

OFFICE OF CHIEF OF POLICE
OAKLAND POLICE DEPARTMENT

MEMORANDUM

TO: All Personnel

DATE: 1 Apr 10

SUBJECT: Revision of Departmental General Order D-4,
SICK AND INJURY PROCEDURES (Rev. 1 Jul 99)

The subject order has been renamed ILLNESS AND INJURY PROCEDURES and revised to set forth revised Department policy and procedures regarding reporting and documenting on-/off-duty illness and injury; to clarify aspects of extended sick leave and return to duty; to delete references to obsolete form 600-27; and, to set forth additional written report requirements.

Additionally, effective 1 Apr 10, the City of Oakland will implement a pilot injury management program called Company Nurse[®]. This program will assist ill/injured persons with medical advice and assist with timely processing of claims.

During this pilot program, a member or employee sustaining an on-duty illness or injury or reporting a recurrence of an on-duty illness or injury shall also be required to telephone **Company Nurse[®] at 1-877-230-9693** (available 24 hours per day, seven days per week) after notifying his/her supervisor. In the event the member or employee is unable, the supervisor shall make the call to the Company Nurse.

Special Orders 8244 and 8666 have been incorporated into this revised order and are hereby canceled.

The evaluation coordinator for this order shall be the Personnel Section Commander, who without further notice, shall forward the required report to the Chief of Police on or by 1 Oct 10.

The Evaluation Coordinator shall receive, review and document the acceptance or rejection of all comments and/or recommendations received prior to submitting his/her six-month evaluation report.

The Evaluation Coordinator shall forward a copy of the six-month evaluation report, along with the comments/recommendations received, to the Office of Inspector General to be maintained in the appropriate Departmental General Order archive folder.

Personnel shall acknowledge receipt, review, and understanding of this directive in accordance with the provisions of DGO A-1, DEPARTMENTAL PUBLICATIONS.

By order of



Anthony W. Batts
Chief of Police

Date Signed: _____

3/28/10



DEPARTMENTAL
GENERAL
ORDER

D-4

Index as:

Illness and Injury Procedures

Effective Date:
1 Apr 10

Evaluation Coordinator:
Personnel Section Manager

Evaluation Due Date:
1 Oct 10

Automatic Revision Cycle:
3 Years

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ILLNESS AND INJURY PROCEDURES

The purpose of this order is to set forth Departmental policy and procedures regarding reporting and documenting on-/off-duty illnesses and injuries.

Nothing in this order is intended to alter the existing collective bargaining agreements between the City and OPD member/employee bargaining units. The Department recognizes that the implementation of certain provisions of this order may require compliance with the meet-and-confer process.

I. DEFINITIONS AND TERMINOLOGY

A. On-Duty Illness/Injury

An illness/injury defined generally as a health condition that **is a result** of an on-duty injury or exposure and which restricts members or employees from performing their regularly assigned duties.

B. Off-Duty Illness/Injury

An illness/injury defined generally as a health condition that **is not a result** of an on-duty injury or exposure, but which restricts members or employees from performing their regularly assigned duties. Excludes presumptive illnesses/injuries (See Part I, E).

C. Extended Illness/Injury

Any on-/off-duty illness/injury defined as the status of a member or employee absent from duty for 15 consecutive calendar days or more.

D. Immediate Supervisor

A supervisor, commander, or manager responsible for the direct supervision of a member or employee.

E. Presumptive Illness/Injury

Heart attack, tuberculosis, hernia, cancer, blood-borne infectious diseases, meningitis, lower back impairment, and pneumonia incurred by **members** shall be presumptive, **after** the diagnosis is confirmed.

NOTE: Department personnel shall not make the determination that an illness/injury will be classified as presumptive. This decision requires coordination with other agencies. The Medical Unit shall perform the necessary coordination and advise the member or employee of the decision.

F. Pre-Designated Personal Physician

A member or employee may designate a personal physician by whom he/she wishes to be treated in the event of an on-duty injury. The Personal Physician Pre-Designation Form (TF-1074) must be completed, signed by the physician, and submitted to the Medical Unit in advance of any treatment. The form may be obtained online or from the Medical Unit. The Medical Unit processes the Pre-Designated Physician Form and provides the member/employee with a copy and retains the original in the Medical Unit file.

II. POLICY

- A. Responsibility for continuing physical and mental employability shall rest with individual members and employees. Excessive and/or abusive use of illness/injury leave burdens healthy personnel with extra responsibilities and, therefore, shall be viewed as unacceptable work performance.
- B. It shall be the responsibility of unit supervisors and commanders to ensure that subordinate personnel use illness and injury leave appropriately, seek health care when necessary, and comply with the provisions of this order.
- C. Unit supervisors, commanders, and managers shall implement an effective attendance management program for subordinate personnel whose use of illness and injury leave indicates a continuous attendance problem.

- D. While on illness or injury leave, members and employees shall not engage in activity that could jeopardize, exacerbate, or delay their ability to return to Departmental duty. Consequently, any outside employment permit which is in effect at the time that a member or employee becomes ill or injured shall be suspended. The suspension shall remain in effect until the member or employee submits a statement to the Chief of Police from the primary treating physician certifying that the particular form of outside employment requested will not aggravate his/her medical problem. The Chief of Police shall determine, on the basis of the primary treating physician's statement and the individual's work history whether or not to grant or reinstate an outside employment permit.
- E. When a member or employee takes an unpaid leave of absence, medical insurance premium payments may be discontinued 30 days following the last month in which the member or employee was paid¹, unless the member or employee makes special advance arrangements for continued coverage during the leave.
- If the member or employee returns to work after letting health coverage lapse, he/she must contact the Personnel Section immediately to make arrangements for reinstatement.
- F. An on-duty member or employee who must leave work for any personal health reason or other medical emergency as defined in the Family Medical Leave Act (FMLA) shall notify his/her immediate supervisor before leaving work.
- G. Unit commanders and supervisors shall ensure that appropriate notifications and reports regarding ill and injured personnel are promptly transmitted or forwarded in accordance with the provisions of this order.
- H. A member or employee who has been absent for four (4) consecutive months or more with an illness/injury, shall, prior to returning to work, complete the re-integration process with the Training Section, to include the completion of a Re-integration Checklist (TF-3320).

¹ **EXAMPLE:** If a member/employee was paid at any time during the month of July, their medical insurance premiums would cease on 1 September.

III. MEDICAL TREATMENT AND IMMEDIATE NOTIFICATIONS

A. Medical Attention and Notifications during Working Hours²

1. Situations Requiring Emergency Medical Attention

- a. A member or employee who incurs a life-threatening illness or injury while on duty shall be taken immediately by ambulance or police vehicle to the closest emergency hospital.
- b. The member or employee, or if unable, the first responding member or employee shall immediately, or as soon as possible, notify the ill or injured person's immediate supervisor.
- c. The immediate supervisor shall:
 - 1) Immediately notify the appropriate chain-of-command up to the Bureau Deputy Chief if a member or employee has been killed or has incurred a life-threatening illness or injury.
 - 2) Notify and advise the Medical Unit Coordinator of such incidents, as soon as practical, and provide the following information:
 - a) Date of injury;
 - b) Date the Department became aware of the injury, if different from the date of injury; and
 - c) Date the Worker's Compensation Claim Form (DWC-1) was provided to the injured party.
 - 3) Notify the City's Risk Manager if a member or employee is killed, dismembered, disfigured, or may be hospitalized for more than 24 hours. Notification is required for all deaths or injuries except those resulting from Penal Code violations and vehicle accidents. **DO NOT LEAVE A VOICE MESSAGE.**

² Effective 1 Apr 10 and until further notice, a member or employee sustaining an on-duty illness or injury or reporting a recurrence of an on-duty illness or injury shall also be required to telephone **Company Nurse® at 1-877-230-9693** (available 24 hours per day, seven days per week) after notifying his/her supervisor. In the event the member or employee is unable, the supervisor shall make the call to the Company Nurse (See accompanying Memorandum).

In the event the City's Risk Manager's office cannot be contacted, the immediate supervisor shall phone the Oakland office of Cal-OSHA 24-hour number and report the incident. The immediate supervisor shall additionally ensure that the City's Risk Manager is notified as soon as possible.

2. Situations Requiring Non-Emergency Medical Attention

- a. In the event an on-duty member or employee incurs an injury which requires prompt but non-emergency medical attention, he/she shall immediately notify his/her immediate supervisor.
- b. The immediate supervisor shall:
 - 1) Direct the injured person to the City Physician's Office [Map to City of Oakland's Designated Healthcare Facility – Concentra Medical Center (TF-3291)] or the member/employee's pre-designated personal physician for medical treatment.
 - 2) If the injured person requires medical attention, obtain and complete the required medical forms in accordance with the provision of Part IV of this order and transport the person to either:
 - a) The City Physician's Office; or
 - b) Pre-designated personal physician.
 - 3) Ensure that the person receives medical attention at a hospital emergency room if the City Physician's Office is closed.

3. On-Duty HIV Exposure

In the event an on-duty member or employee is in contact with a person or exposed to a transfer of body fluid where HIV is suspected, he/she shall immediately notify his/her immediate supervisor.

- a. The immediate supervisor shall direct the member or employee to the City Physician's Office, hospital, his/her pre-designated personal physician, or clinician for treatment and/or testing. The member or employee shall complete an Initial Injury Packet, to include a Contagious Disease Contact Report (TF-910), in accordance with the provisions of Part IV of this order.
- b. Under the Health and Safety Code §199.97, a member or employee may request HIV and/or hepatitis testing of a suspect if it is alleged that the person interfered with his/her official duties by biting, scratching, spitting or transferring blood, saliva, semen or other bodily fluid upon the member or employee.

There are two means by which the member or employee can obtain testing of the suspect once there is a transfer of body fluids.

1) Voluntary testing

A member or employee must ask the person if he/she will undergo a voluntary test for HIV and/or Hepatitis. The request may be made immediately after the incident or at any time prior to charging. If the person agrees, he/she shall be transported to a contracted medical facility for testing. The transporting officer shall obtain a medical release from the suspect and provide a copy to the testing facility and advise the testing facility to forward the results to the member/employee's primary treating physician.

2) Involuntary testing

If the person refuses a voluntary test, the Health and Safety Code §199.97 provides that the member or employee and his/her employer may petition the court to compel the suspect to provide blood samples for testing. Contact the Office of the City Attorney to assist with preparing a Petition for Order to Test Accused's Blood and Order to Test the Accused's Blood.

- 3) Regardless of whether there is a voluntary or involuntary test request made, the member or employee is encouraged to contact his/her pre-designated physician or City Physician to determine whether there is any medical treatment available while awaiting the test results. Additionally, the member or employee is encouraged to undergo HIV and Hepatitis baseline testing with his/her primary treating physician or at the City Physician's Office immediately after the incident.

B. Medical Attention and Notifications While Off-Duty

1. Situations Requiring Emergency Medical Attention

- a. An off-duty member or employee who incurs a life-threatening illness or injury shall obtain immediate emergency medical treatment.
- b. If the off-duty illness or injury may affect a member or employee's performance or attendance, he/she shall contact his/her immediate supervisor and the Medical Unit as soon as practical. In the absence of the immediate supervisor, the first-level commander, through the chain-of-command, shall be contacted and advised of the circumstances.
- c. The immediate supervisor shall ensure that the appropriate Bureau Deputy Chief is contacted immediately when a member or employee incurs a life-threatening illness or injury while off-duty.

2. Situations Requiring Non-Emergency Medical Attention

- a. An off-duty member or employee who incurs an illness or injury which requires prompt but non-emergency medical attention may obtain medical treatment from his/her pre-designated personal physician.
- b. If non-emergency medical attention is required for a possible recurring on-duty injury, the member or employee shall notify his/her immediate supervisor and report to the City Physician's Office or pre-designated personal physician to obtain a recommendation for treatment.

- 1) When the member or employee notifies his/her immediate supervisor regarding a possible recurrence, the member or employee shall report symptoms only, not conclusions about the cause.
- 2) A member or employee shall contact the City Physician or pre-designated personal physician as soon as possible regarding a recommendation for continuing treatment.
- 3) If the City Physician's Office is not open **AND** there is no Pre-Designated Physician Form on file when the possible recurrence takes place, the member or employee may obtain initial medical attention from the physician or facility of his/her choice; however, the member or employee shall contact the Medical Unit Coordinator as soon as possible for authorization to visit the City Physician, upon reopening, regarding a recommendation for continuing treatment
- 4) If the injury is later determined not to be a recurring on-duty or duty-related injury, the member or employee shall be responsible for medical expenses.

C. Unable to Report for Duty – Member/Employee Notifications

Members and employees, unable to report for duty because of health reasons, shall make notification through the Automated Scheduling Management System (i.e., Telestaff or Webstaff) or via telephone to his/her immediate supervisor or unit commander at least three (3) hours prior to the start of the normal reporting time each day⁴.

In the event the duration of the absence is known in advance, the member or employee may make the notification via telephone or Telestaff/Webstaff for the entire time period.

⁴ There is no presumption that the member/employee will be absent from work on subsequent days following the initial (first day) notification unless proper notification is made each day or in advance. If notification is not made in accordance within the established timeframe, the member/employee shall be expected at his/her regular duty assignment.

D. Reporting Whereabouts While on Illness or Injury Leave

1. A member or employee who is on illness or injury leave shall:
 - a. Obtain prior approval from his/her primary treating physician as to the medical advisability of leaving his/her residence for more than 24 hours.
 - b. Notify and leave the address, if appropriate, and a contact number with his/her immediate supervisor or designee, and the Medical Unit Coordinator prior to leaving his/her residence for more than 24 hours.
2. Members and employees shall notify his/her immediate supervisor or designee of their return.

IV. WRITTEN DOCUMENTATION

Whenever a member or employee suffers symptoms (initial or recurrence) of an on-duty illness/injury, one of the following packets is required to be completed.

The ill/injured person, or if unable, his/her immediate supervisor shall obtain one of the following medical packets on-line, from the Medical Unit, or through their bureau/division administrative units:

IMPORTANT NOTE: Failure to complete and submit required forms in a timely manner may prevent the injured person from receiving benefits or may result in the City being subject to substantial fines from the State.

- Declination of Medical Treatment Packet (DMTP) contains the following documents:
 1. **DMTP Instructions** (TF-3300);
 2. **Declination of Medical Treatment** (TF-3288);
 3. **Employee Incident/Accident Report** (TF-3289); and
 4. **Supervisor Incident/Accident Investigation Report** (TF-3290).

- Initial Injury Packet (IIP) contains the following documents:
 1. **Initial Injury Packet Instructions** (TF-3299);
 2. General Information Documentation:
 - a. **Map to City of Oakland's Designated Healthcare Facility – Concentra Medical Center** (TF-3291);
 - b. **Injury – Work Status Guide** (TF-3292);
 - c. **Injury – Mileage Reimbursement Form** (TF-3293); and
 - d. **Overview of California Workers' Compensation System** (TF-3294).
 3. **Treatment Authorization Form** (TF-3295);
 4. **Authorization to Release Medical Information Form** (TF-3296);
 5. **Ability Status Report** (TF-3297);
 6. **Employee Incident/Accident Report** (TF-3289);
 7. **Supervisor Incident/Accident Investigation Report** (TF-3290);
 8. **Supervisor's Occupational Injury Report** (TF-3271);
 9. **Employer's Report of Occupational Injury or Illness** (Form 5020);
and
 10. **Worker's Compensation Claim Form (DWC-1) with instructions.**
 - **Contagious Disease Contact Report** (TF-910) – Obtain this report separately, complete, and submit with the appropriate packet, if necessary.
- A. DMTP: On-Duty Injury - No Medical Treatment or Loss of Time from Work
1. Injured Member or Employee Responsibilities
 - a. **Declination of Medical Treatment Form and Employee Incident/Accident Report.**

When the on-duty injury does not require medical treatment and does not involve time lost from work, the injured person shall complete these reports.
 - b. **Contagious Disease Contact Report (TF-910)**

Complete this report when there is an on-duty exposure to a contagious disease, whether or not medical attention is received.
 - c. Forward the completed DMTP to his/her immediate supervisor by the end of his/her tour of duty but no later than four (4) calendar days.

2. Follow-Up by the Immediate Supervisor

The immediate supervisor shall:

- a. Review the **Declination of Medical Treatment and Employee Incident/Accident Report**;
- b. Upon review and approval, complete the **Supervisor Incident/Accident Investigation Report**; and
- c. Forward the approved DMTP to the Medical Unit Coordinator within 24 hours of receipt from the member or employee.

B. Initial Injury Packet (IIP): On-Duty Injury – Medical Treatment and/or Loss of Time from Work

1. Initial Procedures by Immediate Supervisor

Whenever an on-duty member or employee is to receive medical treatment, the immediate supervisor shall, if possible, ensure the following forms are completed and signed.

In the event the injured party is unable to sign or accept these documents, the immediate supervisor shall complete as much of the required documents as possible and deliver to the Medical Unit Coordinator **within 24 hours** of being notified of the illness or injury.

a. **Treatment Authorization**

The immediate supervisor shall complete and sign this form and give to the injured party to present to the primary treating physician.

b. **Ability Status Report**

The immediate supervisor shall provide the injured party with this report to present to his/her primary treating physician.

c. **Authorization to Release Medical Information**

The immediate supervisor shall ensure this form is completed and signed by the injured party. This form is forwarded to the Medical Unit.

2. Member or Employee Responsibilities

Whenever a member or employee incurs an on-duty injury, suffers an appearance of symptoms of an on-duty injury or a recurring on-duty injury, he/she shall complete the following reports by the end of his/her tour of duty but no later than 24 hours:

a. **Employee Incident/Accident Report**

The injured person shall complete this report. This form shall also be completed if medical treatment is obtained following on-duty exposure to a contagious disease.

b. **Contagious Disease Contact Report (TF-910)**

Complete this report when exposed to a contagious disease on duty, whether or not medical attention is received.

c. **Workers' Compensation Claim Form (DWC 1):**

Complete and sign the *Employee Section* of the **Workers' Compensation Claim Form** for **all** injuries in accordance with the instructions included on the form and return the completed form to his/her immediate supervisor.

3. Follow-up by Immediate Supervisor

The immediate supervisor shall:

a. Review the **Employee Incident/Accident Report**, **Contagious Disease Contact Report** (if completed), and the **Worker's Compensation Claim Form** for accuracy and completeness.

b. Interview witnesses regarding the circumstances of the injury or exposure to contagious disease and obtain statements, when appropriate.

c. Upon review, complete the following documentation:

1) **Supervisor Incident/Accident Investigation Report;**

2) **Supervisor's Occupational Injury Report;**

- 3) **Employer's Report of Occupational Injury or Illness (Form 5020) ; and**
- 4) **Workers' Compensation Claim Form (DWC 1).**

Complete and sign the *Employer Section* of the **Workers' Compensation Claim Form** for **all** injuries in accordance with the instructions on the form.

V. IMMEDIATE SUPERVISOR – ADDITIONAL RESPONSIBILITIES

The immediate supervisor shall ensure:

- A. All forms, reports, and supporting documentation are delivered to the Medical Unit Coordinator **within 24 hours of receipt** from the injured member/employee.
- B. The Medical Unit Coordinator is provided with a copy of the offense report to forward to the Workers' Compensation Administrator in all cases when a suspect or third party is identified as being responsible for injuries to an officer.
- C. Any member or employee who was on illness or injury leave during all or part of the previous work day has been properly documented via Telestaff/Webstaff and on the appropriate Time Sheet for the pay period.

VI. EXTENDED ILLNESS/INJURY LEAVE

- A. Unit commanders/managers shall notify the Medical Unit Coordinator whenever a member or employee, under their command, is absent from duty for 15 consecutive **calendar** days or more because of illness or injury.
- B. For administrative purposes, the absent member or employee shall be transferred to the Medical Unit effective the Saturday following the 15th calendar day of absence.
- C. An ill or injured member or employee administratively transferred to the Medical Unit shall:
 1. Attend all scheduled medical appointments. Failure to attend such appointments may jeopardize Workers' Compensation rights and/are considered a violation of this order.

2. Cancel and reschedule a medical appointment 24 hours in advance, if possible. Notify the Medical Unit Coordinator of the rescheduled appointment date by the next business day.
 3. Promptly advise the Medical Unit regarding the new medical appointments, changes in treatment, and referral to other physicians or therapists.
 4. Comply with all instructions by the Medical Unit Coordinator under the authority of the Personnel Manager.
- D. When a member or employee has been administratively transferred to the Medical Unit due to illness or injury, he/she shall be subject to the direct supervision of the Personnel Manager. Supervisors, commanders, and managers shall direct inquiries regarding the medical condition of transferred personnel to the Personnel Manager.
- E. Members and Employees on Extended Illness/Injury Leave - Subpoena Service
1. Members and employees on extended illness/injury leave shall respond to duty-related subpoenas unless they are medically or psychologically unfit to appear in court.
 2. Response to such subpoenas is regarded as an on-duty assignment.
 3. The Medical Unit is authorized to accept duty-related subpoenas on behalf of the named member or employee assigned to the Medical Unit while on extended illness/injury leave. The Medical Unit Coordinator shall forward the subpoena to the named member or employee.

VII. MANDATORY COUNSELING SERVICES

- A. In all incidents where a member or employee is shot by a firearm, stabbed or lacerated by an edged weapon, or otherwise seriously injured as a result of an armed encounter or violent confrontation with a suspect; the involved member or employee shall attend employee assistance and counseling services provided by the City prior to returning to his/her regular duty assignment.
- B. Commander and managers shall ensure involved members and employees are advised of the services available and shall direct their mandatory attendance. Members and employees who witness such incidents may also be referred to counseling services, as necessary.

- C. In the event a commander or manager deems it to be in the best interest of the member/employee and/or the Department, he/she shall advise the member/employee of available assistance and counseling services and may direct their attendance prior to return to his/her regular duty assignment.

VIII. RETURNING TO DUTY

- A. A member or employee shall notify his/her immediate supervisor or the Medical Unit Coordinator, as appropriate, of his/her intention to return to duty as soon as practical in accordance with the provisions outlined in this order.
- B. Members and employees shall provide his/her immediate supervisor or the Medical Unit Coordinator with clearance or any work-related restrictions from his/her primary treating physician, when required.
- C. Immediate supervisors shall not allow a member or employee back to work until he/she has received clearance from the Medical Unit.
- D. Primary Treating Physician Clearance to Return to Duty
 - 1. A member or employee shall obtain medical clearance from his/her primary treating physician before returning to duty following illness or injury if he/she has:
 - a. Been on off-duty illness/injury leave for more than five (5) consecutive calendar days (including days off).
 - b. Suffered an on-duty illness/injury or recurrence of an on-duty injury which involved lost work time or medical treatment.
 - c. Suffered an on-duty exposure to a contagious disease which involved medical treatment.
 - d. Suffered an on-duty illness/injury and any partially corrected health condition that may enable him/her to return to medically restricted duty on a temporary basis.
 - 2. Whenever medical clearance is required, the member or employee shall provide his/her primary treating physician with an **Ability Status Report** and have the physician document their medical condition and clearance to return to duty.

3. The member or employee shall submit the completed form to the Medical Unit Coordinator.

E. Departmental Verification of Medical Clearance and Authorization to Return to Work

1. If a member or employee has been absent for more than five (5), but less than 15 consecutive calendar days with an **off-duty** illness/injury and has **no medical restrictions**, he/she may return directly to his/her regular duty assignment by delivering the Ability/Status Report to his/her immediate supervisor.

The immediate supervisor shall review the Ability/Status Report to ensure the member or employee's primary treating physician or City Physician has authorized his/her return to work without medical restrictions and forward the Ability/Status Report to the Medical Unit Coordinator.

2. If a member or employee has been absent for 15 consecutive calendar days or more with an **off-duty** illness/injury and has **no medical restrictions** to return to full duty, he/she shall deliver the Ability/Status Report to the Medical Unit Coordinator. The Medical Unit Coordinator shall:
 - a. Inform the member or employee's immediate supervisor and instruct the individual to return to his/her regular duty assignment; or
 - b. Direct the member or employee to the City Physician for additional medical clearance.
3. If a member or employee is returning from an **on-duty** illness/injury, he/she shall report to the Medical Unit to obtain authorization to be seen by the City Physician and take the primary treating physician's statement in person to the City Physician's Office. If appropriate, the City Physician will provide the member or employee with written medical clearance to return to work or a referral to a specialist for further evaluation.

4. If a member or employee has been absent for 15 consecutive calendar days or more with an **on-/off-duty** illness/injury and is returning to work with **medical restrictions**, the Medical Unit shall endeavor to coordinate personnel to return to work in a transitional assignment with bureau commanders.
 - a. The Medical Unit Coordinator shall initially confer with the Deputy Chief or designee of the member or employee's regular assignment, who shall determine if there is a transitional assignment to which the member or employee could be assigned and perform at an acceptable level.
 - b. In the event the Deputy Chief of the member or employee's regular assignment does not have a transitional assignment, the other Deputy Chiefs may be consulted to determine if there is a transitional assignment within their bureaus.
 - c. If there is a transitional assignment, the Medical Unit Coordinator shall:
 - 1) Coordinate the duty assignment, including reporting date, time, and medical restrictions, with the appropriate unit commander and supervisor; and
 - 2) Contact and advise the member or employee of the transitional assignment duty and reporting instructions.
 - d. The transitional assignment duty supervisor shall ensure that assigned work does not violate medical restrictions enumerated in the Ability Status Report.
 - e. The Medical Unit Coordinator shall additionally:
 - 1) Instruct the member or employee to remain on leave if there is no transitional assignment; and
 - 2) Advise the Workers' Compensation Administrator that the member or employee was instructed to remain on leave.

F. Re-Integration Process

Members or employees returning to work who have been absent for four (4) or more consecutive months with an illness/injury, shall participate in and complete the re-integration process with the Training Section, to include the completion of a Re-integration Checklist (TF-3320). The completed Checklist shall be retained in the member/employee's personnel file.

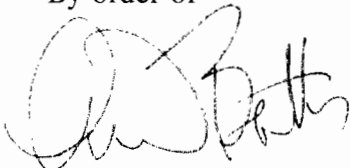
G. Leave of Absence Record

1. Members and employees shall complete and submit a Leave of Absence Record (TF-982) to his/her supervisor, immediately upon returning to duty, reporting full and partial days missed.
2. The immediate supervisor shall review, sign, and forward the Leave of Absence Record through the chain-of-command to the division commander/manager. The highest level of approval shall forward the Leave of Absence Record to the Personnel Section.

H. The Medical Unit Coordinator shall permanently maintain all medical records and other medical documentation.

I. The Medical Unit Coordinator shall ensure that medical records and other medical documentation are secure and that medical information shall only be released in accordance with the Health Insurance Portability Protection Act.

By order of



Anthony W. Batts
Chief of Police

Date Signed: 3/28/10