POLICY: REPORTING OF INJURIES, ILLNESS AND MEDICAL CONDITIONS WHICH MAY AFFECT A SAFE WORKING AND TRAINING ENVIRONMENT

Hadley Township Fire Department
Policy # 009

I. Scope:

To ensure that all personnel are physically and mentally capable of performing their job duties without risk to themselves, fellow employees, or the employer, thereby providing a safe working and training environment.

II. Policy:

It is the policy of the Hadley Township Fire Department to limit the risks to its employees and itself, by providing a safe and healthy working and training environment. In doing so, each employee shall notify the employer of any medical condition whether on duty, off duty or regular employment which may prevent the employee from performing his/her duties safely without risk to the employee, fellow employees, or the employer.

III. Procedure:

A. An employee shall immediately notify his/her supervisor or employer, in writing of the following, including but not limited to:

   1. A medical condition which may effect his/her ability to perform job duties, i.e., heart disease, high blood pressure, seizures.

   2. A medical condition that may cause further harm to the employee if he/she continues work or training.

   3. A medical condition that may result in, or poses harm to fellow employees.

   4. Any prescription or non-prescription medication that may alter his/her ability to perform job duties.

B. This notification shall be made as follows:

   1. If a medical condition occurs or is learned about while the employee is on the job or in training, the notification shall be made immediately to the employee's supervisor.

2. If the medical condition occurs or is learned about while the employee is off-duty, the employee shall notify his/her employer, as soon as possible, and prior to returning to duty.

C. Return to work conditions

1. An employee who has received medical attention for such medical condition will not be allowed to return to work until a physician's release is obtained on the employer's job related work release form or other verification acceptable to the employer is provided.

2. All required training and certifications must be current pursuant to NFPA Part 74.

PHYSICIAN'S APPROVAL FOR RETURN TO ACTIVE DUTY

EMPLOYEE:

It is the intent of the Hadley Township Fire Department that you be afforded the highest degree of protection during your recovery from the following medical condition:

_____

Inherent in the provision of public safety service are certain risks and hazards, and the Fire Department is unwilling to expose you to those risks and hazards without the specific approval of a physician. Therefore, pursuant to this policy you are required to have this form signed by a physician and return same to the Fire Department prior to being returned to active duty.

PHYSICIAN:

_____, an employee of the Hadley Township Fire Department has been treated for the above mentioned medical condition. Pursuant to Department policy, the above named employee is relieved of active duty and requires physician approval to return to such duty.

After you have examined this employee and/or the employee's medical file, please complete the following:

PHYSICIAN'S RELEASE:

I have examined and/or treated the above named employee for the following medical condition:

_____

I acknowledge that I have received a job description from the municipality and feel that he/she

(circle one of the following):

MAY MAY NOT

return to active duty as defined by said job description or list(s).

Employee must see me again on _____ (enter date if applicable).

Signed: _____ Date: _____

Physician's Printed Name: _____