

Approved Date: April 24 2008

By: Wayne Ringer
Office of the City Attorney



**City of
Norfolk**

Prescribed Date: 5/8/09

By: Virginia H. Williams
City Manager/Director of Public Safety

Departmental General Order ADM-340
Norfolk Police Department

Subject: Modified Duty

Office of Preparation: Strategic Management Division

Supersedes:

1. G.O. 95-001, dated March 28, 2000
2. Any previously issued directive conflicting with this order

Related Documents:

1. G.O. OPR-140: Special Incident Reports (SI)
2. City of Norfolk Policy and Administrative Regulations, Disability Management 2-012.

Order Contents:

- I. Definitions
- II. Policy
- III. Application
- IV. Monitoring Modified Duty Personnel

Attachments:

- A. PD 907, Application for Modified Duty Assignment
- B. PD 912, Modified Duty, Physician's Certificate for Non-occupational Disabilities
- C. PD 941, Modified Duty Personnel Assignment Form
- D. City of Norfolk Medical Treatment Plan

A handwritten signature in black ink, appearing to read "B. Marquis".

Bruce P. Marquis
Chief of Police

BPM/sm

Purpose:

The purpose of this order is to outline policy relating to modified duty.

I. Definitions:

- A. Disability: A condition, disease, injury, or illness that prevents an employee from performing some or all of the duties of his/her regular work.
- B. Modified Duty: A job other than the employee's regular work, or modification of the duties of the employee's regular work, which the employee performs for a temporary period to accommodate medical and physical restrictions due to a disability.
- C. Disability Management Coordinator (DMC): The representative designated by the Chief of Police to be responsible for administering modified duty procedures.
- D. Parent Command: The command to which modified duty employees are presently assigned.
- E. Temporary Duty Command (TDC): The command to which personnel are assigned while on modified duty, if different from the parent command.
- F. Modified Duty Employee (MDE): An employee assigned to modified duty due to a disability.
- G. Modified Duty Supervisor (MDS): The supervisor of a modified duty employee at the parent command.

II. Policy

- A. The modified duty policy of the police department will be in accordance with City of Norfolk Policy and Administrative Regulations, Disability Management 2-012.
- B. The City is not obligated to provide a temporary modified duty assignment to a disabled employee. However, an employee with a permanent or temporary disability may be assigned to perform modified duty if such duty:
 - 1. Can be performed while adhering to medical and physical restrictions prescribed by the employee's treating physician;
 - 2. Can be performed without substantially increasing the risk of injury to the employee, other employees, and the general public;
 - 3. Does not impede the department's operational efficiency and effectiveness; and,
 - 4. Is an assignment for which the employee is or could become qualified by training, education, or experience.

- C. Approval for employees to be placed in, or continue in, a modified duty assignment will be based on the following:
 - 1. Available medical documentation establishing the individual as incapable of performing his/her normal duties;
 - 2. One or more physician(s) representations as to work capabilities;
 - 3. Other available relevant information describing all work limitations and expected duration of the disability.
- D. A modified duty assignment may be in the employee's regular division, another division, or in another department within the City on a full-time, part-time, or day-to-day basis, and may be a different work schedule or shift than that of the employee's regular assignment.
- E. A MDE may be referred by the City to a doctor retained by the City of Norfolk for consultation and evaluation.
- F. The Department of Human Resources may approve or disapprove continuing or discontinuing any modified duty assignment.

III. Application

A. Occupational Disabilities

- 1. Employees injured in the line of duty (ILD) who are medically determined to be capable of performing modified duty will submit a PD 907, Application for Modified Duty Assignment, and a copy of the Medical Treatment Plan to the DMC. Employees will read and sign the "Statement of Understanding" in the PD 907.
- 2. ILD employees whose doctors recommend modified duty for seven (7) calendar days or less may be assigned appropriate duties within their parent command with prior DMC approval. In this instance, the PD 907 and Medical Treatment Plan will be forwarded to the DMC, and the PD 941 will not be necessary.

B. Non-occupational Disabilities

Employees incurring non-occupational disabilities, who are medically determined to be capable of performing modified duty and who desire to be considered for a modified duty assignment, will submit a PD Form 907, Application for Modified Duty Assignment, and a PD Form 912, Modified Duty Assignment Physician's Certificate For Non-occupational Disabilities to the DMC. Employees will read and sign the "Statement of Understanding" in the PD 907. When an employee's doctor

recommends modified duty for seven (7) calendar days or less, modified duty will not be afforded.

IV. Monitoring Modified Duty Employees

A. Parent command responsibilities

Commanding officers, whose personnel are afforded modified duty assignments, are responsible for completing the top section of PD 941 and providing the form to the MDE.

B. Temporary duty command responsibilities

1. Completing the bottom section of PD 941.
2. By the 5th of each month, a Modified Duty Report must be forwarded (may be e-mailed) to the DMC. This report shall include the following:
 - a. Name of MDE
 - b. Disability
 - c. Prognosis, i.e., estimated time remaining on modified duty based on the employee's latest doctor visit, and
 - d. Date of next scheduled doctor appointment.
3. MDSs are responsible for monitoring the modified duty status of the MDE and communicating with the DMC when appropriate.
4. Notifying parent command of the date the MDE is to return to full duty.

C. Modified duty employee responsibilities

1. MDEs, upon each doctor visit or at least once every three months and when released to full duty status, must complete an additional PD 912 or Medical Treatment Plan and submit it to the DMC, via the chain of command.
2. MDEs must request leave through the TDC. The TDC will then process the leave card.
3. MDEs are responsible for providing the PD 941 to the TDC. MDEs will wear civilian attire appropriate for the modified duty assignment and will not wear a uniform unless expressly approved by the commanding officer of the TDC.

PD 907

**NORFOLK POLICE DEPARTMENT
APPLICATION FOR MODIFIED DUTY ASSIGNMENT**

NAME OF APPLICANT: _____ DATE: _____

RANK: _____ CONTROL NUMBER: _____ COMMAND: _____

DATE OF DISABILITY: _____ DESCRIPTION AND LIMITATION: _____

EXPECTED DURATION: _____ PHYSICIAN: _____

PD 912 OR MEDICAL TREATMENT PLAN ATTACHED? YES NO
 OCCUPATIONAL INJURY NON-OCCUPATIONAL INJURY

NOTE: The PD 912, Physician's Certificate or Medical Treatment Plan form must clearly state the officer is unfit for full duty, but fit for modified duty, and must explain all limitations of the officer's work activities.

STATEMENT OF UNDERSTANDING

I understand the City of Norfolk is not obligated to create a modified duty assignment and that any modified duty assignment to which I may be detailed may be discontinued at any time, without prior notice, at the discretion of the Department of Human Resources. Additionally, I understand I am not permitted to engage in part-time, off-duty employment as a police/security officer or any employment activity that would exceed my physician's work limitations.

Signature

Date

Forward form to the Disability Management Coordinator.

DISABILITY MANAGEMENT COORDINATOR

DATE REQUEST RECEIVED: _____ BY: _____

REFERRED TO CITY PHYSICIAN YES NO IF YES, DATE REFERRED: _____

DATE ASSIGNED TO MODIFIED DUTY: _____ ASSIGNED TO: _____

DATES OF EVALUATIONS: _____

DATES OF REAPPLICATION: _____

PD 912

Norfolk Police Department
Modified Duty Assignment Physician's Certificate
For Non-occupational Disabilities

I, _____ sustained an injury to my _____ in an accident
dated _____ while in off-duty status. I have chosen Dr. _____ as my primary physician.

COMMAND CONTROL # DOB TITLE HOME PHONE

Date Signature of Employee

CLINICAL FINDINGS:

DIAGNOSIS: _____

TREATMENT PLAN (INCLUDING X-RAY RESULTS): _____

DIAGNOSTICS: Check Appropriate Line(s)

X-Ray Myelogram Bone Scan CT Scan MRI EMG

SURGERY: No Yes Outpatient Inpatient

Anticipated procedure and date: _____

OTHER TREATMENT: State specific modality(ies) and indicate number and duration of treatment(s) on lines provided:

Heat, Ultrasound, Hot Packs Work Hardening/Work Stimulation
Treatments Per Week Per Month
For Week(s) Month(s)

Progressive Strengthening/Stretching Exercises Manipulations
Treatments Per Week Per Month
For Week(s) Month(s)

MEDICATIONS: _____

OTHER TREATMENT STRATEGIES: _____

ANTICIPATED DISABILITY FROM WORK: No Yes Date disability began: _____

Date able to return to work: Regular Modified If modified, list specific restrictions: _____

CURRENT FUNCTIONAL ABILITY IN 8-HOUR WORKDAY:

Employee can stand walk sit hrs/day.
Employee can drive hrs/day.
Employee has lift/carry restrictions No Yes Pounds
Employee can use hands/feet for repetitive movement. No Yes

Date of next appointment: _____

Dear Attending Physician: The city employee named above has alleged a temporary partial disability and has indicated a desire to be afforded a modified duty position. Your cooperation in completing this form is vital to our efforts in determining the work potential of your patient. If you have questions, contact the Disability Management Coordinator at 664-6427/6421. Thank You.

I attest to the best of my knowledge that the above information is accurate.

Physician (Please print or type) Signature Telephone # Date

Modified Duty Employee Assignment Form

To Be Completed By Parent Command

Name/Title: _____ Command: _____

The _____ Division is your assigned Modified Duty Command. Report for duty on _____ at _____ hours and present this form to the commanding officer.

Leave Balances AV _____ SL _____ CP _____ EDL _____

Commanding Officer Signature: _____ Date: _____

To Be Completed By Temporary Duty Command

Modified Duty Supervisor: _____ Dress/Attire: _____

Shift/Hours/Days Off: _____ Work Station: _____

Reason for Modified Duty: _____

Special Restrictions, Medications, or other Information: _____

MDE Signature: _____ MDS Signature: _____ Date: _____

Upon release from Modified Duty

You are to report to your Parent Command on _____ at _____ hours and present this form to the commanding officer.

Leave Balances AV _____ SL _____ CP _____ EDL _____

MDE Signature: _____ MDS Signature: _____ Date: _____

Modified Duty Employees (MDE) are responsible to:

1. Notify the Modified Duty Supervisor (MDS) or commanding officer of parent command of any change or pending change in existing modified duty status including medicines, therapies, treatments, etc., that may affect the performance, safety, or duty status of the MDE or other personnel. Upon release to full duty by attending physician, present information to temporary duty command and await orders to return to parent command.
2. If applicable, complete PD 921, Non-exempt Employee Report Of Work Outside Normal Schedule according to standard procedures of parent command. Submit form to MDS for signature. The MDS will send the form to the parent command for processing.
3. Request leave through the TDC and submit the appropriate leave cards for processing to that command. Sick leave requests must be approved verbally by the MDS. Additionally, MDEs must notify the MDS of absences such as court, doctor visits, and therapy sessions including the anticipated hours of the absence.
4. Become familiar with assigned tasks and procedures and seek guidance to resolve problems or issues as appropriate.
5. Avoid situations or tasks that are contrary to physician's modified duty restrictions.
6. Adhere to special instructions of the TDC and other guidelines and procedures as outlined in G.O. 95-001: Modified Duty.

City of Norfolk
Medical Treatment Plan
Worker's Compensation Injury

Employee Information:

Employee Name: _____ SS# _____ DOB: _____
Job Classification: _____ Dept/Bureau: _____
Supervisor/DMC: Name: _____ Phone: _____
Injury Type: _____ DOI: _____
Panel Physician Name: _____ Phone: _____

EVERY EFFORT WILL BE MADE TO ACCOMMODATE MODIFIED DUTY EITHER IN THE DIVISION OR OUTSIDE THE DIVISION.

Report of Physician:

Nature of Injury/Condition: _____
Referred to: _____ (for additional medical care)

Release Status:

Full Duty _____
Projected date of full duty return to work: _____
No Duty _____ Next Appointment Date: _____
Modified Duty: _____ Next Appointment Date: _____
Level: Sedentary Light: Medium: Heavy:

Physical Capacities:

Please circle YES/NO as appropriate. Indicate hour per day allowed as needed. Note that some City of Norfolk Employees work 10-hour days or 24-hour shifts.

Task	Status		Number of Hrs./Comments	
Standing	YES	NO	_____	hours per day _____
Pushing/Pulling	YES	NO	_____	hours per day _____
Sitting	YES	NO	_____	hours per day _____
Use of Hands	YES	NO	_____	hours per day _____
Lifting	YES	NO	_____	hours per day _____
Stooping/Bending	YES	NO	_____	hours per day _____
Walking	YES	NO	_____	hours per day _____
Reaching	YES	NO	_____	hours per day _____
Climbing Stairs/Ladder	YES	NO	_____	hours per day _____
Operation of Vehicle/Equip. for work	YES	NO	_____	hours per day _____

Other

Comments: _____

Physician Signature

Date