

DFD TEMPORARY RESTRICTED DUTY ASSIGNMENT

EMPLOYEE NAME	DATE OF INJURY	DATE RETURNED TO RESTRICTED DUTY
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This assignment is available ____/____/____ until ____/____/____ (date)

JOB AND PAY DATA

<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time – Shift / Days off	AGENCY / LOCATION
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SUPERVISOR	PHONE NUMBER
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DUTIES ASSIGNED PURSUANT TO PHYSICAL REQUIREMENTS

THESE JOB DUTIES DO NOT HAVE THE FOLLOWING PHYSICAL REQUIREMENTS

SUPERVISOR STATEMENT

I have designed this assignment based on the treating Medical Provider's stated physical restrictions

SUPERVISOR SIGNATURE	Date
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EMPLOYEE STATEMENT

I have read and understand the Medical Provider's stated physical restrictions. I have read and understand this Restricted Duty Assignment. I agree to work within the restrictions identified. If I have any questions or feel I am being asked to work beyond these restrictions, I will notify my supervisor immediately.

EMPLOYEE SIGNATURE	Date
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This form must be completed, signed and returned to the supervisor prior to commencement of the restricted duty work.

Copy to Fire Chief
Copy to Supervisor
Copy to Employee



Dalton Fire Department Medical Release for Work Form

This form is to be completed and signed by the Attending Medical Provider prior to being considered and/or approved for light or alternative duty or for Return to full duty. If you have any questions, please call 706-278-7363 ext.222.

Employee's/Patient's Name: _____

Section 1 – NFPA 1582 Essential Job Tasks:

- As the attending Medical Provider, please review the link below and evaluate the Employee's/Patient's ability to perform the NFPA 1582 Essential Job Tasks
- In addition, NFPA 1582 has direction and guidance about medical/physical conditions, treatments and medications that could restrict personnel from participating in emergency operations. Please review the link below for more information <https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=1582>
 - o Click (free access)
 - o Select latest edition
 - o Review Category A & B Definitions (3.3.14.1 & 3.3.14.2)
 - o Review Chapter 6 and Annex A Section 6 for related Category A & B conditions, treatments and medications
 - o If needed contact Dalton Fire Dept. to have a PDF of NFPA 1582 sent via email

NFPA 1582 14 Job Tasks: Medical Provider must verify Employee/Patient is medically cleared to perform all the 14 tasks

Able to

Perform task

Yes	No	
		While wearing personal protective ensembles and self-contained breathing apparatus (SCBA), performing firefighting tasks (e.g., hose-line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions, including working in extremely hot or cold environments for prolonged time periods
		Wearing an SCBA, which includes a demand valve-type positive-pressure face-piece or HEPA filter mask, which requires the ability to tolerate increased respiratory workloads
		Exposure to toxic fumes, irritants, particulates, biological (infectious) and non-biological hazards, and heated gases, despite the use of personal protective ensembles and SCBA
		Depending on the local jurisdiction, climbing six or more flights of stairs while wearing a fire protective ensemble, including SCBA, weighing at least 50 lb. (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 lb. (9 to 18 kg)
		Wearing a fire protective ensemble, including SCBA, that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C)
		While wearing personal protective ensembles and SCBA, searching, finding, and rescue-dragging or carrying victims ranging from newborns to adults weighing over 200 lb. (90 kg) to safety despite hazardous conditions and low visibility
		While wearing personal protective ensembles and SCBA, advancing water-filled hose-lines up to 2 1/2 in. (65 mm) in diameter from fire apparatus to occupancy [approximately 150 ft (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles
		While wearing personal protective ensembles and SCBA, climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces that might be wet or icy, and operating in proximity to electrical power lines or other hazards
		Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration
		Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose-lines and/or fixed protection systems (sprinklers)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Working in shifts, including during nighttime, that can extend beyond 12 hours (Dalton Fire works 24/48 hour schedules)

Dalton Fire Department may offer restricted duty for our employees that may not be able to return to work full duty as outlined in the defined job tasks above. Please indicate what restrictions you are giving our employee so we can determine their participation in our restricted duty program.

This portion of the form must be completed with every required Medical Providers visit

Section 2: Employee may return to work:

☐ Individual was physically seen in my office and may return to work: (select one option bellow and complete section 3)

☐ Without restrictions ☐ With restrictions:

Section 3: Restrictions:

<input type="checkbox"/> None	<input type="checkbox"/> NFPA 14 Job Task (See above)	Duration: _____
<input type="checkbox"/> None	<input type="checkbox"/> Standing/Walking	Duration: _____
<input type="checkbox"/> None	<input type="checkbox"/> Sitting	Duration: _____
<input type="checkbox"/> None	<input type="checkbox"/> Driving	Duration: _____
<input type="checkbox"/> None	<input type="checkbox"/> Lifting/Carrying	Duration: _____
<input type="checkbox"/> None	<input type="checkbox"/> OTHER (i.e. Behavioral)	Duration: _____

Medical Provider NOTES:

Section 4:

Medical Provider Name: _____ Date: ____/____/____

Medical Provider Signature: _____

This form must be completed, signed and returned to the supervisor prior to approval of the restricted assignment or return to full duty work.