



POLICIES AND PROCEDURES

MONTGOMERY COUNTY

DEPARTMENT OF FIRE AND RESCUE SERVICES

NO. 525

PAGE

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DATE

March 7, 1994

TITLE

CRITICAL ILLNESS/INJURY GUIDE

DIRECTOR APPROVAL

[Signature]

PURPOSE

- 1.0 To establish notification and related procedures for employees who suffer a critical illness/injury.

APPLICABILITY

- 2.0 All DFRS personnel.

- 2.1  This policy was developed in cooperation with the International Association of Firefighters, Local 1664.

DEFINITIONS

- 3.0 Critical Illness/Injury - An illness/injury sustained by an employee that requires hospitalization and/or an extensive recuperation period.
- 3.1 Family Liaison Officer - A DFRS officer (Captain or above) responsible for providing DFRS support to the family of an injured employee.
- 3.2 Injury Investigation Team - An element of DFRS responsible for collecting and reviewing data on critical illness/injury incidents, issuing final reports on cause and making recommendations for policy and procedure changes. The Team is comprised of the DFRS Safety Officer, on-duty EMS Officer, Bargaining Unit Member of the Health and Safety Committee, a Bureau Chief approved by the Director, and other personnel as deemed appropriate.

POLICY

- 4.0 The DFRS will make resources available to meet the needs of the next of kin of an employee who suffers a critical illness/injury.
- 4.1 The Director, First Deputy Chief, Bureau Chiefs, affected District Chief, Duty Chief, Senior Career Officer, President of Local 1664/Local 400 (when appropriate), Safety Officer, EMS Duty Officer, Department Chaplain, and Designee of the Corporation where the individual is assigned must be notified immediately when an employee suffers a critical illness/injury.
- 4.2 A DFRS Officer (Captain or above) will be assigned as the Family Liaison Officer to the family of an employee who suffers a critical illness/injury.



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- 4.3 The Duty Chief or designated Department Captain will notify the next of kin of employees suffering service connected critical injuries.
- 4.4 All employees must maintain an up-to-date Notification Form (See Attachment 6.0) with the Duty Chief's Office and their Senior Career Officer. This information must be readily available at all times. The form must be updated annually by the Senior Career Officer and forwarded to the Duty Chief's office.
- 4.5 The Injury Investigation Team must conduct an investigation whenever an employee suffers a service connected critical illness/injury.

PROCEDURE

Service Connected Injury

- 5.0 The Incident Commander/Supervisor must notify ECC immediately via telephone of a service connected critical illness/injury. Detailed information must be relayed as soon as possible.
- 5.1 The Shift Supervisor at ECC will make every effort to notify the following (by alpha-numeric pager or telephone) people within one hour of a critical illness/injury incident: the Director, First Deputy Chief, Bureau Chiefs, Duty Chief, Safety Officer, EMS Duty Officer, President of Local 1664/Local 400 (when appropriate), employee's District Chief and Senior Career Officer, Public Information Officer, Department Chaplain(s) and Corporate Designee.
- 5.2 The Duty Chief, or in his/her absence the injured employee's District Chief/Bureau Chief, must telephone the next of kin and advise them of the injured employee. When possible, the injured employee should call his/her family to allay fears and reduce the stress placed on the family.
- 5.3 The Duty Chief or designee will dispatch personnel to pick up the injured employee's (or employees' in the case of multiple injuries) next of kin for transport to the treating medical facility, when appropriate.



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- 5.4 The Duty Chief or designee (Captain or above), EMS Officer, and the appropriate Department Chaplain will report to the treating medical facility to gather information and coordinate assistance to the next of kin until the arrival of the employee's Bureau Chief.
- 5.5 The Safety Officer will assemble the Injury Investigation Team and initiate an investigation into the cause of the incident.
- 5.6 If the employee suffers a critical illness/injury, the employee's Bureau Chief will appoint a Family Liaison Officer.
- 5.7 The Family Liaison Officer will report to the hospital, meet the family, and coordinate, as necessary, the following assistance:
 - a. transportation to and from the medical facility for the next of kin during the employee's hospital stay;
 - b. babysitters for dependent children as needed;
 - c. meals for next of kin as needed;
 - d. other transportation needs;
 - e. quality of care assurance;
 - f. special transportation needs (e.g., during physical therapy, etc.);
 - g. household maintenance assistance (e.g., lawn mowing, etc.);
 - h. processing of insurance claims, Worker's Compensation, County Claims, etc.;
 - i. issuing status reports as required, via CAD and/or Information Bulletins.
- 5.8 The Family Liaison Officer and the Department Chaplain will ensure that follow-up counseling is provided to the injured employee on a continuing basis.

Non-Service Connected Injury

- 5.9 When advised of the non-service connected critical injury of a DFRS employee, personnel must notify the appropriate Scheduler immediately and complete a Personal Notice Form.



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- 5.10 The Scheduler must notify the employee's District Chief, Senior Career Officer and Duty Chief.
- 5.11 The Duty Chief will notify the Director, First Deputy Chief and Bureau Chiefs.
- 5.12 The appropriate Bureau Chief may appoint a Family Liaison Officer and notify the appropriate Department Chaplain.
- 5.13 The Family Liaison Officer must attempt to meet with the family or the family representative (clergy, attorney, etc.) within 1 hour of his or her appointment by the Bureau Chief and determine the level of Department involvement.
- 5.14 If the family requests Departmental assistance, the Family Liaison Officer will attempt to assist the family as indicated in Sections 5.8, a-i.

ATTACHMENTS

- 6.0 DFRS Notification Form.
- 6.1 DFRS Personal Event Notice Form.

DEPARTMENT OF FIRE AND RESCUE SERVICES
MONTGOMERY COUNTY, MARYLAND



NOTIFICATION FORM

EMPLOYEE NAME _____
(Last) (First) (M.I.)

BUREAU _____ DUTY ASSIGNMENT _____

SHIFT _____ RANK _____

NEXT OF KIN FOR NOTIFICATION PURPOSES

NAME _____ RELATIONSHIP TO EMPLOYEE _____

TELEPHONE NUMBER(S) HOME _____ WORK _____

ADDRESS _____

NAME _____ RELATIONSHIP TO EMPLOYEE _____

TELEPHONE NUMBER(S) HOME _____ WORK _____

ADDRESS _____

PERSONAL INFORMATION/SPECIAL REQUESTS

RELIGIOUS PREFERENCE _____

SPECIAL REQUESTS (Designated Clergy, House of Worship, Pallbearers Designated, etc.)



DEPARTMENT OF FIRE AND RESCUE SERVICES
MONTGOMERY COUNTY, MD.

PERSONAL EVENT NOTICE

TO: Director's Office Date: _____

FROM:

SUBJECT: Death Illness Birth Other

Full Name of Subject Person: _____

Relationship to Employee: _____

Employee/Member: _____ Station/Shift: _____

Home Address: _____

Home Phone: _____

If Illness: Hospitalized Yes No If Yes:

Hospital: _____ Room: _____ Phone: _____

If a Death: Funeral Home: _____

Arrangements: _____

Forward this notice upon learning of the individual's death. When arrangements are completed, fill out the arrangement block (highlighted) and send again.

Other Personal Event: Identify type, when, where, full names etc.

cc: EOB-12th Floor- Please Make Copies Checked
D.C. Fire Prevention D.C. Field Support D.C. Operations
District Chief
Senior Career Officer