
Ames Fire Department Standard Operating Guidelines

Book: 1 - Organization

Section: V – Personnel Policies and Procedures

Chapter: 7 – **Managing Line of Duty Injuries**

Date Approved: 05-07-2008 Revision No.: New Approved by: 

PURPOSE:

Provide direction and clarification in procedural steps for Ames Fire Department employees injured in the line of duty.

Every occupation brings degrees of safety risk, and one of the higher risk jobs is firefighting. The National Fire Protection Agency estimates that 80,100 firefighter injuries occurred in the line of duty in 2005. While almost half (48.6%) of all firefighter injuries occurred during fire-ground operations, an estimated 17% (13,325) occurred during other on-duty activities.

Based on workers compensation payments, insured medical expenses, and other direct and indirect costs, the National Institute of Standards and Technology (2004) estimated that \$830 to \$980 billion per year is spent addressing firefighter injuries and efforts to prevent them. The City of Ames annually contributes to insurance coverage, safety training topics, physical fitness programs, protective gear and equipment – all expenses related to preventing injuries and reducing their severity.

Correct reporting procedures begin the process of informing necessary individuals involved in treatment and can facilitate timely and suitable injury management. Effective accident reporting should have a positive impact on the number and severity of injuries experienced by providing the information needed to identify factors which result in accidents. The information received through injury reports will be evaluated and reviewed by Occupational Medicine, the City Risk Manager, and the Fire Department Safety Committee to establish direction for the development of protective training programs, educational packages, and safety procedures.

POLICY:

The City of Ames intends to comply with all applicable safety laws and/or ordinances. All employees, as a condition of departmental employment, are expected to perform tasks in a safe and efficient manner while on duty, at training, and while responding to emergency calls. In the event a line of duty injury occurs, this guideline is meant to assist employees with the injury reporting process (injured personnel and their supervisors), and provide a standard system for reporting line of duty personnel injuries.

Comprehensive policies regarding group insurance, injury leave, accident reports, and prescription drug coverage issues are found in the City of Ames Personnel Policies and Procedures and the Agreement: City of Ames and International Association of Firefighters, Local 625. This additional departmental policy clarifies line of duty injury reporting procedures within the guidelines of aforementioned two documents.

PROCEDURE:

Significant On-Duty Injuries Requiring Immediate Medical Attention

- If the injury requires immediate hospitalization, the employee should be transported to the nearest appropriate emergency department.

**Ames Fire Department
Standard Operating Guidelines**

Book: 1 - Organization

Section: V – Personnel Policies and Procedures

Chapter: 7 – **Managing Line of Duty Injuries**

Date Approved: 05-07-2008 Revision No.: New Approved by: 

- As soon as feasible, notify Mary Greeley's Emergency Room (ER) staff of an incoming Fire Department employee. This better allows ER staff to retrieve past medical records in advance of the patient's arrival.
- When possible, notify Occupational Medicine (239-4496) and the appropriate personnel utilizing an e-mail group set up on Lotus Notes.
 - This group can be found in the e-mail address listings under "Fire - Occupational Medicine."
 - Use this e-mail group to notify all members of this group about an employee that has been injured in the line of duty.
 - This notifies Fire Administration personnel, the City's Risk Manager, and the appropriate staff at McFarland Clinic's Occupational Medicine.
 - Included in the e-mail should be the answers to the questions of who, what, where, when, and how.
- The employee's acting or permanent supervisor shall be notified of the injury.
- Complete the appropriate paperwork (for details, see Paperwork section).

Minor On-Duty Injuries Requiring Medical Attention (not immediately)

- When medical attention is not immediately requested by the Fire Department employee, but necessary at a later time, the patient should be seen by Occupational Medicine prior to the next on duty date.
- Notify Occupational Medicine (239-4496) and the appropriate personnel utilizing an e-mail group set up on Lotus Notes.
 - This group can be found in the e-mail address listings under "Fire - Occupational Medicine."
 - Use this e-mail group to notify all members of this group about an employee that has been injured in the line of duty.
 - This notifies Fire Administration, the City's Risk Manager, and the appropriate personnel at McFarland Clinic's Occupational Medicine.
 - Included in the e-mail should be the answers to the questions of who, what, where, when, and how.
- The employee's acting or permanent supervisor shall be notified of the injury.
- Complete the appropriate paperwork (for details, see Paperwork section).

Minor On-Duty Injuries (at the time)

- It is the employee's responsibility to notify the employer of a line of duty injury as soon as possible.
- Injuries where treatment is not requested should be documented at the time of occurrence, or as soon as possible.
- The employee's acting or permanent supervisor shall be notified of the injury.
- Should a previously documented minor injury obtained in the line of duty progress in severity or become re-aggravated, the employee shall then follow the appropriate procedure listed above.

Paperwork

Ames Fire Department Standard Operating Guidelines

Book: 1 - Organization

Section: V – Personnel Policies and Procedures

Chapter: 7 – **Managing Line of Duty Injuries**

Date Approved: 05-07-2008 Revision No.: New Approved by: 

After an employee sustains a line of duty injury, the following paperwork must be completed and forwarded to the Fire Department's administration:

- Employee – City of Ames, Iowa: Employee's Notice of Injury or Reoccurrence
 - The injured employee should complete this form within 24 hours of the incident. This may require an employee to return to work on a scheduled day off to complete paperwork.
 - If seeking medical treatment, the injured employee should complete the Authorization for Release of Information form. The original form is to be sent to Human Resources.
- Supervisor – City of Ames, Iowa: Supervisor's Investigation of Injury
 - The injured employee's acting or permanent supervisor should complete this form within 72 hours of the incident.

Prescriptions

- All prescriptions related to a line of duty injury should be filled at a Medicap® Pharmacy.
- If an injury occurs after business hours, most visits to Mary Greeley Medical Center will allow a patient to receive a small supply of medications. In most cases this should allow the member to await the opening of a Medicap® Pharmacy.
- When it is not possible to purchase prescriptions at a Medicap® Pharmacy, such as in the event that a line of duty injury occurs out of town, an employee may:
 - Use their current Wellmark insurance card.
 - Keep any and all receipts for reimbursement of their co-pay.
 - Deliver the receipts and proof of prescription purchase to the City's Risk Manager as soon as possible to obtain reimbursement.

Privacy

Employee confidentiality can not be guaranteed during instances of line of duty injuries.

Recommended Treatment

- Employees should make every effort to adhere to all Doctor recommended treatment plans.
- In unusual circumstances where it becomes necessary to cancel forthcoming clinic or doctor appointments, every attempt should be made to provide medical staff a minimum of 24 hours notice.

REFERENCES:

Agreement: City of Ames and International Association of Firefighters Local 625

Authorization for Release of Information

City of Ames, Iowa Employee's Notice of Injury or Reoccurrence

City of Ames, Iowa: Supervisor's Investigation of Injury

City of Ames Personnel Policies and Procedures

CITY OF AMES, IOWA

EMPLOYEE'S NOTICE OF INJURY OR RECURRENCE

Social Security Number _____ - _____ - _____ Date of Birth ____ / ____ / ____ Date of Hire ____ / ____ / ____

Last Name _____ First Name _____ Middle Initial _____ Sex _____

Street Address _____ City _____ Zip _____

Telephone No. _____ Marital Status _____ Number of Dependent Children _____

* * * * *

Job Title _____ Department _____

Supervisor's Name _____

* * * * *

Date of Injury/Illness ____ / ____ / ____ Time _____ (a.m. p.m.)

Injury Description _____

Part of Body _____ Side of Body: (left / right)

How were you injured? _____

Describe your symptoms _____

What activities in your job do you feel contributed to your present symptoms? _____

Name of Person(s) who actually witnessed injury _____

Have you ever had this type of injury before? _____ If so, describe the circumstances, dates, names, and addresses of all treating hospitals and physicians: _____

**AUTHORIZATION FOR RELEASE OF INFORMATION
REGARDING CLAIMANTS SEEKING BENEFITS UNDER CHAPTER 411, CODE OF IOWA**

Name of Person Whose Records are Being Requested: _____

Birthdate: _____

Social Security No: _____ - _____ - _____

Date of Injury _____ / _____ / _____

I. AUTHORIZATION FOR RELEASE OF INFORMATION

The undersigned hereby authorizes all health care providers and facilities and any other person or entity in possession of individually identifiable health information concerning me to disclose and deliver to:

Jon-Scott Johnson, Risk Manager

City of Ames

515 Clark Avenue

Ames, IA 50010

hereinafter referred to as "Recipient," all information, including all protected health information, concerning my injury of _____ / _____ / _____.

In some cases, it may be necessary to examine additional medical records concerning prior injuries to the same part of the body. Permission is also given for the release of that information.

I understand the information is being disclosed and may be used only for claims administration and/or possible litigation purposes relating to claims and/or suit against the *City of Ames*.

II. REDISCLOSURE

I understand that if the person or entity that receives the information requested is not covered by federal or state privacy regulations or is not an individual or entity who has signed an agreement with such a person or entity agreeing to maintain the confidentiality of the information, the information described above may be redisclosed and will no longer be protected by law.

Iowa and/or federal law provides that I have a right to prohibit redisclosure of certain types of confidential medical information and further disclosure may not be had without my express written authorization, as indicated below.

I further understand that the Recipient, WITHOUT FURTHER AUTHORIZATION, may redisclose said information to parties and their legal counsel, insurers, experts, potential experts, anyone against whom claim is or has been made, administrative agency and court officials hearing the claim, and any agents, employees, or representatives of any said persons.

I SPECIFICALLY AUTHORIZE AND CONSENT TO THE DISCLOSURE AND REDISCLOSURE DESCRIBED ABOVE.

Federal and/or State law specifically require that any disclosure or redisclosure of substance abuse, alcohol or drug, mental health, or AIDS-related information must be accompanied by the following written statement:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**III. SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION
PROTECTED BY STATE OR FEDERAL LAW**

I acknowledge that information to be released may include material that is protected by Federal and/or State law applicable to substance abuse, mental health, and/or AIDS-related information. I SPECIFICALLY AUTHORIZE the release of confidential information relating to: [Place "YES" or "NO" in ALL applicable boxes:]

- ☐ Substance Abuse (Drug or Alcohol) Information from all health care providers and facilities and any other person or entity in possession of records concerning me.
- ☐ Mental Health Information from all health care providers and facilities and any other person or entity in possession of records concerning me.
- ☐ HIV or AIDS-related Information, Diagnosis, and test results from all health care providers and facilities and any other person or entity in possession of records concerning me.

Furthermore, I SPECIFICALLY AUTHORIZE disclosure and redisclosure of this confidential information to all of the persons referred to in section II above. In order for the above information to be released, you must sign here AND at the end of this form.

Signature of Patient or Legal Guardian or Personnel Representative

Date

Relationship, if NOT the patient

I understand that this Authorization may be used to obtain information from health care providers, schools, former and current employers, providers of vocational rehabilitation services, and the Social Security Administration.

I understand that I have a right to inspect the disclosed information at any time.

This Authorization is effective until the conclusion of a contested case on the claim. I understand that I may revoke this Authorization, except to the extent that action has already been taken in reliance upon it, by giving written notice to the health care provider or record keeper.

A photocopy, or exact reproduction of this signed Authorization shall have the same force and effect as this original.

I hereby authorize the release of information as indicated above.

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS DOCUMENT.

Signature of Person Whose Records are Being Requested

Date of signing

Street Address

City/State/Zip Code

Relationship, if NOT the Person Whose Records Are Being Requested

Print Name of Person or Person's Personal Representative

CITY OF AMES, IOWA

SUPERVISOR'S INVESTIGATION OF INJURY

Injured Employee _____ Job Title _____

Department _____ Date of Injury _____ Time _____

Where Injury Occurred (list City facility or actual address) _____

Date and Time Injury was Reported _____

If Not Reported on Day of Injury, Why? _____

Injury Description (e.g., strain) _____

Part of Body _____

Employee's Explanation of How Injury Occurred _____

Do you agree with this? _____ If not, Why? _____

What is your opinion regarding the cause? _____

What should be done and by whom to prevent recurrence? _____

What action are you taking to see that this is done? _____

Did incident involve misuse of equipment or safety equipment, or failure to use prescribed safety equipment or procedures? _____

Witnesses to this injury _____

Have they verified that injury occurred as stated? _____

(See Back Side)

Did employee:

Receive first aid? NO YES

Go to hospital? NO YES

If yes,

Where _____

When _____

Go to doctor? NO YES

If yes,

Where _____

When _____

Dr. _____

EMPLOYEE INFORMATION:

Time workday started _____ (a.m. p.m.) Did employee miss work? NO YES

If work missed, list the first day missed _____

Date employee returned to work _____

COMMENTS OF SUPERVISOR:

Supervisor's Signature _____ Date _____