

TUALATIN VALLEY FIRE & RESCUE
STANDARD OPERATING GUIDELINE
NUMBER 8.5.3

ORIGINATED AND APPROVED: 07-15-91
LAST REVISED: 07-21-08

SUBJECT: FIT FOR DUTY

PURPOSE: To establish procedures for assessing fitness for duty of District personnel under certain specified circumstances or upon release to return to work following a serious injury or illness.

POLICY: If an individual is perceived to be mentally or physically unfit to perform one or more of the essential function(s) of their job, each person their supervisor(s), and the District must follow all appropriate sections of this policy. Additionally, all personnel must follow the guidelines set forth in this policy in order to return to work from personal injury or a serious health condition, whether work-related or not.

AUTHORITY AND RESPONSIBILITY: It is the responsibility of each individual, their supervisor, and the District to follow all applicable procedures set forth in this guideline. Each individual is ultimately responsible to be fit for duty. Any supervisor who becomes aware that an individual may be unfit for duty may rely on this policy to ensure that the person in question is removed from their work assignment or prevented from returning to their work assignment until such time that the individual's fit for duty status can be verified under the terms of this policy. The Human Resources (HR), Occupational Health Services (OHS), and Wellness programs will be responsible for managing compliance of District personnel with all the terms of this policy.

PROCEDURE:

I. Fit for Duty

- A. Self-Report: For the safety and well-being of personnel and their co-workers, an individual is not to report to work if they are seriously ill or impaired, especially in cases of communicable disease (see Attachment 1). An individual with a mental or physical condition that may prevent them from performing an essential job function (refer to individual job descriptions), in an effective and/or safe manner should not report for work until such time as they are cleared by the District, personal physician, or OHS Manager. All personnel should follow District policy regarding sick leave notification as per SOG 8.2.9 *Sick and Personal Leave for Non-Bargaining Unit Personnel* or SOG 8.2.9.1 *Sick and Personal Leave for Bargaining Unit Personnel*.

- B. Personal Illness: Personnel are not to report for duty if they are seriously ill or impaired. For specific illness and work restrictions, refer to Attachment 1 *Communicable Disease Work Restrictions*.
 - C. Medications: Personnel must report the use of any prescribed or over-the-counter medication that may potentially impair their mental or physical abilities to perform the functions of their job safely and effectively. Such notice must be provided to the District Physician, who will work with the individual's prescribing physician to evaluate whether the medication affects the individual's ability to safely perform any essential job function. See Attachment 2 *Medication Disclosure Form 8.5.3 A* and Attachment 3 *Medical Release Form 8.5.3 B*.
 - D. Personnel who report for duty or are on duty while knowingly impaired may face disciplinary charges up to and including termination. For guidelines, bargaining unit personnel should refer to SOG 8.5.4.1 *Substance Abuse Policy and Procedures – Bargaining Unit Personnel* and non-bargaining personnel should refer to SOG 8.5.4.2 *Substance Abuse Policy and Procedures – Non-Bargaining Unit Personnel*.
- II. On-the-Job and Off-the-Job Illness and Injury:
- A. All standards and definitions for fit for duty evaluations and assessments are the same regardless of whether the illness or injury is incurred on or off the job (for definitions see Attachment 4).
 - B. For all on-the-job injury/illness or exposures, personnel will follow SOG 5.5.5 *Reporting and Investigating Injuries and Accidents*, filling out all appropriate forms and making all appropriate notifications.
 - C. For off-the-job injury or illness, non-bargaining unit personnel will follow SOG 8.2.9 *Sick and Personal Leave for Non-Bargaining Unit Personnel* and bargaining unit personnel will follow SOG 8.2.9.1 *Sick and Personal Leave for Bargaining Unit Personnel*. Personnel will make the appropriate notifications as outlined in the pertinent SOG.
 - D. Personnel with an on/off-the-job illness or injury may be subject to a fit for duty evaluation and fitness assessment as set forth below.
- III. Observation and Reporting
- A. Any individual observed to be mentally or physically impaired and/or who may be unable to effectively and safely perform one or more essential function(s) of their job may be subject to a fit for duty evaluation by the District physician or other qualified designee, or may be subject to testing in accordance with SOGs 8.5.4.1 and 8.5.4.2 *Substance Abuse Policy*. Signs of inability to perform may include apparent weakness, illness, disorientation, memory loss, erratic behavior or inability to

successfully complete any individual performance standard (IPS) associated with their position or a fitness assessment.

B. Reporting Process:

1. Personnel who observe or who have reason to believe that another individual may be unfit to perform the functions of the job effectively and/or safely, will report such observations to their immediate supervisor. In cases where the individual in question is the immediate supervisor, an on-duty Chief Officer or Division Manager should be notified.
2. The immediate supervisor of the individual in question should contact their Division Manager or on-duty Chief Officer, who will make the necessary arrangements to assess the individual's condition. If the supervisor believes that the condition could affect the safety of the individual or others, the supervisor will immediately take the individual off duty and, if necessary, take the apparatus out of service.
3. The Division Manager/Chief Officer is given the discretion to assess appropriate action to be taken with regard to the individual, which may result in removal of the individual from duty until such time that a fit for duty medical evaluation by the District physician is conducted. A Division Manager/Chief Officer may deem it appropriate to place the individual on administrative leave.
4. In cases where the individual is removed from duty or needs to be referred for a medical evaluation and/or treatment, the immediate supervising officer or administrative supervisor will contact their Division Manager/Chief Officer and Human Resources regarding the situation immediately or as soon as reasonable Initial contact may be by phone, with written follow-up.

C. Referral for Medical Evaluation

1. The District may, determine the need for an individual's fit for duty medical evaluation or fitness assessment required under the following circumstances:
 - a. When actual problems exist or are reported with the individual's performance of any essential function of their job.
 - b. When there exists legitimate concerns about whether the individual or their performance poses a direct threat to the safety and health of themselves or others.
 - c. To determine the necessity for, or existence of, a reasonable accommodation.

- d. When medical evaluation, screening, and monitoring is required by federal, state, or local law.
 - e. Serious Health Condition, as defined by the Federal Family Medical Leave Act or Oregon Family Leave Act or as outlined in NFPA 1582 2007 version.
- 2 Personnel must follow the guidelines provided in the Family Medical Leave Policy (SOG 8.2.8) for serious health conditions.
 - 3 Personnel are generally relieved from duty and are placed on HR Administrative Leave and/or sick leave until such time as an evaluation is made. If the evaluation indicates that the individual is not fit for duty, they will continue on sick leave, workers' compensation, or disability, until such time as they are released to work in a full or modified capacity.
 - 4 Should the individual require additional treatment or continuing care, the District physician will release the individual into the care of their own healthcare provider. The District will not be financially responsible for illness or injury discovered or identified by a representative of the District, unless the illness or injury has arisen as a direct result of employment with the District. If the individual remains under the care of the District physician, they will be responsible to fulfill the regimen prescribed.
 - 5 Minor Illnesses/Injury:

In case of minor illness or injury, the District may require a note from the individual's healthcare provider that releases them to duty or otherwise indicates any recommendation regarding their ability to work. The OHS Program Manager should be contacted for any needed clarification.

IV. Return to Work

A. Medical Evaluation to Return to Work

1. Any individual returning to work from a serious injury or illness, extended absence, or from any other health-related circumstance that may call to question their ability to perform their duties in a safe and effective manner, must contact the Sr. Benefits Administrator or OHS Program Manager. The District will require a medical release to return to work from the District physician, personal healthcare provider, or an appropriate medical expert. The medical release form can be found on the *District Net* in Section 8- Human Resources of the Forms Index or obtained from the Wellness Program.

2. For absences due to injuries or illnesses, the District may accept a medical release to return to work from the individual's physician. If, for any reason, the District should question the terms of the medical release, the District physician will contact their healthcare provider in order to receive clarification. The medical release to return to work must be received by Human Resources before the individual will be permitted to return to regular duty. A fitness assessment performed by the Wellness Program Coordinator or other Wellness Program representative may be required. When the medical release has been verified as acceptable, the individual will be released to duty as dictated by the physician in accordance with this SOG. For individuals on specialty teams such as Hazmat or Dive, additional medical testing may be required by the District Physician or designated medical expert before the individual is released to go back to the specialty team.
3. In the event the District determines that a fit for duty evaluation is required of any individual, they will be given written notice of that requirement. The individual has the duty to cooperate in such evaluation, including, but not limited to, signing all necessary medical information release forms, allowing their relevant medical records to be transferred and reviewed by the evaluating physician, and allowing the evaluating physician to report findings and opinions regarding the individual's fit for duty status and the individual must respond to the District's reasonable inquiries in that regard. Failure to cooperate in the fit for duty evaluation may result in discipline.
4. In the event that the individual's healthcare provider and the District physician disagree upon their clearance to return to duty, the individual's healthcare provider, the Union, and the District physician will select a third, appropriately qualified physician to perform a final examination and render a medical decision to settle the dispute. Upon the scheduling of the fit for duty evaluation, all relevant information relating to the individual, including the job description, job analysis and any other job-related information, District employment information relative to the need for the evaluation, and any relevant District medical records, along with the signed medical records release form will be forwarded to the fit for duty medical expert for review. In addition, the fit for duty medical expert will be provided a fit for duty questionnaire outlining the requested information. It is the intent that the designated expert performs an individualized evaluation of the individual's ability to safely perform the essential functions of the job. The District will pay for the third party fit for duty evaluation process. The District reserves the right to rely on the opinions expressed by its medical expert.
5. Upon receipt of the completed fit for duty evaluation, the District will review, compare and evaluate the individual's abilities to safely perform the essential functions of their job. In the event it is determined that the

individual does not have the ability to perform each of the essential functions of their job or they pose a risk of harm to self or others in the performance of such functions, the District will determine whether or not a reasonable accommodation exists that will remove the barrier to continued employment, and eliminate or minimize the potential risk of harm to the individual or others.

6. In cases where the individual is released to light or modified duty, they will follow the guidelines provided in SOG 8.6.10 (Workers' Compensation Insurance) and/or SOG 8.2.2 (Temporary Non-Hazardous Modified Duty Assignment).
- B. Fitness Assessment: Uniformed Personnel who are off duty due to personal illness or injury may be subject to a fitness assessment once they have been released to full duty, but prior to assignment to active duty. Individuals must contact the OHS Program Manager or Wellness Program Coordinator to establish whether a fitness for duty assessment will be required. Fitness for duty assessments will be coordinated by the OHS Program Manager or Wellness Program Coordinator and may include the responsible Chief Officer/Division Manager, a Training Officer, and/or additional personnel as needed. These assessments will be based on Individual Performance Standards (IPS) and the individual's job description, and will need to be completed prior to return to work. Further information on the Return to Work Assessment Procedures can be found on *The District Net*, HR web page.

APPROVED:

JEFFREY D. JOHNSON
FIRE CHIEF

ATTACHMENT 1

COMMUNICABLE DISEASE WORK RESTRICTIONS

Disease/Problem	Work Restriction	Duration
Conjunctivitis (Pink Eye)	Restrict from patient contact. May exclude from duty.	Until discharge ceases.
Diarrheal Diseases	Restrict from patient contact, contact with the patient's environment, or food handling. May exclude from duty.	Until symptoms resolve.
Diphtheria	Exclude from duty.	Until released by OHS or MD.
Enteroviral Infections (Coxsacki, Polio)	Restrict from care of infants and immunocompromised patients and their environments. May exclude from duty.	Until symptoms resolve and released by MD or OHS.
Hepatitis A	Restrict from patient contact, contact with patient's environment, and food handling. May exclude from duty.	Until released by OHS or MD.
Hepatitis C	No recommendation. Standard precautions should always be observed.	
Herpes Simplex:		
1.) Genital	No restriction.	
2.) Hands (Herpetic Whitlow)	Restrict from patient contact and contact with the patient's environment. May exclude from duty.	Until lesions heal. May need release from MD or OHS.
3.) Orofacial	Evaluate need to restrict from care of patients. May exclude from duty.	Until lesions heal. May need release from MD or OHS.
Human Immunodeficiency Virus (HIV)	Do not perform exposure-prone invasive procedures until counsel from an expert review panel. Standard precautions should always be observed; refer to state regulations.	
Influenza	Exclude from duty.	Until symptoms resolve.
Measles	Exclude from duty.	Until released by OHS or MD.
Meningococcal Infections	Exclude from duty.	Until 24 hours after start of effective therapy.
MRSA/VRE	Exclude from duty.	Until released by MD.
Mumps	Exclude from duty.	Until released by OHS or MD.
Norovirus (Norwalk-like)	Exclude from duty while symptomatic.	Until symptoms resolve.
Pediculosis	Restrict from patient contact. May exclude from duty.	Until treated and observed to be free of adult and immature lice.
Pertussis	Exclude from duty.	Until released by OHS or MD.
Rubella	Exclude from duty.	Until released by OHS or MD.
SARS	Exclude from duty.	Until released by OHS or MD.
Scabies	Restrict from patient contact. May exclude from duty.	Until one day after effective treatment. May need release from MD or OHS.
Staphylococcus Aureus Infection	Exclude from duty.	Until cleared by medical evaluation.

Streptococcal Infection, Group A	Restrict from patient care, contact with patient's environment, or food handling. May exclude from duty.	Until 24 hours after adequate treatment started.
Tuberculosis:		
1.) Active disease	Exclude from duty.	Until proved non-infectious. Until released by OHS or MD.
2.) PPD Converter	No restriction.	
Varicella (Chicken Pox)	Exclude from duty.	Until lesions heal. May need release from MD or OHS.
Zoster (Shingles) Localized, in healthy person	Cover lesions and restrict from care of patients. May exclude from duty.	Until all lesions dry and crust. May need release from MD or OHS.
Vaccina (Smallpox Vaccinations)	Cover vaccination site. May exclude from duty.	Until lesions heal. May need release from MD or OHS.
Viral Respiratory Infections Acute Febrile	Exclude from duty while symptomatic.	Until acute symptoms resolve.
Vomiting (Norwalk, Foodborne)	Exclude from duty.	Until symptoms resolve.

ATTACHMENT 3 – MEDICAL RELEASE FORM 8.5.3B

Please check one:

- Combat Volunteer/Career Firefighter: Proceed to STEP 1
- Support Volunteer: Proceed to STEP 2
- Administrative Staff: Proceed to STEP 2

Employee: _____
 Date of Injury: _____
 Description of Injury/Illness: _____



STEP 1: 13 Essential physical functions for Combat Volunteer/Career Firefighters			
1	Ability to put on full firefighting PPE (see description) within a period not to exceed 60 seconds.	9	Ability to feel changes in temperature in zero-visibility conditions.
2	Enter and crawl on hands and knees through zero-visibility buildings/rooms with a fully charged hose in hand wearing full firefighting PPE and SCBA.	10	While on aerial ladder, maintain balance and a secure position while directing water through a charged hose line at fire.
3	Drag charged 2-1/2 inch hose weighing 75 lbs., 25 feet unassisted.	11	Carry 150 foot hose bundle weighing 35 lbs. up 2 flights of stairs while wearing full firefighting PPE and SCBA.
4	Using heavy hand tools (axe, sledgehammer, etc.), repeatedly strike solid surfaces (such as doorjamb) to make forcible entry into buildings.	12	Remove a 24-foot extension ladder weighing approx. 60lbs. from the truck unassisted, position the ladder, and raise the halyard.
5	Wearing firefighting PPE and using hydraulic tools weighing in excess of 30 pounds that are prone to multi-directional torque, cut roof posts on an automobile and extricate people weighing over 150lbs.	13	Climb an aerial ladder to a height of 50-75 feet (5-7 stories) wearing full firefighting PPE including SCBA.
6	Wearing full firefighting PPE, pull 200 feet of uncharged 5 inch hose weighing 200 lbs. from shoulder height off a pumper and drag to a hydrant.	Essential Environmental Conditions/Functions	
7	In zero-visibility conditions and wearing full firefighting PPE plus SCBA, crawl on hands and knees over uneven surfaces carrying forcible entry tools (axe) for 50 feet while systematically searching for trapped person(s).	<ul style="list-style-type: none"> ✓ Perform in slippery areas. ✓ Work on or around moving machinery or equipment. ✓ Work 24 hours shifts with little or no sleep. ✓ Perform physically demanding tasks under extreme fluctuations in temp. ✓ Avoid and protect against infectious agents. 	
8	Drag a victim weighing more than 150 lbs. out of a building unassisted while wearing full firefighting PPE including SCBA.		
<p>NOTE: Full firefighting PPE includes turnout coat, pants with internal harness and suspenders, boots, gloves, nomex head protection, and helmet. SCBA is self-contained breathing apparatus, which includes a backpack, tank of compressed air, and positive-pressure mask over the entire face. Full firefighting PPE and SCBA worn together generally weigh in excess of 50 lbs. (22.7 kilos).</p>			

I have read the above essential duties for Combat Volunteer/Career Firefighter and release to:

- Full Duty without restrictions (Stop here, sign below, and fax to TVF&R Human Resources at 503-259-1225.)
- Modified Duty with restrictions (Do not sign and proceed to STEP 2)

Physician's Name: _____
 Physician's signature: _____ Date: ___/___/___

STEP 2: Physical Capabilities										
Circle the number of hours the employee can perform the particular task:										
Sit	1	2	3	4	5	6	7	8	Not Restricted	
Stand	1	2	3	4	5	6	7	8	Not Restricted	
Walk	1	2	3	4	5	6	7	8	Not Restricted	
Employee needs to alternate between sit/stand every _____ minutes/hours.										
Injury occurred on the: Right Side _____ Left Side _____ Both Sides _____										
Check the amount of time the injured worker is able to perform the particular task:										
	Never		Occasionally (<33%)			Frequently (33-66%)		Continuously (67-100%)		N/A
Hand/wrist work										
Grasping										
Pushing/pulling										
Fine manipulation										
Reach above shoulder										
Bend/twist										
Kneel/squat										
Climb stairs										
Lifting 1-10 lbs.										
Lifting 11-20 lbs.										
Lifting 21-51 lbs.										
Lifting 50-100 lbs.										
Total number of hours/day the worker may work: _____ (if not indicated, a full work shift will be assumed)										
Projected date employee can return to unrestricted duties: ___/___/___										
Have you informed the injured worker of the work status report? Yes ___ No ___										

I have read the above physical capabilities and release Support Volunteer and Administration personnel to:

- Full Duty without restrictions (Please fax to TVF&R Human Resources at 503-259-1225)
- Modified Duty with Restrictions (see above table for specifics)

Physician's Name: _____
 Physician's signature: _____ Date: ___/___/___

ATTACHMENT 4

DEFINITIONS

Physical or mental impairment: any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin and endocrine; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Impaired: having been diagnosed by a medical provider with a physical or mental impairment.

Direct threat or direct threat of harm: a significant current risk of substantial specific harm (not a speculative or remote risk), the risk of which harm is supported by facts, including objective current medical evidence and knowledge. The determination of direct threat must take into consideration the following four criteria:

- The probability of the harm occurring;
- The severity of the potential harm;
- The imminence of the potential harm;
- The duration – how long the risk is likely to be present

Essential function(s): the fundamental duties of a position as identified by the District.

Serious health condition: an illness, injury, impairment, or physical or mental condition as further defined by the District's family medical leave policy and as outlined in NFPA-1582, 2007 version.