

# EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT

## LINE OF DUTY INJURY PROTOCOL

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.

1. Treat the individual with appropriate medical care.
2. Notify dispatch (298-5282) of the incident and obtain an incident number. Respond a Sunstar unit if needed for transport.
3. Fill out a Pinellas County Patient Care Report (PCR).
4. Notify the District Chief. If there is a significant Exposure, the District Chief is to notify the Infection Control Officer, Chief Tom Jamison, Pager LK100 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 as appropriate). The physician can authorize the employee to return to work or remain off duty. The employee will follow up at the Lakeside Occupational Medical Clinic or other with another CorCare Network Physician for determination of "Maximum Medical Improvement" (MMI) or evaluation/treatment. The employee will provide an updated work status report for return to work or continued time off. ***Every effort will be made to accommodate modified duty restrictions as assigned by the medical provider.***

Our Worker's Compensation clinic is:

**Lakeside Occupational Medical Centers**  
**2323 Curlew Road, Suites 2A & 2B, Dunedin**  
**Monday – Friday, 0800 - 1700**  
**(727) 781-3480**

**After hours number: (727) 586-0047, voice mail box 39, or if no answer within 20 minutes: (727) 430-1423.**

It is located just west of the Home Depot shopping center on the south side of the road. If it is more geographically convenient for the employee, a CorCare Network Physician closer to the patient's home can be used for follow-up care.

Contact names and numbers for information on physicians and locations are:

Mari Jacobs (for time-off injuries): 1-800-237-6617 ext. 4022

Mariluz Matias (Medical Only): 1-800-237-6617 ext. 4020 Fax: 321-832-1448

For any Line-Of-Duty injury requiring the employee to be taken off shift for more than 4 hours or if the employee was on duty and driving a department vehicle which caused damage to another vehicle or property in excess of \$3,000, a **Urine Drug Screen** will be performed at Lakeside Occupational Medical Center within 24 hours of the event. If there is no reasonable suspicion of impairment the employee can continue working or return to work pending the test results.

6. Fill out the highlighted portions of the Worker's Comp form (DWC-1)
7. Fill out the East Lake Tarpon Special Fire Control District (ELTSFCD) Injury Report.
8. Fill out the ELTSFCD Infection Control Exposure report if applicable.
9. Fill out the ELTSFCD Accident/Damage report if applicable.
10. The District Chief or designee will contact the Worker's Compensation carrier to report the claim.

**The claim number is: 1-866-683-7710.**

They will ask for:

1. Employee name
  2. Social Security number
  3. Date and time of accident
  4. Employee home address
  5. Employee telephone number
  6. Employee occupation
  7. Employee date of birth
  8. Employee gender
  9. A description of the incident
  10. Employer address and phone number
  11. Federal I.D. number (23-7363939)
  12. Nature of business
  13. Date of hire
  14. Whether or not employee was paid for any time off
  15. The address employee reports to work
  16. The address of the accident
  17. Whether or not the employee has returned to work
  18. Employee's rate of pay
  19. Employee's work schedule
  20. The medical facility at which the employee was treated
11. The employee will bring the work status reports to the District Chief, and provide timely feedback on his or her work status. The District Chief or designee will notify the Worker's Compensation Provider of the employee's status. Contact names and numbers are:  
Amor Buenaflor (for time-off injuries): 1-800-237-6617 ext. 4034  
Jacque Harris (Medical Only) 1-800-237-6617 ext. 4057