PURPOSE:

The Anytown Fire Department (AFD) is proactive in its efforts to assure the safety and health of its members, therefore, this procedure provides information and a framework for how acute on-duty medical events and on-duty illnesses/injuries will be addressed by department members. This procedure will also outline how the event will be managed after initial on-duty actions have taken place.

RESPONSIBILITY:

Members must be diligent in identifying potential acute medical events (e.g. an acute cardiovascular event or mental health event) or illness/injury that they themselves or another member might be experiencing or at-risk for experiencing while on-duty. Members tasked with supervision of other members (e.g. members riding in-charge, company officers, and/or battalion chiefs) must learn, practice, and adhere to provisions outlined in this procedure, accepted BWC processes, and the department’s accident/injury documentation and reporting practices.

PROCEDURES:

Through proactive education and administrative processes, the AFD seeks to outline the handling of acute on-duty medical events or illness/injury so as to adhere to legal, administrative, and documentation requirements. Members can also consult the municipality’s Employee Personnel Policies and Procedures Manual.

This procedure is focused solely upon on-duty acute medical events, on-duty injury, and on-duty illness, and the appropriate management of each event. Acute medical events or illness/injury occurring while on-duty may or may not be directly associated with a medical diagnosis accepted by the department’s Bureau of Workers Compensation (BWC) carrier. This procedure does not impact the handling of off-duty illness/injuries.

A. Acute on-duty medical event – when a member experiences an acute medical event on-duty (e.g. acute cardiovascular event) the following steps must be taken:

   1. The impacted member or a co-worker shall notify the immediate supervisor of the medical event.
2. The immediate supervisor shall notify the on-duty Battalion Chief (BC), informing him/her that the impacted member’s unit is out-of-service and the details of the medical event that is present.

3. The on-duty BC should notify the appropriate Deputy Chief and/or the Fire Chief, so long as this notification does not impede timely care and transport. If notification cannot be made prior to transport, it should be made as soon as practicable.

4. At the direction of the on-duty BC, the impacted member will be transported by a AFD medic unit to the most appropriate facility, unless directed otherwise by the Deputy Chief or Fire Chief. When practicable, the on-duty BC should remain with the impacted member until relieved by another Chief Officer or someone known to the member (e.g. family member, significant other, etc.).

5. If needed, and as soon as practicable, the on-duty BC should attempt to have the impacted member’s spot filled by emergency overtime. The on-duty BC should place the impacted member on “admin” leave in the “Employees Off” section of the scheduling software for the remainder of that shift.

6. At the direction of the Fire Chief, the appropriate Deputy Chief will place the impacted member on paid administrative leave in both the electronic scheduling software and the electronic payroll system. This status is pending administrative review of the event and surrounding circumstances and does not signify that the member will be off on paid leave indefinitely.

7. Upon discharge from the hospital and/or associated care, the member shall submit all appropriate documentation to the Fire Chief or his/her designee. Pending review of restrictions, if any, and the approval of a designated Department physician, the member will be placed on the appropriate duty status (e.g. full-duty or light-duty), accrued personal leave (e.g. sick, personal, vacation), or administrative leave (paid or unpaid).

8. If the medical event is deemed duty related, after the initial emergency medical treatment is rendered, all subsequent medical services must be approved by BWC in conjunction with the Department’s Human Resources Director.

9. Prior to returning to duty from the medical event, the impacted member will be required to be cleared for duty by a physician of the Department’s choosing. The member will then be required to submit all required documentation indicating their release to full-duty.

10. If the member is unable to return to duty, or any extenuating circumstances, all communication and further treatment plans shall be conducted through the Fire Chief and Municipal Administration.
NOTE: Not all acute medical events that occur on-duty are considered duty related. If a member is transported to receive appropriate medical care for an acute medical event, they should, as soon as practicable, contact their health insurance carrier to inform and discuss ongoing treatment options.

B. On-duty injury – when a member sustains an injury that may or may not require treatment and/or transport.

1. In the event that a member sustains an injury, the injured member should report the event to their direct supervisor immediately, or as soon as practicable.

2. The supervisor, if an acting in-charge member or a company officer, should evaluate the situation and decide whether the member needs to be temporarily removed from service for further evaluation. The on-duty BC should be notified as soon as practicable.

3. The on-duty BC should notify the appropriate Deputy Chief and/or the Fire Chief, so long as this notification does not impede timely care and transport. If notification cannot be made prior to transport, it should be made as soon as practicable.

4. If a member is injured and does not wish to be treated and/or transported, the BWC Injury- Incident Packet (found on the intranet) should be filled out, including the witness form(s) (if applicable). The on-duty BC must fill out the corresponding supervisor’s report.

If the injured member wishes or requires treatment and transport, the unit they are assigned to should be adjusted accordingly (taken out-of-service, if applicable). During regular business hours, and if appropriate, injured members must be taken or drive themselves to [on-duty care provider, if applicable] for evaluation and care. Outside of regular business hours (i.e.; 0800-1630), members should be taken to the closest, most appropriate hospital. BWC Injury-Incident Packet (found on the intranet) should be filled out, including the witness form(s) (if applicable). The on-duty BC must fill out the corresponding supervisor’s report.

Members should be accompanied by the on-duty BC and/or additional Chief Officers as needed, depending on the circumstances of the event.

5. When a member leaves for evaluation at [on-duty care provider, if applicable], is transported to a hospital in relation to an injury, or goes home prior to the end of their shift, the on-duty BC should adjust the electronic scheduling software to reflect the change as soon as practicable. The member’s time off input in the electronic scheduling software must be appropriate for the reason they left (e.g. “admin” for someone injured on-duty). Emergency overtime should be called in to maintain minimum staffing levels.

6. If the member is injured on-duty and subsequently transported, upon discharge from the hospital or [on-duty care provider, if applicable], the member shall submit all appropriate
documentation to the Fire Chief or his/her designee. Pending review of restrictions, if any, the member will be placed on the appropriate duty status (e.g. full-duty or light-duty) or administrative leave (paid or unpaid). After the initial emergency medical treatment is rendered, all subsequent medical services must be approved by BWC in conjunction with the Department’s Human Resources Director.

NOTE: Not all injuries that occur on-duty are considered duty related.

C. On-duty illness – when a member experiences an illness which may or may not require treatment and/or transport.

1. In the event that a member experiences an illness, the ill member should report the event to their direct supervisor immediately, or as soon as practicable.

2. The supervisor, if an acting in-charge member or a company officer, should discuss the situation with the member and establish whether or not they need treatment, transport, require sick leave from duty, or will remain on-duty. In instances where the member requires treatment, transport, or sick leave, the on-duty BC should be notified and the member will be removed from service for the appropriate period of time.

3. If the member is experiencing a non-urgent illness (e.g. nausea, vomiting, allergic reaction) and does not wish to leave work, the on-duty BC should be notified and the event should be recorded in the BC’s pass-on. If they wish to leave work, the on-duty BC should document all circumstances surrounding the event.

If the member wishes to be treated and transported by a AFD medic unit, all procedures that are normally followed in the transport of a patient should be followed. The on-duty BC should document all circumstances surrounding the event, remove the member from the electronic scheduling software for the remainder of their shift, and place them on “sick leave.”

Members should be accompanied by the on-duty BC and/or additional Chief Officers as needed, depending on the circumstances of the event.

4. When a member leaves work or is transported to a hospital due to an illness, the on-duty BC should adjust the electronic scheduling software to reflect the change. The member’s time off input in the electronic scheduling software must be appropriate for the reason they left (e.g. “sick” time for someone going home sick). Emergency overtime should be called in to maintain minimum staffing levels.

5. If a member leaves work due to an illness, they are subject to provisions as outlined in Article ##. Sections # & #. of the current collective bargaining agreement.
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References:

Employee Personnel Policies and Procedures Manual

Bureau of Worker’s Compensation Forms
Firefighters Collective Bargaining Agreement (date range) – Article #. Sections #, &, #.
Procedure ### – Motor Vehicle Crash and Property Damage Reporting

Firefighter Cardiac Toolbox – Administrative Best Practices (publication from the International Association of Fire Chiefs)