

FELTON FIRE PROTECTION DISTRICT
STANDARD OPERATING PROCEDURES

ARTICLE: I **SOP: 1101**
SECTION: 1100 **PERSONNEL**
SUBJECT: REPORTING WORK RELATED INJURIES

PURPOSE: To Provide the District Personnel with a consistent procedure to follow when reporting an on the job injury and to establish guidelines for filling out the appropriate forms.

SCOPE: All District personnel shall be familiar with and abide by the following guidelines in the event of an on the job injury.

PROCEDURE:

1. Upon Injury, the fire fighter shall notify the officer in charge as soon as possible.
2. The Officer in Charge shall fill out the following forms as completely as possible:
 - a. **Supervisor's Accident Report** -- Please be specific. The description should be thorough and include if the injured fire fighter was seen by a physician. (See attached Form 1)
 - b. **Employee's Claim for Worker's Compensation** -- This form must be filled out within 24 hours of receiving notice of the injury. (See attached Form 2)
 - The fire fighter fills out the upper portion and keeps the copy marked "Employee's Temporary Receipt"(green copy), then gives the form back to the Officer in Charge.
 - The Officer in Charge fills out the lower half of the form and gives the fire fighter the copy marked "Employee's Copy" (pink copy). The remaining copies are to be given to the Fire Chief for further processing along with the Supervisor's Accident Report.
3. The Fire Chief shall fill out the State Form 5020 taking the information from the Supervisor's Accident Report form. The forms are then distributed to the appropriate Worker's Compensation carrier and copies are filed in the employee's file as well in the Worker's Compensation file in the Fire Chief's office.
4. **Treatment While on Scene**

In the event of a work related accident, illness or injury, the highest priority is to be given to immediate treatment.

- a. In an emergency, take the injured fire fighter to the nearest available hospital emergency room for immediate treatment.

- 5) For a serious injury or illness (requiring hospitalization for more than 24 hours, other than for observation, and that results in any loss of a member of the body, or involves permanent or prolonged impairment of the body) must be reported to Cal/OSHA by telephone or FAX within 24 hours after the Fire Chief knows of the injury or illness. Contact the Cal/OSHA 24 hour service at 2010 North 1st St., San Jose, CA. Phone # 1-452-7288.

c. Death of a fire fighter

- 1) The Officer in Charge shall notify the Fire Chief. The Fire Chief shall notify the Chairperson of the Board of Directors.
- 2) The Fire Chief shall notify the next-of-kin. If the next-of-kin is not contacted through normal channels, the Chief shall pursue all means until the next-of-kin is located.
- 3) The Fire Chief shall make personal contact with the next-of-kin.
- 4) Should a deceased fire fighter have an affiliation with a church or religion, it may be appropriate to have a clergyman from said church or religion accompany the Fire Chief to notify the next-of-kin.
- 5) A death must be reported to Cal/OSHA within 24 hours after the Fire Chief knows of the death. Contact the Cal/OSHA 24 hour service at 2010 North 1st St., San Jose, CA. Phone # 1-452-7288.

8. Procedure for returning to duty

- a. The fire fighter will be returned to regular duty following a work related injury or illness after he/she has been certified by the attending physician as being physically fit to perform the duties as required.
- b. Following a work related injury or illness which temporarily precludes a return to full duty, a physician may release a fire fighter to "light duty". When released to light duty, the fire fighter may perform fire district related functions on a schedule as determined or approved by the Fire Chief.