

OFFICE OF THE CHIEF OF POLICE

NOTICE
1.11

March 30, 2020

TO: All Department Personnel

FROM: Chief of Police

SUBJECT: PROCEDURES FOR EMPLOYEES WHO HAVE BEEN IN CLOSE CONTACT OF A PERSON WITH OR LIKELY TO HAVE COVID-19 – REVISED; AND, TIMEKEEPING AND RETURN TO WORK PROTOCOL FOR PERSONS EXPOSED TO COVID-19 – REVISED

PURPOSE:

The health, safety and wellbeing of all our employees is of paramount importance. Every employee deserves a safe and supportive workplace. Accordingly, the Department is committed to ensuring that all our employees are supported during this unprecedented public emergency.

As first responders, the Los Angeles Police Department protects and serves the people of the City. In doing so, employees may come into close contact with those diagnosed with or likely to have COVID-19. Close contact with individuals diagnosed with or likely to have COVID-19 may even occur off-duty. This Notice outlines the procedures for employees to follow when they are exposed to or exhibiting symptoms of COVID-19.

DEFINITION:

Close Contact - A person is considered to be within “close contact” of a person with or likely to have COVID-19 if they: (a) were within six (6) feet for more than 10 minutes OR (b) had unprotected direct contact to secretions or excretions (e.g., sneeze or cough) of a person diagnosed with or likely to have COVID-19.

PROCEDURE:

Employee Exposed to COVID-19

When an on-duty or off-duty employee comes into close contact with a person diagnosed with or likely to have COVID-19, he or she shall take the following steps:

- Disinfect himself or herself as soon as possible by washing hands thoroughly with soap and warm water and notify a supervisor of the close contact; and,

- Complete the modified Employee Report, Form 15.07.00 (attached), for COVID-19 and submit to a Department supervisor (supervisors shall complete Employee's Report for COVID-19, for an off-duty employee).

Note: Employees shall complete the modified Employee's Report for COVID-19, specifically documenting the potential exposure. The narrative of the report shall include the nature of the close proximity to the COVID-19-positive person, the duration of time spent in proximity with the COVID-19-positive person, and any additional information that would assist Medical Liaison Section (MLS), Personnel Division, in obtaining COVID-19 testing, such as unprotected, direct contact with secretions or excretions from a person diagnosed with or likely to have COVID-19. It is important that employees are as descriptive as possible.

Employee Exhibiting Symptoms of COVID-19

If an on-duty or off-duty employee exhibits symptoms associated with COVID-19, he or she shall notify a supervisor, and the supervisor shall complete an updated Employee Report for COVID-19, indicating all symptoms experienced in the appropriate section of the form. **The on-duty employee exhibiting COVID-19 symptoms shall be sent home. The off-duty employee exhibiting COVID-19 symptoms shall remain at home.** If requested by the employee, the supervisor shall direct the employee to a Point of Entry Facility. The employee shall follow the advice of the attending physician. Medical Liaison Section shall contact the employee to schedule a COVID-19 Screening. Once the employee is tested for COVID-19, the test provider will contact the employee at a later date with the results. The employee shall immediately notify his or command of the test results.

Supervisor Responsibilities for Employees Exposed to or Exhibiting Symptoms of COVID-19

When an on-duty or off-duty employee reports to a supervisor that he or she been exposed to COVID-19 or is exhibiting symptoms of COVID-19, the supervisor shall complete the following steps:

- Ensure the modified Employee's Report for COVID-19 is completed;
- Review the modified Employee Report for completeness and submit to MLS at mlsnotifications@lapd.online;
- Notify the employee's chain of command;
- If requested by the employee, the supervisor shall direct the employee to a First Care Panel Provider. The employee shall follow the advice of the attending physician;
- All questions regarding an employee exposed to COVID-19 should be directed first to the Safety Officers at the Department Operations Center, Communication Division, at (213) 484-6700;
- Medical Liaison Section can also be contacted for guidance during business hours at (213) 486-4600; and,

- Adhere to facilities cleaning protocols as set forth in the COVID-19 Protocol Checklist published on the Local Area Network (LAN).

Injury On-Duty Claims

In the event an on-duty or off-duty employee falls ill with COVID-19 and believes the illness is a result of an exposure to the virus while on duty, that employee must file an Injury on Duty (IOD) claim. Department employees should follow the below procedures to file a worker's compensation claim:

- Report the illness to a Department supervisor immediately;
- The supervisor shall facilitate medical treatment by providing contact information for the First Care Panel Provider, and the employee shall provide the treating physician with the Injury Status Report, Form General 195;
- The supervisor shall complete the Employer's Report of Occupational Injury or Illness, Form 5020 and the State of California Department of Industrial Relations, DWC-1 and provide it to the Sick/IOD Coordinator for input into iVOS immediately;
- The supervisor shall provide the rest of the paperwork to the Sick/IOD Coordinator when it becomes available, and as soon as practicable:
 - Injury Status Report
 - Employee's Report of Injury/Illness Form
 - Accident/Incident Witness Statement Form, and,
 - The doctor's note.
- The Sick/IOD Coordinator shall email all the forms to Tristar (sworn employees) or Elite (civilian employees). Original forms shall be forwarded to MLS via Gray Mail, Stop 400.

When Tristar or Elite receives the claim, Tristar is expected to make contact with the employee, the Department, and the employee's doctor. Generally, within 14 days Tristar or Elite sends the injured worker a notice letting him or her know the status of their claim, and whether it has been accepted, denied, or delayed. The investigation of a claim can take up to 90 days.

Illness or Injury Not Related to COVID-19

All other reports of illness or injury not related to COVID-19 shall be handled according to existing Department procedures. Likewise, for the well-being of all employees and their families, off-duty employees are strongly urged to not report to work while sick during this pandemic and should remain at home until they are well enough to return to work.

Medical Liaison Section (MLS) Responsibilities

- Monitor the mlsnotifications@lapd.online portal daily;
- Review and analyze the modified Employee Report to determine if an employee meets the criteria for an evaluation and screening;
- Schedule employees that meet the criteria for evaluation and screening to a testing site;
- Notify the employee's command (Sick/IOD Coordinator or appropriate supervisor) when a COVID-19 test has been scheduled for an employee;
- Liaison with Medical Services Division and City Departments regarding COVID-19;
- Respond to inquiries from commands, employees and other City entities regarding COVID-19;
- Track COVID-19 employee exposures, negative results, and confirmed results;
- Provide analysis and statistical information to Department Command Staff; and,
- Provide 24/7 response for emergent concerns and guidance.

Returning to Duty

The Department shall continue to ensure that its employees who are symptomatic for COVID-19 get tested. An employee returning to work after a Positive Test Result for COVID-19, or an employee returning to work after a suspected COVID-19 infection without a test result may return to work after:

- At least three days (72 hours) have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medications; **and**,
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least seven days have passed *since symptoms first appeared*; **and**,
- The employee is cleared by the City's COVID-19 Test Provider, a Department-approved medical provider, or the employee submits a Return to Work Doctor's Note.

If an employee's Test Result for COVID-19 is NEGATIVE, the employee may return to work when:

- At least one day (24 hours) has passed since recovery, defined as resolution of fever without the use of fever-reducing medications; **and**,
- The employee submits a copy of the COVID-19 test result showing a NEGATIVE reading.

Department supervisors shall ensure that all test results returned by Department employees are forwarded through the Area/division and bureau to MLS.

Timekeeping

For the purposes of timekeeping, all hours of work missed by an employee as a result of COVID-19-related issues shall be carried as Sick Time (SK) in the Deployment Planning System unless the sick employee does not have enough 100-percent sick time. Employees without enough sick time may use other accrued benefits, i.e., Vacation (VC) or Time Off (T/O). It is critical for timekeeping purposes that employees and/or their supervisors thoroughly document exposure to COVID-19 and that sick employees attempt to get a COVID-19 test either through MLS, a Department-approved medical facility, or a private physician.

Upon IOD claim approval by Tristar or Elite, the Department will convert an employee's time from Sick, VC or T/O (whichever was used during the time the employee was ill due to COVID-19) to IOD time. For sworn employees, IOD is coded as "ID." For civilian personnel, IOD is coded as "IS."

For any questions regarding this Notice, please contact the Medical Liaison Section, at (213) 486-4600.



MICHEL R. MOORE
Chief of Police

Attachment

DISTRIBUTION "D"

EMPLOYEE'S REPORT

Quarantine

Possible Exposure

15.07.00 (03/25/2020)

DR

SUBJECT: COVID-19		
DATE & TIME OCCURRED:	LOCATION OF OCCURRENCE:	
TO: (Rank, Name, Assignment, Division)		DATE & TIME REPORTED:
DETAILS: (If more space is needed go to next page)		
Employee Cell #:	Last Name:	First Name:
Employee Age:	Serial No:	Division of Assignment:
Reported Symptoms noticed/experienced: (Check all that apply) Temperature, if known:		
<input type="checkbox"/> No Symptoms <input type="checkbox"/> Fever <input type="checkbox"/> Dry Cough <input type="checkbox"/> Body Aches <input type="checkbox"/> Fatigue <input type="checkbox"/> Headaches <input type="checkbox"/> Other (please describe)		
Please answer the following questions if you came into "close contact" with a person who has or is likely to have COVID-19. A "close contact" is when you: (1) were within six feet for more than 10 minutes with that person, OR (2) you had unprotected direct contact to secretions or excretions (e.g. sneeze, cough or saliva) with that person.		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure: I came into close contact with a person who has a positive lab test for COVID-19. If Yes Explain:		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure: I came into close contact with a person who had signs and symptoms consistent with COVID-19 within 14 days after that person came into close contact with another person who had or was likely to have COVID-19. If Yes Explain:		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure: I came into close contact with a person who was informed by their physician that they are likely to have COVID-19. If Yes Explain:		
If you answered "yes" to any of the questions above, please provide the following information:		
(1) Name, address, and phone number of the person you came into close contact with.		
(2) How did you come to know the circumstances in answering "yes" to any of the question.		
Additional information about contact with a person with or likely to have COVID-19.		
<u>Medical Treatment</u> MT Location: Dates: Start: End:		
<i>When completed and signed by supervisor, a copy of the signed 15.07.00 should be emailed to the OIC Medical</i>		

LOS ANGELES POLICE DEPARTMENT
EMPLOYEE'S REPORT

Liaison Section. (mlsnotifications@lapd.online)

DATE & TIME	DIVISION REPORTING	CLERK	EMPLOYEE(S) REPORTING	SERIAL NO.	DIV.
SUPERVISOR APPROVING		SERIAL NO.			