



**Division 08**

**Health and Safety**

**Chapter 09 – Non–Service Connected Temporary Disability and Light Duty Requests**

January 2009

**POLICY**

This General Order shall establish procedures for career employees and volunteer members related to non-service connected temporary disabilities, and light duty requests in order to ensure the health and safety of all personnel.

**DEFINITIONS**

**Fitness for Duty Evaluation** – An evaluation arranged by the Risk Management office and performed by a County physician.

**Full Duty** – Duty status category includes all elements listed in the position description(s), as well as the physical training requirements. Physical training requirements may be altered, but prescribed aerobic capacity must be met in order to qualify for FULL DUTY.

**Light Duty** – No Fire/EMS activities may be performed and the employee/member may not continue in a full duty assignment. This duty may include the following activities:

- Data entry into computer systems.
- Office duties.
- Operation of non-emergency vehicles.
- Lifting light equipment of less than 40lbs.
- Communication duties (e.g., phone/radio operations)
- Building inspections (can include inspecting hazardous area and climbing stairs).

**No Duty** – The employee/member is temporarily incapacitated and unable to perform any work.

**PROCEDURES**

**1. Career Employees**

Career employees who become temporarily disabled and/or unable to participate in full firefighting/EMS duties due to a non-job related injury or medical condition shall notify their immediate supervisor.

Career employees will submit to Risk Management and update at least every 30 days their Attending Physician's Statement/Temporary Disability Form.

Career employees may request a light duty assignment for a non-job related injury or medical condition. Requests for light duty shall be made to the Fire Chief or designee through Risk Management. Approval of light duty will be based on the needs of the Department at the time of the request. All light duty requests for non-job related injuries that resulted from criminal or illegal activities, or negligence or horseplay on the employee's part will be denied. The request for light duty shall include the following forms and list the employee's work restrictions:

- Attending Physician's Statement/Temporary Disability Form
- Request For Light Duty: Non-Job Related (Attachment #2)



- Memorandum addressed to the Fire Chief requesting light duty.

In order for the career employee to return to a full duty work status, the employee must submit to the Risk Management office the Attending Physician's Statement/Temporary Disability Form which releases the employee to a full duty work status.

**2. Volunteer Members**

Volunteer members who become temporarily disabled and/or unable to participate in full firefighting/EMS duties due to a non-job related injury or medical condition shall notify their volunteer chief.

Volunteer members will submit to Risk Management, via their volunteer chief, the Attending Physician's Statement/Temporary Disability form.

Volunteer members may request a light duty assignment for non-job related injury or medical condition. Requests for light duty shall be made to their volunteer chief. Volunteer members may begin working light duty once the supporting medical documentation has been submitted to and approved by Risk Management. The supporting medical documentation must be updated at least every 30 days.

In order for the volunteer member to return to a full duty work status, the volunteer member must submit to Risk Management the completed Attending Physician's Statement/Temporary Disability Form completed which releases the volunteer member to a full duty work status.

**3. Fitness for Duty**

If an employee/member's supervisor notes job performance difficulties due to an injury

or medical condition, the supervisor shall document the performance difficulties and notify Risk Management, both verbally and in writing, of the performance difficulties.

Risk Management will review the documentation and may arrange for a fitness-for-duty evaluation to be performed by a County physician. If the County physician disagrees with the employee/member's physician regarding duty status, the employee/member shall be placed on light-duty until the Medical Advisory Board makes a final decision.

**4. Responsibilities**

**Employee/Member**

Each employee/member of the Department should review this General Order. It is the individual employee/member's responsibility to comply with this General Order.

**Career/Volunteer Supervisors**

Each career/volunteer supervisor shall ensure that their employee/members understand their responsibilities in the Non-Service Connected Temporary Disability and Light Duty Request process.

**Battalion Chiefs/Volunteer Chiefs**

Each Battalion Chief/Volunteer Chief shall ensure compliance within their area of responsibility.

**Majors/Managers**

Majors/Managers shall ensure compliance within their area of responsibility.

**REFERENCES**

N/A



**FORMS/ATTACHMENTS**

Attending Physician's Statement/Temporary  
Disability Form

Request for Light Duty: Non-Job Related



# Prince George's County Fire/EMS Department

## Attending Physician's Statement/Temporary Disability Form

-Report to be completed by employee/member and the employee/member's treating physician-

### TO BE COMPLETED BY THE EMPLOYEE/MEMBER

Recurrence:  Yes  No

Date of Injury: \_\_\_\_\_

FD ID #: \_\_\_\_\_

Employee/Member: \_\_\_\_\_

Description of event causing injury: \_\_\_\_\_

Employment Status:  Career  Civilian  Volunteer    Job Description:  FF/EMT  FF/PM  PM  Admin  Other

Normal Work Hours:  Shift work, up to 24 hours  Day work, up to 10 hours  Volunteer work, averaging a/an \_\_\_ hour shift

Position Description: The employee/member shall check all that apply.

**Firefighter:** Firefighters are responsible for performing firefighting and rescue operations that expose them to extreme heat, toxic products of combustion, and hazardous materials. They may be required to: carry a forcible entry bag (weighing 26 lbs) and climb 46 steps, return to ground and carry another entry bag and climb 31 steps; remove a 14' roof ladder from hangers and carry ladder 75 feet without ladder touching ground; drag a person weighing approximately 150 lbs for 75 feet; as well as drive fire apparatus under emergency conditions. Studies have shown that firefighters may achieve heart rates of 85 to 100% of their maximum capacity, and that this level may be sustained for long periods of time.

**EMT or Paramedic:** EMTs or paramedics are required to respond utilizing lights and sirens to the scene of various types of medical emergencies as well as hazards such as fires and chemical spills. As a result, they may be exposed to infectious diseases, toxic products of combustion, hazardous vapors and temperature extremes for long periods of time. Their job entails that they be part of a two-person team that regularly lifts an average 150 lb patient and additional equipment weighing approximately 50 lbs up and down stairwells and into and out of ambulances. They are required to communicate both orally and in writing to hospitals, their supervisors, and the public.

**Career Employee:** Career employees assigned to Full Duty are required to participate in physical training as a part of the employee's job description. The Department conducts annual fitness performance appraisals for employees that incorporate an 85% sub-maximal graded treadmill test, maximum push-ups, maximum sit-ups, flexibility, maximal grip strength, and body mass index. All career employees are required to maintain an aerobic capacity of 42 ml/kg/min measured during Departmental medical physicals. Physical fitness training regimens may vary due to individual medical conditions but all employees who fail to obtain the prescribed aerobic capacity will not be allowed on Full Duty until the Medical Advisory Board makes a determination.

**Civilian Employee:** Assigned duties vary by position. The employee should provide a job description to the physician for review. Please contact the Prince George's County Fire/EMS Department, Risk Management office at 301-583-1951 for additional information.

### TO BE COMPLETED BY PHYSICIAN – Medical Condition

Date of Medical Appointment: \_\_\_\_\_

Is the injury or illness related to the patient's involvement with the PGC Fire/EMS Department?  Yes  No  Unknown

Diagnosis (Primary diagnosis and secondary conditions, including any complications): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN continued – Work Status**

**Work Status:** Check the appropriate work status block and complete any additional information requested based on the employee/member’s medical diagnosis, treatment plan and capacity to work. An employee can only be placed on disability leave or light duty from the Fire/EMS Department upon receipt of this completed, signed and dated form.

The Fire/EMS Department Physician and/or Medical Advisory Board may review your medical evaluations, objective findings and work status determination. They may require additional medical information, department physical, or an independent medical evaluation prior to authorizing an employee to return to work. They may also approve, deny, or change the employee’s work status.

**FULL DUTY:** All assigned activities as applicable and listed in the position description(s), regardless of present work assignment, may be performed as well as any applicable physical training requirements. Physical training requirements may be altered, but prescribed aerobic capacity must be met in order to qualify for full duty.

Date released to full duty: \_\_\_\_\_ Alterations in physical training requirement: \_\_\_\_\_

**LIGHT DUTY:** No assigned activities as applicable and listed in the position description may be performed and the employee/member may not continue in a full duty assignment. A light duty assignment normally is an 8-hour/day work assignment. The Department can accommodate most work restrictions and limitations with modified/alternative work assignments and hours. If the patient demonstrates a limited loss of function, please provide restrictions and limitations and the date they began below.

Restrictions (what the patient should not do): \_\_\_\_\_

Limitations (What the patient cannot do): \_\_\_\_\_

Date released to full duty: \_\_\_\_\_ - or -  Date of next appointment/evaluation (30 day max): \_\_\_\_\_

**NO DUTY:** Employees/members shall be considered on light duty unless there is total incapacity and inability to perform any assigned work. This employee/member is temporarily and totally incapacitated and unable to perform any assigned work. The employee is required to remain at home recuperating except for medical visits, legal visits related to the injury and/or family emergencies. The medical reason for the employee/member’s total incapacitation and inability to work light duty with listed restrictions or limitations is: \_\_\_\_\_

If you would like the employee/member to continue in some type of physical training or therapy, please list types of activities they may engage in: \_\_\_\_\_

Date released to  full duty or  light duty \_\_\_\_\_ - or -  Date of next appointment/evaluation (30 day max): \_\_\_\_\_

**REQUIRED ATTACHMENTS AND SIGNATURES**

Please make sure that office notes, test results, and discharge summaries are attached or provided to the Prince George’s County third party claims administrator. This will help reduce additional requests.

**FRAUD NOTICE:** Any person who knowingly files a false statement of claim containing false or misleading information is subject to criminal penalties, civil penalties, and for employees/members, disciplinary action up to and including dismissal. This includes Employee and Attending Physician portions of this form.

Name of Physician (print) \_\_\_\_\_ Degree: \_\_\_\_\_ Medical Specialty: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax #: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

\*Note: If you have any questions regarding this form, the individual’s job description(s), etc. please contact the Prince George’s County Fire/EMS Department, Risk Management office at 301-583-1951.

**PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT  
REQUEST FOR LIGHT DUTY: NON-JOB RELATED**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STATION/ASSIGNMENT: \_\_\_\_\_ RANK: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

BATTALION CHIEF: \_\_\_\_\_

PHYSICAL LIMITATIONS: \_\_\_\_\_

LENGTH OF DISABILITY: \_\_\_\_\_

WORK RESTRICTIONS: \_\_\_\_\_

LEAVE BALANCES AS OF LAST PAY PERIOD:

ANNUAL HOURS: \_\_\_\_\_ PRIOR ANNUAL: \_\_\_\_\_ COMP HOURS: \_\_\_\_\_

SICK HOURS: \_\_\_\_\_ PRIOR SICK: \_\_\_\_\_

YEARS IN DEPARTMENT: \_\_\_\_\_

List any special abilities/training you may have, such as: Haz -Mat, Computer, etc.: \_\_\_\_\_

\_\_\_\_\_

This form, along with a completed Attending Physician's Statement and Temporary Disability Form, must be submitted through your chain-of-command to OSH for approval.

SUPERVISOR'S COMMENTS: \_\_\_\_\_

\_\_\_\_\_

BATTALION CHIEF'S COMMENTS: \_\_\_\_\_

\_\_\_\_\_

MAJOR'S COMMENTS: \_\_\_\_\_

\_\_\_\_\_

OSH COMMENTS: \_\_\_\_\_

\_\_\_\_\_

OSH APPROVAL: \_\_\_\_\_ DENIAL: \_\_\_\_\_ DATE: \_\_\_\_\_