



**EAST LAKE TARPON  
SPECIAL FIRE CONTROL DISTRICT**  
3375 Tarpon Lake Blvd.  
Palm Harbor, FL 34685  
727-784-8668 fax: 727-474-5830  
www.elfr.org

**BOARD OF  
FIRE COMMISSIONERS**  
Randy Burr  
Maryellen Crowder  
Jim Dalrymple  
Kevin Kenney  
Tom McQueen

To: All Personnel  
From: Deputy Chief Greg Godwin *gg55*  
Number: District Directive 2020-07, Revised July 2021  
Date: July 19, 2021

**SUBJECT: LINE OF DUTY INJURY PROTOCOL**

Effective October 1, 2020 the following procedure will be followed for line of duty injuries:

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. Immediately treat the injured employee 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. An on-duty paramedic completes 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 Mike Porch, 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 medical clinic 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 medical 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. Notify Chief Greg Godwin, Pager LK200, for testing information. 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. Supervisor completes “FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION” - FIRST REPORT OF INJURY OR ILLNESS Form.
7. Employee completes “WORKERS COMPENSATION INJURY NOTICE” - Form B.
8. Supervisor completes “SUPERVISOR’S REPORT OF INJURY” - Form C.
9. Witness completes “WITNESS STATEMENT” – Form D.
10. Employee completes “AUTHORIZATION TO DISCLOSE, RELEASE AND USE PROTECTED HEATH INFORMATION – HIPAA” – Form E.
11. Employee completes “MEDICAL TREATMENT PROVIDER LIST” – Form F.
12. Supervisor completes the East Lake Tarpon Special Fire Control District (ELTSFCD) Injury Report for district Safety Committee review. The supervisor will email the completed form to the Safety Committee Chairperson.
13. Supervisor completes the ELTSFCD Infection Control Exposure report if applicable.
14. Supervisor completes the ELTSFCD Accident/Damage report if applicable.
15. Supervisor completes the NFIR 5.0 for the injury and accurately complete the Fire Casualty Report section.
16. The Division Chief or designee will contact the Workers’ Compensation carrier to report the notice of injury. The Division Chief or designee will scan and email the above completed forms to: [claims@7710insurance.com](mailto:claims@7710insurance.com) or report a claim via phone (24 hr) (877)265-8755.
17. 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.