





NORTHERN WAKE FIRE DEPARTMENT

STANDARD OPERATING PROCEDURES

TITLE: Injury Reporting	SECTION/TOPIC: GENERAL ADMINISTRATION
NUMBER: 100-9	ISSUE DATE: 9/13/17
REVISION DATES: 4/18/19	APPROVED BY:  Gary Vickerson <hr/> PRESIDENT – BOARD OF DIRECTORS  Tim Pope <hr/> FIRE CHIEF

I. PURPOSE

- A. The purpose of this Standard Operating Procedure is to ensure consistency in the reporting and investigation of on-duty and off-duty injuries involving Northern Wake Fire Department members.

II. SCOPE

- A. This Standard Operating Procedure applies to all members of the Northern Wake Fire Department.

III. PROCEDURE

- A. It will be the responsibility of each member to exercise the appropriate control as dictated by their rank.
- B. It is the responsibility of each member to perform their job functions in a manner as to:
1. Not engage in unsafe work practices.
 2. Follow safe work procedures established by the organization.
 3. Report unsafe procedures, equipment, and conditions to their immediate supervisor.
 4. Perform work activities only after being properly trained.
- C. If the injury is the result of a vehicle accident, the vehicle accident reporting process will be initiated as stated in the SOP for Vehicle Accident Reporting.
- D. NOTIFICATION
1. Any injury that occurs while a member is actively performing in an official capacity for the organization will be immediately reported to the member's

supervisor, who will in turn report the incident to the Battalion Chief or other Chief Officer that is on-duty.

2. The notification should include:
 - a. Who is injured?
 - b. The nature of the injury.
 - c. Where the injury occurred?
 - d. The medical facility that the member was transported to (if any).
3. The Battalion Chief or other on-duty Chief Officer will immediately notify the Division Chief of Risk Reduction.
4. The Division Chief of Risk Reduction will make additional notifications to the Risk Reduction Team, the Administrative Chiefs, and the Administrative Assistant.
5. If the Division Chief of Risk Reduction is unavailable, a Deputy Chief will be notified and assume the initial Risk Reduction responsibilities listed in this procedure.
6. Failure to report an on-duty injury or medical condition may result in disciplinary action.

E. ON-DUTY INJURIES

1. If the injury is minor in nature and only requires first-aid, first-aid may be provided at the work place and the injury simply reported as a notation in the RMS log book.
2. If the injury is minor in nature and requires care greater than first-aid, the member's supervisor will transport him/her to an urgent care facility or area hospital emergency room as a worker's compensation injury.
3. If a serious injury occurs, the member's supervisor or Emergency Medical Services will transport him/her to an area hospital emergency room as a worker's compensation injury.

F. REPORTING

1. The assigned Risk Reduction Officer will report to the scene and begin the internal investigation of the injury.
2. Any potential witnesses should remain on the scene until the Risk Reduction Officer arrives.
3. No statements should be provided to anyone except the Risk Reduction Officer.
4. The Risk Reduction Officer will assemble a brief narrative of the incident along with photos.

5. Upon returning to the station, a brief narrative of events will be produced by the injured member, the supervisor and any other members that were present at the time of the accident.
6. The injured member will complete an "Accident/Injury Report" (See Appendix A) and the report must be submitted to the Risk Reduction Officer and the Administrative Assistant by the end of the current shift.
7. The supervisor will assure that all documentation is completed and in the event that the injured member is unable to complete and submit the reports, the supervisor will complete and submit the reports on his/her behalf.
8. The injured member will submit all care facility receipts and documentation to the Administrative Assistant.

G. INVESTIGATION

1. In order to complete the investigation in a fair, consistent and timely manner, the assigned Risk Reduction Officer will:
 - a. Respond to the scene and conduct the on-scene investigation.
 - b. Photograph the entire scene from all angles to include any damaged vehicles, skid marks, damaged property, and/or other potential evidence in regards to the cause of the accident.
 - c. Gather any and all facts pertaining to the accident including witness names, addresses, contact information, and statements.
 - d. Within 24-hours, gather all member narratives and the Accident and Injury Report, ensuring that they are all completed appropriately.
 - e. Obtain a copy of the Law Enforcement Officer's report if applicable.
 - f. Review all collected information and provide a recommendation along with a copy of the file to the Division Chief of Risk Reduction.
 - g. The recommendation should include:
 - Designation of injury as "Preventable" or "Non-Preventable"
 - Recommended Remedial Training
 - Recommended Disciplinary Action
 - h. The Division Chief of Risk Reduction will review the recommendation, along with the supporting documentation, and will determine the next steps.
 - i. The Administrative Assistant will serve as the point of contact for the Worker's Compensation claim and any other applicable insurance claims.

- j. The Administrative Assistant will serve as the point of contact for the injured member with regard to their work status and return to duty requirements.

H. OFF-DUTY INJURIES

- 1. All off-duty injuries will be immediately reported to the member's supervisor and the Administrative Team.

I. RETURN TO DUTY

- a. Members injured on-duty or off-duty will not be allowed to return to duty with the Northern Wake Fire Department until the following steps have been completed:
 - a. The member will submit a Return to Duty form (See Appendix B) to their treating physician.
 - b. The Return to Duty form, signed by the member's treating physician, will be submitted to the Administrative Assistant.
 - c. The Administrative Assistant will submit the signed Return to Duty form and injury information to the assigned NWFD physician.
 - d. Once the Administrative Assistant receives notification from the NWFD physician, he/she will advise the member and the Administrative Team on the member's return to duty status.

2. Was Medical Treatment beyond First Aid or Emergency Medical Care required? Yes No

If Yes, treatment by whom? (Physician or Health Care Professional name):

3. If treated at a Medical Facility:

EMS Transport? Yes No EMS Unit #: _____

Medical Facility Information: _____

(Medical Facility Name)

(Medical Facility Address)

(City)

(State)

(Zip)

4. Was the injury treated in the Emergency Room? Yes No

5. Did the injury require inpatient (overnight) hospitalization? Yes No

6. Case Number #: _____

7. Was proper Personal Protective Equipment utilized when the accident occurred?

Yes No Describe PPE used: _____

8. Could this accident have been prevented? Yes No

If "Yes" or "No", describe: _____

9. Was this injury witnessed? Yes No

If "Yes", by whom? (List name and contact information): _____

For Vehicle / Equipment Accidents Only:

1. Describe the accident and what was damaged in detail: _____

(Attach additional forms if necessary – Police report, additional statements, etc.)

2. Was any non-fire department property damaged? Yes No

If "Yes", describe: _____

(Attach Owner's Information to this Form – Name, address, phone#, Insurance info, etc.)

3. Was Law Enforcement contacted for report of the Incident? Yes No

Who? _____ Report #: _____

(Attach Law Enforcement Report to this Form)

4. Was this accident witnessed? Yes No

If "Yes", by whom? (List name and contact information) _____

5. Draw sketch of the accident scene below: (attach drawing if necessary)

APPENDIX B

NORTHERN WAKE FIRE DEPARTMENT

CLEAR FOR DUTY FORM
Firefighter Essential Job Tasks and Descriptions
NFPA 1582, 2013 Edition

1. While wearing personal protective ensembles and self-contained breathing apparatus (SCBA), performing fire-fighting tasks (e.g. hose line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs and walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions including working in extremely hot or cold environments for prolonged time periods.
2. Wearing a SCBA, this includes a demand-type positive pressure face piece or HEPA filter mask, requiring the ability to tolerate increased respiratory workloads.
3. Exposure to toxic fumes, irritants, particulates, biological (infectious) and non-biological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA.
4. Depending on the local jurisdiction, climbing six or more flights of stairs while wearing a fire protective ensemble, including SCBA, weighing at least 50 pounds (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 pounds (9 to 18 kg).
5. Wearing a fire protective ensemble, including SCBA, that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2 degrees F (39 degrees C).
6. While wearing personal protective ensembles and SCBA, searching, finding, and rescue-dragging or carrying victims ranging from newborns to adults weighing over 200 pounds (90 kg) to safety despite hazardous conditions and low visibility.
7. While wearing personal protective ensembles and SCBA, advancing water-filled hose lines up to 2 1/2" inches (65 mm) in diameter from fire apparatus to an occupancy (approximately 150 feet (50 m), which can involve negotiating multiple flights of stairs, ladders, and other obstacles.
8. While wearing personal protective ensembles and SCBA, climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces that might be wet or icy, and operating in proximity to electrical power lines or other hazards.
9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.
10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.
11. Critical, time sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions.

12. Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers).
13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.

I HAVE READ AND UNDERSTAND THE JOB TASKS ASSIGNED TO MY PATIENT AND HE/SHE HAS BEEN EVALUATED AND IS CLEARED TO RETURN TO DUTY IN THE FOLLOWING ROLE:

- Firefighter/Apparatus Driver
- Apparatus Driver Only
- Administration Only

Patient Name: _____

Physician Name: _____

Practice Name: _____

Practice Address: _____

Physician Signature: _____ Date: _____