

Subject:	INJURIES AND ILLNESSES REPORTING: FOR FIREFIGHTERS
Section:	PPG# 4200.3
Chapter:	Operations
Effective Date:	7/1/98

1.0 POLICY

- 1.1** It is the policy of Thurston County Fire Protection District No.5 & 9, herein referred to as "The District" to provide and operate with the highest possible levels of safety and health for its members. Our primary considerations are the prevention and reduction of accidents, injuries, and occupational illnesses and these policies apply to all our members and other persons who may be involved in Thurston County Fire Protection District No.5 & 9 activities.
- 1.2** Fire Fighters injured in the discharge of their duties shall be promptly attended to in a manner consistent with their injuries. In cases where it is necessary for medical aid above basic life support, the on-duty command officer will request Advanced Life Support from CapCom.
- 1.2.1** As a last resort, the shift command officer will send the Member to the emergency room at a local Hospital. In some cases, the injury will be such that it will be necessary to take them immediately to the emergency room for treatment, and this can be determined by the paramedics.
- 1.2.2.** Because of the toxic materials that members are exposed to in fire and illnesses that they and medical personnel are exposed to, the shift command officer will be required to ensure that any Member that becomes ill while on duty will be evaluated and determine if it is necessary for an examination by a physician.
- 1.3** Whenever an occupational accident causes injury or illness to a member or other employee, or whenever a member or other employee becomes aware of an illness apparently caused by occupational exposure, it shall be the duty of such member or other employee, or someone on his/her behalf, to report the injury or illness to The District Shift Commander before the end of his/her duty period but not later than twenty-four hours after the incident. The "Personal Injury Report" contained in Appendix A shall be used.
- 1.3.1** *Exception: In the event that symptoms of an occupational injury or illness are not apparent at the time of the incident, the member/employee shall report the symptoms to On duty command officer within forty-eight*

hours after becoming aware of the injury or illness.

- 1.4** A report shall be made within eight hours after a fatality or probable fatality of any member from a work-related incident or the inpatient hospitalization of two or more members as a result of a work-related incident, The District shall orally report the fatality/multiple hospitalization by telephone or in person, to the Department of Labor and Industries in Tumwater 902-5800 or to OSHA 1-800-321-6742.
- 1.5** Policy 4200.3 applies to each such fatality or hospitalization of two or more employees, which occurs within thirty days of the incident.
- 1.5.1** *Exception: If The District does not learn of a reportable incident at the time it occurs and the incident would otherwise be reportable under subsection 1.4, The District shall make a report within eight hours of the time the incident is reported to any member/employee of The District.*
- 1.5.2** Each report shall relate the following information:
- 1.5.3** Location of the incident
- 1.5.4** Time of the incident
- 1.5.5** Number of fatalities or hospitalized members/employees,
- 1.5.6** Contact person
- 1.5.7** Phone number, and
- 1.5.8** A brief description of the incident.
- 1.6** The District shall maintain records of occupational injuries and illnesses. Reportable cases include every occupational death, every occupational illness, or each injury that involves one of the following:
- (a) unconsciousness,
 - (b) inability to perform all phases of regular duty-related assignment,
 - (c) inability to work full time on duty,
 - (d) temporary assignment, or
 - (e) medical treatment beyond first-aid.
- 1.7** The District shall record occupational injury and illnesses on forms OSHA 101-Supplementary Record Occupational Injuries and Illnesses and OSHA 200-Log summary.
- 1.8** Thurston County Fire Protection District No.5 & 9 shall post an annual summary of occupational injuries and illnesses on each stations safety bulletin board. This summary shall consist of a copy of the year's totals from the Form OSHA No. 200 and the following information from that form: Calendar year covered, company name, establishment name, establishment address, certification signature, title, and date. The

summary shall be completed and posted no later than February 1 of and shall remain in place until March 1.

2.0 DEFINITIONS

- 2.1** WAC 296-27-020. "Recordable occupational injuries or illnesses of employees means any occupational injury or illness of employees which result in:
- (a) Occupational fatalities, regardless of the length of time between injury and death, or the length of the illness preceding the time of death (no recording is required for fatalities including age a termination of employment, except when recording may otherwise be required by a specific industrial safety and health standard adopted pursuant to the act); or
 - (b) Lost workday cases, other than fatalities, that result in lost workdays (see subsection (7) of 22296-27-010); or
 - (c) Occupational illnesses, or nonfatal cases without lost workdays which result in transfer to another job or termination of employment, or require medical treatment (other than first aid) or involve loss of consciousness or restriction but are not classified as fatalities or lost workday cases."
- 2.2** Hospitalization means an overnight stay in a hospital as required or advised by a physician.
- 2.3** Member means a person involved in performing the duties and responsibilities of a fire department under the auspices of the organization. A fire department member may be a full time or part time employee or a paid or unpaid volunteer, may occupy any position rank within the fire department and engages in operations. Also see Employee in WAC 196-305-021005

3.0 RESPONSIBILITIES

- 3.1** The Safety Officer will ensure the reporting and recording/ keeping of occupational injuries and illnesses.
- 3.2** All members will comply with injury and illness protocols

4.0 GUIDELINES

- 4.1** District No.5 & 9's administrative office shall maintain injury and illness reports and the

records shall be current within six days.

- 4.2 The medical facility must be advised about coverage to ensure proper billing as per the following classifications:
- (a) Paid fire fighters covered under LEOFF Plan 1. The Fire Fighter should have his/her medical card on his/her person. The card should be presented to the medical facility for payment of costs incurred.
 - (b) Paid Fire fighters covered under LEOFF, Plan 2. These fire fighters have medical aid coverage for duty related injuries through state industrial insurance (L&I). If a LEOFF Plan 2 Fire Fighter responds from home, that Fire Fighter is covered by state industrial insurance.
 - (c) Seasonal Hire FPT Firefighters have medical aid coverage for duty related injuries through state industrial insurance (L&I). If a Seasonal Hire Firefighter responds from home, that Firefighter is covered by state industrial insurance.
- 4.3 These fire fighters are not covered by Washington State Department of Labor and Industries Insurance.
- (a) Volunteer Fire fighters / FPT Fire fighters (Not employed during seasonal hire). The injured volunteer/FPT Fire Fighter or person accompanying the injured Fire Fighter seeking medical aid must instruct the doctor, hospital or clinic that the case does not fall under state industrial insurance. The district will send the proper forms to the facility where medical aid was rendered. All correspondence and bills must be sent to the fire district, not to the individual injured or to the Board for volunteer fire fighters.
- 4.4 No member shall make a public statement about an injury to any member to anyone until cleared by the Shift Commander or Emergency Response officer.

5.0 REFERENCE

WAC 296-305-01501

[Statutory Authority: RCW 49.17.010, .050, .060. 96-11-067 (Order 94-27), §296-305-01501, filed 05/10/96, effective 01/01/97.]

6.0 APPENDIX

Injury Report Form / L&I Injury Report