

EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT LINE OF DUTY INJURY PROTOCOL

Revised July 2019

In the event of a Line-of-Duty injury or accident involving Department apparatus, follow the procedure below. If there is a significant exposure to blood or other bodily secretions visibly contaminated with blood, follow the PEP protocol. The completion of this process is important but shall not impede the delivery of emergency medical care to our member.

1. Treat the individual with appropriate medical care following the MOM's protocol.
2. Notify dispatch (588-4761) to create an emergency incident. Respond a Sunstar unit if needed for transport.
3. Complete a Pinellas County Patient Care Report (PCR) if injured.
4. Notify the Division Chief. If there is a significant Exposure, the Division Chief is to notify the Infection Control Officer, Chief George Bessler, Pager LK300 or his designee.
5. If the injury requires treatment at an emergency care facility, the employee should be transported using the appropriate means of transport, whether that is ambulance or staff vehicle. Any injury requiring the employee to be taken off duty, regardless of time, shall be evaluated by a physician (E.R. or Worker's Compensation as appropriate). *Any certificate of injury provided by a physician must state that the employee is to:*
 - a) *Remain on or off work*
 - b) *Provide a date to return to work, or scheduled reevaluation*
 - c) *Any specific restrictions*
 - d) *Expected duration of time off work*

Our Workers' Compensation clinic is:

***Baycare Urgent Care Countryside
3351 McMullen Booth Road, Clearwater, Florida 33761
Monday – Friday, 0700 - 2300
Saturday and Sunday, 0900-1800
(727) 314-4774***

After-hours substance testing phone number: (813) 681-0242 and follow answering service prompts. Provide the answering service with the reason for testing, your name, title, and your contact phone number. The expected response time is within 20 minutes.

After-hours collection site:

***Baycare Urgent Care Clearwater
711 South Belcher Road, Clearwater, Florida 33764***

For any Line-Of-Duty injury requiring the employee to be taken off shift or if the employee was on duty and driving a department vehicle which caused damage to another vehicle or property, rapid substance testing will be performed within 24 hours of the event. If the result of substance testing is negative, the employee can continue working. If the result of the testing is positive or undetermined, the employee will be removed from duty until certified results are obtained from the specimen.

6. Have employee complete the worker's compensation worksheet if applicable.
7. Complete the East Lake Tarpon Special Fire Control District (ELTSFCD) Injury Report.
8. Complete the ELTSFCD Infection Control Exposure report if applicable.
9. Complete the ELTSFCD Accident/Damage report if applicable.
10. Complete the NFIR 5.0 for the injury and accurately complete the Fire Casualty Report section.
11. The Division Chief or designee will contact the Workers' Compensation carrier to report a notice of injury. Claims are reported online at <https://www.pgcs-tpa.com/index.cfm?&CFID=35063&CFTOKEN=95926187> by registered users. Provide as much information as possible and have the following ready to enter on the site:
12. Information needed:
 1. Employee name
 2. Social Security number
 3. Date and time of accident
 4. Employee home address
 5. Employee telephone number
 6. Employee occupation
 7. Employee date of birth
 8. Employee gender
 9. Injury/illness that occurred
 10. Part of body affected
 11. A description of the incident including cause of injury
 12. Employer address and phone number
 13. Federal I.D. number (30-0970353)
 14. Date first reported
 15. Nature of business
 16. Date of hire
 17. Whether or not employee was paid for the date of injury
 18. Last date employee worked
 19. Did the employee return to work? If yes, what date?
 20. The address employee reports to work
 21. The address of the incident
 22. Whether or not the employee has returned to work

23. Employee's rate of pay per hour
 24. Employee's work hours per week
 25. Name, address, and telephone number of physician or hospital where treated
 26. Notice only will be indicated in the description area.
13. Print and have the member filing the claim sign the Worker's Compensation form (DWC-1) from the Preferred Government Claim Solutions website. This signed copy will be forwarded to Deputy Chief Gennaro for processing.
 14. The employee will bring the work status reports (Florida Workers' Compensation Uniform Medical Treatment/Status Report [DWC-25]) Form to the Division Chief and provide timely feedback on his or her work status. The Deputy Chief or designee will notify the Worker's Compensation Provider of the employee's status. It is strongly recommended that the injured employee obtain a prescription for any referral care to expedite the approval process.