

June 1, 1994

GENERAL ORDER # 8
Series of 1994

To Police Personnel:

This general order shall supersede General Order #13, Series of 1993, dated June 10, 1993.

The following is the Providence Police Department's policy regarding officers who are injured-on-duty ("IOD").

Members of this Department injured while in the performance of their duties shall be required to fill out several documents (hereinafter collectively referred to as the "IOD package") as soon as practical. The documents making up the IOD package are set forth in #s 1-5 of this General Order. This package has been revised to meet the changes in policy and procedure.

1. IOD FORM

This is the basic form for reporting an IOD injury. This form will be completed by the injured officer, using the officer's home address, NOT the address of the police department. It is imperative that all questions on the IOD Form be answered fully including all of the information requested in the event that the injury involves a recurrence.

2. WITNESS STATEMENT FORM

Where applicable, witness statements should accompany the IOD package; they are not necessary in order to process the officer's IOD claim. However, it is necessary that any witness statements be delivered to the Personnel Bureau within seven (7) days of the date of the incident giving rise to the IOD claim. It is the responsibility of the injured officer to secure witness statements, not that of the Personnel Bureau.

3. AUTHORIZATION FOR MEDICAL AND/OR HOSPITAL INFORMATION FORM

Each injured officer must complete and sign this authorization form whether or not medical treatment is immediately being sought.

4. BLUE CROSS & BLUE SHIELD FORM

This form shall also be completely filled out by the injured officer whether or not medical treatment is immediately sought. The officer's Blue Cross Identification Number must be filled in, unless the injured officer is covered by Harvard Community Health in which case the injured officer shall note that fact on the form.

Medical expenses incurred in connection with an IOD injury will not have any effect on an officer's Blue Cross & Blue Shield Major Medical benefits which are outlined in the collective bargaining agreement. Officers who are covered by Harvard Community Health will also be covered by Blue Cross, Blue Shield and Major Medical for IOD injuries.

5. MEDICAL/HOSPITAL REPORTS

Officers who seek medical attention for their injury must submit as part of the IOD package, a statement from the hospital or treating physician. This statement must indicate a diagnosis and whether the officer is able to remain on duty or is relieved of duty, and if relieved of duty, the length of time for which the officer is so relieved. A hospital or treating physician's note which relieves an officer for a specific period of time, (e.g. two days), is valid only for that period. (Even if that period constitutes the officer's days off).

At the conclusion of the specified period of excused absence, the officer is expected to resume regularly scheduled duties. If the officer intends to remain out of work beyond the initial period, another statement from a medical doctor is required in order for the officer to remain on IOD status. If the officer remains out of work beyond the initial period without submitting another doctor's note substantiating the reason for continued absence, the officer shall be taken off of IOD status and will be carried on sick leave. If the additional medical documentation is received within fourteen (14) days of the officer's injury and it supports the officer's IOD claim, then once the necessary documentation is submitted and the IOD forms are processed, and assuming the officer in question meets all of the other criteria necessary to carry an officer in an IOD status, then all department records shall be changed to note that the officer was in fact IOD instead of sick and all sick days previously charged against the officer's sick bank shall be restored to the officer. If, however, the additional medical documentation is not received within fourteen (14) days of the officer's injury, then the officer shall not be reimbursed for any sick leave utilized. Once the additional medical documentation is received substantiating the officer's IOD claim, the officer will be carried in an IOD status from the date the Department actually receives such additional medical documentation which substantiates the officer's IOD claim.

For obvious reasons, it shall be the responsibility of the injured officer to notify the treating physician that documentation concerning the injury address the following matters: whether or not it is a job related injury; prognosis; notes on officer's rehabilitation; and length of time before the officer can return to unrestricted police activities.

6. RECURRENCE AND/OR ADDITIONAL MEDICAL TREATMENT

Any time an officer suffers a recurrence of a previous IOD injury or requires additional medical treatment, tests, or therapy, as a result of a previous IOD injury, after the officer has returned to work for any period following the original injury, then the injured officer shall be required to submit a new IOD package to support the claim and/or need for additional treatment, tests, or therapy. The officer shall be sure to fill out Section 2 of the IOD Form concerning itself with recurrences.

7. PROCESSING THE IOD PACKAGE

After the IOD package is complete, the injured officer will legibly sign his name wherever necessary on all of the forms. The IOD package will then be delivered to the officer's commanding officer who shall thoroughly review the IOD package to ensure that the documents are complete and have been signed by the injured officer. The commanding officer shall then sign the IOD Form and deliver the IOD package to the Officer-in-Charge ("OIC") of the division. This is to be done in a timely fashion so that the OIC of the division may review the paperwork, sign the IOD Form, and deliver the IOD package to the Personnel Bureau within 24 hours from their submission by the injured officer. The Personnel Bureau, upon receipt of the IOD package shall notify the injured officer's OIC when the officer is to commence being carried in an IOD status. An officer shall not be carried in an IOD status until this notification is made by the Personnel Bureau.

8. FAILURE TO PROVIDE NECESSARY DOCUMENTATION

If all of the necessary documentation is not submitted to support the IOD claim, then the claim cannot be processed and the injured officer may be carried on sick leave until the IOD package is complete and delivered to the Personnel Bureau. Once the completed IOD package is received and processed by the Personnel Bureau, and assuming the officer in question meets all of the other criteria necessary to carry an officer in an IOD status, then all department records shall be changed to note that the officer was in fact IOD instead of sick and all sick days previously charged against the officer's sick bank shall be restored to the officer. The only exception to restoring an injured officer's sick days is in those situations when the necessary medical reports have not been furnished within the 14 day period set forth in #5 above or as described in #10 and #11 below.

9. RETURN TO WORK AUTHORIZATION

Prior to an officer returning to work from IOD status, the officer must present to the Personnel Bureau medical documentation clearing him to do so. The Personnel Bureau shall notify the officer's commanding officer.

If an officer returns to duty on a scheduled furlough day, it is imperative that a note be presented to the Personnel Bureau as soon as possible, in order that the officer's status be changed from IOD to furlough. The officer must make the necessary changes so that complications do not occur in scheduling and so that the officer's IOD status is not jeopardized. For instance, if a doctor's slip indicates that an officer is to return to unrestricted duties as of Friday, and the officer decides to turn in the slip to the Personnel Bureau on Monday, the officer will be carried sick for Friday, Saturday and Sunday.

10. CITY MEDICAL EXAMINATION (CME)

When a decision is made to send an officer for a City medical examination, (CME), the officer shall be notified by a member of the Personnel Bureau by phone and/or by attaching a written notice to the officer's payroll check. The Personnel Bureau will compile all medical records and reports and forward them to the City Physician for review prior to the officer's scheduled examination. A list of all medical records and reports that are being forwarded to the City Physician shall accompany the written notice to the officer of the examination. If the officer feels that the list of medical records and/or reports is incomplete, the officer shall notify the Personnel Bureau of any additional records that the officer wants forwarded to the City Physician. The officer will not be permitted to carry in any such records at the time of the examination by the City Physician. Following the examination, the City Physician's report shall then be forwarded to the Personnel Bureau and the officer shall receive a copy of same. In the event that the City Physician advises the Chief of Police in writing that in his opinion the officer who is being carried IOD is able to return to work, then the parties shall be governed by the provision of Article X, Section 2(D) of the collective bargaining agreement.

Under no circumstances is an officer to contact the City Physician to cancel an appointment. If an officer is unable to keep the appointment, the officer is to contact the Personnel Bureau as soon as possible and a determination will be made by the Claims Manager as to whether or not to reschedule the appointment. If the officer fails to appear for the scheduled appointment with the City Physician, the officer shall be removed from IOD status and be placed on sick leave (or other furlough time) until such time that the officer is examined by the City Physician at which point, the officer will be restored to IOD status; however, the officer shall not be entitled to reimbursement of the sick leave (or other furlough time) as used in this section. The second time the officer misses a scheduled appointment, the officer will also be suspended for two (2) days without pay.

If an officer fails to notify the Personnel Bureau of his/her intention not to appear for the examination by the City Physician (whether the refusal to appear is proper or not), then the officer shall be responsible for the \$100 cancellation fee.

11. ARBITRATION EXAMINATION

Whether there is an original injury involved or a recurrence, in the event that there is a conflict between the officer's physician and the City Physician, then the so-called arbitration process set forth under Article X, Section 2 of the collective bargaining agreement shall take effect.

The officer will be sent a notice detailing the date, time and place of the arbitration examination and the documents that are being sent to the arbitrating physician (hereinafter "the Arbitrator") for review. If the officer wants additional documents reviewed, they must be forwarded to:

ELIZABETH M. GRADY
Special Assistant to the City Solicitor/Claims Manager
Department of Law
City of Providence
100 Fountain Street
Providence, RI 02903-1845

If, however, the Department has already been provided with a copy of the additional documents, then the officer will not be required to furnish another copy, but rather can just notify the Claims Manager of the request that the Arbitrator be furnished with such additional documents.

Additional information must be medical in nature. No documents can be carried into the arbitration examination. Following the examination, the Arbitrator shall forward the report to the Personnel Bureau, who will then provide a copy to the injured officer upon receipt of same.

Under no circumstances is an officer to contact the Arbitrator to cancel an appointment. If an officer is unable to keep the appointment, the officer is to contact the Personnel Bureau as soon as possible and a determination will be made as to whether or not to reschedule the appointment. If the officer fails to appear for the scheduled appointment with the Arbitrator, the officer shall be removed from IOD status and be placed on sick leave (or other furlough time) until such time that the officer is examined by the Arbitrator, at which point the officer will be restored to IOD status; however the officer shall not be entitled to reimbursement of the sick leave (or other furlough time) as used in this section. The second time the officer misses a scheduled appointment, the officer will also be suspended for two (2) days without pay.

If an officer fails to notify the Personnel Bureau of his/her intention not to appear for the examination by the Arbitrator (whether the refusal to appear is proper or not), then the officer shall be responsible for the \$100 cancellation fee.

12. IOD OFFICERS LEAVING THE STATE

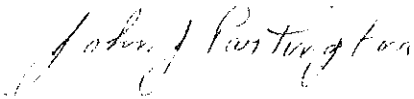
Officers in an IOD status shall be required to notify the Personnel Bureau between 8:00AM and 4:00PM, Monday through Friday, if they intend to leave the State of Rhode Island for a period in excess of twenty-four (24) hours. In such case, the officer's IOD status shall be changed and the officer shall be required to use a furlough day.

Members shall be clean shaven at all times as long as they are a member of this Department.

Every member of this Department shall receive a copy of this General Order.

APPROVED:

JOHN J. PARTINGTON
Public Safety Commissioner



Attachments



BERNARD E. GANNON
Colonel
Chief of Police

PROVIDENCE POLICE DEPARTMENT

IOD FORM

Section 1

1. Name _____ 2. Age _____ 3. Sex _____
4. Home Address (*not police station*) _____
5. Weekly Rate of Pay _____ 6. Rank _____
7. Bureau _____ 8. Commanding Officer _____
9. Location of accident _____

10. Date of Accident (day, month, year) _____ 11. Date supervisor was notified _____
12. Describe in your own words how the accident happened.

13. Did you remain on duty or were you relieved of duty (*check one*)
14. List names and addresses of all witnesses.

15. Nature of Disability _____

16. Professional aid recieved -- Date: _____ Time: _____
By Whom and Where: _____

Section 2 - Recurrence

17. Location of original injury _____

18. Date of original injury (day, month, year) _____

19. Nature of disability of original injury _____

Injured Officer's Signature
Date Signed _____

Commanding Officer's Signature
Date Signed _____

Division OIC's Signature
Date Signed _____

Chief of Police

Date & Time Received in Personnel

PROVIDENCE POLICE DEPARTMENT

WITNESS STATEMENT

This is to certify that _____
(injured employee)

was injured--on-duty in my presence on _____
(date)

at _____
(time)

Did you actually see this accident? Yes _____ No _____

Describe how accident happened. _____

Signed: _____

Dated: _____

PROVIDENCE POLICE DEPARTMENT

AUTHORIZATION FOR MEDICAL AND/OR HOSPITAL INFORMATION

TO:

FOR:

This is to authorize my physician, hospital, medical attendant or others to furnish the Providence Police Department any and all information or opinions which it may request regarding my physical condition and treatment rendered therefor and to allow them to see or copy any x-rays or records which you may have regarding my condition or treatment regarding my work-related injury which occurred on _____
(date of injury)

A photostatic copy of this authorization shall act as the original.

WITNESS _____

INJURED OFFICER'S SIGNATURE _____

PROVIDENCE POLICE DEPARTMENT

BLUE CROSS & BLUE SHIELD FORM

TO: Jerry Squatrito

DATE: _____

SUBJECT: IOD Claims/Injury

NAME: _____

ADDRESS: _____

Street

City, State, Zip Code

CURRENT HEALTH INSURER: _____
(Blue Cross or Harvard Community Health)

IDENTIFICATION NUMBER (If BCBS of RI member): _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

DATE OF INJURY: _____

DIAGNOSIS: _____
(Nature of Injury)

**ATTACH TO THIS FORM ALL MEDICAL/HOSPITAL
REPORTS TO SUBSTANTIATE IOD CLAIM.**