

On Duty Injuries

1042.1 PURPOSE AND SCOPE

The purpose of this policy is to provide for the reporting of on-duty injuries, occupational illnesses, or deaths to an employees immediate supervisor, Division Commander, and the City of Barstow Human Resources Department. To ensure proper medical attention is received, and to document the circumstances of the incident causing the injury or illness.

1042.2 WORKER'S COMPENSATION CARRIER

The City of Barstow Human Resources Department shall be responsible for the coordination of Workers Compensation claims for the City of Barstow, including the Barstow Police Department. The City of Barstow Human Resources Department shall be responsible for all legal notices and required legal postings, including the identification and contact information for the City of Barstow Workers' Compensation Carrier.

1042.2.1 INJURIES REQUIRING MEDICAL CARE

If an employee is injured on-duty the first priority is to seek the appropriate medical attention for every injured employee. Any serious, or potentially serious, injury shall be treated as an emergency and Emergency Medical Services personnel shall be notified and shall respond to treat and transport, if needed, the injured employee(s).

In the case of seriously injured employees, or employees who are required to leave work as a result of an on-duty injury, the immediate supervisor shall notify the Division Commander as soon as practical after the incident has been stabilized and the employee has received the necessary emergency medical treatment.

The immediate supervisor shall complete the Supervisor's Report of Injury or Illness and the State of California Workers' Compensation Claim Form (DWC 1) prior to the end of the supervisor's current work shift, but in all cases within 24-hours of the reported injury or illness. A copy of the State of California Workers' Compensation Claim Form (DWC 1) shall be supplied to the injured employee immediately after the injury or illness is reported to the supervisor. The original Supervisor's Report of Injury or Illness and the State of California Workers' Compensation Claim Form (DWC 1) shall be submitted to the City of Barstow Human Resources Department as soon as they are complete, but in all cases within 24-hours of the reported injury or illness. A copy of the completed Supervisor's Report of Injury or Illness and the State of California Workers' Compensation Claim Form (DWC 1) shall be submitted to the Division Commander as soon as they are complete, but in all cases within 24-hours of the reported injury or illness.

1042.2.2 ACCIDENT/EXPOSURE DEFINED

Accident - any occurrence from which bodily injury or property damage may result, regardless of whether any injury or damage actually does occur (e.g., exposure where no immediate injury is apparent).

Exposure - any contact to a hazardous material, a person with a communicable disease, or other contact with any infectious substance, which may result in a need for medical treatment or other rehabilitation.

Barstow Police Department

Policy Manual

On Duty Injuries

1042.2.3 EMPLOYEE'S RESPONSIBILITY

Any employee sustaining any work-related injury, illness, or exposure, as well as any employee who is involved in any accident while on duty shall report such injury, illness, exposure, or accident as soon as practical to his/her immediate supervisor.

Any employee observing or learning of a potentially hazardous condition is to promptly report the condition to his/her immediate supervisor.

Any employee sustaining a work-related injury or illness that requires relief from duty is required to be examined/treated by a doctor.

Any employee sustaining a work-related injury or illness that requires relief from duty is also required to comply with departmental policies and directives relating to the duty to periodically call in during absences, as well as the duty to notify the Department of any change in condition or anticipated duration of the absence.

When appropriate, an employee being treated for an on-duty injury should inform the attending physician that a modified duty assignment may be available at the Department. Modified duty assignments may be available for those employees whose injuries prevent the resuming of regular duties.

An injured employee or employee who has suffered a work-related illness shall report as soon as practical to his/her immediate supervisor the medical findings concerning the injury and the extent and duration of any work restrictions if they are known. In addition, such employees are required to promptly submit all medical releases or doctor's reports, whether partial or full releases, to their immediate supervisor.

1042.2.4 SUPERVISOR'S RESPONSIBILITY

A supervisor learning of any work-related injury, illness, exposure, or accident shall promptly prepare the appropriate forms as outlined under Policy Manual § 1042.2. Updated copies of forms with instructions for completion are provided by the City of Barstow Human Resources Department and are kept in the Sergeant's office or on-line at the City's website.

Every injured employee must be provided with a Workers' Compensation Claim Form (DWC 1) within 24 hours, regardless of the nature of the illness, injury, or exposure.

The Supervisor's Report of Injury or Illness shall contain the following information:

- (a) Description of Accident:
 - 1. Date
 - 2. Time
 - 3. Location
- (b) List of Any Injuries:
 - 1. Who was Injured
 - 2. Nature and Extent of Injuries
 - 3. Who Provided Treatment and Location Where Treated, if Treatment is Rendered
 - 4. Did Employee Leave Work and if so, Estimated Time of Absence
- (c) Damage to Any City Property or Equipment
- (d) Factors Causing the Accident

Barstow Police Department

Policy Manual

On Duty Injuries

- (e) Unsafe Conditions
- (f) What, if Anything, Could Have Been Done to Prevent or Avoid the Accident
- (g) Recommendations to Eliminate Future Incidents
- (h) List of Witnesses

1042.2.5 DIVISION COMMANDER RESPONSIBILITY

The Division Commander receiving a report of a work-related accident or injury should review the report for accuracy and determine what additional action should be taken. The Division Commander shall then notify the Chief of Police as to the circumstances surrounding the injury or illness. The Division Commander shall immediately notify the Chief of Police under circumstances where the injury or illness are serious, potentially serious, life threatening, or that cause the death of an employee.

1042.2.6 CHIEF OF POLICE RESPONSIBILITY

The Chief of Police shall evaluate the actions already taken, up to and including notification to the Division Commander, and determine if additional action is required. Any copies of medical records or related documents shall be retained by the City of Barstow Human Resources Department and shall be filed in the employee's personnel file located within that department (see Policy Manual § 1026).

1042.3 INJURY NOT REQUIRING MEDICAL ATTENTION

Those injuries and illnesses not requiring medical attention shall be recorded on a Supervisor's Report of Injury or Illness form. This form shall be completed and signed by a supervisor.

This form shall be signed by the affected employee, indicating that he/she desired no medical attention at the time of the report. By signing this form, the employee will not preclude his/her ability to seek medical attention later.

1042.4 SETTLEMENT OF INJURY CLAIMS

Occasionally, an employee's work-related injury results from the negligent or wrongful acts of another, for which the employee, the City, and/or other insurers are entitled to recover civil relief. To ensure that the City's interests are protected and that the employee has the benefit of the City's experience in these matters, the following procedure is to be followed:

1042.4.1 EMPLOYEE TO REPORT INITIAL CONTACTS

When an employee sustains work-related injuries caused by another person and is then approached by such person or an agent, insurance company, or attorney and offered a settlement of claims, that employee shall notify the Chief of Police, in writing, as soon as practical after being notified of any such settlement.

1042.4.2 NO SETTLEMENT WITHOUT PRIOR APPROVAL

No less than ten (10) days prior to accepting and finalizing the settlement of any third party claim arising out of or related to an on duty injury, the employee shall provide the Chief of Police with written notice of the proposed terms of such settlement. In no case shall the employee accept a settlement without first providing such written notice to the Chief of Police. The purpose of such notice is to permit the City to determine whether or not the offered settlement will affect any claim the City may have regarding payment for damage(s) to equipment or reimbursement for wages against the person who caused the accident or

Barstow Police Department

Policy Manual

On Duty Injuries

injury and to protect the City's right of subrogation, while ensuring that the employee's rights to receive compensation for injuries are not affected.