

CLARENCE FIRE DISTRICT NO. 1

MEDICAL LEAVE POLICY

I. SCOPE:

The Board of Fire Commissioners of Clarence Fire District No. 1 has established a policy pertaining to medical leave for all active firefighters in the Clarence Fire District No. 1.

II. OBJECTIVE:

The objective of this policy is to establish medical leave guidelines for all active firefighters.

III. PROCEDURE AND GUIDELINES:

As per Article XIII of the Rules and Regulations of Clarence Fire District No. 1, the Medical Leave Policy will be as follows:

- A. Line of Duty Injury – Firefighter shall immediately be placed on medical leave by the Commissioner responsible for Personnel, or in his/her absence, by the Chairman of the Board of Fire Commissioners. The firefighter shall remain on medical leave until approved for return to active duty by the Fire District physician.
- B. Non-Line of Duty Injury/Disability – Firefighter may request medical leave based on submission of documentation from their physician that they are not capable of performing the normal duties of a firefighter. The firefighter will then be placed on medical leave by the Commissioner responsible for personnel, or in his/her absence, by the Chairman of the Board of Fire Commissioners. The firefighter shall remain on medical leave until released by both the firefighter's personal physician and the Fire District physician.
- C. Firefighters Who Are On Disability Leave from their place of employment are required to advise the Fire District immediately, in writing, of such disability. Those firefighters shall immediately be placed on medical leave by the Commissioner responsible for Personnel, or in his/her absence, by the Chairman of the Board of Fire Commissioners. The firefighter shall remain on medical leave until released by both their personal physician and the Fire District physician.
- D. If the Fire Chief (or the Board of Fire Commissioners) observes a firefighter who may have a medical condition that may impede the firefighter's ability to perform the normal duties of a firefighter, the Chief shall immediately inform the Board of Fire Commissioners. The Board may place the firefighter on medical leave until the firefighter has been evaluated by the Fire District physician.
- E. The Commissioner responsible for Personnel shall administer any changes in medical leave status based upon documentation received from the Fire District physician, and shall report on medical leaves and status changes at the next regular Fire District meeting.
- F. The Board of Fire Commissioners requires a medical clearance from the Fire District physician before a firefighter may return to active duty from medical leave.

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- G. (1) A firefighter on medical leave shall not participate in any "Line of Duty" functions. These functions are those included in the Volunteer Firefighters Benefit Law and include, but are not limited to, emergency calls, drills, hands-on training, work details, meetings, fundraising and parades.
- (2) A firefighter may perform "Administrative Only" (also referred to as "Light Duty") functions (meetings, committee functions, non-hands-on classroom training/drills and clerical functions). In order to be eligible to perform these functions, the firefighter must first provide documented medical restrictions from his/her treating licensed medical professional to the Fire District's physician for review and approval. The Fire District may return the firefighter to inactive medical leave, at any time, should the firefighter not operate within his/her documented restrictions.

*Refer to "Medical Leave-Administrative Only" Duty medical clearance form attached to this Policy.

- H. Failure or refusal to comply with these procedures and guidelines may result in disciplinary action up to and including dismissal.
- I. The Board of Fire Commissioners, shall, on an annual basis, review medical leave of individuals.
- J. Persons on medical leave for line of duty injuries shall continue to accrue Fire Company seniority.
- K. Persons on medical leave for other reasons may accrue Fire Company seniority in accordance with Fire Company By-Laws.
- L. Firefighters on disability leave from their place of employment are reminded that they risk loss of disability coverage and/or insurance from their employer if they are involved with any Fire District activity.
- IV.** The Board of Fire Commissioners can amend this policy at any time.
- V.** This policy was adopted March 9, 2015 and revised effective December 14, 2015. Additional revisions adopted on November 11, 2019.

By order of the Board of Fire Commissioners, Clarence Fire District No. 1

Clarence FD Firefighter Return-To-Duty Medical Statement

Clarence Fire District #1

Firefighter Name _____

Dear Treating Physician,

Please provide the information below on your patient in an effort to determine a safe return-to-duty status post injury/illness. The job descriptions are listed for your review as well. Please complete the form and sign the reverse and secure any consent to do so from your patient. Thank you, Occustar Inc.

Injury/illness description _____

Date of injury / illness _____ / _____ / _____

Is treatment completed? YES NO

Continuing treatment consisting of: _____

Anticipated date of completed treatment: _____ / _____ / _____ - See note below

* If treatment is **NOT YET COMPLETED**, fill out this form with the **CURRENT** status of your patient **AND** keep a copy of this form to send when treatment is completed, so the final return-to-duty status can be implemented at that time.

Classification requested: EXTERIOR FIREFIGHTER/DRIVER INTERIOR FIREFIGHTER FIRE-
 POLICE ONLY EMS ONLY ADMINISTRATIVE (LIGHT DUTY) ONLY

TREATING PHYSICIAN'S STATEMENT

Please Render Your Opinion in the Section(s) Indicated

EXTERIOR FIREFIGHTER

Individual will be responsible to respond to all types of incidents. Individual will wear Personal Protective Equipment adding over an additional 50 lbs. to their weight. Individual will operate under extreme exertion and stress, in all weather conditions and may be asked to complete any of the following tasks: Carrying/dragging fire hose (filled with water and empty), lifting carrying and using various hand & power tools (weights vary from 5 to 50+ lbs.), carrying and climbing ladders, assisting with rescue operations, forcible entry and ventilation, salvage operations, emergency medical care, etc... Member may be required to wear Self-Contained Breathing Apparatus (SCBA) outside structures in extreme circumstances.

It is my professional opinion that my patient listed above is capable of the job tasks listed here with no restrictions.

It is my professional opinion that my patient listed above is capable of the job tasks listed here with the following restrictions: _____

It is my professional opinion that my patient listed above should not currently participate in the job tasks as an Exterior Firefighter.

INTERIOR FIREFIGHTER

In addition to the duties listed above for Exterior Firefighters, the individual will have to be able to wear Self Contained Breathing Apparatus (SCBA) which will add 30+ lbs. in weight, be able to work in high heat environments, be able to crawl and carry hose and or assorted hand tools, be able to climb ladders, operate in confined spaces, etc...

It is my professional opinion that my patient listed above is capable of the job tasks listed here with no restrictions.

It is my professional opinion that my patient listed above is capable of the job tasks listed here with the following restrictions: _____

It is my professional opinion that my patient listed above should not currently participate in the job tasks as an Interior Firefighter.

PLEASE SIGN OTHER SIDE.

ADMINISTRATIVE ONLY (also referred to as "LIGHT DUTY")

Individual will only participate in meetings, non-physical training and committee functions.

It is my professional opinion that my patient listed above is capable of the job tasks listed here with no restrictions.

It is my professional opinion that my patient listed above is capable of the job tasks listed here with the following restrictions: _____

It is my professional opinion that my patient listed above should not currently participate in the job tasks for Administrative ONLY personnel.

Treating Physician - Please Sign Below

Physician's Signature _____ Date ____ / ____ / ____

Print Physician's Name _____ Phone # _____

Office address _____
Street City State Zip

Please **mail** (not fax) **this ORIGINAL form** to:
Occustar Inc, 4267 Transit Rd, Buffalo, NY 14221 // 716-204-0798 for any questions

Firefighter Name: _____

Clarence FD

Fire Police Physical Report

Firefighter Name: _____

Dear Treating Physician,

The duties of Fire Police, under the direction of the respective Chief or Fire Police Captain, will be to assist in traffic control, protection of property and the handling of spectators. If, at the scene of a Fire, EMS call or emergency, a Fire Police is needed to assist at the fire, the Chief may so order if the person has been medically certified to perform such assigned duties. Fire Police duties may be performed only during a fire, EMS call or emergency. Chief may use Fire Police in their capacity at any firematic function and assign them to any duty the Chief may deem necessary, contingent upon level of medical certification.

TREATING PHYSICIAN'S STATEMENT

Please Render Your Opinion in the Section(s) Indicated

FIRE-POLICE ONLY

Individual will be responsible to respond to all types of incidents to handle traffic direction and crowd control in all weather conditions for extended periods under stressful conditions in an effort to reach an emergency scene as quickly as possible in all types of weather and traffic situations.

It is my professional opinion that my patient listed above is capable of the job tasks listed here with no restrictions.

It is my professional opinion that my patient listed above is capable of the job tasks listed here with the following restrictions: _____

It is my professional opinion that my patient listed above should not currently participate in the job tasks of a Fire Policeman/Driver.

Treating Physician - Please Sign Below

Date: _____ / _____ / _____

Print Physician's Name: _____ Phone # _____

Office Address: _____
Street City State Zip

Physician's Signature: _____

Please **mail this ORIGINAL form** to:
Clarence Fire District No. 1
PO BOX 340
Clarence, NY 14031
Call 716-759-8842 with any questions

