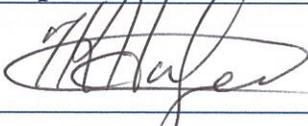
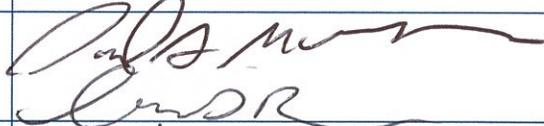
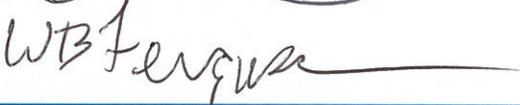


	Standard Operating Guideline: PERSON 5	
	Subject:	On Duty Injury or Illness
	Effective Date:	November 1, 2012
	Revision Date:	September 16, 2014; May 17, 2017
	Approval:	
	EMS Representative:	
	Fire Representative:	
	Career Representative:	
Director:		

PURPOSE: To insure the proper handling of all employee (Volunteer and Career) injuries and that there is proper documentation submitted and in a timely manner.

I. POLICY:

- A. Every member of the Franklin County Department of Public Safety (Volunteer and Career) shall report an injury or illness immediately to the following personnel: District Chief or Captain AND the on duty career Captain.
- B. This shall be done regardless of how minor in nature the injury or illness may appear.
- C. The Agency Chief/Captain shall provide the proper reporting paperwork to the injured member immediately.
- D. The Agency Chief/Captain shall ensure that all paperwork is completed and is submitted properly.
- E. The Agency Chief/Captain or the on duty career Captain shall make a determination, at the time of the injury or illness, where to refer the injured provider for treatment.
- F. Depending on the severity of the injury or illness, the member will be directed to either a local hospital or a local urgent care center for treatment.
- G. The on duty career Captain shall notify the Director or designee, and the administrative office manager within 24 hours of the incident. This can be done via text, email, phone or in person.

- H. The injured member shall notify the Public Safety Administration Office manager the next business day. Failure to make this notification within 48 hours of the occurrence may result in forfeiture of insurance coverage.
- I. If the member is unable to do this due to the injury or illness it shall be done by the District Chief or Captain.
- J. Career staff shall also report the injury to Phyllis Scott in the Finance Department at 540-483-6624 ASAP.
- K. Failure to abide by this SOG may result in forfeiture of insurance coverage for the injury or illness sustained by the member.
- L. If injured or ill personnel refuse treatment or transport from scene, a refusal shall be obtained and documentation completed in the current PCR system.



Franklin County Panel of Physicians

The following physicians have been selected to treat Public Safety employees who suffer work-related injuries or illness. If an employee chooses to be treated by a physician other than those listed below, he/she may be responsible for payment of the treatment.

- Carilion Franklin Memorial Hospital**
- Carilion Roanoke Memorial Hospital**
- Velocity Urgent Care-Westlake**
- Medical Treatment is not desired at this time**
I understand this does not preclude treatment in the future for this injury.

Employee Certification

I have been offered the physician panel for treatment of my work-related injury or illness. If I desire treatment at the present time or in the future, I have selected the physician indicated above.

Employee's Name (Print) _____

Employee's Signature _____

Date _____

The above signature indicates that the claimant received a copy of this form.

On Duty Career Captain
Signature _____

Date _____

This form must be turned in with the injury report to the administrative office manager.