PHILADELPHIA POLICE DEPARTMENT

DIRECTIVE 12.14

SUBJECT: INJURIES ON-DUTY AND OTHER SERVICE CONNECTED DISABILITIES

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Appendix “A”  Compensation Clinics
SUBJECT: INJURIES ON-DUTY AND OTHER SERVICE-CONNECTED DISABILITIES

1. POLICY

   A. Sworn or civilian personnel who incur an injury or exposure as a direct result of their job performance, will notify their immediate supervisor and submit a City of Philadelphia Accident, Injury, and Illness (COPAII) Report (82-S-58). Failure to comply with all the requirements of this directive may result in a denial of benefits under the provisions of the Civil Service Regulations or the Pennsylvania Heart and Lung Act (53 P.S. § 637).

   1. The supervisor notified of an exposure to a communicable disease will immediately notify the Infection Control Officer at (XXX) XXX-XXXX during business hours (8am to 4pm) or Police Radio after 4pm at (XXX) XXX-XXXX. The Infection Control Officer will coordinate testing of the exposure source and care of the employee. For exposures to communicable diseases (e.g., HIV/AIDS, Hepatitis, Tuberculosis, etc.), refer to Directive 3.15, “Handling Exposure to Communicable Diseases.”

   B. All employees who incur service-connected injuries or exposures will be treated at an approved City Network Provider. Personnel who elect to receive treatment from a private physician or hospital will not be reimbursed for such treatment. The only exception to this provision is in cases of serious emergencies when personnel are taken to the nearest medical facility.

   C. A supervisor notified of an injury or exposure (no matter how minor) is responsible to ensure that the employee prepares a City of Philadelphia Accident, Injury, and Illness (COPAII) Report (82-S-58). This must be done even if the employee does not wish to seek immediate medical evaluation or treatment. The preparation and submission of the City of Philadelphia Accident, Injury, and Illness (COPAII) Report (82-S-58) is mandatory to ensure the Department meets the requirements of the Workmen’s Compensation Act and the PA Heart and Lung Act. The City and the Fraternal Order of Police (FOP) have agreed that the Heart and Lung Act benefits are effective October 28, 2003. All injuries or exposures occurring before that date are not eligible for Heart and Lung benefits. The Safety Office can be contacted for any questions concerning this Act.
D. The PA Heart and Lung Act covers only sworn personnel, who incur injuries in the performance of duty and only those injuries of a temporary nature. Determination of whether a service connected injury is covered under the Heart and Lung Act will be made by the City Claims Administrator in consultation with Risk Management and the Police Department Safety Office.

E. Personnel complaining of dizziness, chest pains, light-headedness, etc., will be taken to the nearest hospital. Referrals will not be prepared for these types of complaints. When there is a question as to whether the illness is a duty related action, the Safety Office will be contacted prior to issuing referrals.

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2. TREATMENT

A. Personnel injured or exposed to communicable disease on-duty will be sent or taken immediately after preparation of referrals, to one of the compensation clinics listed in Appendix “A”, EXCEPT IN SERIOUS EMERGENCIES. Personnel must at all times treat within the City Network Provider to be eligible for Regulation 32 and Heart and Lung Benefits.

1. Personnel complaining of an exposure due to contact with, or close proximity to, a potentially hazardous chemical will ensure this information, including the type of chemical, is documented on the City of Philadelphia Accident, Injury, and Illness (COPAII) Report (82-S-58). The O.R.S. will contact the Fire Department, if necessary, to ascertain the type of chemical involved for inclusion on the injury report. Obtain the control number from the Fire Department for this incident at this time.

B. The employee’s immediate supervisor will report this incident to the City’s contracted third party administrator. This telephone report is to be made at any time of the day or night, seven-days-a-week at (1-XXX-XXX-XXXX). Voice machines may be available from time to time in order to take this information. This telephone report must be made immediately upon the injured employee’s first report of such claim to ensure coverage.

C. When a need arises for a Philadelphia Police Officer to store their privately owned and/or service weapon(s) while seeking treatment at any medical site within City Network Providers for an on-duty injury, the following procedures are to be followed:

1. Upon reporting to the site, whether for initial treatment or for follow-up treatment, the officer will request a lock box and a key to accommodate their weapon from a staff member of the City Network Provider.

2. Place their weapon(s) within the lock box.

3. Maintain the key while at the site.
4. Upon completion of treatment, retrieve the weapon from the lock box.

5. Return the key to a staff member of the City Network Provider.

D. Personnel sustaining a human bite in the line of duty must inform the examining physician that the injury was the result of a human bite. Failure to do so may result in serious disability and loss of benefits on the part of the employee.

E. All orders and instructions concerning treatment procedures given by doctors at the City Network Provider will be obeyed.

F. The employee will be presented with two (2) copies of the “Encounter Form” on each visit to the City Network Provider. One (1) copy will be retained by the employee and the other copy must be given to the employee’s immediate supervisor at their district/unit of permanent assignment for placement in the district/unit files. The supervisor will make an additional copy of this report and send it to the Safety Office.

3. EMERGENCIES

A. In serious emergencies, the injured employee will be taken to the nearest hospital or trauma center. The following procedures will be adhered to:

1. When an employee incurs an injury or an exposure, the employee’s immediate supervisor will report all emergency treatment received by the employee as a result of the exposure and/or injuries while on-duty to the supervisor on-duty in Police Radio as soon as possible. The Commanding Officer of the injured employee and Command Inspections Bureau (CIB), when applicable, will be notified.

2. If the employee is to be transferred to another hospital, the Radio Room Supervisor will be notified prior to removal, if possible.

3. If the employee does not require further immediate treatment, they will report directly to the appropriate City Network Provider (see Appendix “A”) with the completed Referral to City Network Provider (82-S-30) the next business day.

B. A memorandum will be prepared by the employee’s Commanding Officer and submitted through the chain of command to the Safety Office whenever any personnel are admitted to a hospital. A copy of this memo will be faxed immediately to the Safety Office at XXX-XXX-XXXX.

4. REPORTING INJURY

A. Time limit for reporting to the City Claims Administrator:
1. Employees will report to a City Network Provider for treatment within 48 hours after incurring a service-connected injury or exposure.

2. Employees who fail to report for treatment at the compensation clinic within the time allotted will prepare a memorandum to their Commanding Officer requesting an appointment to see the Safety Officer because of an on-duty injury. If the initial investigation by the Commanding Officer reveals the employee’s claim to be reasonably valid, the officer will be sent to the Safety Officer who will issue a “Referral to City Network Provider” (82-S-30).

B. Forms Required

1. Referral to City Network Provider (82-S-30) – Original and three (3) copies.
   
   a. Each service-incurred injury or exposure will be reported and approved on this form by the immediate supervisor on-duty at the time of occurrence, prior to reporting to a City Network Provider. (In case of an emergency, see subparagraph “c” of this section).
   
   b. The employee’s Commanding Officer will ensure the form is distributed as indicated below, within 48 hours of the injury:
      
      1) Original and copy – Taken by injured employee to treating facility.
      3) Copy – Retained at permanent District/Unit headquarters.
   
   c. Emergencies:
      
      1) A Referral to City Network Provider (82-S-30) will be prepared and approved by the immediate supervisor on-duty when the injured employee is transferred from the treating emergency hospital to a hospital/facility contracted by the Risk Management Division of the Finance Department.

2. City of Philadelphia Accident, Injury, and Illness (COPAII) Report (82-S-58)

   a. All injuries or exposures on-duty will be reported on this form within two (2) working days after occurrence by the injured employee (type and ensure that all copies are clear). If the injured employee is hospitalized or physically unable, preparation of the form will be the responsibility of the first supervisor notified of the injury.

   b. A detailed explanation is necessary in Section II, block 31, to fully describe how the injury occurred, the particular body part(s) injured, etc.
c. When the injury is the result of a motor vehicle accident on-duty, complete Part III of the City of Philadelphia Accident, Injury, and Illness (COPAII) Report (82-S-58).

d. The Commanding Officer and immediate supervisor will ensure that every block which applies is completed. The completion of Part IV (Evaluation) is particularly important. A check mark must be made which pinpoints any unsafe condition and/or unsafe act. In addition, any recommendations and/or action to be taken must be specific and not generalized. Incomplete injury reports will be returned to the submitting district/unit for completion.

e. If the employee loses no time, specify at the upper right hand corner of the City of Philadelphia Accident, Injury, and Illness (COPAII) Report (82-S-58).

f. The employee’s Commanding Officer will ensure the form is distributed as indicated below, within 48 hours of the injury:

1) Original and two (2) copies - Safety Office
2) Copy - Injured employee
3) Copy - District/Unit file.

3. Memorandum (Employees claiming recurrence of service-connected injury)

a. Any employee who claims the recurrence of a service-connected injury must obtain, from their Commanding Officer, a memorandum which indicates that the employee may report to the Safety Office.

b. The Safety Officer will, if the circumstance warrants, refer the employee to the appropriate City Network Provider.

5. RESPONSIBILITY OF DETERMINING SERVICE CONNECTION OF INJURY

A. The Commanding Officer will investigate and make the initial determination as to the service connection of an injury or exposure of an employee, whether incurred on-duty or off-duty. The Safety Office will review the Commanding Officer’s determination. The Police Commissioner or their designee will make the final determination as to the service connection of any off-duty injury.

B. An initial Referral to City Network Provider (82-S-30) will be granted to the employee when there is an on-duty injury and there is a reasonable possibility of service connection of the injury concerned. There will be no presumption of service connection of cardiac or pulmonary cases, or injuries or exposure incurred coming to and from work.
C. Off-duty police actions resulting in an injury will be investigated by the officer’s Commanding Officer. No referrals will be issued until a determination of service connection is made for any injuries resulting from an off-duty action. The officer’s Commanding Officer will investigate the claim and prepare a memorandum addressed to the pertinent Deputy Commissioner stating that their preliminary investigation indicates that the officer’s actions were or were not within the guidelines of Police Department policy governing off-duty police action and the injury is service or not service connected. Following approval or disapproval the memorandum will be forwarded through the chain of command to the Safety Office.

1. If the initial investigation reveals the employee’s claim to be reasonably valid, the Safety Office will issue a “Referral to City Network Provider” (82-S-30).

   a. Employees involved in an off-duty police action and who are injured will be carried as “Sick” on the Daily Attendance Report until a determination is made concerning the injury incurred. Upon determination that the injury is service connected, the Safety Office will notify the employee in writing and the employee will be provided with a copy of a memorandum to Police Finance requesting that their sick time be restored.

D. A request may be made by an employee for a change of status from off-duty to on-duty by submitting a memorandum to their Commanding Officer for their Commanding Officer to investigate and make a determination. A request for a change of status will not be honored unless there is a City of Philadelphia Accident, Injury, and Illness (COPAII) Report (82-S-58) on file.

6. SERVICE CONNECTED DISABILITY

   A. Determination as to whether or not a disability is service connected will be made on the basis of:

   1. All facts in the service history of the case.

   2. The findings of doctors at the City Network Provider.

   3. Evidence which the employee may possess (private medical records) concerning their claim of a service-connected injury/illness. These records will be submitted at the employee’s own expense.

   4. Any other relevant evidence pertaining to the employee’s claim of service-connected injury/illness.
7. RESPONSIBILITIES – NO DUTY/LIMITED DUTY STATUS PERSONNEL

A. Employees injured or incurring substance exposure on-duty and placed on No-Duty/Limited Duty Status will:

1. Be prohibited from engaging in outside employment.

2. When leaving their residence for extended periods (weekend, weeks, etc.,) notify the district/unit Operations Room Supervisor (ORS) of their destination, departure date and time and expected date and time of return. ORS will be provided with a phone number where the employee can be reached. This applies only to personnel in No-Duty status.

   a. The Operations Room Supervisor (ORS) will enter this information on the S&R.

8. DUTY STATUS

A. The duty status of an employee with a service-connected disability will be determined only by doctors at the City Network Provider (new injuries or recurrence). Employees incurring an on-duty injury are not required to report to the Employee Medical Services, 1901 Fairmount Avenue. It is the employee’s responsibility to notify their district/unit of permanent and temporary assignments of their duty status. The categories of duty status are as follows:

1. No-Duty Status - Employees will be carried as “I” (Injured On-Duty) on the DAR by the district/unit of permanent assignment. If service connection has not been determined, the employee will be required to use sick, holiday, vacation, or compensatory time. (If determined later to be service connected, such time will be converted to “I” time).

2. Limited Duty Status - An employee placed on Limited Duty status will report to the Safety Office, Police Headquarters, for assignment. An employee reassigned to another district/unit will be carried “D” (Detailed) by their district/unit of assignment (Refer to Directive 11.1, Section 2). Those employees who remain assigned to their own district/unit will be carried on the DAR as if they are working full duty, though the remarks column will note Limited Duty.
a. The Safety Office typically assigns employees in Limited Duty Status to their district/unit of permanent assignment at the time of injury. However, limited duty personnel may be assigned to any district/unit with the same work schedule. Personnel will only have their initial limited duty assignment changed with the permission of the Deputy Commissioner, Organizational Services.

3. Active Duty - An employee who has been treated for an on-duty injury or exposure and returned to active duty.

**NOTE:** If after returning to active duty an employee claims a recurrence, the procedures outlined in Section 4-B-3 of this directive will be followed.

B. All changes of an employee’s duty status will be indicated on the Daily Attendance Report (DAR). This does not relieve the employee of the responsibility of reporting their duty status to their district/unit of permanent and temporary assignment.

C. An employee who is placed on active or limited duty by the City Network Provider, but fails to report to work because of their condition, will be considered insubordinate and will not be carried as “I” (Injured on-duty) on the Daily Attendance Report (DAR). The employee will be carried as Holiday, Vacation or Compensatory time, until an appeal is filed with the Civil Service Commission. Once filed, a date stamped copy of the appeal will be submitted to the district/unit, at which time the use of sick time is permissible, subject to the provision of the Civil Service Regulations. A copy of this appeal must be forwarded immediately to the Safety Office, Police Headquarters.

D. An employee carried under the Heart and Lung Act, who is placed on Active or Limited Duty by the City Network Provider but fails to report to work, will prompt the city to file a petition with the Heart and Lung Arbitration Panel to terminate, modify or suspend benefits under the Heart and Lung Act. The employee will continue to remain in the previous status until the final determination by the Heart and Lung Arbitration Panel.

E. Determination as to whether or not a disability has developed into a state of permanent, partial or total disability is based on the following:

1. Decision of the Medical Director, City of Philadelphia.
2. Decision of the Police Commissioner.
3. For Heart and Lung Cases, the decision by the Heart and Lung Arbitration Panel.

F. Any employee assigned to limited duty and who is undergoing physical therapy prescribed by a physician of the City’s Employee’s Compensation Clinic or any other facility under contract to provide such service will:
1. Be permitted a sufficient amount of time to travel from the place of assignment to the facility where the therapy is to take place and an equally sufficient amount of time to return to the place of assignment upon completion of such therapy.

2. Not be carried on the Daily Attendance Report (DAR) as “working” during the period of absence required for such therapy by the limited duty district or unit.

3. Be carried on the Daily Attendance Report (DAR) as Injured On-duty “I” to the nearest one-half (½) hour during such absence.

4. Report on and off-duty to the appropriate command/supervisory authority at the limited duty district or unit. Such command/supervisory authority will record the actual time of departure and return on the DAR.

   a. Overtime is not authorized under these circumstances. Therefore, if reporting for duty before proceeding to the facility or returning afterward places the employee in an overtime situation, the employee will be permitted to report on or off-duty by telephone to a designated supervisor at the limited duty district or unit.

G. Any officer, regardless of rank, who is placed in injured on-duty (IOD) status for more than one (1) working day shall be immediately assigned to the I1 (letter I, number one) squad within their District/Unit of permanent assignment. The duty status determination will be made by the officer’s treating/clinic physician and they will be considered to be in that status by the Police Safety Office. The hours of assignment will be 8AM x 4PM – Monday through Friday with no rotation.

NOTE: All questions or interpretation of this directive will be resolved by the Safety Office.

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APPENDIX “A”

SUBJECT: COMPENSATION CLINICS

1. COMPENSATION CLINICS

A. The following is a list of Compensation Clinic sites for treatment of Injured-On-Duty employees. The list will be updated as necessary by the Safety Office. To determine which site to send an employee for treatment, the Zip Code for the District/Unit Headquarters must correspond to the Zip Code numbers following each of the Clinics sites listed below.

NOTE: For exposure to communicable diseases, any of the 3 Worknet Clinics listed below may be utilized.

1. Worknet-Navy Yard
   4050 S. 26th Street
   Suite 140
   Philadelphia, PA 19112
   Phone: xxx-xxx-xxxx     Fax: xxx-xxx-xxxx

   Emergency Services: Methodist Hospital
   2301 South Broad Street
   Philadelphia, PA 19148
   Phone: xxx-xxx-xxxx     Fax: xxx-xxx-xxxx

   For Zip Codes: 19103, 19107, 19108, 19123, 19125, 19143, 19146, 19147

2. Worknet- Center City
   219 N. Broad Street, 1st Floor
   Philadelphia, PA 19102
   Phone: xxx-xxx-xxxx     Fax: xxx-xxx-xxxx

   Emergency Services: Methodist Hospital
   2301 S. Broad Street
   Philadelphia, PA 19148
   Phone: xxx-xxx-xxxx     Fax: xxx-xxx-xxxx

   For Zip Codes: 19101, 19102, 19106, 19109, 19110, 19122, 19130
   19133, 19134, 19140
3. Worknet-Roxborough
   Philadelphia Occupational Health
   Roxborough Memorial Hospital
   5800 Ridge Avenue, Suite 234
   Philadelphia, PA 19128
   Phone: xxx-xxx-xxxx     Fax: xxx-xxx-xxxx

   Emergency Services: Roxborough Memorial Hospital
   5800 Ridge Avenue
   Philadelphia, PA 19128
   Phone: xxx-xxx-xxxx     Fax: xxx-xxx-xxxx

   For Zip Codes: 19104, 19118, 19119, 19121, 19127, 19128, 19129, 19131,
   19132, 19138, 19139, 19141, 19144, 19150, 19151

4. Concentra Far Northeast
   2804 Southampton Road
   Philadelphia, PA 19154
   Phone: xxx-xxx-xxxx     Fax: xxx-xxx-xxxx

   Emergency Services: Aria Jefferson Health (Torresdale) Hospital
   10800 Knights Rd
   Philadelphia, PA 19114
   Phone: xxx-xxx-xxxx     Fax: xxx-xxx-xxxx

   For Zip Codes: 19114, 19115, 19116, 19117, 19136, 19152, 19154

5. Concentra Levick Street
   2010 Levick Street
   Phila., PA 19149
   Phone: xxx-xxx-xxxx     Fax: xxx-xxx-xxxx

   Emergency Services: Jeanes Hospital
   7600 Central Avenue
   Phila., PA 19111
   Phone: xxx-xxx-xxxx     Fax: xxx-xxx-xxxx

   For Zip Codes: 19111, 19120, 19124, 19126, 19135, 19137, 19149

6. Concentra Airport
   7000 Holstein Avenue
   Philadelphia, PA 19153
   Phone: xxx-xxx-xxxx     Fax: xxx-xxx-xxxx
Emergency Services: Methodist Hospital
2301 South Broad Street
Philadelphia, PA 19148
Phone: xxx-xxx-xxxx      Fax: xxx-xxx-xxxx

For Zip Codes: 19112, 19113, 19142, 19145, 19148, 19153

2. FOP RECOMMENDED HEART AND LUNG MEDICAL PANEL

A. OCCUPATIONAL MEDICINE (ALL CARE)

  *2

  1. Paul Sedacca, MD
     1913 South Broad Street
     Philadelphia, PA 19145
     Phone: xxx-xxx-xxxx      Fax: xxx-xxx-xxxx

     Emergency Services: Hahnemann University Hospital
     Broad and Vine Streets
     Philadelphia, PA 19102
     Phone: xxx-xxx-xxxx      Fax: xxx-xxx-xxxx

  2. Richard Berger, DO
     Rocco Constabile, DO
     Northeast Occupational Medical Association
     8019 Frankford Avenue
     Philadelphia, PA 19136
     Phone: 215-332-1300      Fax: xxx-xxx-xxxx

     Emergency Services: Jeanes Hospital
     7600 Central Avenue
     Philadelphia, PA 19111
     Phone: xxx-xxx-xxxx      Fax: xxx-xxx-xxxx

NOTE: Employees seeking treatment will be referred to the appropriate Compensation Clinic between the hours of 8:30 A.M. and 4 P.M., Monday through Friday. At all other times, the employee will go directly to the Emergency Room of the Hospital associated with that Compensation Clinic.

NOTE: The panel of Doctors submitted by the FOP will only be available to sworn officers with a disability that occurred in the performance of duty and covered under the Heart and Lung Act.

BY COMMAND OF THE POLICE COMMISSIONER