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| ***REPLACE WITH YOUR MASTHEAD*** | | |
| **VFIS logo black JPG** | **SOG Title:** | |
| **SOG Number:** | |
| **Original Date:** | **Revision Date:** |
| **ABC Fire Department General Operating Guideline** | | |

**Return to Work**

***This is a sample of a standard operating guideline (SOG) on this topic. You should review the content, modify as appropriate for your organization, have it reviewed by your leadership team and if appropriate your legal counsel. Once adopted, make sure the SOG is communicated to members, implemented and performance monitored for effective implementation.***

**Policy:**

\_\_\_\_\_\_\_\_\_\_\_ believes people are the most important assets of our company. We are committed to assisting our injured/ill members/employees to return-to-work as soon as medically appropriate and to working with the medical community to help our injured/ill members/employees regain their livelihood.

**Purpose:**

The focus of our Return-to-Work (RTW) is to meet the needs of both \_\_\_\_\_\_\_\_\_\_\_ and our injured/ill members/employees by modifying the members/employees existing position and/or work schedule to meet the joint needs, expectations and capabilities.

**Procedure:**

The injured/ill members/employees must report all injuries to \_\_\_\_\_\_\_\_\_\_\_ on the same day of the incident. \_\_\_\_\_\_\_\_\_\_\_ will provide our injured/ill members/employees with information about our Return-to-Work/Transitional Duty Program and other materials that can be presented to the treating medical provider so that when medically needed, a temporary transitional duty assignment can be designed as soon as possible.

A medical release from the appropriate responsible medical provider must be submitted indicating the level of performance to which the injured/ill member/employee can perform.

The \_\_\_\_\_\_\_\_\_\_\_ may request to have an independent medical examiner (IME) evaluate the firefighter for a return to work/duty release for anyone who has been of work/duty for one (1) month due to a serious health issue, whether fire ground related or not. The IME’s evaluation report will be given to the fire chief and forwarded to \_\_\_\_\_\_\_\_\_\_\_ human resources prior to work/duty.

* If the member/employee has a permanent restriction or disability, then the \_\_\_\_\_\_\_\_\_\_\_ shall consider the American with Disabilities Act. Under the Act, questions that need answering are; can the member/employee perform essential emergency provider/responder tasks with reasonable accommodation?

***This is a sample guideline furnished to you by VFIS. Your organization should review this guideline and make the necessary modifications to meet your organization’s needs. The intent of this guideline is to assist you in reducing exposure to the risk of injury, harm or damage to personnel, property and the general public. For additional information on this topic, contact your VFIS Risk Control representative.***

**References:**