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Inspector General

Office of the Inspector General

Metropolitan Transportation Authority

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September 26, 2016

Patrick A. Nowakowski
President
MTA Long Island Rail Road
Jamaica Station Building
93-02 Sutphin Blvd.
Jamaica, NY 11435

**Re: Medical Emergency Response at
Long Island Rail Road – Follow-Up
MTA/OIG #2016-21**

Dear Mr. Nowakowski:

In February 2016 the Office of the Metropolitan Transportation Authority (MTA) Inspector General (OIG) began an audit of the MTA Long Island Rail Road's (LIRR) response to onboard medical emergencies. The audit was designed to follow up on an OIG investigation into a 2002 fatal incident in which a train bypassed two stations after a passenger suffered a heart attack, thus delaying the provision of medical care. Among other findings, the OIG 2002 investigation revealed that key LIRR employees acted on the basis of incomplete and erroneous information on the passenger's critical condition; gaps in radio coverage or poor radio transmissions impeded communication; and the agency lacked adequate policies and procedures for managing onboard medical emergencies.

As part of the follow-up audit, OIG staff met with LIRR officials responsible for train movement, crew training, crew members' compliance with applicable rules and standards, and the radio system. We reviewed the agency's written policies, procedures, and training materials and also reviewed onboard medical incidents occurring over a six-month period, using information from both LIRR and the MTA Police Department (MTAPD).

Based on our research, we found that LIRR has improved its medical emergency response in several significant ways. Most fundamentally, the agency has established official protocols and formalized them in a 2005 document created in response to OIG's earlier investigation: *Transportation Department Protocol – On-Board Medical Emergencies* (Appendix E to the Rules of the Operating Department). One key requirement of Appendix E is that in a medical emergency a train must stop at the next station where it can safely do so, which we learned is virtually always the very next station. Additionally, LIRR personnel must immediately call both EMS and MTAPD. The protocol also outlines the information crew members must provide

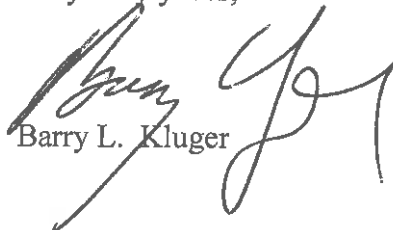
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about a stricken passenger's condition to ensure effective communication with first responders. LIRR officials told us that all crew members receive training on Appendix E and are retrained and tested every two years.

To test agency compliance with these requirements we reviewed documentation for dozens of medical incidents occurring onboard trains between October 2015 and March 2016, many of which involved potentially life-threatening conditions. The records available to us indicated that LIRR employees managed the incidents in accordance with the requirements of Appendix E. Specifically, for incidents that met the criteria to be considered potentially life-threatening, LIRR personnel contacted both EMS and MTAPD. Additionally, in such cases the train was held either in the station where the crew first identified the crisis or, for emergencies discovered en route, at the next available station. Further, on the topic of LIRR's radio system, we learned the agency has made significant capital improvements resulting in more reliable communication among trains, towers, and the Movement Bureau.

Based on these positive, initial findings, we are suspending our audit. As always, we appreciate the courtesy and cooperation afforded to us at all times by you and your staff. If you have any questions please do not hesitate to call me or Executive Deputy Inspector General Elizabeth Keating at (212) 878-0022.

Very truly yours,



Barry L. Kluger

Cc: D. Kubichek
R. Free