

**ORLANDO POLICE DEPARTMENT POLICY AND PROCEDURE**  
**1621.4, RISK MANAGEMENT/WORKERS' COMPENSATION**

EFFECTIVE:	10/03/12
RESCINDS:	1621.3
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CHIEF OF POLICE:	ORLANDO ROLON

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PURPOSE: It is mandatory that incidents involving property damage or physical injury be reported immediately to the Risk Management Office. The following are procedures to be used in conjunction with Risk Management Forms 36-2 (Intergovernmental Accident/Incident Report) and the Workers' Compensation First Report of Injury or Illness report. These forms are used in addition to other forms currently in use (i.e., Incident Report, Crash Report).

PROCEDURES:

**1. INTERGOVERNMENTAL ACCIDENT/INCIDENT REPORT (FORM 36-2)**

Form 36-2 will be used to report public accidents, motor vehicle crashes, damage to intergovernmental property, and other losses to Risk Management. The Accident/Incident Report can be located on the City of Orlando Intranet site under the Forms tab. The Accident/Incident Report requires electronic submission to Risk Management within 48 hours.

The Accident/Incident Report requires acknowledgment by the supervisor or division commander. A narrative description is required in Section V for every submission. The only supplemental report accepted and required by Risk Management is the Traffic Crash Report. The Traffic Crash Report can be scanned and sent electronically as an attachment in Section VIII or a hard copy can be delivered to Risk Management.

When the form is completed and acknowledged by the appropriate supervisor or division commander, it will be delivered electronically to the City's Risk Management office.

Any member involved in an accident while driving a City vehicle while off duty, including commuting, and found at fault in the crash report, issued a uniform traffic citation, or fault couldn't be determined, must report the accident to their personal insurance company within 48 hours. When completing Form 36-2, the insurance company name, contact number and the claim number must be included. If unable to obtain a claim number before the Accident/Incident Report 36-2 is completed, you must provide the number to Risk Management as soon as it is obtained.

1.1 PUBLIC ACCIDENTS

A public accident is when a person other than a City employee has been injured on property owned by the City, or when personal property of an individual has been damaged or destroyed by a City employee. The City employee who witnesses or has knowledge of the injury/damage will place a checkmark in the appropriate block at the top of Form 36-2, and then complete the appropriate sections. When the form is completed, and after being acknowledged by the appropriate supervisor or division commander, it will be delivered electronically to the City's Risk Management office.

1.2 MOTOR VEHICLE CRASHES

Whenever a City-owned vehicle is involved in a crash, the employee driving the City vehicle will place a checkmark in the appropriate block at the top of Form 36-2, and then complete the appropriate sections. The employee should attach a copy of the crash report to Form 36-2 and submit them to the supervisor. The supervisor shall review the form for accuracy and completeness and then finalize Section VI. The appropriate division commander will acknowledge and submit the form electronically to the City's Risk Management office.

**NOTE:** Vehicles used by the Airport Division that are owned and insured by the Greater Orlando Aviation Authority (GOAA) will use the GOAA Accident/Damage Investigation Form (GOAA #750.3.1) instead of Risk Management Form 36-2. Vehicles used by the Airport Division that are owned or leased by the City will use the Risk Management Form 36-2.

### 1.3 DAMAGE TO, OR LOSS OF, INTERGOVERNMENTAL PROPERTY

Whenever City property is damaged, stolen, vandalized, or lost, and the loss is greater than \$100, a supervisor will be notified. The supervisor will place a checkmark in the appropriate block at the top of Form 36-2, complete all applicable sections, and submit it electronically to the division commander.

## **2. WORKERS' COMPENSATION FIRST REPORT OF INJURY OR ILLNESS**

### 2.1 PROCEDURE

Employees and supervisors are required by Department regulations to report all job-connected injuries no later than the end of the tour of duty during which the injury occurred. An employee who receives a job-related non-emergency injury during the Advent Health Centra Care working hours may be sent to Advent Health Centra Care Treatment Center for treatment. Employees injured at other times may be treated at Advent Health. Employees who receive a job-related injury of an emergency nature should be transported to the closest emergency medical facility.

#### 2.1.1 MINOR ON-DUTY INJURY – NO TREATMENT

For employees who receive a minor on-duty injury or illness that does not require treatment, the supervisor will contact the Advent Health Centra Care Call Center at 407.691.5490 or 1.888.807.1020 and follow the prompts. If treatment is required at a later date, the affected officer must call Risk Management to coordinate treatment. Do not call the Advent Health Centra Care Call Center a second time for the same injury unless directed to do so by Risk Management. Employees with last names ending in A-L must call 407.246.3760, and employees with last names ending in M-Z must call 407.246.3611.

#### 2.1.2 ON-DUTY INJURY/NON-EMERGENCY TREATMENT

For employees who receive an on-duty injury or illness that requires non-emergency treatment, the supervisor will call the Advent Health Centra Care Call Center at 407.691.5490 or 1.888.807.1020 and follow the prompts. The Call Center will document information about the injury or illness and initiate the Workers' Compensation First Report of Injury or Illness form. The Call Center will make the appointment for the employee and inform the supervisor as to which Treatment Center the employee is to report. Once the employee has received treatment, the employee will be given a yellow discharge instruction form from the Advent Health Centra Care Treatment Center. The employee will immediately take the discharge instruction form to his or her supervisor, who will check it for completeness (i.e., ensure duty status is annotated) and submit a copy of the form to the Payroll Unit within 24 hours or no later than 9:00 a.m. the next business day and provide a copy to the Patrol Services Bureau Aide within the same timeframe.

#### 2.1.3 ON-DUTY INJURY/EMERGENCY TREATMENT

For employees who receive an on-duty injury or illness that requires emergency treatment in a hospital, the supervisor will contact the Advent Health Centra Care Call Center at 407.691.5490 or 1.888.807.1020 and follow the prompts. The Call Center will provide information regarding follow-up treatment once the employee is released from the hospital. The supervisor will submit a copy of the yellow discharge instruction form to the Payroll Unit within 24 hours or no later than 9:00 a.m. the next business day and provide a copy to the Patrol Services Bureau Aide within the same timeframe.

Every time an employee receives treatment for the on-duty injury or illness, the employee must immediately deliver a copy of any and all paperwork received from the treatment center to his or her supervisor. A copy of the paperwork will be sent to the Patrol Services Bureau Aide. If the employee has a change in his or her work status (i.e., off work status to an alternative duty status), then the supervisor must also send a copy to the Payroll Unit.

**In the event the Workers' Compensation First Report of Injury or Illness report is not received by the State of Florida Workers' Compensation Offices within seven days of knowledge of such an injury, a \$500 fine will be assessed. This fine, if assessed, will be charged back to the injured employee's bureau, which will initiate an internal inquiry.** Failure to timely report injuries could result in the loss of Workers' Compensation benefits.

## 2.2 ADDITIONAL SUPERVISOR RESPONSIBILITIES

Supervisors shall ensure that the Weekly Attendance Record, supporting remarks section, reflects that sick time is being used for a previously reported on-the-job injury or that the employee is in an alternative duty status.

Supervisors shall forward a photocopy of the Advent Health Centra Care follow-up paperwork to the Patrol Services Bureau Aide and a copy to the Payroll Unit when an employee has any change in his or her work status.

## 2.3 PAYROLL RESPONSIBILITIES

A Wage Statement report shall be completed by the Payroll Unit if the employee is unable to resume either full or alternative duty work at the end of the first seven days of an on-the-job injury. The Payroll Unit will send this form to City Risk Management and maintain a copy for their records.

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