



SAN ANTONIO POLICE DEPARTMENT GENERAL MANUAL



Procedure 916 – Workers’ Compensation

Office with Primary Responsibility:	SSO	Effective Date: Prior Revision Date:	July 31, 2010 October 01, 2009
Office(s) with Secondary Responsibilities:	PSC, PNC, TSC, FTC, IDC	Number of Pages:	2
Forms Referenced in Procedure:	SAPD Form #172 State Form #DWC01 State Form #DWC-6 State Form #DWC073	Related Procedures:	904

.01 INTRODUCTION

- A. The purpose of this procedure is to establish guidelines for documenting all Workers' Compensation claims and the manner in which they are prepared. Supervisors are responsible for an accurate completion of all documentation required for compliance with this procedure. Additionally, all members have a duty to report claims as early as practical.
- B. Sworn members affected under this procedure and requiring change of assignment status refer to GM Procedure 904, *Limited Duty Assignment*, for instructions.

.02 DOCUMENTATION OF OCCUPATIONAL INJURY/DISEASE

- A. Members who are disabled in any way due to an occupational injury/disease and, due to the impairment, are unable to perform any assigned duty will notify a supervisor of such occurrence as early as practical.
 - 1. Notification shall be made by the affected member, in writing, by incident report with assignment number and shall contain time and date of occurrence, location, type of injury/disease, and witness (es).
 - 2. In the event the affected member is incapable of the required notification, the supervisor in charge at the time of the injury shall be responsible for submitting documentation of the incident.
- B. A supervisor, upon receiving notification of a member's complaint of occupational injury/disease, regardless of the severity of the complaint, shall complete the required form(s) in compliance with Workers' Compensation mandates.
 - 1. The affected member's immediate supervisor, if on-duty, shall complete the necessary documentation.
 - 2. In the event the affected member's immediate supervisor is off-duty (i.e., relief day, vacation, sick, etc.), any supervisor assigned to the same unit completes the necessary documentation.
- C. Complete documentation is required for each incident or occurrence of occupational injury/disease sustained by any member.

.03 PROCEDURAL GUIDELINES

- A. Members requesting to be carried injured on-duty due to an occupational injury/disease are required to seek immediate treatment by a physician, if they have not done so already. Before a member is carried injured on-duty, he is required to have a physician complete SAPD Form #172, *Physician Authorization for On-Duty Injury Status*, or the State Form #DWC073, *Texas Workers’ Compensation Work Status Report*. The completed form is submitted to the supervisor.
- B. SAPD Form #172 or State Form #DWC073 is required for determining the status of personnel injured on-duty. Each visit to a physician must be documented by an SAPD Form #172 or State Form #DWC073, in order to continue to verify an injured member's status.



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- C. The completed SAPD Form #172 or State Form #DWC073 is submitted to the member's supervisor and the supervisor is responsible for forwarding the documentation to the Accounting and Personnel Office no later than the following business day.
- D. For purposes of reporting an occupational injury/disease, a supervisor must complete the State Form #DWC01, *Employer's First Report of Injury or Illness*, and forward the completed form to the Accounting and Personnel Office within forty-eight (48) hours of the occurrence.
- E. Supervisors will no longer be responsible for completing items 36, 37, and 38 (Rate of Pay) on the State Form #DWC01. These sections will be completed by the Accounting and Personnel Office.
- F. In addition to the State Form #DWC01, the supervisor must complete City of San Antonio Form #RM-S-1, *City of San Antonio Supervisor's Report of Accident Investigation*. This completed form must be received in the Accounting and Personnel Office within seventy-two (72) hours of the occurrence.
- G. State Form #DWC-6, *Employer's Supplemental Report of Injury*, is required to be completed by a supervisor in the following instances
 1. Within forty-eight (48) hours of the time the injured member started losing time from work due to an occupational injury/disease, the form must be received in the Accounting and Personnel Office.
 2. If the initial State Form #DWC01 submitted for the injured member did not note loss of time from duty and time was subsequently lost due to the same occurrence, DWC06 is required for the member. This form must be submitted within forty-eight (48) hours of the time the injured member began losing time from work.
 3. Within forty-eight (48) hours of a member's return to work from an occupational injury/disease, whether returning to limited duty or regular assignment, the State Form #DWC06 must be completed and received in the Accounting and Personnel Office. Members to be assigned to a limited duty assignment or returning to regular duty following a limited duty assignment must report to the Office of the Chief in accordance with GM Procedure 904, *Limited Duty Assignment*.
- H. All completed documentation submitted must be typed and forwarded to the Accounting and Personnel Office within the specified time-frames in order to avoid penalties imposed by the Texas Workers' Compensation Commission.

.04 ROUTING OF REPORTS

- A. Supervisors are required to e-mail or fax documentation related to the member's claim of occupational injury/disease. The supervisor collects the copies, time-stamps them, and places them in the member's unit level field file.
- B. Supervisors are responsible for ensuring submission of documentation, except for the incident report, is delivered to the Accounting and Personnel Office within the specified time-frame. For purposes of this section, the documents are considered "delivered to Accounting and Personnel Office" when they have been received by the Accounting and Personnel Office within specified time-frame.