

Milwaukee Fire Department Return to Work Program

The Milwaukee Fire Department Return to Work Program has three distinct goals.

- 1) Maintain an active relationship between the Department and its injured members.
- 2) Provide injured members with resources to enhance rehabilitation and physical fitness.
- 3) Improve services for the City of Milwaukee.

A Bureau Battalion Chief will be assigned to implement, supervise and maintain the Return to Work Program.

Members on injury leave are to report, in uniform, to the Bureau of Instruction and Training on their regularly scheduled work days from 0800-1700 hours.

Members will be notified in advance if they are to report directly to a location other than the BIT for a specific assignment.

Dr. Adlam will be available to consult with injured members and act as a department liaison to primary care physicians. Dr. Adlam and the primary care physician will identify and document physical limitations of the injured member relative to daily assignments.

Assigned activities may include the following:

- Assist with Survive Alive
- Drive a MED Unit
- Assist with Project FOCUS and smoke detector hotline installations
- Check functionality of fire hydrants
- Assist Inventory Control Assistant Daniel Schubring
- Staff MFD clothing store
- Drive shuttle vans to assist with transfer of firefighting personnel
- Perform public relations functions
- Assist with in-services
- Attend in-services and training cycles
- Complete EMT Distance Learning coursework
- Engage in physical fitness activities

Office of
Milwaukee Fire Department

T #2008 – 059

February 26, 2008

To: Department Personnel

RE: SICK LEAVE POLICY AND REQUIREMENTS

Members of the department are provided with sick leave benefits that begin after completion of six months of active service with the department. These benefits and their associated requirements are defined in the both the department rules (Rule 26.5, Sick Leave) and the collective bargaining agreement with Local 215. In an effort to minimize potential misuse of such benefits, the following policy will be implemented on a pilot basis beginning March 1, 2008. Data from this pilot program will be reviewed in six months by the Joint Labor / Management Governance Committee, prior to full implementation.

This progressive program identifies specific requirements for members based on their individual sick leave balances. It is based on the ratio of sick leave taken compared to sick leave earned. The corresponding percentage will be the determining factor for the requirements imposed on each member. Days taken for FMLA and extended leaves validated by medical certificates will be added back in prior to determining members' usage percentages.

The individual requirements will be based on a 20-40-60-80 formula. If a member is maintaining an adjusted sick leave balance of:

20% or less of days earned they will

- Be required to submit a medical certificate for each occurrence of sick leave.
- Receive a mandatory house check for each occurrence of sick leave.

21 – 40% of days earned they will

- Be required to submit a medical certificate for each occurrence of sick leave beyond one per calendar year.
- Receive a mandatory house check for each sick leave occurrence beyond one per calendar year.

41 – 60% of days earned they will

- Be required to submit a medical certificate for each occurrence of sick leave beyond two per calendar year.
- Receive a mandatory house check for each sick leave occurrence beyond two per calendar year.

61 – 80% of days earned they will

- Be required to submit a medical certificate for each occurrence of sick leave **beyond three** per calendar year.
- Receive a mandatory house check for each sick leave occurrence **beyond three** per calendar year.

If extenuating circumstances have negatively affected members' sick leave balances, members may submit F-105s detailing such information to the Assistant Chief for consideration.

Members will receive written notification when their sick leave balances place them in any of the above classifications requiring a medical certificate and mandatory house check.

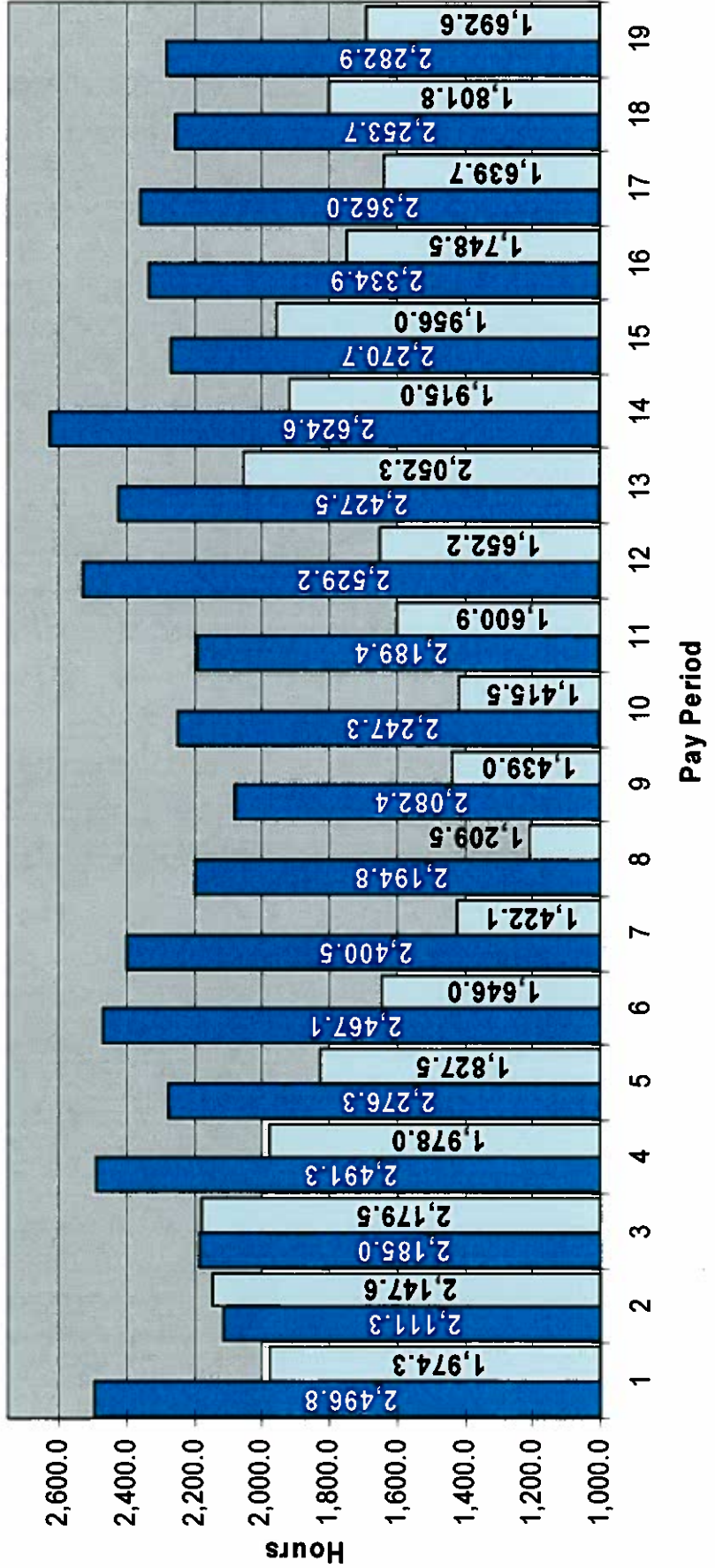
BRIAN GLASSEL
Assistant Chief

BG/GM/jb

REMOVE AND DISCARD UPON DIRECTIVE OF THE ASSISTANT CHIEF

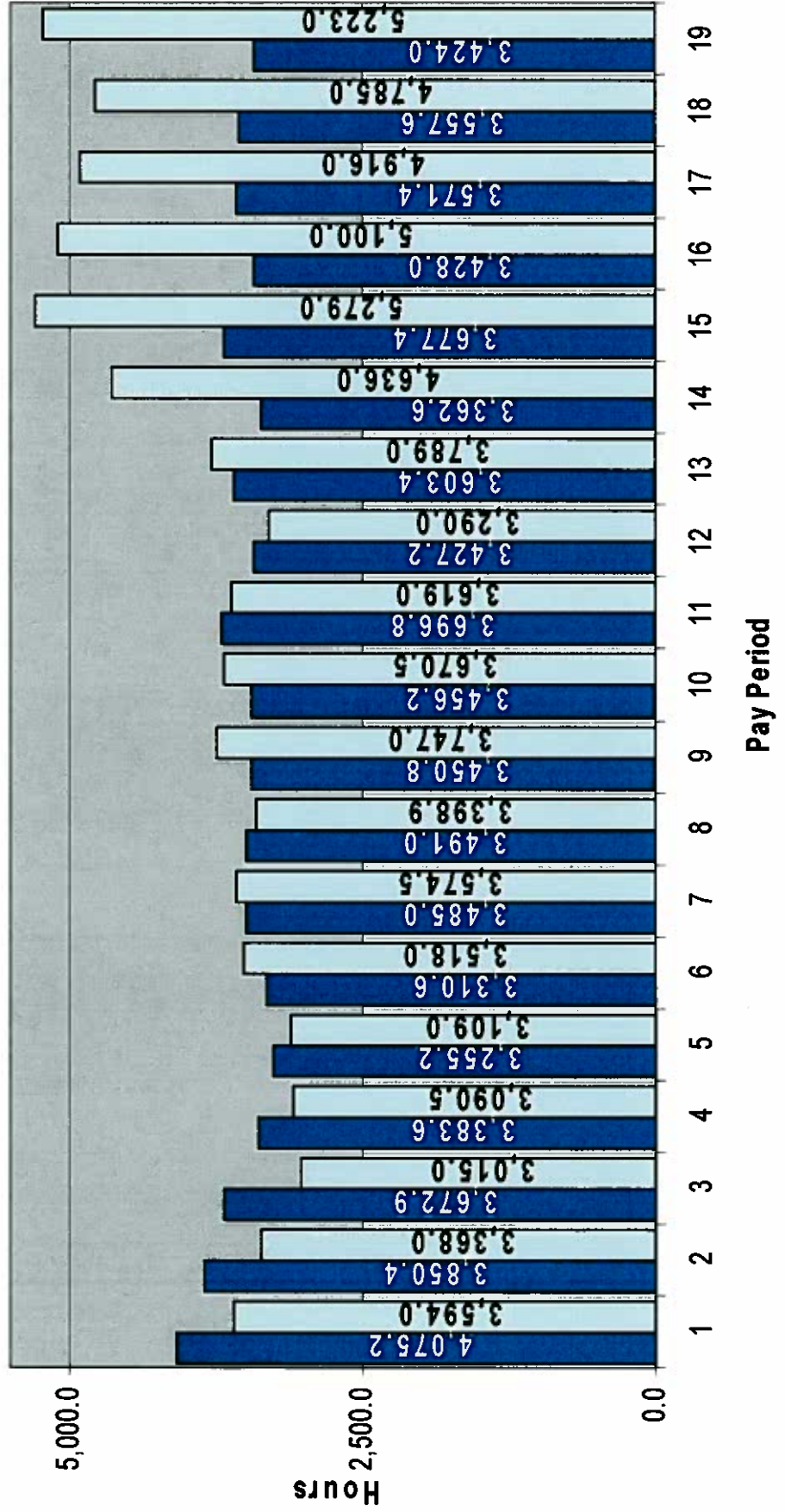
MILWAUKEE FIRE DEPARTMENT SICK LEAVE COMPARISON (PP1-19, 2003-2008)

■ Previous 5-Yr Avg □ 2008



MILWAUKEE FIRE DEPARTMENT INJURY LEAVE COMPARISON (PP1-19, 2003-2008)

■ Previous 5-Yr Avg □ 2008



Identification of Emergent and Non-Emergent Injuries

Statistics are an essential tool used to identify trends and sources of injuries and diseases. They provide information that helps an organization determine what control measures work and what needs to be revised. Statistics can also be ineffective or detrimental when they do not accurately represent an organizational environment. The responsibility lies upon the organization themselves to ensure that they are properly represented in all statistical information used to describe past, present, or future states or conditions.

There are a number of ways that injuries can be categorized to effectively acquire information and we will use a variety of methods in order to access the right information to better protect our members. One of the main methods that will always be used is to differentiate injuries between emergent and non-emergent injuries. This is important to understand because of the differing variables that may exist between the two environments. Injuries must be looked at differently for someone who steps off of a rig on the fire ground versus in the firehouse. During an event not all variables can be controlled where as in the firehouse we have more control over the hazards that our members can be exposed to. This is also the reason why we do not use the term preventable versus non preventable injuries, because one injury may be deemed preventable, but because it occurs in a separate location, it may not be categorized the same. So in order to eliminate the confusion emergent and non-emergent are utilized.

Emergent Injuries: Any injury that occurs once the rig leaves the firehouse going to an event until the members are boarding the rig to leave the event.

Non-Emergent injuries: Any injury that occurs outside of the parameters of an emergent event. This can include, but not limited to: firehouse activities (including responding to a run in the firehouse), training, exercising, outdoor activities, riding in the rigs (except on the way to an event), working on the rigs, stepping on and off rigs (except during an event).

Information going to Cheryl should be broken up in this manner so that body parts injured would differentiate between emergent and non-emergent.

Non-emergent injuries should be categorized in the following: Rig activity, Slips trips falls (STF), Exercise, Cooking, Strains, Crushing & Lacerations, Exposure, MISC, & training

-Injuries that occur that are connected with rig would fall under rig activity, this can include falling off of a rig

-Injuries that result from a STF (excluding injuries connected with a rig) fall under this category

-Injuries connected with strains that did not come from rig activity, exercise, or an STF would fall under the Strain category

-Injuries that occurred during physical fitness activities of any kind would fall under this category

-Injuries that occurred in the kitchen during prep, cooking serving. Can be a burn, laceration, puncture or more would fall under cooking

-Crushing & Lacerations as it sounds as long as it did not occur during one of the above mentioned activities

-Exposure can include both communicable, and environmental exposures like concrete and dust

-MISC is for any injury that did not fall under one of the above mentioned categories

-Any injury that occurs during training activities should fall under that category

Emergent Injuries Should be categorized in the following: Slips trips falls (STF), Rigs, Burns, Fire Strain, EMS Strain, Exposure, MISC

-Any Injury that was connected with an STF during an emergent event would fall under that category, unless a rig was involved, or it led to an EMS Strain

-Any injury that occurred where a rig was involved during an emergent event

-Any injury that led to a burn should fall under the burns category

-Any strains that were suffered during fire fighting activities, that exclude STF and rig activities

-Any strain that was experienced during an EMS run or a rescue

-Any form of exposure experienced during an emergent event

-MISC injuries are anything not covered in the categories above

- On the title of the reports differentiate between the emergent and non-emergent MFD injuries.
- Keep the following columns: In quarters, out of quarters, Time of day
- Create a column for action taken that will show the control measures taken
- Place an LT under the injury category box instead of an x if the injury had lost time
- On the bottom rows used for totals have four rows: Two for current and year to date total for injuries in that category and two for current and year to date categories for lost time in that category