
Firefighter Cancer Presumption Benefits and Leave

1053.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for the administration of firefighter cancer benefits, cancer-related leave, return-to-work documentation, and modified/light-duty assignments under Florida law.

This policy applies to eligible firefighters seeking benefits under Florida Statute 112.1816, or as amended from time to time.

This policy is intended to implement applicable Florida Statutes, in conjunction with the Collective Bargaining Agreement, District policies, workers' compensation procedures, medical evaluation policies, and any applicable insurance or benefit requirements.

Nothing in this policy is intended to reduce, waive, or limit any benefit required by law.

1053.2 DEFINITIONS

Approved Cancer Benefit Claim: A firefighter cancer benefit claim that has been approved by the District's cancer insurance benefit provider, insurance carrier, third-party administrator, or other applicable claims administrator.

Cancer Presumption Leave: Leave time provided to an eligible firefighter for an approved cancer benefit claim when the firefighter is medically unable to perform full duty or available modified/light duty.

District Return-to-Work / Light-Duty Medical Status Form: The District-approved medical status form used to determine work status, restrictions, full-duty eligibility, modified/light-duty eligibility, and fitness-for-duty considerations. This form may be used under this policy and Policy 1034 - Return to Work.

Full Duty: The ability to safely and effectively perform all essential job functions of the employee's regular position without restriction.

Modified Duty / Light Duty: Temporary work assigned by the District within the medical restrictions provided by the employee's treating physician, District physician, or other approved medical provider.

Work Status: A medical provider's determination regarding whether the employee is able to return to full duty, return with restrictions, perform modified/light duty, or is unable to work.

1053.3 POLICY

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The District does not determine approval of the statutory cancer insurance benefit claim. Claim approval is determined by the District's cancer insurance benefit provider, insurance carrier, third-party administrator, or applicable claims administrator.

The District is responsible for administering leave, payroll treatment, return-to-work status, fitness-for-duty review, modified/light-duty assignments, and employee-retention matters related to an approved cancer benefit claim.

Cancer Presumption Leave does not create automatic, open-ended paid leave. Eligibility for Cancer Presumption Leave is determined by the medical provider's determination of the employee's ability or inability to perform the essential functions of the position and whether modified/light duty can accommodate restrictions, if available. The District may require documentation necessary to confirm that a claim has been submitted or approved, and to administer work status, fitness for duty, restrictions, expected duration of absence, return-to-work status, and modified/light-duty eligibility.

1053.4 EMPLOYEE RESPONSIBILITIES

An employee requesting benefits under this policy shall:

- (a) Notify the Fire Chief or designee as soon as practicable after receiving a cancer diagnosis for which statutory benefits may be requested.
- (b) Submit any claim forms, eligibility documentation, or medical documentation required by the District, insurance carrier, third-party administrator, benefit provider, or applicable law.
- (c) Provide documentation showing that the cancer benefit claim has been submitted, approved, denied, or remains pending when requested by the District.
- (d) Provide a completed District Return-to-Work / Light-Duty Medical Status Form before Cancer Presumption Leave is approved, continued, modified, or ended.
- (e) Provide updated medical documentation as requested by the District.
- (f) Immediately notify the District of any change in work status, treatment schedule, restrictions, or ability to return to full duty or modified/light duty.
- (g) Cooperate with the District's review of fitness for duty, work status, and modified/light-duty eligibility.
- (h) Comply with all medical restrictions while on duty or while performing modified/light-duty work.
- (i) Schedule appointment for treatment and care during the employee's non-working hours (whether regular shift or modified schedule), when it is reasonable to do so.

1053.5 MEDICAL DOCUMENTATION

The District may require medical documentation sufficient to administer leave, return-to-work status, modified/light-duty review, payroll treatment, and employee-retention benefits.

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Medical documentation required under this policy shall focus on:

- (a) Work status.
- (b) Ability to perform full-duty firefighter essential job functions.
- (c) Temporary or permanent work restrictions.
- (d) Modified/light-duty capacity.
- (e) Expected duration of restrictions or absence.
- (f) Date of next medical review.
- (g) Medication, treatment, or recovery limitations that may affect safe work performance.
- (h) Any NFPA 1582-related fitness-for-duty concerns that impact the employee's ability to safely perform firefighter duties.

The District shall not request unrelated medical history or full medical records unless necessary for benefit administration, claim verification, fitness-for-duty review, or as otherwise permitted by law.

Medical documentation shall be maintained confidentially and separately from general personnel records to the extent required by law and District policy.

1053.6 RETURN-TO-WORK / LIGHT-DUTY MEDICAL STATUS FORM

The District Return-to-Work / Light-Duty Medical Status Form shall be used for employees returning from illness or injury under Policy 1034 and for employees requesting or receiving Cancer Presumption Leave under this policy.

For approved or pending cancer presumption claims, this form shall serve as the applicable District return-to-work and light-duty medical status form required under Policy 1034.

The form shall require the medical provider to identify whether the employee:

- (a) May return to full duty without restrictions.
- (b) May return to modified/light duty with restrictions.
- (c) Is medically unable to work.
- (d) Requires further medical evaluation before work status can be determined.

For firefighters and other emergency response personnel, the form may require review of essential job functions consistent with NFPA 1582, including but not limited to emergency response, PPE/SCBA use, fireground operations, EMS work, lifting, carrying, climbing, heat and sun exposure, driving, training, and 24-hour shift capacity.

1053.7 CANCER-RELATED FITNESS-FOR-DUTY / RETURN-TO-WORK REVIEW

For an approved or pending firefighter cancer benefit claim, the District may require a cancer-related fitness-for-duty or return-to-work review when necessary to determine whether the employee can safely return to full duty, perform modified/light duty, or remain off work due to the cancer diagnosis, treatment, surgery, medication, recovery, or related medical restrictions.

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The review may include the District Return-to-Work / Light-Duty Medical Status Form, medical work-status documentation from the employee's treating provider, or, when job-related and consistent with District business necessity, a District medical/physical evaluation consistent with NFPA 1582, Policy 1034 - Return to Work, the Collective Bargaining Agreement, and applicable law.

A cancer-related fitness-for-duty or return-to-work review may be required when:

- (a) The employee is requesting Cancer Presumption Leave.
- (b) The employee is absent from work due to a cancer-related diagnosis, treatment, surgery, medication, recovery, or related restriction.
- (c) The employee seeks to return to full duty following a cancer-related absence.
- (d) The employee is released with restrictions and the District must determine whether modified/light duty is available.
- (e) The employee's cancer-related work status, restrictions, or ability to safely perform firefighter duties is unclear.
- (f) The District has a reasonable, job-related concern that the employee's cancer-related condition, treatment, medication, or recovery may affect the employee's ability to safely perform essential firefighter job functions.

For firefighters and emergency response personnel, the review may consider essential job functions consistent with NFPA 1582, including emergency response, PPE/SCBA use, fireground operations, EMS duties, lifting, carrying, climbing, heat exposure, driving, training, and 24-hour shift capacity.

The medical provider determines the employee's medical restrictions and work status.

1053.8 MODIFIED / LIGHT DUTY

If an employee is released to modified/light duty and the District determines that work is available within the employee's medical restrictions, the employee shall report to the assigned modified/light-duty schedule.

Modified/light-duty assignments may include administrative, prevention, training, logistics, records, public education, equipment inventory, data entry, or other duties approved by the Fire Chief or designee.

Unless otherwise approved by the Fire Chief or designee, modified/light-duty employees may be assigned to a forty-hour workweek based on District operational needs.

The District is not required to create modified/light duty. The availability of modified/light duty for one employee does not create a requirement or precedent to provide modified/light duty for another employee.

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1053.9 REFUSAL OF MODIFIED / LIGHT DUTY OR FAILURE TO PROVIDE DOCUMENTATION

If an employee is released to modified/light duty and refuses available work within the employee's medical restrictions, the absence shall not be treated as approved Cancer Presumption Leave for the period of refusal.

If an employee fails to provide required medical documentation, fails to provide updated work-status information, fails to cooperate with the return-to-work/light-duty review process, or refuses available modified/light duty, the District may require the employee to use accrued sick leave, vacation leave, or other available leave consistent with Policy 1045, Policy 1034, the Collective Bargaining Agreement, and applicable law.

False, misleading, incomplete, or abusive leave claims may result in discipline consistent with District policy, the Collective Bargaining Agreement, and applicable law. The employee will be required to use sick leave, or vacation leave once sick leave is exhausted, during the period of refusal.

1053.10 PAY AND LEAVE BANKS

For an approved cancer benefit claim, the District will administer leave and employee-retention benefits in a manner equivalent to other line-of-duty injuries or illnesses.

If the employee is medically unable to perform full duty or available modified/light duty, approved Cancer Presumption Leave may be treated as paid line-of-duty-equivalent leave, and the employee's sick or vacation leave banks shall not be charged or may be restored, as applicable.

If the employee is medically able to perform available modified/light duty and refuses the assignment, the employee shall be required to use accrued sick leave, vacation leave, or other available leave for the absence.

If the employee has already used accrued leave for an absence later approved as Cancer Presumption Leave, the District may restore the leave consistent with applicable law, District policy, and the Collective Bargaining Agreement.

If a cancer benefit claim is denied by the District's cancer insurance benefit provider, insurance carrier, third-party administrator, or applicable claims administrator, the District may administer the related absence under Policy 1045 - Sick Leave, Policy 1034 - Return to Work, the Collective Bargaining Agreement, or other applicable District policy.

1053.11 PENDING CLAIMS

When a cancer benefit claim has been submitted but has not yet been approved or denied, the District may require the employee to use available sick leave, vacation leave, or other applicable leave pending claim determination, unless otherwise approved by the Fire Chief or designee.

If the claim is later approved and the absence qualifies for Cancer Presumption Leave, the District may restore leave banks or adjust payroll records consistent with applicable law, District policy, and the Collective Bargaining Agreement.

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Pending claim status does not remove the employee's obligation to provide work-status documentation, return-to-work documentation, restrictions, or updated medical information necessary for the District to administer staffing, leave, light duty, and fitness-for-duty matters.

1053.12 COORDINATION WITH OTHER POLICIES

This policy shall be administered consistent with applicable law, the Collective Bargaining Agreement, District policy, and applicable insurance or claims-administration requirements.

1053.13 CONFIDENTIALITY

Medical information received under this policy shall be maintained confidentially and separately from general personnel records to the extent required by law and District policy.

Medical information shall be accessed only by individuals with a legitimate need to know for benefit administration, payroll, leave administration, fitness-for-duty review, legal compliance, or operational purposes.

The District may require sufficient medical documentation to administer leave, work status, restrictions, modified/light-duty eligibility, and return-to-work requirements. Medical documentation should be limited to the information necessary for those purposes.

1053.14 POLICY ADMINISTRATION

The Fire Chief or designee is responsible for administering this policy.

The Fire Chief or designee may consult with the District's legal counsel, insurance carrier, third-party administrator, benefit provider, District physician, or other appropriate representative when necessary to administer this policy.

The District may modify forms, documentation requirements, and procedures as necessary to comply with law, insurance requirements, operational needs, or the Collective Bargaining Agreement.

SANIBEL FIRE AND RESCUE DISTRICT

Cancer Presumption Leave / Return-to-Work / Light-Duty Medical Status Form

NFPA 1582 Fitness-for-Duty Review

Confidential Medical Information: Maintain separately from the employee personnel file and limit access to individuals with a legitimate business need to administer leave, benefits, fitness-for-duty, and work assignment decisions.

Employee Information

Table with 2 columns and 4 rows containing fields: Employee Name, Rank / Position, Shift / Assignment, Date Leave Began, Date of Medical Evaluation, Next Follow-Up Appointment, Employee Phone / Email, Supervisor / Officer.

Purpose of Form

This form is intended to obtain only the medical information necessary for the District to administer firefighter cancer-presumption leave, determine fitness for duty, evaluate temporary modified/light-duty eligibility, and comply with applicable law.

Instructions to Employee

- Three checkboxes with instructions: 1. Form must be completed by treating physician... 2. Employee is responsible for returning the form... 3. Employee must immediately notify the District of any change in work status...

Instructions to Medical Provider

The employee is a firefighter/emergency responder. Full-duty firefighter work requires the ability to safely and effectively perform essential job tasks consistent with NFPA 1582... Please complete this form based on the employee's current medical condition...

Part A: Work Status Determination

Please check one:

- Four checkboxes with options: Full Duty, Modified / Light Duty, Unable to Work, Pending Further Evaluation. Includes a field for 'Expected date of determination:'.

Part B: NFPA 1582 Essential Job Task Review

Can the employee safely and effectively perform the following full-duty firefighter functions?

Essential Job Task	Yes	No	Not Evaluated
Perform firefighting tasks including hose line operations, crawling, lifting/carrying heavy objects, forcible entry, ventilation, rescue operations, and emergency response under stressful conditions while wearing PPE and SCBA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear SCBA, including a positive-pressure facepiece, and tolerate increased respiratory workload.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in hot, cold, humid, smoky, or immediately dangerous environments for prolonged periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb stairs, ladders, and operate on uneven surfaces while carrying tools or equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift, drag, carry, push, or pull patients, equipment, hose, ladders, and rescue tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform EMS duties, including patient care, lifting, moving, and working in uncontrolled environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operate emergency vehicles or District vehicles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in fire/rescue training, physical training, and station duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work a 24-hour shift schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work overtime, callback, or extended emergency operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part C: Restrictions

List all current restrictions. Be specific and identify the expected duration when known.

Lifting limit: _____	Pushing / pulling limit: _____
Standing / walking limit: _____	Sitting limit: _____
Bending / kneeling / crawling restrictions: _____	Climbing / stairs / ladder restrictions: _____
Driving restrictions: _____	Heat / sun exposure restrictions: _____
Respiratory / SCBA restrictions: _____	PPE restrictions: _____
Wound care or infection-control restrictions: _____	Medication-related work restrictions: _____
Cognitive / alertness restrictions: _____	Other restrictions: _____

Expected duration of restrictions:

- Less than 7 days
- 7-14 days
- 15-30 days
- More than 30 days
- Unknown at this time

Next medical re-evaluation date: _____

Part D: Light-Duty / Modified-Duty Capacity

Based on the restrictions above, can the employee perform temporary light-duty work? Examples may include administrative work, training support, records review, logistics, public education support, prevention support, equipment inventory, policy review, data entry, or other duties assigned by the Fire Chief or designee.

- Yes, may perform light duty with restrictions
- No, medically unable to perform light duty
- Unable to determine at this time

If yes, the employee may perform:

<input type="checkbox"/> Seated administrative work	<input type="checkbox"/> Computer / records work	<input type="checkbox"/> Phone / email communication
<input type="checkbox"/> Training documentation or support	<input type="checkbox"/> Prevention / public education support	<input type="checkbox"/> Logistics / inventory work
<input type="checkbox"/> Driving District vehicle	<input type="checkbox"/> Station-based non-emergency duties	<input type="checkbox"/> Other: _____

Maximum hours per day: _____

Maximum days per week: _____

Recommended schedule limitations: _____

Is the employee medically able to work a temporary 40-hour light-duty schedule if work is available within restrictions?

- Yes
- No
- Yes, with the following limits: _____

Part E: Treatment / Follow-Up Requirements

Does the employee require medical appointments or treatment that may affect work availability?

- Yes
- No

If yes, describe schedule limitations only, not diagnosis details:

Does the employee need follow-up medical review before returning to full duty?

- Yes
- No

Follow-up date: _____

Part F: Provider Certification

I certify that I have evaluated the employee’s current medical condition and functional ability as it relates to the work-status determination above. The restrictions listed are accurate based on the employee’s current condition and treatment plan.

Provider Name: _____	Medical Practice: _____
Phone: _____	Fax / Email: _____
Provider Signature: _____	Date: _____

District Use Only

Date received: _____	Received by: _____
Reviewed by: _____	Review date: _____

District determination:

- Full-duty return approved
- Light-duty assignment available
- Light-duty assignment not available
- Additional medical information requested
- Referred for District fitness-for-duty evaluation
- Employee remains on approved Cancer Presumption Leave
- Employee required to use accrued leave pending documentation or due to refusal of available light duty

Light-duty assignment, if available:

Assigned schedule:

Employee acknowledgment of assigned light duty, if applicable:

Employee Signature: _____	Date: _____
Fire Chief / Designee Signature: _____	Date: _____