

1.2.4 Post-Injury Rehabilitation



YOUR ORGANIZATION
STANDARD OPERATING PROCEDURES/GUIDELINES

TITLE: Post-Injury Rehabilitation

SECTION/TOPIC: Member Health and Assistance Programs

NUMBER: 1.2.4

ISSUE DATE:

REVISED DATE:

PREPARED BY:

APPROVED BY:

X

Preparer

X

Approver

These SOPs/SOGs are based on FEMA guidelines FA-197

1.0 POLICY REFERENCE

CFR	
NFPA	
NIMS	

2.0 PURPOSE

This standard operating procedure/guideline addresses post-traumatic incident debriefing, occupational therapy, work hardening programs, disability/job assessment, ergonomics/job engineering, and reassignment options.

3.0 SCOPE

This SOP/SOG pertains to all personnel in this organization.

4.0 DEFINITIONS

These definitions are pertinent to this SOP/SOG.

5.0 PROCEDURES/GUIDELINES & INFORMATION

5.1 Post-Traumatic Incident Debriefing:

PURPOSE

Every year, statistics show that firefighting is one of the most dangerous occupations in the world. According to the IAFF Death and Injury Survey, low back injuries and other sprains account for over 50% of total injuries. Firefighter injuries caused 9,597 lost work hours per 100 workers. Compared to private industry by the U.S. Bureau of Labor Statistics, the IAFF Survey indicates the frequency of Firefighter job related injury is 4.5 times that of workers in private industry.

The rehabilitation of our members is a priority. Rehabilitation includes multi-site physical therapy and rehabilitation services through a provider that has extensive background with fire departments, and provide outstanding services in post rehabilitation, fitness, injury prevention, and work capacity evaluations.

Rehabilitation Program Components:

- Medical Liaison familiar with job requirements and fit for duty expectations
- Physical Therapy organization familiar with job requirements and fit for duty expectations
- A Light Duty Program
- Re-Evaluation
- Personalized exercise programs
- Injury prevention program

Medical Liaison

The fire department physician, member's physician, Strength Training Inc., Personnel Chief, and City Risk Management act as the gatekeepers for re-entry into the workplace following an on duty injury. The Personnel Chief through the member's physician, and Strength Training Inc. manage re-entry following all off duty injuries.

Physical Therapy

By contractual agreement, the City Fire Department has a primary rehabilitative component for on the job injuries. Strength Training Inc. is our primary rehabilitative component for all industrial injuries, and the recommended component for non-industrial injuries.

If injured, members will benefit from Strength Training in the following areas:

Industrial Injury Treatment

- Program of therapy approved by member's physician.
 - Obtain therapy within 24 hours for minor sprains, strains and aggravations. Strength Training will provide members a physician referral if necessary. This can prevent further injury, allow members to remain at work, and reduce medical costs to the city.

Non-industrial Injury Treatment

- Prescribed program of therapy for member's and their family.
- Will be covered by the member's health insurance.
 - Strength training instruction and programs for members recovering from physical injury or unable to physically perform the duties of their job. Technical Assistance/Consulting Services
 - Strength Training will provide the city or department with assistance on injury prevention, wellness, fitness, ergonomics, or other member's issues. Membership
- All City employees and their families can receive a 20% discount on Strength Training memberships.

Post Rehabilitation/Return to Work

Return to Work Capacity

To provide a means of physical conditioning and fitness for duty evaluation for employees who have suffered a major injury/illness prior to returning to regular duty in the Emergency Services division.

When an employee has suffered a major injury or illness, a whole body "work conditioning program" may be arranged through the City's Benefits Supervisor in order to help prevent whole body atrophy.

Additionally, when a physician has submitted written documentation stating that a previously injured/ill employee is allowed to return to regular duty, the department may require the employee to participate in a Work Capacity Evaluation (WCE) prior to allowing the employee to return to his/her regular duty assignment. A WCE may be required:

- If an employee is projected to be absent from the Emergency Services division, due to injury/illness for three months or more.

- When surgical or rehabilitative procedures involve major joints (shoulder, knee, elbow, hip, etc.).
- When surgical or rehabilitative procedures involve the back.
- If any injury/surgical procedure affects range of motion or strength and requires a rehabilitation process.

Work Capacity Evaluation

The following listed evaluation tasks have been designed to relate to firefighter functions:

- One handed carry (36 lbs.)
- Bilateral side carry (45 lbs. each arm)
- Repetitive waist bending
- Kneeling
- Crouching
- Floor to waist lift (5 reps. w/90 lbs.)
- Bilateral side carry
- Standing static trunk flexion
- Trunk rotation
- Push/pull
- Vertical pull
- Stair climb
- Waist overhead lift
- Crawling
- Overhead work
- One arm floor to waist lift

A list of these evaluation tasks is required to be submitted as soon as possible by the injured employee to his/her physician prior to the employee being allowed to return to regular duty.

Light Duty Program

To provide information and guidelines for members assigned to light duty (LD) status, and for managing members assigned to light duty positions.

The Personnel Deputy Chief is responsible for placing and releasing all members from LD status, to inform administrative and city staff of any member to be placed or released from LD status.

Staff requests for utilizing a LD member can be made at the time of notification or at any time to the Personnel Chief. LD assignment will be based on Section/Department needs and/or by any restriction(s) put on the LD member by their physician.

No member will be released from LD without permission of the Personnel Chief. Medical documents and policies must be adhered to before a member can return to regular duty.

Decisions for placing a member on LD are made based on the following factors:

For work related incidents, a member cleared for LD by their physician is required to work LD by Workers Compensation Law. If they choose not to work, they must use accrued leave.

For non work related incidents, a member medically cleared for LD by their physician may be offered LD as a privilege only. It is the member's responsibility to request LD status to the Personnel Deputy Chief for all off duty incidents.

Any member assigned to light duty will be placed on a 40 hour work week and pay remains the same.

Any member assigned to LD is responsible for completing a weekly planner. Planners are available at Administration, City Training Center and the Maintenance Shop.

Any member assigned to LD may attend doctor appointments and/or therapy on City Business. It is in the best interests of the city and the department to assist all members in returning to regular duty status.

Due to scheduling conflicts, the Personnel Chief may make short notice LD assignments to the Shop or Warehouse.

Light duty members will not be assigned to a section until they have had a personal meeting with that Section Chief and/or Personnel Chief. The meeting shall set expectations for the following:

Weekly Planner Work hours Work assignments Accountability Schedule of doctor and

therapy appointments Flow of paperwork Estimated length of LD status

Once a LD member is assigned to a Division or Section Deputy Chief, it is that DC's responsibility to insure that the member is productive.

The assigned Section DC at staff briefings will give updated information on their LD member. Updates will include the current welfare, assignment and duties of the member.

Re-Evaluation

Members may receive re-evaluation when they return to work. For on and off duty injuries, members may receive on going treatment and therapy prescribed by their physician. The Safety Officer, and/or Peer Fitness Trainers may also provide follow up to members.

Personalized Exercise Programs Personalized exercise prescription is a major component of the wellness program. It should be a progressive plan that accounts for the member's current level of fitness, capabilities, nutrition status, and self-improvement efforts. Refer to Peer Fitness Trainers in Fitness Component Policy.

Injury Prevention Program

An injury prevention program exists to reduce risks and educate our members. All on duty injuries and accidents are reviewed and determined to be preventable or non-preventable. Training, education or policy changes can occur through this process to enhance the safety of our members. Injury prevention requires participation from :

- Wellness Program
- Physical Fitness Program
- Commitment to safety from labor and management
- Department Safety Officer
- City Safety Officer
- Department and City Safety Teams
- Safety Education

5.2 Occupational Therapy:

5.3 Work Hardening Programs:

5.4 Disability/Job Assessment:

5.5 Ergonomics/Job Engineering:

5.6 Reassignment Options: