

PURPOSE

To establish procedures for assessing fitness for duty of District personnel under certain specified circumstances, or upon release to return to work following a serious injury or illness.

POLICY

If an individual is perceived to be mentally or physically unfit to perform one or more of the essential function(s) of their job, the individual, their supervisor(s), and the District must follow all appropriate sections of this policy. Additionally, all personnel must follow the guidelines set forth in this policy in order to return to work from personal injury or a serious health condition, whether work-related or not.

AUTHORITY AND RESPONSIBILITY

It is the responsibility of each individual, their supervisor(s), and the District, to follow all applicable procedures set forth in this guideline. Each individual is ultimately responsible to be fit for duty. Any supervisor who becomes aware that an individual may be unfit for duty may rely on this policy to ensure that the individual in question is removed from their work assignment or not permitted to return to their work assignment until a fit for duty status is determined and verified under the terms of this policy. The Fire Chief will be responsible for managing compliance of District personnel with all the terms of this policy. The District may contract with a licensed physician to serve as the "District's Physician".

PROCEDURE**I. FIT FOR DUTY**

- A. **Self-Report:** For the safety and well-being of personnel and their co-workers, an individual is not to report to work if they are seriously ill or impaired, especially in cases of communicable disease (see Attachment 1 *Communicable Disease Work Restrictions*). An individual with a mental or physical condition that may prevent performance of any essential job function (refer to individual job descriptions), in an effective and/or safe manner should not report for work until such time that clearance is given by a personal physician, and/or the Fire Chief.
- B. **Personal Illness:** Personnel are not to report for duty if seriously ill or impaired. For specific illness and work restrictions, refer to Attachment 1 *Communicable Disease Work Restrictions*.
- C. **Medications:** Personnel must report the use of any prescribed or over-the-counter medication that may potentially impair mental or physical abilities to safely and/or effectively perform any essential job function. Such notice must be provided to the Fire Chief, who will work with the individual's prescribing

physician to evaluate whether the medication affects the individual's ability to safely and/or effectively perform any essential job function. See Attachment 2 *Medication Disclosure* and Attachment 3 *Medical Release*

- D. Personnel who report for duty or are on duty while knowingly impaired may face disciplinary charges up to and including termination.

II. ON-THE-JOB AND OFF-THE-JOB ILLNESS AND INJURY

- A. All standards and definitions of fit for duty evaluations and assessments are the same regardless of whether the illness or injury is incurred on or off the job (see Attachment 4 *Definitions*).
- B. Personnel with an on/off-the-job illness or injury may be subject to a fit-for-duty evaluation and fitness assessment as set forth below.

III. OBSERVATION AND REPORTING

Any individual observed to be mentally or physically impaired and/or who may be unable to effectively and/or safely perform one or more essential job function(s), may be subject to a fit for duty evaluation by a physician. Signs of the inability to perform may include: apparent weakness, illness, disorientation, memory loss, erratic behavior or inability to successfully complete any associated essential tasks with his or her position.

A. Reporting Process

1. Personnel who observe or who have reason to believe that another individual may be unfit to perform the functions of their job effectively and/or safely, will report such observations to their immediate supervisor. In cases where the individual in question is the immediate supervisor, a Chief Officer should be notified.
2. The immediate supervisor of the individual in question should contact the appropriate Chief Officer, who will make the necessary arrangements to assess the individual's condition. If the supervisor believes that the condition could affect the safety of the individual and/or others, the supervisor will immediately take the individual off duty and, if necessary, take the apparatus out of service.
3. The Chief Officer is given the discretion to assess appropriate action to be taken with regard to the individual, which may result in removal of the individual from duty, until such time that a fit-for-duty medical evaluation by a physician is conducted. A Chief Officer may deem it appropriate to place the individual on administrative leave.

4. In cases where the individual is removed from duty or needs to be referred for a medical evaluation and/or treatment, the immediate supervising officer will contact a Chief Officer regarding the situation immediately, or within a reasonable timeframe. Initial contact may be by phone, with written follow-up.

I. Referral for Medical Evaluation

1. The District may deem it necessary for an individual to complete a fit-for-duty medical evaluation or fitness assessment under the following circumstances:
 - a. When actual problems exist or are reported regarding the individual's performance of any essential job function.
 - b. When legitimate concerns exist about whether the individual, or his or her performance, pose a direct threat to the safety and health of the individual or others.
 - c. To determine the necessity for, or existence of, a reasonable accommodation.
 - d. When medical evaluation, screening, and monitoring is required by federal, state or local law.
 - e. Serious Health Condition, as defined by the Federal Family Medical Leave Act or Oregon Family Leave Act, or as outlined in the current NFPA 1582.
2. Personnel are generally relieved from duty and are placed on Administrative Leave and/or sick leave until an evaluation is made. If the evaluation indicates the individual is not fit for duty, the individual will continue on sick leave, workers' compensation, or disability, until released to work in a full or modified capacity.
3. Should the individual require additional treatment or continuing care, the District physician will release the individual into the care of a personal healthcare provider. The District will not be financially responsible for illness or injury discovered or identified by a representative of the District, unless the illness or injury has arisen as a direct result of employment with the District. If the individual remains under the care of the District physician, the individual will be responsible to fulfill the regimen prescribed.

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4. Minor Illnesses/Injury: In the case of minor illness or injury, the District may require a note from the individual's healthcare provider releasing the individual to duty or otherwise indicating any recommendation regarding the individual's ability to work. The Fire Chief should be contacted if clarification is needed.

IV. RETURN TO WORK

A. Medical Evaluation to Return to Work

1. Any individual returning to work from a serious injury or illness, extended absence, or any other health-related circumstance that may call into question the individual's ability to perform duties in an effective and/or safe manner, must contact the Fire Chief. The District will require a medical release to return to work from a licensed physician, personal healthcare provider, or an appropriate medical expert. The District may require a medical release from the Districts physician. The medical release form can be found on the server.
2. For absences due to injuries or illnesses, the District may accept a medical release to return to work from the individual's physician. If, for any reason, the District should question the terms of the medical release, the District will contact the individual's healthcare provider in order to receive clarification. The medical release to return to work must be received by the Fire Chief. A fitness assessment may be required. When the medical release has been deemed acceptable, the individual will be released to duty as dictated by the physician and in accordance with this policy.
3. In the event the District determines that a fit-for-duty evaluation is required of any individual, written notice of that requirement will be provided. The individual has the duty to cooperate in such an evaluation, including, but not limited to, signing all necessary medical information release forms and allowing relevant medical records to be transferred and reviewed by the evaluating physician. The individual must also allow the evaluating physician to report findings and opinions regarding the individual's fit for duty status and respond to reasonable inquiries by the District regarding those findings and opinions. Failure to cooperate in the fit-for-duty evaluation may result in disciplinary action.

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4. In the event that the individual's healthcare provider and the District's physician disagree upon granting clearance to return to duty, both parties, will work together to select an appropriately qualified physician to perform a final examination and render a medical decision to settle the dispute. Upon scheduling the fit-for-duty evaluation, all relevant information relating to the individual, including job description, job analysis, other job-related information, District employment information relative to the need for the evaluation, relevant District medical records and the signed medical records release form, will be forwarded to the fit-for-duty medical expert for review. In addition, the fit-for-duty medical expert will be provided a fit-for-duty questionnaire outlining the requested information. It is the intent that the designated expert will perform an individualized evaluation regarding the ability of the individual to effectively and/or safely perform essential job functions. The District will pay for the third party fit-for-duty evaluation process and reserves the right to rely on the opinions expressed by its medical expert.
 5. Upon receipt of the completed fit-for-duty evaluation, the District will review, compare, and evaluate the individual's ability to effectively and/or safely perform essential job functions. In the event a determination is made that the individual is unable to perform any essential job function or poses a direct threat to the safety and health of the individual or others in the performance of such functions, the District will determine whether or not a reasonable accommodation exists that will remove the barrier to continued employment and eliminate or minimize the potential risk of harm to the individual or others.
- B. Return to Work Assessment: Uniformed personnel who are off duty due to personal illness or injury may be subject to a return to work assessment once being released to full duty, but prior to assignment to active duty. Individuals must contact the Fire Chief to determine if an assessment is required. Return to work assessments may include the responsible Shift Commander, the Deputy Chief of Operations, and/or additional personnel as needed.
- C. Extended Leave: Personnel who are off duty for an extended period of time (greater than 90 days) may be required, prior to assignment to active duty, to spend a few days working on Fire and EMS skills in order to meet mandatory and compliance criteria. Such activities will be a precursor to the Return-to-Work Assessment.

Attachment 1

Disease/Problem	Work Restriction	Duration
Conjunctivitis (Pink Eye)	Restrict from patient contact. Exclude from duty.	24 hours after treatment started and discharge ceases.
Diarrheal Diseases	Restrict from patient contact, contact with the patient's environment, or food handling. May exclude from duty.	24 hours after symptoms resolve.
Diphtheria	Exclude from duty.	Until released by OHS or MD.
Enterovirus Infections (Coxsackie, Polio)	Restrict from care of infants and immuno-compromised patients and their environments. Exclude from duty.	Until symptoms resolve and released by OHS or MD.
Hepatitis A	Restrict from patient contact, contact with patient's environment, and food handling. May exclude from duty.	Until released by OHS or MD.
Hepatitis C	No recommendation. Standard precautions should always be observed.	
Herpes Simplex:		
1.) Genital	No restriction.	
2.) Hands (Herpetic Whitlow)	Restrict from patient contact and contact with the patient's environment. May exclude from duty*.	Until lesions heal. May need release from OHS or MD.
3.) Orofacial	Evaluate need to restrict from care of patients. May exclude from duty*.	Until lesions heal. May need release from MD or OHS.
Human Immunodeficiency Virus (HIV)	Do not perform exposure-prone invasive procedures until counsel from an expert review panel. Standard precautions should always be observed; refer to state regulations.	
Influenza	Exclude from duty.	Until symptoms resolve, and fever free without the use of drugs for 24 hours.
Measles	Exclude from duty.	Until released by OHS or MD.
Meningococcal Infections	Exclude from duty.	Until 24 hours after start of effective therapy and released by OHS or MD.
MRSA/VRE	Exclude from duty.	Until released by MD.
Mumps	Exclude from duty.	Until released by OHS or MD.
Norovirus (Norwalk-like)	Exclude from duty while symptomatic.	24 hours after symptoms resolve.
Pediculosis	Restrict from patient contact. May exclude from duty.	Until treated and observed to be free of adult and immature lice.
Pertussis	Exclude from duty.	Until released by OHS or MD.
Rubella	Exclude from duty.	Until released by OHS or MD.
SARS	Exclude from duty.	Until released by OHS or MD.
Scabies	Restrict from patient contact. May exclude from duty.	Until one day after effective treatment. May need release from OHS or MD.

Disease/Problem	Work Restriction	Duration
Staphylococcus Aureus Infection	Exclude from duty.	Until cleared by medical evaluation.
Streptococcal Infection, Group A	Restrict from patient care, contact with patient's environment, or food handling. Exclude from duty.	Until 24 hours after adequate treatment started.
Tuberculosis:		
1.) Active disease	Exclude from duty.	Until proved non-infectious. Until released by OHS or MD.
2.) PPD Converter	No restriction.	
Varicella (Chicken Pox)	Exclude from duty.	Until lesions heal. May need release from OHS or MD.
Zoster (Shingles) Localized, in healthy person	Cover lesions and restrict from care of patients. May exclude from duty.	Until all lesions dry and crust. May need release from OHS or MD.
Vaccina (Smallpox Vaccinations)	Cover vaccination site. May exclude from duty.	Until lesions heal. May need release from OHS or MD.
Viral Respiratory Infections Acute Febrile	Exclude from duty while symptomatic.	Fever and acute symptoms free for 24 hours.
Vomiting (Norwalk, Foodborne)	Exclude from duty.	24 hours after symptoms resolve.



Attachment 3

Sisters-Camp Sherman Rural Fire Protection District

Please check one:

- Career/ Volunteer Firefighter: **Proceed to STEP 1**
 Position description _____: **Proceed to STEP 2**

Name: _____
 Date of Injury: _____
 Description of Injury/Illness: _____

STEP 1: 13 Essential physical functions for Career/ Volunteer Firefighters

1	Ability to put on full firefighting PPE (see description) within a period not to exceed 60 seconds.	9	Ability to feel changes in temperature in zero-visibility conditions.
2	Enter and crawl on hands and knees through zero-visibility buildings/rooms with a fully charged hose in hand wearing full firefighting PPE and SCBA.	10	Ability to walk briskly for distances up to 1000 feet carrying a 25lb backpack on varying terrain and over uneven surfaces.
3	Drag charged 2-1/2 inch hose weighing 75lbs, 25 feet unassisted. The hose shall not be flowing water when moved.	11	Carry 150 foot hose bundle weighing 35 lbs up 3 flights of stairs while wearing full firefighting PPE and SCBA.
4	Using heavy hand tools (axe, sledgehammer, etc), repeatedly strike solid surfaces (such as door jambs) to make forcible entry into buildings.	12	Remove a 24-foot extension ladder weighing approx. 70 lbs from the truck unassisted, position the ladder, and use halyard to extend the ladder.
5	Wearing firefighting PPE and using hydraulic tools weighing in excess of 30 pounds that are prone to multi-directional torque, cut roof posts on an automobile and extricate people weighing over 150 lbs.	13	Ability to carry an injured patient on a gurney and load patient into an ambulance. Ability to lift one end of the gurney weighing 150 lbs.
6	Wearing full firefighting PPE, pull 200 feet of uncharged 5 inch from shoulder height off a pumper and drag 50 feet to a hydrant.	Essential Environmental Conditions/Functions <input checked="" type="checkbox"/> Perform in slippery areas. <input checked="" type="checkbox"/> Work on or around moving machinery or equipment. <input checked="" type="checkbox"/> Work 24 hours shifts with little or no sleep. <input checked="" type="checkbox"/> Perform physically demanding tasks under extreme fluctuations in temp. <input checked="" type="checkbox"/> Avoid and protect against infectious agents.	
7	In zero-visibility conditions and wearing full firefighting PPE plus SCBA, crawl on hands and knees over uneven surfaces carrying forcible entry tools (axe) for 50 feet while systematically searching for trapped person(s).		
8	Drag a victim weighing more than 150 lbs out of a building unassisted while wearing full firefighting PPE including SCBA.		

NOTE: Full firefighting PPE includes turnout coat, pants with internal harness and suspenders, boots, gloves, nomex head protection, and helmet. SCBA is self-contained breathing apparatus, which includes a backpack, tank of compressed air, and positive-pressure mask over the entire face. Full firefighting PPE and SCBA worn together generally weighs in excess of 50 lbs (22.7 kilos).

I have read the above essential duties for Career/Volunteer Firefighter and release to:

- Full Duty without restrictions (**Stop Here, Sign Below and fax to Sisters-Camp Sherman Fire District at 541-549-1343**)
 Modified Duty with restrictions (**Do not sign and proceed to STEP 2**)

Physician's Name: _____
 Physician's signature: _____ Date: ___/___/___

STEP 2: Physical Capabilities

Circle the number of hours the employee can perform the particular task:

Sit	1	2	3	4	5	6	7	8	Not Restricted
Stand	1	2	3	4	5	6	7	8	Not Restricted
Walk	1	2	3	4	5	6	7	8	Not Restricted

Employee needs to alternate between sit/stand every _____ minutes/hours.

Injury occurred on the: Right Side _____ Left Side _____ Both Sides _____

Check the amount of time the injured worker is able to perform the particular task:

	Never	Occasionally (<33%)	Frequently (33-66%)	Continuously (67-100%)	N/A
Hand/wrist work					
Grasping					
Pushing/pulling					
Fine manipulation					
Reach above shoulder					
Bend/twist					
Kneel/squat					
Climb stairs					
Lifting 1-10lbs					
Lifting 11-20lbs					
Lifting 21-51lbs					
Lifting 50-100lbs					

Total number of hours/day the worker may work: _____ (if not indicated a full work shift will be assumed)

Projected date employee can return to unrestricted duties: ___/___/___

Have you informed the injured worker of the work status report? Yes _____ No _____

I have read the above physical capabilities and release Name: _____ Position description: _____ to:

- Full Duty without restrictions (**Please fax to Sisters-Camp Sherman Fire District at 541-549-1343**) Modified Duty with Restrictions (**see above Table for specifics**)

Physician's Name: _____ Physician's signature _____ Date _____

Attachment 4

DEFINITIONS

Physical or mental impairment: Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin and endocrine; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Impaired: Having been diagnosed by a medical provider with a physical or mental impairment.

Direct threat or direct threat of harm: A significant current risk of substantial specific harm (not a speculative or remote risk), the risk of which harm is supported by facts, including objective current medical evidence and knowledge. The determination of direct threat must take into consideration the following four criteria:

- The probability of the harm occurring;
- The severity of the potential harm;
- The imminence of the potential harm;
- The duration – how long the risk is likely to be present

Essential function(s): The fundamental duties of a position as identified by the District.

Serious health condition: An illness, injury, impairment, or physical or mental condition as further defined by the District's family medical leave policy and as outlined in the current NFPA-1582.