



# Town of Mashpee

Fire & Rescue Department

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TO: All Department Personnel  
FROM: George W. Baker, Fire Chief  
DATE: July 8, 2008  
RE: General Administrative Guideline 91:02 (Revised)

## PERSONNEL SAFETY AND INJURY REPORTING

- I. Purpose and Scope: The purpose of this Guideline is to formally adopt a program for personal injury prevention and reporting. Included is a policy under which individuals must report injuries. The goal to be attained with this guideline is to decrease the occurrence of personal injuries within this Department and to gather statistical data which may serve as a guide for future improvements of safety practices.
- II. Injury Prevention: The following procedures will be considered as standard Department policy for the prevention and/or reporting of on-the-job injuries.
  - A. Vehicle Operation: All personnel riding Fire Department vehicles must be seated and belted while the vehicle(s) is in motion.
    1. All rescues, breakers, engines and tankers will utilize a back-up man when moving in "reverse", or when maneuvering into or out of "tight" areas. If no back-up man is available, the driver-operator will get out of the vehicle and walk completely around same in order to ensure that no obstructions to backing/moving are present.
    2. All "large" apparatus (engines, breakers, tankers, etc.) have been equipped with wheel chocks. Vehicles so equipped will have the rear (drive) wheels chocked front and rear anytime said vehicle(s) is parked outside, regardless of whether the motor is running. All vehicles shall be parked with the parking brake applied, after coming to a complete stop and shall be released prior to attempting to drive off.

- B. Emergency Response: Full protective clothing will be worn by all members of this Department when responding on fire apparatus. Members responding in rescue, support or command vehicles may, at the officers' discretion, wait until arrival at the incident prior to donning proper protective clothing, but shall have it with them at all times. Drivers of apparatus may dispense with wearing turnout coats and pants enroute to and returning from emergencies, however same must be carried on the apparatus and donned immediately upon arrival at the scene.
1. Emergency Operations: Protective Clothing shall be worn in accordance with G.O.G. #89.06
  2. Brush/Wildland Fire Response: When responding to or returning from brushfire incidents with Breaker apparatus, this vehicle(s) will respond in tandem with a utility/support vehicle (i.e. 357 or 370) as required to carry additional members other than the driver and officer. Under no circumstances will members ride on top of brushbreakers when responding to or returning from incidents. General Operational Guideline # 90:01 (Emergency Response Procedure) is hereby modified to reflect this change in policy.
- C. Infectious Disease Protection: Proper protective barriers will be worn by Department members when dealing with medical patients. Surgical gloves will be worn when examining all patients. Goggles, gowns, etc., will be worn whenever the possibility exists that members may be exposed to body fluids.
- D. Training and Non-Emergency Duties: As a minimum, helmets and gloves will be worn when engaged in "hands on" training with hose lines, ladders, ropes, tools and appliances, etc. Gloves should be worn during any other situation where injuries to the hands are likely to occur.
1. Hearing protection will be worn in all cases when the noise level is above 85 decibels (i.e. Operating chain saws, Hurst tools, lawn mowers, etc.). When testing audible warning devices (sirens and air horns), the vehicle(s) will be moved outside of the station.

III. Injury Reporting: In order to protect both the member(s) and the Department, the steps listed below must be followed after the occurrence of any injury.

A. Upon being injured, members of this Department will:

1. Immediately notify their supervisor.
2. Be examined by the on-duty Paramedic or EMT. Following this examination, the appropriate information will be recorded on a "S.A.R.F." form.
3. If medical treatment is required, a record of the visit and doctor's permission to return to full duty must be obtained prior to leaving the hospital, clinic or doctor's office.
4. Complete an "Unprotected Exposure Trip Form" prior to leaving the hospital, if necessary. These forms are to be maintained in the ambulances for use by department personnel. One copy of said form will be forwarded to the Department's Infection Control Officer, and one left at the hospital for follow-up.
5. Make a proper entry into the Station Log giving name, time and nature of injury.
6. Fill in the Firefighter Casualty report *in firepoint*, as part of the incident that caused the injury, or if the injury was not a result of an incident, the injury itself now is assigned the incident number, and reports filled out accordingly. Complete a Barnstable County Retirement System "Notice of Injury Report",
7. **Complete a Cabot Risk Strategies, LLC policy holders report.**
8. All forms can be found on the shelf above the printer in the "Work Room" on the 2<sup>nd</sup> floor, and shall be forwarded to the duty officer upon completion of initial treatment.
9. These reports and any records of any follow-up medical visits must be forwarded to the Deputy Fire Chief within 24 hours of said visit. **Early facilitation of this paperwork provides for a quicker payment to your treating doctors and facilities**
11. Cooperate in the investigation of the circumstances causing personal injury as initiated by the Department and/or Safety Officer.

B. The Duty Officer shall:

1. Review all forms for content.
2. In the event that the injured firefighter is unable to complete the forms immediately, the duty officer must complete them for him/her.
3. Forward all forms and reports to the Deputy Fire Chief within 24 hours of the occurrence of said injury.
4. Notify the Chief and Deputy Chief by alpha numeric pager, including the status of the firefighter ( is he/she able to work or is he/she relieved of duty)

C. The Fire Department Secretary will:

1. Receive the Barnstable county Notice of Injury Report and Claim form, from the deputy fire chief.
2. Forward, in a timely manor, a copy of the Notice of Injury form to:
  - a. The Barnstable County Retirement System.
  - b. Board of Selectmen's Office.
  - c. Injured Member's Injury File

IV. Compliance: Failure to comply with the above guidelines and **procedures has resulted in the delayed payments to your providers** and may result in denial and/or loss of benefits.

V. Attachments:

- A. Notice of Injury report; Barnstable County Retirement System.
- B. Massachusetts Department of Public Health: " Unprotected Exposure Trip Form".
- C. *Cabot Risk Strategies Claim form*

VI. Firefighter Casualty Report Form ( this is to be completed in the computer as part of the incident report, Make sure that on Line "I" of the incident report in the computer, you have entered in the number of casualties for firefighters)

VII. Effective This Date : July 8,2008

By order of:

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George W. Baker, Fire Chief