



**PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER**

<b>General Order Number:</b> 08-16	<b>Effective Date:</b> June 1, 2021
<b>Division:</b> Health and Safety	
<b>Chapter:</b> Reporting On-the-Job Injuries	
<b>By Order of the Fire Chief:</b> Tiffany D. Green <i>TJ</i>	<b>Issue Date:</b> June 1, 2021

**POLICY**

This General Order shall define mandatory steps that all Prince George’s County Fire/Emergency Medical Services (EMS) Department employees and volunteer members must take following an injury on the job (IOJ).

**DEFINITIONS**

**Compensable Accidental Injuries** – Compensable accidental injuries are injuries that have arisen “out of and in the course of employment.” **Not all work place injuries are compensable.**

**Compensable Occupational Diseases** – Compensable occupational diseases are ailments resulting from work conditions inherent and inseparable from employment.

**Medical Advisory Board (MAB)** – Serves to provide expert medical opinions regarding the fitness for duty for County employees to perform assigned duties. In addition, the MAB shall provide findings of fact, to be relied on by the Disability Review Board, in determining eligibility for disability retirement for public safety employees.

**Medical Records** – Upon request or when the employee has exceeded two (2) weeks on disability leave, any and all detailed narrative reports, x-rays, MRI’s or reports regarding diagnosis, prognosis and treatment plan will be forwarded to the Health & Wellness Office on the 15<sup>th</sup> day. Attending physician’s statements will not be acceptable under this definition and requirement of medical records. Burn center injuries are excluded from this requirement.

**Risk Manager** – The Risk Manager, as designated by the Fire Chief, shall be the Manager of Health & Wellness. The Risk Manager may designate a Risk Management Coordinator and/or analyst to assist in carrying out delegated responsibilities.

**PROCEDURES / RESPONSIBILITIES**

**I. Reporting**

**A. Career/Civilian/Volunteer Injury Claims**

1. Employee/member shall notify his/her supervisor immediately of an injury or within twenty-four (24) hours of when the employee knew or should have known of the existence of an occupational illness.



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2. If the supervisor is unavailable, employee/member shall notify the Fire/EMS Watch Office who will notify the appropriate chain of command.
3. Employee/member shall make proper entry in duty station/office log book, including name, ID number, date, time, and nature of injury.
4. If medical treatment is sought, the employee/member shall alert physicians, hospitals, and clinics of the following information:
  - a) That the injured person is a County employee or volunteer member and is a Workers' Compensation claim.
  - b) That all bills, medical reports, and inquiries related to the injury are to be forwarded to:

Prince George's County Fire/EMS Department  
Health & Wellness Office  
Fire Services Building, Room 120  
6820 Webster Street  
Landover Hills, Maryland 20784
  - c) That the physician completes and signs the Attending Physician's Statement (Attachment F) and submits to Health & Wellness the next business day. These forms must be updated and submitted to Health & Wellness a minimum of every thirty (30) days. However, more frequent reporting may be required.
  - d) All Departmental burn injuries, regardless of the degree of injury, shall be assessed in the Burn Center at Washington Hospital Center (BCWHC). Acute burn injuries can be received at MedStar Washington Hospital Center, then triaged to the Burn Unit or the Burn Clinic, as indicated. Release to full duty from burn injuries will only be approved by the Fire/EMS Department from the authorized representatives of the Burn Clinic.
5. All on the job injury notifications require the submission of the forms indicated below. Volunteer members shall additionally complete and sign the Provident First Notice of Claim (Attachment G).
6. An ePCR report shall also be completed and forwarded to the Technology & Information Services Office (TISO) within seventy-two (72) hours of the incident, if the member is not transported.
7. The injury packet includes the following:
  - a) Appropriate Workers' Compensation First Report of Injury or Illness ACCORD 4 (Attachment A or B, as appropriate). The employee/member's current home address and telephone number must be on the form.
  - b) Supervisor's Accident Investigation and Report for Personal Injury, PGC Form 1384 (Attachment C).
  - c) Supervisor's Follow-up and Return to Work Notice, PGC Form 1383 (Attachment D).



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- d) Employee/Member's Statement of Injury or Illness (Attachment E).
- e) Attending Physician's Statement/Temporary Disability Form (Attachment F).
- f) Provident First Notice of Claim (Attachment G) VOLUNTEER ONLY.

8. Career, Civilian, and Volunteer injury packets with appropriate medical documentation if applicable are due to the **Health & Wellness Office within seventy-two (72) hours or three (3) calendar days via email at Health\_Wellness.PGFD@co.pg.md.us.**
9. Injury claims will be reviewed by Health & Wellness for completeness and accuracy and forwarded to the appropriate third-party insurer in accordance with Prince George's County Fire/EMS Department policies and procedures.

### B. Recurrence of Previously Reported Injury

1. Any recurrence of a previously reported and properly documented injury or illness will require the completion and submission of all forms indicated for a new injury, with the exception of the Workers' Compensation First Report of Injury ACCORD 4.
2. All supervisor responsibilities remain unchanged.
3. "Recurrence" should be written in the upper right-hand corner of each form of the recurrence package. The new paperwork should indicate the reason for the recurrence.

### C. Reimbursement for Prescriptions

1. Receipts for prescriptions issued by the physician for an injury or illness may be forwarded to Health & Wellness with a statement that includes the date of injury, physician's name, and the name of the medicine. Employee/member needing long-term maintenance prescriptions filled may contact Health & Wellness.

### D. Hospitalization

1. Sworn employees and volunteer members of the Prince George's County Fire/EMS Department shall immediately notify, or arrange for notification to, the Watch Office of entry and/or discharge from the hospital when such hospitalization is the result of a job-related injury or illness. This information will be made available to the appropriate chain of command.

### E. Sworn and Civilian Light Duty

1. Employees shall report to Health & Wellness for a light duty assignment when released by their physician or by order of the Fire Chief (or designee). Light duty assignments will be made based on Departmental need. Light duty assignments and required paperwork will be in accordance with *General Order 08-09, Non-Service Connected Temporary Disability, Light Duty Requests and Light Duty Assignments.*



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2. Employees detailed to a light duty assignment will be informed who their new supervisor will be. That supervisor will be responsible for the employee's administrative functions, (i.e. verifying light-duty hours in Telestaff/regular time in KRONOS, leave used, and contacting Health & Wellness for final verification, etc.). Prior approval will be required from Health & Wellness, with copy to light duty supervisor for any leave request authorized by Health & Wellness such as disability leave.
3. Health & Wellness will facilitate all temporary reassignments of sworn and civilian employees to light duty positions. Light duty assignments will be based on the following:
  - a) The needs of the Fire/EMS Department.
  - b) The medical information provided by the treating/examining physician, medical records, and/or the Medical Advisory Board.
  - c) The particular talents, qualifications, and rank of the light duty employee.
4. Commands and offices within the Fire/EMS Department will notify Health & Wellness of their needs/requests for light duty employees. Requests shall be made on the appropriate "Request for Light-Duty Personnel" form in accordance with *General Order 08-09, Non-Service Connected Temporary Disability, Light Duty Requests and Light Duty Assignments* and a file will be maintained in Health & Wellness of current requests. Health & Wellness will maintain a log of available assignments within the Department.
5. Employees will remain on light duty until they are released by their physician or ordered back to full duty by the Fire Chief (or designee). The employee will forward their completed Attending Physician's Statement Temporary Disability Form, indicating the physician has released the employee to full duty to Health & Wellness via email at Health\_Wellness.PGFD@co.pg.md.us.

### F. Volunteer Light Duty

1. This applies to all volunteer members who have been injured on-the-job and have been assigned to light duty by a treating or examining physician. Volunteer light duty members will remain assigned to their respective stations. Members' duties will be limited to administrative functions only involving non-emergency operational activities.
2. Members will remain on light duty until released by their physician and they have physically reported to Health & Wellness with their completed Attending Physician's Statement/Temporary Disability Form releasing them back to full duty. Members will then notify their volunteer chief of their return to full duty.

### G. Reporting Disability Leave/Light Duty Hours for Sworn/Civilian Employees on Timesheet/KRONOS



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1. All hours in Telestaff or KRONOS with disability leave and/or light duty hours are to be reviewed/submitted to Health & Wellness for verification, authorization, and submission to Fiscal Affairs.
2. All disability leave reported in Telestaff or KRONOS must have appropriate medical documentation submitted to verify hours. The original forms must be submitted to Health & Wellness. For example, if an employee is on light duty, but uses disability leave to see a physician for follow-up care, an Attending Physician's Statement/Temporary Disability Form must be submitted to verify these hours. All employees on disability leave will be temporarily re-assigned by Health & Wellness. Injuries that occur outside of normal business hours will be temporarily addressed by the Watch Office. All disability leave hours in Telestaff or KRONOS will be maintained by Health & Wellness and must be approved by the Risk Manager or designee.
3. A maximum of four (4) hours per day of disability leave will be allowed for a physician/medical specialist office visit or follow-up appointment unless written verification is received from the physician/medical specialist indicating the medical need for more time. This provision is for treating doctor's visit only for employees on light duty as per current Collective Bargaining Agreement or Personnel Law.
4. An employee who does not have the proper medical verification for disability leave or is not in compliance with their current Medical Advisory Board/Disability Review Board ruling may be subject to the provisions of Personnel Law Section 16-226, Absence Without Leave. Conversion to other leave may be approved by the Fire Chief upon presentation of acceptable proof by the employee that the unauthorized absence of the employee was due to extenuating circumstances beyond the employee's control. This request must be in writing to the Fire Chief within two weeks of the acceptable proof.
5. The need for disability leave may be reviewed by the Department's Medical Review Officer and voted on by the Disability Review Board.

### **H. Responsibilities**

1. Career/Civilian Employee
  - a) Each career/civilian employee of the Department should review these procedures. It is the individual employee's responsibility to ensure the completion and submission of all appropriate forms in a timely manner. The original Attending Physician's Statement and the Temporary Disability Form (Attachment F) must be submitted to Health & Wellness.
  - b) All employees must cooperate in the investigation of the circumstances causing the injury or illness.
  - c) Employees will be placed on the appropriate leave status based upon the employee's current Collective Bargaining Agreement or Personnel Law.



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- d) Employees on disability leave who have a part-time job must report the name and address of the business, work days and hours, and current supervisor. A memorandum with this information must be sent, through the chain-of-command, to Health & Wellness upon being placed on disability leave. An employee on disability leave cannot work a part-time job without forfeiting their disability benefits.
  - e) Employees on disability leave are not expected to leave their residence during normal work hours without first obtaining approval by the Fire Chief (or designee), except for necessary medical services, legal hearing regarding the disability, or in the event of a family emergency. Failure to follow proper procedures may result in the employee being placed in the disciplinary process and having to use annual leave, and/or jeopardize the employee's disability leave status.
  - f) Employees whose condition may warrant disability leave in excess of two (2) weeks will be required to submit medical records for that condition after the 15<sup>th</sup> calendar day of leave. Records can be forwarded to Health & Wellness via fax or email. Burn center injuries are excluded from this requirement.
  - g) Upon request, employees will produce medical records for the condition that they are assigned to Health & Wellness within ten (10) business days.
2. Career/Civilian Supervisors
- a) Career/Civilian supervisors shall:
    - 1) Ensure that their employees understand their role in the IOJ process.
    - 2) Ensure the completion of the appropriate forms and sign the Workers' Compensation First Report of Injury ACCORD 4 (Attachment A) in "Preparer's Name & Title" block.
    - 3) Complete the Supervisor's Follow-up and Return to Work Notice, PGC Form 1383 (Attachment D).
    - 4) Submit additional narratives as necessary for further clarification of information pertinent to the injury or illness.
    - 5) Forward all forms, via chain-of-command, to Health & Wellness within seventy-two (72) hours or three (3) days of injury. Failure to submit documentation will result in time coding of accrued leave or absence without leave (AWOL).
    - 6) All work status changes to light or full duty must be reported to Health & Wellness.
3. Battalion Chiefs
- a) Battalion Chiefs shall:
    - 1) Ensure that employees and Sworn supervisors understand their role in the IOJ process.
    - 2) Review all claim forms for legibility and accuracy.
    - 3) Complete and sign the "Sub-Activity Review and Appraisal" section of the Supervisor's Accident Investigation & Report for Personal Injury form.
    - 4) Forward all forms to Health & Wellness within seventy-two (72) hours or three (3) calendar days of injury. Failure to submit documentation will result in time coding of accrued leave or absence without leave (AWOL).



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4. Assistant Fire Chiefs /Managers
  - a) Assistant Fire Chiefs /Managers shall ensure compliance within their area of responsibility.
  
5. Risk Manager
  - a) The Risk Manager, or designee, shall be responsible for:
    - 1) Review, accuracy, and timely submission of all IOJ reports to the appropriate agencies in accordance with the Department's rules and regulations.
    - 2) Ensuring all disability time reported in Telestaff or KRONOS has a current Attending Physician's Statement and Temporary Disability Form submitted to verify hours requested.
    - 3) Posting the OSHA Form 300A, Summary of Work-Related Injuries and Illnesses for the Prince George's County Fire/Emergency Medical Services (EMS) Department, in accordance with OSHA requirements.
  
6. Health & Wellness may forward the request for disability leave to a County-authorized physician or provider for an Independent Medical Evaluation (IME). Cases will also be subject to review by the County Medical Advisory Board. Personnel who are on disability leave for more than two (2) weeks will be required to submit medical records after the 15<sup>th</sup> calendar day of leave. Burn center injuries are excluded from this requirement. In addition, an employee who is non-operational for any duration of time may be subject to a medical examination. A County-authorized physician or provider will do the medical examination. Medical examination results will be forwarded to the County Medical Advisory Board (MAB) for determination of continued disability leave, full duty, light-duty status, or retirement.
  
7. Volunteer Members
  - a) Each volunteer member of the Department should review these procedures. It is the individual member's responsibility to ensure the completion and submission of all appropriate forms in a timely manner. The original Attending Physician's Statement and the Temporary Disability Form (Attachment F) must be submitted to Health & Wellness within seventy-two (72) hours or three (3) calendar days.
  - b) All members must cooperate in the investigation of the circumstances causing the injury or illness.
  - c) All volunteer members receiving temporary total disability benefits who have a full or part-time job must report the name and address of the business, work days and hours, and current supervisor. Members on disability leave would not be expected to be working full or part-time.
  
8. Volunteer Supervisors
  - a) Volunteer supervisors shall:
    - 1) Ensure that their members understand their role in the IOJ process.
    - 2) Ensure the completion of the appropriate forms and sign the Workers' Compensation First Report of Injury ACCORD 4 (Attachment B) in "Preparer's Name & Title" block.



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- 3) Complete the Supervisor's Accident Investigation & Report for Personal Injury, PGC Form 1384 (Attachment C).
  - 4) Complete the Supervisor's Follow-up and Return to Work Notice, PGC Form 1383 (Attachment D).
  - 5) Complete the Provident First Notice of Claim (Attachment G).
  - 6) Complete additional narratives as necessary for further clarification of information pertinent to the injury or illness.
  - 7) Forward all forms to Health & Wellness within seventy-two (72) hours or three (3) calendar days of injury.
9. Volunteer Chief and/or President
- a) The Volunteer Chief and/or President shall:
    - 1) Ensure that all members understand their role in the IOJ process.
    - 2) Review all claim forms for legibility and accuracy.
    - 3) Complete and sign the "Sub-Activity Review and Appraisal" section of the Supervisor's Accident Investigation & Report for Personal Injury Form (Attachment C).
    - 4) Ensure all forms are forwarded to Health & Wellness within seventy-two (72) hours or three (3) calendar days of injury.

### **I. Claim Distribution**

1. Career/Civilian Employees
  - a) One copy of each claim package will be kept in the Health & Wellness Office. The original claim package will be forwarded to the appropriate the County's Workers' Compensation third-party administrator.
  - b) Health & Wellness will complete the Disability Leave Form, PGC Form 2099, for all Sworn employees upon release to full or light duty status. Copies will be distributed to the third-party administrator, the Office of Finance, Payroll Division, and the sworn union employee's medical file.
  - c) The Medical Review Officer, County Clinic, completes and distributes the Disability Leave Form, PGC 2099, for all civilian and sworn employees not covered under a Collective bargaining Agreement.
2. Volunteer Members
  - a) One copy of each claim package is kept in Health & Wellness. The original claim will be forwarded to the appropriate Workers' Compensation carrier.
  - b) Volunteer member and his/her supervisor must complete the Provident First Notice of Claim (Attachment G).

### **J. Compliance**

1. Failure to follow this General Order may result in the denial of a claim, coding of accrued leave or absence without leave (AWOL) and/or disciplinary action. It is unlawful for any employee or member to make a false statement in connection with any





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of the matters covered by this General Order. If an employee or member makes a false statement in connection with any of the enumerated provisions, the employee or member shall be subject to disciplinary action up to and including immediate dismissal. A false statement in connection with any of the matters covered by this General Order shall amount to the falsification of County reports or documents under Section 16-193(c)(1)(A)(iv) of the Prince George's County Code.

### **REFERENCES**

N/A

### **FORMS / ATTACHMENTS**

Attachment A – Appropriate Workers' Compensation First Report of Injury or Illness, ACCORD 4 (Career)

Attachment B – Appropriate Workers' Compensation First Report of Injury or Illness, ACCORD 4 (Volunteer)

Attachment C – Supervisor's Accident Investigation and Report for Personal Injury, PGC Form 1384

Attachment D – Supervisor's Follow-up and Return to Work Notice, PGC Form 1383

Attachment E – Employee/Member's Statement of Injury or Illness

Attachment F – Attending Physician's Statement/Temporary Disability Form

Attachment G – Provident First Notice of Claim (VOLUNTEER ONLY)