



# GENERAL POLICE ORDER CLEVELAND DIVISION OF POLICE



EFFECTIVE DATE: <b>MARCH 01, 2002</b>	REVISED DATE: <b>AUGUST 01, 2008</b>	NO. PAGES: <b>1 of 6</b>	NUMBER: <b>1.1.13</b>
SUBJECT: <b>DUTY RELATED INJURIES</b>			
ASSOCIATED MANUAL:		RELATED ORDERS: <b>1.3.06, 1.3.24, 1.3.25, 1.3.26, 3.2.11</b>	
CHIEF OF POLICE: <b><i>Michael McGrath, Chief</i></b>			

*Changes in italics*

**PURPOSE:** To provide guidelines for the reporting of duty related injuries *and follow up procedures for investigation, treatment, and proper billing of members of the Cleveland Division of Police.*

**POLICY:** To comply with the Ohio State Bureau of Worker’s Compensation (BWC) guidelines for payment, using the *OWC-3 and OWC-4 forms*. Members shall validate an industrial injury to determine the medical severity of the injury and to facilitate the member's participation in restorative rehabilitation programs offered by the BWC.

**PROCEDURES:**

Procedures in Sections IV through X do not apply to injuries sustained during Secondary Employment.

- I. When a member is assaulted and/or injured, the member shall immediately notify a supervisor who shall investigate the injury and notify Communication Control Section (CCS).
- II. When an injured member has visible injuries, the investigating supervisor shall request photographs *or instruct* the member *to report to the Photography Unit for photographs when reporting to the Medical Unit within 24 hours.*
- III. When a crime of violence is committed and results in serious physical harm *or death* to an on-duty police officer, an off-duty police officer performing a police function or any police officer performing assigned duties in the City of Cleveland, the investigating supervisor shall have CCS notify the Homicide Unit. The injured member’s supervisor shall complete the reports outlined in Sections VII and VIII.
- IV. In the case of any duty related injury, the investigating supervisor shall promptly:

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- A. Notify the injured member to report to the Medical Unit at the next scheduled sick call to see the Medical Director (regardless of time loss).
- B. Issue to the injured member the First Report of Injury (FROI-1), Injured Worker's Report of Workplace Accident Form (OWC-3), and Physicians Report of Work Ability (MEDCO 14).
  - 1. FROI-1
    - a. The member shall take the FROI-1 to the initial treating facility.
    - b. The member shall complete sections one and three of the FROI-1, using their **home** address.
    - c. The member shall give the treating facility the FROI-1 to be completed. The member shall request a copy of the completed form.
    - d. The member shall forward the FROI-1 to the investigating supervisor before reporting off duty.
    - e. If a member is unable to supply a completed FROI-1 to the investigating supervisor, the supervisor shall contact the Medical Unit within 48 hours of the injury's occurrence to request a copy of a completed FROI-1. The Medical Unit has the ability to obtain copies of these forms through the BWC.
  - 2. OWC-3
    - a. The member shall complete Section A.
    - b. The member shall complete Section B if the member has or intends to file a claim with the Bureau of Workers' Compensation (BWC).
    - c. The member shall forward the completed OWC-3 to the investigating supervisor before the end of the tour of duty in which the injury occurred.
  - 3. Physician's Report of Work Ability

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- a. The treating facility shall complete the Physician's Report of Work Ability or medical treatment papers and fax them to 1-888-OHIO-COMP within 24 hours.
  - b. The medical facility shall provide the member with a copy of the Physician's Report of Work Ability or treatment papers. The member shall forward these papers to the investigating supervisor before the end of the tour of duty in which the injury occurred.
  - c. The members shall retain a copy of the Physician Report of Work Ability and/or treatment papers and provide them to the Medical Unit.
  - d. If for any reason a member is unable to supply copies of the Work Ability Report or treatment papers to the investigating supervisor, the supervisor shall assume this duty and may contact the Medical Unit for assistance.
- V.** The investigating supervisor shall complete the Supervisor's Investigation of Accident/Employee Injury Report (OWC-4).
- VI.** Injured members and any witnessing employees shall complete a Form-1 stating their observations of how the injury occurred. If the injured member is unable to complete a Form-1 within 48 hours, the supervisor shall note that in the investigative report and include the injured member's statement in the investigating supervisor's Form-1. The investigating supervisor's Form-1 shall follow the format of the structured Form-1 found in the appendix to this order.
- VII.** The investigating supervisor shall fax the OWC-3 and OWC-4 forms **directly** to the Medical *Unit* (216-623-5815) and to City Hall Employee Accident Control (216-664-4253) **before reporting off duty**, without any delay related to the length of time the injured member(s) spent in an emergency room being treated. After faxing, forward photocopies of these forms through Divisional mail to the Medical Unit prior to reporting off duty.
- A.** OWC-3, Employee's Report of Personal Injury
    1. *The injured member shall complete this form. If the injured member is unable to complete this form due to injury, the investigating supervisor shall complete the form before reporting off duty.*

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2. The investigating supervisor shall ensure that the injured member's signature is on the copies of this form that are sent forward in the Investigative Package (Section VIII). If the member cannot sign, the investigating supervisor shall make the following notation underneath the line for the member signature, "unable to obtain at this time" and initial along side, and forward without delay.

**B.** The OWC-4, Supervisor's Report

1. In the area just before the supervisor's signature, the supervisor shall provide a short description of any suggested corrective action.
2. On the bottom of this form, the Divisional Organization number is **6002**.
3. Injured employee's alpha number is their payroll number. This may be obtained from the unit timekeeper or the unit's personnel file.
  - a. If neither of these options is available, fax the form without the employee's alpha number.
  - b. The investigating supervisor shall ensure that the employee's alpha number is placed on the copies of this form that are sent forward in the Investigative Package. (Section VIII)

**VIII.** Investigative Package

- A.** The investigating supervisor shall forward the forms listed below, **through the chain of command**, within seven (7) days of the injury's occurrence.
1. Injured member's Form-1
  2. Investigating supervisor's Form-1
  3. Witnessing officers' Form-1s (if applicable)
  4. OWC-3, Injured Worker's Report of Workplace Accident Form (original and photocopy)
  5. Copy of the First Report of Injury (FROI-1)

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6. Copy of the Physician's Report of Work Ability
  7. OWC-4 Supervisor's Injury Report (original and photocopy)
  8. EAC-1 Accident Report (copy - if applicable)
  9. Associated RMS reports.
    - a. Injury to Police Officer.
    - b. Offense/Incident reports ( copy - if applicable)
- B.** The detective assigned to investigate an assault or death of a police officer must complete the Law Enforcement Officers Killed or Assaulted (LEOKA) screen in the Record Management System (RMS). (reference D.N. 05-198)
- IX.** The Medical Unit shall forward the OWC-3 with the completed OWC-4 to the Department of Personnel and Human Resources, Employee Accident Control immediately upon receipt of the forms from the investigating supervisor.
- X.** Failure to complete any of the forms in the specified time is a violation of city policy and may result in disciplinary action for the involved member(s) and supervisor. The BWC is not able to process claims if forms are not submitted in accordance with the above stated timeline.
- XI.** *Once the injury packet is reviewed by the appropriate Deputy Chief, the Deputy Chief shall forward the completed injury packet to the Chief's Office.*
- XII.** *The Chief of Police will review the injury investigation and make a recommendation for Hazardous Duty Injury (HDI), On-Duty Injury, or denial of injury. The Chief's Office shall then forward the investigation to the Medical Unit.*
- XIII.** *The Medical Director will confirm/not confirm the injury as an On-Duty Injury. After review, the Medical Unit shall forward the Form-1s to the Safety Director for final determination of HDI, On-Duty Injury, or denial of injury.*
- XIV.** *Upon determination of injury status, the Safety Director shall return the reports to the Medical Unit for proper recording and notification. Members will be carried on their own sick time until HDI status is determined.*

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- XV.** *Members shall attend periodic independent medical exams as ordered by the Medical Unit while on any duty related injury or HDI status.*
- XVI.** *Injured members shall report to the Medical Unit when so ordered. Failure to report to the Medical Unit or attend independent medical exams as scheduled may result in discipline and removal from duty related injury or HDI status.*
- XVII.** *The Medical Director will review the results of the IME to determine the continued extent of the member's incapacity. Based on this review, the Medical Director will recommend to the Chief and the Safety Director whether the member is able to return to work. If the Safety Director determines that the member can return to full duty or restricted duty, the member shall be removed from HDI status and returned to work immediately.*
- XVIII.** *If after six months from the date of injury the member is still on HDI status or restricted duty due to HDI or On-Duty Injury, the member shall be scheduled for a follow up IME. If after the IME, the Medical Director determines that the member can never return to full duty, the member shall apply for a disability pension. The member will have four weeks to bring to the Medical Director documentation from the Ohio Police and Fire Pension Fund showing that the member has applied for a disability pension. Failure to comply may result in loss of HDI status which would require the member to use their personal sick time or other accumulated time.*
- XIX.** Supply and Distribution of Forms
- A.** *The First Report of Injury (FROI-1) and the Physician's Report of Workability (Medco 14) forms are available on the BWC's website, [www.ohiobwc.com](http://www.ohiobwc.com)*
  - B.** *The OWC-3 and OWC-4 forms are available on the Cleveland Division of Police intranet website via the GPO's link.*