

**Payson Fire Department
Standard Operating Procedures**

Section: Personnel
**Subject: Return to Work, Alternative Duty and
Light Duty Assignments**

SOP # 2.3.6
Date: 03/20
Revision Hx:

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1. PURPOSE

- A. The purpose of this Standard Operating Procedure (SOP) is to clarify expectations related to returning to duty for personnel subject to NFPA 1582 and temporary transitional Light- or Alternative-Duty assignments.
- B. This SOP applies to both sworn and civilian personnel.
- C. The Town of Payson Fire Department (PFD) recognizes that this process affords mutual benefit to both the organization and affected employees.

2. POLICY

- A. As outlined in Town of Payson Personnel Manual, light duty is intended to provide a temporary assignment to an employee who is unable to perform their essential job tasks due to a temporary injury, illness, or other condition.
- B. Providing a temporary Alternative- or Light-Duty assignment to an employee is contingent upon the availability of such assignments and the employee's ability to perform the assignments within her or his restrictions.
- C. This policy in no way affects the rights of employees under the Family and Medical Leave Act ("FMLA"). That is, an employee on FMLA leave may refuse to work Alternative- or Light-Duty assignments until the end of the employee's FMLA leave; however, refusing such Alternative- or Light-Duty assignments may impact the employee's workers' compensation benefits.
- D. Unless the employee has been placed on FMLA leave, an employee's refusal to work Alternative- or Light-Duty assignments may be grounds for disciplinary action up to and including termination.
- E. Employees who suffer a job-related injury or illness will be required to provide PFD and Human Resources a certification from their health care provider indicating work status.

3. DEFINITIONS

- A. An NFPA 1582 Category A Medical Condition – is a medical condition that would preclude an individual from performing the essential job tasks of a municipal firefighter in a training or emergency operational environment, or that would present a significant risk to the safety and health of that individual or others.

- B. An NFPA 1582 Category B Medical Condition – is a medical condition that, based on its severity or degree, may or may not preclude an individual from performing the essential job functions of a municipal firefighter in a training or emergency operational environment, or may or may not present a significant risk to the safety and health of that individual or others.
- C. Light Duty – applies to all personnel – An assignment that is assigned to accommodate a temporary medical, physical, or behavioral inability to fulfill regularly assigned roles and responsibilities.
- D. Alternative Duty – applies to Emergency Response Personnel subject to NFPA 1582 – An assignment that is assigned to accommodate a temporary inability to meet NFPA 1582 requirements, but would not be considered “light duty” for a non-emergency responder.
- E. Department Medical Provider – A Licensed Practitioner/Physician that PFD contracts with to provide medical evaluations of, and consultations for departmental personnel in compliance with NFPA 1582

4. PROCEDURE

- A. Prescheduled and Requested Alternative/Light Duty
 - i. Requested or anticipated Alternative- or Light-Duty status must be approved by the Fire Chief before the employee returns to the workplace in an Alternative/Light Duty capacity.
 - ii. Medical documentation is required for any change in the employee’s work restrictions or status. To remain on Alternative- or Light-Duty status, the employee’s medical documentation must have dates that reflect the specific timeframes requested for alternative duty. Failure to timely provide proper documentation may result in the employee’s Alternative- or Light-Duty status request being denied or revoked.
 - iii. Employees shall provide the Department with as much advance notice as possible when undergoing a planned medical procedure.
 - iv. The Fire Chief will direct the Alternative- or Light-Duty assignment and placement.
- B. Duty-Related Injury: All personnel shall follow Town and PFD injury reporting policies and notify their supervisor immediately, if injured while on duty.
- C. Non-Duty Injury, Illness, or Medical Restriction: All Emergency Response Personnel must be in physical and mental condition to deploy for operational deployment and be able to complete any and all assigned duties. When such an employee has an issue that precludes full participation in any assigned duties or operational readiness, as outlined by NFPA 1582, the employee shall notify their supervisor and the PFD medical provider before returning to work. (See NFPA 1582 Category A & Category B)
- D. Review and Approval of Alternative- or Light-Duty Request

- i. Consistent with Town and Department policy, the Fire Chief shall exercise judgment and diligence in determining whether Alternative- or Light-Duty work is available that meets the employee's restrictions and abilities. For personnel unable to return to work, some functions may be approved as hours worked, such as Online Training, Blue Card sessions and other work-related functions as compatible with medical restrictions.
- ii. The PFD Medical Provider shall inform the Department only whether or not the employee is medically certified to perform as a firefighter or in an Alternative- or Light-Duty capacity with detailed restrictions.
 - a. The specific written consent of the recruit shall be required to release confidential medical information to the PFD, following guidelines set forth under the Americans with Disabilities Act (ADA) and other relevant policies.
 - b. An employee will not be allowed to return to work in any capacity until appropriate medical documentation is received, reviewed, and approved by the Fire Chief or designee.
 - c. Once received, the Fire Chief or designee will review the medical/physical restrictions identified in the PFD medical provider documentation, and will determine if the employee will be approved for Alternative- or Light-Duty status. The Fire Chief or designee will then notify the affected employee by phone or e-mail as to the status of their Alternative- or Light-Duty request.
 - d. The employee's chain of command will also be notified that the employee will be in an Alternative- or Light-Duty status.

E. Employee Responsibility

- i. Employees who have an off-duty illness/injury are responsible (financially and for arranging) for all appointments, treatments, procedures, etc. required to qualify to be evaluated by the PFD medical provider, such as Cardiologist, Neurologist, Orthopedic, etc.
- ii. All appointments with, and procedures/treatments performed by the PFD medical provider for the purpose of follow up or evaluation for being cleared to return to work are considered work hours and associated costs are covered by the Department.
- iii. All employees shall adhere to the medical restrictions that are identified by their and the PFD's medical provider.
- iv. Employees are not allowed to come to work if using narcotics or other medication that causes impairment.
- v. Employees, while on Alternative- or Light-Duty, may not take emergency action or otherwise engage in any action that places the employee, other personnel, or the public at undue risk.

F. Additional Requirements

- i. Employees are required to have their medical provider update the status of their restrictions with the PFD Medical provider when their restrictions change.
- ii. In all circumstances, an updated Medical Status Report must be submitted periodically (generally every two months) while the employee remains in a temporary Alternative- or Light-Duty status.
- iii. Medical progress reports are not initially required for employees in a temporary Alternative- or Light-Duty assignment due to pregnancy. A medical note requesting Alternative or Light Duty from the pregnant employee's provider is required to process this request. For further details, please refer to the Maternity Duty SOP.

G. Restrictions and Special Considerations

- i. Temporary Alternative- or Light-Duty assignments are limited to eight (8) months (35 weeks total).
- ii. On a case-by-case basis the Chief may approve an extension of four (4) months (17 additional weeks), not to exceed twelve (12) total months (52 weeks).
- iii. Temporary Alternative- or Light-Duty assignments are only available if the PFD medical provider, for NFPA 1582 personnel, or the employee's medical provider, for non-NFPA 1582 personnel, believes the employee will be able to return to their original position and perform the essential job tasks of the position with or without an accommodation.
- iv. If the employee's or PFD's medical provider determines that the employee will not be able to return to her or his original position and perform the essential functions of that position with or without an accommodation, the employee will work with HR and her or his supervisor to identify Town employment options.
- v. If the Department does not receive the required updated Medical Status Reports in a reasonable timeframe, the temporary Alternative- or Light-Duty assignment may be discontinued.
- vi. The length of an employee's Alternative- or Light-Duty status for non-work related injuries/illnesses will be measured by allotment, to include the time period where any extensions to the initial allotment are granted. This means that once an employee is approved for Alternative- or Light-Duty status, their allotment will commence, to include re-occurrences of the same illness/injury, or any additional injuries/illnesses that may occur within the same timeframe.
- vii. Any leave taken during the period that the employee is in Alternative- or Light-Duty status will not extend the employee's 8 month or 1 year allotment.
- viii. Assignments filled by Alternative/Light duty personnel are to be temporary, and there is to be no expectation that of the assignment to become a permanent position

H. Audit/Compliance Verification

- i. Once approved for Alternative- or Light-Duty status, employees may be required to have an initial meeting with the Fire Chief or designee.
- ii. For extended Alternative- or Light-Duty requests, mandatory monthly meetings will occur. The purpose of these meetings is to relay expectations and assure compliance with this SOP and intended purpose of the Town's and/or PFD's policies.
- iii. These meetings are also opportunities to discuss the ongoing needs of the employee.
- iv. Supervisors of the employee assigned to Light/Alternative duty are responsible for auditing the work that their alternative duty employees are performing to assure that meaningful work is being accomplished.
- v. When a supervisor does not have meaningful work, the Fire Chief or designee is to be contacted. The Fire Chief or designee will determine whether there is meaningful work in a different division or Town Department and will reassign the employee as appropriate.

I. Return to Full-Duty Assignment

- i. In order to return from Alternative/Light Duty to a full-duty status, medical clearance paperwork must be submitted and reviewed. For work and non-work/duty related injuries, the employee must submit paperwork, including the Medical Release for Work Form, from the PFD Medical Provider indicating that the employee can return to work and perform the essential functions of her or his position with or without an accommodation.
- ii. The Fire Chief or designee must review the medical documentation and approve the return to duty before the employee may return to a full-duty status.
- iii. Personnel expected to function in SCBA and PPE who have been off for extended periods of time may need to show physical fitness, prove proficiency, and/or receive remediation training.
 - a. Employees who were off 48 hours or longer for injury or 96 hours for illness will need to have the PFD Medical Release for Work Form completed by their medical provider (The PFD Medical Provider may be utilized for this purpose).
 - b. Employees who were off 72 hours for injury or 120 hours for illness or longer will need to:
 - i. Have the PFD Medical Release for Work Form completed by their medical provider (The PFD medical provider may be utilized for this purpose; and
 - ii. Be evaluated by the PFD medical provider.
 - c. Employees who were off thirty (30) days or longer for injury/illness will need to:

- i. Have the PFD Medical Release for Work Form completed by their medical provider (The PFD Medical Provider may be utilized for this purpose; and
 - ii. Pass a physical/functional evaluation performed by the PFD medical provider.
 - d. Employees who were off for six (6) months or longer will need to:
 - i. Have the PFD Medical Release for Work Form completed by their medical provider (The PFD Medical Provider may be utilized for this purpose;
 - ii. Pass a physical performance evaluation performed by the PFD medical provider; and
 - iii. Complete a competency-based evaluation, such as completing selected MCS's for their position, Blue card qualification, etc.
 - e. Employees who were off for one (1) year will need to:
 - i. Have the PFD Medical Release for Work Form completed by their medical provider (The PFD Medical Provider may be utilized for this purpose;
 - ii. Pass a physical performance evaluation performed by the PFD Medical Provider; and,
 - iii. Complete remediation training; and
 - iv. Complete a competency-based evaluation, such as completing selected MCS's for their position, Blue card qualification, EMS CE, etc.
 - f. Some illnesses/injuries may require an evaluation by the PFD medical provider to ensure fitness for duty regardless of time off. These situations are spelled out in 1582 in the category A & B sections.
- iv. If the employee while on Alternative/Light duty missed mandatory training, the employee is required to contact their supervisor in order review training needs and schedule a training to address the deficiencies in training. All training requirements are to be fulfilled before a return to full duty. Exceptions can be considered by the Fire Chief or Battalion Chief of Training or their designee.

5. EXCEPTIONS

- A. None

6. REFERENCES

- A. NFPA 1500
- B. NFPA 1582
- C. Town of Payson Personnel Manual

7. FORMS

- A. PFD Temporary Alternative or Light Duty Assignment Form
- B. Medical Release for Work Form



Payson Fire Department Medical Release for Work Form 2020

This form is to be completed and signed by the Attending Medical Provider prior to being considered and/or approved for light or alternative duty or to schedule an appointment with the PFD Medical Provider for Return to full duty Physical. If you have any questions, please call 928-472-5120.

Employee's/Patient's Name: _____

Section 1 – NFPA 1582 Essential Job Tasks:

- As the attending Medical Provider, please review the link below and evaluate the Employee's/Patient's ability to perform the NFPA 1582 Essential Job Tasks

- In addition, NFPA 1582 has direction and guidance about medical/physical conditions, treatments and medications that could restrict personnel from participating in emergency operations. Please review the link below for more information <https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=1582>
 - o Click (free access)
 - o Select latest edition
 - o Review Category A & B Definitions (3.3.14.1 & 3.3.14.2)
 - o Review Chapter 6 and Annex A Section 6 for related Category A & B conditions, treatments and medications
 - o If needed contact Payson Fire Dept. to have a PFD of NFPA 1582 sent via email

NFPA 1582 14 Job Tasks: Medical Provider must verify Employee/Patient is medically cleared to perform all the 14 tasks

Able to

Perform task

- | | | |
|-----|----|---|
| Yes | No | While wearing personal protective ensembles and self-contained breathing apparatus (SCBA), performing firefighting tasks (e.g., hose-line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or 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 |
| Yes | No | Wearing an SCBA, which includes a demand valve–type positive-pressure face-piece or HEPA filter mask, which requires the ability to tolerate increased respiratory workloads |
| Yes | No | Exposure to toxic fumes, irritants, particulates, biological (infectious) and non-biological hazards, and heated gases, despite the use of personal protective ensembles and SCBA |
| Yes | No | Depending on the local jurisdiction, climbing six or more flights of stairs while wearing a fire protective ensemble, including SCBA, weighing at least 50 lb. (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 lb. (9 to 18 kg) |
| Yes | No | 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°F (39°C) |
| Yes | No | While wearing personal protective ensembles and SCBA, searching, finding, and rescue-dragging or carrying victims ranging from newborns to adults weighing over 200 lb. (90 kg) to safety despite hazardous conditions and low visibility |
| Yes | No | While wearing personal protective ensembles and SCBA, advancing water-filled hose-lines up to 2 1/2 in. (65 mm) in diameter from fire apparatus to occupancy [approximately 150 ft (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles |
| Yes | No | 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 |
| Yes | No | 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 |
| Yes | No | Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens |

- Yes No 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
- Yes No 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)
- Yes No 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
- Yes No Working in shifts, including during nighttime, that can extend beyond 12 hours (Payson Fire works 48 hours schedules)

The Town of Payson Fire Department may offer a light duty/alternative duty program for our employees that may not be able to return to work full duty as outlined in the defined job tasks above. Please indicate what restrictions you are giving our employee so we can determine their participation in our light/alternative duty program.

This portion of the form must be completed with every required Medical Providers visit

Section 2: Employee may return to work:

Individual was physically seen in my office and may return to work: (select one option bellow and complete section 3)

- Without restrictions With restrictions:

Section 3: Restrictions:

- | | | |
|-------------------------------|---|-----------------|
| <input type="checkbox"/> None | <input type="checkbox"/> NFPA 14 Job Task (See above) | Duration: _____ |
| <input type="checkbox"/> None | <input type="checkbox"/> Standing/Walking | Duration: _____ |
| <input type="checkbox"/> None | <input type="checkbox"/> Sitting | Duration: _____ |
| <input type="checkbox"/> None | <input type="checkbox"/> Driving | Duration: _____ |
| <input type="checkbox"/> None | <input type="checkbox"/> Lifting/Carrying | Duration: _____ |
| <input type="checkbox"/> None | <input type="checkbox"/> OTHER (i.e. Behavioral) | Duration: _____ |

Medical Provider NOTES:

Section 4:

Medical Provider Name: _____ Date: ____/____/____

Medical Provider Signature: _____

This form must be completed, signed and returned to the supervisor prior to approval of the Light or Alternative assignments or return to full duty work.

Original to Town of Payson Human Resources - Copy to Fire Department HSO - Copy to Employee