

## BERKELEY POLICE DEPARTMENT

DATE ISSUED: September 15, 1995

GENERAL ORDER P-24

**SUBJECT: PERSONAL INJURIES SUSTAINED BY EMPLOYEES OF THE  
BERKELEY POLICE DEPARTMENT**

### PURPOSE

- 1 - The purpose of this General Order is to outline the policy and procedures to be followed when any employee of the Police Department is injured on the job.

### POLICY

- 2 - It is the policy of the Police Department that every injury, illness or exposure to infectious disease that is sustained in the line of duty shall be reported to the employee's immediate supervisor as soon as possible, but in no case later than the end of one's regular tour of duty.
- 3 - If medical treatment is necessary, the employee shall request permission to leave the job site to secure treatment as provided in the City of Berkeley Administrative Regulation 1.14. The employee must bring a "**City of Berkeley Treatment Authorization**"\* form when reporting for treatment.
  - a) When it is impractical to notify a supervisor before obtaining treatment, the employee shall report for treatment and, as soon as possible thereafter, inform his/her supervisor of the injury and the action taken.

### PROCEDURE FOR OBTAINING MEDICAL TREATMENT

- 4 - The Alta Bates Occupational Health Center (AB/OHS) is designated as the medical treatment center for all Police Department employees. AB/OHS is located at 5700 Telegraph Avenue, Oakland. The phone number is (510) **204-4455**.\*
  - a) If the injury occurs between the business hours of 0800 to 1700, Monday through Friday, the employee shall report directly to AB/OHS after obtaining the Treatment Authorization form.
  - b) If the injury occurs during other than business hours, or on a weekend or holiday, the employee shall report directly to Alta Bates Hospital for treatment and request that OHS be notified as soon as possible about the incident.
  - c) In the case of serious injury, the employee shall be transported directly to Alta Bates Hospital by ambulance and AB/OHS shall be notified as soon as possible by the Communications Center supervisor.

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- 5 - When the effects of a work-related injury or exposure to infectious disease are first noticed while in an off-duty status, the employee shall notify his/her supervisor and arrange for treatment as follows:
- a) If the injury does not require immediate medical treatment, the employee shall call AB/OHS and arrange for an appointment during regular office hours.
  - b) If the employee is in need of immediate medical treatment, he/she shall call an on-duty supervisor for authorization for medical treatment.
    - (1) The on-duty supervisor, when notified, must determine the nature of the employee's complaint and if a report has been previously filed.
    - (2) If no report is on file, the supervisor must obtain sufficient information to complete the reports described in Section 13.
    - (5) The supervisor must then contact the AB/OHS or AB Emergency or the emergency medical treatment center nearest the employee's location at that time and authorize treatment.
    - (4) The on-duty supervisor must notify the Administrative Division Captain as soon as possible, complete the Treatment Authorization form, and forward it to the emergency treatment center where the employee sought treatment.
- 6 - An employee injured on City business while outside the Berkeley City limits shall:
- a) Seek treatment from the nearest available source if the injury is serious or requires immediate attention. At the earliest possible opportunity, the employee or the emergency treatment center should notify the employee's supervisor of the injury.
  - b) If the injury does not require immediate attention, treatment should be deferred until the employee returns to Berkeley and an appointment can be made with AB/OHS.

### EXPOSURE TO BLOODBORNE PATHOGENS

- 7 - Many Police Department employees can face a significant health risk as a result of occupational exposure to human blood and other potentially infectious materials because they may contain bloodborne pathogens, including the Hepatitis B virus (HBV) which causes Hepatitis B, a serious liver disease, and Human Immunodeficiency virus (HIV), which causes Acquired Immunodeficiency Syndrome (AIDS).

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The City of Berkeley has developed a "Bloodborne Pathogen Exposure Control Plan" which specifically details the OSHA requirements and Management Control Plan for dealing with this health risk. All employees either have or will receive training on this subject and will be provided with a copy of the City of Berkeley Exposure Control Plan.

For the purposes of this General Order, any exposure to bloodborne pathogens should follow the guidelines established in the Exposure Control Plan. The plan details the following areas:

- a) Occupational classifications at risk from exposure to bloodborne pathogens;
  - b) Work activities involving potential exposure to bloodborne pathogens;
  - c) Universal precautions, engineering controls, work practice controls, personal protective equipment, housekeeping and decontamination, and labels and signs;
  - d) Hepatitis B vaccinations;
  - e) First-aid procedures and post-exposure management.
- 8 - Once first-aid has been given:
- a) The employee shall immediately report the exposure incident to his/her supervisor.
  - b) The supervisor shall call AB/OHS at (510) 204-4455, between the hours of 0800 and 1700, Monday through Friday, and ask to speak to a Blood Exposure Response Team member (BERT Team).

If the incident occurs at a time other than that noted above, the supervisor shall call the Alta Bates Medical Center Emergency Room at (510) 204-1303, and indicate that a potential exposure to bloodborne infectious disease has occurred.

- c) The supervisor will then insure that an "Exposure Incident Report" form is completed within 24 hours of the exposure incident and that both the "**City of Berkeley Employee's Report of Job Injury**" and the **Supervisor's Report of Accident Investigation forms**\* are completed. The "Exposure Incident Report" form may be found at the back of the Exposure Control Plan Booklet or, if necessary, may be reproduced.

### OTHER PROCEDURES

- 9 - In cases of damage to teeth, employees shall report to AB/OHS for initial

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treatment and referral to a dentist.

- 10 - Employees who wish to consult their own doctors for a work-related injury may do so from the date of injury if they have previously filed a Pre-selection of Physician form in accordance with Labor Code Section 4600 with the Administrative Division. Medical costs **for a compensable injury\*** may then be paid by the City of Berkeley medical insurance carrier via the Claims Administrator **should the claim be found compensable.\***
- 11 - If advance notice of a pre-selected physician is not on file, AB/OHS will determine the appropriate medical provider for at least 30 days after the date of injury.
- 12 - If, during the first 30 days of treatment following an injury, the employee wishes to change physicians, the employee must notify Risk Management or the claims administrator. The claims administrator will select another physician. At the end of the initial 30 days after injury, the employee may elect to stay with the City's physician or select his/her own doctor. Risk Management must be notified of any change of physician prior to any treatment by the new doctor.
- 13 - All injuries and illnesses, **exposures to bloodborne pathogens and infectious diseases requiring medical attention\*** sustained in the line of duty require the completion of **three\*** reports that are forwarded to the Administrative Division. The three report forms are: "**City of Berkeley Employee's Report of Job Injury**", the "**City of Berkeley Supervisor's Report of Accident Investigation**" and the "**Employee's Claim for Workers' Compensation Benefits**", **DWC-1\***.
- 14 - The "**City of Berkeley Employee's Report of Job Injury**" form is one page and a case number shall be placed in the upper, right hand corner of the form.\* The form is essentially self-explanatory and describes the date, time, location, cause and nature of the injury. If treatment is rendered, the report should also include the name and address of the attending physician. **The Employee's Report of Job Injury form shall be forwarded to the supervisor on the date of the reported injury.\*** If disability prevents the injured employee from preparing the report, the Communications Center supervisor shall assign an investigator for the purpose of completing the required reports.
- 15 - The "**City of Berkeley Supervisor's Report of Accident Investigation**" form is one page and the same case number from the employee's report of injury shall be placed in the upper, right hand corner of the form. **The supervisor shall review the employee's report of job injury form and then complete the Supervisor's Report of Accident Investigation form.\***
- 16 - The "**Employee's Claim for Workers' Compensation Benefits**" **DWC-1 form is a one page, two-part form which must be completed by both the**

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employee and the supervisor. By law, this form must be given to the employee within 24 hours of knowledge of the injury or illness of an employee.\*

- 17 - Once the “City of Berkeley Employee’s Report of Job Injury” form, the “City of Berkeley Supervisor’s Report of Accident Investigation” form and the “Employee’s Claim For Workers’ Compensation Benefits,” DWC-1 form are completed, the supervisor shall forward these three reports to the Administrative Division Captain by the completion of the shift on which the injury was reported.\*
- 18 - In addition, **narrative**\* reports shall be prepared and forward to the Administrative Division:
  - a) Upon return to duty from an absence caused by an injury
  - b) Upon entry to and after release from a hospital
  - c) Upon a change of duty status due to disability
  - d) When the employee sustains any re-injury.
- 19 - Supervisors shall not allow an employee to return to work without a physician’s release, designating duty status and limitations, if any.
- 20 - The Administrative Division shall ensure the preparation of the State of California Employer’s Report of Occupational Injury or Illness (5020 form) whenever:
  - a) An employee leaves work as a result of an injury
  - b) An employee is treated for any work-related injury, illness, or exposureThe Employer’s Report of Occupational Injury 5020 form shall be routed as follows:
  - a) **Original**\* to Risk Management
  - b) One copy to **Payroll Clerk**\*
  - c) One copy to the Record Bureau
  - d) One copy to the Administrative Division.
- 21 - A record of all work-related injuries shall be maintained by the Administrative Division.

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- 22 - Any employee participating in a physical fitness program other than one specifically prescribed under provisions of the Berkeley Police Physical Fitness Training Program and any employee taking part in any competitive sports event, without prior written approval of the Chief of Police, at any location may not be covered by workers' compensation benefits.

Employees are also advised that California Labor Code Section 3600 provides in part:

Liability for...compensation exists where the injury does not arise out of voluntary participation in any off-duty recreational, social or athletic activity not constituting part of the employee's work-related duties, except where such activities are a reasonable expectancy of, or are expressly or impliedly required by the employment.

Per the Administrative Director of Industrial Accidents, employers are required to post and keep posted in a conspicuous place or places a notice advising employees of the provisions of this subdivision.

Employees are also advised that the Administrative Director of Industrial Accidents enacted Rule 9883 which provides:

"Every employer or its insurance carrier may not be liable for the payment of workers' compensation benefits for any injury which arises out of an employee's voluntary participation in any off- duty recreational, social or athletic activity which is not a part of the employee's work-related duties".

NOTE: Risk Management has stated and the City Manager concurs that: "A basketball workout is non-compensable. Basketball is not required for employment and is not condoned as part of a physical fitness program, or required to maintain top physical conditioning for your job performance."

- 23 - A Departmental Safety Committee, composed of at least five employees representing a cross-section of the Department and chaired by a member of the Administrative Division, shall be established to review and determine the cause and avoidability of work-related injuries.
- 24 - The Safety Committee shall meet **before each time sheet change\*** or more frequently if deemed appropriate by the chairperson.
- 25 - It shall be the duty of the Committee to review all injuries involving employees of the Department other than those which result from automobile collisions. Injuries sustained as a result of automobile collisions shall be reviewed as provided in General Orders E-3 and R-3.

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- 26 - The Committee shall submit its findings in writing to the chief of Police and shall make recommendations to correct defective conditions or procedures, or to improve the Departmental Safety Program. The Chief of Police shall review the findings of the committee and shall take whatever action is deemed to be appropriate.

### PERSONAL LIABILITY

- 27 - An employee of the Police Department, who sustains a work-related injury in the line of duty for which a second party may be civilly liable, shall not enter into any agreement concerning the settlement without the prior written approval of the City Attorney or Risk Management.
- 28 - The Administrative Division shall maintain close liaison with the offices of the City Attorney and Risk Management in all matters of civil litigation arising out of injuries covered by this Order.

#### References:

City of Berkeley Administrative Regulation 1.14  
City of Berkeley Bloodborne Pathogen Exposure Control Plan  
**City of Berkeley Employee's Report of Job Injury\*** form  
**City of Berkeley Supervisor's Report of Accident Investigation\*** form  
**State of California, Employee's Claim for Workers' Compensation Benefits," DWC-1\*** form  
State of California Employer's Report of Occupational Injury of Illness 5020 form  
Exposure Incident Report form  
Pre-Selection of Physician form  
**City of Berkeley Treatment Authorization\*** form  
California Labor Code Section 3600  
Industrial Accidents Rule 9883  
General Orders E-3, R-3  
CALEA Standards