



City of Racine Police Department  
**Policy and Procedure**

**Number: 102**

Subject: <b>Line of Duty Injury</b>		
Date Issued: <b>04-01-1978</b>	Date Revised: <b>06-30-2017</b>	Revision Number: <b>7</b>

**POLICY**

This procedure has been adopted to ensure that a member or employee suffering a work-related injury receives both appropriate care and relief from any expenses related to that work-related injury.

**PROCEDURE**

**MEMBER**

When injury occurs in the line of duty, the following steps will be taken:

1. Immediately notify Dispatch of the injury and advise if additional help is needed (When injury occurs while out of town on Department business, the on-duty shift commander shall be notified as soon as possible).
2. Remain at the scene unless:
  - a. Immediate medical attention is required.
  - b. Advised otherwise by a supervisor or commander.
3. If medical attention is necessary and a physician writes a prescription, have the prescription filled and contact the Support Services Manager regarding reimbursement and additional forms.
4. In cases where no medical attention is necessary, report to your Supervisor and follow his or her instructions.
5. For non-emergency or non-life threatening workplace injuries that occur during their hours of operation use the following clinics when medical attention is required:
  - a. All Saints Occupational Health Clinic – 3805 Spring St., West Professional Building B, Suite 260, Telephone: 262-635-6150, Hours of Operation: Monday – Friday, 7:30 a.m. – 5:00 p.m.
  - b. Aurora Health Center - 8348 Washington Avenue (East Building, West Entrance), Telephone: 262-884-4080, Hours of Operation: Monday – Friday, 8:00 a.m. – 5:00 p.m.
  - c. Concentra Clinic - 1147 Warwick Way, Telephone: 262-886-3997, Hours of Operation: Monday - Friday, 8:30 a.m. – 5:30 p.m.
6. Prepare an Incident Report detailing the circumstances of the incident and the injury. A verbal account may be given to the supervisor investigating the incident if you are not physically able to complete the report.
7. Prepare Employee's First Report of Injury on line form. This form can be found on CORI under Human Resources Injury Forms. Submit form via email to the Support Services Manager and Administrative Assistant.
8. The Physician's Work Status Report (All Saints Form #971270) or its equivalent must be completed by the attending physician prior to your return to duty any time there is a projected loss of time. A copy of the completed form must be forwarded to the Support Services Manager via C.O.C. prior to returning to work.
9. If follow-up treatment is required, furnish the physician with the City of Racine Authorization for Treatment, Disclosure of Medical Records & Payment for Worker's Compensation Injury Form (Form #RWC-04F). The use of this form will ensure that the charges for treatment go to the City of Racine insurance administrator (CVMIC).

## SUPERVISOR

1. Respond to the scene immediately and determine the extent of injury.
  - a. Ensure that the member/employee receives medical attention as necessary.
  - b. In the event of a non-emergency or non-life threatening workplace injury that occurs during the hours of operation of the clinics, refer the employee to the occupational health clinic of the employee's choice.
    - 1) The supervisor preparing the initial report of injury maintains responsibility for making referrals in these situations.
    - 2) To make a referral, simply call the number, identify yourself as a City of Racine supervisor, and tell them you will be sending an injured employee, along with a brief explanation of the injury.
    - 3) Be governed by any further instruction given by the clinic.
    - 4) Supervisors should note on the initial report of injury and on the subsequent Shift Commander's Report, the location of initial treatment.
  - c. Conduct a thorough "on scene" investigation to determine how and why the injury occurred.
  - d. Injury resulting from a squad accident requires that a traffic investigator be summoned to investigate the accident. The supervisor will complete the injury investigation and necessary paperwork regarding the injury. If no traffic investigator is working the supervisor will decide if one should be called in or if the accident will be completed by another member.
  - e. Respond to the hospital or clinic, except in extraordinary circumstances.
  - f. Complete your investigation.
    - 1) Interview the member or employee as well as any witnesses. Witnesses need to complete the Witness Statement on line form. This form can be found on CORI under Human Resources Injury Forms. Submit via email to the Support Services Manager and Administrative Assistant.
    - 2) Members or employees present at the time the injury occurred, or who have knowledge of the circumstances of the incident should be interviewed or instructed to prepare a supplemental report with this information.
2. Report incident details to the shift commander promptly.
3. Prepare the Supervisor Review of Injury or Illness on line form. This form can be found on CORI under Human Resources Injury Forms. Submit form via email to the Support Services Manager and Administrative Assistant.
4. Complete the Sick/Injury Report in Phoenix.
  - a. Complete a supplemental report, if the member is unable to do so.
  - b. Request that the physician complete a Work Status Report (All Saints Form #971270) or its equivalent, indicating when the member or employee may return to full or restricted duty.
5. Determine if the injured member or employee will:
  - a. Remain on duty.
  - b. Be unable to continue on duty, but is released after treatment.
  - c. Be confined to a hospital.
    - 1) If confined, secure all equipment, weapons, etc. and deliver them to the member/employee's Shift/Unit Commander.
    - 2) Record the injury code (093) on the TMS (Time Management System) until the member or employee returns to duty.
6. Should a member or employee need to seek treatment after initial medical screening:
  - a. Give the member or employee a blank City of Racine Authorization for Treatment, Disclosure of Medical Records & Payment for Worker's Compensation Injury form.

## SHIFT/UNIT COMMANDER

1. Once Communications or a supervisor notifies you that a member or employee has been injured, assign additional supervisory personnel as necessary.
2. Take complete charge in all cases of serious injury, etc.
  - a. Notify appropriate Department personnel in accordance with Procedure #212.

- b. In cases of serious injury, assign a supervisor to personally notify the member or employee's immediate family.
  - c. If appropriate, contact the Peer Support Commander.
3. Prepare Shift Commander's Report (PP73) including all the relevant facts regarding the incident and disseminate per policy.
  - a. Forward a copy to the Support Services Manager promptly.
  - b. Forward additional copies in accordance with Procedure #212.

### **SUPPORT SERVICES MANAGER**

1. Review all documents relevant to the injury:
  - a. Phoenix Sick/Injury Report.
  - b. Supplemental Reports, Accident Reports, etc.
  - c. Physician's Work Status Report.
  - d. Memorandums (PP27), Shift Commander's Report, etc.
2. If any of the reports are incomplete, return them for proper completion.
3. If complete, forward copies of all reports to the City of Racine Human Resource Department.
4. File the original in the member or employee's personnel file.
5. Complete the Employer's First Report of Injury or Disease Form (WKC-12).
  - a. Forward the original to the City of Racine Human Resource Department.
  - b. Retain one copy for filing.

### **RELATED PROCEDURES**

[Table of Contents](#)

[119 – Police Officer Support Team](#)

[212 – Reporting of Major, Unusual, or Noteworthy Occurrences](#)