equipment Repair Unit to Unit employees during service hours.
- (2) That the FEMS Medical Director hire additional staff, when possible, to ensure that at least two Medical Repair Unit employees are available at all times. Once adequate staff has been hired, the hours of operation for the unit should be changed from 16 hours a day to 24 hours a day.
- (3) That the FEMS Medical Director and EMSB Administrative Services management Medical Equipment Repair Unit employees conduct an inventory of all equipment on a regular basis and report any discrepancies to division management.

**13. Medical Equipment Repair Unit employees lack the training and resources to properly repair medical equipment used by EMSB field providers.**

- (1) That the FEMS Medical Director and the Assistant Chief of Administrative Services coordinate with the Training Academy to identify training for Medical Equipment Repair Unit employees.
- (2) That the FEMS Medical Director and the Assistant Chief of EMS Administrative Services ensure that the Medical Equipment Repair Unit employees have the necessary tools to adequately repair the agency's existing medical equipment.
- (3) That the Chief/FEMS coordinate with the FEMS Procurement Officer to ensure that all contracts for the purchase of equipment and the tools for repairing that equipment contain provisions for training unit employees on how to make repairs.

**EMERGENCY MEDICAL SERVICES TRAINING ACADEMY**

**14. The Training Academy does not receive information on new streets and subdivisions in the District, which can affect EMSB field providers' ability to respond to emergency medical calls in a timely manner.**

- (1) That the Chief/FEMS ensure that the locations of new areas and streets within the District are disseminated to all FEMS employees.
- (2) That the Chief of the Training Academy and the Director of the Communications Center ensure that the locations of new areas and streets within the District are incorporated into all geography and training classes.

**LIST OF FINDINGS AND RECOMMENDATIONS**  
**UPDATED FINDINGS FROM 2002 REPORT OF INSPECTION**

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**15. FEMS field providers believe that the FEMS Training Academy does not provide the training they need to ensure high quality emergency medical care for District patients.**

- (1) That the FEMS Medical Director establish qualifications and create a hiring policy for EMS training instructors.
- (2) That the FEMS Medical Director assess the qualifications of all EMS training managers and instructors to ensure that only qualified instructors are teaching classes.
- (3) That the FEMS Medical Director ensure the instructors are facilitating course instruction in compliance with District medical protocols.
- (4) That EMS Training Academy managers and employees provide a list of training materials and equipment needed to FEMS senior management, and that these materials and equipment be provided as needed.

**New Recommendation:**

That the Chief/FEMS establish written requirements for EMS instructors' qualifications and continuing education.

**16. Although the FEMS curriculum is designed for 5 days, the Geographical and Navigation training class is taught in 2 days.**

That the FEMS Medical Director ensure that paramedics and EMTs are allotted sufficient training time so that the 40-hour curriculum is not condensed into 16-hours.

**LIST OF FINDINGS AND RECOMMENDATIONS  
UPDATED FINDINGS FROM 2002 REPORT OF INSPECTION**

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**APPENDIX 4**

## APPENDICES

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**LIST OF FINDINGS AND RECOMMENDATIONS**  
**DAVID E. ROSENBAUM SPECIAL REPORT**

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**Engine 20 Response**

1. **That FEMS ensure that all personnel have current required training and certifications prior to going on duty.** The OIG team determined that the firefighter, who was in charge of the Engine 20 EMTs responding to the Rosenbaum call, had not been trained as an EMT, and his CPR certification had not been current for 2 years.
2. **That FEMS develop a form that is mandated for use by firefighter/EMTs who respond to any medical call. First responders' actions and patient medical information must be documented as required by Special Order Number 49.** The form implemented by FEMS should identify: 1) the EMT responders; 2) their actions regarding assessments and pre-hospital medical care; 3) patient information, including identification, past medical history, chief complaint, current condition; and 4) other pertinent information. This form would remain with the patient when care is transferred to other pre-hospital care givers and Emergency Department personnel.
3. **That FEMS develop and implement a standardized performance evaluation system for all firefighters.** The OIG team determined that FEMS firefighters are not evaluated on a regular basis, in the manner that most other District government employees are evaluated. According to a senior FEMS official and confirmed by the District's Office of Personnel, firefighters have no performance measures and do not receive written performance evaluations. Grade and step salary increases occur irrespective of the quality of their work. Consequently, FEMS lacks standards to guide firefighters' performance and for use in evaluating their performance.
4. **That FEMS assign quality assurance responsibilities to the employee (pre-hospital provider) with the most advanced training on each emergency medical call.** This report documents numerous failures to follow FEMS protocols that provide guidance for all aspects of the duties performed during emergency incidents. The OIG team recommends that the senior responder on each emergency call:
  - have in-depth knowledge of the most current protocols, General Orders, Special Orders, and other management and medical guidance that govern emergency response activities;
  - monitor compliance with FEMS protocols by all personnel at the scene, and provide on-the-spot guidance to ensure that all key duties are performed; and
  - include the results of on-scene compliance monitoring in reports as required by FEMS management.

**LIST OF FINDINGS AND RECOMMENDATIONS**  
**DAVID E. ROSENBAUM SPECIAL REPORT**

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**Ambulance 18 Response**

1. **That FEMS ensure all personnel have current required certifications prior to going on duty.** The OIG team determined that EMT 1's EMT certification expired in May 2005, and was not recertified until July 2005. The OIG team reviewed Ambulance 18's log book at the Ambulance 18 firehouse and 151 Run Sheets for May to July 2005. The team found that EMT 1 continued working and providing pre-hospital care during the period in which she was not certified.
2. **That FEMS take steps to comply with its own policy on evaluating EMTs on a quarterly basis.** The OIG team was told that non-firefighter EMTs have performance measures and are given performance reviews. However, a battalion fire chief stated that although FEMS policy requires quarterly EMT evaluations, officials are not meeting that schedule because "there are too many EMTs to evaluate four times per year." Consequently, supervisors evaluate EMTs' performance "when time permits," and some have not been evaluated "in years." FEMS officials stated that they are trying to improve their record on completing performance evaluations, at least annually.
3. **That FEMS move promptly to reassign, retrain, or remove poor performers.** The OIG team reviewed personnel files of all FEMS personnel involved in the January 6, 2006, Gramercy Street call. This review indicated that infractions have been committed by FEMS personnel for which no disciplinary action was taken. In other instances, disciplinary action was recommended but not carried out for several months. While there were disciplinary actions in the files of firefighters and one EMT for serious infractions, none of these files involved issues related to pre-hospital patient care. However, the file of one employee who is still on the job was notable for the disturbing history of work-ethic violations and poor performance.
4. **That FEMS assign quality assurance responsibilities to the pre-hospital provider with the most advanced training.** The special report documents numerous failures to follow FEMS protocols that provide guidance for all aspects of the duties performed during emergency incidents. The OIG team recommends that FEMS consider designating the most highly-trained responder on each emergency call as the Quality Assurance Officer, who would be required to:
  - have in-depth knowledge of the most current protocols, General Orders, Special Orders, and other management and medical guidance that govern emergency response activities;
  - monitor compliance with FEMS protocols by all personnel at the scene, and provide on-the-spot guidance as necessary; and
  - include the results of on-scene compliance monitoring in those reports already required, and in any other reports required by management.

**LIST OF FINDINGS AND RECOMMENDATIONS**  
**DAVID E. ROSENBAUM SPECIAL REPORT**

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Monitoring for quality assurance would not be burdensome and is already an inherent responsibility of the person in charge. This recommendation has the potential to provide management with timely feedback on the quality of the services rendered by individual emergency responders, as well as a larger picture of the effectiveness of protocols, policies, and procedures, and any changes that might be required.

5. **That FEMS consider installing global positioning devices in all ambulances to assist EMTs in expeditiously arriving at destinations in response to emergency calls.**

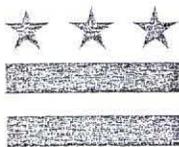
## APPENDICES

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**APPENDIX 5**

## APPENDICES

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DISTRICT OF COLUMBIA  
OFFICE OF THE INSPECTOR GENERAL  
CHARLES J. WILLOUGHBY  
INSPECTOR GENERAL

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INSPECTIONS AND EVALUATIONS DIVISION  
*MANAGEMENT ALERT REPORT*

**D.C. FIRE AND EMERGENCY MEDICAL  
SERVICES DEPARTMENT**

**DEFICIENCIES IN  
UNIVERSAL PRECAUTIONS TRAINING**

MAR 07 – I - 002  
APRIL 4, 2007

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GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Office of the Inspector General

Inspector General



April 4, 2007

Brian Lee  
Interim Chief  
D.C. Fire and Emergency Medical Services Department  
1923 Vermont Avenue, N.W.  
Washington, D.C. 20001

Dear Chief Lee:

This is a Management Alert Report (**MAR-07- I -002**) to inform you of a deficiency in the training program for D.C. Fire and Emergency Medical Services Department (FEMS) employees. FEMS employees are not receiving all required training in universal precautions<sup>1</sup> against occupational exposure to blood and other potentially infectious materials. This training deficiency may jeopardize the health and safety of FEMS employees. This issue came to our attention during our re-inspection of FEMS. The Office of the Inspector General (OIG) provides these reports when we believe a serious matter requires the immediate attention of District of Columbia government officials.

### Background

Title 29 C.F.R. §§ 1910.1030(g)(2)(i) and (ii) state that employers must ensure that all employees with occupational exposure to blood or other potentially infectious materials participate in a training program “[a]t the time of initial assignment to tasks where occupational exposure may take place...[and] [a]t least annually thereafter.”

The training must impart, among other things, information on symptoms of bloodborne diseases, modes of transmission, methods for preventing and reducing exposure, and procedures to follow if contact with potentially infectious material occurs. Title 29 C.F.R. §§ 1910.1030 (g)(2)(vii)(N) and (viii) further state that training must provide:

[a]n opportunity for interactive questions and answers with the person conducting the training session.... The person conducting

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<sup>1</sup> According to 29 CFR § 1910.1030 (b), “Universal Precautions is an approach to infection control . . . [in which] all human blood and certain human body fluids are treated as if known to be infectious for HIV [human immunodeficiency virus], HBV [hepatitis B virus], and other bloodborne pathogens.”

the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

## Observation

### **Employees who are regularly exposed to blood and other potentially infectious materials do not receive universal precautions training as frequently as required by federal regulations.**

The team found that FEMS employees, including paramedics and Medical Equipment Repair Unit employees, do not receive annual training related to bloodborne and body fluid-borne pathogens as mandated by Occupational Safety and Health Administration (OSHA) regulations.

It is our understanding that Emergency Medical Technicians receive training once every 2 years as part of their mandatory recertification courses, but also do not receive annual training. These employees are regularly exposed to blood and other potentially infectious materials in the course of caring for patients and cleaning ambulances.

Interviewees also stated that FEMS is in the process of developing a computer-based, on-line training course. A computer-based course alone would not comply with the federal requirement that employees be given an opportunity for questions and answers with an instructor who is knowledgeable in the subject matter as it relates to their workplace.

## Recommendations

The deficiency cited above may jeopardize the health and safety of FEMS employees. Accordingly, we recommend that you take the following actions immediately:

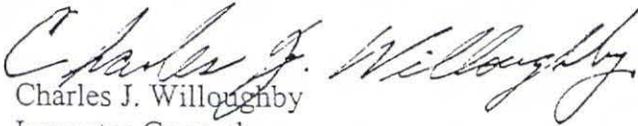
1. ensure that all FEMS employees who come in contact with blood and other potentially infectious materials receive annual training in universal precautions against occupational exposure;
2. ensure that the annual training complies with all elements of federal regulations; and
3. ensure that FEMS tracks and documents employees' annual training in universal precautions.

Please provide your comments to this MAR by April 20, 2007. Your response should include actions taken or planned, dates for completion of planned actions, and reasons for any disagreement with the concerns and recommendations presented. Please distribute this MAR only to those who will be directly involved in preparing your response.

Letter to Chief Brian Lee  
April 4, 2007  
Page 3 of 3

Should you have any questions or desire a conference prior to preparing your response, please contact [REDACTED] Director of Planning and Inspections, at 202 [REDACTED].

Sincerely,

  
Charles J. Willoughby  
Inspector General

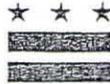
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cc: Daniel M. Tangherlini, City Administrator  
The Honorable Phil Mendelson, Chairperson, Committee on Public Safety and the  
Judiciary  
The Honorable Carol Schwartz, Chairperson, Committee on Workforce Development and  
Government Operations

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT  
WASHINGTON, D.C. 20001

L.S.

ADDRESS REPLY TO  
"FIRE CHIEF"



May 16, 2007

Charles J. Willoughby  
Inspector General  
Office of the Inspector General  
717 14th St., N.W.  
Washington, D.C. 20005

Re: MAR-07-I-002

Dear Mr. Willoughby:

This is in response to your Management Alert Report (MAR) dated April 4, 2007, informing the agency that Fire/EMS employees are not receiving required training in universal precautions pursuant to federal law. In particular, you state that Fire/EMS is in violation of the Occupational Health and Safety Administration (OSHA) regulations which mandate yearly training in infection control for employees exposed to blood borne pathogens. 29 CFR §§ 1910.1030 (g)(2)(i) and (ii).

D.C. Fire and EMS is substantially in compliance with critical elements of the OSHA standard on blood borne pathogens, as set form in 29 CFR § 1910.1030. Fire/EMS compliance includes the following policies and procedures:

- Blood borne pathogen precautions are taught as a part of our EMS curriculum and included as a major component of the EMS recertification process
- Development of an agency infection control plan
- Training on reducing exposure to blood borne pathogens
- Administration of free Hepatitis B vaccinations
- Appropriate personnel protective equipment, including gloves, gowns, protective eyewear, and bag-valve masks
- Methods of infection control, including proper handling, labeling and disposal of contaminated materials

- Housekeeping, including the proper decontamination of work surfaces
- Labeling, including using containers with the biohazard symbol to identify potential hazards
- Post-exposure evaluation and follow-up procedures in the event of a possible contamination

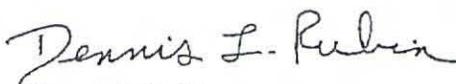
In regards to the training requirement, Fire/EMS is developing an on-line training program. This program will be accessible at will by all employees, and incorporated in the current company training structure. FEMS currently has universal precaution protocols available on our LAN, and they are regularly accessed as a part of the company daily training drills.

A paramount goal of Fire/EMS is to protect the safety of its personnel. Fire and EMS fully understands that the federal Occupational Health and Safety Administration (OSHA) regulations impart important national standards regarding the health and safety of all workers, and we strive to meet them to the fullest extent possible.

However, OSHA regulations are not mandatory in respect to Fire/EMS operations. All state governments, including the government of the District of Columbia are excluded from the OSHA definition of "employer." See 29 CFR § 1910.2(c) (Employer means a person engaged in a business affecting commerce who has employees, but does not include the United States or any State or political subdivision of a State).

I hope that this response adequately addresses your concerns. If you have any questions, please do not hesitate to contact me. My contact information is 202-673-3127.

Sincerely,

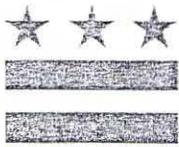


Dennis L Rubin  
Fire/EMS Chief

**APPENDIX 6**

## APPENDICES

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DISTRICT OF COLUMBIA  
OFFICE OF THE INSPECTOR GENERAL  
CHARLES J. WILLOUGHBY  
INSPECTOR GENERAL

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INSPECTIONS AND EVALUATIONS DIVISION  
*MANAGEMENT ALERT REPORT*

**D.C. FIRE AND EMERGENCY MEDICAL  
SERVICES DEPARTMENT**

**Deficiencies In the Security and Readiness of  
Reserve Ambulances**

MAR 07 – I - 004

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APRIL 2, 2007

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Office of the Inspector General

Inspector General



April 2, 2007

Brian Lee  
Interim Chief  
D.C. Fire and Emergency Medical Services Department  
1923 Vermont Avenue, N.W.  
Washington, D.C. 20001

Dear Chief Lee:

The Office of the Inspector General (OIG) provides a Management Alert Report (MAR) when we believe a serious matter requires the immediate attention of District of Columbia government officials. This MAR (**MAR 07-I-004**) is to inform you of deficiencies in the security and readiness of reserve ambulances, Emergency Mobilization Plan (EMOP) ambulances, and Special Operations vehicles. These issues have come to our attention during our current re-inspection of the D.C. Fire and Emergency Medical Services Department (FEMS).

**Background**

FEMS stores reserve ambulances at its Medical Equipment Repair Unit (MERU) located at 1300 New Jersey Avenue, N.W. The MERU is responsible for cleaning and maintaining the ambulances, and for making minor repairs to the medical equipment they carry.

FEMS also maintains and stores at three locations EMOP ambulances for deployment in the event of a mass casualty incident: 2225 5<sup>th</sup> Street, N.E. (Engine 12); 1338 Park Rd., N.W. (former firehouse site that now has offices for FEMS Special Operations and Homeland Security personnel); and 4600 Shepherd Parkway, S.W. (FEMS Training Academy).

In 2002, in response to reports of attempts by unauthorized people to access emergency medical services (EMS) vehicles and uniforms, the National Association of Emergency Medical Technicians (NAEMT) issued a security alert to EMS providers. NAEMT wrote:

EMS personnel and organizations enjoy a very high level of public trust. The opportunity for someone to exploit that trust by portraying themselves as EMS personnel by unauthorized use of vehicles or uniforms must be diminished to the lowest possible levels. EMS must take every reasonable step to ensure that we protect the public ....<sup>1</sup>

NAEMT recommended a number of operational security measures, including the following:

- EMS vehicles when unattended should NOT be left running or the keys left in the ignition.
- Tracking of vehicle access must include:
  - Insur[ing] that off service vehicles at EMS stations are secured in such a manner that significantly increases the difficulty of unauthorized access and use. Routine and random vehicle audits are encouraged.<sup>2</sup>

### Observations

During recent, unannounced visits, the OIG inspection team (team) observed deficiencies that may jeopardize the readiness of reserve and EMOP ambulances for service and the security of FEMS equipment and property.

#### **1. Reserve ambulances parked at the MERU were vulnerable to misuse, vandalism, and theft.**

On the day that the team conducted its observation, nine reserve ambulances at the MERU were parked in an unsecured lot. All nine ambulances were unlocked. The ambulances contained medical supplies and equipment, such as bandages and stretchers; however, inspectors found no medications onboard. The reserve ambulance lot opens to the street on one end and, according to interviewees, has a working gate that is closed at night. The other end of the lot opens to another lot with a gate that interviewees stated is always open. The team observed discarded shoes in the reserve ambulance lot, which is an indication that it is accessible to the public.

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<sup>1</sup> Press Release, NAEMT, NAEMT Re-Issues Security Alert for EMS Vehicles and Uniforms 1 (quoting Nathan R. Williams, NAEMT President) (Jun. 20, 2002), *available at* [http://www.ems.doh.ms.gov/pdf/NAEMT\\_pr\\_securityalert\\_62002.pdf](http://www.ems.doh.ms.gov/pdf/NAEMT_pr_securityalert_62002.pdf).

<sup>2</sup> *Id.* at 2.

2. **EMOP ambulances parked at several locations were vulnerable to misuse, vandalism, and theft. Engines of two unattended ambulances were running and doors to the vehicles were unlocked.**

On the day of the team's unannounced visits, ambulances at two of the three EMOP storage locations were not secure.

At 10:15 a.m. on January 31, 2007, two ambulances at Engine 12 were unlocked and running unattended in an open lot several steps from the sidewalk. A third ambulance parked on the same lot was unlocked.<sup>3</sup> The team was able to open and inspect the ambulances for several minutes before a FEMS employee exited Engine 12 and questioned them. One of the unlocked ambulances contained medications, a condition which an EMS supervisor stated was contrary to procedure.

At 11:40 a.m. on the same day, two EMOP ambulances at 1338 Park Rd., N.W. were unlocked in an unfenced area at the rear of the vacant firehouse. The team spent 30 minutes on-site, taking pictures inside the ambulances and making observations before a FEMS employee arrived. The two ambulances contained equipment and medical supplies, but no medications were observed.

The EMOP ambulances at both of these locations had long boards to immobilize patients and other medical equipment in unlocked exterior compartments.

At the Training Academy (Academy), two of the four EMOP ambulances were unlocked on the day of the unannounced visit. Security of EMOP ambulances at the Academy appears to be less of an issue during the day, given the high level of activity and presence of FEMS personnel. The Academy is surrounded by a fence with a gate that interviewees stated is locked at night. However, given its relatively isolated location, and the fact that no FEMS or security personnel patrol the Academy during overnight hours (i.e., from approximately 11:00 p.m. to 5:00 a.m.), security of EMOP ambulances at the Academy may still be deficient.

One FEMS employee demonstrated that the windows in the patient compartment doors can be easily opened from outside the vehicle, thus allowing someone to unlock the doors. Interviewees also stated that a universal key, specific to each ambulance manufacturer, could be used to open compartment doors for a manufacturer's entire fleet of vehicles. Interviewees said that in order to thwart the unauthorized use of universal keys, FEMS planned to affix padlocks to the patient compartment doors of all EMOP ambulances.

Upon learning of the unlocked ambulances, a FEMS Special Operations employee at 1338 Park Road, N.W. promptly locked the ambulances. The employee stated that the ambulances at Engine 12 also would be promptly locked and transferred to the interior courtyard, and that EMOP ambulances would be fitted with padlocks.

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<sup>3</sup> A fourth unit was parked behind a fence in an interior lot that sits adjacent to the firehouse.

**3. A Weapons of Mass Destruction response unit and two John Deere Gator utility vehicles were not secure and were vulnerable to vandalism or theft.**

During the team's January 31, 2007, visit to 1338 Park Rd., N.W., inspectors were able to access the cab and equipment storage compartments of a fire truck later identified by a FEMS employee as a Weapons of Mass Destruction response unit (unit). Inspectors entered the cab of the vehicle and found items including breathing apparatuses, the vehicle activity log, a radio transmission information card, and a General Services Administration fuel credit card. Inspectors also accessed several of the unit's exterior equipment storage compartments and found equipment bags with labels that included "Decontamination Tents."

At this location, inspectors also entered an unlocked garage that housed two John Deere Gator utility vehicles, with backboards and other equipment attached to them, which were sitting on travel trailers that appeared to be unsecured (i.e., a vehicle with the proper hitch could have been used to remove the trailers from the garage).

**Conclusion**

The OIG is concerned that an unsecured FEMS emergency vehicle could be stolen and used to commit an act of terrorism or other crime, or to gain access to a sensitive area or building, such as a federal government building, a hospital, or a major special event. The OIG is also concerned that poorly secured vehicles and equipment are susceptible to theft, vandalism, and misuse. Unlocked vehicles could be used to conceal drug and sexual activity, thereby compromising the cleanliness and sterility of the patient compartments in ambulances and work surfaces and equipment used by FEMS personnel.

The procurement of replacements for stolen and vandalized equipment would unnecessarily increase FEMS' equipment expenditures. Theft of equipment or damage to vehicles that are called into service on short notice (e.g., decontamination tents and the Weapons of Mass Destruction response unit) would severely impair FEMS' ability to respond to significant events.

**Recommendations**

The deficiencies cited above jeopardize the security of District property and the readiness of ambulances and other equipment to be used in emergency situations. Accordingly, we recommend that you take the following actions immediately:

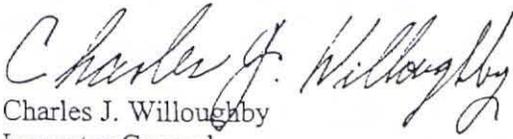
1. Ensure that doors to patient compartments of all reserve and EMOP ambulances not in active service are padlocked.
2. Ensure that exterior equipment compartments on ambulances and other vehicles are locked.
3. Ensure that the MERU ambulance lot is properly secured.
4. Ensure that FEMS develop and implement written policies and procedures to securely store all reserve, EMOP ambulances, and other vehicles and equipment that are not in regular service.

Letter to Chief Lee  
Page 5 of 5  
April 2, 2007

5. Evaluate the feasibility of fencing the lot at 1338 Park Rd., N.W., to provide better security for ambulances, other FEMS vehicles, and equipment.

Please provide your comments to this MAR by April 20, 2007. Your response should include actions taken or planned, dates for completion of planned actions, and reasons for any disagreement with the concerns and recommendations presented. Please distribute this MAR to only those personnel who will be directly involved in preparing your response. Should you have any questions or desire a conference prior to preparing your response, please contact [REDACTED] [REDACTED] Director of Planning and Inspections, at 202-[REDACTED].

Sincerely,

  
Charles J. Willoughby  
Inspector General

cc: Daniel M. Tangherlini, City Administrator  
The Honorable Phil Mendelson, Chairperson, Committee on the Judiciary  
The Honorable Carol Schwartz, Chairperson, Committee on Workforce Development and  
Government Operations  
Kelly Valentine, Interim Director, Office of Risk Management

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT  
WASHINGTON, D.C. 20001

L.S.

07 MAY 15 PM 3:00



ADDRESS REPLY TO  
"FIRE CHIEF"

May 15, 2007

Charles J. Willoughby  
Inspector General  
Office of the Inspector General  
717 14th St., N.W.  
Washington, D.C. 20005

Re: MAR-07-I-004

Dear Mr. Willoughby:

This is in response to your Management Alert Report (MAR) dated April 2, 2007, concerning deficiencies in the security and readiness of reserve ambulances, Emergency Mobilization Plan (EMOP) ambulances, and Special Operations vehicles.

1. **Reserve ambulances parked at the MERU were vulnerable to misuse, vandalism, and theft.**

**Corrective Action**

The temporary fence that was at the west end of the Medical Equipment Repair Unit (MERU) ambulance lot at Engine 6 has been replaced with a permanent chain link fence with a gate in it. The gate is locked at all times when MERU personnel are not using the lot. The east gate at the front of the firehouse is closed and locked to secure the area where the MERU ambulances are parked anytime that the area is not supervised. In addition, all units within the fenced area will be locked. All units that must be stored outside of a locked facility and that have manufacturer-supplied locking mechanisms that are defective or inadequate have been equipped with hasps and pad locks.

2. **EMOP ambulances parked at several locations were vulnerable to misuse, vandalism, and theft. Engines of two unattended ambulances were running and doors to the vehicles were unlocked.**

**Corrective Action**

All ambulances stored at Engine 12 have been moved inside the fenced area and the gate has been locked. In addition:

All units have been equipped with hasps and padlocks;  
All loose equipment is now kept in the patient compartment; and  
All medications have been removed and secured.

It has been the policy that no medications may be stored in any EMOP or reserve unit. A new policy has been established to require the units to be checked after each event and during daily check to ensure that no medications are accidentally left on the units.

All EMOP units at the Training Academy have been moved to the Ready Reserve Facility at Engine 24. All of those units have also been equipped with hasps and padlocks. In addition, all EMOP units have been removed from 1338 Park Road, NW and stored at the Ready Reserve Facility at Engine 24. These units have also been equipped with hasps and padlocks.

3. A Weapons of Mass Destruction Truck response unit and two John Deere Gator utility vehicles were not secure and were vulnerable to vandalism or theft.

The Weapons of Mass Destruction (WMD) Truck has been relocated to the Ready Reserve Facility at Engine 24 and will no longer be stored at 1338 Park Road, NW. The garage at the rear of 1338 Park Road has been equipped with locks and is now may be secured in an appropriate fashion. The hitches of each of the trailers used for transporting the John Deere Gators have also been secured.

Although the intent is that the WMD truck, EMOP units and other vehicles of that nature will no longer be stored at 1338 Park Road, NW, a private contractor has been contacted to supply options for installation of a gate that will restrict access to the side and rear of the property.

I hope that this response adequately addresses your concerns. If you have any questions, please do not hesitate to contact me. My contact number is 202-673-3127.

Sincerely,



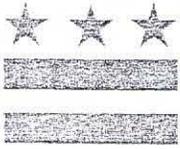
Dennis Rubin  
Fire/EMS Chief

cc: [REDACTED], Public Safety Program Analyst, OCA  
[REDACTED], Public Safety Program Analyst, OCA

**APPENDIX 7**

## APPENDICES

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DISTRICT OF COLUMBIA  
OFFICE OF THE INSPECTOR GENERAL  
CHARLES J. WILLOUGHBY  
INSPECTOR GENERAL

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INSPECTIONS AND EVALUATIONS DIVISION  
*MANAGEMENT ALERT REPORT*

**D.C. FIRE AND EMERGENCY MEDICAL  
SERVICES DEPARTMENT**

**DEFICIENCIES  
AT ENGINE COMPANY 16**

MAR 07 - I - 005

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APRIL 4, 2007

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Office of the Inspector General

Inspector General



April 4, 2007

Brian Lee  
Interim Chief  
D.C. Fire and Emergency Medical Services Department  
1923 Vermont Avenue, N.W.  
Washington, D.C. 20001

Dear Chief Lee:

This is a Management Alert Report (MAR-07-I-005) to inform you that the District of Columbia (District) Office of the Inspector General (OIG) has become aware of a serious deficiency in the building that houses Fire and Emergency Medical Services (FEMS) Engine Company 16. This issue came to our attention during our current re-inspection of FEMS. The OIG provides these reports when we believe a matter requires the immediate attention of District government officials.

### **Background**

FEMS provides fire protection and medical services from numerous fire stations located throughout the District, including Engine Company 16 at 1018 13<sup>th</sup> Street, N.W. Firefighters, emergency medical technicians, and paramedics work at this fire station, and the building also houses Emergency Medical Services Division offices on the third floor. During recent site visits, the re-inspection team (team) determined that standing water, wetness, and sewage in the building's basement pose health and safety risks to employees. Standing water can produce microorganisms such as viruses, bacteria, and mold; in addition, floodwater that contains sewage carries the risk of possible infectious diseases.<sup>1</sup>

### **Observation**

#### **Water and sewage have contaminated the basement of Engine Company 16.**

Title 7 DCMR § 2009.1 states that “[e]mployees have a right, to the maximum extent possible, to a safe and healthful working environment.”

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<sup>1</sup> U.S. Environmental Protection Agency, Flood Cleanup: Avoiding Indoor Air Quality Problems, Fact Sheet Publication No. 402-F-93-005 (Revised Oct. 2003), available at <http://www.epa.gov/mold/pdfs/floods.pdf>, (last visited Apr. 2, 2007).

Employees at Engine Company 16 informed the team that water and sewage in the basement have been a problem for several years. The team reviewed a service invoice, a remediation proposal, and other documents that show three occurrences of water in the basement between June and December 2006. Team members were told that there have been from 12 inches to 6 feet of water in the basement at various times. During one of its visits, the team observed that the basement floor was wet, and the team and FEMS employees smelled the very unpleasant odor of sewage on the building's first floor.

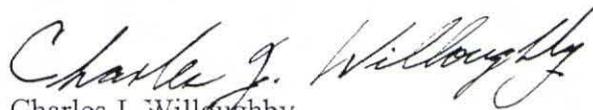
On another occasion, while the team was inside the elevator, it heard running water that sounded as if it were surrounding the elevator. Employees stated that they believed this noise occurs when the elevator goes to the basement level and somehow brings standing water up into the elevator shaft. While the team did not observe water inside the elevator itself, some employees expressed concern that water may eventually affect the elevator's proper operation while it is in use and endanger passengers.

**Recommendations:**

1. That FEMS take steps immediately to remove any existing wetness and sewage contamination in the basement of Engine Company 16.
2. That FEMS take steps immediately to acquire a permanent solution to Engine Company 16's basement water and sewage problems. A permanent solution not only will reduce health risks to employees, but also will eliminate the need for periodic expenditures related to recurring clean-up costs.

Please provide your comments on this MAR by April 20, 2007. Your response should include actions taken or planned, dates for completion of planned actions, and reasons for any disagreement with the concerns and recommendations presented. Please distribute this MAR to only those personnel who will be directly involved in preparing your response. Should you have any questions or desire a conference prior to preparing your response, please contact [REDACTED], Director of Planning and Inspections, at 202-[REDACTED].

Sincerely,



Charles J. Willoughby  
Inspector General

cc: Daniel M. Tangherlini, City Administrator  
Councilmember Phil Mendelson, Chairperson, Committee on the Public Safety  
and Judiciary  
Councilmember Carol Schwartz, Chairperson, Committee on Workforce  
Development and Government Operations

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT  
WASHINGTON, D.C. 20001

RECEIVED  
773  
07 MAY 16 PM 3:10

ADDRESS REPLY TO  
"FIRE CHIEF"



May 15, 2007

Charles J. Willoughby  
Inspector General  
Office of the Inspector General  
717 14th St., N.W.  
Washington, D.C. 20005

Re: MAR-07-I-005

Dear Mr. Willoughby:

This is in response to your Management Alert Report (MAR) dated April 4, 2007 concerning the deficiencies in the facilities of Engine Company No. 16.

At the time we received your MAR, Fire and EMS had already taken corrective action to address all of the observations and recommendations in the MAR. The following is a brief history of the problems identified by the MAR and the actions taken by the Department to remedy them.

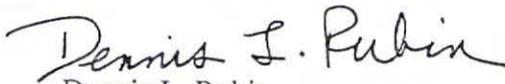
Engine Company 16, located at 1018 13th Street N.W. has had a history of storm water backing up into the basement over the past five years. Each time a report was made to Fire and EMS Facilities Maintenance, the issue was addressed using contractors or in-house maintenance staff to perform the appropriate work by pumping out the basement or clearing the drain lines by using a plumbers' snake. On one occasion, a contractor for D.C. Water and Sewer Authority (WASA) incorrectly installed a water meter in the basement resulting in major flooding of the area with the city's domestic water. The first report of sewage coming into the firehouse through the storm drains was in September 2006.

It was evident that there was a bigger problem since maintenance staff and contractors were unable to permanently remedy the plumbing deficiencies, despite repeated efforts. Facilities Maintenance staff contacted WASA to vacuum several sewer manholes that are in front of and alongside the firehouse. These sewer manholes filled up with water shortly after they had been vacuumed out. This led to a further investigation by WASA, which led to the discovery of collapsed combination storm water and sewer pipes in the alley alongside the station. These collapsed pipes, which are the responsibility of WASA, are causing the back up of storm water and sewage in to the firehouse. A WASA representative stated that they would replace the pipes but did not give a time frame of when that would occur.

To prevent any further flooding of the basement at Engine 16, Facilities Maintenance placed a plug in the drain that was allowing the sewage to enter the firehouse. This has prevented any flooding of the basement since and has not created any other problems. On or about February 20, 2007, the contractor completed cleaning and sanitizing the basement. An inspection by Facilities personnel on April 16, 2007 at the end of a major rain storm found that the basement was dry and had not flooded again.

I have attached two pictures reflecting the current conditions in the basement of Engine 16. I hope that this response adequately addresses your concerns. If you have any questions, please do not hesitate to contact me. My contact number is 202-673-3127.

Sincerely,



Dennis L. Rubin  
Fire/EMS Chief

cc:  Public Safety Program Analyst, OCA  
 Public Safety Program Analyst, OCA

## APPENDICES

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**APPENDIX 8**

## APPENDICES

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GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Office of the Inspector General

Inspector General



**CONFIDENTIAL**

June 15, 2007

**Via Hand Delivery**

Dennis L. Rubin  
Chief  
D.C. Fire and Emergency Medical Services Department  
1923 Vermont Avenue, N.W., Suite 201  
Washington, D.C. 20001

Dear Chief Rubin:

The Office of the Inspector General (OIG) provides a Management Alert Report (MAR) when we believe a serious matter requires the immediate attention of District of Columbia government officials. This MAR (**MAR 07-I-007**) is to alert you to a safety problem that may put D.C. Fire and Emergency Medical Services Department (FEMS) employees at risk of injury. The OIG has found non-working smoke detectors in living quarters and work areas of FEMS engine company buildings. This issue came to our attention during our re-inspection of FEMS.

**Background**

FEMS provides fire protection and medical services from 33 engine companies, located throughout the District, and the Fire Boat station. Each of these buildings, in addition to the fire apparatus, contains work and storage spaces, sleeping areas, kitchen appliances and dining space, and restroom and bathing facilities.

As part of the OIG's ongoing re-inspection of FEMS, Inspections and Evaluations Division inspectors are currently assessing the living and working conditions in all engine companies. To date, our inspectors have visited a majority of the engine companies and plan to complete assessments of the remaining facilities in the near future.

**Observations**

During recent, unannounced visits, the team found non-working smoke detectors in living quarters and work areas of engine company buildings. The inspectors observed and photographed missing or inoperative smoke detectors at multiple locations, including: a storage room at Engine Company 13; a sleeping area at Engine Company 22; a restroom at Engine Company 26; and a sleeping area at Engine Company 31.

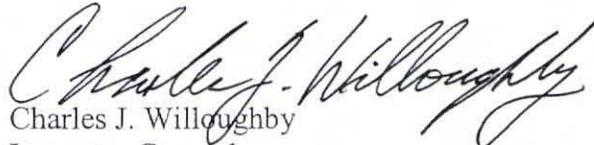
Some detectors appear to have been inoperative for some time, and there may be detectors at some locations that do not show obvious defects, but may in fact also be inoperative. In a number of instances, FEMS employees confirmed to the inspectors that the smoke detectors were not working.

### **Recommendation**

In light of the observations of our re-inspection team, I would recommend that immediate action be taken to: determine the exact number of inoperative or missing smoke detectors in all engine company facilities; assign high priority to their repair or replacement; and install additional detectors if deemed necessary in order to ensure adequate coverage of engine company personnel and buildings.

I would appreciate a response to this message by close of business June 25, 2007, that includes actions planned, or any disagreements or concerns you have with the information presented here. If you have questions or require additional information, please do not hesitate to contact Alvin Wright, Jr., Assistant Inspector General for Inspections and Evaluations on (202) 727-8452. Thank you for your continued cooperation

Sincerely,

  
Charles J. Willoughby  
Inspector General

cc: Daniel M. Tangherlini, Deputy Mayor and City Administrator  
Kelly Valentine, Interim Director, Office of Risk Management

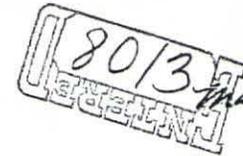
GOVERNMENT OF THE DISTRICT OF COLUMBIA  
FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT  
WASHINGTON, D.C. 20001

L.S.

ADDRESS REPLY TO  
"FIRE CHIEF"



2007 JUL 10 AM 7:34



July 9, 2007

Charles J. Willoughby  
Inspector General  
Office of the Inspector General  
717 4<sup>th</sup> Street, NW  
Washington, DC 20005

RE: MAR 07-I-007

The Fire and EMS Department (FEMS) has taken several steps to immediately address the problem of missing or inoperable smoke detectors in firehouses. A survey was conducted at each facility to assess the situation. Smoke detectors were tested and if they were found to have any problems were supplemented with a battery powered smoke detector to ensure protection to that area. This survey and remedy was completed on June 29, 2007.

A permanent solution to defective smoke detector equipment is now in progress starting with an assessment of the integrated hard wired systems now in the firehouses. FEMS has tasked the electrical contractor company J.E.S. Electric to determining the condition of the systems in all facilities starting with the ones sited in the Management Alert Report. Once the first firehouses are assessed and the conditions of these systems are determined a plan will be formulated to perform permanent repairs. The reports and cost estimate to repair or replace the systems are due from the contractor by July 12, 2007.

I hope that the above information has sufficiently addressed the concerns listed in your letter to me dated June 15, 2007. Please feel free to contact me with any questions, comments or concerns at 202-673-3127.

A handwritten signature in cursive script that reads "Dennis L. Rubin".

Sincerely  
Dennis L. Rubin  
Fire/EMS Chief

## APPENDICES

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**APPENDIX 9**

## APPENDICES

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District of Columbia

MAYOR FENTY

DC GUIDE

RESIDENTS

BUSINESS

## Fire and Emergency Medical Services

FEMS HOME

Releases

Newsletters

NEWS ROOM

Releases

Newsletters

April 9, 2008

2008 Listing

Jan Feb Mar Apr

May Jun Jul Aug

Sep Oct Nov Dec

### Mayor Fenty Announces Unification of Fire & EMS Department

2007 Listing

Jan Feb Mar Apr

May Jun Jul Aug

Sep Oct Nov Dec

(Washington, DC) – Today, Mayor Adrian M. Fenty and the Fire and Emergency Medical Services Department (Fire & EMS) announced that Fire & EMS will transition to a fully-integrated, all-hazards agency. Under this plan, all civilian single-role EMS providers will become sworn uniformed members, giving them the same pay and benefit opportunities offered to dual-role firefighter/EMTs and firefighter/paramedics. This new requirement is part of six recommendations put forward by the Mayor's Emergency Medical Services (EMS) Task Force.

2006 Listing

Jan Feb Mar Apr

May Jun Jul Aug

Sep Oct Nov Dec

"For too long, the Department's employees have operated on a separate, disparate footing," said Mayor Fenty. "This plan brings both sides of the Department together in a way that will finally make it one force, which will translate to better pre-hospital care for people in the District."

<< previous

SERVICES

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ONLINE SERVICE REQUESTS

The 'One Force – One Standard' transition will eliminate a historical cultural divide between dual and single role personnel and result in uniform standards for Fire & EMS personnel. For more than 20 years, the Department has examined the operational intricacies of transitioning to an all-hazards workforce with employees who are fully cross-trained in a variety of first response disciplines.

"We are about fairness, and we are about equity," said Fire & EMS Chief Dennis L. Rubin. "We are bridging gaps to fill our most important short-term needs. But, more importantly, we have finally begun the march toward complete unification."

Mayor Fenty's plan, with the leadership of the City Administrator and Chief Rubin, begins the next great evolution of the Department. The all-hazards recommendation requires all entry-level candidates for operational positions to achieve the following minimum certification requirements: National Registry Emergency Medical Technician-Basic; CPR; Firefighter I & II (NFPA); Hazardous Materials Awareness & Operations; Emergency Vehicle Operator; and Technical Rescue Orientation.

As part of the recommendation, Fire & EMS will offer cross-training for the 230 remaining single-role EMS workers. The Department will provide former single role employees with two career options: employees can elect to become all-hazards, fully trained fire fighters or they receive an orientation to all-hazards operations and then function as specialized EMS providers.

To view the EMS Task Force Recommendations online, visit the DC Fire & EMS website: [www.fems.dc.gov](http://www.fems.dc.gov).

WHAT: Fire & EMS Unification Plan Announcement

WHEN: Wednesday, April 9, 2008 - 10 AM

WHERE: DC Fire & EMS Training Academy – 4600 Shepherd Parkway, SW