

# OFFICE OF THE CHIEF OF POLICE

**NOTICE**  
1.11

July 13, 2020

**TO:** All Department Personnel

**FROM:** Chief of Police

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

## **PURPOSE:**

The health, safety, and well-being of Department employees is of paramount importance. Every employee deserves a safe and supportive workplace. Accordingly, the Department is committed to ensuring that all Department 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 are 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 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:

- Distance themselves from others as soon as practicable;
- Wear a face mask to cover the mouth and nose;

- Disinfect himself or herself as soon as possible by washing hands thoroughly with soap and warm water for at least 20 seconds;
- Notify a supervisor of the close contact; and
- Complete the modified Employee's 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 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. The supervisor shall complete an updated Employee's 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 until they meet the criteria to return to work.**

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 or the employee may self-register at [https://lacovidprod.service.now.com/rrs\\_first\\_responders](https://lacovidprod.service.now.com/rrs_first_responders). 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/her 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 has 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's Report for completeness and submit to MLS at [mlsnotifications@lapd.online](mailto:mlsnotifications@lapd.online);
- Notify the employee's chain of command;
- 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;

- All questions regarding an employee exposed to COVID-19 should be directed to Personnel Division, Medical Liaison Section, at (213) 486-4600 during normal business hours (M-F, 0700-1600). During off-hours, questions should be directed to the employee's command or their Sick/IOD Coordinator.
- 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 may 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 Medical Provider Network, 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 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 contact the employee, the Department, and the employee's doctor. Generally, within 14 days, Tristar or Elite will send the injured worker a notice advising him or her of the status of their claim and whether it has been accepted, denied, or delayed. The investigation of a claim can take up to 30 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 encouraged to not report to work while sick during this pandemic and should remain at home until they are cleared to return to work.

### **Medical Liaison Section Responsibilities**

- Monitor the [mlsnotifications@lapd.online](mailto:mlsnotifications@lapd.online) portal daily;
- Review and analyze the modified Employee's 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 or provide the employee with the testing portal (<https://lacovidprod.service-now.com/rrs-first-responders>) to self-register;
- 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 response during regular business hours for emergent concerns and guidance.

### **Returning to Duty**

The Department shall continue to ensure that 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 ten (10) 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.

### **Timekeeping**

The City is committed to providing a healthy and safe working environment and ensuring that employees are not unfairly impacted by this emergency. Therefore, Department employees (sworn and civilian) will receive Paid Administrative Leave (Time Code 19) for the duration of their illness, isolation, or quarantine when they are diagnosed with COVID-19, found by a medical professional to have a presumptive case of COVID-19 (i.e., close contact exposure to

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**COVID-19 and/or symptoms of COVID-19) or are considered by the Department to have a presumptive case of COVID-19, and are ordered by a physician, Medical Liaison Section, or their Commanding Officer to isolate or quarantine.**

**An employee that is considered “high risk” (adults over the age of 65 years or with underlying medical conditions) and ordered by a physician to self-isolate must present a doctor’s note to their Commanding Officer. The Commanding Officer may grant the employee time off to isolate using their accrued sick time (SK). Employees that exhaust their sick time may use other accrued benefits (i.e., vacation (VC) or time off (T/O)).**

**Any questions regarding updates or interpretation of this Notice should be directed to Personnel Division, Medical Liaison Section, at (213) 486-4600.**

**Respectfully,**



**MICHAEL B. MOORE**  
**Chief of Police**

**Attachment**

**DISTRIBUTION “D”**

LOS ANGELES POLICE DEPARTMENT  
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:

No Symptoms  Fever  Dry Cough  Body Aches  Fatigue  Headaches  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.

Yes  No  Unsure: I came into close contact with a person who has a positive lab test for COVID-19.

If Yes Explain:

Yes  No  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:

Yes  No  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.

Medical Treatment

MT Location:

Dates:

Start:

End:

**When completed and signed by supervisor, a copy of the signed 15.07.00 should be emailed to the OIC Medical**

LOS ANGELES POLICE DEPARTMENT  
EMPLOYEE'S REPORT

**Llaison Section. (misnotifications@lapd.online)**

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