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Briefing Report to the Chairman, Committee on Post Office and Civil Service House of Representatives

September 1986

POSTAL SERVICE

Improved Safety Program Needed at Los Angeles Bulk Mail Center

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GAO

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September 10, 1986

The Honorable William D. Ford
Chairman, Committee on Post
Office and Civil Service
House of Representatives

Dear Mr. Chairman:

This report responds to your May 13, 1985, request that we review the safety program of the Postal Service's Los Angeles Bulk Mail Center. The review, performed from June 1985 to March 1986, included interviews of officials and employees of the center as well as consideration of pertinent documents such as instructions governing the Service's safety program. The Service has a nationwide safety program for ensuring the occupational health and safety of its employees, and the program defines the safety responsibilities of managers and employees. Details on the results of our review are contained in appendixes II through IV.

In summary, we found that the Los Angeles Bulk Mail Center

--has not fully implemented the national program in the areas of operating safety committees and providing employees with appropriate safety training (see app. II);

--does not clearly inform injured employees of who will pay for medical treatment (see app. III);

--generally requires employees, when injured, to first review a packet of medical and return-to-work forms and instructions before sending them to a medical facility (see app. III); and

--does not use data from all accidents and injuries to establish and monitor local safety goals (see app. IV).

To improve the center's safety program, we are recommending that the Postmaster General direct the General Manager, Los Angeles Bulk Mail Center, to

--take the necessary actions to ensure that the center fully implements the Service-wide safety program;

--ensure that all injured employees are taken to the appropriate medical facility before reviewing an injury packet;

--provide employees with information on who pays for medical treatment and the procedures employees must follow to ensure payment or reimbursement; and

--use data from all accidents and injuries to establish safety goals, measure progress towards those goals, and better evaluate the effectiveness of the center's training efforts.

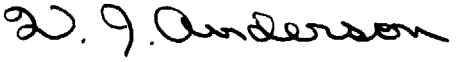
In commenting on a draft of this report, the Service agreed that the Los Angeles Bulk Mail Center should fully implement the Service-wide safety program and that injured employees at the center should receive more information on who pays for medical treatment. The Service said it has directed the Los Angeles Bulk Mail Center to take the necessary actions to fully implement the safety program and those actions are underway. The Service said employees will be informed of their right to be treated by their personal physicians and that payment for such treatment will be provided.

Concerning the remaining recommendations, the Service informally told us that before accepting our precise recommendation on taking injured employees for treatment before they review the injury packet, its national Office of Safety and Health will want to review the situation at the center directly to see whether some less extreme guidelines can be developed. The Service also said that when members of the Office of Safety and Health conduct their follow-up evaluation of the Los Angeles Bulk Mail Center's safety program they will explore with local management the feasibility of implementing the recommendation to establish local safety goals using data from all accidents. (See pp. 12, 20, and 28.)

As arranged with your representative, we are sending copies of this report to Representatives Mickey Leland, Frank McCloskey, William Clay, and Mervyn M. Dymally; the Postmaster General; and the manager of the Los Angeles Bulk Mail Center. We will also make copies available to other

interested parties upon request. If you have questions on the matters discussed in this report, please contact Mr. Willis Elmore on 268-4950.

Sincerely yours,



William J. Anderson
Assistant Comptroller General

BACKGROUND

THE LOS ANGELES BULK MAIL CENTER

The Los Angeles Bulk Mail Center (LABMC) is one of the Service's 21 highly mechanized centers nationwide for distributing bulk mail such as parcel post and bulk quantities of third-class mail. A bulk mail center essentially sorts and distributes bulk mail originating or entering its service area for shipment to other mail processing facilities or post offices. Because bulk mail center employees spend their workdays lifting heavy parcels and sacks of mail and operating or working around machinery, they--and bulk mail center managers and supervisors--must be very safety conscious.

The LABMC is among the busiest of the bulk mail centers; it processed almost 33 million sacks of mail, for example, in fiscal year 1985. Mail processing units at the center process mail 17 or more hours a day, 7 days a week while maintenance crews work around the clock to keep machinery in operating order. During fiscal year 1985, the center's workforce fluctuated between 900 and 1,000 employees, and these employees worked approximately 1.6 million hours.

POSTAL SERVICE'S SAFETY PROGRAM

The Occupational Safety and Health Act of 1970 directs the Postmaster General to establish an occupational safety and health program for Service employees. In response, the Service established a nationwide safety and health program in which managers and employees are assigned certain responsibilities.

Managers of bulk mail centers and of other Service facilities must plan, organize, and control operations to (1) eliminate safety hazards and (2) correct unsafe work habits of employees. Employees are expected to comply with all safety and health regulations, procedures, and practices and to immediately report any safety hazard or unsafe working condition. Employees are also expected to immediately inform their respective supervisors of any accident (and of any injury sustained) in which they are involved.

LABMC's safety program

The LABMC's safety program is part of the Service's nationwide program. To provide safe and healthful working conditions and to ensure that all employees work safely, the LABMC operates a safety program which the center's safety manager administers on a day-to-day basis. (The center's general manager has "final" responsibility for administering the program.)

During postal fiscal year 1985, the LABMC recorded 137 accidents, which approximates the totals recorded the previous two fiscal years as shown in table I.1.

Table I.1:
LABMC Accidents Per 200,000 Workhours

Fiscal year	All accidents[a]	Total workhours[b] (in millions)	Accidents per 200,000 workhours[c]
1985	137	1.6	17
1984	133	1.8	15
1983	135	1.6	17

[a]Accidents are from all causes and include all degrees of seriousness (for example, no injury, injury requiring first-aid treatment, injury requiring treatment by a physician).

[b]Numbers are rounded.

[c]One of the measures used by the Service to monitor safety performance. Numbers are rounded.

The LABMC has contracted with a nearby medical clinic to treat injured employees. The clinic, which is open to the public, is staffed with a physician 24 hours a day, 7 days a week.

OBJECTIVES, SCOPE, AND METHODOLOGY

On May 13, 1985, Representative William D. Ford, Chairman of the House Committee on Post Office and Civil Service, asked us to review several issues concerning working conditions at the Los Angeles Bulk Mail Center which included the following:

--The division of responsibility between management and employees for ensuring safe working conditions.

--The effectiveness of the LABMC's procedures for dealing with injuries.

--The standards for determining the LABMC's safety record.

We began the requested review in June 1985 and briefed the Chairman's representatives on the preliminary results of our work on November 20, 1985. In January 1986, the representatives asked us to issue a report on the basis of the briefing we provided. Our field work, which included the development of the information presented in the November 1985 briefing and updating of that information for this report, was completed in March 1986.

Our review essentially focused on compliance with requirements of the safety program and did not assess the effect of any noncompliance on the center's safety record. We also did

not compare LABMC's safety program with the safety program at other bulk mail centers. We worked at the LABMC in Bell, California; at the Angeles District office in Artesia, California; and at Postal Service Headquarters in Washington, D.C. (The LABMC reported to the Angeles District office; however, in February 1986, the Postmaster General announced a reorganization which eliminated district offices. The LABMC now reports to the Long Beach, California, Division.) We interviewed managers and employees of the LABMC, union officials at the LABMC, and Service officials responsible for the safety program on a national level. We interviewed 21 employees from mail processing and maintenance units who were randomly selected from among employees

--who had been injured on the job during the 16-month period ending December 31, 1985 (15 of the 21 employees); and

--who were not involved in an accident during the 16-month period (6 of the 21 employees).

We believe our sample was large enough to obtain a sense of employee experiences with and perceptions of LABMC's safety program but not large enough to permit statistically sound projections to all injured employees or all employees.

We reviewed pertinent Service manuals describing the (1) safety program, (2) procedures to be followed when an accident or an injury occurs, and (3) criteria for judging which accidents and injuries are included in the Service's national safety statistics. We reviewed the LABMC's file of accident reports for fiscal year 1985 and examined its statistical data on accidents and injuries. We reviewed the minutes of meetings conducted by the LABMC's two safety committees during 1984 and 1985. (One committee is made up of LABMC managers and the other includes managers and employee representatives.) Finally, we reviewed evaluation reports on the LABMC's safety program and inspection reports on working conditions at the center. These reports were prepared by regional and district officials during fiscal years 1984 and 1985. We also reviewed information from informal LABMC-performed inspections. We conducted our review in accordance with generally accepted government audit standards.

The results of our review are presented in appendixes II through IV.

SAFETY PROGRAM COMPONENTS NOT FULLY IMPLEMENTED

On a nationwide basis, the Service has prescribed instructions for implementing the safety program which, in part, require managers of facilities to

--establish joint management-employee safety committees and

--develop and provide safety training to employees.

At the LABMC, each of the listed components had been implemented to a degree but none had been fully implemented.

The instructions also require periodic evaluations of the safety program and periodic inspections of facilities to identify safety hazards and unsafe working conditions. Evaluations and inspections of the LABMC have occurred but without follow-up to ensure that corrective actions were taken. We found that promised or stated corrective actions have not always been implemented.

SAFETY COMMITTEES NOT OPERATING WITHIN GUIDELINES

Safety program instructions require postal facilities to establish two safety committees: a Management Safety and Health Committee composed of facility managers and a Joint Labor-Management Safety and Health Committee composed of managers and employee representatives. The LABMC has established both committees but neither is operating within Service-wide guidelines.

Management Safety and Health Committee

The purpose of the Management Safety and Health Committee is to improve the facility's safety and health program through bimonthly or more frequent meetings of the facility's top managers. (At the LABMC, committee members include the center's general manager, the directors of mail processing and maintenance, and the safety manager.) The committee is responsible for reviewing and discussing accident and injury trends, accident reports, and local safety and health problems. Once problems have been identified, the committee is responsible for developing plans for corrective action, identifying who will carry out those plans, and providing for follow-up to ensure that the action taken was effective.

Our discussions with the Safety Manager and our review of committee minutes indicate that meetings were held on an irregular basis, actions plans were not developed, and follow-up for items discussed was not required. Although the committee is supposed to meet no less than every other month, meetings in

1985, for example, were held in January, April, October, and November. Committee minutes show that the committee met five times in 1984 and four times in 1985. Action plans are not prepared and follow-up is not performed because, according to LABMC's Safety Manager, the managers who attend the meetings assume that the appropriate person among them will act to correct the items discussed.

The Western Region's February 1985 evaluation of the LABMC's safety program found the same deficiencies we noted and recommended that the committee begin operating in accordance with safety program instructions. The recommendation was not followed, however.

Joint Labor-Management Safety and Health Committee

Safety program instructions and current agreements between the Service and unions representing Service employees require each major facility to establish a joint labor-management safety and health committee. Committee responsibilities include

--reviewing progress in accident prevention,

--determining program areas which should receive increased emphasis,

--discussing all matters relating to employee safety, and

--making recommendations to the head of the facility for improving the safety program.

The labor-management committee at the LABMC is not functioning fully in accordance with safety program instructions. It has been precluded from discussing safety inspection reports; committee members have not received required training; and, contrary to a major goal, LABMC employees we talked to appear not to know of the committee.

Precluding the committee from discussing items contained in inspection reports prevents the committee from fulfilling its responsibility of discussing all matters relating to employee safety. Also members of the committee have not received the training the Service developed specifically for committee members nationwide. Service instructions say all members of joint labor-management committees must receive a 4- to 8-hour course on the duties and responsibilities of a committee member. The LABMC Safety Manager believes committee members have received the required training. She said she provided the training through informal discussions and presentations to committee members during and after committee meetings. However, the training required by the national safety program calls for a formal course several hours in length and this course has not been provided. This same conclusion was reached in the Western

Region's February 1985 evaluation of LABMC's safety program. In commenting on a draft of this report, the LABMC's general manager said committee members had all received the required training since our review ended in March 1986.

In order to develop employees' interest in safety, a major goal of labor-management committees Service-wide is to ensure that employees are aware of the committee and actively voice their concerns and ideas to it. Whether the LABMC is achieving this goal appears questionable because 18 of the 21 employees we interviewed said they were unaware of the committee's existence. (Of the remaining three employees, one did not respond to the question and two knew of the committee.) According to the LABMC General Manager, employees' ideas and concerns reach the committee through the union representatives who usually submit their own items for the committee's agenda as well as solicit information from the employees they represent.

LIMITED AND INAPPROPRIATE REFRESHER TRAINING

According to safety program instructions, refresher training must be developed and used for correcting improper work practices after an accident occurs. Who should receive this training and how they are selected is left to the discretion of each facility manager. (For example, the employee selected could be the person who had the accident or all employees from the person's work unit.) At the LABMC, refresher training, which is also referred to as remedial training, consists primarily of classroom instruction, films, and self-administered tests and safety talks by supervisors. Remedial training, however, is not consistently or appropriately given to LABMC employees involved in accidents.

The LABMC provided remedial training to three employees during fiscal year 1985. According to the Safety Manager, she did not have time to administer the training program (she had no staff and no one else was available) and the LABMC was trying to reduce the number of overtime hours worked. Placing employees in training would have increased overtime hours because other employees would have had to perform the work tasks of those in training.

In November 1985, the Safety Manager requested remedial training for all employees who have accidents in fiscal year 1986 resulting from unsafe acts. (Most accidents are from unsafe acts such as improper lifting procedures.) Although we understand permission was obtained, no remedial training had been provided through March 1986 because the Safety Manager lacked the time to provide it.

We talked with two of the three employees who received remedial training in 1985; the two were among the 21 employees

we interviewed. The remedial training they received was unrelated to the injuries they sustained. One employee who had gotten caustic material in his eye while spraying a machine part received training on proper lifting procedures and the second employee, whose knee had popped out while pushing a heavy container, received training on how to prevent falls. The remedial training (classroom instructions, films, tests) the LABMC provides is based on the material it has available and, if no material is available for a specific accident type, general information regarding accident prevention is provided. This can result in an employee receiving training that has no direct connection to the cause of the accident that prompted the training. For example, the center did not have information on preventing eye injuries or removing foreign material from eyes but had information on lifting procedures and provided it.

The LABMC also relies on line supervisors to provide remedial training. Although we believe line supervisors should provide remedial training, we question whether all supervisors provide such training and whether the training provided is adequate. Remedial training, the Safety Manager said, generally takes place during 5 minute safety talks given weekly by line supervisors. The supervisor decides what portion, if any, of the talk will concern remedial training. We interviewed four line supervisors--two said they gave remedial training and two said they did not. All 15 employees we interviewed who were injured on the job said they had not received remedial training related to their injuries and had not been told of ways to prevent recurrence of those injuries. According to LABMC's general manager, the center's safety manager conducts spot checks to ensure that line supervisors provide appropriate and adequate remedial training and the center does not believe continual follow-up is necessary to provide that assurance.

NO FOLLOW-UP ON EVALUATIONS AND INSPECTIONS

The Service monitors the effectiveness of its safety program through periodic evaluations of the program's administration and through periodic inspections of postal facilities. Program evaluations measure how well the safety program is being administered throughout each organizational level. Safety inspections concentrate on identifying potential safety hazards in work areas and correcting them.

Evaluations and inspections have been conducted of the LABMC and recommendations have been made. However, at least for the evaluation (by the region and by the district) and inspection (by the district) reports we reviewed in detail, officials who performed the evaluations and the inspection did not follow up to determine if their recommendations had been implemented. Recommendations have not always been implemented,

contrary to LABMC's "official" promises or statements of corrective action.

For example, as we reported earlier, safety personnel from the Service's Western Region evaluated the LABMC's safety program in February 1985 and reported that the Management Safety and Health Committee was meeting irregularly rather than at least once every 60 days and that committee minutes did not reflect agenda items required by safety program instructions such as the identification (preparation) of action plans. The LABMC responded in March 1985 that meetings would be held as often as necessary but at least every other month and that the committee's responsibilities and objectives would be in accordance with program instructions. As we reported on page 7, we found that the committee was still meeting irregularly and not preparing action plans after the March 1985 response.

In another example, the responsible district office inspected the LABMC in August 1985 and reported that ladders leading to catwalks were not marked to prevent unauthorized use. Only maintenance personnel are supposed to use the catwalks and therefore the ladders. The LABMC responded in September 1985 that the condition was corrected. We found that it was not as of December 1985. In writing the September response, the LABMC Safety Manager had relied on a statement from the maintenance department that the ladders had been marked.

For inspections (which identify safety hazards), the national program relies on several direct and indirect means for ensuring that corrective action is taken. For example, the program calls for the establishment of abatement committees and the posting of deficiencies so that affected employees can be aware of them. At the LABMC, abatement committees are formed but notices of deficiencies are not clearly posted. The notices--inspection reports--are posted on glass-enclosed bulletin boards with only the first page visible. Deficiencies are usually listed on the second and/or subsequent pages. (LABMC officials told us employees have been advised that they can receive the reports upon request.) The program, for example, relies on management reporting (i.e., from one level to another) but as we stated above, the LABMC's written responses to inspection reports do not always coincide with the action that has actually occurred. The program also relies on subsequent periodic inspections to ensure that corrective action is taken. According to an official who performed the inspection we reviewed, inspection reports from the "last" inspection are used in conducting the next inspection.

The Service-wide instructions regarding program evaluations (which concerns administration of the safety program) do not directly, we believe, require program evaluators to ensure that the deficiencies they identify are corrected. The instructions require a facility's manager to write a plan with which to abate

each reported deficiency and to send the plan to the senior official of the organization that conducted the evaluation. That office, according to national office safety officials, should refer to the plan when conducting further evaluations of the facility. The instructions further require facility managers and safety officials to monitor the actions the facility takes in response to program evaluations. As noted in the examples above concerning the February 1985 program evaluation, the statements in the abatement plan we reviewed did not always reflect the actual course of action the LABMC took. According to an official of the Service's national office, the Service-wide instructions are in the process of being amended to require organizations that perform evaluations to follow up their evaluations as necessary to ensure that deficiencies are abated.

CONCLUSIONS

The Service has developed a nationwide safety program in an attempt to ensure the occupational health and safety of its employees. Although the LABMC has implemented the program, it has not fully done so in complying with guidelines for operating safety committees and providing appropriate remedial training. Several of the deficiencies we found were reported earlier to the LABMC by safety personnel from the Service's Western Region.

RECOMMENDATION

In order to complete the implementation of the safety program at the LABMC, we recommend that the Postmaster General direct the General Manager, Los Angeles Bulk Mail Center, to take the necessary actions to ensure that the center fully implements the Service-wide safety program.

AGENCY COMMENTS

In commenting on a draft of this report, the Postmaster General said the Service agrees completely with the recommendation and that the LABMC has been directed to take the necessary actions to implement the Service-wide safety program. Those actions, according to the Postmaster General, are underway; for example, meetings of the center's safety committees will be regularly scheduled and action plans developed. The Postmaster General said the Service's national Office of Safety and Health will assist the Long Beach Division in a follow-up evaluation of the LABMC's safety program to ensure that national policies are fully implemented.

As the Postmaster General's letter notes (see app. V), the Service informally provided technical comments on our draft report and, on the basis of those comments, we deleted a section from this appendix that was concerned with whether line supervisors at the LABMC should prepare safety action plans.

Such plans, in part, identify (1) the primary causes of prior accidents and injuries and (2) the corrective actions needed to reduce their occurrence. At the LABMC mid-level managers such as tour superintendents prepare action plans.[1] (These plans are in addition to the action plans that the Management Safety and Health Committee is supposed to prepare.)

In the draft report, we said line supervisors, who supervise small groups of mail processing and maintenance employees, were not preparing action plans as required by safety program instructions. We based our view on our interpretation of safety program instructions and our understanding of what safety officials from the Service's national office said in a discussion we had with them.

We believed line supervisors were "managers" and therefore were required to prepare action plans. The safety instructions require all managers with specific responsibility for the safety of subordinates to have action plans. In its technical comments, the Service said line supervisors are not managers and are therefore not required to develop action plans. Thus, we have revised our view and believe that the LABMC is complying with safety program instructions in not requiring action plans from line supervisors.

In discussing the Service's technical comments with LABMC officials, they advised us of an upcoming change in the way LABMC managers prepare action plans. The plans, they said, will be "individualized" to account for the differing working conditions that exist among the center's various work stations. (A tour superintendent, for example, will develop a number of plans--each tailored to a specific station or group of stations--rather than preparing a single, all-encompassing plan.) The LABMC plans to make this change starting with fiscal year 1987 plans.

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[1]The LABMC is organized into four functions--mail processing, maintenance, control and logistics, and support--and each function is headed by a director who reports to the center's general manager. Tour superintendents report to the mail processing and maintenance directors, and each tour superintendent is responsible for all of the mail processing or maintenance activities on an 8-hour shift or tour. Line supervisors are below tour superintendents in the management structure. The control and logistics and support functions do not have tour superintendents and line supervisors.

SAFETY INSTRUCTIONS NOT CONSISTENTLY FOLLOWED WHEN EMPLOYEES ARE INJURED

According to the Service's safety program instructions, the responsible supervisor should be notified immediately when an employee is injured. The following procedures are then to be carried out in the order listed.

(1) Provide necessary first aid treatment and advise the employee of his/her right to be examined by either a postal physician or his/her own personal physician.

(2) Notify the medical/health unit.

(3) Have employee evaluated by nurse/doctor to determine severity of injury.

(4) Notify security.

(5) Transport injured employee to hospital by most appropriate means, if required.

Steps 2 and 3 are skipped when a facility does not contain a medical/health unit. The LABMC has a contract with a private medical clinic which is located less than a mile away and is staffed with a physician 24 hours a day.

The LABMC does not consistently follow these procedures and, as a result, may be compromising the employee's welfare and, in some instances, placing the general public at risk by permitting injured employees to drive themselves for treatment.

REVIEW OF INJURY PACKET DELAYS SENDING EMPLOYEES FOR TREATMENT

All injured employees at the LABMC, except those whom line supervisors judge as requiring immediate paramedical attention, are supposed to receive an "injury packet" immediately upon reporting the injury. They are to read and sign the appropriate documents in the packet before obtaining medical treatment. The contents of the packet, which the LABMC prepared and uses at its own discretion, are described in the following table.

Table III.1:
Contents of LABMC's Injury Packet

Document and purpose	Responsibility for completing	Organization requiring form and time limit for completion
Letter to employee detailing LABMC's policy regarding injuries and procedures to be followed.	Employee is required to read, sign, and date.	LABMC. Must be signed immediately.
Form CA-1 for reporting injuries to Department of Labor in order to receive injury compensation.	Employee and supervisor responsible for completing respective sections.	Department of Labor's Office of Workers' Compensation Programs (OWCP). Must be submitted within 30 days of injury.
Form HCFA-1500 used by physician to make claim for payment for medical services rendered.	Employee must provide very general information and sign form. Physician completes the form.	OWCP. No indicated time limit.
Employee's medical release granting the Postal Service authority to request and receive medical information on the employee.	Supervisors are instructed to require employees to read, sign, and date.	Postal Service. Employee is required to immediately read, sign, and date.
Letter to physician, list of limited duty positions at LABMC, and Form CA-17 Duty Status Report. Presents information on LABMC's limited duty positions and report for use by physician in describing level of work employee is capable of handling. (Limited duty positions are filled by injured employees until they are sufficiently recovered to return to their regular jobs.)	Form CA-17 to be completed by physician and LABMC.	OWCP. Employee is responsible for returning CA-17 to LABMC following initial treatment of injury.

The LABMC uses the packet to educate injured employees, according to the center's Injury Compensation Specialist, and not receiving, reviewing, or completing the packet before treatment does not jeopardize the employee's or the Service's rights in processing the related injury claim. The specialist said the letter to the employee (contained in the packet)

educates the injured employee on the procedures he or she must follow in obtaining medical treatment and in returning to work. Of special importance, it tells the employee that he or she can choose the physician who will provide treatment.[2]

Not all of the injured employees that we interviewed received the packet before being treated--7 of the 15 employees did not. The Injury Compensation Specialist said that in general, employees should receive the packet before obtaining medical treatment and line supervisors were not complying with LABMC policy if some employees got the packet after treatment.

When injured LABMC employees spend time going through an injury packet at the LABMC, they do so at the judgment and direction of line supervisors. The case of an employee we interviewed illustrates the risk of having line supervisors decide whether employees should review injury packets before being sent for medical treatment. The employee experienced chest pains while moving boxes and reported to his supervisor. The supervisor's written report relates what happened next. Before the employee was sent for treatment, his supervisor located and conferred with another supervisor to determine if the injury packet should be completed. The supervisor was uncertain because the employee's symptom did not appear to be related to any injury incurred at work. The supervisors decided not to give the employee the packet. However, leaving the LABMC for treatment was further delayed while the employee was told that his injury was not considered job related and that he would be responsible for any medical bills. At some point while waiting, the employee told his supervisor that he just wanted to see a doctor because he thought he was having a heart attack.

After waiting at least 20 minutes, the employee finally went to LABMC's contracted-for clinic where he was diagnosed as having a rib and chest cartilage injury. However, his supervisors did not know the nature of his injury while he was made to wait; all they knew was that he was complaining of chest pains.

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[2]As we understand, the LABMC's orientation program for employees new to the facility includes a section on safety and, in presenting the section, the procedures for obtaining medical treatment and returning to work are explained. Thereafter, however, no systematic attempt is made to remind employees of those procedures aside from the injury packet. For example, line supervisors, in giving safety talks, are not required to discuss the procedures. Although the procedures may have been posted on other bulletin boards, they were not posted on the safety bulletin board in the center's main hall leading to the "workroom floor."

Requiring employees to review the packet beforehand forces line supervisors to make medical decisions--i.e., that the severity and consequences of the injury are insignificant enough to allow the employee to review the injury packet. After an injured employee reaches a medical treatment facility (the clinic, a doctor's office, etc.), he or she may have to fill out forms before being treated; however, the employee is in the presence of medical professionals, unlike the wait at the LABMC.

We do not question the necessity for the letters and forms in the injury packet, only the timing of the employee's review. The timing, we believe, causes supervisors to make medical decisions and causes delays in getting injured employees to medical professionals.

TRANSPORTATION NOT ALWAYS PROVIDED WHEN SEEMINGLY APPROPRIATE

Injured employees, if required, should be transported to a hospital by the most appropriate means, according to safety program instructions. Line supervisors at the LABMC decide whether injured employees should be provided transportation to a medical facility. Of the 15 injured employees we interviewed, 7 were provided transportation and 8 drove themselves. Six of the eight drove to the contracted-for clinic located less than a mile away; the other two employees drove to the offices of their personal physicians (one from the LABMC and the other from her home). The following table shows which of the 15 employees drove themselves.

Table III.2:
Who Provided Transportation
to the 15 Injured Employees
We Interviewed

Employee	Nature of injury	Method of transportation: Postal	Method of transportation: Self
A	Tear in right knee	X	
B	Cut over eye requiring sutures	X	
C	Right shoulder strain	X	
D	Groin strain		X
E	Abdomen strain	X	
F	Lower back strain		X
G	Arm and elbow strain		X
H	Smashed and cut finger		X
I	Right knee contusion	X	
J	Particle in eye		X
K	Right wrist strain	X	
L	Left small finger sprain	X	
M	Chemical in face and left eye		X
N	Left leg contusion		X
O	Rib and chest cartilage		X
		7	8

Among the eight employees who drove themselves, at least two had injuries that seemingly could have impaired their driving ability:

--employee M who got a chemical on his face and in his left eye and

--employee O who was experiencing chest pains.

Both drove to the clinic and both said the LABMC did not offer to drive them.

The drive to the clinic is less than a mile but we question the need for injured employees to drive even that distance. Supervisors decide who drives to the clinic (unless an employee refuses to be driven); however, we believe that supervisors lack the medical training to make this decision.

MEDICAL PAYMENT PROCEDURES NOT EXPLAINED

Instructions for the Service's safety program say employees, when injured, must be advised of their right to either use Service physicians (such as those at the clinic) or their own physicians. The LABMC includes a letter in the injury packet that is intended, in part, to inform employees of this right. However, most of the injured employees that we interviewed--12 of the 15--said they were not clearly told of the right to be treated by a personal physician.[3] Of these 12 employees, five received the injury packet to review before seeking treatment. The letter the employees read apparently did not convey the message it intended. However, the LABMC rewrote the letter in March 1986--it went into use in April--and the new letter openly and clearly states that an injured employee has the right to be treated by a personal physician. (A copy of the new letter appears at the end of this appendix.)

The new letter, like the letter it replaced, does not discuss who will pay for medical treatment and the procedures to follow to initiate payment whether an employee chooses to go to the clinic or a personal physician. The House Committee on Post Office and Civil Service asked us to examine the LABMC's safety program because, in part, employees were apparently confused as to the steps they must take to ensure payment for treatment received and when visits to a private physician would be reimbursed.

CONCLUSIONS

The LABMC relies heavily on line supervisors to carry out its safety program. Supervisors decide whether an injured employee is able to review the center's injury packet before

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[3]Of the 15 injured employees that we interviewed, 4 were treated by a personal physician. Three of the four employees said they were not clearly told of the right to be treated by a personal physician and one said he was. Of these three employees, one employee decided to go to her doctor after coming home from work, the second employee was a union representative who knew he had that right, and the third employee called in her union representative to explain her rights and the applicable procedures.

receiving medical treatment and whether the employee should be transported to obtain medical attention. Such decisions, we believe, should be made by members of the medical profession rather than LABMC supervisors.

The LABMC uses the injury packet as a means of educating injured employees on the procedures for obtaining medical treatment and for returning to work. It relies on the packet to provide this information rather than other means such as safety talks and bulletin board notices. Although we agree that employees should be instructed on the procedures to follow, this instruction could be given at other times or in other ways. For example, supervisors could provide the information several times a year during safety talks, the information could be posted on widely accessible bulletin boards, and/or a brief note could be provided to the employee at the time of injury.

The information should also clearly explain who will pay for medical treatment and the procedures necessary to initiate payment. This information is necessary to dispel the apparent confusion among LABMC employees concerning the steps they must take to ensure payment for treatment received and when visits to a personal physician would be reimbursed.

RECOMMENDATIONS

In order for injured employees at the LABMC to be in a position to receive medical treatment more immediately and to relieve LABMC supervisors from making certain medically related decisions, we recommend that the Postmaster General direct the General Manager, Los Angeles Bulk Mail Center, to ensure that all injured employees (1) are sent for medical treatment without first reviewing an injury packet and (2) are provided transportation to the clinic (or whatever medical facility is appropriate).

In order to dispel the apparent confusion among LABMC employees concerning payments and reimbursements for medical treatment, we recommend that the Postmaster General direct the General Manager, Los Angeles Bulk Mail Center, to provide full and clear information to employees on who pays for medical treatment (including treatment by personal physicians) and the procedures employees must follow to ensure payment or reimbursement.

AGENCY COMMENTS

The Service, in providing technical comments on a draft of this report, said it agreed that employees should receive prompt medical attention and should be advised of their right to receive the medical attention from the physician of their choice and should be given the forms they need to obtain such attention. The Service said that clearly, in the instances we cited, bad judgment had been exercised at the LABMC regarding

employee review of the injury packet and in letting employees drive themselves to the nearby clinic. However, the Service said that before accepting our precise recommendations on these two points, its national Office of Safety and Health will want to review the situation at the LABMC directly to see whether some less extreme guidelines can be developed.

The Service said LABMC employees will be informed of their right to receive treatment from their personal physicians and will be informed that the Department of Labor's Office of Workers' Compensation Programs will pay for such treatment.

APPENDIX III

UNITED STATES POSTAL SERVICE
LOS ANGELES BULK MAIL CENTER

5555 Bandini Boulevard/Bell, CA 90201

DATE: April 1, 1986

OUR REF: LAN:050:JPB:DF:jw

SUBJECT: Industrial Injury

TO: Injured Employee

You have reported a job-related injury which requires medical attention.

You have the right to be treated by a physician of your own choosing, within certain limitations set by OWCP. There is, however, a medical clinic located nearby which is capable of treating any type injury. The Commerce Industrial Medical Clinic, 5801 East Washington, Commerce, California is well staffed and is open 24 hours a day. The medical staff is familiar with the various forms required by the Postal Service and the Office of Workers' Compensation Program (OWCP), as well as the types of limited duty work available at the LABMC.

You are required to return to the Los Angeles Bulk Mail Center immediately after your treatment for a job-related injury with the Form CA-17 completed by the examining physician. You should return the same day and during your tour of duty, if possible. Based upon the doctor's comments and recommendations on the CA-17, the supervisor will determine your duty status in relation to limited duty work.

If you are disabled from work and unable to return to the facility, you must immediately notify your supervisor by telephone for instructions.

Limited duty work is available if you are only partially disabled. You must advise your physician of this. Limited duty will be assigned in accordance with the physical limitations prescribed by your physician. If you are found to be totally disabled by your physician, you must specifically ask your physician as to the first date you may return to work.

It is imperative that you follow these instructions when you sustain an on-the-job injury. Failure to do so could result in denial of whatever compensation benefits you might otherwise be entitled.

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Industrial Injury
Page Two

Should there be a need for additional assistance during the period of injury, please contact the Injury Compensation Office at (213) 729-4029 or 729-4022.

John P. Barbanti
General Manager

I received a copy of this letter on: _____

_____
Employee's Signature

DATA FROM ALL ACCIDENTS NOT USED

At the LABMC, whenever an employee reports an accident, the responsible supervisor completes an accident report and gives it to the Safety Manager who maintains a log of all accidents. Information on certain logged-in accidents goes into the Service's national data system on accidents and injuries. Data that goes into the national system is used to establish safety goals for the LABMC and to measure the center's progress in meeting those goals.

Because of the criteria for reporting accidents to the national system, the number of accidents reported to it is much smaller than the total number of accidents experienced by the LABMC. This smaller number is what appears in management reports generated from the national system. Although the data would provide greater insight, the LABMC does not use the data from all accidents in formulating safety goals and in measuring the effectiveness of its accident prevention efforts.

NATIONAL REPORTING GUIDELINES

The Service produces its official safety record by following the governmentwide reporting guidelines for occupational injuries and illnesses established by the Occupational Safety and Health Administration and by following its own national reporting criteria for accidents involving postal customers, motor vehicles, and property damage. These guidelines and criteria include, for example,

--accidents involving lost workdays (including part of a workday) beyond the day of occurrence;

--accidents involving payments for medical services to physicians not employed by or under contract to the Service;

--accidents involving motor vehicles which result in death, injury, or combined property damage of $500 or more, regardless of who was injured or what property was damaged (starting in fiscal year 1986, all motor vehicle accidents involving any property damage must be reported--the $500 threshold was eliminated); and

--accidents involving property damage of $500, regardless of ownership, or fire damage of $100 or more to Service property.

For fiscal year 1985, the LABMC, according to its accident log, submitted data on 44 accidents to the Service's national data system.[5]

While the LABMC experienced 44 nationally reportable accidents in fiscal year 1985, it recorded 137 accidents in total.[6] (On the basis of information available in LABMC's accident log, most of the 93 nonreportable accidents were nonreportable because (1) the injured employee received treatment without going to a personal physician and apparently did not miss work beyond the day of the accident and (2) the amount of any property damage was under the reporting threshold and no one was injured.) The 137 total accidents were roughly divided between

--113 accidents in which an injury occurred, and

--24 accidents not involving an injury (for example, motor vehicle accidents in which property was damaged but no person was injured).

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[5]Difficulties can occur when trying to compare the official safety record of different Postal Service facilities. At the LABMC, a physician, under contract to the Service, is available 24 hours a day. At another facility, a Service physician may be available less than 24 hours a day. (For example, at the Washington Bulk Mail Center, a Service doctor is generally available 8 hours a day Monday through Friday. Thereafter, employees are sent to a local hospital for treatment, which requires payments to non-Service physicians.) Under the national reporting guidelines, the LABMC would likely report fewer accidents than the other facility even though the LABMC may have experienced as many or more accidents than the other facility.

[6]The difference between nationally reportable and nonreportable accidents rests, in part, on where treatment is provided as well as the severity of the accident. The criteria for reporting accidents nationally do not, in effect, require reporting when LABMC's contracted-for clinic provides treatment unless the injury causes the employee to miss work beyond the day of the accident. For example, an employee we interviewed was treated at the clinic for a sprained wrist and, because she did not miss further work, her accident was not reported nationally. However, had she chosen to be treated by a personal physician, the accident would have been reportable because accidents involving payments to physicians not employed by or under contract to the Service must be reported to the Service's national data system.

Table IV.1 lists the causes of the 137 accidents.

Table IV.1:
Causes of LABMC's 137 Accidents
in Fiscal Year 1985

Cause	Number of accidents
Slips, trips, and falls	11
Handling or lifting	38
Striking against objects	10
Struck by objects	35
Motor vehicles	14
Particles in eyes	7
Fires	4
Chemical spills (e.g., from open packages)	4
Other	14
Total	137

DATA FROM ALL ACCIDENTS

The LABMC's safety goals and its progress in achieving those goals are based on accident data reported to the national system--the official safety record. With over 29,000 post offices, more than 770,000 paid employees, and at least 137,000 vehicles, the use of selected data (that is, official record data) to manage the safety program nationally and regionally is understandable.

But, at the LABMC, the difference between the number of official accidents and all accidents is significant. The Service generally uses three measures to monitor safety performance:

--accidents per 200,000 workhours,

--injuries per 200,000 workhours, and

--lost workday injuries per 200,000 workhours.

Using the three measures, table IV.2 compares LABMC's reportable accidents to all accidents for fiscal year 1985.

Table IV.2:
Reportable Accidents Compared to
All Accidents at LABMC for
Fiscal Year 1985

	Per 200,000 workhours		
	All	Reportable	Goal
Accidents	16.8	5.4	a
Injuries	13.8	5.3	6.4
Lost workday injuries	1.2	1.2	1.5

aNo goal was established. A goal was established beginning with fiscal year 1986.

As the table shows, the ratio of accidents and injuries per 200,000 workhours increases significantly when all accidents and injuries are considered.

However, the LABMC does not use the data from all accidents to set its own safety goals and measure progress towards those goals or to evaluate the effectiveness of safety training. For example, as discussed on page 13, mid-level managers at the LABMC develop action plans to reduce the occurrence of accidents. But the numerical analysis and goal setting that goes into the plans are based on information reported to the national office. On the basis of 1985 statistics, this means that the safety goals and action plans would relate to only about one-third of the total accidents (44 of the 137 accidents). Failure to consider all accidents in formulating numerical goals appears contrary to the intent of the safety program, which is to prevent all accidents and injuries rather than just those reported nationally.

CONCLUSIONS

The LABMC records all reported accidents but, because of Service-wide reporting criteria, information on many recorded accidents is not included in the Service's national data system. The center's official safety record comes from the national system and therefore many accidents that occurred at the center never become part of that record. The LABMC does not use data covering all accidents and injuries in formulating safety goals. We believe safety prevention and training efforts would be better defined and their effectiveness measured if the data from all accidents and injuries were considered. At the LABMC the goal of the safety program is to prevent all accidents and injuries and consequently the center's numeric goals should

be based on all accidents and injuries (in addition to responding to goals based on official safety reports).

RECOMMENDATION

In order to develop a comprehensive local safety program, we recommend that the Postmaster General direct the General Manager, Los Angeles Bulk Mail Center, to use data from all accidents and injuries to establish safety goals, to measure progress towards those goals, and to better evaluate the effectiveness of the center's training efforts.

AGENCY COMMENTS

Concerning the recommendation for the LABMC to use data from all accidents to establish its own safety goals, the Service informally commented that members of its national Office of Safety and Health, when conducting their followup evaluation of the LABMC's safety program, will explore with local management the feasibility of implementing the recommendation.

In a draft of this report which the Service received for comment, we had tentatively concluded that the LABMC's official safety record can be inaccurate because the center, contrary to national instructions, was not reporting accidents in which employees were placed on limited duty unless those employees also lost days from work. (Injured employees who are placed in less demanding positions until they are able to return to their "regular" jobs are said by the Service to be on "limited duty.") We, therefore, proposed that the LABMC report to the Service's national office all accidents in which employees are placed on limited duty.

The Service informally advised us that under Occupational Safety and Health Administration criteria, placing an employee on limited duty does not trigger national reporting. The Service said national reporting in such cases is only necessary when a certain form has or will be submitted to the Office of Workers' Compensation Programs. (That form would be submitted in cases involving lost workdays or payment to an employee's personal physician--i.e., cases involving charges against the compensation fund administered by the Office of Workers' Compensation Programs.)

On the basis of the Service's comments and our analysis of those comments which included checking with the Occupational Safety and Health Administration, we deleted our proposal since the LABMC is complying with reporting criteria.

THE POSTMASTER GENERAL
Washington, DC 20260-0010

August 13, 1986

Dear Mr. Anderson:

This refers to your draft report entitled Safety Improvements Necessary at Los Angeles Bulk Mail Center.

We agree completely with your recommendation that the Los Angeles Bulk Mail Center (BMC) be directed to take the necessary actions to fully implement our Service-wide safety program. This has been done and the actions are under way.

Follow-up procedures are being developed to ensure that the BMC completes all pending corrective actions on safety. Meetings of the BMC's safety committees will be regularly scheduled. Following the development of action plans, we will implement them and track performance to ensure compliance. Remedial training is in progress. We will inform injured employees of their right to be treated by their personal physicians and that payment for such treatment will be provided.

Our national Office of Safety and Health is going to assist the Field Division General Manager/Postmaster and his staff in a follow-up evaluation of the BMC's safety program to ensure that national policies are fully implemented.

Technical comments on the report have been made informally to your staff.

We appreciate the opportunity to present our views.

Sincerely,

Albert V. Casey

Mr. William J. Anderson
Director
General Government Division
United States General Accounting
Office
Washington, D.C. 20548-0001

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