



Florida Fish and Wildlife Conservation Commission
Division of Law Enforcement

REPORTING OF INJURIES AND TEMPORARY REASSIGNMENTS

GENERAL ORDER	EFFECTIVE DATE	RESCINDS/AMENDS	APPLICABILITY
31	September 24, 2019	September 2, 2014	All Members

Ch. 440, F.S.; GO 05 and 08
CFA 2.07M, 2.08M, and 15.15M

1 POLICY

- A** It is the policy of the Division to timely report all on-the-job injuries and to comply with the Florida Workers' Compensation Law (Chapter 440, Florida Statutes), Florida Fish and Wildlife Conservation Commission's Internal Management Policies and Procedures (IMPP) and to maintain a reporting procedure for non-employees who are injured while in custody or on Division premises.
- B** It is the policy of the Division that temporary reassignments may be made due to a member's inability to temporarily perform light or full duties related to his or her position.

2 RESPONSIBILITIES

- A** Members are responsible for reporting on-the-job injuries and illnesses due to occupational exposure in accordance with this General Order, General Order 08, *Communicable Disease Control*, and as required by the FWC's Office of Human Resources.
- B** Members are responsible for documenting and reporting injuries of non-employees while in custody or on Division premises in accordance with this General Order and any applicable FWC Internal Management Policies and Procedures (IMPP).

3 PROCEDURES

A Injury or Illness

- (1) If a member is injured while on duty, they shall report the injury/exposure to their supervisor immediately. The supervisor shall report the injury to the State Workers' Compensation Program which can be located on the [FWC Human Resources Page](#)
 - (a) Before contacting the State Workers' Compensation Program, supervisors should have access to the following information:

Employee Name	Cause of Accident
Employee Social Security Number	Part of Body Affected
Date of Incident (Injury or illness)	Name and Address of Agency (primary address)
Time of Incident (Injury or illness)	Date the Employee reported Incident
Employee Home Address	Employee Date of Employment
Employee Home Phone Number	Employee Salary
Employee Class Title	Employee Work Address and Phone Number
Employee Date of Birth	Employee Supervisor
Employee Sex (Male or Female)	Supervisor Phone Number
Description of Accident	Place of Accident (Street, City, Zip)
Risk Location Code (2102 for DLE)	

- (b) Whenever possible, the member shall be present with the supervisor when the injury is reported.
 - (c) If there are any questions or concerns regarding the notification process, supervisors shall contact the FWC's Office of Human Resources as soon as possible.
- (2) If a sworn member is off duty and acts in the line of duty, the same procedures apply.

B Temporary Reassignments

- (1) Members may be temporarily reassigned to alternate duties while recovering from a temporary physical or mental condition which results in the inability to perform his/her full duties provided the following conditions are met:
 - (a) A written request must be submitted by the member or the member's supervisor specifying the period of anticipated need for such status.
 - (b) A written statement from a licensed physician stating the member is not able to perform normal duties but can perform other duties and define those duties.
 - (c) A written statement from a licensed physician stating when the member is expected to be able to return to full duties, as defined by the member's position description. A copy of the member's position description must be attached.
- (2) Approval for temporary reassignment may only be granted for the specific period of time outlined in the licensed physician's documentation. This may also include documentation from the employee's assigned Worker's Compensation physician(s) or documentation provided by the employee under the Family Medical Leave Act (FMLA)
- (3) A new approval must be requested and granted for any extensions of continued temporary reassignment.
- (4) The initial, and any subsequent, requests shall be submitted to the appropriate Deputy Director or designee for approval via the chain of command.

- (5) Before being reinstated to normal duty status, the member on temporary reassignment as a result of an injury or illness, must submit a written statement from a licensed physician stating that the member is capable of fully performing the duties described in the member's position description.
- (6) The Division has the right/obligation to temporarily re-assign a member when available, if the temporary reassignment does not conflict with a member's request for leave under the FMLA.

C Non-Employee Injury

- (1) In the event an incident occurs in which a non-employee is injured, however slight, while in custody or for any other reason while on Division premises (including all real property controlled by the Division such as vehicles, vessels, aircraft, etc.) or resulting from any actions taking place as a result of contact with a member, the member shall notify the appropriate supervisor immediately.
- (2) The member shall complete an Incident Summary Report detailing the circumstances which led to the injury and actions taken by the member after the injury occurred.
- (3) The report shall be submitted to the appropriate supervisor as soon as possible. The supervisor may require a Use of Force Report (FWC/DLE-100) to be completed as outlined in General Order 05, *Use of Force, Response to Resistance, Transporting Prisoners*.
- (4) The supervisor should contact the Internal Affairs Liaison in the Office of Professional Standards via the chain of command for guidance prior to conducting an investigation.
- (5) A copy of the member's Incident Summary Report as well as the supervisor's investigative report shall be forwarded to the appropriate Deputy Director via the chain of command.

4 FORMS

FORM NUMBER	FORM TITLE
	Incident Summary Report
FWC/DLE-100	Use of Force Report