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| **DENVILLE TOWNSHIP POLICE DEPARTMENT**  **POLICY & PROCEDURES** | | | | | **PATCH300 (2)** |
| **VOLUME: 2** | **CHAPTER: 11** | | | **# OF PAGES: 11** |
| **SUBJECT: PERSONNEL INJURIES** | | | | |
| **BY THE ORDER OF:**  **Chief of Police Christopher Wagner** | | | **ACCREDITATION STANDARDS: 2.1.5** | | |
| **Effective Date: 9-1-2014**  **Revised 4-27-2015** | | **SUPERSEDES ORDER #: V4 C10** | | | |

**PURPOSE:** The purpose of this policy is to provide guidelines for all officers, supervisors, administrators and employees of the department with regard to injuries and exposures that occur while on duty.

**POLICY:** It is the Township’s policy that any and all injuries to personnel, whether medical attention is requested and/or required at the time of the injury or not, be reported to the Township’s Safety Administrator as well as the Chief of Police, through the established chain of command. This policy establishes a protocol for reporting injuries as well as the required notifications and documentation that must be completed by anyone injured while employed by the Township. Nothing in this policy shall discourage or prevent an employee from seeking emergency medical care if so required.

**PROCEDURES:**

1. **Reporting of On-Duty Injuries**
   1. The following procedure will be carried out in all cases of on-duty injury to police department personnel:
2. All employees shall immediately report any injuries that occur while on-duty to their immediate supervisor. The Chief of Police will be notified through the established chain of command.
3. The Dispatcher shall enter a call for service in the CAD under “Injury to Township Personnel”.
4. The following reports must be completed by the end of the injured employee’s current tour of duty and forwarded through the chain of command to the Chief of Police in 24 hours.
5. Incident Report for “Injury to Township Personnel”. This report shall be completed by the injured officer. If the injured officer is unable to complete the report, the employee’s immediate supervisor shall complete it as soon as possible.
6. The immediate supervisor shall complete a DP-4 detailing the investigation of the circumstances of the injury. Photographs documenting the injury and when appropriate, location of where the injury occurred should also be taken. All other pertinent information and/or evidence associated with the incident in which the injury was suffered, will be collected and/or documented.
7. **Supervisor Responsibilities at the Scene of the Injury/Exposure**
8. The employee’s supervisor shall notify the department’s workers’ compensation insurer of the duty injury/exposure in accordance with the procedures outlined by the insurer.
9. **Notifications**: if the injury/exposure is considered serious in nature the Chief of Police shall be notified through the chain of command. If the injury/exposure is of a non-serious nature the employee’s supervisor shall notify their supervisor only.
10. **Family**: a supervisor shall notify the employee’s family in a manner appropriate with the type and extent of injury
11. For serious injures/exposures that require an emergency response by the employee’s family a supervisor will contact the local police department where the employee lives and ask if they could provide emergency transportation to the employee’s location at a medical facility.
12. For serious injures/exposures that do not require an emergency response by the employee’s family a supervisor will assign personnel to go to the employees house to make the notification in person. The assigned personnel shall then assist the family with getting to the medical facility.
13. For non-serious injuries/exposures a supervisor may notify the employee’s family via telephone.
14. **PEOSHA**: a supervisor must notify the New Jersey Public Employee’s Occupational Safety and Health Administration (PEOSHA) in the following cases and within the following time frames:
15. Work related fatality within 8 hours.
16. Work related in patient hospitalization, amputation or loss of an eye within 24 hours.
17. **Administrative Investigation**: a supervisor shall respond to the scene and conduct an investigation into the cause of the injury/exposure.
18. The investigation shall include the interviewing of all witnesses to the injury/exposure, as well as the injured/exposed employee.
19. The supervisor shall visit the accident site, as part of their investigation, and document the scene by photographing it, if necessary.
20. If there was any faulty equipment that lead to the injury/exposure it shall be collected and secured pending an official review or its operation.
21. The supervisor shall review the written account of the incident by the employee as part of their investigation into the cause of the injury/exposure.
22. **Investigation Reporting**: the supervisor shall comp­lete an investigation report documenting their findings at the conclusion of their investigation.
23. **Insurance Reporting**: a supervisor will complete all appropriate reporting forms as required by the department’s workers’ compensation insurer.
24. If the injury/exposure is due to a bloodborne pathogen a supervisor shall follow-up with the employee to make sure he/she has received follow-up treatment in accordance with initial medical treatment protocols.
25. **Meaningful Review and Analysis of Incident**
26. A command level officer shall perform a review of all injuries/exposures. This shall include at a minimum the following:
27. Review all the material compiled by the supervisory investigator relative to the injury/exposure;
28. Speak with the supervisory investigator regarding their findings; and
29. **Analysis Reporting**: the command level officer will complete a written report detailing their findings through the administrative review including, implementing changes that will likely reduce or eliminate future occurrences. These include, but are not limited to, policy changes, training, equipment enhancements, and/or discipline.
30. **Completion of Workers Compensation Reports**
31. A Qual-Lynx form shall always be completed by the injured employee and submitted to the Township Safety Administrator, who will report the injury to First MCO at which time a case number and case manager will be assigned.
32. In cases where medical attention is NOT being requested or required, the Township Safety Administrator will report the injury to First MCO “for information only” purposes. A case number will be assigned and an introduction letter will be sent to the injured employee with information should medical treatment be required and/or requested in the future for that specific injury.
33. Below outlines the steps necessary in cases of worker’s compensation injuries requiring medical attention:

**NON-Emergency, normal business hours:**

1. When an injury occurs, it shall be immediately reported to his/her supervisor.
2. The employee shall then complete the first 3 pages of the Qual-Lynx (formerly Scibal) form as completely and with as much detail as possible. The form must contain the employee’s home address, a phone number where a case manager may contact the employee, their social security number, when, where and a description of how the injury occurred as well as what body part was affected (i.e. – right knee, lower back, etc.).
3. The employee must sign and date the third page of this form.

1. Once the Qual-Lynx form is complete, please submit the form to the Township Safety Administrator as soon as possible.

1. The Township Safety Administrator will then report the injury to First MCO and a case number and case manager will be assigned to the injured employee.
2. A PROVIDER REFERRAL slip should be filled out with the injured employee’s information. This slip provides the medical facility the correct billing information for a worker’s compensation injury and should be given to the medical facility at time of check-in. If a First MCO case number is known it should also be included on the Provider Referral slip.
3. The employee may then go or be taken to Mountain Lakes Medical, 100 Route 46 East, Suite #204, Mountain Lakes, New Jersey. This is an urgent care facility which operates on a first come, first serve basis.
4. Once the employee is released, copies of any paperwork given by the doctor’s office should be submitted to the Township Safety Administrator.
5. Whenever an injury is reported to First MCO a case manager will contact the employee to determine the extent of the injury and if further treatment is required.
6. Any further treatment of this injury will then be coordinated directly by the employee through the case manager and First MCO.
7. Once a police report is completed, please forward a copy of the report to the Township Safety Administrator.
8. An employee shall NOT provide the medical facility with their personal medical insurance card. The First MCO Provider Referral card is the only document the medical provider should be given.

**NON-Emergency, after normal business hours/ weekends/holidays:**

1. When an injury occurs, it shall be immediately reported to his/her supervisor.
2. The employee shall then complete the first 3 pages of the Qual-Lynx (formerly Scibal) form as completely and with as much detail as possible. The form must contain the employee’s home address, a phone number where a case manager may contact the employee, their social security number, when, where and a description of how the injury occurred as well as what body part was affected (i.e. – right knee, lower back, etc.).
3. The employee must sign and date the third page of this form.

1. The Qual-Lynx form must be forwarded to the Township Safety Administrator in order for the injury to be reported to First MCO immediately the next morning. A message should also be left on the voicemail system notifying the Safety Administrator of the injury.
2. A PROVIDER REFERRAL slip must be filled out with the injured employee’s information. This slip provides the billing information for a worker’s compensation injury. It should be given to the medical facility at time of check-in.
3. Depending on the time the accident occurred, the employee can go or be taken to Mountain Lakes Medical, 100 Route46 East, Suite #204, Mountain Lakes or Saint Clare’s Hospital Emergency Room. The hours Mountain Lakes Medical is open are posted on their website [www.mtlakesmedical.com](http://www.mtlakesmedical.com) or you can contact them at (973) 917-3200.
4. Once the employee is released, copies of any paperwork given by the doctor should be submitted to the Township Safety Administrator. PLEASE NOTE: If the injured employee received medical attention from Saint Clare’s Hospital, sometimes a paper is given to the employee which must be faxed back [by Safety Administrator] with the Worker’s Compensation Billing information. It is imperative that this paper be given to the Township Safety Administrator as soon as possible in order for the medical bills to be sent to the proper address.

1. Whenever an injury is reported to First MCO a case manager will contact the employee to determine the extent of the injury and if further treatment is required.
2. Any further treatment of this injury will then be coordinated directly by the employee through the case manager and First MCO.
3. Once a police report is completed, please forward a copy of the report to the Township Safety Administrator for the file.
4. IMPORTANT: An employee shall NOT provide the medical facility with their personal medical insurance card. The First MCO Provider Referral card is the only document the medical provider should be given.

**EMERGENCY Injuries:**

1. When an injury occurs, it shall be immediately reported to his/her supervisor.
2. The employee should be transported to the nearest hospital or Trauma Center immediately.
3. A PROVIDER REFERRAL slip should be filled out with the injured employee’s information and provided to the intake person.

1. The first 3 pages of the Qual-Lynx form should be filled out as completely as possible. If the injured employee is not able to assist in completing the form any missing information can be updated at a later time.
2. The Qual-Lynx form should then be forwarded to the Township Safety Administrator as soon as possible so that the injury can be reported to First MCO. Most of the time, the Township Safety Administrator is able to make the report immediately the next normal business day.
3. Very serious injuries, especially those requiring the injured employee to be admitted to the hospital, should be reported immediately to the Township Safety Administrator via cell phone in order for it to be reported to First MCO.
4. ALL paperwork received from the hospital by the injured employee upon discharge should be copied and given to the Township Safety Administrator for completion if necessary. PLEASE NOTE: If the injured employee received medical attention from the hospital, sometimes a paper is given which must be faxed back [by Safety Administrator] with the Worker’s Compensation billing information. It is imperative that this paper be given to the Township Safety Administrator as soon as possible in order for the medical bills to be sent to the proper address.
5. Whenever an injury is reported to First MCO a case manager will receive documentation from the medical facility as well as contact the employee to determine the extent of the injury and if further treatment is required.
6. Any further treatment of this injury will then be coordinated directly through the case manager and First MCO.
7. Once a police report is completed, please forward a copy of the report to the Township Safety Administrator for the file.
8. IMPORTANT: An employee shall NOT provide the medical facility with their personal medical insurance card. The First MCO Provider Referral card is the only document the medical provider should be given.

**BLOODBORNE PATHOGENS Exposure:**

1. The Township of Denville’s Exposure Control Plan (‘ECP’) is revised annually, most recently in March 2014 to reflect new procedures. Please refer to the ECP for policy on exposures. Copies of the Exposure Plan can be found in all police vehicles as well as on file with the Township Safety Officer and the Police Administration.

**FURTHER INFORMATION:**

1. Once reported to First MCO, a case manager will contact the injured employee. It is important that the injured employee speak with the case manager, even if the injury was for report purposes only. If the injury is more extensive, it is equally important for First MCO to keep in contact with the injured employee throughout the recovery process.
2. There are times when an injury is investigated further by workers’ compensation. At these times, an outside party hired by the workers’ compensation provider will contact the injured employee to set up a meeting to ask further questions. This does not mean the claim is in question or will not be covered. This is part of First MCO’s checks & balances to ensure there are no questions with regard to the nature and cause of the injury.
3. IMPORTANT: An employee shall NOT provide the medical facility with their personal medical insurance card. The First MCO Provider Referral card is the only document the medical provider should be given.
4. If an invoice from the medical provider is sent to the injured employee’s home address, the invoice MUST be submitted to the Township Safety Administrator as soon as possible. It is important to note that if an invoice has been sent to an employee’s home address, the medical provider has NOT sent it to our workers’ compensation provider and therefore it will NOT be promptly processed and paid. The longer it takes an employee to submit an invoice, the greater the chance there will be a final notice(s) from the medical provider and the bill may be submitted to a collection agency.
5. **Light Duty**
6. The Denville Township Police Department may authorize light duty for an employee/member that has been examined by an approved physician and found that the employee/member is not capable of performing his/her regular duties but is capable of performing light duty assignments if such assignments are available at the time.

1. The Chief of Police at his discretion, after consulting with the attending physician may assign an employee/member to report for said light duty assignment.

1. There shall be no deviation of a light duty assignment without the approval of the Chief of Police.
2. While an officer is assigned to light duty due to injury, he/she is restricted from the following.
3. Carrying a firearm on duty;
4. Wearing a uniform or any article of clothing identifying he/she as a police officer; and
5. Riding in or operating a marked police vehicle.



100 Decadon Drive, Egg Harbor Twp, NJ 08234 30 Knightsbridge Road, Piscataway, NJ 08854

Phone: 609.653.8400; Fax 609.926.9270 Phone: 908.222.7500; Fax: 908.222.2299

**EMPLOYEE/WAGE:**

|  |  |  |
| --- | --- | --- |
| Last name: | | First name: |
| Middle Initial | Home Area code & Phone: | |
| Street Address: | | |
| City: | State: | Zip: |
| Date of Birth: | | Social Security #: |
| Date of Hire: | State of hire: | Sex: Male Female |
| Occupation/Job Title: | | |
| Marital status: unmarried single/divorced married separated unknown | | |
| Employment status: (Please select the **FIRST** status that applies to the injured worker, make only **ONE** selection)   |  |  |  | | --- | --- | --- | | 1 |  | Volunteer Worker | | 2 |  | Seasonal Employee | | 3 |  | Regular Full Time Employee | | 4 |  | Regular Part Time Employee | | 5 |  | Not Employed | | 6 |  | Retired | | 7 |  | On Strike | | 8 |  | Disabled | | 9 |  | Other | | | |
| Wage Rate: $ per day per week per month | | |
| Number of dates worked per week: | | |
| Did employer receive full pay for day of injury? Yes No | | |
| Did salary continue? Yes No | | |



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**OCCURRENCE/TREATMENT:**

|  |  |
| --- | --- |
| Time employee began work: AM PM | |
| Date of injury or illness: | Time of occurrence: |
| Last work date: | Date disability began: |
| Date employer was notified of occurrence: | |
| Type of injury: | |
| Body Part affected: | |
| Did injury/illness/exposure occur on employer’s premises? Yes No | |
| Department or location where accident of illness exposure occurred: | |
| Zip code of injury site: | |
| List all equipment, materials or chemicals employee was using when accident or illness exposure occurred: | |
| Specific activity the employee was engaged in when the accident or illness exposure occurred: | |
| Work process the employee was engaged in when accident or illness exposure occurred: | |
| How did the injury or illness/abnormal health condition occur? Describe the sequence of events and include any objects or substances that directly injured the employee or made the employee ill: | |
| Date returned to work: | |
| If fatal, give date of death: | |
| Were safeguards or safety equipment provided? Yes No | |
| Were they used? Yes No | |



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**MEDICAL PROVIDER:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment Requested (Please initial in box)**   |  |  | | --- | --- | |  | No Medical Treatment | |  | Minor: Treatment by Employer | |  | Minor: Clinic or Hospital | |  | Emergency Care | |  | Hospitalized greater than 24 hours | |  | Future major medical/lost time anticipated | |

**OTHER:**

|  |
| --- |
| **PLEASE COMPLETE BELOW:** |
| **Date Report Prepared:** |
| **Preparer’s Name & Title:** |
| **Preparer’s Area Code & Phone #:** |
| **Preparer’s Signature:** |

**WITNESS INFORMATION:**

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| --- |
| Witness Name: |
| Witness Area code & Phone #: |
| Date Administrator (TPA) notified: |



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**TO BE COMPLETED BY EMPLOYEE’S DIRECT SUPERVISOR**

(Note this section can be completed and submitted as a supplement to your original First Report of Injury Filing. Do not hold up the initial filing of your First Report of Injury for this information. If you do choose to do a supplemental filing, please check the Supplemental filing box on the top of the form.)

|  |
| --- |
| 1. Do you usually supervise this individual? Yes No If No, explain: |
| 2. Was accident immediately reported? Yes No If No, explain: |
| 3. Was employee working alone with crew |
| 4. Did you physically inspect the area where the injury occurred? Yes No If No, explain: |
| 5. Any unsafe conditions or unusual hazards present? Yes No If Yes, explain: |
| 6. Was employee wearing back support? Yes No If No, explain: |
| 7. Evidence of horseplay? Yes No If Yes, explain: |
| 8. Evidence of intoxication? Yes No If Yes, explain: |
| 9. Evidence of drug abuse? Yes No If Yes, explain: |
| 10. Are you satisfied that the accident/injury occurred as described above? Yes No  If No, explain: |



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|  |
| --- |
| 12. What additional training would you like Fund’s Safety Director to provide? |
| 13. What circumstances contributed to this accident? |
| 14. What actions contributed to this accident? |
| 15. What changes in circumstances or actions could have prevented this accident? |
| 16. Your actions taken to minimize the change of a recurrence? |
| 17. Your future plans to minimize the change of a recurrence? |
| 18. Would you like to speak to any Fund Professional? Yes No If Yes, please list: |

Supervisor’s Signature: Date: