

A. PURPOSE. To outline responsibilities for the treatment and reporting of duty-related injuries for all employees

B. DEFINITIONS

1. *Contract Medical Facility*. Medical facility contracted by the City of Grand Rapids to provide medical care to City employees for duty-related injuries or required examinations.
2. *Authorization to Treat slip*. City form authorizing treatment for duty-related injuries or required physical examinations.
3. *Personal Injury Report*. An Electronic document for reporting all duty-related injuries.
4. *Supervisor's Incident Investigation Form*. Required for reporting follow-up investigations on all duty related injuries.
5. *Return to Work Slip*. Form provided by the Contract Medical Facility detailing the employee's treatment and duty status with the following options:
  - a. Employee ordered back to work for full duty
  - b. Employee ordered back to work for restricted/light duty
  - c. Employee ordered off duty

C. SPECIFIC RESPONSIBILITIES

1. Employees Suffering Work Related Injuries shall:
  - a. Immediately report the injury to their immediate supervisor.
  - b. Obtain an approved "Authorization to Treat" form from a supervisor prior to seeking treatment at the Contract Medical Facility.
  - c. In the event of serious or life- threatening injuries, seek treatment at the nearest medical care facility able to provide the necessary treatment or care.
  - d. Complete and/or submit to their immediate supervisor the following forms:

- (1) Personal Injury Report.
  - (2) Return to Work Slip detailing the employee's medical treatment and duty status
- e. Immediately report back to work and notify their immediate supervisor if ordered back to work for full duty.
- f. Contact the Support Services Division commander for assignment if ordered back to work for restricted duty.
- (1) Light duty assignments will be coordinated by the Support Services Division commander.
  - (2) Before returning to work full duty, employees must obtain medical clearance from the Contract Medical Facility.
- g. Notify his or her immediate supervisor or the Watch Commander if ordered off duty. Employees shall report to his or her unit commander or Watch Commander for assignment immediately upon receiving medical clearance from the Contract Medical Facility for full duty status.
- h. Seek treatment at the Contract Medical Facility for the first twenty-eight (28) days from inception of medical treatment, after which, employees may (after giving the Risk Management Office written notice of their intention to do so) seek treatment with a physician of their choice.
- i. See a designated specialist if ordered by the Contract Medical Facility. The employee may, after twenty-eight (28) days from inception of medical treatment, see a specialist of their choice if approved by the Risk Management Office.
- j. May obtain prescribed medication at a pharmacy of their choice. The preferred method is to use a pharmacy that will charge the expense to the City. The other option is for the employee to pay for the prescription and submit a paid receipt to the Risk Management Office for consideration of reimbursement. *UNDER NO CIRCUMSTANCES ARE INJURED EMPLOYEES TO USE THEIR PRESCRIPTION CARD FOR PAYMENT.*
- k. Submit medical bills to the Risk Management Office for consideration of payment.

- l. Attend all follow-up examinations as ordered.
  - m. Submit all follow-up treatment documentation to the Support Services Division commander.
  - n. Be prohibited from using 'sick leave' for a work-related injury.
2. A supervisor shall:
- a. Immediately report the incident to the employee's commander or Watch Commander.
  - b. Assist the injured employee in obtaining an Authorization to Treat form and the required medical care.
  - c. Assist the injured employee with transportation requirements, family notifications, Departmental and personal property management, and required reporting.
  - d. Complete and submit:
    - (1) Personal Injury Report after completing the required supervisor reporting sections.
    - (2) Supervisor's Accident/Injury Report after investigating the incident and reviewing with the injured employee.
    - (3) Return to Work Slip and any attending medical forms, as provided by the Contract Medical Facility, detailing the employee's treatment and duty status for this incident.
3. Area, unit commander, or Watch Commanders shall:
- a. Follow the Department notification matrix on all serious or life-threatening injuries to Department employees.
  - b. Continually monitor the injured employee's medical condition and identify any needs that may be attended to by the Department.
  - c. Coordinate the employee's restricted (light) duty assignments with the Support Services Division commander.
  - d. Forward all related injury reporting documentation to the Support

Services Division commander.

4. The Support Services Division shall:
  - a. Act as a liaison between the Department, Contract Medical Facility, and the Risk Management Office.
  - b. Maintain a file copy of all duty-related injury reports and medical forms.
  - c. Maintain a computer log of all duty-related injury reports.
  - d. Process payroll entries (Worker's Compensation) of all duty-related injuries.
  - e. Forward all original City injury forms, medical forms, and copies of Department forms to the Risk Management Office.