ALTERNATE DUTY ASSIGNMENTS CAN REDUCE HOURS LOST TO WORKERS' COMPENSATION AND MEDICAL LEAVE

EXECUTIVE DEVELOPMENT

BY: Richard J. Mikel
Naperville Fire Department
Naperville, Illinois

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Abstract

As the Naperville Fire Department continued to grow, so too did the number of work hours lost to workers' compensation and medical leave. Employees who were not able to perform the essential functions of their job due to temporary medical restrictions were forced to remain away from any type of work until their recovery was complete.

The problem was that Naperville had no policy in place to allow for alternate duty work assignments.

This research project used Action Research methodology to determine what other employers have done to address workers with temporary medical restrictions, and to answer the following research questions: What guidelines have been established to either support or restrict the formulation of an alternate duty policy? What contribution has the private sector made to the study of alternate duty work assignments? What alternate duty policies do other fire service organizations have in place and how are they working? Could an alternate duty policy assist in reducing the number of hours and subsequent dollars lost to workers' compensation and medical leave?

A review of pertinent literature was conducted and a survey was conducted involving departments similar or larger in size than Naperville.

Both the literature review and the survey supported the use of alternate duty work assignments. In response to this reported success, a draft policy was developed for the Naperville Fire Department and will be implemented on a trial basis. Results from the trial use of

this policy will determine what type of permanent action Naperville will take regarding alternate duty work assignments.

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Introduction

The Naperville Fire Department had long recognized and appreciated the talents and contributions put forth by it's members. Unfortunately, illnesses and injuries regularly prevented members from being able to perform all of the duties associated with their job.

When a temporarily disabling illness or injury would place medical restrictions on employees, they were not allowed to work in any capacity for the Naperville Fire Department. These employees were kept off duty and were not able to contribute any of their knowledge or experience to the organization.

The problem was that Naperville had no program in place to allow members to continue working in an alternate duty capacity when they were not able to perform all of their essential job functions. Unfortunately, as the department continued to grow, so too did the number of hours lost to injuries and illnesses.

The purpose of this research project was to develop an alternate duty policy for the Naperville Fire Department. This policy would allow members with temporary medical restrictions to continue to work in a productive, alternate capacity for the department.

The terms "alternate duty", "light duty", "alternative duty", and "limited duty" will be used interchangeably throughout this writing, depending on the source being cited. They shall all be interpreted to mean a temporary assignment that varies from the normal work assignment due to medical restrictions that have been placed upon the employee.

Action research methodology was used to complete this project and answer the following research questions:

1. What guidelines have been established to either support or restrict the formulation of an alternate duty policy?
2. What contribution has the private sector made to the study of alternate duty work assignments?
3. What alternate duty policies do other fire service organizations have in place and how are they working?
4. Could an alternate duty policy assist in reducing the number of hours and subsequent dollars lost to workers' compensation and medical leave?

Background and Significance

As the Naperville Fire Department continued to grow, so too had the number of work hours lost to illness and injuries. Of those lost work hours, many had been attributed to the long term recoveries associated with more serious injuries or illnesses. Many hours had also been lost to female employees that were restricted from suppression duties during pregnancy, at the discretion of their physician.

Any employee that had been injured in a duty related incident and subsequently was not able to perform all of the Essential Functions of the job remained away from work until they

were completely healed. These employees collected 100% of their regular salary. Most of the salary was paid by workers' compensation, with the remainder being paid by the city. Injured employees could remain in this "Workers' Comp." capacity for up to twelve months, after which time they would need to make application to the Firefighter's Pension Board for temporary disability benefits.

Employees that were injured while off-duty, and those employees with non-duty related medical restrictions, needed to use accrued sick leave and other benefit time to cover their absence. In the event that the employee did not have enough benefit time to cover their absence, an established city policy would enable the employee to borrow additional sick leave. This borrowed sick leave would then need to be paid back from future accruals.

While injured or ill employees were absent from duty, the shift vacancies created by their absence needed to be filled in order to maintain minimum staffing levels established by the department. It was sometimes possible to fill these vacancies by detailing members from other stations to the affected company. However, the vacancy was quite often filled by another member working in an overtime capacity.

These pregnant, injured or ill members of the fire department often remained away from work for extended periods of time because Naperville had no provision to allow them to work in an alternate duty assignment. Because of this, the department was not able to benefit from the talents and services of these employees for the entire duration of their absence.

While the department was in fact left without the valuable contributions of these members, the employees themselves suffered also. During their convalescence, employees were no longer

able to make useful contributions to their chosen career. Often times, they lost touch with organizational happenings, making it that much more difficult for them to become current when they did return to work.

From the financial standpoint, personnel were being paid to stay away from work and serve in no productive capacity for the department. Not only were these employees being paid to stay away from work, but the personnel that worked as their replacements on shift were also being paid, quite often at an overtime rate, to fill their vacancy. The department in fact was paying two and one half times the daily salary for a single day's work, for extended periods of time, on a regular basis.

The following table identifies the total hours lost to workers' compensation, hours lost to sick leave, and the total overtime hours paid for Fiscal Year 1994 through the present.

Fiscal Year	Workers' Comp. Hours	Sick Hours	OT hours Paid
1994	6,074	13,305	11,992
1995	6,664	13,419	10,655
1996	6,411	15,903	16,955
1997 Year to Date	7,604	12,607	10,624

(FY 1997 Year to Date figures represent 69% of the budget year completed)

The seriousness of this problem manifested in Fiscal Year 1996. On March 7, 1997, a memorandum was issued by Alan R. Rohlfs, Chief of the Naperville Fire Department, indicating that the budget accounts for overtime pay had been "devastated". The

approved budget for overtime had been $215,670. Another $181,000 had been transferred into the overtime account from other department accounts, with an additional $40,000 in budget transfers necessary to meet the overtime needs of the department. The seriousness of the situation resulted in all overtime being curtailed except for minimum staffing, recruit training, EMS Continuing Education and previously scheduled Public Education programs. In addition to the overtime restrictions, the Fire Chief also ordered a reduction in spending from all department accounts, to be coordinated by the Assistant Chief of Management Services.

Department efforts to reduce the number and severity of work-related injuries were intensified. One part of this effort was the investigation of all duty related injuries and the publication of all non-confidential injury information to educate other employees as to what injuries were occurring and how they could be prevented in the future. A specialist was hired by the department to present back injury prevention training to all supervisory personnel in a train-the-trainer format. The department enrolled into a monthly subscription for safety posters at all of the fire stations to assist in increasing employee safety awareness. Finally, statistics regarding injuries, illnesses, overtime and workers' compensation costs were published more frequently to increase employee awareness of the problems that existed. Chief Rohlfs indicated that it was his goal to reduce workers' compensation costs by 40% for Fiscal Year 1998.

In addition to other efforts that were already in place, the development and implementation of an alternate duty policy could assist in achieving this goal, and give members the opportunity to continue to work in a productive, contributing capacity while they are on maternity, medical or workers' compensation leave.

This project is directly related to the National Fire Academy's Executive Development course. A significant organizational problem was identified and defined, a realistic goal was established, the situation was analyzed, strategies and objectives were defined and an action plan was formulated. This was all in keeping with the Systematic Approach to Problem-Solving identified in Unit 4 of the Executive Development course.

Literature Review

Victor (1997) indicated that workers' compensation costs have stabilized and even fallen for the country since the costs soared in the late 1980s and early 1990s. National Fire Protection Association records indicate that in 1996, the most current year available, fire fighter injuries were at the lowest annual total since 1977-78 (Karter, LeBlanc, 1997). Unfortunately this had not been the case for the Naperville Fire Department. At the time of this writing in fiscal year 1997, the Naperville Fire Department had already lost 7,604 hours to workers' compensation injuries, the highest number of hours in recent years.

As one means to address the continually rising cost associated with workers' compensation and non-work related medical absences, Naperville considered the development of an alternate duty policy. Members that could work in an alternate duty capacity would receive their salary from the operating budget of the fire department, thereby reducing the draw from workers' compensation. One key consideration is that members working in an alternate duty capacity also continue to provide service to the department while they draw their salary. This, as

opposed to the current situation in which members are not allowed to continue working if they have any medical restrictions.

One of the first considerations for the development of any type of policy dealing with injured or medically incapacitated people needed to be compliance with the Americans with Disabilities Act (ADA). This federal law protects people with disabilities from being discriminated against for purposes of employment.

The Equal Employment Opportunity Commission, the Department of Labor, the Department of Justice and other Federal agencies work together to enforce the requirements of the ADA (Equal Employment Opportunity Commission [EEOC], 1992).

One question that was raised almost immediately, was to whom exactly does the ADA pertain? "Under the ADA an individual with a disability is a person who has: a physical or mental impairment that substantially limits one or more major life activities; a record of such impairment; or is regarded as having such impairment" (EEOC, 1992).

The ADA specifically states: "Temporary non-chronic impairments of short duration, with little or no long term or permanent impact are usually not disabilities. Such impairments may include, but are not limited to, broken limbs, sprained joints, concussions, appendicitis and influenza" (29 C.F.R. 1630.2 (j)).

The EEOC (1992) reiterates this limitation of the act in their technical assistance manual where it is stated that "Temporary, non-chronic impairments that do not last for a long time and that have little or no long term impact usually are not disabilities" (p. II-5).

The EEOC (1992) acknowledges that many employers have created light duty positions within their organizations in response to medical restrictions that have been placed on their workers. This in fact is not required under the ADA unless the “heavy duty” tasks that can no longer be performed by the employee are marginal functions of the job that can be re-distributed among other workers as part of a reasonable accommodation of job structuring.

The development of an alternate duty program can assist in reducing “...workers’ compensation syndrome-becoming comfortable staying home and collecting a check" (Seyfarth, Shaw, Fairweather, and Grealdson, 1996, p. 260).

Again, compliance with federal law needed to be the primary concern, while compliance with state law followed as a close second. To clearly establish a hierarchy should any conflict exist, the requirements of the ADA supersede any state’s workers’ compensation laws (EEOC, 1992).

According to Illinois Workers’ Compensation law:

> Temporary Total Disability ends when the employee is released by the treating physician to return to full work activity. The employer’s obligation to pay T.T.D. benefits then ceases, even if the employee, for whatever reason, does not return to work at that time (O’Brien, Donnelly, and Portela, 1995, p.40).

In keeping with this, Temporary Total Disability payments also stop when an employee is released to an alternate duty program, provided such a program exists in the organization (O’Brien, et al. 1995).

O'Brien, et al. (1995) caution that a release to "light duty" without a detailed explanation of the worker's medical restrictions is not sufficient to make a modified work assignment. Explicit details relevant to each individual's specific physical limitations must be included before an appropriate "light duty" assignment can be made.

The National Fire Protection (NFPA) refers to "alternative duty" or "limited duty" assignments in two separate standards. While the references are both brief, NFPA 1500 (1992) identified that returning a member affected by an occupational illness or injury to active duty or limited duty where possible, should be an ongoing objective for the fire department. NFPA 1582 (1992) encourages the fire department physician to consider an alternate duty assignment, that would allow a fire fighter to gradually return to full duty, when conducting a Return-to-Duty Medical Evaluation.

It is indicated that as the work force ages, so too will the costs associated with workers' compensation. While there is little change in the number of workplace injuries associated with workers over the age of 35, the severity of the injuries experienced by these older workers increases significantly. Workers aged 45-64 use almost twice as many days away from work as do average workers. This has been attributed to the severity of the injuries experienced, rather than to longer healing periods for less severe injuries as one might have expected (Mooney, 1997).

Alternate duty programs have met with success in the private sector. Schnider and Faga (1996) report that Schlage Lock, a subsidiary of the Ingersoll-Rand Company decreased their number of lost work days by 60%, decreased claims involving lost work time by 50% and

saved more that $1.7 million through a conscious effort of claims management. The cornerstone of the effort was identified as the Temporary Alternate Duty (TAD) program. The principal goal of the program was to return injured employees back to regular, meaningful work as quickly and safely as possible. Although the TAD program was identified as the cornerstone of the effort, the root causes of injuries must still be addressed and prevented if possible through ongoing safety programs.

A Minneapolis based company named RTW, which stands for Return To Work, has been identified as one of the best small companies in the United States. Started by a gentleman named David Prosser in the mid 1980's, RTW monitors workers' compensation programs for 1500 companies in a four state area. The main objective of RTW is to get people back to work. If workers are not able to return to their full duties, the company assists in finding modified work assignments that get people back into their "old, steady routine," which has been identified as an important step in the healing process. Over a four year period, RTW saved employers an average of 50% on workers' compensation insurance. RTW has seen tremendous growth since it's beginning and has averaged an annual 45% return on equity. The company ranked number 11 on the Forbes Magazine 200 Best Small Companies list (Munk, 1996).

When a worker returns from a work related injury, all parties involved benefit. Employers save on lost wages and work place disruption, while employees return to a productive status with the added psychological boost that comes from being valued. In general, society benefits from these same elements and from avoiding the waste associated with the mismanagement of injuries. Statistics have also shown that the longer an employee stays out of work, the less likely

it is that employee will ever return. For example, only 50% of the people that remain out of work for five months will return to work (Jacobs, 1997).

The Melville Corporation is a specialty retailer that operates stores in a variety of household type applications. They have cut their workers' compensation expenses by more than 50% and improved their employee morale in part by instituting a claims management system. Included in this system are "light duty" jobs in both retail and distribution centers. These light duty jobs help improve productivity in each unit of the company and also get injured employees back to work earlier than they ever expected. In the past, employees that were off work due to an injury were thought to be slackers. This negative perception created morale problems for both the injured employees and those still working. Now, these recovering employees play a vital part in the organization by continuing to work in a light duty capacity. This positive morale boost, coupled with an aggressive new safety program, led Melville to a remarkable one million hours without a lost-time accident (Mital, 1996).

The increased use of early intervention and return-to-work techniques have proven to be an effective means to reducing lost work days in the general workplace. In order to make these methods effective, workers first need to become educated that these programs exist (Mooney, 1997).

It is imperative that employers educate employees about their benefits when they are injured and keep in touch with them following the job related injury. If the employer does not contact the employee, someone else is likely to, and that someone else may just be a lawyer that the employer will then need to deal with (Katz, 1995).

It has been found that employees who have communication from their employer before, during, and after a work related injury, recover faster, litigate less, and actually reduce workers' compensation costs. Sixty-seven percent of employees who received pre-injury communication reported that they were treated fairly by their employer, while only 39% of the employees who had no communication from their employer had the same feeling. Thirteen percent of employees who felt satisfaction with their employer pursued litigation as compared to 37% of dissatisfied employees. This evidence, collected in an "Injured Worker Study" conducted by the Gallup Organization, suggests that loosing touch with the "human element" of management can prove to be costly for the employer (Daniels, 1997).

Lonkevich (1996) reported on a study of the workers' compensation system in Illinois, which has not seen significant change in 20 years. The report gave failing grades to two of the four duties of the system. Those two failing grades were in ensuring compliance with laws that protect the rights of employees and employers, and in maintaining adequate statistics on claims, timeliness of initial payment and denials.

Another major finding of the study was that the Illinois Industrial Commission resources have not kept pace with the increased caseload or with general inflation. The study indicated that the Industrial Commission does little to educate either employers or employees and seldom intervened to prevent disputes. Because written permanent partial disability standards do not exist, both employers and employees rely on attorneys and published appeal decisions to determine the value of benefits.

This system encourages excessive attorney involvement and places little emphasis on medical cost containment. It seems to be designed for the benefit of the attorneys involved, and not for the good of the order. The Illinois system undermines efforts to control costs and has one of the highest rates of attorney involvement in the country. The cost to treat an injured employee in Illinois is 80% higher than the treatment of a similar injury or illness that is not related to employment.

Permanent and total disability benefits in Illinois tend to be more generous than in other states. For example, in Indiana, a worker who earns $600 per week will receive a weekly benefit of $400 per week. If that worker lives and collects benefits for an additional 40 years, he/she will collect a total of $832,000. A worker in Illinois who also earns $600 per week, will collect that same $400 benefit for the first year of his disability. However, these benefits will increase annually. If the worker from Illinois also lives and collects for an additional 40 years, he/she is likely to receive more than $2.5 million in benefits. Besides the Illinois workers' compensation system paying out these increased benefits, Illinois also awards five times the amount of permanent and total disability benefits to workers than Indiana does (Lattanzio, 1997).

Procedures

Action research methodology was utilized to address the problem identified at the Naperville Fire Department. The problem of not having a program in place to utilize employees that were temporarily unable to perform all of their essential job functions was not unique to Naperville. Many other employers in both the public and private sector have experienced the same dilemma.

Established federal and state guidelines were studied to determine what restrictions, if any, were in place to limit the implementation of an alternate duty program. Alternate duty or light duty programs that were launched in the private sector were reviewed to determine what effect they had following their implementation.

A survey was conducted to determine what was being done in the American Fire Service to address the problem of employees that were not able to complete all of their essential job functions. It was distributed to all of the fire departments in the United States that employ more than one hundred people and/or protect a population greater than 100,000. These criteria were selected to reflect fire departments similar, or larger in size than the Naperville Fire Department. As of January 1998, the Naperville Fire Department employed 172 personnel and protected over 131,000 people.

To determine how many such fire departments existed and how to contact each of them, the National Directory of Fire Chiefs and Emergency Departments (National Public Safety Information Bureau, [NPSIB], 1997) was consulted. Subsequently, a mailing list was purchased

from the NPSIB that enabled the group mailing to all 280 departments that met the established criteria.

A total of 172 completed surveys were returned, with one additional being returned as “addressee unknown." This sample represented 96,900 fire service employees that provide protection to over 70 million people.

To establish a 95% confidence level for the population size of 280 fire departments, 162 completed surveys would have been needed (Krejcie, Morgan, 1970). This confidence level was surpassed with the return of 172 completed surveys (see Appendix A for the survey and cover letter).

The intent of this research was to explore the effect that alternate duty policies had on both private sector employers and other fire service agencies. Considering the experiences of other organizations, a draft policy would then be drafted to allow temporarily incapacitated members of the Naperville Fire Department the opportunity to continue to work in a productive capacity for the organization. This as opposed to being restricted from any involvement with the department during their convalescence.

Results

Answers to Research Questions

Research Question 1. What guidelines have been established to either support or restrict the formation of an Alternate Duty policy?

In researching federal requirements, it was determined that the ADA does not apply to impairments that are temporary in nature. The EEOC, one of the primary enforcers of ADA requirements, acknowledged that many organizations have created alternate duty work assignments for their employees. However, these positions are not required by the federal law. Illinois workers' compensation laws also acknowledged the existence of alternate duty work assignments. In spite of this acknowledgment, Illinois law does not mandate the creation of alternate duty assignments. National Fire Protection Standards 1500 and 1582 also referred to alternate duty as a primary goal for injured employees. While these standards are non-binding, unless passed into law by the Authority Having Jurisdiction, they have served as reference standards for the fire service in this country.

Research Question 2. What contribution has the private sector made to the study of Alternate Duty work assignments?

Many private sector employers have turned to alternate duty work assignments to get employees back to work in a more timely manner. In some cases, the number of lost work days and expenses related to Workers' Compensation have been reduced by over 50%. Improvement in employee morale and production levels were also reported.

Research Question 3. What Alternate Duty policies do other fire service organizations have in place and how are they working?

Fire departments across the country were surveyed to determine whether or not they had alternate duty policies. Those that did have policies in place were then asked to report on their effectiveness. A total of 280 surveys were mailed to fire departments that met the established criteria of more than one hundred employees and/or a service population greater than 100,000. Of these, 172 completed surveys were returned.

Results of the Alternate Duty Survey

Total Population Size: 280 Fire Departments

Total Samples Returned: 172

1. Total Fire Department Personnel Represented: 96,900

Total Population Served: 70,195,00

2. Does your department have a policy that permits suppression and EMS personnel to be reassigned to alternate duties when they are temporarily restricted from full duty due to a medical condition or injury?

Yes	153	(89%)
No	19	(11%)

3. Does the Alternate Duty policy apply to injuries suffered off duty as well as injuries/illness that are duty related?

Both on and off duty	114	(75%)
Only to duty Related	38	(25%)

Only to off duty	1	(<1%)

4. Please describe the differences in the policy for on duty versus off duty incidents.

No Difference	37	(24%)

See Appendix B for comments on differences

5. If the employee is physically capable, is the Alternate Duty assignment:

Mandatory	53	(25%)
Mandatory if duty related	63	(30%)
Optional	35	(17%)
Optional if not duty related	57	(27%)

6. When an employee is injured or ill, at what point is that employee eligible for an Alternate Duty assignment?

Immediately	61	(40%)
Two Weeks	0	(0%)
One Month	1	(1%)
Upon Physician Clearance	88	(58%)
Other	2	(1%)

7. How long are employees allowed to work at an Alternate Duty assignment before they must seek permanent disability benefits?

Three Months	4	(3%)
Six Months	27	(20%)

One Year	33	(25%)
Physician Decision	28	(21%)
No Maximum Established	33	(25%
Other	8	(6%)

8. What results have your organization seen since the implementation of Alternate Duty assignments?

Reduction in duty time lost to injury and/or illness:

102 (42%)

Reduction in overtime costs associated with shift coverage:

36 (15%)

Increase in duty time lost to injury and/or illness:

6 (2%)

Increased overtime costs associated with shift coverage:

22 (9%)

No significant change in lost duty time:

32 (13%)

No significant change in overtime costs for shift coverage:

38 (16%)

Unknown: 7 (3%)

9. Overall, what impact has an Alternate Duty program had on your department:

Benefited:	125	(83%)

Negatively Impacted	6	(4%)
No Significant Impact	19	(13%)

10. What type of duties are your personnel eligible to perform while on an alternate duty assignment? Please indicate all that apply:

Fire Prevention/Life Safety Inspections:

119 (69%)

Assist in the Dispatch/911 Center:

70 (41%)

Assist the Training Bureau with Course Delivery:

124 (72%)

Clerical Support Duties:

145 (84%)

Driver/Aide to Chief Officer:

38 (22%)

Public Education Presentations:

99 (58%)

Numerous additional comments were provided on surveys that were returned (these comments appear in Appendix B).

To summarize the survey results, most fire departments with more than 100 employees and a service population greater than 100,000 have an alternate duty policy in place. These policies permit personnel with non-duty related injuries, and mandate personnel with duty related injuries, to work in an alternate capacity such as Fire Prevention, Training, Public Education or Clerical Support upon receiving clearance from a physician. The total time an employee can remain in an alternate duty capacity is often unlimited. Most departments consider the alternate duty program to be a benefit to their department.

Research Question 4. Could an alternate duty policy assist in reducing the number of hours and subsequent dollars lost to workers' compensation and medical leave?

Of the 172 completed surveys received, 102, or 59% of the departments indicated that they had seen a reduction in the amount of duty time lost to injury and/or illness since the implementation of an alternate duty policy. Thirty-six departments indicated a reduction in overtime costs associated with shift coverage, while 38 indicated no significant change in overtime costs for shift coverage.

Discussion

The information gathered from the nationwide survey of fire service agencies greatly supported the information gathered in the literature review that dealt primarily with private sector employers.

There was agreement in the idea that a temporarily incapacitated employee who works, even if in a modified capacity, is much more beneficial to an organization than that same employee left home until complete recovery can be achieved.

It would seem obvious that the person who continues to contribute to both the employer and society in general would be more apt to maintain a stronger sense of self-worth. In keeping with this, that person's recovery period could actually be decreased. The person that remains out of work for a longer period of time could easily become adjusted to that life style, and thereby actually increase their recovery period in an effort to remain in that newly established "comfort zone".

The fact that numerous private sector employers and 89% of the fire departments surveyed already have alternate duty programs in place indicated that Naperville is probably behind the times in this area. This is especially true when it is considered that many of these fire departments have implemented their alternate duty programs through negotiations with their labor unions. This process would not be applicable in Naperville because the membership of the fire department has elected to not pursue union affiliation.

The number of hours that have been lost to workers' compensation and medical leave thus far by the Naperville Fire Department can be expected to increase as the work force ages.

Currently, the average age of the 172 fire department employees in Naperville is 37. As the Literature Review indicates, the severity of injury and amount of time lost to recovery can be expected to double as these employees reach the last two decades of their working lives, ages 45-64 (Mooney, 1997).

Recommendation

Considering the findings from the literature review and the results gathered from the survey of other medium to large fire departments, it seems prudent to implement an alternate duty policy for the Naperville Fire Department.

The potential reductions in lost duty time and workers' compensation benefit costs, along with the potential increase in productivity brought forth by utilizing employees who previously would have been banned from work during their recuperation, justify the implementation of an alternate duty policy. In the very least, this policy should be implemented on a trial basis.

The use of this trial policy at the Naperville Fire Department will allow the department to gather in house data that will either justify the continued use of the policy, suggest that modification to the policy is needed to make it more effective, or determine that operating with no alternate duty policy was in fact the best option.

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Appendix A

The Alternate Duty survey and introduction letter

November 22, 1997

Dear Chief:

My name is Richard Mikel and I am a District Chief with the Naperville Fire Department. Located approximately 25 miles West of Chicago in the Northern section of Illinois, the Naperville Fire Department operates seven fire stations with 172 full time employees to provide a full range of Fire Rescue service, including transport EMS, to over 130,000 people.

I am currently enrolled in the Executive Fire Officer Program at the National Fire Academy. As a requirement for each course, each student must complete a research project that directly relates to an issue in their own department.

I have elected to explore the feasibility of an alternate duty (Light Duty) policy for the Naperville Fire Department to meet this requirement. Naperville currently has no policy to allow members with medical restrictions the opportunity to continue to work for the department. My intent is to draft such a policy.

As one method of obtaining information for this process, I am surveying departments that protect populations of at least 100,000 people and departments that have at least 100 full time employees. This is to determine what alternate duty policies are currently in use and what results have been achieved through their use. These criteria were chosen to reflect organizations similar in size and structure to the Naperville Fire Department.

I am requesting that you assist me by completing the enclosed survey. Once completed I ask that you return it to me by FAX or mail before Friday, December 19, 1997. If possible, I ask that you also include a copy of your alternate duty (Light Duty) policy when you return the survey.

I thank you in advance for contributing your time and effort to the successful completion this project.

Sincerely,

Richard J. Mikel
District Chief
Naperville Fire Department
1380 Aurora Avenue
Naperville, Illinois 60540
(630) 305-5275
(630) 420-4094 FAX

Alternate Duty (Light Duty) Survey

1. What is the total number of full time personnel employed and total population served by your fire department?

   _____ Personnel _____ Population

2. Does your department have a policy that permits suppression and EMS personnel to be reassigned to alternate duties when they are temporarily restricted from full duty due to a medical condition or injury?

   Yes _____
   No _____

3. Does the alternate duty policy apply to injuries suffered off duty as well as injuries/illness that are duty related?

   Applies to both on and off duty injury/illness _____
   Applies only to duty related injury/ illness _____
   Applies only to off duty injury/illness _____

4. Please describe the differences in the policy for on duty versus off duty incidents.

5. If the employee is physically capable, is the alternate duty assignment:

   Mandatory _____
   Optional _____

6. When an employee is injured or ill, at what point s that employee eligible for an alternate duty assignment?

Immediately
Two Weeks
One Month
Other: _____

7 How long are employees allowed to work at an alternate duty assignment before they must seek permanent disability benefits?

Three Months
Six Months
One Year
Other:

8. What results have your organization seen since the implementation of alternate duty assignments? Please check all that apply:

Reduction in duty time lost to injury and/or illness
Reduction in overtime costs associated with shift coverage
Increase in duty time lost to injury and/or illness
Increased overtime costs associated with shift coverage
No significant change in lost duty time
No significant change in overtime costs for shift coverage

9. Overa has an alternate duty program:

Benefited your department
Negatively impacted your department
Had no significant impact

10. What type of duties are your personnel eligible to perform while on an alternate duty assignment? Please check all that apply:

Fire Prevention / Life Safety Inspections
Assist in the Dispatch / 911 Center
Assist the Training Bureau with course delivery
Clerical support duties
Driver / Aide to Chief Officer
Public Education presentations
Other: _____

11. Please include any additiona comments here:

Your Name and Title _____

Department _____

Address _____

_____

Telephone _____

If possible, would you please include a copy of your department's alternate duty policy when you return this survey

Thank you for taking the time to complete this information.

Please return information by FAX, or mai to:

District Chief Richard Mikel
Naperville Fire Department
1380 Aurora Avenue
Naperville, Illinois 60540
(630) 420-4094 FAX

Appendix B

Comments Received From Fire Departments

The following comments are samples of those received from fire departments that completed the Alternate Duty survey:

Alternate Duty provided our “floor” employees an opportunity to learn the inner workings of the department.

Employees hurry back to work - they don’t like to work light duty! Employees injured off duty are able to retain their sick leave by working light duty. Unfortunately, this ends up actually costing the city money in the end.

People injured on duty work five - 24/48 shifts, then start to work 40 hour weeks. People injured off duty must first use five sick days, then they are eligible to work Alternate Duty on a 40 hour work week.

Projects that would otherwise not get completed are now finished thanks to alternate duty!

Working light duty is like a trip to Lourdes! - We have seen miraculous recoveries!

Employees tend to return to work faster. They don’t like to work days!

We have found that light duty assignments contain remarkable curative powers!

Off duty injuries are the employees responsibility. Why should our county pay for people injured away from work?

When assigned to light duty, shift personnel seem to encourage their doctors to release them as soon as possible so they can return to shift.

Our shift people work 8-5 performing a modified assignment. After 5:00, they are assigned to a Battalion Chief for non-emergency roles.

We tried to put our light duty people on shift, but it proved ineffective. Assign them to 40 hours to maximize the benefit. We found this to have miraculous healing properties!

Light duty is viewed by our personnel as a last resort. Many have actually returned to work too soon and prolonged their recovery. Many special projects have been completed thanks to light duty.

We have seen an amazingly rapid recovery rate from light duty personnel assigned to headquarters.

Light duty gets tasks accomplished and does wonders for the healing process. People can't wait to get away from the chief!

Light duty is like sending people to Lourdes! The lame walk and the blind see again! Truly dedicated employees are thankful for the program.

Personnel working alternate duty give value back for the wages they are collecting.

The department benefits from the additional staff personnel. The mandatory nature creates undue adversarial relationships. Risk Management pressures doctors to release people to light duty as soon as possible.

Alternate Duty has given us the perfect opportunity to demonstrate how important our people really are!

We have 14 Permanent Light Duty positions in the department to reduce Disability Retirement pay outs. These are only available to duty related injuries.

Our policy only applies to work related injuries. It has worked so well, the bargaining unit is attempting to extend the policy to off duty injuries also.

We used to have an alternate duty policy, but it was politically corrupt. If you had a good clout, you didn't need to come in, you stayed home and got paid. If you were not connected, you came in a did trivial work for your pay. Through the union we got rid of the policy. Now we have "Home Prison". If you're hurt or injured, you are confined to your residence. If you are caught working your side job - you get fired.

If you are injured off duty, your previous use of sick leave is taken into consideration before you can be assigned to light duty.

People injured off duty are eligible as long as "gross negligence", i.e., D.U.I. is not involved.

Our shift personnel have a 56 hour work week. If they are injured off duty and want light duty, they work 56 hours per week. Monday - Thursday are 12 hour days, with 8 hours on Friday.

Personnel with off duty injuries can work alternate duty for 45 days prior to their expected return to full duty. Personnel with on duty injuries can work up to one year prior to their expected return to full duty.

Appendix C

The Alternate Duty Policy
Draft

Naperville Fire Department Alternate Duty Policy

This policy has been created to allow employees with temporary medical restrictions the ability to continue to work in a productive manner for the department, within the guidelines established by the treating physician.

An alternate duty assignment shall be mandatory for any employee that has received restricted medical clearance from his/her doctor following a work related injury. Employees shall be responsible for obtaining written documentation from the treating physician indicating what restrictions are applicable, and what type of work may be performed during recovery.

Should an employee that is injured in a work related activity refuse to work the alternate duty assignment that is compliant with the written medical restrictions, that employees workers' compensation payments will cease.

Alternate duty assignments may be available to employees; who are injured in non-work related activities, who have temporary medical restrictions associated with illnesses, who are pregnant. Alternate duty for non-work related cases must be requested in writing from the Fire Chief.

All alternate duty assignments, whether duty related or non-duty related, shall comply with any medical restrictions mandated by the treating physician.

Alternate duty assignments shall be limited to work within the fire department. However, the assignment may require working in a division of the department other than the employees regularly assigned division. Alternate duty assignments may be limited in number based on the amount of bona fide work that is available. Examples of alternate duty assignments include, but

are not limited to: Public Education presentations, Fire Prevention activities, assisting the Training Bureau, delivering supplies, and clerical duties.

Employees that have been injured in work related activities shall be given preference in alternate duty assignments over employees with non-work related restrictions.

Personnel assigned to alternate duty shall work Monday through Friday, 0800-1700 hours, with a one hour lunch break, unless specifically assigned to other working hours by the Fire Chief. In the event that the treating physician limits the number of hours that an employee can work, the physician's orders shall be followed. Workers' compensation wages for duty related injuries, or sick leave hours for non-duty related occurrences will be used to supplement the regular wages to equal the 40 hour pay week.

Personnel assigned to alternate duty work assignments shall be evaluated every 30 days to determine the progress of their medical restrictions. In no case shall an employee be permitted to work more than 12 months in an alternate duty capacity.

The employee shall wear the work uniform for the appropriate rank while working an alternate duty assignment. Modifications to the work uniform to accommodate medical devices will be allowed.

The alternate duty assignment shall be terminated upon written confirmation from the treating physician that the employee is cleared to work with no restrictions. If the employee is not able to perform the Essential Job Functions upon written confirmation from the treating physician that Maximum Medical Improvement has been achieved, the employee shall seek permanent disability benefits.