

**SAN DIEGO POLICE DEPARTMENT  
PROCEDURE**

**DATE:** DECEMBER 5, 2018

**NUMBER:** 5.01 – HUMAN RESOURCES

**SUBJECT:** INJURY/ASSAULT REPORTING AND MEDICAL BENEFITS

**RELATED POLICY:** [5.01](#)

**ORIGINATING DIVISION:** TRAINING & EMPLOYEE DEVELOPMENT  
**COMMAND:** HUMAN RESOURCES

**NEW PROCEDURE:**

**PROCEDURAL CHANGE:**  **MINOR CHANGES**

**SUPERSEDES:** DP 5.01 – 04/11/2017

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**I. PURPOSE**

This Department procedure establishes guidelines for reporting on-duty illness or injuries, and for obtaining appropriate medical benefits.

**II. SCOPE**

This procedure applies to all members of the Department.

**III. BACKGROUND**

- A. The health and general well-being of our employees is of primary concern to the Department. When an illness or injury occurs, the Department must immediately seek to restore the employee's health through professional medical care. Department members must offer all possible support and assistance.
- B. The City of San Diego has a comprehensive group of safety, loss prevention, and employee benefit programs. These programs address prevention, education, and provision of benefits for incidents occurring during the course of employment and certain benefits for non-job related injuries or conditions.

- C. The Department is responsible for investigating the cause of accidents or events resulting in employee injury. It is also responsible for training, taking corrective measures, and ensuring that employees work in an environment that has been made as safe as possible.
- D. The Department is responsible for collecting information that is used to determine eligibility for employee benefits. These determinations are made by the Risk Management Department (or in some cases, the City Employees Retirement Board of Trustees). The Police Department does not grant or deny benefits. Police supervisors/managers must provide complete, timely information to assist Risk Management /SDCERS with benefit determinations.
- E. Employees should be encouraged to file claims when they believe they may be entitled to receive benefits. No supervisor shall discipline, transfer, or threaten an employee – implicitly or explicitly because the employee has filed an application for benefits.
- F. To ensure the efficient operation of the City programs and to ensure employees receive those benefits to which they are entitled, the following procedures are adopted.

#### **IV. DEFINITIONS OF COMMUNICABLE DISEASES**

- A. Communicable disease - a disease, such as hepatitis, tuberculosis, and meningitis that is not normally found in the general population.
  - 1. It may be transmitted to an employee during the course of employment.
  - 2. The term "communicable disease" does not apply to diseases commonly found in the general population such as colds, flu, and common childhood diseases (i.e., mumps and chicken pox).
- B. Intimate contact - close contact with an individual known to have a communicable disease and includes activities such as: mouth-to-mouth resuscitation, exposure to contaminated bodily fluids, or being stuck by a contaminated hypodermic needle.
- C. Casual contact - passive contact with a diseased individual such as shaking hands, using the same telephone, or searching a suspect, and will usually not subject an employee to contracting the disease.

## V. OCCUPATIONAL ILLNESS/INJURY REPORTING

### A. General Procedures

1. Employees are responsible for immediately reporting to their supervisor any on-duty injury or illness. Failure to report in a timely basis could result in denial of Workers' Compensation coverage and Industrial Leave.
2. The employee's supervisor is responsible for promptly investigating the injury or illness and immediately forwarding the reports through their commanding officer to the Department's Medical Assistance Unit. The supervisor must ensure that basic causes are determined and that effective, corrective action within his/her capability is taken to preclude future similar injuries.
3. The employee's supervisor is responsible for promptly presenting the injured employee with the Employee's Claim for Workers' Compensation Benefits form (RM-1642), which explains the Workers' Compensation benefits. This form is given to the employee for any documented injury when medical treatment is sought.
4. For injuries that result in medical treatment or absence from work at any time following the day of the injury, the employee must complete a Medical Status Report for Occupational Injury or Illness form (RM-1634), and have the attending physician complete the appropriate portion of the form. If, because of injuries, the employee is physically unable to comply with this requirement, it shall be the supervisor's responsibility to complete and submit the form for the employee.
5. The supervisor is responsible for reporting all injuries requiring medical treatment and telephoning Risk Management's Injury Reporting Call-In Center within 24 hours of notification of the injury. The Injury Reporting Call-In Center is staffed 24-hours a day, seven days a week. The telephone number is (800) 427-7980. The Call-In Center is for reporting injuries ONLY, not for questions, minor injuries or exposures not requiring medical treatment. The call-taker will ask questions to include:
  - a. Injured employee's name;
  - b. Injured employee's Social Security Number;
  - c. Date of injury;
  - d. Where injury occurred;
  - e. Body part affected; and,

f. How injury occurred.

6. It is necessary that injury reports be completed and forwarded immediately. If the injured employee's supervisor is not available and there will be a delay in investigating the injury, then a supervisor on duty shall conduct the investigation.

B. Medical Status Report for Occupational Injury or Illness form (RM-1634)

1. The employee must complete the employee portion of this form when obtaining medical treatment for any job-related injury or illness. It is also the employee's responsibility to ensure that the "Doctor's Evaluation" portion of the form is completed and signed by the treating physician.
2. This form is valid for only two pay periods. The employee must submit a new form, signed by the treating physician, every four weeks.
3. The form is reviewed and initialed by the employee's commanding officer and all copies are forwarded to the Medical Assistance Unit as soon as possible, but within two working days.
4. The Medical Assistance Unit will recommend "approval" or "disapproval" of the claim.

C. Minor Injury Report Form (RM-1568)

1. The employee will complete this form when an injury is sustained and medical attention was not required. The report will then be forwarded to the immediate supervisor.
2. The form will be reviewed and signed by the immediate supervisor and initialed by the commanding officer. The commanding officer will forward the report to the Medical Assistance Unit.
3. The report will be filed in the employee's Department medical file.
4. If the employee submits a Minor Injury Report, and it is subsequently determined that medical attention is necessary, the same procedures must be followed as outlined above in section V, A.

**VI. COMMUNICABLE DISEASES EXPOSURE REPORTING**

A. General Information

1. Employees are entitled to preventive care and/or medical treatment and consultation when exposed to communicable diseases in the course of employment.
2. Exposure to a communicable disease does not require immediate "on the spot" treatment; however, treatment should be given as soon as practicable – within three to seven days from the time of initial exposure.
3. Treatment must be obtained at one of the City's designated providers of occupational health services or the employee's pre-designated physician.

B. Procedure

1. The employee informs his/her immediate supervisor of the exposure to a communicable disease as soon as possible.
2. The employee immediately completes and submits a Report of Minor Injury form (RM-1568) to his/her immediate supervisor, including the following information:
  - a. Name of "diseased" person;
  - b. How the employee became aware of the disease (i.e., informed by physician or carrier); and,
  - c. Type of contact (how the employee was exposed – intimate versus casual contact).
3. The immediate supervisor shall contact the Department's Medical Assistance Unit as soon as possible and advise of the exposure, ensuring the above items are discussed. The supervisor will forward form RM-1568 to the Medical Assistance Unit.
4. The Medical Assistance Unit will contact Risk Management, Safety Division, who will direct the evaluation of all exposures to determine if an employee requires treatment for an intimate exposure.
  - a. When treatment is necessary, the Medical Assistance Unit will send the employee to the City's provider of occupational health services and complete the necessary forms.
  - b. The Medical Assistance Unit will forward form RM-1568 to the Safety Division, noting the type of exposure, intimate or casual, and the type of treatment, if any.

**VII. INDUSTRIAL LEAVE**

- A. An employee who is unable to perform his or her assigned duties due to an approved job-related injury or illness may be entitled to Industrial Leave benefits under certain conditions. The injured employee should refer to the appropriate MOU or Administrative Regulation (AR) 63.00 for current procedures.
- B. The Industrial Leave Benefit shall be the employee's normal compensation, less current deductions for state and federal tax withholdings.
- C. Employees on Industrial Leave are not to attend court, Department-sponsored schools/training or any work-related functions. Employees should not accept subpoenas during the time they are on Industrial Leave. Subpoena excusal forms should be completed and routed by immediate supervisors. Employees who have received subpoenas prior to going on Industrial Leave must notify their supervisor who will contact the appropriate District/City Attorney for excusal or continuance of the case.

**VIII. LONG-TERM DISABILITY (LTD)**

- A. Eligible employees are entitled to Long-Term Disability income payments while totally disabled and unable to work as a result of an accident, injury, illness, or pregnancy.
  - 1. The benefit is available for on-duty and off-duty accidents, injuries, and illnesses.
  - 2. Payments are made for periods of disability following a 30-day waiting period.
- B. Long-Term Disability (LTD) Income Plan Application
  - 1. The employee completes this form as soon as he/she becomes aware that he/she cannot perform in a full-duty capacity in excess of thirty calendar days.
  - 2. Employees must obtain medical attention and have the physician's statement portion completed and signed by the treating physician.
  - 3. The employee forwards the completed form to the LTD Plan Administrator within 60 calendar days of the disability date.
    - a. Failure to file before the filing deadline may result in denial of benefits.

- b. This requirement will be waived for properly reported on-duty illness/injury.
- 4. Assistance in obtaining applications and information about benefits and specific eligibility requirements is available through the Medical Assistance Unit (Police Department), and the Long Term Disability Office (Risk Management).

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- C. Employees on Long-Term Disability are not to attend court, Department-sponsored schools/training or any work-related functions. Employees should not accept subpoenas during the time they are on Long-Term Disability. Subpoena excusal forms should be completed and routed by immediate supervisors. Employees who have received subpoenas prior to going on Long-Term Disability must notify their supervisor who will contact the appropriate District/City Attorney for excusal or continuance of the case.

## **IX. OBTAINING MEDICAL CARE**

### **A. Emergency Treatment**

Employees who are injured or become ill on-duty and require **emergency medical care** should be treated at a hospital emergency room.

### **B. Non-emergency Treatment**

- 1. Employees who are injured on-duty and need professional medical care should be treated by the City's provider(s) of occupational health services. An updated list of Industrial Injury Medical Services providers will be maintained in the Medical Assistance Unit and is available on the Department LAN shared drive under F:\Medical Assistance\2006 Medical Clinic Locations.pdf and the following website: [www.sandiego.gov/riskmanagement](http://www.sandiego.gov/riskmanagement). These locations should also be posted on the Safety Bulletin Board at every division.
- 2. If the employee is injured during hours when the City's health service provider(s) is closed, a hospital emergency room or an urgent care clinic may be used.

Note: The Kaiser Permanente Foundation (Kaiser) is not authorized to treat City employees for on-duty injuries unless an emergency situation exists or Kaiser is the employee's pre-designated provider.

**X. CALL OUT PROCEDURES - MEDICAL ASSISTANCE UNIT**

- A. The on-call Medical Assistance Sergeant must be contacted in the following situations:
1. Any injury, including traffic collisions, to an employee on-duty where the employee is transported by ambulance to a medical facility;
  2. Upon a significant exposure to blood or other body fluids (this includes needle stick injuries and human bites suffered by Department members);
  3. Upon a serious injury, illness or death of an employee occurring off-duty;
  4. Upon a serious injury, illness or death occurring on-duty, and was not as a result of a traffic collision or Penal Code violation, the Medical Assistance Sergeant shall call CAL OSHA at (619) 767-2280 within eight (8) hours of being notified to report the incident.