



Paul Williams, Fire Chief

**PURPOSE:**

To establish procedures for assessing fitness for duty of Escambia Fire-Rescue personnel in certain specified circumstances or upon release to return to work following an injury or illness.

**OBJECTIVE:**

If a member is perceived to be mentally or physically unfit to perform one or more of the essential function(s) of their job, the member, their supervisor(s), and Escambia County Fire-Rescue 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 health condition, whether work-related or not.

**SCOPE:**

It is the responsibility of each member, their supervisor, and Escambia Fire-Rescue to follow all applicable procedures set forth in this guideline. Each member is ultimately responsible to be fit for duty. Any supervisor, who becomes aware that a member may be unfit for duty, may rely on this policy to ensure that the member in question is removed from their work assignment or prevented from returning to their work assignment until such time that the member's fit for duty status can be verified under the terms of this policy. Risk Management will be responsible for managing compliance of Escambia Fire-Rescue career personnel with all the terms of this policy. Escambia Fire-Rescue will be responsible for managing all Escambia Fire-Rescue volunteer personnel.

**PROCEDURE**

- A. Self-Report:** For the safety and well-being of personnel and their co-workers, a member is not to report for duty if they are ill or impaired, especially in cases of communicable disease (see Attachment 1). A member with a mental or physical condition that may prevent them from performing an essential job function (refer to individual job descriptions), in an effective and/or safe manner shall not report for work until such time as they are cleared by ECFR, personal physician, or Risk Management. All personnel should follow Escambia Fire-Rescue policy regarding sick leave notification as per SOG 1110.030, Medications On-Duty SOG 1110.033, Leave of Absence SOG 1110.055, Family Medical Leave SOG 1110.045. Reporting for Duty SOG 1110.020.
- B. Personal Illness:** Personnel are not to report for duty if they are seriously ill or impaired. For specific illness and work restrictions, refer to Attachment 1 *Communicable Disease Work Restrictions*.



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**C. Medications:** Personnel must report the use of any prescribed or over-the-counter medication that may potentially impair their mental or physical abilities to perform the functions of their job safely and effectively. Such notice must be provided to Risk Management & ECFR, who will work with the member's prescribing physician to evaluate whether the medication affects the member's ability to safely perform any essential job function.

**D.** Personnel who report for duty or are on duty while knowingly impaired may face disciplinary charges up to and including termination. A member's Worker's Comp benefits may be affected as well.

## **II. On-the-Job and Off-the-Job Illness and Injury:**

**A.** All standards and definitions for fit for duty evaluations and assessments are the same regardless of whether the illness or injury is incurred on or off the job.

**B.** For all on-the-job injury/illness or exposures, personnel will follow ECFR and Escambia County Risk Management requirements by Completing a Supervisor's First Report of Injury or Loss and All Worker's Compensation Reports of Injury forms and making all appropriate notifications.

**C.** 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**

**A.** Any member observed to be mentally or physically impaired and/or who may be unable to effectively and safely perform one or more essential function(s) of their job may be subject to a fit for duty evaluation by a physician or other qualified designee, or may be subject to testing in accordance with ECFR SOGs and Substance Abuse Policy. Signs of inability to perform may include apparent weakness, illness, disorientation, memory loss, erratic behavior or inability to successfully complete any individual performance standards associated with their position or a fitness assessment.



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**B. Reporting Process:**

1. Personnel who observe or who have reason to believe that another individual may be unfit to perform the functions of the job effectively and/or safely, will report such observations to their immediate supervisor. In cases where the member in question is the immediate supervisor, the on-duty Battalion Chief or Deputy Chief should be notified.
2. The immediate supervisor of the individual in question should contact their District Chief, Battalion Chief or Deputy Chief, who will make the necessary arrangements to assess the member's condition. If the supervisor believes that the condition could affect the safety of the member or others, the supervisor will immediately take the member off duty and, if necessary, take the apparatus out of service.
3. The Battalion Chief is given the discretion to assess appropriate action to be taken with regard to the member, which may result in removal of the member from duty until such time that a fit for duty medical evaluation by a physician is conducted. The Deputy Chief may deem it appropriate to place the individual on administrative leave.
4. In cases where the member is removed from duty or needs to be referred for a medical evaluation and/or treatment, the immediate supervising officer will contact their Battalion Chief, District Chief and Risk Management regarding the situation as soon as possible following the incident. Initial contact may be by phone, with a written follow-up.

**C. Referral for Medical Evaluation**

1. ECFR may, determine the need for a member's fit for duty medical evaluation or fitness assessment required under the following circumstances:
  - a. When actual problems exist or are reported with the member's performance of any essential function of their job.



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- b. When there exists legitimate concerns about whether the member or their performance poses a direct threat to the safety and health of themselves 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 as outlined in NFPA 1582.
2. Personnel must follow the guidelines provided in the Family Medical Leave Policy for serious health conditions.
  3. Personnel are generally relieved from duty and are placed on HR Administrative Leave and/or sick leave until such time as an evaluation is made. If the evaluation indicates that the member is not fit for duty, they will continue on sick leave, workers' compensation, modified duty or disability, until such time as they are released to work in a full or modified capacity.
  4. Should the member require additional treatment or continuing care. Escambia County will not be financially responsible for illness or injury discovered or identified by a representative of the Escambia County, unless the illness or injury has arisen as a direct result of employment with the County.
  5. Minor Illnesses/Injury: In case of minor illness or injury, ECFR may require a note from the member's healthcare provider that releases them to duty or otherwise indicates any recommendation regarding their ability to work. The Risk Manager should be contacted for any needed clarification.



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## **IV. Return to Work**

### **A. Medical Evaluation to Return to Work**

1. Any member returning to work from a serious injury or illness, extended absence, or from any other health-related circumstance that may call to question their ability to perform their duties in a safe and effective manner, must contact the Risk Manager or Battalion Chief. ECFR will require a medical release to return to work from the member's physician, personal healthcare provider, or an appropriate medical expert. The medical release form can be found as an attachment to this SOG.
2. For absences due to injuries or illnesses, Human Resources may accept a medical release to return to work from the member's physician. If, for any reason, Risk Management should question the terms of the medical release, the Human Resources physician will contact their healthcare provider in order to receive clarification. The medical release to return to work must be received by Risk Management/ECFR before the member will be permitted to return to regular duty. A fitness assessment performed by ECFR representative may be required. When the medical release has been verified as acceptable, the member will be released to duty as dictated by the physician in accordance with this SOG. For individuals on specialty teams such as Hazmat or Special Operations, additional medical testing may be required by the ECFR or designated medical expert before the member is released to go back to the specialty team.
3. In the event the ECFR determines that a fit for duty evaluation is required of any member, they will be given written notice of that requirement. The member has the duty to cooperate in such evaluation, including, but not limited to, signing all necessary medical information release forms, allowing their relevant medical records to be transferred and reviewed by the evaluating physician, and allowing the evaluating physician to report findings and opinions regarding the member's fit for duty status and the member must respond to the ECFR's reasonable inquiries in that regard. Failure to cooperate in the fit for duty evaluation may result in discipline.
4. In the event that the member's healthcare provider and the Counties physician disagree upon their clearance to return to duty, the member's healthcare provider, the IAFF Local 4131, and the Human Resource physician will select a third, appropriately qualified physician to perform a final examination and render a medical decision to settle the dispute. Upon the scheduling of the fit for duty evaluation, all relevant information relating to the member, including the job description, job analysis and any other job-related information,



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ECFR employment information relative to the need for the evaluation, and any relevant medical records, along with 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 performs an individualized evaluation of the member's ability to safely perform the essential functions of the job. ECFR will pay for the third party fit for duty evaluation process. ECFR reserves the right to rely on the opinions expressed by its medical expert.

5. Upon receipt of the completed fit for duty evaluation, ECFR will review, compare and evaluate the member's abilities to safely perform the essential functions of their job. In the event it is determined that the member does not have the ability to perform each of the essential functions of their job or they pose a risk of harm to self or others in the performance of such functions, ECFR will determine whether or not a reasonable accommodation exists that will remove the barrier to continued employment or membership, and eliminate or minimize the potential risk of harm to the member or others.

6. In cases where the member is released to light or modified duty, they will follow the guidelines provided in Workers' Compensation Insurance and/or Temporary Non-Hazardous Modified Duty Assignment by the member's attending physician.

**B. Fitness Assessment:** Uniformed Personnel who are off duty due to personal illness or injury may be subject to a fitness assessment once they have been released to full duty, but prior to assignment to active duty. Members must contact the Risk Manager to establish whether a fitness for duty assessment will be required. Fitness for duty assessments will be coordinated by the Risk Manager and may include the responsible ECFR Chief Officer/Division Manager, a Training Officer, and/or additional personnel as needed. These assessments will be based on Individual Performance Standards (IPS) and the member's job description, and will need to be completed prior to return to work.



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ATTACHMENT 1

**COMMUNICABLE DISEASE WORK RESTRICTIONS**

Disease/Problem	Work Restriction	Duration
Conjunctivitis (Pink Eye)	Restrict from patient contact. May exclude from duty.	Until discharge ceases.
Diarheal Diseases	Restrict from patient contact, contact with the patient's environment, or food handling. May exclude from duty.	Until symptoms resolve.
Diphtheria	Exclude from duty.	Until released by OHS or MD.
Enteroviral Infections (Coxsacki, Polio)	Restrict from care of infants and immunocompromised patients and their environments. May exclude from duty.	Until symptoms resolve and released by MD or OHS.
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 MD or OHS.
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.
Measles	Exclude from duty.	Until released by OHS or MD.
Meningococcal Infections	Exclude from duty.	Until 24 hours after start of effective therapy.
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.	Until 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 MD or OHS.
Staphylococcus Aureus Infection	Exclude from duty.	Until cleared by medical evaluation.





