

ARTICLE XI

TEMPORARY PHYSICAL DISABILITY

PART I. General Rules

The information in Part I generally applies to all employees of the Fire and EMS Department. Rules pertaining to uniform personnel are contained in Part II, and rules pertaining to civilian employees and single role EMS providers are contained in Part III.

Section 1. Definitions:

1. Civilian Employees: All department employees except sworn Firefighters.
2. Operational Personnel: Personnel assigned to the Operations and Special Operations Divisions, Fire Investigations Units, and EMS response units.
3. Single-Role EMS Providers: Civilians who are employed as EMT's, EMT/I's or paramedics.
4. Support Personnel: Personnel (Uniform and Civilian) not assigned to response units.
5. Uniform Personnel: Sworn Firefighter personnel.

Section 2. Police and Fire Clinic (PFC):

1. PFC Services. The Police and Fire Clinic provides the following services:
 - a. Uniform personnel: Performance of duty reviews, treatment and referrals for injuries incurred in the performance of duty; physicals (annual, promotional, return to duty and fitness for duty), and sick call for non-performance of duty injuries and illnesses.
 - b. Civilian personnel: Disability compensation reviews, treatment and referrals for injuries incurred in the performance of duty.
 - c. Single-Role EMS Providers: Disability compensation reviews, treatment and referrals for injuries incurred in the performance of duty and physicals (annual, return to duty and fitness for duty).
2. Reporting Instructions:

The Police and Fire Clinic (PFC) is located on the grounds of Providence Hospital at 920 Varnum Street NE, 20017.

The PFC is open daily except Saturdays, Sundays and holidays, from 0700 hours to 2300 hours. The telephone number is (202) 269-7400.

Employees reporting to the PFC for medical or psychiatric treatment shall:

- a. Report for sick call between 0700 to 0830 hours Monday through Friday unless reporting for a scheduled appointment. Employees reporting late for scheduled appointments will not be seen and will be cited appropriately. Employees may report to the afternoon sick call (1300 to 1430 hours) only with the approval of the Medical Services Office.
- b. Park in the lot on the east side of the building.
- c. Not bring any person other than members of the Department to the PFC.
- d. Report to the check-in desk with proper identification and give the appropriate information to the PFC Receptionist.
- e. Remain in the waiting area until called by the doctor.
- f. Be governed by the direction of the Medical Staff of the PFC.
- g. Not leave the PFC prior to their release by the attending medical care provider.
- h. Report to the PFC Receptionist at the check-out desk before leaving the building to sign-out and to schedule any future appointments and report any change in duty status.
- i. Notify the on-duty company officer or immediate supervisor of their current duty status before leaving the PFC.
- j. Not place themselves under the influence of intoxicants or any controlled substance (other than prescribed medications) prior to visits to the PFC.
- k. Comply with all directives issued by the PFC medical provider.
- l. Return to their current assignment without unnecessary delay if on duty, unless scheduled for further medical treatment. When employees do not return directly to their current assignment, they shall so notify their on-duty company officer or immediate supervisor prior to leaving the PFC.

3. Electronic Recording of PFC Physician:

Electronic recording devices, either surreptitiously or overtly, is strictly prohibited within the clinic or at PFC scheduled treatment.

This policy is limited to the use of electronic recording devices; it shall not be misconstrued to prohibit employees from making notes.

4. Rescheduling Appointments at the PFC:

Due to emergencies or unforeseen situations, employees must contact the Clinic Liaison at the Medical Services Office (202-269-7509) for permission to reschedule their appointments. Employees will be required to provide documentation supporting the request. Approval will be at the discretion of the Medical Services Office.

5. Missed Appointments at the PFC:

[A uniformed firefighter who is being carried on Administrative Sick Leave status who fails to report for a scheduled appointment at the PFC, or for treatment or therapy as directed by the PFC physician, will be carried on his/her own Sick Leave beginning at the time of the missed appointment and continuing until they report for a rescheduled appointment. All employees who miss appointments at the PFC or with referred specialists will be charged with the appropriate violations.]

6. Unscheduled Outside Medical Treatment:

Whenever a uniform employee receives medical treatment from other than a PFC physician without such treatment first being authorized by the Medical Services Officer, the cost shall not be chargeable to the District. Medical bills for unscheduled visits or treatment will be charged to the employee receiving treatment. This procedure is to be adhered to in all cases except emergencies.

Section 3. Annual Physical Examinations:

1. Annual Physical

All uniform employees and single role EMS providers will be administered a complete physical examination every year during the employee's active service. The examination will consist of:

- Laboratory tests
- Drug tests
- Physical examination, and
- A personal interview with a PFC medical provider.

2. Preparing for the Physical

In order to receive unbiased and accurate results from the various tests, employees shall, unless specifically ordered otherwise by a PFC medical provider, comply with the following instructions:

- a. Take nothing by mouth, except water and necessary medications, at least six to eight hours prior to the physical. Do not chew gum or smoke.
- b. Do not use any powders, lotions, colognes or perfumes.
- c. If you wear glasses, bring them for the vision examination. If you wear contact lenses, you must identify this to the technician doing your examination.
- d. Avoid excessive noise exposure 24 hours prior to the examination.
- e. Bring a list of all current medications.
- f. When an employee is required to provide a sample for the purposes of urinalysis, and the quality or quantity of that sample is deemed insufficient by the lab technician, the employee will be required to produce a second sample prior to leaving the PFC using the PFC urinalysis protocols. Failure to produce a second sample shall be deemed a Refusal to Test and shall be considered grounds for disciplinary actions up to and including termination.

3. Scheduling Appointments

- a. Employees shall call the receptionist at the PFC direct to schedule an appointment. The appointment telephone number is (202) 269-7400.
- b. Employees are required to contact the PFC to schedule their annual physical examination two (2) months prior to the month in which the examination shall occur (their birth month). For example, employees born in December must contact the PFC during October to schedule a physical examination at an appropriate time in December. When scheduling an annual physical, employees shall notify the company officer and a journal entry shall be made
- c. The company commander or supervisor will notify division heads of any employee who fails to schedule an appointment for their annual physical examination by the first day of the month before the examination shall occur and order these employees to schedule by the 15th of the next month. In the above example, on November 1, division heads will receive a list of employees under their command who have not scheduled an examination for December. The division head will order these employees to schedule a physical examination by the 15th of November. Failure to comply will result in disciplinary action.

4. Official Time:

For the purpose of these examinations, operational employees shall schedule their appointment for their off-duty time and shall be reimbursed, hour for hour, in compensatory time.

All others shall schedule their appointment for their on-duty hours.

5. If an employee is required to reschedule an appointment, they must contact the Medical Services Office for permission. Employees will be required to provide documentation supporting the request. Approval will be at the discretion of the Medical Services Office. In no case shall the rescheduled appointments occur later than 30 days from the original appointment date.
6. Employees shall bring their official identification card and one other photo I.D. (e.g., driver's license) with them at the time of their appointment.
7. Employees on extended Sick Leave /limited duty are still required to take an annual physical. The guidelines set forth in Section 3, (D) of this Article shall be adhered to.
8. Each member of the Department receiving a physical examination shall be sent a letter from the PFC relating any problems found. Failure to receive a letter indicates that no problems were found.

Section 4. Confidentiality of Medical Records:

In order to maintain the confidentiality of an employee's personal medical records, all medical bills, forms and Special Reports pertaining to illness/injury, shall be placed in a sealed envelope and addressed to the appropriate official. This is in effect for any transaction of medical information, whether it is through Department mail, divisions and/or Department officials. Employees who have requested personal medical records shall call the MSO to determine the status of their request. Employees will be required to report in person to pick up said records.

Section 5. Family and Medical Leave:

The information concerning Family and Medical Leave located in DC FEMS Bulletin 30 shall be complied with in its entirety.

Section 6. Injuries on the Scene of an Emergency:

Whenever an employee becomes ill or injured at the scene of an emergency and is to be transported to the hospital, the following guidelines shall be used:

1. The person requesting an EMS unit on the scene shall limit their transmission to requesting the EMS unit for the ill/injured member.

2. The ACIC of the EMS unit transporting the employee shall, upon arrival at the appropriate facility, give the following information to the OUC Watch Commander:
 - a. The name of the injured employee.
 - b. The unit.
 - c. The extent of illness/injury.
 - d. The OUC shall immediately notify the Deputy Fire Chief - FFD.
3. [Whenever an on duty employee is injured in or out of quarters, the on-duty company officer (OIC) shall make notification by telephone or through the Office of Unified Communication requesting the dispatching of the on duty Safety Officer (SAFO). The SAFO will immediately report to the scene and conduct an interview with any injured member(s) and any subsequent witnesses to include those hospitalized. If it is unpractical to interview a hospitalized member, a follow up investigation shall be conducted by the Safety Officer assigned to the platoon group of the injured member(s).]

Circumstances involving injuries such as burns, lacerations and trauma which transpired while members were donned in there Personnel Protective (PPE) gear shall require the on duty SAFO to take possession of the PPE worn by the injured member(s). However, this shall exclude contaminated gear which shall be handled in accordance with applicable departmental procedures.

The Safety Officer shall investigate the injury or illness and complete DCFEMS Form # 44.4, "Standard Form and Questionnaire for Firefighter Injuries." This form shall be completed and forwarded within 24 hours from the date of occurrence or notification. The distribution of the completed form is Original-Safety Office and copies to Medical Services Office (MSO) and Risk Management Deputy Fire Chief.]

4. Documentation of On-Duty Injuries:

- a. Uniformed employees: Whenever a uniform employee is transported to a hospital for treatment or examination, their immediate supervisor shall prepare a FEMS Form 44. The employee concerned shall report to the PFC the next day the PFC is open, in order that the appropriate diagnosis and notation may be made on the Form 44 and entered on their medical record. This shall be done whether or not the employee is placed on Sick Leave or POD.

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- b. Civilian employees: Whenever a civilian employee is transported to a hospital for treatment or examination, the responsible Battalion Fire Chief or immediate supervisor shall prepare District of Columbia Disability Compensation Program (DCDCP) Forms 1, 2, and 3, and the employee concerned shall report to the PFC the next day the PFC is open in order that the appropriate diagnosis and notation may be made on the DCDCP Form 1 and entered on their medical record. This shall be done whether or not the employee is placed on Sick Leave or disability compensation.

Section 7. Sick Leave (Not Incurred in the Performance of Duty):

1. Prohibited Conduct All employees are prohibited from outside employment while on Sick Leave, Administrative Leave - Sick (POD), or while on continuation of pay or leave without pay due to a work related injury or illness.
2. Calculation of Sick Leave for partial tours of duty shall be calculated in accordance with the hourly equivalents in the Time and Attendance Handbook.
 - a. In case of personnel ordered on Sick Leave while on duty, the leave shall be calculated from the time the employee is relieved from duty or leaves quarters for medical treatment.
 - b. In case of personnel ordered on Sick Leave while off duty, the leave shall be calculated from the time when the employee is next scheduled to assume duty.
 - c. In case of personnel ordered on Sick Leave while on Annual Leave, such Sick Leave shall be calculated from the time the employee is ordered on Sick Leave, unless it involves an employee of the off-duty platoon, in which case the leave shall be calculated from the time when the employee is next scheduled to assume duty
 - d. Sick Leave shall be reported in hourly equivalents. In all cases of a fractional hour, if the period of Sick Leave is 30 minutes or more, one (1) hour or equivalent shall be charged.
 - e. Sick Leave for members of the Operations Division will be earned at the rate of 4.5 hours per pay period. Sick Leave for members of divisions other than Operations will be earned at the rate of 4 hours per pay period.
3. Granting Sick Leave: Sick Leave is a period of absence with pay granted employees in any of the following circumstances:
 - a. When incapacitated for the performance of duty by illness or injury, or for medical, dental and optical examination or treatment.

Note: Requests for Sick Leave for dental or optical appointments must be submitted in advance on the SF 71. Under "Remarks", indicate as "Dental Examination" or "Optical Examination". Such requests for Sick Leave will be considered by leave-granting supervisors based on the availability of personnel.

- b. When a member of the immediate family of an employee has a contagious disease and requires the care and attendance of the employee.
 - c. When through exposure to a contagious disease, the presence of the employee at their post of duty would jeopardize the health of others.
 - d. Sick Leave can only be charged to an accrued balance and cannot be advanced without approval. A DC Standard Form 1199, *Request for Advance Leave or Leave Without Pay*, a FEMS Form 11.4, *Request for Advance Leave*, and a Special Report will be submitted to the appropriate Division head for consideration, with final approval by the Fire/EMS Chief, to request advance Sick Leave. An advance of Sick Leave is in effect an "extension of credit" in that if it is not repaid it will represent a financial loss to the Department. Therefore, determinations must be based on standards of eligibility which give assurances of repayment as well as assurance of an employee's needs.
 - e. A member of the Operations and Special Operations Divisions may be advanced Sick Leave in amounts not to exceed 288 hours. A member of a division other than Operations may be advanced Sick Leave in amounts not to exceed 240 hours.
4. Change of Sick Leave to Annual Leave:

An employee who is absent due to illness or injury may request that all or any part of such leave be charged to annual leave on a current basis, by submission of the F&EMSD Form 11.5: Request for Annual Leave in Lieu of Sick Leave to the appropriate division head for employees below the rank of Deputy Fire Chief, and to the Fire/EMS Chief for division heads and above. Retroactive requests submitted at or near the end of the year for the purpose of avoiding a loss of annual leave will not be honored. Denial of this request shall be type written with a complete explanation of the denial. The Form 11.5 shall only be used for the current pay period concerned.

5. Return to Duty - Written Authority Therefore:

No employee shall return to duty, or be permitted to assume duty, from Sick Leave or limited duty unless they present to their company officer/immediate supervisor written authority from the PFC:

- a. Clinic Data Record for uniform personnel.
- b. DCORM Form CA-3 for civilian employees.

Section 8. Fitness for Duty Physical:

Individuals who have applied for or occupy a position which has established physical or medical standards for selection or retention or established occupational or environmental standards which require medical surveillance are required to report for a medical evaluation as follows:

1. Prior to appointment or selection (including re-employment on the basis of full or partial recovery from a medical condition);
2. On a regularly recurring, periodic basis; and
3. Whenever there is a direct question about an employee's continued capacity to meet the requirements of the position or conditions of employment.

[Whenever an employee is not in a full duty status for 30 days or more, he/she is required to take a fitness for duty physical at the discretion of the BFC MSO.]

A comprehensive report shall be forwarded to the MSO, through the appropriate division head requesting a fitness for duty physical. The supervisor may include a request for consultation with a PFC physician. In all cases, the supervisor shall notify the MSO by telephone, to apprise the MSO of the employee's impending visit to the PFC. By this method the MSO will be able to assist the employee in receiving the proper medical care when they report to the PFC.

Section 9. EMS Billing to Members of the Department:

Whenever an employee from this Department is transported by a Department EMS transport unit and it is necessary for the Medical Services Officer to determine whether or not such transportation arose from a performance of duty illness or injury, the following action shall be taken:

1. If the EMS Division can determine from the Form 151 that the patient was a uniform employee of the Department, they will forward a copy of the Form 151 to the MSO before billing the employee. However, if they cannot determine that the patient was a member of the Department and a bill is sent, the employee shall forward the bill to the MSO if the employee believes that the transport arose from a performance of duty illness or injury.
2. The Medical Services Officer shall certify his/her determination on the copy and return the bill or the Form 151 to the EMS Division.
3. If the transportation is determined to have arisen from a performance of duty illness/injury or have been part of diagnostic treatment, the bill shall be written off as provided in the EMS Division procedure.
4. EMS transport bills for civilian employees injured in the line of duty must be forwarded to the Office of Compliance for payment by Workman's Compensation.

5. If the transportation is determined not to have arisen from the performance of duty, the employee shall be responsible for the payment of the bill as provided by law.

Section 10. Exposure to Communicable Disease:

The F&EMSD Form 44.1: Report of Possible Exposure to a Communicable Disease shall be submitted in duplicate by employees of the Department whenever they are possibly exposed to a communicable disease; either on or off duty, including performing mouth-to-mouth resuscitation.

In addition, the F&EMSD Form IC1, Occupational Exposure Incident Report, shall be submitted, single copy only, to the Infection Control Office (ICO). Both sides of the form shall be completed.

The on-duty supervisor shall place the Form IC1 and a copy of the F&EMSD Form 151 (if possible) that documents the exposure into a sealed envelope and deliver them to their battalion commander/immediate supervisor, who is to deliver them to the Infection Control Office by the end of their duty shift.

Employees who are victims of bites of any kind (human or animal) or who are directly exposed (via needle pricks, etc.) to blood-borne pathogens (hepatitis, AIDS, etc.) shall respond to the PFC during operating hours, or to the Providence Hospital Emergency Room during the hours that the PFC is closed, regardless of last name, for testing. Employees shall be tested within one hour of exposure.

Uniform employees reporting for medical care at the PFC or Providence Hospital for an exposure must complete an F&EMSD Form 44 to document and track care.

Civilian employees reporting to the PFC or Providence Hospital for an exposure must complete the DCDCP Form 1 to document and track care. Treatment beyond the initial visit will require that all DCDCP Forms are submitted. (DCDCP Forms 1, 2, and 3)

The involved employee shall contact the Infection Control Officer on (202) 673-3257, and if ICO is not available, leave a voice mail message and or page the ICO at (202) 302-5334. The ICO can then advise if treatment and/or counseling are needed.

The employee will be notified by the ICO if any follow-up treatment will be necessary.

If symptoms of an infection appear after such exposure, the employee concerned shall report to the PFC at once. All personnel must make notification to the ICO within 24 hours.

The following simple guidelines will practically ensure that the employee who comes in contact with infectious disease will be safe, as far as acquiring the disease:

- a. Avoid the breath of the individual and skin-to-skin contact as much as possible.
- b. Clean hands thoroughly with soap and water immediately after contact.
- c. Wear appropriate protective equipment for patient contact: gloves, eye protection, mask.

PART II. Uniformed Personnel

Section 1. Reporting Sick Uniform Employees:

For any non-POD illness/injury, all employees of the department are reminded that when reporting to the PFC or to an Urgent Care Facility for sick call, all expenses other than the visit itself will be the responsibility of the employee. This includes x-rays, diagnostics, prescriptions, medications and any other required procedures. Any employee who visits the PFC or an Urgent Care Facility shall notify, or cause to be notified, the on-duty company officer or immediate supervisor of the results of their visit.

1. Uniform Operational Personnel. Uniform operational personnel who are incapacitated by illness/injury, and desire to be placed on Sick Leave other than by the "Minor Illness Program," shall adhere to the following guidelines:
 - a. When the employee is off duty. When an employee notifies his/her company/supervisor of his/her intention to be placed on Sick Leave, the on duty company officer/supervisor shall cause a journal entry to be made giving all of the appropriate information. Additionally, the platoon commander/supervisor will contact the Deputy Fire Chief-FFD through the chain of command. Each Battalion Fire Chief shall send a list by e-mail to the Medical Services Officer and MSO Liaison containing the names of personnel who have called in sick for each tour of duty. If the employee is off-duty and:
 - i. **The PFC is open and urgent/critical care is not needed:** Call to make an appointment to see a doctor that day, and notify the on-duty officer or immediate supervisor as soon as their intent to report sick becomes certain. In no event shall such notice be given less than one hour prior to the time the employee is scheduled to report for duty. Being unable to make an appointment shall not delay notification of the on-duty company officer or immediate supervisor. If unable to reach the on-duty company officer or immediate supervisor, the employee shall notify their on-duty Battalion Fire Chief. If an appointment cannot be made prior to the PFC closing that day, the employee shall report to the PFC for sick call between 0700 to 0830 hours the next day that the PFC is open.
 - ii. **The PFC is closed and will not be open in the next 12 hours:** Report to their assigned Urgent Care Facility to see a provider. The employee shall notify their company officer or immediate supervisor as soon as their intent to report sick becomes certain. If unable to reach the on-duty company officer or immediate supervisor, the employee shall notify their on-duty Battalion Fire Chief. If an appointment cannot be made prior to the PFC closing that day, the employee shall report to the PFC at 0700 hours the next day that the PFC is open. In no event shall such notice be given less than one hour prior to the time the employee is scheduled to report for duty.

- iii. **The PFC is closed and will open in the next 12 hours:** Report to the PFC by 0700 hours the next day that the PFC is open.
 - b. When the employee is on duty. If on-duty at the time and;
 - i. **The PFC is open:** The employee shall notify their company officer of their illness/injury. The company officer shall call to make an appointment for the employee to see a doctor. The PFC will make every effort to treat on-duty injuries to personnel. If an appointment cannot be made, or the injury/illness requires urgent care, the employee should be transported to the appropriate urgent care facility or nearest appropriate hospital if critical care is needed.
 - ii. **The PFC is closed:** The employee shall notify their company officer of their illness/injury and employee shall be transported to the appropriate urgent care facility or nearest appropriate hospital if critical care is needed.
2. Non-Operational Uniform Employees
- a. If off-duty at the time and;
 - i. **The PFC is open and urgent/critical care is not needed:** Call to make an appointment to see a doctor that day. The employee shall notify their immediate supervisor during their usual business hours. If an appointment cannot be made prior to the PFC closing that day, the employee shall report to the PFC at 0700 hours the next day that the PFC is open.
 - ii. **The PFC is closed and will not be open in the next 12 hours:** Report to their assigned Urgent Care Facility to see a provider. The employee shall notify their immediate supervisor during their usual business hours.
 - iii. **The PFC is closed and will open in the next 12 hours:** Report to the PFC by 0700 hours the next day that the PFC is open.
 - b. If on-duty at the time and;
 - i. **The PFC is open:** The employee shall notify their immediate supervisor of their illness/injury. The immediate supervisor shall call to make an appointment for the employee to see a doctor. If an appointment cannot be made, or the injury/illness requires urgent care, the employee should be transported to the appropriate urgent care facility or nearest appropriate hospital if critical care is needed. The employee may be directed to report to Sick Call at 1300 hrs with permission of the MSO or MSO Liaison.
 - ii. **The PFC is closed:** The employee shall be transported to the appropriate urgent care facility or nearest appropriate hospital if critical care is needed.

Section 2. Minor Illness Program (MIP) Uniform Employees:

Uniform employees are permitted to use Sick Leave chargeable to their accrued account without personally appearing at the PFC for examination by a physician. This process is known as the "Minor Illness Program" (MIP) and is administered within the following guidelines:

1. Probationary employees are excluded from this program.
2. Absence due to a minor illness/injury such as the common cold, viruses, influenza, nausea, upset stomach, diarrhea or toothache, etc.; may be handled within this plan's provisions. Absences due to any illness/injury incurred in the performance of duty are not within the scope of the "Minor Illness Program".
3. Uniform employees of the Operations Division are permitted to use an amount of their Sick Leave not to exceed the hourly equivalent of one working day (24 hours) for each absence under this program. In no event shall an employee's use of this program span any portion of two tours of duty. The maximum permissible hourly charge total for any one absence cannot be exceeded without a visit to the PFC.
4. Uniform employees of divisions other than Operations are permitted to use an amount of their Sick Leave not to exceed twenty-four (24) hours for each absence under this program. However, the charged Sick Leave does not have to occur on consecutive days because of intervening assigned days-off. In no event shall an employee's use of this program span any portion of four tours of duty. The maximum permissible hourly charge of twenty-four (24) hours for any one absence cannot be exceeded without a visit to the PFC.
5. Employees will be allowed not more than one MIP absence in each of the three four-month periods of each year. The four-month periods shall be January through April, May through August and September through December. Additional Sick Leave will require a PFC visit and doctor authorization during any of these four-month periods.
6. Employees who lose their MIP privileges due to abuse will have said privileges denied for a twelve (12) month period commencing at the time of denial.
7. When an employee's MIP privileges are denied, entries shall be made in the company journal, battalion journal, and on the back of the F&EMSD Form 33.1 under the remarks column, including date of denial.
8. Once an employee has chosen to use chargeable Sick Leave under this program, they cannot at a later date request that it be charged to an illness/injury that occurred in the performance of duty.

Whenever an employee elects to take chargeable Sick Leave under this program, they shall:

1. If serving in the Operations or Special Operations Divisions, and:

- a. If off-duty at the time, notify the on-duty company officer of their station as soon as the intent to report sick becomes certain. Such notice shall not be given less than one hour prior to the time they are due to report for duty.
 - b. If on-duty at the time, notify their on-duty company officer.
2. If serving in a division other than Operations or Special Operations, and:
 - a. If off-duty at the time, notify their immediate supervisor during usual business hours.
 - b. If on-duty at the time, notify their immediate supervisor.

When notifying the on-duty company officer/immediate supervisor, employees shall furnish all pertinent information relative to the illness/injury. Full documentation of MIP will be made in unit, battalion and division journals.

When it becomes apparent that a MIP period will not be sufficient to overcome the illness/injury, the employee shall notify the on-duty company officer of their station/immediate supervisor, and shall report to the PFC for Sick Call between 0700 and 0830 hours on what would be their next duty day. If the PFC is closed on that day, then the employee shall report to the PFC the next day it is open.

If an employee elects to use only 12 hours Sick Leave under the MIP program, they must notify their on-duty company officer by 1200 hours that day of their intent to assume duty that evening at 1900 hours. However, this 12 hour absence will count as their one use of the MIP for the current MIP period.

On the first day of their return to duty, the employee shall complete an F&EMSD Form 44. The Form 44 shall be forwarded to the PFC. Place MIP in the remarks area.

In instances where illness/injury is thought to be simulated or feigned, inquiries by telephone or home visits to employees may be made. Should such investigation reveal that an employee has abused the privileges of the Minor Illness Program, they shall be charged with the violation of appropriate Articles of the Rules and Regulations, Order Book, and/or District Personnel Manual.

Section 3. Notification of Change of Duty Status:

Any employee whose duty status is changed by a PFC physician shall immediately notify, or cause to be notified, the on-duty company officer/immediate supervisor of their station and, if on detail to another division, their immediate supervisor. Operational personnel, if unable to reach the on-duty company officer, the employee shall notify: (1) their on-duty battalion commander, (2) any on-duty battalion commander, or (3) the division commander in that order.

When an employee is placed on Sick Leave other than at the PFC, the on-duty company officer of said employee shall immediately notify, by telephone if during business hours, the Medical Services Officer at the PFC. For operational personnel, the battalion commander shall be notified by the company officer for every instance of Sick Leave.

Section 4. Sick Leave Certification (Clinic Data Record Form):

When a uniformed employee reports to the PFC for sick call, physicals of any nature and follow up appointments, the Clinic Data Record is time and date stamped and given to the employee for completion. The gray portion of the Clinic Data Record form shall be completed prior to any treatment being rendered. The Clinic Data Record shall also be time stamped at the conclusion of the employee's visit to the PFC as part of the check-out procedure. Corrections to the pre-printed areas of the Clinic Data Record shall be made on the Clinic Data Record, and should be brought to the attention of the PFC receptionist. Correct contact information is necessary to ensure proper treatment and follow-up care.

The Clinic Data Record shall have the employee's duty status, effective date, initials of the check out receptionist, doctor's signature and the employee's signature in the lower portion of the form. By signing the Clinic Data Record the employee acknowledges that he/she has read the form.

After the required information has been placed on the Clinic Data Record, the form is photocopied. When an employee is returned to full duty from an injury or illness, the employee shall receive two copies of the Clinic Data Record Form. One copy of the Clinic Data Record shall be presented to his on-duty Platoon Commander upon the employee's return to duty. The second copy shall be retained by the employee for his/her personal records. The original is retained by the receptionist and filed in the employee's medical file. When an employee is continued in a non-full duty status, he/she shall receive one copy of the Clinic Data Record for his/her personal records.

The Clinic Data Record shall serve as verification of PFC appointments and Sick Call attendance.

The Clinic Data Record shall also be used in calculating compensatory time hours due the employee for Annual Physicals.

Section 5. Illness/Injury Reported:

The F&EMSD Form 44: Report of Illness or Injury to Uniform Employee shall be prepared in duplicate by the employee concerned, unless incapacitated. If incapacitated, the Form 44 shall be prepared by the company officer of the employee concerned at the time of the illness/injury. In this case, the company officer shall note "incapacitated" where the employee's signature is to appear. The Form 44 is to be typed and prepared in a professional manner. Forward the original of the Form 44 through the chain of command for certification, and retain one copy at the company until the return of the completed original from the MSO.

The F&EMSD Form 44 is for all illnesses/injuries incurred in the performance or non-performance of duty including all uses of the Minor illness Program. The Form 44 shall be prepared and submitted immediately after an illness/injury is sustained or within 24 hours of notification of an injury to the on-duty company officer/immediate supervisor. Reports shall be submitted for such incidents as smoke inhalation, exhaustion, apparent heart attack, fainting spells, etc. The Form 44 shall be considered as documentation of an illness/injury and while a journal entry shall be made, it will not be considered proper documentation. Company officers and the employee concerned shall be held responsible for this procedure.

Uniform personnel reporting to the PFC for the initial visit after an injury or illness should fill out a Form 44 by hand. This will serve as a record of the injury or illness, but does not relieve company officers or supervisors of the responsibility to submit a typed and certified Form 44.

Under statement of facts, include all pertinent information vital to a determination of status. This shall include a narrative statement relative to the date, time, place and onset of illness/injury, with a brief reference to the employee's physical condition immediately prior to being placed off duty (include prominent symptoms such as fever, redness, swelling, etc.; location of injury or area of distress, etc.). Relate how the illness/injury occurred or was brought on or if exposed to a communicable disease. This statement of facts shall be comprehensively written so that it could be easily understood by a person having no knowledge of the incident or circumstances leading to the illness/injury. The statement shall be a complete, written documentation of the entire scenario that would give a comprehensive picture of exactly what occurred. The names of all witnesses shall also be included.

Witnesses named in the report shall have their names typed on the front of the form, including the date, above the certifying officer's name, one witness per line, and signed by that witness. Witnesses may be required to submit a Special Report as to the circumstances contained on the Form 44.

Employees should initial the appropriate box "I request that this absence be compensated by Sick Leave or Administrative Leave-Sick" The MSO will make a ruling on the absence within 30 days, per District Law, notify the company by phone, and will return a ruled copy of the front of the Form 44 to the employee's company or assignment. The completed Form 44 with all rulings and certifications will be returned to the company when the employee returns to Full Duty. The use of the F&EMSD Form 44.2 is discontinued.

In all cases, when completing the section "Give complete statement of facts", employees shall give sufficient detailed information so that the Medical Services Officer may make a proper decision as to whether the employee should be granted Administrative Leave – Sick (POD) for the absence, or billed for services provided at the PFC.

The certifying officer (on-duty company officer/immediate supervisor at the time of the illness/injury) shall, after thoroughly investigating the reported illness/injury and the incidents relating to same, state in writing on the reverse side of the form under "Investigation and Certification", a statement as to the facts presented in the report. This statement of facts shall be comprehensively written so that it could be easily understood by a person having no knowledge of the incident or circumstances leading to the illness/injury.

The certifying officer shall then sign and date the report.

Employees are not to certify their own Form 44. This practice negates the chain of command. These forms could very well be considered as being false.

Noting or endorsing officials shall not accept reports or forms that are not comprehensive or do not contain enough information for anyone else to understand exactly what happened to cause the illness/injury. The Medical Services Officer will return all reports or forms that have not been certified or that do not contain sufficient information to make a just and fair ruling on an allowance of Sick Leave or Administrative Leave – Sick (POD).

In the event the Form 44 must be submitted without the signature of the employee concerned, the on-duty company officer/immediate supervisor shall contact the incapacitated employee and obtain from them sufficient information to complete the necessary section of the Form 44. In this case the company officer shall note "incapacitated" where the employees signature is to appear. In any event, upon the first or subsequent visit to the PFC, the employee shall sign this section of the form and enter the date thereafter, thus attesting to the information recorded by the on-duty company officer/immediate supervisor.

No uniform employee of the Department will be granted Administrative Leave – Sick for an illness/injury if that employee does not obtain immediate medical treatment from a PFC physician during the hours the PFC is open or by reporting to the appropriate Urgent/Critical Care Facility when the PFC is closed.

The only exception to this will be when an employee is incapacitated. Proper notification to the Medical Services Officer by the employee concerned must be made, or caused to be made, as soon as possible in the event further arrangements need to be made.

The F&EMSD Form 44 shall be in the office of the Medical Services Officer no later than ten calendar days from the reported time of injury.

Section 6. Urgent Care:

1. To ensure the best possible care for injured department personnel, all personnel injured in the line of duty suffering from ANY type of burn injury are to be transported to MEDSTAR. Transport to other facilities is permitted if medically indicated, but every effort shall be made to transport to MEDSTAR. Even small burns may cause complications and may delay a full recovery if specialized care is delayed. If a burn patient can not be directly transported to MEDSTAR, they should be transported to the closest appropriate trauma facility, and transferred to the Burn Center at the earliest opportunity. Follow-up care will be coordinated through the Burn Center and the Police and Fire Clinic
2. All employees shall report to Urgent Care for work-related injuries at those times when the PFC is closed. When the PFC is closed, employees whose last names begin with A through K will use the Emergency Room of the Washington Hospital Center and those employees whose last names begin with L through Z will use the Emergency Room of Providence Hospital. When reporting for urgent care, employees shall have their official Identification Card and shall inform the emergency room staff that they are an employee of the Fire and EMS Department. Personnel should not give out their personal insurance information when being treated for POD injuries, but should inform the intake clerk that the visit is covered by "Workman's Compensation".
3. Employees reporting for Urgent Care on the weekends should report as early as possible. The emergency rooms are very busy on weekends and service will be provided on a priority basis. Members of the Department will be considered a priority but not to the extent that a very minor ailment will be treated before a far more serious one. In order to minimize delays in treatment, the best reporting time is 0730 hours. Employees are reminded that the expense of any procedure for a non-work related injury, such as x-rays or prescriptions, performed at an Urgent Care Facility in addition to or beyond the initial treatment will be borne by the individual.
4. Any employee who visits an Urgent Care facility is required to report to the PFC for sick call between 0700 to 0830 hours the next day the PFC is open. The employee shall bring in a copy of the Emergency Room discharge sheet to verify his/her visit. A copy shall be retained at the PFC for the patient file. The narrative or certification section of the Form 44 should contain a statement of the fact that an employee has been seen at Urgent Care.
5. If medical treatment beyond the initial visit is required for a work-related injury, employees will be assigned to a PFC Case Manager who will be responsible for assuring that the employee promptly receives the necessary care.
6. When notifying the on-duty company officer/immediate supervisor, employees shall furnish all pertinent information relative to the illness/injury, so that the Form 44 may be properly executed by their officer/immediate supervisor. Full documentation of such incident will be made in company, battalion and division journals.

Section 7. Change of Duty Status:

1. Uniformed firefighters placed on Sick Leave or limited duty, or continued on Sick Leave or limited duty resulting from a visit to the PFC, shall advise the on-duty company officer or their immediate supervisor as to the future date and time they are scheduled to return for a follow-up examination. A PFC staff member will notify the Medical Services Officer if an employee fails to report to the PFC at the scheduled time or date.
2. Personnel shall promptly notify the on-duty company officer or their immediate supervisor of the fact that they have been placed on Sick Leave and must furnish all information as to where they can be reached while on Sick Leave. This information shall be recorded in the company journal. If operational personnel are unable to reach the on-duty company officer, the personnel shall notify; (1) their on-duty battalion commander, (2) any on-duty battalion commander, or (3) the division commander in that order.

Section 8. Hospitalized Employees:

Whenever a uniformed employee has been admitted to or released from a hospital, it shall be the responsibility of the employee to notify, or cause to be notified, Communications, the Medical Services Office, and the head of said employee's division through the chain of command.

When an on-duty employee is transported to a hospital for treatment or examination, a PFC Case Manager shall contact the treating physician at the hospital to determine what treatment the employee requires.

Section 9. Extended Periods of Sick Leave or Limited Duty:

Employees on extended periods of Sick Leave or limited duty must report in person to the PFC for progress evaluation at such intervals as directed by the attending PFC medical provider.

Section 10. Full Duty Status:

In order to be certified for full duty status, uniformed employees must be able to safely perform a range of physically rigorous activities such as; prolonged walking, bending, standing, climbing, riding in vehicles, and prolonged exposure to severe weather conditions including extreme cold and heat. It should be noted that although an employee's current duty assignment may be sedentary or administrative, there is no assurance that the employee will remain in that duty assignment.

Employees who have been on extended Sick Leave or limited duty for over one year, or otherwise as determined by their Battalion Commander, shall be ordered to the Training Academy for refresher training after returning to a full duty status.

Section 11. Limited Duty:

When available, the assignment of uniform employees to a limited duty status shall be for POD and non-POD illnesses/injuries. These assignments are temporary in nature.

A uniform employee suffering a minor disability or convalescence, and placed on limited duty by the PFC, shall perform limited service as may be directed and approved in each individual case by the Assistant Fire Chief of Services (AFCS). The AFCS shall be guided by the advice of the PFC physician involved.

The detail of an employee in a limited duty status will be predicated upon the employee's physical condition, limitations of activities, the availability of limited duty positions, specific talents of the individual and the projected length of time an employee will be in a limited duty status.

The AFCS shall notify the bureau/division head, giving the name and disability of any employee under their command who has been placed in a limited duty status. The AFCS may detail an employee in a limited duty status to a bureau/division other than that to which the employee is regularly assigned.

The following procedures for receiving limited duty assignments shall be strictly adhered to: After checking out at the PFC desk, employees shall immediately report to the Medical Services Lieutenant's office (2nd Floor-PFC) to receive their limited duty assignment. If the Lieutenant is not available, employees are to leave their Limited Duty Certification Form with the MSO secretary. If the employee is placed on limited duty during the hours in which the Medical Services Office is closed, the employee shall leave the Limited Duty Certification Form at the PFC receptionist desk, and shall contact the Medical Services Lieutenant at 0700 the next business day (202-269-7509). If at this time the Medical Services Lieutenant is unavailable, the employee is to call 202-269-7400 and request to speak to a staff member of the Fire & EMS Department.

Annual Leave requests while on limited duty shall be made to the company officer/ immediate supervisor of the limited duty assignment. Employees requesting to take Annual Leave while on limited duty shall notify or cause to be notified the Medical Services Lieutenant, the officer of the limited duty assignment, and their company officer/immediate supervisor for the purposes of timekeeping.

Section 12. Determination of Administrative Leave - Sick:

All determinations of Sick Leave or Administrative Leave – Sick (POD) will be made on the Form 44. Employees should initial the appropriate box on the Form 44:

The MSO will make a ruling on the absence within 30 days, per District Law, and will return a ruled copy of the front of the Form 44 to the employee's company. The completed FORM 44 with all rulings and certifications will be returned to the company when the employee returns to Full Duty. The use of Form 44.2 is discontinued.

The F&EMSD Form 44 shall be submitted to the Medical Services Officer no later than ten calendar days from the reported time of injury. No further requests are necessary for the current period of absence unless new information becomes available which is germane to the case.

The on-duty company officer/immediate supervisor shall promptly notify the employee of the Medical Services Officer's ruling on the type of Sick Leave (performance of duty or charged Sick Leave) and shall make a journal entry of the date and time the employee was notified.

A determination rendered by the Medical Services Officer shall apply to the current illness/injury only. Any subsequent absences claimed to be a result of the original illness/injury shall be processed as an original request.

Section 13. Appeal of Decision, Administrative Leave - Sick:

Whenever a ruling has been made categorizing an absence due to illness or injury as Sick Leave and the affected employee believes that through the presentation of additional facts a different ruling would be made, the employee may appeal such ruling and submit whatever information or descriptive testimony they desire.

A Special Report shall be submitted, through channels, to the Assistant Fire Chief-Services (AFCS). This appeal shall include the original Form 44 and all subsequent Form 44s as they relate or apply to the illness/injury, the dates of the leave and the number of hours involved. The appeal shall be submitted within thirty (30) days from the date the employee was notified of the ruling.

Whenever an appeal is submitted, all witnesses shall submit a separate Special Report as an addendum to the primary report, giving a complete and thorough statement of what they actually observed concerning the incident. All information pertaining to the witness's knowledge of the occurrence shall also be included in the report. If additional information is available which could shed light on the ruling of an appeal, the certifying officer shall also submit an addendum report. All addendum reports, if possible, shall be attached to the appeal report.

The employee will be notified, in writing by the AFCS, of the results of the appeal. The decision of the AFCS is final.

For clarification purposes, the following terms are defined to reiterate the policy of the Department and to make employees aware of the basis on which decisions will be made concerning administrative leave - sick and appeals thereof:

1. Performance of Duty (POD) Illness/Injury - All illnesses or injuries sustained or contracted as a result of performing tasks while on-duty which are required or directly related to duties and responsibilities of the position to which assigned or detailed as determined by reports, witnesses, investigations, responsible PFC staff and Department officials.
2. Aggravation - The patient presents with a worsening or deterioration of a previous unresolved injury. Example: known chronic, ongoing low back pain whether returned to full duty or not with a worsening of low back pain.
3. New Injury - Either: (a) the patient states that the condition is new; or (b) although the patient has had a similar problem in the past, there is documentation that the past symptoms have been completely resolved. Example: the patient has a prior history of low back sprain from a lifting injury at work, but the patient states it has been resolved or there is documentation that the symptoms have been resolved, and the patient now presents with a new disk herniation which is unrelated to that prior muscle injury. There is no direct causal relation between that prior lifting injury and the new disk condition.

Section 14. Annual Report of Administrative Leave - Sick:

On or before the 15th of January of each year, company officers shall execute the F&EMSD Form 158: Report of Administrative Leave - Sick for members of their command who were ruled on POD for the preceding year.

In preparing the Form 158, company officers shall ensure that the POD granted for the period of absence is correct and that any unused portion of the form is crossed out. Company officers will ensure the accuracy of the form by using the employee's Time and Attendance Reports, the Clinic Data Record and the F&EMSD Form 33.1. It shall be the responsibility of the company officer to ensure that the number of hours listed on these documents is identical (for each instance of POD) at the company level and at the MSO. Company commanders shall double check for accuracy and "Note" same. The Form 158 shall be forwarded to the battalion commander who shall "Attest" to the accuracy and return the forms to the company concerned for dissemination.

Section 15. Absence from the Metropolitan Area - Sick Leave:

Uniform employees on Sick Leave desiring to leave the Metropolitan area shall prepare a F&EMSD Form 34, stating the reasons for such request, using the following procedures:

1. The uniformed employee shall make an appointment to be seen at the PFC. The employee shall hand carry all copies of the Form 34 to the PFC physician.

2. A PFC physician will certify that the employee's medical condition is such that they may or may not leave the Metropolitan area for the stated time without further endangering their health.
3. The Medical Services Officer will approve or disapprove the request. The original will be kept at the MSO and copies will be sent to the appropriate company, battalion, and division commander.

Final approval for an officer above the rank of Captain will be made by the bureau head under whom they serve. Bureau heads will be approved by the Fire Chief.

No uniform employee shall leave the Metropolitan area until they have final approval of their request. Permission is only for the period indicated.

Any disapproval will be explained on the back of the Form 34.

Section 16. Disability Retirement:

Pursuant to the Omnibus Public Safety Amendment Reform Act of 2004, the Department will:

1. Within 30 calendar days from the date the uniformed reports a claim of an injury/illness, make a determination whether the injury/illness is POD or Non-POD.
 - a. If the Department fails to make a ruling within 30 days, the claim shall be presumed to be a POD injury/illness, and the employee will receive non-chargeable administrative Sick Leave until he/she receives a formal ruling on his/her claim.
2. Process for retirement of any uniform employee who spends 64/192 (Operations Division/Administrative Divisions) cumulative workdays in a less than full-duty status over any 24-month period as a result of any one POD or non-POD injury/illness, including complications related to the injury/illness.
 - a. The 64/192 cumulative workdays are accrued over a 24-month period, and do not have to be accrued consecutively.
 - b. The 64/192 cumulative workdays includes the time an employee spends on medical leave, performance of duty Sick Leave, AND in a limited duty status for any one POD or non-POD injury/illness.
 - c. The 64/192 cumulative workdays does not apply to pregnant females in a limited duty status.

In consultation with the Clinic, the Fire Chief may extend the time an employee can remain on POD Sick Leave in cases where an employee has sustained a serious or life-threatening POD injury/illness that requires more than two years of medical treatment before the employee can

receive a maximum medical improvement evaluation, and the prognosis is that, upon such maximum medical improvement, the employee will be able to return to a full duty status.

Uniform employees shall be processed for retirement:

1. Who spend 64/192 cumulative workdays in a less than full duty status over any 24-month period as a result of any one POD or Non-POD injury/illness, including complications related to the injury/illness.
2. This shall occur regardless of whether the medical prognosis is that an employee will be able to perform in a full duty status after reaching maximum medical improvement.
3. The Medical Services Officer shall notify each employee when the employee has spent 32/96 days of the 64/192 cumulative workday period in a less than full duty status. Such notification shall inform the employee that his or her case is being reviewed for possible disability retirement.
4. The Medical Services Officer may recommend to the Fire Chief to provide the employee with additional POD Sick Leave until the employee achieves maximum medical improvement where:
 - a. The employee has sustained a serious or life-threatening POD injury/illness that will require more than 24 months of medical treatment to achieve maximum medical improvement, and
 - b. The prognosis is that the employee eventually will be able to perform in a full duty status.
 - c. The Medical Officer shall notify the Fire Chief with the recommendation for extension of POD administrative Sick Leave 60 days before the employee is scheduled for referral to the retirement board.

Section 17. Performance of Duty Medical Bill Payment Procedure:

Whenever a uniform employee of the Fire and Emergency Medical Services Department receives a bill in reference to an injury which was ruled Performance of Duty by the Medical Services Officer, the employee shall forward the bill to the Medical Services Office. The Medical Services Officer shall forward the bill to the Financial Operations Division of the Police & Fire Clinic for payment.

Whenever PFC Associates LLC, declines to pay a bill, the Medical Services Officer shall forward the bill to the Contract Administrator for payment. If the Contract Administrator cannot resolve the situation, the bill shall be forwarded to the Assistant Fire Chief of Services so that payment can be made by DC Fire and Emergency Services Department.

Any employee who is being contacted by creditors due to non payment of provider invoices for treatment of a Performance of Duty related injury may be provided a letter explaining that the employee is not financially responsible for payment of the bill.

Section 18. Prescriptions:

Prescriptions issued to uniform employees at the PFC shall only be filled by an authorized pharmacist selected from a list of pharmacies contracted by the PFC. When an employee receives a prescription from a PFC outside specialist, the employee shall bring the prescription to the PFC and have it re-issued by the PFC. This procedure will ensure that no expense is borne by the employee.

PART III. Civilian Employees

Section 1. Disability Compensation Civilian Employees:

Civilian employees of the department, including but not limited to employees assigned to Fleet Maintenance, the Supply Service Center, and single-role Emergency Medical Services providers (Emergency Medical Technicians and Paramedics) are covered by the following procedures when securing services from the District of Columbia Disability Compensation Program. All covered civilian employees who seek medical care for injuries and illnesses incurred in the performance of duty are required to use the Police and Fire Clinic as their treating physician. Procedures for filing claims and receiving compensation have not changed, and all procedures are outlined in the following section.

The D.C. Office of Risk Management (DCORM) provides oversight to manage the Disability Compensation Program.

The Disability Compensation Program is a program that pays benefits to eligible employees for lost wages, medical services related to injury and/or illness and for other services, such as vocational rehabilitation. This program is established by the District of Columbia Merit Personnel Act (D.C. Law 2-139; D.C. Official Code §1-623 et seq.).

All civilian employees claiming benefits under Disability Compensation for a work related injury will adhere to these procedures.

1. Procedure Incident or Accident

- a. Single Role Provider injured while in the line of duty.
 - i. Employee or immediate supervisor places response unit out of service and contacts the Office of Unified Communications (OUC).
 - ii. Employee is transported to the PFC or nearest appropriate medical facility for treatment. Civilian employees are not required to report to Urgent Care at Providence Hospital or the Washington Hospital Center.
 - iii. OUC notifies closest Battalion Fire Chief.

- iv. Assigned Battalion Fire Chief reports to the scene of the incident, the PFC, or the hospital where the injured employee is receiving emergency treatment.
- b. Support personnel injured in the line of duty.
 - i. Immediate supervisor carries out the responsibilities of the Battalion Fire Chief as described in section 2.
 - ii. Employee is transported to the PFC or nearest appropriate medical facility for treatment. Civilian employees are not required to report to Urgent Care at Providence Hospital or the Washington Hospital Center.
- c. Employee is off duty when incapacitated from an on-duty injury.
 - i. Notify the company officer or immediate supervisor and Battalion Chief of the intent to go off sick, requesting Disability Compensation.
 - ii. Report to the PFC at the next Sick Call. If immediate
 - iii. Treatment is indicated, report to the nearest appropriate medical facility for treatment. The Medical Services Office (MSO) will carry out the responsibilities of the assigned Battalion Fire Chief, and will complete the required forms. Additional reports will be ordered by the MSO as required.

2. Responsibilities of the Battalion Fire Chief

- a. The Battalion Fire Chief must contact the District of Columbia Disability Compensation hotline, **1-888-832-2524** to report the on-the-job injury and obtain a claim number for the employee. The claim number must be forwarded within twenty-four (24) hours to the Office of Compliance for processing of the injured or ill employee's continuation of pay (COP).
- b. Submit written reports (DCDCP Form 1, Form 2, and Form 3) describing how, when and where the accident occurred. Forms are available on the department LAN and at http://orm.in.dc.gov/orm/lib/orm/initial_forms.doc
- c. Attempt to obtain a copy of the hospital diagnosis and prognosis.
- d. Place the employee on Sick Leave, and provide transportation to the Police and Fire Clinic if the PFC is open.
- e. If the PFC is closed, order the employee to report for Sick Call between 0700 and 0830 the next day the PFC is open.
- f. Submit all reports and forms to the Office of Compliance within twenty-four (24) hours of receipt.
- g. Contact the employee's timekeeper, and ensure that the time and attendance or is completed for the pay period. The timekeeper should forward the time and attendance form to the Office of Compliance.

3. Responsibilities of the Injured or Ill Employee

- a. All covered civilian employees who seek medical care for injuries and illnesses incurred in the performance of duty are required to use the Police and Fire Clinic as their treating physician.
- b. On-duty employees should be transported to the PFC for treatment unless medical care at an emergency room or trauma center is medically indicated. If an employee is seen at an Emergency Room, they should be ordered to report to the PFC at the next available Sick Call.
- c. Employees who are incapacitated while off-duty but are claiming a work related injury must report to the PFC at the next Sick Call.
- d. Employees must inform the PFC front desk that they are a civilian employee of the department. The DCDCP Form 1 must be filled out and signed by the employee at the initial visit to the PFC. The DCDCP Form 1 will be retained at the MSO, and will be forwarded to the Office of Compliance in addition to the DCDCP Form 1 filled out and submitted by the investigating Battalion Fire Chief.
- e. Follow-up care and specialist care will be managed through the PFC, using providers approved by DCORM.
- f. Employees will be returned to full duty by a PFC provider as part of their on-going care.
- g. Employees must advise their duty station and the Office of Compliance of duty status changes prior to leaving the PFC. Employees must bring a copy of the Clinic Data Record and a completed Form SF-71 to their duty station upon return to duty.

If the employee is seen at the emergency room and referred for a follow up by another physician, the employee must report to the PFC for follow-up care. The PFC will refer injured employees to approved providers within the DCORM referral network. Employees should not contact their private physician for treatment concerning a Disability Compensation claim. If an employee receives care from an unauthorized physician, they will be responsible for the cost of this treatment.

To ensure prompt care and treatment, the employee must contact the Office of Compliance within 24 hours of the injury or illness to report the illness or injury. The employee must submit a copy of the treating physician's diagnosis and prognosis every 30 days to the Office of Compliance in order to continue the injured or ill employee in a continuation of pay status.

Employees hired BEFORE January 1, 1980, will be entitled to forty-five (45) calendar day continuation of pay (COP) for injuries if their claim is accepted by Disability Compensation. Employees hired AFTER January 1, 1980, will be entitled to twenty-one (21) calendar day continuation of pay for injuries if their claim is accepted by Disability Compensation

The employee's assigned claims adjuster may be contacted at: (202) 727-8600.

The Workman's Compensation Claims Office customer service line is: (202) 216-4700

While receiving continuation of pay benefits, the employee will receive a printout from the District of Columbia Disability Compensation Program (DCDCP), Office of Risk Management, consisting of three (3) forms.

- a. DCDCP Form #1 Notice To Supervisor/Claim/Request For Continuation Of Pay: (must be signed by the EMS employee, after verifying the information).
- b. DCDCP Form #2 Supervisor's Report: (must be signed by BFC or Compliance Officer).
- c. DCDCP Form #3 Medical Report Form: (must be completed and signed by treating physician).

These three (3) forms are to be completed and returned to the Office of Compliance immediately. Once the Office of Compliance receives the signed forms, a copy will be placed in the employee's file and a copy faxed to the D.C. Office of Risk Management. The Office of Risk Management requires these forms within fifteen (15) days after receipt by the employee.

The Compliance Officer will initiate a Form Ca-7 (Claim for Compensation) by contacting the injured or ill EMS employee to set up an appointment to discuss whether the injury or illness will extend beyond twenty (21) calendar days.

During this meeting, if it is determined that the injury or illness will exceed the limitation of continuation of pay, the Form CA-7 will be completed. These forms will then be forwarded to the Office of Risk Management for processing Disability Compensation benefits, which commence on the twenty-second (22) day of the injury or illness for employee hired AFTER January 1, 1980. Employees hired before January 1, 1980 will begin to receive benefits after 45 days in continuation of pay status.

After expiration of COP, the employee is responsible for submitting a DC Form 1199 and a Special Report requesting to be in Leave Without Pay (LWOP) status.

Upon the employee's return to a duty status, a Form CA-3 (report of return to duty) will be completed by the Compliance Officer and forwarded to the D.C. Office of Risk Management for discontinuation of Worker's Compensation benefits.

Employees returning from a job-related injury or illness to a limited duty status must:

- a. Submit a certificate from the PFC or treating physician requesting Limited Duty and the approximate length of time Limited Duty may be required.
- b. Report to the Office of Compliance at 0815 hours.

- c. Submit an updated doctor's report monthly and documentation to support all doctors' appointments during duty hours.

Failure to adhere to these responsibilities may lead to disciplinary action and delay or denial of continuation of pay (COP) and disability compensation benefits.

Whenever a civilian employee of the Fire and Emergency Medical Services Department receives a bill in reference to an injury which was covered by Disability Compensation, the employee shall forward the bill his or her claims adjuster for payment.

Prescriptions issued to civilian employees at the PFC for injuries or illnesses covered by Workman's Compensation or COP may be filled by any pharmacist selected from a list of pharmacies contracted by DCORM. Bills for prescriptions should be forwarded to his or her claims adjuster for payment.

Section 2. Sick Leave (Single Role Providers):

All single role EMS providers will be allowed a maximum of three (3) separate call-ins for Sick Leave within any twelve (12) month period that will not require a physician's certificate. Sick Leave requests in order to cancel overtime, or while working overtime, shall be considered a call-in. Employees returning to work from a Sick Leave call-in must complete an SF-71 as documentation of the absence. Place "Call-In" in the remarks section (box 6) on the front of the form, and complete the reverse side. No physician's certification or signature is necessary for a call-in.

Notification that an operational employee intends to call in for Sick Leave shall be made to the on-duty company officer of their assigned duty station. The company officer shall notify their Battalion Fire Chief and the scheduling clerk at the office of the Deputy Fire Chief Operations Division. Notification that a support employee intends to call in for Sick Leave shall be made to their immediate supervisor. The immediate supervisor will notify the Office of Compliance.

After a employee has used two (2) of his/her call-ins, the employee will be notified in writing that he/she is at risk of being placed on Sick Leave restriction.

Once the determination has been made to place an employee on Sick Leave restriction, the restriction will remain in place for a twelve (12) month period.

A signed medical certificate or SF-71 will be required as authorization to take Sick Leave if an employee remains on Sick Leave beyond a three (3) day period and/or has been placed on Sick Leave restriction. Failure to produce the proper certificate may result in a charge of absence without leave and/or disciplinary action.

In accordance with the DPM, Sick Leave may also be used when an immediate family member is afflicted with a contagious disease; otherwise leave for family illnesses or injuries must be requested as emergency annual leave.

Section 3. Limited Duty:

When available, the assignment of civilian employees to a limited duty status shall be for work related and non work-related illnesses/injuries. These assignments are temporary in nature.

An employee suffering a minor on-duty disability, or convalescence, and placed on limited duty by the PFC, shall perform limited service as may be directed and approved in each individual case by the Compliance Officer in consultation with Deputy, EMS Operations. The Deputy, EMS Operations, shall be guided by the advice of the PFC physician involved. Employees who have sustained a non work-related injury or illness and placed on work restriction by their treating physician are eligible for a limited duty assignment.

The detail of an employee in a limited duty status will be predicated upon the employee's physical condition, limitations of activities, the availability of limited service positions, specific talents of the individual and the projected length of time the employee will be in a limited duty status.

The Compliance Officer shall notify the appropriate division head, giving the name and disability of any employee under their command who has been placed in a limited duty status. The Compliance Officer may detail an employee in a limited duty status to a bureau/division other than that to which the employee is regularly assigned.

The following procedures for receiving limited duty assignments shall be strictly adhered to: After checking out at the PFC desk, employees shall immediately report to the Office of Compliance to receive their limited duty assignment. If the Compliance Officer is not available, employees are to leave their Limited Duty Certification Form with Office of Compliance staff.

Annual Leave requests while on limited duty shall be made to the company officer/ immediate supervisor of the limited duty assignment. The Office of Compliance must be notified of all uses of Annual or Sick Leave while an employee is on limited duty.