
KANSAS CITY, KANSAS POLICE

GENERAL ORDER

SUBJECT: Compensation and Benefits for Injured Employees

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REFERENCE: CALEA [Ch.22](#)

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I. PURPOSE

- A. To establish Departmental procedure regarding medical treatment for employees receiving injuries in the line of duty.

II. GENERAL INFORMATION

A. Department Responsibility

1. Under State Statute the Department is charged with providing Workers' Compensation coverage for medical treatment to employees receiving injuries in the line of duty. In the interest of providing the best care for Department employees the Unified Government has retained the services of The University of Kansas Medical Center, 3901 Rainbow Blvd. 588-6512.
2. The immediate supervisor shall be responsible for all employees' receiving appropriate medical treatment for all injuries that are brought to the attention of that supervisor by the injured employee.
 - a. The immediate supervisor will investigate every I.O.D. (Injured on Duty) incident. An addendum report will be completed on the findings and forwarded to the Bureau Director.
 - b. Should the medical personnel and/or police supervisors on the scene of an injured employee determine that the injury is such that immediate treatment is required; the employee will be taken to the nearest medical facility.

B. Employee Rights and Responsibilities

1. KSA 44-510 states, in part: "...if the services of a physician, as above provided, are not satisfactory to the injured employee, such employee may consult, without application or approval, another physician of the employee's

own choice, and the employer shall pay the fees and charges therefore. If such fees and charges are for examination, diagnosis, or treatment, such fees and charges shall not exceed a total amount of five hundred dollars (\$500.00)". (The employee will pay for any additional cost.)

2. Department policy requires that the initial medical consultation involving job related injuries should be done by The University of Kansas Medical Center. When an emergency situation exists, requiring an employee be treated at another medical facility, the employee does not avoid the responsibility of notification and examination by the contract provider doctors as soon as practicable.
3. If after initial contact with The University of Kansas Medical Center doctors, the employee should prefer to be treated privately for an on the job injury, the employee may exercise that option. If an employee refuses to be examined by the carrier's doctor he or she may prejudice or lose Workers' Compensation Benefits.
4. The employee at any time may discontinue private treatment and receive treatment at The University of Kansas Medical Center
5. All Departmental employees should make themselves aware of their rights and responsibilities under Workers' Compensation Law. Questions regarding Workers' Compensation may be directed to the Safety Management Office.

III. PROCEDURE FOR ON THE JOB INJURIES

A. Minor Injuries

1. All minor on duty injuries, (i.e., minor cuts, sprains, strains, etc.), will be treated at one of the following four locations:

Wyandotte Occupational Health Services
4810 State Avenue
Kansas City Kansas
913-945-9740
Hours: 7:00 am – 10 pm., Monday thru Friday

Occupational Health & Environmental Medicine
(located at the University of Kansas Hospital)
3901 Rainbow Blvd, Ground Floor, Suite G-10
Kansas City, Kansas
913-588-6512
Hours: 8:00 am – 4:00 pm., Monday thru Friday

KU MED-West Occupational Health
7405 Renner Road, Pod D
Shawnee, Kansas
913-588-2200

Hours: 7:30 am – 5:00 pm., Monday thru Friday

Emergency Department Services
The University of Kansas Medical Center
3901 Rainbow Blvd
Kansas City, Kansas
913-588-6500
Hours: 24 hour Services

- a. If an employee is treated at a medical facility other than The University of Kansas Medical Center (i.e., after hours emergency room visits), the employee's supervisor must call one of the four authorized locations associated with The University of Kansas Medical Center the following business day and advise them of the incident. The Officer must then go to one of the authorized locations to be seen by a doctor during that day.
 2. If a minor injury occurs after The University of Kansas Medical Centers authorized locations regular hours the employee will seek treatment at The University of Kansas Medical Center Emergency Department.
- B. Major Injuries
1. All major injuries will be treated at The University of Kansas Medical Center.
 2. Should the medical personnel and/or police supervisors on the scene of an injured employee determine that the injury is such that immediate treatment is required; the employee will be taken to the nearest medical facility.
- C. When an employee is injured in the line of duty, the following forms should be read carefully and filled out completely:
1. A Police Casualty Report, Criminal offense, or Motor Vehicle Accident Report.
 2. Unified Government Notice of Injury form.
 3. Claim for Workers' Compensation (State Form 15).
 4. KPERS/KP&F Form 560 (pension form). Sworn and civilian personnel use the same notification form.
 5. Unified Government Notice of Limited Liability.
 6. Communicable Disease Exposure Report. This will be filled out only when applicable.
- D. All applicable police reports and forms must be filled out completely to keep from jeopardizing an employee's right to compensation under the law. No matter how slight the injury may seem, it will be reported and documented.
1. The completed forms, as well as a copy of the applicable police report, shall be forwarded to the Human Resource's Office the next business day.
 2. The injured employee's immediate supervisor is charged with the responsibility of insuring that all applicable reports and forms are

completed and forwarded to the Human Resource's Office.

3. The supervisor will also forward a copy of the Casualty report, any related Offense Reports, or other related police reports to the Bureau Director, or their designate through the chain of command.

IV. TIME LIMITS FOR SUBMITTING FORMS

- A. Workers must give notice of accidental injury to their employers within ten (10) days, or ninety (90) days if it is an occupational disease. This is accomplished by filing the Unified Government Notice of Injury form.
- B. Workers suffering an accidental injury must serve written claim on their employer by filing the Claim for Workers' Compensation (State Form 15) in person or by registered or certified mail within two-hundred (200) days. Workers suffering disability from occupational disease must serve claim in the same manner within one (1) year from the date of disablement. Right to compensation may be forfeited if the claim is not served in time.

V. INSTRUCTIONS FOR COMPLETING FORMS

- A. A packet is available from the Human Resource's Office that includes all necessary forms that must be completed when an injury occurs. Each employee's supervisor will provide these packets. The instructions for the completion of these reports are given below and should be followed closely.
 1. Upon completing the necessary forms the entire packet should be taken or forwarded to the Human Resource's Office, and a copy given to the Bureau Director, or their designate through the chain of command.
- B. Unified Government Notice of Injury
 1. This is an internal report needed by the Risk Management Office to ensure that the contract provider and Workers' Compensation will be notified of an injury. Failure to properly notify the employer of an injury could jeopardize the employee's claim.
 2. General guidelines.
 - a. Employee should use home address and phone number.
 - b. The Department should be the Police Department.
 - c. Job title refers to the employee's current rank or payroll classification.
 - d. Date and civilian time of injury.
 - e. The place of the accident is the most correct address.
 - 1) If an accident occurs on a public street or property owned by the Unified Government it is a Unified Government premise.
 - f. Describe in detail, nature and extent of injury, indicate part of body involved.

- g. If the employee was treated at an Emergency Room or admitted to a hospital mark yes. Be sure to get the doctor's name and use the hospital's address. If the employee goes to The University of Kansas Medical Center or a private physician, fill in the name and address of the physician.

C. Claim for Workers' Compensation (State Form 15).

1. The portion of the form below the broken line should be completed and signed by the employee. This section is self-explanatory.

D. KPERS/KP&F Form 560

1. Employees fill out sections A and B only. This report is needed to ensure that the employee retains pension benefits available to them should the injury eventually prove to be partially or permanently disabling. This form must be completed and submitted to the Kansas Police and Firemen Retirement System within 220 days of the date of event or the act of duty causing such disability.

E. Notice of Limited Liability

1. This form is self-explanatory and will be completed. However, it will only be used when an employee who is injured on the job wishes to be treated by their personal physician or surgeon. It restates the legal limitations for compensation when an injured employee chooses to use a personal physician rather than the Unified Government's contract provider. It is not, nor can it be, construed as an authorization for treatment in excess of the legal limit.
2. Any employee who is injured on the job should inform the clerk at the doctor's office, The University of Kansas Medical Center or hospital that the Unified Government is self-insured.

F. A Communicable Disease Exposure Form will be filled out by an employee who has unprotected physical contact with blood or other potentially infectious bodily fluids of another person while in the line of duty and is therefore potentially exposed to an infectious disease. An exposure incident occurs when the employee is exposed to any of the following circumstances:

1. Needle-stick injury.
2. Break in skin caused by a potentially contaminated object.
3. Splash of blood or other potentially infectious material onto eyes, mucus membranes or non-intact skin.
4. Airborne infected disease patient coughing "droplets" on employee which are ingested or absorbed by the employee through eyes, mucus membrane or non-intact skin.
5. Other exposure the member may feel is significant.

G. Fitness for Duty Release Form

1. The Department's Physical Fitness for Duty Release Form (Appendix A) will be filled out by the employee's attending physician before they are able to return to work. The form must be signed by the physician, division commander, and bureau director before the employee will be allowed to return to full or light duty. The employee must be able to complete the physical demands and requirements listed on the back of the form.