

**MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**  
**SECTION: Procedures for Handling “Action Please” Complaints**

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Action Please complaints will be forwarded to the Deputy Chief of Uniform Patrol. He/ She will then distribute the complaint to the appropriate unit involved. After the involved unit answers the complaint, it will be sent back to the Deputy Chief of Uniform Patrol for appropriate action.

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### **SECTION: Tuberculosis Control Act**

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The Tuberculosis Control Act provides a means whereby a Health Department official may secure an arrest warrant for an individual who is suspected of being infected with tuberculosis. Warrants are served when a person fails to come to the Health Department for examination as required by the act.

The duty of the Memphis Police Department is to aid the Health Department in the service of these warrants by being present when the Health Department official serves the citizen with the warrant and to transport the suspect and the official to the Health Department.

Our duty ceases when we have transported the parties to the Health Department. If the patient is cooperative and appears willing to remain at the Health Department for examination, our officers should return to their work location. If the patient appears unwilling to remain voluntarily for the examination, then we should remain until the examination is completed and then return to the work location. Under no circumstances are we required to return the patient to their home.

Health Department officials have given assurance that there is no health danger to the officer in transporting these individuals.

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**Travel/Finance**

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**I. TRAVEL**

**A. Purpose**

For the purposes of this policy, “Travel” includes any travel for city business outside of Shelby County, REGARDLESS of the duration (to include a same-day trip). Authorization of travel by the Director of Police Services is required a minimum of three weeks before the travel, seminar, training or conference occurs. The Division’s policy is to be used in addition to the City of Memphis Travel Policy (Exhibit A) and is not intended to replace or substitute City policy. A City of Memphis Travel Authorization Form is required as documentation of the authority to travel. A Travel Expense Report must be completed to close out the travel, regardless of whether expenses were incurred.

**B. Travel Authorization Form**

The “Travel Authorization Form” can be located on the web in <http://mpdsupport/> under the section labeled Departmental Forms. The Travel Authorization Form (TAF) should be completed entirely by any employee traveling on City business. The following information should be included on or with the Travel Authorization Form.

- D.O.B., Mobile Number, and full Legal Name (*As It Appears on DL*) for flights.
- Copy of work ID for first time check request/travel advance.
- The Travel Service Center is (140101), Fund Center (111). These numbers should be used, unless the division regularly travels under special Service Center Numbers. The use of other Service/Fund Center Numbers **MUST** be provided on TAF and explained in an attached Memo. Examples include: Training Academy, Communications, OCU, D.A.RE./G.R.E.A.T.
- Support documents including: Hotel Confirmations (*Including Taxes and Total*), preferred flight information (*DO NOT BOOK*), Conference/Course information or schedule **MUST** accompany the TAF. This documentation should outline registration fees with information on any meal provided by the conference, transportation (airline, taxi, or gas) and lodging.
- Travel with an expected cost of over \$1500 or more than 3 days in length requires a brief letter of justification, and must be submitted to the Chief Administrative Officer of the City of Memphis for approval.

The travel must be submitted to the appropriate Deputy Chief/Deputy Director for approval, then forwarded to the office of the Deputy Chief of Administrative Services or the Grants Office (for grant funded travel only) **at least four (4) weeks prior to the travel date (five to six (5-6) weeks prior if flights are necessary)**. If circumstances prevent an employee from adhering to these time constraints, a memo **MUST** accompany the Travel forms providing an explanation for the short notice. Changes will be communicated to the Commanding Officers over the traveling employee by the office of the Deputy Chief of Administrative Services. Commanding Officers whose units report directly to the Director of Police Services will forward all travel documents to the Deputy Chief of Administrative Services

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office for review prior to submission to the Director. If travel is grant funded, the Travel Authorization Form must be reviewed and approved by the Grants office, which will forward the travel to the Director for approval after its review. The Travel Authorization will then be forwarded to City Hall for approval and processing (CAO approval if necessary) within three (3) weeks of the travel date.

Employees may request an advance travel check (not to exceed \$1,500 dollars) on the Travel Authorization Form to cover the estimated trip costs. Travel Advances will not be issued for less than \$100 dollars. Advances will not be issued to the employee to cover hotel expenses in excess of \$300 dollars. The check will be made payable directly to the hotel and forwarded by Police Finance to City AP. The traveling employee must reserve the hotel on a personal credit card and submit hotel confirmation of the booked room with the Travel Authorization Form when submitting for approval.

#### C. Travel Expense Report

The employee is responsible for submitting the "Travel Expense Report" to MPD Finance **within 10 days after returning from the trip**. Grant funded travel should be submitted to the Grants Office to check for errors prior to submission to Finance. Itemized receipts for the hotel and all meals must be included with the expense report (items purchased must be visible). Only those expenses outlined and approved on the Travel Authorization Form will be eligible for reimbursement. Only the per diem allowed per meal per day will be reimbursed. The employee's signature on the Travel Authorization Form gives the City of Memphis authorization to withhold from the employee's payroll the amount equal to the travel advance and any pre-paid expenses if the Travel Expense Report is not submitted to the Director of Police Services within the 10 days of return. A Travel Expense Report must be submitted for all travel approved. If travel was cancelled, the employee must still submit the expense report indicating that the travel was cancelled as this report is reconcile to the Travel Authorization Form at closeout of the travel.

The Travel Expense Report is to include details of requested reimbursable expenses occurred. Reimbursement will be given only for those expenses shown with the original, itemized receipts showing each individual expense. Receipts must be taped (NOT STAPLED) to letter size (8 1/2 x 11) paper with transparent tape and attached to the Travel Expense Report. Unused advances or funds owed to the City should be submitted with the Travel Expense Report in the form of personal check, money order, or cashier's check made out to the City of Memphis.

#### D. Transportation

A City vehicle **MUST** be used for City related travel when available. Vehicles used for out-of-state travel must be insured. The employee should complete and fax the "Vehicle Insurance – Out of State" form located under "Bureau Forms" on <http://mpdsupport> to Risk Management at 901-636-6454 before taking the vehicle out of state. City vehicles **MUST** be filled with City Fuel prior to departure. Fuel allowance is based on distance *travelled* (*Average 300 Miles Per Tank*) minus 1 full tank prior to departure.

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An employee MAY use his/her personal vehicle upon their Chief's approval. If this option is selected, **the employee will only be reimbursed for fuel upon the submission of receipts (NOT MILEAGE)** as the employee is afforded the use of a Department vehicle for travel.

Car rentals are permitted only when the amount of business travel required is such that the car rental expenses would be less than the costs of taxis and other available forms of transportation.

#### E. Overnight Meals and Lodging

Meal Per Diem is calculated based on travel destination. Maximum lodging and meal reimbursements for all travel can be found in the City of Memphis Finance Division's Travel Policy, which is located on the city intranet and on the <http://mpdsupport> "Departmental Forms" webpage. If meals are provided, there is no Per Diem allowance for that particular meal. Exceptions may be made for those with special dietary needs. This must be specified in writing and submitted with the Travel Authorization Form. **Employees must read and be familiar with this policy and address any exceptions PRIOR TO SUBMITTING THE TRAVEL AUTHORIZATION FORM.** The employee will be asked to sign and initial the Travel Authorization Form to confirm that the policy has been read.

## II. PETTY CASH

### A. Purpose

The Police Petty cash fund is established under the approval and authority of the City of Memphis Comptrollers Office. The purpose of the Petty Cash fund is for reimbursed payment to department employees for **small** out-of-pocket expenses, and other necessary incidental departmental operating expenses (outlined below) where it is not practical to process a check request. This Police Services policy is meant to support and enhance the City Petty Cash policy and is not to be used as a replacement or substitute of the City's policy.

Petty cash will not be utilized as a substitute for the normal City of Memphis purchasing policies. Expenses which do not fall under those outlined as acceptable in this policy must be acquired through invoicing or check requests (Police Finance Office). Before any funds will be reimbursed, the completed Petty Cash form must be approved (signed) by the Workstation Lt. Colonel, Colonel, a Deputy Chief, the Deputy Director or the Director of Police Services. It is the responsibility of the Colonels and Deputy Chiefs to advise those under their responsibility the petty cash restrictions and regulations prior to approving the individual to purchase any item.

Procedures for petty cash reimbursement:

1. The "Police Petty Cash" form can be located on the web at <http://mpdsupport/> under Departmental Forms.
2. Receipts must be taped (NOT STAPLED) to letter size (8 1/2 x 11) paper with transparent tape and attached to the "Police Petty Cash" form

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3. A description of the business/purpose/use of the purchase must be indicated on the Petty Cash form. When cash is received in advance, quotes and memo supporting the function covered must be attached to the management approved form. The employee will sign the form at the point when cash is issued.
4. The original receipt must include the date of purchase, vendor name, a description of the item or service purchased, total amount paid including sales tax. If the vendor name is not printed on the receipt, then the vendor must provide their name, phone number and signature on the receipt. **No copies, altered receipts, adding machine tapes, or canceled checks will be accepted as a valid receipt.** No splitting of purchases to circumvent dollar limitations, i.e., having the vendor ring the items on two receipts.
5. Petty cash reimbursements are to be submitted to the Police Finance Office within 10 business days of the purchase or event where petty cash was required.
6. Upon dispersal of the funds, the employee requesting the funds is required to sign for receipt of the funds.

While the Police Finance Office works regular business hours, duties frequently call for employees to be out of the office. Therefore, prior arrangement should be made with the Police Finance Administrator to ensure he/she will be in the office to assist with the petty cash reimbursement. The Finance Administrator is the only person who holds the combination to the safe and is the custodian of the petty cash fund.

**B.** Approved petty cash reimbursements for small out-of-pocket expenses and other small necessary operating expenses include:

- Emergency office supplies - There are limited instances where emergency purchases of office supplies will arise. Responsible planning should eliminate the need for any emergency purchases of office supplies. Office Supplies should always be ordered through Central Supply with the appropriate approvals. Most orders will arrive within two (2) business days. Employees should contact Central Supply to inquire on availability of supplies. Small batteries and package delivery services are examples of items/services that can be obtained through Central Supply and are outside of the traditional "Office Supplies".
- Equipment Replacement- replacement costs as outlined in the MOU between the City of Memphis and the Memphis Police Association (Watches, Eyeglasses, etc.).
- The purchase of any food and drink utilizing petty is strictly limited to the following:
  - Recruit/Citizen/Clergy/CIT Police Academy Graduations.
  - Award/Retirement/Promotional Ceremonies.

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The funds reimbursed for these events will not exceed \$500 dollars. Functions requiring funds over 500 dollars must be handled using the appropriate city purchasing procedures.

- Emergency equipment repairs (non-computer or vehicle related).

#### **C. Examples of expenses NOT qualified for Petty Cash disbursement:**

- Fuel receipts from travel. Travel Authorization is required on all travel outside the surrounding counties of Memphis.
- Fees related to registration/attendance of training, conferences, or seminars.
- Uniforms or equipment other than those items agreed upon MOU between the City of Memphis and the Memphis Police Association (Watches, Eyeglasses, etc.), and will only be paid when accompanied with the appropriately approved "Equipment Replacement" Form.
- The purchase of any type of food or drink, other than listed in specific instances listed above.
- Dues to professional organizations, memberships or subscriptions.
- Purchases of hospitality items (e.g. flowers, name tags, decorations, etc.).
- Purchases for office décor (pictures, plants, furniture, etc.).
- Gifts, prizes or awards.

Deviation from these Petty Cash Guidelines will not be permitted without approval from the Director of Police Services PRIOR to the purchases being made. If there is any doubt as to the proper use of Petty Cash funds in making purchases please contact the Police Finance Administration at (901) 636-3798 for verification.

### **III. CHECK REQUESTS**

#### **A. Purpose**

To make time payments on invoices received in Police Services; to process Police related travel authorizations and expense reports within a timely manner; and to issue petty cash to MPD employee in accordance with City AP petty cash policy.

#### **B. Check Requests**

1. Invoices should be mailed from the vendor to the unit requesting the products or services. Invoices sent directly to MPD Finance must be forwarded to the unit for full approval routing of the invoice.
2. For all check requests, invoices must be first approved by the Unit's Manager to indicate the following:
  - a) Services or products were received in the order and amount requested.



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- b) Budget is available to pay for the products or service.
- 3. Approved invoices are forwarded from the unit's managers to Chief who oversees the unit submitting the invoices for payment. The Chief must also approve the invoice to signify he or she is aware of the purchase being made by the unit overseen.
- 4. Invoices approved by the unit and Deputy Chief should be sent to Police Finance, 201 Poplar Avenue, Room 12-28, Memphis, TN 38103.
- 5. Check requests received in Finance are date stamped and processed within 48-72 hours of receipts if received with two signatures as required.

**MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**  
**SECTION: Alarm Calls**

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**Alarm Calls**

When an officer arrives on the scene of an alarm, assesses the property, and sees no signs of attempted forced entry, damage, or an intruder, the officer should provide the disposition of “FALSE” to the dispatcher and notate this on the log sheet.

If the officer determines the alarm was due to a natural disaster, extreme weather and/or vast power outages (caused by weather), the officer should provide the disposition of “WEATHER” to the dispatcher and notate this on the log sheet.

If the officer determines the call was valid, the officer should provide the disposition of “GOOD” to the dispatcher and notate this on the log sheet.

**Anytime that a disposition of FALSE is received by the police dispatcher, a record of this call will be forwarded to the Metro Alarm Office by MPD Communications.**

All FALSE calls will result in a notice or fine from the Metro Alarm office, according to the following chart:

<b>Number of False Alarm Dispatches for Police</b>	<b>Action Taken by Metro Alarm Office</b>	<b>Fine</b>
1-2	Written Notice	No fine
3-4	Written notice and cost of service fee	\$50.00
5	Written notice, cost of service fee, and false alarm prevention class	\$50.00
6	Written notice, cost of service fee, ordinance summons, mandatory civil penalty, revocation of permit, and future alarms may be considered false in nature and may require additional confirmation prior to response.	\$50.00

This ordinance also regulates businesses, which are engaged in the sale, installation and maintenance of alarms; and each such business is required to be registered with the Metro Alarm Office. Any problems or complaints which arise from the alarm users, relative to false alarms, fines, or fees should be referred to the Metro Alarm Office.

Any questions should be directed to the Metro Alarm Office, tel. no. 576-6380 or metroalarms@memphistn.gov.

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**Animals**

**Handling of Loose Animals .....2**  
**Aid to Animal Services Officers .....2**  
**Handling Animal Bite Calls .....3**  
**Animal Cruelty .....4**

Animal Services is one part of the overall concept of public safety in a community. The

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Memphis Police Department will act as a support and lead department when handling animal situations throughout the community. The MPD patrol officer will often be the first on the scene in situations involving animals.

Officers should notify Animal Services if:

- \* a bite has occurred
- \* animals are at large
- \* animals are in need of transport

Officers may be involved in one way or another if a situation involves animals.

### **I. HANDLING OF LOOSE ANIMALS**

The Memphis Police Department will be called to deal with animals running loose which may or may not pose an immediate threat to public safety.

Officers should locate the animal and:

- \* Keep the public out of harms way
- \* Keep themselves out of harms way
- \* Contain the situation, rather than the animal

Officers will contact Memphis Animal Services through the dispatcher to handle loose animals.

### **II. ASSISTANCE TO ANIMAL SERVICES OFFICERS**

By statute, Memphis Animal Services officers have limited authority that allows them to issue city ordinance citations only to persons whom they witness violating animal laws. Memphis Police officers may often be called upon to assist Animal Services officers.

Some situations where MAS requires police assistance are:

- \* To maintain the peace
- \* To maintain safety for the officer
- \* If the situation, particularly animal cruelty, exceeds the authority of the Animal Services Officer

Example:

Persons to whom a citation is to be issued refuse to identify themselves to the Animal Services officer or refuse to sign the citation as required by law, the Animal Services officer will contact his dispatcher and request the aid of the Memphis Police Department.

The ward car that responds to the call shall accompany the Animal Services officer to the location where the offender resides or is to be found. The Animal Services officer, who has witnessed the misdemeanor City Ordinance offense, will then place the violator under citizen's arrest. The police officer will then have the responsibility of transporting the violator to jail.

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Whenever an Animal Services dispatcher calls and requests the assistance of the Memphis Police Department in enforcing laws of the City of Memphis, or whenever an Animal Services officer needs help, the officers of the Memphis Police Department will respond promptly.

### III. HANDLING ANIMAL BITE CALLS

When a police officer is on a call regarding a person that has been bitten by an animal that is to be held for observation or quarantined\*, the following information should be furnished to police dispatch upon our call for assistance:

- A. Name and address of bitten party. In the event the bitten party leaves the scene for medical attention, Animal Services needs to know where the victim will receive treatment. It is necessary for the Animal Services officer to make contact with the bitten party before picking up the animal.
- B. Description and location of the animal. Information should also be furnished as to whether the animal is contained or loose.
- C. Obtain rabies vaccination license. Attempt to obtain the hard copy of the rabies vaccination license from the owner and put the information in the narrative of the Offense Report.
- D. The name and address of the owner of the animal. This information should be furnished if available.

Police dispatch will then contact Animal Services and relay this information to the Animal Shelter Services dispatcher.

Uniform officers responding to the call should take an "Animal Injury" Offense Report regarding the incident, with a copy forwarded to the Memphis Animal Services.

In most instances, it is not necessary for police officers to remain at the scene for the arrival of the Animal Services officers. In the event a dangerous situation exists, police officers should stand by and take proper action should the animal pose a direct threat to the safety of the officers or other persons.

All dogs, cats and ferrets that bite\*, regardless of the situation, are required to be quarantined for ten (10) days. For quarantine purposes the severity of the injury is not considered. Animals are usually quarantined at either the animal shelter or a private veterinarian, depending on the situation. If animals are current on vaccinations and bit a family member living in the home, the animal may be quarantined at home.

\* A bite is considered any instance, bite, scratch or otherwise, where the potential for saliva to enter the blood stream exists.

Animal Services personnel can be contacted by phone at **901-636-1416 or MAS Dispatch office 901-636-1409 (not for public use - police hotline number on a 24-hour basis)**. **Animal Service Officer's Stand – by phone for off hours for MPD dispatch is 901-237-4076**. Normal working hours for the Shelter are: Sun/Mon – closed, Tues/Thurs - 1100 hours to 1900 hours,

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and Wed/Fri/Sat – 1100 hours to 1700 hours. **Field Operations hours are 24 hours with stand-by from Saturday at 3:00 p.m. to Monday at 7:00 a.m.**

### IV. ANIMAL CRUELTY

The Memphis Police Department is the lead agency in reporting and investigating animal abuse and neglect within the city of Memphis. Memphis Animal Services will respond and assist, but will act as a support agency to MPD, capturing and holding all animals for impoundment, care or evidentiary reasons. Officers should use MAS for their expertise on all scenes requiring enforcement actions, however, MAS Officers DO NOT have arrest authority.

Officers arriving on the scene of an animal complaint should make every effort to locate the animal in question, as well as the owner, if possible. Officers should investigate and look for recognition factors that may indicate abuse or neglect. Officers should notify a supervisor and initiate some sort of action when one or more of the following conditions (recognition factors) exist:

- (1) Injury – any injury that appears to need veterinary care, intentional or accidental.
  - Accidental or purposeful, an animal must be referred for veterinary care
  - Accidental may go to a private vet.
  - Was it neglect (failing to take care)?
  - Purposeful actions fall under abuse (intent to harm) and should be investigated for possible criminal violations; animal goes to Memphis Animal Services (MAS)
- (2) Abuse – intentionally harming an animal. Examples are fighting, not feeding, or intentional injuries
  - Criminal acts against the animals
  - Intent must be established.
  - TCA 39-14-202, 39-14-205, and 39-14-212
  - City Ordinance Section 8-8-1: General Care and Maintenance Requirements for Animals and fowl
- (3) Fighting – look for signs
  - Scars, fresh cuts, scabbing on and around face, neck and forepaws
  - Bite/ break sticks, treadmills, tow ropes, fighting areas, medicines, neighbor complaints
  - TCA 39-14-203, 39-14-212
  - May be able to go Federal if:
    - i. 21-USC 2156- Buying, selling, delivering, possessing, training, or transporting animals for participation in animal fighting venture
    - ii. It shall be unlawful for any person to knowingly sell, buy, possess, train, transport, deliver, or receive any animal for purposes of having the animal participate in an animal fighting venture. (emphasis added)

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- iii. 18-USC 1955-Conducting an Illegal Gambling Business
- iv. The defendant conducted, financed, managed, supervised, directed or owned all or part of a gambling business; and
- v. That such gambling business:
- vi. Violated the laws of the state(s) in which it was conducted; and
- vii. Involved five or more persons who conducted, financed, managed, supervised, directed or owned all or part of said illegal gambling business; and
- viii. Has been or remained in substantially continuous operation for more than 30 days or had in excess of \$2000 in income in a single day (emphasis added).

**\*\*FOR ANY CASE THAT EXHIBIT THESE ELEMENTS, THE STATION GENERAL INVESTIGATIVE BUREAU (GIB) OR FELONY RESPONSE WILL NOTIFY THE PROPER AUTHORITIES, NOT UNIFORM PATROL**

#### (4) Malnutrition

- Refer to the Purina Body Conditioning Score sheets,
  - i. Dogs in conditions 1-3 (see Attachment 2) require action
  - ii. Cats in conditions 1-4 (see Attachment 3) require action
- City Code and TCA require adequate food and water
- Water bowls and food must be sanitary, cannot be green and full of insects
- Depending on the severity, may be TCA 39-14-202 or 39-14-212

#### (5) Shelter

- City Code and TCA 39-14-202 require adequate shelter
- Failing to provide a dog with adequate shelter is unlawful
- The weather plays big role in substantiating your case

#### (6) Tethering – attaching an animal to the end of a rope or chain

- City Code requires 6 feet
  - i. Tethers can get caught up in fences, poles, etc
- Collars that are not maintained will grow into the animals neck
- Excessive chain size is not allowed
- **City Code requires that pets are sterilized if tethered**

#### (7) Hoarding – Excessive animals on the scene

- Good intentions, but the person may be mentally ill (consider CIT)
- Can be a public health issue
- Always call MAS

#### (8) Biting – any break in the skin caused by an animal's teeth

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- All biting incidents (scratching included) must be reported.
- The animal must be quarantined for ten (10) days
- Includes all animals

**Because all conditions and situations cannot be covered in writing, officers should air on the side of caution and always report incidents, *even if it is questionable.***

***Wild animals generally ARE NOT handled by MAS, however, if a bite has occurred, they should be contacted. Officers coming into contact with wildlife should act within policy and advise property owners to call a private removal service if needed.***

Supervisors are required to report the incident (misdemeanor or felony) to a GIB/ Felony Response for possible scene response. GIB/Felony Response will either advise scene officers of the appropriate response/action, or will respond to the scene and conduct further investigations.

Crime Scene should always be contacted for photographic evidence and any items that need tagged into evidence. Officers are responsible for maintaining the integrity of the crime scene as best as possible until such time CSI arrives and takes over.

**Any case resulting in a Memo or where an R&I is reserved, is required to have the ANIMAL INVESTIGATIONS form completed by the reporting officer. This form should be submitted with the report and forwarded to GIB/FELONY RESPONSE.**

V.

ATTACHMENT #1



**Animal Investigations**

Report # \_\_\_\_\_



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How many animals are involved? \_\_\_\_\_

What type of animals are involved?  
\_\_\_\_\_

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**Cruelty Investigations Supplemental Documentation (cruelty to animals)**

Is there adequate shelter?       Yes                       No                       N/A

Is the animal underweight?       Yes                       No                       N/A

*If 'Yes' – Purina Body Condition Score*      1   2   3   4   5   6   7   8   9

Is water available for the animal?       Yes                       No                       N/A

*If 'Yes' – is the water clean and potable?*       Yes                       No

Are the conditions safe/sanitary?       Yes       No                       N/A

Does the animal appear outwardly healthy/active?       Yes                       No                       Deceased

*If 'No' – describe*

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If tethered, is tether adequate and appropriate?       Yes                       No                       N/A

Is there a previous history of similar complaints?       Yes                       No

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**Assessment of Severity (aggravated animal cruelty)**

Are the conditions likely to cause the immediate death or do the conditions immediately and seriously threaten the well being of an animal?

Yes                       No

Have the conditions been allowed to exist beyond what a reasonable person would allow?

Yes                       No


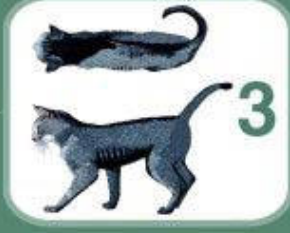
Has the owner's action, or inaction, been aggravated and with no justifiable purpose resulting in serious injury or death of the animal?

Yes                       No

VI.

ATTACHMENT #2

**Nestlé PURINA**  
**BODY CONDITION SYSTEM**

<b>TOO THIN</b>	<b>1</b>	Ribs visible on shorthaired cats; no palpable fat; severe abdominal tuck; lumbar vertebrae and wings of ilia easily palpated.	
	<b>2</b>	Ribs easily visible on shorthaired cats; lumbar vertebrae obvious with minimal muscle mass; pronounced abdominal tuck; no palpable fat.	
	<b>3</b>	Ribs easily palpable with minimal fat covering; lumbar vertebrae obvious; obvious waist behind ribs; minimal abdominal fat.	
	<b>4</b>	Ribs palpable with minimal fat covering; noticeable waist behind ribs; slight abdominal tuck; abdominal fat pad absent.	
<b>IDEAL</b>	<b>5</b>	Well-proportioned; observe waist behind ribs; ribs palpable with slight fat covering; abdominal fat pad minimal.	
<b>TOO HEAVY</b>	<b>6</b>	Ribs palpable with slight excess fat covering; waist and abdominal fat pad distinguishable but not obvious; abdominal tuck absent.	
	<b>7</b>	Ribs not easily palpated with moderate fat covering; waist poorly discernible; obvious rounding of abdomen; moderate abdominal fat pad.	
	<b>8</b>	Ribs not palpable with excess fat covering; waist absent; obvious rounding of abdomen with prominent abdominal fat pad; fat deposits present over lumbar area.	
	<b>9</b>	Ribs not palpable under heavy fat cover; heavy fat deposits over lumbar area, face and limbs; distention of abdomen with no waist; extensive abdominal fat deposits.	

Call 1-800-222-VETS (8387), weekdays, 8:00 a.m. to 4:30 p.m. CT

**Nestlé PURINA**

VII.

ATTACHMENT #3

**MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**  
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**Nestlé PURINA**  
**BODY CONDITION SYSTEM**

<b>TOO THIN</b>	<b>1</b>	Ribs, lumbar vertebrae, pelvic bones and all bony prominences evident from a distance. No discernible body fat. Obvious loss of muscle mass.		
	<b>2</b>	Ribs, lumbar vertebrae and pelvic bones easily visible. No palpable fat. Some evidence of other bony prominence. Minimal loss of muscle mass.		
	<b>3</b>	Ribs easily palpated and may be visible with no palpable fat. Tops of lumbar vertebrae visible. Pelvic bones becoming prominent. Obvious waist and abdominal tuck.		
<b>IDEAL</b>	<b>4</b>	Ribs easily palpable, with minimal fat covering. Waist easily noted, viewed from above. Abdominal tuck evident.		
	<b>5</b>	Ribs palpable without excess fat covering. Waist observed behind ribs when viewed from above. Abdomen tucked up when viewed from side.		
<b>TOO HEAVY</b>	<b>6</b>	Ribs palpable with slight excess fat covering. Waist is discernible viewed from above but is not prominent. Abdominal tuck apparent.		
	<b>7</b>	Ribs palpable with difficulty; heavy fat cover. Noticeable fat deposits over lumbar area and base of tail. Waist absent or barely visible. Abdominal tuck may be present.		
	<b>8</b>	Ribs not palpable under very heavy fat cover, or palpable only with significant pressure. Heavy fat deposits over lumbar area and base of tail. Waist absent. No abdominal tuck. Obvious abdominal distention may be present.		
	<b>9</b>	Massive fat deposits over thorax, spine and base of tail. Waist and abdominal tuck absent. Fat deposits on neck and limbs. Obvious abdominal distention.		

The BODY CONDITION SYSTEM was developed at the Nestlé Purina Pet Care Center and has been validated as documented in the following publications:  
 Marby D, Borges JW, Moyers T, et al. Comparison of body fat estimates by dual-energy x-ray absorptiometry and deuterium oxide dilution in client owned dogs. Compendium 2001; 23 (9A): 70  
 Lallamne DP. Development and Validation of a Body Condition Score System for Dogs. Canine Practice July/August 1997; 22:10-15  
 Kealy, et al. Effects of Diet Restriction on Life Span and Age-Related Changes in Dogs. JAVMA 2002; 220:1315-1320  
 Call 1-800-222-VETS (8387), weekdays, 8:00 a.m. to 4:30 p.m. CT

**Nestlé PURINA**

**VIII. Interview Questions**

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The following questions will assist the officer in gathering information needed to complete a memo to the GIB/ Felony Response on animal cruelty.

**INTERVIEW QUESTIONS**

**GENERAL**

1. Where does the owner live?
  - a. *If the exact address is not known, obtain as specific information as possible. It is also acceptable to have the officer respond to the complainant's home if they are willing to point out the home*
2. What is the owner's name?
  - a. *This can help us perform a background check for previous activities, possibly at a different address. It is also important if the suspect is not cooperative with the investigating officer*
3. Is this a consistent problem?
  - a. *This can help the officer determine what action to take*
4. What are the animals involved?
  - a. *Try to obtain information on numbers, breeds, colors, etc.*
5. What is the problem?
  - a. *Obtaining a complete description of the problem will help you determine if there is a violation. Unfortunately, the law differs greatly from the public's perception of how an animal should be cared for*
6. Does the animal appear to be in immediate life threatening danger?

**"No shelter" Complaints**

1. Is the dog outside often? If so, how often and for how long?
  - a. *It is not illegal to have your dog outside without shelter for short periods of time*
2. Are there any structures that could be used as shelter?
  - a. *Have the complainant describe the structures to you*

**"No food or water" Complaints**

1. Do you see any food or water outside?
2. Are there any bowls for food or water visible?
3. Does the animal appear thin?
  - a. *Obtain a description of the dog, what specifically makes it look thin*

**"Lack of veterinary attention" Complaints**

1. What specifically is wrong with the dog?
  - a. *Obtain as specific and factual information as possible*
2. How long has this issue been going on?

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**“Unsanitary conditions” Complaints**

- 1. Why do the conditions appear unsanitary?**
- 2. Are there any specific odors present?**
  - a. Obtain as specific information as possible, often the odor can help the officer have an idea of the problem**
- 3. Is there anything else out of the ordinary about the conditions under which the animal is kept?**

**Animal Cruelty**

- 1. What did the individual do to the animal?**
- 2. Is the animal alive?**
  - a. If so, does the animal appear to have sustained any injuries?**
  - b. If so, what injuries were sustained?**
- 3. Were there any witnesses to the event other than you?**

## MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES

### SECTION: Private Security Guards

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Any individual acting as security guard/officer, whether armed or unarmed must exhibit, upon the request of any full-time law enforcement officer, the receipt, application or registration card from the Tennessee Department of Commerce and Insurance, T.C.A. 62-35-120

There are currently (3) three different types of Registration Cards that Security Guards/Officers could have in their possession.

1. Armed Security Guards/Officers- A registration card issued by the Tennessee Department of Commerce and Insurance, which clearly reads “**Armed Security Guard/Officer**”. The armed security guard registration cards **will have:** a photo of the security guard/officer, the Official Seal of the State of Tennessee, and an expiration date.
2. Conditional Armed Security Guards/Officers- A registration card issued by the Tennessee Department of Commerce and Insurance, which clearly reads “**Armed Security Guard/Officer - Conditional**”. The card **will have** a photo of the security guard, the Official Seal of the State of Tennessee, and an expiration date. Conditional cards are issued on a temporary basis and pending the State’s approval or denial of the application.
3. Unarmed Security Guards/Officers- A registration card issued by the Tennessee Department of Commerce and Insurance, which clearly reads “**Unarmed Security Guard/Officer**”. The card will have an expiration date and the Official Seal of the State of Tennessee but it will not have a photo of the security guard/officer on it.

Pursuant to a rule of the Tennessee Department of Commerce and Insurance an **UNARMED SECURITY GUARD/OFFICER** who has obtained a **HANDGUN CARRY PERMIT** from the Tennessee Department of Safety **CAN NOT** carry a handgun while performing his or her security guard duties. T. C. A. 62-35-136 states that a violation of any of the rules or regulations in this chapter of the code is a Class A Misdemeanor.

**EXEMPTION:** An individual who is employed exclusively as an undercover agent is not required to register as a Security Guard/Officer with the Department of Commerce and Insurance. However, the individual must be working under the supervision of a contract security company.

**MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**  
**SECTION: Potentially Dangerous Conditions**

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The City of Memphis may be held liable for claims made as a result of an accident or incident arising out of a potentially dangerous condition wherein no corrective action is taken by the City. This may include such conditions as a missing stop sign or other traffic sign, traffic signals not working properly, a loose wire hanging from a traffic signal, etc.

When an officer investigates an accident, takes an incident report, or is informed or otherwise made aware of a situation wherein a potentially dangerous condition (e.g., traffic hazard) exists, the officer should immediately notify the dispatcher advising of said condition. The dispatcher will then notify the proper City department (i.e., Public Works) so that the situation may be corrected as soon as possible.

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**Injured on Duty Guidelines**

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**I. General Statement of Policy**

**A. Purpose**

To advise and to coordinate the reporting of On the Job Injuries to the MPD Health and Safety Office and Sedgwick Claims Management System (SCMS), the third party administrator (TPA).

**B. This policy will:**

1. Identify the responsibilities of the City of Memphis Police Department as well as the responsibilities of the employee.
2. Identify what constitutes an On the Job Injury.
3. Establish procedures for reporting On the Job Injuries.
4. Outline the manner in which an employee should receive medical treatment for an On the Job Injury.
5. Establish procedures for the handling of claims regarding On the Job Injuries.

**C. Definitions:**

1. Confidential: Medical records of individuals receiving medical treatment, in whole or in part, at the expense of the City of Memphis shall not be made available for inspection by members of the public. Records will be made available to management, in response to subpoena, and to individuals when the employee signs a medical release. The On-The-Job Injury Form will be available to be viewed by Management. (See PM-72-02, A, 10)
2. Employee: Any person who occupies a permanent, full time position with the Memphis Police Department. This includes employees during their probationary period.
3. On-The-Job-Injury Report: Record of report of On the Job Injury filled out by the employee and signed by their immediate supervisor at the time of the injury.
4. Medical Records: Any record kept by a licensed physician, licensed Nurse, and emergency medical facility, or any medical facility, or any place records are kept that documents an employee's medical treatment.
5. Injury on Duty (IOD) Attending Physician Form: Form that must be completed by the attending physician at the time of the injury in order for the physician to document the employee's treatment and their immediate return to duty or the need to for the employee to be off work or return to duty in a limited capacity.
6. Signed Release: Form signed by employee to release medical records.
7. Subrogation Agreement: Form signed by employee that allows the City of Memphis to recoup expenses paid by the City for medical expenses and lost time wages in the event an employee receives a settlement from a third party. This excludes the proceeds from any insurance policy solely maintained by the employee.

8. Universal Precautions: an approach to infection control to treat all human blood and

## **MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**

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certain human body fluids as if they were known to be infectious for HIV, HBV, and other blood borne pathogens (Blood borne Pathogens Standard 29 CFR 1910.1030(b) definitions). This is also sometimes called standard precautions.

#### **D. Acronyms**

1. COMPF- Choice of Medical Provider Form
2. DOE- Date of Exposure
3. DOI- Date of Injury
4. EE- Employee
5. FMLA- Family Medical Leave Act
6. HHL- Heart, Hypertension, or Lung
7. HIV- Health Illness Verification
8. IOD Form- Injury on Duty (Attending Physician Form)
9. LD- Light/Limited Duty Voucher
10. LDV- Light/Limited Duty Voucher
11. LTA- Long Term Absence
12. MMI- Maximum Medical Improvement
13. NOETF- Notification of Emergency Treatment Form
14. OJI- On the Job Injury
15. RTW- Return to Work
16. SCMS- Sedgwick Claims Management System
17. TPA- Third Party Administrator
18. TXMT- Treatment
19. UTW- Unable to Work

#### **II. Responsibilities**

##### **A. Responsibilities of the Memphis Police Department:**

1. Develop guidelines to educate employees on safe work practices, provide a safe work environment for the employees and insure the employees follow safety procedures and practices.
2. Annually review the guidelines and update these guidelines as reflected by the changing needs of the department and its employees.

##### **B. Responsibilities of the City of Memphis Police Department employees:**

1. Comply with all work practice guidelines to insure safety On the Job.

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2. Report immediately to the supervisor any unsafe practices or situations.
3. Report immediately to the supervisor any incident where the employee has sustained an On the Job Injury and to fill out an OJI Report regarding the injury during the shift the injury occurred.
4. **Immediately forward all documentation of the incident and subsequent medical treatment to MPD Health and Safety Office, the Third Party Administrator, and immediate supervisors.**

### **III. Procedures for Protecting Employees On the Job**

It is the intention of the City of Memphis Police Department to provide a safe work environment for its employees and to eliminate On the Job Injuries. Adhering to this principle, the following procedures are to be observed by employees at all times.

- A.** When operating a City of Memphis Police Department vehicle, all occupants of the vehicle will wear the seat belts provided by the vehicle's manufacturer **correctly. Not properly wearing a seatbelt carries the same penalty as failing to wear a seatbelt, and can cause more injury in some cases than if the seat belt was not used.**

Employees will adhere to all policies and procedures involving the operation of City of Memphis Police Department motor vehicles.

- B.** All employees will use all protective devices and equipment when operating, servicing or repairing mechanical devices called for by the manufacturer of said mechanical device.
- C.** The employee shall take all necessary care and shall use common sense to avoid On the Job Injuries.
1. When handling any type of firearm, the employee shall use their training provided by the Memphis Police Department Ordinance Section.
  2. The employee shall use all due caution when handling instruments that are sharp or that have jagged edges that may cause harm to the employee. The employee should use only a professional attitude when handling these instruments and the employee should handle these instruments no more than necessary in order to complete the employee's investigation.
- D.** The employee will adhere to and follow all policies and procedures regarding blood borne pathogens and universal precautions as outlined in policy regarding Handling Persons with Communicable Diseases. (See Chapter XV, Section 9: Exposure Control Plan).

### **IV. On the Job Injury**

#### **A. What Constitutes an On the Job Injury**

During the employee's assigned work hours, any incident that causes injury or occupational illness (arising out of and in the course and scope of) the employee performing their job

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duties, regardless of the severity of the injury or occupational injury, or exposes the employee to blood or other potentially infectious materials is considered an On the Job Injury incident.

An On the Job injury incident may not reflect any immediate physical injury or illness to the employee. The incident may involve exposure to blood or other potentially infectious materials or to an occupational illness where no evident immediate injury occurs.

**The OJI must be reported during the shift in which the incident occurred in order for the employee to be considered for the future approval of lost time and medical care.**

If the employee aggravates a pre-existing OJI while performing their duties, this incident is classified as an On the Job Injury (see Section VIII, aggravation of old injury). Any condition related to heart disease or hypertension is presumed to be an On the Job Injury for commissioned officers, unless competent medical evidence proves otherwise (see section ~~VII~~ IX, Heart and Hypertension). This does not cover qualified commissioned officers for the Heart/Hypertension program who have signed waivers of the Hypertension Program.

#### **B. What is not considered to be an On the Job Injury:**

1. Injury or illness resulting from the adverse affects of medications taken not related to an On the Job Injury, any injury or illness resulting from the use of alcohol or from use of unlawful drugs.
2. Misconduct, including horseplay.
3. Intentional, self-inflicted injury.
4. Failure or refusal to use safety devices and/or personal protective equipment.
5. Failure to perform a duty required by law.
6. Aggravation of an On the Job Injury while off duty.
7. Injuries suffered while in route to work, except when such travel was in the performance of the employee's assigned job duties.
8. Voluntary participation in physical fitness or recreational activities, during work hours or off duty hours, unless the activity is part of an organized program approved by the Division Director and the employee's participation is made mandatory by the employee's Division Director. Annual In-Service Physical Training would be covered as an On the Job Injury.
9. Fraud, which includes, but is not limited to, falsification of documents or giving false statements.

#### **V. Procedures for Filing an OJI**

When an employee is injured, or exposed to blood or other potentially infectious materials or to occupational illness when no evident injury occurs, the employee will immediately notify their supervisor of the injury. **This notification must be made during the employee's scheduled**

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**work shift.**

- A. Upon notification of the supervisor by the employee, the supervisor will provide the employee with an On the Job Injury Report, a Choice of Medical Facility Form, and an IOD Attending Physician's Form along with a Pharmacy First Fill Card if treatment is to be sought. All applicable forms may be obtained from the "Administrative Forms" page of the MPDSupport portal.
1. The employee will fill out the OJI report providing all pertinent information regarding the incident and submit it to the supervisor to review for accuracy.
  2. The supervisor will contact the Third Party Administrator (TPA) by phone (Sedgwick Claims: 1-877-576-1911) and answer a series of questions concerning the claim from the completed OJI report. The TPA will provide the supervisor with a confirmation number, which will be written in the designated location at the top of the OJI report.
  3. The supervisor will fill out the Choice of Medical Provider Form or Notification of Emergency Treatment Form. After the information is completely filled in, the supervisor will sign the form and give it to the employee to take to the emergency facility or clinic they have chosen from the City of Memphis' approved list.
  4. If the employee is unable to fill out either form, the supervisor will fill out the form using the employee as a resource person, or in the case of life threatening injuries, the supervisor will use the employee's file to complete the form.
  5. The Supervisor will report the OJI claim during the same shift of the occurrence by faxing the report and the treating facility form to the MPD Health and Safety Office at 636-3733 **AND** the third party administrator at 901-566-3415. The original OJI report and IOD Forms will be maintained at the work station in a medical file for the employee. Medical file documentation should be maintained separately from the employee's personnel file.
  6. If an employee is ordered to remain off work, the employee must fax the IOD Attending Physician Form to Health and Safety and the TPA within one (1) hour of the end of the doctor's visit. The employee should provide the original copy to a supervisor no later than twenty-four (24) hours after the incident.
  7. The supervisor should send all original forms, except for the OJI report, to the MPD Health and Safety Office, 2714 Union Extended, Suite 200, within 48 hours of the incident.
  8. The supervisor will notate the injury in Blue Team.
- B. The supervisor should make no medical determination of the employee's injury.
1. If the employee's injury is such that immediate medical treatment is needed, a Memphis Fire Department Ambulance should be requested. The supervisor should make sure the ambulance personnel denote that this is an OJI on their paperwork.
  2. If no ambulance is needed for immediate treatment, but the employee is unable to go to a medical facility without assistance, the employee's supervisor will designate another

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employee, or the supervisor will accompany the employee to the medical facility the employee chooses from the Choice of Medical Facility Form or Notification of Medical Emergency Form (Emergency or Minor Emergency Treatment).

3. If, in the employee's assessment of the situation, there is no need for immediate medical attention, and after the On the Job Injury Report is completed, the employee will return to their regular duty assignment at time of the injury/incident. The On the Job Injury Report should be marked "Notice Only" if no medical treatment is immediately sought, and the employee should sign the Declination of Treatment Form. The employee should be given their claim number in case they later decide to seek treatment.

#### VI. Receiving Medical treatment for an On the Job Injury.

- A. For an injury that requires immediate treatment, the employee should report to an approved emergency facility or clinic listed on the Choice of Medical Provider Form or Notification of Medical Emergency Treatment Form to seek treatment.

1. The employee will be examined by the approved emergency facility physician or approved clinic physician who will attend to the employee's injury.
2. After diagnosis and treatment of the injury, the physician will make a determination of the employee's ability to return to work. If the physician determines the employee should remain off work, the physician will document the period of time for the employee to be off work and the date the employee is to resume work on the Injury on Duty Attending Physician Form. This form must be completed by the attending physician. A copy of the emergency facility medical record is not sufficient.

**Note: If the employee does not require follow up treatment for the injury, the employee will return to work on the date specified by the treating physician.**

3. If, after diagnosis and treatment of the employee's injury, the treating physician determines the employee can return to work without lost work time, the employee will return to their regular duty assignment.
4. If lost time from work occurs, that time will be carried as "S" (Sick) until the injury is deemed "compensable" by the third party administrator, then those days deemed compensable will be converted to "I" (Injured). Employees will not immediately be carried "I" on roll call unless authorized by the MPD Health and Safety Officer.
5. If an officer is "P" for part of the shift and is injured and receives treatment and is carried as "S", the officer will be carried as "S" from the time of the reported injury, and
6. **If there is a loss of work time, the attending physician, whether an emergency room physician or a clinic physician, must fill out an IOD Attending Physician Form.** The employee will fax this form to the MPD Health and Safety Office (901-636-3733) and the TPA at (901-566-3415) within one (1) hour of leaving the doctor. They will also present the original form to their immediate supervisor. The supervisor will forward the original form to the MPD Health and Safety Officer.

- B. **If the employee elects to seek treatment for the injury using his primary care provider,**

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**the employee will not be compensated by the City of Memphis for the injury. Only the TPA can authorize treatment with a physician that is outside the City's panel of approved medical facilities.**

- C. The employee will have the attending physician document treatment regarding the employee's injury with an IOD Attending Physician Form for **each** follow-up visit, which should be immediately faxed to the MPD Health and Safety Office and the TPA. MPD Health and Safety Office will email the Col. and Lt. Colonel concerning the employee's authorization to return to work. The employee will present the original form(s) to their immediate supervisor who will verify the employee's work status, and forward the original forms to MPD Health and Safety.
1. If an employee scheduled to report to work (from an OJI) does not report to work, the supervisor will notify the Health and Safety Office by email.
  2. If an employee reports for work, and the supervisor does not have an email from Health and Safety, the supervisor should check with their chain of command and contact Health and Safety before sending an employee home.
- D. When the employee has been seen by either the minor med care provider or by an approved emergency facility physician, and the employee is referred to a medical specialist, the specialist will be chosen from the TPA approved City of Memphis' Specialty Physician list.
1. When the employee is referred to a medical specialist for treatment of the employee's injury, this physician shall become the attending physician of record.
  2. If an employee is ordered by the initial physician to remain off work until seen by a medical specialist, medical specialist must complete an IOD Attending Physician Form notating when the employee is to return to work.
  3. If an employee needs continued treatments for an injury, the employee may return to work in a Limited Duty capacity until the attending physician provides documentation that the employee is able to return to work full duty.
- E. When an employee desires to change attending Physicians, the employee must submit a written referral from the attending physician, or submit a written request documenting the reason for change to Health and Safety. The employee will then submit the approved attending physician and receive a written approval from TPA. If the employee changes the attending physician **without** following these guidelines, payment of benefits to the new attending physician are subject to denial and benefits may be withheld.
- F. During the course of treatment for an employee's On the Job Injury, the City may decide at any time to require the employee to be examined by a physician of the City's choice. Such examination will be at the City's expense.
- G. If, after review of all medical documentation, there is to be a change in the employee's status, from "I" (Injured) to "S" (Sick); the employee will be notified in writing. If the employee wishes to contest this change the employee must present further medical documentation to substantiate the employee's claim to continue to be carried as "I" (Injured).

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- H.** An employee who is receiving OJI benefits is required to report their condition and convalescence location to their immediate supervisor in accordance with the employee's Division Rules and Regulations. Required reporting will continue unless alternate instructions are given to the employee's supervisor. The convalescence location will be considered as the employee's residence or other location approved by the employee's supervisor in accordance with the Division's Rules and Regulations.
- I.** While an employee is being compensated for OJI lost time, no other paid leave (vacation, sick, bonus, etc.) may be taken until the employee has been released to full duty. The employee may NOT directly or indirectly, engage in any other gainful employment activities of any kind while being compensated for OJI lost time by the City of Memphis.
- J.** Once an employee is determined by the attending physician to be medically capable of returning to work, whether in a limited capacity or to full duty, and has been cleared by the MPD Health and Safety Office, the employee should report to their assigned duty station.  
  
Failure to submit the IOD Attending Physician Form documenting the return to duty status and date of return from the treating physician that results in the employee remaining off work beyond those days approved by the physician is considered an unauthorized leave of absence and may result in disciplinary action up to and including termination.

**VII. Injury to an employee by a third party.**

When it appears the employee has been injured by the actions of a third party, the employee must sign a subrogation agreement. This agreement allows the City to recoup expenses paid by the City for medical expenses and for lost time in the case where an employee receives a settlement from the third party.

If the employee fails to or refuses to sign the subrogation agreement, no payments for lost time or medical benefits will be made. The OJI will be carried as denied by the City of Memphis OJI Office until the agreement is signed.

The employee may sign the subrogation agreement at any time, but the file will be reviewed on a case-by-case basis for payment of medical benefits and for approval of lost time.

**VIII. Aggravation of Old Injuries:**

When an employee aggravates an old injury, the incident should be reported and documented as if it were a new injury. [the employee must show that the pre-existing injury was aggravated as a result of the performance of their job]. The OJI Report must be filled out completely and accurately. It must describe the nature of the aggravation and not a description of the initial incident. The original date of injury must also be listed in the appropriate space on the On the Job Injury Form.

For aggravation of pre-existing injuries, Medical documentation regarding the aggravation of



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the pre-existing injury must be called in by the employee's supervisor to the TPA (SCMS), who will determine causation. The OJI documentation will be forwarded to the TPA when completed.

**IX. Heart and Hypertension:**

- A. Police officers diagnosed with diseases of the heart and hypertension are presumed to have contracted these diseases or conditions in the course of their employment and these diseases and conditions will be covered as an On the Job Injury unless competent medical documentation proves otherwise.
- B. The incident should be reported as if it were a regular On the Job Injury. The Incident Report must be filled out completely and accurately. SCMS will contact the employee with any additional paperwork to be completed.

The employee's attending physician should follow up with a letter sent to the third party administrator documenting the employee's problem and indicate a diagnosis, prognosis and any medications the employee will be placed on. This letter will help facilitate the employee's acceptance in to the Heart and Hypertension program. The employee is expected and required to follow the physician's orders. Failure to do so may cause benefits to be denied.

- C. When an employee has a recurrence of the injury, an OJI Report and IOD Attending Physician Form will be filled out in order to document the employee's lost time.
- D. Once an employee is accepted in the program, the employee is always carried on the program whether the employee receives treatment or not.
- E. **All lost time related to the Heart and Hypertension Program will be carried as "S" (sick) until the attending physician sends SCMS documentation indicating the lost time was due to a condition of the heart or hypertension.**

**X. Return to work at Limited Duty:**

A. Limited Duty Request

When an employee has been diagnosed and treated for an On the Job Injury by an approved attending physician, and the employee is to return to work limited duty paperwork must be submitted documenting a request for limited duty. The attending physician will outline the employee's medical status as it pertains to work and include the limitations for the employee, documenting when the employee will be re-evaluated to return to full duty status. This paperwork will be forwarded to the Health and Safety Office for accommodation approval. A date for return to work full duty will be included on the paperwork. If this date changes, the physician must submit documentation to support the change.

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The employee will contact their immediate supervisor to confirm the clearance to return to work limited duty. If the workstation receives notice of the employee's return to work limited duty from the Health and Safety Office, contact must be made with the employee to confirm the duty status.

The Request for Limited Duty, with assignment, will be routed by the Health and Safety Office to the appropriate Deputy Chief of the Memphis Police Department for final approval.

#### **B. Non-Work Related Limited Duty**

The City of Memphis accommodates non-work related illness/injury limitations with light or transitional duty via City of Memphis Labor Relations. The employee will contact Kimberly Taylor at 901-636-6874.

#### **C. Limited Duty Assignments**

1. Limited duty assignments will be identified by evaluation of the division's operational needs.
2. The employee requesting limited duty may be assigned to a shift other than their regular assigned shift in order to meet operational needs.
3. All limited duty assignments will be restricted to 180 (one-hundred eighty) calendar days.

#### **D. Limited Duty Restrictions**

1. Both the employee and supervisor need to understand and adhere to work limitations established by the employee's attending physician.
2. While on limited duty the employee shall report to their assignment in plain clothes, courtroom attire, or in uniform as dictated by their duty assignment and their limitation.
3. Regardless of the duty assignment, officers must have in their possession their badge and identification card. Unless specified by the employee's attending physician, the employee will carry their authorized weapon.

#### **E. Return to Regular Duty from Limited Duty**

When the employee is examined and is able to return to work at full duty, the OJI- IOD Attending Physician Form must be completed by the attending physician. The employee will immediately fax the form to the Health and Safety Office for notification and review. After review, the Health and Safety Office will clear the employee to return to full duty without limitations by contacting the employee's workstation via e-mail or phone. The employee will contact their immediate supervisor to confirm the clearance to return to full duty. If the workstation receives notice of the employee's return to full duty status from the Health and Safety Office, but has NOT been contacted by the employee, the supervisor will contact the employee to confirm the duty status.

#### **F. Denial of On the Job Injury**

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If the employee's claim is not deemed compensable by the third party administrator, the employee will continue to be carried as "S" (sick) until the employee returns to work or until the employee's "S" (sick) time is depleted, at which time the employee will have the option to use other accrued time. The employee will also be responsible for all medical expenses incurred.

**G.** The Memphis Police Department understands the need for compliance with the Americans with Disabilities Act and will make every effort to comply fully with the Americans with Disabilities Act when determining placement for limited duty.

1. It is the employee's responsibility to keep the medical documentation up to date regarding the injury. The 180 (one-hundred eighty) day calendar period is not automatically waived with respect to the Americans with Disabilities Act.
2. The employee must be re-evaluated by their physician prior to the end of the 180 (one-hundred eighty) day calendar period. The physician will be provided with a copy of the employee's job description and the physician must make a determination of the employee's ability to return to work based on the employee's job description.
3. If a commissioned employee is unable to return to work at full duty following the 180 (one-hundred eighty) day calendar period, the employee must begin to use accrued benefit time.

**XI. Long Term Disability due to an On the Job Injury:**

**A.** Commissioned officers are covered under the agreement between the Memphis Police Association and the City of Memphis.

1. No commissioned officer may be off a City job longer than 18 (eighteen) months from the date the employee is unable to work due to disability from the On the Job Injury incident. This includes any combination of paid and/or unpaid lost time.
2. A commissioned officer may remain off work due to an On the Job Injury for 6 (six) calendar months.
3. Upon medical documentation as submitted by the employee's attending physician and/or by a physician selected by the city, commissioned officers may remain off work due to an On the Job Injury for an additional 6 (six) calendar months at the Division Director's authorization.
4. If the commissioned officer is still unable to return to work after 12 (twelve) calendar months, he/she may request to use accrued benefit time and/or a leave of absence without pay. The total period of accrued leave taken will not exceed 6 (six) calendar months.
5. If the commissioned officer is unable to return to work after 18 (eighteen) calendar months of lost time, he/she may apply for Long Term Disability Income Plan Benefits,

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or apply for a line of duty disability retirement.

6. Disability benefits will be paid out in accordance with the Memphis Police Association agreement and the City Pension Ordinance.

**B. Non-commissioned police employees and employees not covered under the bargaining agreement:**

1. No employee under this classification may be off from a City job longer than 12 (twelve) consecutive months from the date of the injury. This includes any combination of paid and/or unpaid leave.
2. The employee may remain off work due to an On the Job Injury for 6 (six) calendar months.
3. If after these 6 (six) calendar months have expired and the employee is still unable to return to work, the employee may request use of accrued benefits and/or a leave of absence without pay. The total period of accrued leave taken will not exceed 6 (six) calendar months.
4. If the employee is unable to return to work after 12 (twelve) calendar months of lost time, the employee may apply for Long Term Disability Income Plan Benefits, or the employee may apply for a line of duty disability retirement.

**XII. Reimbursement for Medications for On the Job Injuries:**

The employee will complete the form provided by the City's OJI Office, Job Related Prescription Drugs Reimbursement form.

The form must be completed in its entirety and submitted to the third party administrator. Phone: 1-877-576-1911, Fax: 901-566-3415.

Attach all pharmacy receipts to the form when requesting reimbursement.

**XIII. Pharmacy Vendor**

The vender is open 24 hours/7 days a week should anyone need assistance with prescriptions at the pharmacy. The phone number is 1-800-964-2531. The OJI - First Fill Pharmacy Card should be printed from the Administrative Forms page on MPDSupport/Departmental Forms.

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**Exposure Control Plan and Hazard Communications Standards**

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**I. General Statement of Policy**

The Memphis Police Department is committed to providing a safe and healthful work environment for the entire department. The exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with Occupational Safety and Health Administration (OSHA) standard 29 *CFR* 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees.

This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - a) Universal precautions
  - b) Engineering and work practice controls
  - c) Personal protective equipment
  - d) Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

**II. PROGRAM ADMINISTRATION**

The Health and Safety Office is responsible for implementation of the ECP. The Health and Safety Office will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

Each workstation will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. Each workstation will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

The Health and Safety Office will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.

The Health and Safety Office will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and National Institute for Occupational Safety Health (NIOSH) representatives.

Contact LaQuita Rallings at the Health and Safety Office at (901) 636-3728 for any concerns.

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**III. COMMUNICABLE DISEASES**

**A. Acquired Immunodeficiency Syndrome (AIDS)/HIV Infection**

**AIDS** is a severe, life-threatening, clinical condition. This syndrome represents the late clinical stage of infection with human immunodeficiency virus (HIV) that most often results in progressive damage to the immune and other organ systems, including the central nervous system.

**1. Symptoms:**

Persistent fever	Night sweats
Chronic fatigue	Significant weight loss
Diarrhea	Thrush (fungal infections of the mouth and throat)
Swollen lymph nodes	

- 2. Mode of transmission.** Routes of transmission of HIV are through sexual exposure, sharing of HIV-contaminated needles and syringes, and transfusion of infected blood or its components. The virus has on occasion been found in saliva, tears, urine and bronchial secretions. Transmission after contact with these secretions **has not** been reported.
- 3. Incubation period.** The time from infection to the development of detectable antibodies is generally one to three months. The time from HIV infection to diagnosis of AIDS has been observed from periods of less than one year to ten years or longer.
- 4. Preventive measures.** Care should be taken in handling, using, and disposing of needles and syringes. Utilize standard precautions to avoid contact with blood or fluids that are visibly bloody. Any suspect's blood on workers' skin should be cleaned with soap and water or germicidal solution without delay. Disinfect contaminated equipment using a bleach solution (1:10 dilution).
- 5. Relative risk to providers.**  
Low: Risk among health care workers in general is very low.

**B. Hepatitis A (HAV)**

Hepatitis is an inflammation of the liver, with accompanying liver cell damage or death. Hepatitis is most often caused by a viral infection, but alcohol consumption, drugs, chemicals, or poisons may also be a cause of chemical hepatitis. Hepatitis A was formerly known as "infectious hepatitis" and is a specific form of hepatitis.

**1. Symptoms:**

Mild fever	Diarrhea (light colored)
Headache	Dark urine
Fatigue	Jaundice
Loss of appetite	Muscle and joint aches
Nausea	Abdominal discomfort
Vomiting	

Symptoms are the same for all types of hepatitis.

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- 2. Mode of transmission.** Person-to-person by the fecal-oral route. The infectious agent is found in feces, contaminated water; food contaminated by infected food handlers, and contaminated uncooked food products. Contact with contaminated water may also cause infection, e.g. water rescue efforts.
- 3. Incubation period.** Fifteen (15) to fifty (50) days, depending on dose. Average incubation period is twenty-eight (28) days.
- 4. Preventive measures.** Utilize standard precautions. Any suspect’s blood or body fluids on worker’s skin should be cleaned without delay using soap and water or germicidal solution. Disinfect contaminated equipment using a bleach solution.  
  
A vaccination is available for Hepatitis A (two-step vaccination). Contact LaQuita Rallings at the Health and Safety Office at (901) 636-3728.
- 5. Relative risk to providers:**  
None: If immune

**C. Hepatitis B (HBV)**

Hepatitis B is also referred to as “serum hepatitis.” It is caused by the hepatitis B virus which attacks and replicates in liver cells. HBV is a bloodborne and body fluid-borne disease that is highly concentrated in the blood and serous fluids.

**1. Symptoms:**

Mild fever	Diarrhea
Headache	Dark urine
Fatigue	Jaundice
Loss of appetite	Muscle and joint aches
Nausea	Abdominal discomfort
Vomiting	

Symptoms are the same for all types of hepatitis.

- 2. Mode of transmission.** HBV transmissions occur through skin or mucous membranes, infected blood or body fluids, sexual contact, or through contaminated needles.
- 3. Incubation period.** Forty-five (45) to one hundred sixty (160) days. Average incubation period = 120 days.
- 4. Preventive measures.** Utilize standard precautions. Use caution while handling contaminated needles. Any suspect’s blood or body fluids on worker’s skin should be cleaned without delay using soap and water or germicidal solution. Disinfect contaminated equipment using a bleach solution.  
\* Receive Recombinant Hepatitis B vaccine (3-step vaccination). Receive booster if antibody falls below protective level. This vaccination series (**and booster when required**) is offered by MPD at no cost to personnel.
- 5. Relative risk to providers.** None: If immunity provided with Hepatitis B Vaccine.



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**D. Hepatitis C (HCV)**

Hepatitis C was formerly known as “parenterally transmitted non-A/non-B hepatitis.” Intravenous drug users and individuals receiving blood transfusions or hemodialysis have an increased risk of acquiring hepatitis C. Individuals who get tattoos and/or body piercing(s) also have an increased risk of acquiring hepatitis C.

**1. Symptoms:**

Mild fever	Diarrhea
Headache	Dark urine
Fatigue	Jaundice
Loss of appetite	Muscle and joint aches
Nausea	Abdominal discomfort
Vomiting	

Symptoms are the same for all types of hepatitis.

- 2. Mode of transmission.** Contact with the blood or body fluids of an infected individual.
- 3. Incubation period.** Fifteen (15) to sixty-four (64) days.
- 4. Preventive measures.** Utilize standard precautions. Use caution while handling contaminated needles. Any suspect’s blood or body fluids on worker’s skin should be cleaned without delay using soap and water or germicidal solution. Disinfect contaminated equipment using a bleach solution.
- 5. Relative risk to providers.** None: Provided there is no contact with infected blood (i.e. percutaneous exposure incident).

**E. Lice**

Lice are small, wingless insects that feed on blood. There are three species: (1) head, (2) body, and (3) crab or pubic louse. All lice have flattened bodies and measure up to one-eighth inch (1/8”) across.

**1. Symptoms:**

Scratching
Dermatitis
Impetigo

- 2. Mode of transmission:** Close contact. Head-to-head or body.
- 3. Incubation period:** Twenty-four (24) to forty-eight (48) hours.
- 4. Preventive measures.** Employee’s hands should be washed thoroughly with an antimicrobial liquid soap. Hair should be shampooed using Kwell Shampoo or as directed by your Primary Care Physician, or the Department’s Medical Director. Avoid contact. The Infection Control Officer (ICO) may provide further guidance/direction.

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**F. Meningitis (Meningococcal)**

Meningitis is an inflammation of the membranes lining the central nervous system. This inflammation can be from either infectious or noninfectious causes. Infectious agents include bacteria, viruses, and fungi. Noninfectious agents include chemicals or a “sympathetic” reaction to other diseases. Meningitis occurs most often in children, but may also be present in adults.

**1. Symptoms:**

Fever	Irritability
Headache (children over 2 years)	Tachycardia
Lethargy	Tachypnea
Nausea	Hypotension
Vomiting	Stiff neck (children over 2 years)

- 2. Mode of transmission.** Meningitis is transmitted through direct contact with infected respiratory secretions. Other transmission can occur from contact with cerebrospinal fluid as a result of trauma, sputum from suctioning, unprotected mouth-to-mouth resuscitation, or coughing.
- 3. Incubation period.** Two (2) to four (4) days.
- 4. Preventive measures.** Utilize standard precautions, including:
  - Minimize the number of personnel in close proximity to the infected individual.
  - Have all personnel within close proximity immediately don department-issued N-95 mask.
  - Place non-rebreather mask on the individual.
  - Any suspect’s body fluids on personnel’s skin should be cleaned without delay using soap and water or germicidal solution. Disinfect contaminated equipment using a bleach solution.
  - Receive post-exposure prophylaxis dose of Ciprofloxacin if *Neisseria meningitis* form of meningitis is documented. Contact the departments Infection Control Officer on all known or suspected exposures.
- 5. Relative risk to providers.** Low: (One in several thousand) for *Neisseria meningitis*, but prophylaxis is warranted due to the nature of infection if transmission occurs.

**G. Scabies**

Scabies is a highly contagious skin disease caused by mites that burrow underneath the skin, especially in skin folds.

- 1. Symptoms:** Scratching, resulting in the formation of scabs and sores.
- 2. Mode of transmission.** Scabies are transmitted through sexual contact and indirect contact by shared towels, bedding, and clothing.
- 3. Incubation period.** Twenty-four (24) to forty-eight (48) hours.
- 4. Preventive measures.** Utilize standard precautions. Personnel’s skin should be cleaned without delay using soap and water or germicidal solution. Change clothing if necessary. The Infection Control Officer may require additional preventive measures as appropriate.
- 5. Relative risk to providers:** Likely, if direct contact with infected person.

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**H. Tuberculosis (TB)**

Tuberculosis (TB) is an airborne disease that commonly attacks the respiratory system (Refer TB Exposure Control Plan).

**1. Symptoms:**

Fever with night sweats	Swollen lymph nodes
Unexplained weight loss	Coughing blood
Weakness	A cough that might be productive or non-productive

**2. Mode of transmission.** Tuberculosis is transmitted by inhaling aerosolized droplets from an infected person who is coughing or sneezing. The TB organism is sensitive to light and air and therefore dies quickly when exposed to either. Thus, this disease is rarely spread by indirect contact.

**3. Incubation period.** Two (2) to twelve (12) weeks. The organism can be reactivated after a period of several years.

**4. Preventive measures.** Utilize standard precautions, including respiratory protection. (NIOSH approved fit-tested N-95 respirator) Place non-rebreather mask on yourself first, then on the infectious person. Worker’s skin should be cleaned with soap and water or waterless antimicrobial solution without delay. Decontaminate any equipment if necessary.

- \* PPD tuberculosis skin testing (TST)/ or T-spot blood test following contact with suspects or employees who have confirmed active/communicable TB. Personnel participation is strongly recommended. Refer to TB Exposure Control Plan regarding “Follow-up for Exposure to Tuberculosis (TB)” for MPD personnel.

**5. Relative risk to providers:**

- \* Likely, depending on level of direct contact with infected person, length of exposure and ventilation present.

**IV. INFECTION CONTROL OFFICER DUTIES**

The designated Infection Control Officer shall:

- Be available 24/7 to respond to personnel exposures.
- Is responsible for collection of facts regarding the circumstances of the potential exposure incident.
- Evaluate the situation to determine whether or not an exposure incident occurred.
- Determine Immunization status of exposed personnel.
- Advise of risk associated with said exposure when it is determined an exposure incident has occurred.
- Collect source suspect demographics; communicate with receiving hospital to make source suspect testing request; advise hospital on testing needed; receive results of rapid test and communicate back with exposed personnel the source suspect disease status.

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- Advise exposed personnel of follow-up process and counsel on blood donations, sexual activity, pregnancy, breastfeeding, and professional activities specific to each disease exposure type.
- Advise and offer assistance with finding further medical and mental counseling.
- The Infection Control Officer shall contact the receiving facility's charge nurse, source suspect attending nurse, on-duty house supervisor, or attending physician to ensure request for rapid testing has occurred and to receive rapid test results. If the situation dictates a problem communicating with source suspect staff, contact the facility's infection control practitioner if during normal business hours to request rapid and standard test results.
- The Infection Control Officer shall immediately notify the exposed personnel of all test results as they are received by the Police Division's designated Infection Control Officer.
- Exposure follow-up shall include, blood testing, results notification, counseling, immunization updates, signs & symptoms review, documentation as required by current CDC guidelines, and OSHA standards related to occupational exposure follow-up.

#### **V. EMPLOYEE EXPOSURE DETERMINATION**

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

- *All commissioned police officers at the precincts, bureaus, and specialized facilities*
- *All commissioned police officers at the Crime Scene Office*
- *All assigned equipment officers*

#### **VI. METHODS OF IMPLEMENTATION AND CONTROL**

##### **A. Universal Precautions**

All employees will utilize universal precautions, which is justified on the premise that every suspect, mental consumer, victim, or person carries the potential for disease transmission. For this reason, Memphis Division of Police Services personnel should maintain a mindset in which disease hazards are always present and disease prevention is an on-going challenge.

##### **B. Exposure Control Plan**

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts in the Policy and Procedure Manual.

The Health and Safety Office is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

##### **C. Engineering Controls and Work Practices**

The need for changes in work practices will be identified through review of OSHA records,

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employee evaluations, and the safety committee. New procedures and new products will be evaluated regularly by discussing new products and success or failure of the employees using the products at the safety committee meetings. Both front-line workers and management officials are on the safety committee. The Health and Safety Office is responsible for ensuring that these recommendations are implemented.

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- non-glass capillary tubes (Syringe Keeper 7/8x8 (05000))
- Sharps disposal containers are inspected and maintained or replaced by the equipment officer at each workstation every week or whenever necessary to prevent overfilling.

The following procedures are to be used at all times by all employees who may have contact with the blood and other potentially infectious materials of other individuals in the course of their employment:

1. Open wounds must be covered at all times while at work. If the wound is too large to cover, then the employee must remain at home. Employees must also cover areas where skin is "chapped" or where there is a rash. Bandages must be changed if they become wet or soiled. Employees must pay special attention to the hands and make sure small openings such as paper cuts, torn cuticles, and hangnails are adequately protected.
2. All body fluids and contaminated instruments will be handled as if they are infectious. The "Universal Blood and Body Fluid Precautions" (hereafter known as universal precautions), as identified by the Centers for Disease Control (CDC), will be used in all situations where it is possible that an employee may come in contact with the blood or other potentially infectious materials of another individual. The universal precautions are as follows:
  - a) Take care to prevent injuries when handling needles, knives, and other sharp instruments or devices, when cleaning used instruments, and when disposing of used needles. Do not recap used needles by hand and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, knives, and other sharp items in puncture-resistant containers for disposal.
  - b) Use protective barriers to prevent exposure to blood, body fluids containing visible blood, and other potentially infectious materials to which universal precautions apply. The type of protective barrier(s) should be appropriate for the procedure being performed and the type of exposure anticipated.
    - 1) In the following situations, gloves will be worn at all times:
      - When handling specimens of blood or body fluids.
      - When coming into contact with blood or body fluids of another individual.
      - When there are open wounds or where skin is severely chapped.
      - When wiping blood or body fluid spills from work areas.
      - When handling clothing, instruments, or other items which may have been contaminated by blood or other potentially infectious materials.
    - 2) Gloves will be discarded after contact with each person, and hands must be washed thoroughly with soap and water before putting on the next pair of gloves.

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- 3) Gowns, eye wear, and masks will be worn when performing any procedure where blood or other potentially infectious materials are likely to soil clothing, skin, or splash in the face.
- c) If skin does come in contact with blood or other potentially infectious materials, the area must be washed thoroughly with soap and water as soon as possible.
- d) Avoid touching eyes or mouth with hands or gloves that have been contaminated by blood or other potentially infectious materials.
- e) Soiled work clothing should be changed and laundered.
- f) Take special care to avoid being bitten by an uncooperative person. If a bite occurs, the area must be washed thoroughly with soap and water as soon as possible for 30 seconds. Fill out an OJI report and seek medical treatment as soon as possible according to OJI.
- g) Work areas which have been contaminated with blood or other potentially infectious materials must be cleaned with a 1:10 solution of household bleach and water (1 part bleach and 10 parts water).
- h) All Personal Protective Equipment used by the officer (gloves, gown, and mask) for a bloodborne pathogen exposure must be bagged in a hazardous material bag when the officer removes this equipment from his/her person. Once used, the equipment must be bagged whether or not the equipment has visible signs of contamination. The eyewear must be removed and cleaned by the officer using a 10% bleach solution. Once the Personal Protective Equipment has been bagged in a hazardous material bag, the bag will be taken to the precinct and placed in a Hazardous Material container. This Hazardous Material container will be maintained by a duly licensed company.
- i) The 10% bleach solution should be mixed when the officer needs to clean personal items such as: badge, nameplate, nightstick, handcuffs, and leather gear. Once mixed, the bleach solution must be dated, timed, and discarded within 24 hours of mixing. The equipment officer will be responsible for keeping this mixture up to date.
  - \* A pre-mixed bactericidal and sporicidal solution may be made available to the employee, and in such an event, the pre-mixed solution should be used instead of a 10% bleach solution.

#### **D. Personal Protective Equipment (PPE)**

Officers receive training and initial Personal Protective Equipment (PPE) items from the training academy in a HazMat kit. Items used during an officer's tour of duty will be replaced at no cost. Any items lost or used for personal reasons will be replaced at a cost.

The officer will be responsible for maintaining the full complement of Personal Protective Equipment initially assigned to them from the Training Academy. Once the officer has bagged and disposed of his/her used Personal Protective Equipment, the Inventory Control Clerk will replace the used items following the Replacement Procedure below.

- When the contents are used during a duty related incident, with the exception of rubber gloves, an "Equipment Replacement Form" will be completed and submitted to the officer's Shift Supervisor.
- If the request is approved through the work station chain of command, it will be

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forwarded to the appropriate Deputy Chief for consideration.

- If approved by the Deputy Chief, the form will be returned to the work station commanding officer, who will have the Inventory Control Clerk obtain the replacement items from Central Supply.
- A copy of the approved Equipment Replacement Form will be left at Central Supply.
- The original Equipment Replacement Form will be filed in the officer's precinct file.

The exception to this policy is the syringe keeper. When the officer tags the syringe keeper in the Property and Evidence Room, a new syringe keeper will be issued to the officer at no cost by the Property Room Attendant.

If the Equipment Replacement Form is denied, the procedure for lost equipment outlined below will be followed with the exception of the memo submission.

- In the event the entire HazMat Kit or any part of the kit is lost, the officer will submit a memo to his supervisor detailing the items lost and manner in which the items were lost.
- The supervisor will forward the memo to the work station commander for review and signature.
- A copy of the signed memo will be returned to the officer who will pay for the items lost at Police Finance in CJC, Room 12-28.
- The officer will take the signed memo and receipt to Central Supply to have the items replaced. The original signed memo will be placed in the officer's precinct file.
- The denied Equipment Replacement Form will be taken to Finance and Central Supply to document the items needing replacement.

The Duty Stations will at all times maintain an adequate stock of protective gloves and masks for replacement purposes. The replacement costs of the Personal Protective Equipment in the HazMat Kit are as follows:

• 1 Utility Dry Box	\$10.99
• 1 Cordova Defender Coverall	\$2.97
• 1 Crews Goggle Indirect Vent AF	\$2.80
• 1 pr. Shoe Covers	\$0.32
• 1 Hair Net	\$0.03
• (3) 3M Dust Particulate/Mask (8210)	\$0.63
• 1 Micro CPR Shield	\$4.75
• 6 packs Paws Antimicrobial Wipes	\$0.54
• 1 Pr. Cordova Nitrile Gloves	\$0.14
• 1 4oz bottle of Antiseptic Hand Gel	\$2.90
• 1 Bio Hazard Bag (large)	\$0.33
• <u>1 Syringe Keeper 7/8 x8</u>	<u>\$1.17</u>
TOTAL	\$27.57

Costs may vary, but be comparable to the above listing.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.

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- Used PPE may be disposed of in the red hazard bags.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows:

All Personal Protective Equipment used by the officer (gloves, gown, mask), must be bagged in a hazardous material bag when the officer removes this equipment from his/her person. Once used, the equipment must be bagged whether or not the equipment has visible signs of contamination. The eyewear must be removed and cleaned by the officer using a 10% bleach solution. Once the Personal Protective Equipment has been bagged in a hazardous material bag, the bag will be taken to the precinct and placed in a Hazardous Material container. This Hazardous Material container will be maintained by a duly licensed company.

#### **E. Housekeeping**

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The equipment officer or other designated officer will handle and dispose of the sharps disposal containers.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded. Sharps disposal containers are available at the equipment office at the workstation. Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

#### **F. Cleaning Work Attire Contaminated with Blood or Body Fluids**

The Memphis Police Department accepts the responsibility to its officers to fulfill the requirements set forth by the Department of Labor, Federal Register 29 CFR Part 1910.1030, requiring the cleaning of the officer’s work clothes when contaminated with blood or body fluids. With this in mind, when the officers work clothes become contaminated with blood or



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body fluids from an individual encountered in the officer's daily activities, the officer will have the work clothes cleaned by the Memphis Police Department.

#### **Procedure for Cleaning Contaminated Work Clothes**

1. When an officer's work clothes are contaminated with blood or body fluids during the course of their daily activities, the officer will immediately notify their supervisor. An Incident Report and an appropriate memo will be submitted to their shift Commander, with a copy of the memo sent to the Health and Safety Officer.
2. The officer will then report to their work station and will immediately remove the contaminated garments, and the contaminated garments will be bagged in a Hazardous Material Bag. Personal items such as badge, nameplate, and nightstick will be cleaned by using a 10% bleach solution as outlined in the P&P for HIV/HBV.
3. The Hazardous Material Bag will be properly identified by affixing a tag to the outside of the bag indicating the officer's name, work station and IBM number.
4. The officer will put on a fresh set of garments, to be kept at the officer's work station and maintained by the officer.
5. The officer's supervisor will have the contaminated garments taken to Kraus Model Cleaners located at 1023 Linden. The contaminated garments will be cleaned by Kraus Model Cleaners. All contaminated garments will be taken to and retrieved from Kraus Model Cleaners between the hours of 0800-1600. All contaminated garments from the A, C, and D shifts will be held in the supervisor's office for the B shift.
6. Once the contaminated garments have been cleaned, the garments will be picked up by the precinct equipment officer and returned to the officer's work station. It will be the officer's responsibility to inspect the garments to insure the proper garments were returned.

#### **G. Cleaning Police Vehicle when Contaminated with Blood or Body Fluids**

With the increase of communicable disease infected patients comes an increase in their respective contact with the Memphis Police Department, and their subsequent transportation in official police vehicles.

Whenever a Police Vehicle is contaminated by blood or body fluids, the following procedures will be followed:

1. The officer or employee will contact their immediate supervisor and an appropriate memo will be submitted to the equipment officer at the respective precinct or bureau.
2. The police vehicle will be immediately removed from service.
3. The police vehicle will be taken to the precinct hazardous material area designated by the precinct Colonel, or for vehicles housed at the CJC, to the City Lot at 391 St. Jude Place.
4. Personnel designated at each work site will clean the affected area of the police vehicle with a freshly mixed solution of bleach mixed with water that gives a 10% solution. The police vehicle will be allowed to air dry and the police vehicle will then be returned to service.
  - a. Cleaning personnel will wear Personal Protective Equipment to clean the police vehicle.
  - b. The car will be cleaned with the 10% bleach solution and will then be rinsed with fresh

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water.

c. The car will be allowed to air dry before returning to service.

5. If there are no personnel to clean the police vehicle at the time of the incident, the police vehicle will be removed from service until that time when the police vehicle can be cleaned. The vehicle will be marked with a Hazardous Material sticker with the location of the infectious material to be cleaned noted on the sticker.

#### **H. Labels**

The following labeling methods are used in this department:

Globally Harmonized System (GHS) of Classification and Labeling of Chemicals

Work station commanders/supervisors are responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the Health and Safety Office if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

### **VII. HEPATITIS B VACCINATION PROCEDURE**

#### **A. Hepatitis B Vaccination**

The Health and Safety Office will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after initial employee training of graduation from the training academy and within 10 days of receiving their initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated. However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at Health and Safety Office. Vaccination will be provided by Shelby County Health Department, LifeSigns, Concentra, and OccuMed.

Following the medical evaluation, the employee will provide Health and Safety Office with medical documentation.

#### **B. Hepatitis B Declination (Mandatory) Form**

*I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to*

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*have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.*

Signed: (Employee Name) \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ IBM# \_\_\_\_\_ Phone# \_\_\_\_\_

Please review the attached list of employees who have not turned in their Hepatitis B Acceptance/Declination Form. Supervisors should address those under your area of responsibility and request that anyone on the list complete the form. If the employee accepts the department's offer to provide the vaccination, he/she should go to one of the medical facilities listed to obtain it. If they refuse this offer, they should sign the declination form. Supervisors should collect all signed acceptance/declination forms and forward them to Health & Safety.

**VIII. POST-EXPOSURE EVALUATION AND FOLLOW-UP**

An **occupational exposure** incident is a specific eye, mouth, other mucous membrane, non-intact skin, or injected contact with blood or other potentially infectious material that results from the performance of one's occupational duties.

Examples include:

- Contaminated *needle stick* injury
- A puncture or penetrating injury from objects covered with or containing blood or OPIM's sustained while performing duties.
- Blood splash to eyes, nose, mouth
- Blood in fresh, open cuts

**A. Post Exposure Reporting Procedures**

- The primary contact following an **occupation exposure incident** is the Department's Infection Control Officer. The Infection Control Officer shall be immediately notified on all **exposure incidents**. Ultimately, it is the responsibility of the exposed personnel to report exposure occurrences.
- All occupational exposure incidents shall be **immediately** reported to the exposed personnel's immediate supervisor. The exposed employee should complete the *Employee Exposure Report* located under the Administrative Forms link. If the person is not able to complete the form, the supervisor may complete the form and note this on the form. The form should be faxed to the Infection Control Officer at the Health and Safety Office, fax 901-636-3733.
- Personnel sustaining an exposure incident from a suspect who subsequently declines transportation to a medical facility shall advise their respective lieutenant before returning to service.
- If transported, the hospital receiving the source suspect shall be notified of the exposure at transfer of care.
- Following notification of the exposure incident to source suspect's nurse, and notification to Infection Control Officer, personnel are strongly encouraged to submit to a confidential medical evaluation. Between the hours of 8 a.m. and 6 p.m., Monday thru Friday personnel can receive post exposure medical evaluation and treatment through Concentra and Occumed. Personnel sustaining occupational exposure incidents on the weekend or

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after 6 p.m. and before 8 a.m. may use any hospital emergency room. The MED is the preferred hospital for exposed employees to use after hours.

**B. Confidentiality**

- Confidentiality of the exposed personnel and the source suspect shall be maintained.
- ***Source suspect's disease status is to be communicated between the hospital, the infection control officer, and the exposed personnel – ONLY!***
- The immediate supervisor of the exposed personnel shall not solicit any specific information regarding the exposure other than information necessary to communicate to the infection control officer.
- Exposed personnel shall not share information about the exposure with coworkers who were not involved in the incident.

**C. Data Required**

The following information shall be communicated to the infection control officer at the time of exposure:

- Source suspect name, age, DOB, and receiving hospital
- Any known disease history obtained from suspect History & Physical
- Type and nature of the exposure
- Actions taken following the exposure
- Name of source suspect nurse or attending physician

The following documentation is required on all occupational exposure incidents:

- Completed *Employee Exposure Report*
- *On-The-Job Injury Report*
- *Injury on Duty Attending Physician Report (IOD Report)*
- *Choice of Medical Provider Form* or *Notification of Emergency Treatment Form* (only if receiving medical treatment in area (approved) hospital emergency room)

It is the exposed personnel's responsibility to ensure all forms are completed.

**IX. POST INCIDENT TESTING OF SUSPECTS AND EMPLOYEE WOUND CARE**

**A. HBV:**

If the source suspect is positive for HBV, they will have a HBV titer test

- 1) If titer is positive no further testing will be necessary
- 2) If titer is negative, further medical evaluation/treatment is necessary to receive HBIG and HBV vaccine.

**B. HCV:**

If the source suspect is positive for HCV:

- 1) An HCV screen and liver function (ALT) will be done on exposed personnel.
- 2) Four to six weeks post exposure an HCV-RNA will be done.
- 3) Personnel may be referred to Concentra Health Services or an Infectious Disease physician for follow-up, continued treatment, toxicity testing, and blood testing.

**C. Tuberculosis:**

**Date: 03-07-14**

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The Infection Control Officer must confirm source suspect has active tuberculosis and is contagious at the time of exposure. Confirmation shall be obtained through the TB management at:

- 1) branch of the Memphis Shelby County Health Department or
- 2) receiving hospital's Infection Control Nurse.
- 3) Once TB is confirmed a follow-up that includes skin testing/ reading and education will be conducted by the Police Division's Infection Control Officer.
  - Positive or questionable results will be referred to the Health Department.
  - Further testing, treatment and follow-up will be conducted through the Health Department.

D. *The Ryan White HIV/AIDS Treatment Extension Act of 2009, Part G* requires that a receiving facility notify the Department's Designated Officer of Infection Control where emergency response employees have been exposed to an infectious disease or an emerging disease threat; respond as soon as practical, but no later than 48 hours when request have been submitted by Designated Officer to the receiving hospital.

Should an exposure incident occur, please contact LaQuita Rallings at the Health and Safety Office at (901) 636-3728. An immediately available confidential medical evaluation and follow-up will be conducted by the designated medical doctors or nurse practitioners and LaQuita Rallings at the Health and Safety Office at (901) 636-3728.

E. Following an exposed employee's initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, TB Activity, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already documented to have HIV, HCV, TB Active, and/or HBV positive by SCHD, then new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- Upon employee giving consent for testing, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV, TB, and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

## **X. ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP**

The Health and Safety Office ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard. They will also ensure that the health care professional evaluating

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the employee receives the following:

- a description of the employee’s job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual’s blood test
- relevant employee medical records, including vaccination status

**XI. PROCEDURES FOR EVALUATING AN EXPOSURE INCIDENT**

A. The Health and Safety Office will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident (O.R., E.R., suspect room, etc.)
- procedure being performed when the incident occurred
- employee’s training

The Health and Safety Office will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log. If revisions to this ECP are necessary Health and Safety Office will ensure that appropriate changes are made.

**B. Follow-Up for Exposure to Tuberculosis**

PROCEDURE	ACTION/NOTES
If an unprotected exposure occurs to a patient with confirmed active/communicable TB, a Mantoux skin test (PPD) should be administered as soon as possible.	Persons who have tested positive in the past should not be tested again. TST are performed at 2 weeks and 12 weeks from exposure date.
If this skin test is negative, the employee should be retested in 12 weeks.	
If the employee tests positive (>5mm reaction) or shows symptoms of TB, a chest x-ray should be taken.	Personnel with previous positive tests who are exposed to an infectious patient DO NOT require a skin test or an x-ray unless they show signs or symptoms of TB; however, a symptom screen should be performed.
Personnel testing positive following an exposure should be evaluated for preventive therapy in accordance with the current published guidelines.	Medical Director is notified; employee is referred to OSHA for follow-up. One chest x-ray should be performed with annual screening for symptoms.
Healthy personnel who are receiving preventive treatment for TB should be allowed to continue normal work activities.	Personnel, who are LTBI positive, do not have active TB and are not contagious to others. These personnel shall be allowed to work.
Personnel who have been diagnosed with active TB	

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who have received treatment and who have three negative serial sputum cultures are no longer considered contagious. The decision to return to work will be in accordance with the department's contagious disease policy and when medically cleared by a physician.	
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**XII. EMPLOYEE TRAINING**

All employees who have occupational exposure to blood borne pathogens receive initial and annual training conducted by the Training Academy. All employees who have occupational exposure to blood borne pathogens receive training on the epidemiology, symptoms, and transmission of blood borne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA blood borne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials and some alert videos are available at Health and Safety Office.

**XIII. RECORDKEEPING**

**A. Training Records**

Training records are completed for each employee upon completion of training. Training records for commissioned officers will be maintained at the Training Academy. Training records for civilians will be maintained at their work stations. The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions

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- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Training Academy.

**B. Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records." The Health and Safety Office is responsible for maintenance of the required medical records. These confidential records are kept in the Health and Safety Office for at least the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to Health and Safety Office.

**C. OSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 *CFR* 1904). This determination and the recording activities are done by Health and Safety Office.

**D. Sharps Injury Log**

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

**XIV. HAZMAT CHEMICAL EXPOSURE POLICY**

**A. Department Policy**

To ensure that information about the dangers of all hazardous chemicals used by The Memphis Police Department is known by all affected employees, the following hazardous information program has been established. Under this program, you will be informed of the contents of the OSHA Hazard Communications standard, the hazardous properties of chemicals with which you work, safe handling procedures and measures to take to protect yourself from these chemicals.

This program applies to all work operations in the department where you may be exposed to hazardous chemicals under normal working conditions or during an emergency situation. All work units of this department will participate in the Hazard Communication Program. Copies of



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the Hazard Communication Program are available in the Policy Procedure Manual for review by any interested employee.

LaQuita Rallings at the Health and Safety Office at (901) 636-3728 is the program coordinator, with overall responsibility for the program, including reviewing and updating this plan as necessary.

#### **B. Container Labeling**

The designated employee at each workstation will verify that all containers received for use will be clearly labeled as to the contents, note the appropriate hazard warning, and list the manufacturer's name and address.

The designated employee at each workstation in each section will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with labels marked with the identity and the appropriate hazard warning. For help with labeling, contact the Health and Safety Office at (901) 636-3728.

The department uses the Globally Harmonized System of Classification and Labeling of Chemicals (GHS).

The Health and Safety Office will review the department labeling procedures annually and will update labels as required.

#### **C. Safety Data Sheets (SDS's)**

The Health and Safety Office is responsible for teaching all command staff for the SDS program. They will ensure that procedures are developed to obtain the necessary SDS's. Each commander or supervisor is responsible for review of incoming SDS for new or significant health and safety information. The procedure below will be followed when an SDS is not received at the time of initial shipment:

The designated person at each workstation will retrieve the SDS from the products website. Copies of SDS's for all hazardous chemicals to which employees are exposed or are potentially exposed will be kept in the SDS binder at each workstation and made available to all employees. SDS's will be readily available to all employees during each work shift. If an SDS is not available, contact LaQuita Rallings at the Health and Safety Office at (901) 636-3728.

SDS's will be readily available to employees in each work area. When revised SDS's are received, the designated workstation employee will replace the old SDS's.

#### **D. Employee Training and Information**

The Health and Safety Office is responsible for the Hazard Communication Program and will ensure that all program elements are carried out. Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the hazard communication standard and this plan before starting work. Each new employee will attend a health and safety orientation that includes the following information and training:

- An overview of the OSHA hazard communication standard
- The hazardous chemicals present at his/her work area
- The physical and health risks of the hazardous chemicals
- Symptoms of overexposure
- How to determine the presence or release of hazardous chemicals in the work area

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- How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices and personal protective equipment
- Steps the company has taken to reduce or prevent exposure to hazardous chemicals
- Procedures to follow if employees are overexposed to hazardous chemicals
- How to read labels and SDS's to obtain hazard information
- Location of the SDS file and written Hazard Communication program

Prior to introducing a new chemical hazard into any section of the department, each employee affected will be given information and training as outlined above for the new chemical hazard. The person ordering the new chemical will print out a safety data sheet for the chemical and place it in the SDS Manual in alphabetical order. Effected personnel will be advised of the new chemical hazard.

#### **E. Hazardous Non-routine Tasks**

Periodically, employees are required to perform non-routine tasks that are hazardous. Prior to starting work on such projects, each affected employee will be given information by the designated workstation employee about the hazardous chemicals he or she may encounter during such activity. This information will include specific chemical hazards, protective and safety measures the employee should use, and steps the company is taking to reduce the hazards, including ventilation, respirators, the presence of another employee (buddy systems), and emergency procedures.

#### **F. Informing Other Employers/Contractors**

It is the responsibility of the designated workstation employee to provide other employers and contractors with information about hazardous chemicals that their employees may be exposed to on a job site and suggested precautions for employees. It is the responsibility of the designated workstation employee to obtain information about hazardous chemicals used by other employers to which employees of this company may be exposed (i.e. Contracted cleaning service that may use materials purchased by the department).

Other employers and contractors will be provided with SDS's for hazardous chemicals generated by the department's operations by viewing the SDS binder. The other employers will be informed of necessary precautionary measures to protect employees exposed to operations performed by the department.

Also, other employers will be informed of the hazard labels used by the company. If symbolic or numerical labeling systems are used, the other employees will be provided with information to understand the labels used for hazardous chemicals for which their employees may have exposure.

#### **G. List of Hazardous Chemicals**

A list of all known hazardous chemicals used by our employees is attached to each of the employee workstations and bureaus. This list includes the name of the chemical, the manufacturer, the work area in which the chemical is used, dates of use, and quantity used. Further information on each chemical may be obtained from the SDS's, located in the workstation SDS binder.

When new chemicals are received, this list is updated (including date the chemicals were

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introduced) within 30 days. To ensure any new chemical is added in a timely manner, the following procedures shall be followed:

1. The designated workstation officer will routinely check for updated SDS's on products at the workstation.
2. The hazardous chemical inventory is compiled and maintained by the designated workstation employee.

**H. Program Availability**

A copy of this program will be made available, upon request, to employees and their representatives.

**XV. Acronyms**

AIDS - Acquired Immunodeficiency Syndrome

CDC - Center for Disease Control

ECP - Exposure Control Plan

HAV - Hepatitis A Virus

HBV - Hepatitis B Virus

HCV- Hepatitis C Virus

Hep A - Hepatitis A

Hep B - Hepatitis B

Hep C - Hepatitis C

HIV - Human Immunodeficiency Virus

IOD Form - Injury on Duty Attending Physician Form

NIOSH - National Institute for Occupational Safety and Health

OPIM - Other Potentially Infectious Materials

OSHA - Occupational Safety and Health Administration

PPE - Personal Protective Equipment

SDS - Safety Data Sheets

TB - Tuberculosis; Two Types; Active TB (contagious) and Latent TB (non-contagious)

Universal Precautions - Universal Blood and Body Fluid Precautions-all body fluids and contaminated instruments will be handled as if they are infectious.

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**Law Enforcement Officers Support Division**

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**I. Memphis Police Department Law Enforcement Officers Support Division (LEOSD)**

- A. The Law Enforcement Officers Support Division (LEOSD) shall serve under the authority of the Deputy Chief of Special Operations.
- B. The Deputy Chief of Special Operations shall select the LEOSD Commander and Executive Commander.
- C. LEOSD members as designated are responsible for rendering military style honors in funeral services and internment of line of duty, active and honorably retired sworn personnel. The Unit will also designate members to participate in parades and other community activities, assist families of officers injured in the line of duty, stand a post at a hospital as needed and any other events as ordered by the Deputy Chief of Special Operations.
- D. The LEOSD Commander or his designee will coordinate all activities relating to the operation and deployment of this detail.
- E. All members will serve utilizing a team concept under the authority of the LEOSD Commander and Executive Commander.

Each member will be asked to serve as the Event Coordinator on a rotational basis. If there is a particular event that a member feels compelled not to coordinate, a written request to pass must be submitted. The rotation will begin with the most senior member and continue until each member has served as an Event Coordinator. At such time as the rotation has progressed through the membership, it will begin again with the most senior member.

**II. Structure:**

- A. The Law Enforcement Officers Support Division (LEOSD) Commander and Executive Commander shall be a sworn supervisor of this department who is appointed by the Deputy Chief of Special Operations to act as the commander over the branches of the Law Enforcement Officers Support Division, which include the Memorial Guard and the Memorial Coalition.
- B. The Memorial Guard will consist of up to thirty members. All members will be sworn personnel and may not be above the rank of lieutenant.
- C. The Memorial Coalition will consist of up to fifteen members (civilian and any other law enforcement personnel).
- D. Event Coordinator - a member of the Memorial Guard whom serves as the coordinator for Memorial Guard requests and mobilizes sufficient members to staff the specified activity. The Honor Guard and the Color Guard will each have an Event Coordinator.

**III. APPLICATION AND SELECTION PROCESS:**

**Date: 08-24-11**

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- A. A sworn officer of this department who has successfully completed the first eighty days of probation, but is under the rank of lieutenant, is eligible to be a member of the Memorial Guard. Any law enforcement officer and any civilian may serve as a member of the Memorial Coalition.
- B. Individuals desiring membership with the LEOSD should submit an application to the Deputy Chief of Special Operations office.
- C. The LEOSD Commander and Executive Commander shall maintain a list of approved individuals to serve within the Law Enforcement Officers Support Division. Should that list become depleted, new applications will be requested.

**IV. DEPLOYMENT AND USE OF THE MEMORIAL GUARD:**

- A. The Memorial Guard may be used for the following activities:
  - 1. Police Officer Funerals
  - 2. Memorial Services relating to law enforcement
  - 3. Parades and community events as approved by the LEOSD Commander, Executive Commander or the Special Events Office.
  - 4. Other ceremonial events as directed by the Director and/or Deputy Director of Police Services.
- B. All Law Enforcement Officers Support Division requests will be forwarded to the Special Events office during business hours. In the event of an after hours emergency, the LEOSD Commander and Executive Commander should be contacted.
- C. The LEOSD Commander or his designee will contact the appropriate Event Coordinators and brief them regarding the event.
  - 1. The Event Coordinators will notify the members of each team according to the rotational charts.
  - 2. In the event of a funeral detail, the Honor Guard Event Coordinator will take a funeral contact sheet with him to meet with the family to determine the cause of action to pursue.
  - 3. If the request is for a community event, the Color Guard Event Coordinator will complete an event contact sheet with contact information for the individual coordinating the community event.
  - 4. The Event Coordinators will issue a LEOSD assignment order detailing the assignment number, date, time, location, event, contact person and members assigned to the detail.
  - 5. A copy of the assignment order and contact sheet will be submitted to the LEOSD

**MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**  
**SECTION: Law Enforcement Officers Support Division**

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Commander, Executive Commander and the Administrative Assistant.

If sufficient personnel are not available to fulfill the event assignment, the Event Coordinator will notify the LEOSD Commander and Executive Commander immediately.

**V. DEPLOYMENT AND USE OF THE MEMORIAL COALITION:**

The Memorial Coalition will serve as a partner with the Memorial Guard and may be used for the following activities:

- a. Police Officer Funerals- to assist the family as needed.
- b. Memorial Services relating to law enforcement- to assist with Police Memorial Day activities and any other survivor related activity as approved by the LEOSD Commander and Executive Commander.
- c. Planning and providing an annual fellowship.
- d. Parades and community events in a non-uniform capacity as approved by the LEOSD Commander, Executive Commander or the Special Events Office.
- e. Other ceremonial events as directed by the Director and/or Deputy Director of Police Services.

**VI. COMPENSATION:**

Whenever feasible, members of the LEOSD Honor Guard will be carried as “Y” the day of a funeral with notification sent to Commanding Officers as soon as possible. Members of the LEOSD will be given compensation in accordance with the Memphis Police Association and the City of Memphis agreement. All compensation must be approved through the LEOSD Commander, Executive Commander or the Special Events Office and must be channeled through the Special Events office. There must be proper documentation of each event. There is no compensation for civilian volunteers.

**VII. NOTIFICATION PROCEDURES FOR OFFICERS  
CRITICALLY INJURED OR KILLED IN THE LINE OF DUTY**

**MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**  
**SECTION: Law Enforcement Officers Support Division**

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**A. DEPARTMENTAL NOTIFICATION:**

Communications will contact the following personnel:

1. Duty Chief
2. Officer's Duty Colonel
3. Health and Safety Officer
4. Special Events Office
5. LEOSD Commander/Executive Commander
6. Public Information Officer
7. Department Chaplain

**B. SURVIVOR NOTIFICATION:**

The notification team must travel in 2 separate vehicles so as to provide transportation for children and additional relatives at the time of the notification. The Department Chaplain must be afforded the information that is available regarding the circumstances of death. Communications and the officer's workstation should be able to supply the emergency contact information for the deceased officer.

In all incidents where an officer is critically injured, officers who have been trained to make notifications and provide immediate assistance to the officer's family should make the official departmental notification. The recommended notification team would consist of:

1. The officer's immediate supervisor
2. The Department Chaplain
3. Support personnel to immediately assist with transportation, additional notifications and immediate assistance in the area of childcare.
4. At least one female officer
5. Initial notification is to the significant other. Secondary notification is to the deceased's parents.

If notification must be done outside our jurisdiction, the governing agency will be contacted by Communications and a request to dispatch a notification team from their agency will be made.

As outlined in the Concerns of Police Survivors document "Recommended Procedures for Death Notification", the Principles of Notification are as follows:

1. In Person



**MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**  
**SECTION: Law Enforcement Officers Support Division**

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2. In Time
3. In Pairs
4. In plain language, and with compassion.

**C. MEDIA NOTIFICATION:**

The officer's identification shall not be released until both the initial and secondary survivor notifications have been made. The Director, Deputy Director or the Public Information Officer will make the media notification.

**VIII. POLICE DEPARTMENT ASSISTED FUNERALS:**

The Department will assist with the following categories of employee funerals:

1. Officers killed in the Line of Duty
2. Active Duty Officers non-line of duty
3. Reserve Officers
4. Retired Officers

**A. LINE OF DUTY DEATH PROCEDURES:**

1. An on-duty LEOSD member will be sent to the deceased officer's home to assist the officer's survivors. This officer will be relieved at the end of his tour of duty by another on-duty LEOSD member. In the event an on-duty LEOSD member is not available, an on-duty uniform patrol officer assigned to the nearest precinct will be substituted. However, the workstation may prefer to assign workstation officers to the family. The Precinct Commander, from the deceased officer's workstation, will make this decision.
2. A schedule will be created to provide an on-duty officer to be sent to the funeral home to stay with the officer's remains until the funeral service. The cooperation of all uniform patrol workstations will be requested. This officer's location will adjust according to the travel of the officer's remains.
3. At the request of the survivors, the funeral service for a line of duty death may consist of the following:
  - a. Escort all motors will be utilized for this detail
  - b. Pallbearers six from the Memphis Police Department
  - c. Honorary Pallbearers additional co-workers of the deceased
  - d. Memorial Guard
  - e. One officer to play taps
  - f. T.A.C.T. seven officers for 21-gun salute

**MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**  
**SECTION: Law Enforcement Officers Support Division**

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- g. Mounted patrol                      riderless horse at the request of the family
- h. Air Support Division                flyover
- i. Bagpipes
- j. Presentation of the flag
- k. Chaplain
- l. The slain officer's workstation will provide a black cloth drape at the workstation until the day after the funeral and will send flowers to the service.
- m. All flags will be flown at half-staff from the time of death until the morning after the funeral.
- n. Officers will wear black mourning bands on their badges from the time of death until the morning after the funeral.
- o. The Memorial Guard will start one hour prior to the viewing, and one hour prior to the service.
- p. The Honor Guard Event Coordinator will communicate all requests from the family for police participation to the funeral home coordinator.
- q. The Honor Guard Event Coordinator will ensure that a memorandum is distributed advising of the death and all funeral arrangements.
- r. A procession of marked squad cars will form at a designated location one-hour prior to the service and proceed to the service as a group with emergency lights activated. The deceased's commanding officer or his designee will coordinate this.
- s. The Fire Department will be contacted to render any assistance that may be needed.

**B. ACTIVE OFFICER (NON-LINE OF DUTY), RESERVE OR RETIRED OFFICER**

At the request of the survivors, the funeral service for a line of duty death may consist of the following:

- 1. Escort                                      available motors will be utilized for this
- 2. Pallbearers                                six from the Memphis Police Department
- 3. Honorary Pallbearer                    additional co-workers of the deceased
- 4. Memorial Guard
- 5. Taps
- 6. Bagpipes
- 7. Chaplain
- 8. Presentation of the flag

**MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**  
**SECTION: Law Enforcement Officers Support Division**

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9. A procession of marked squad cars will form at a designated location one hour prior to the service and proceed to the service as a group with emergency lights activated.
10. The Memorial Guard will start one hour prior to the viewing, and one hour prior to the service.
11. The Honor Guard Event Coordinator will communicate all requests from the family for police participation to the funeral home coordinator.
12. The Honor Guard Event Coordinator will ensure that a memorandum is distributed advising of the death and all funeral arrangements.
13. Officers will not wear black mourning bands for non-line of duty deaths.

**NOTE:** Police Officers (Line of Duty, Non-Line of Duty, Retired or Reserve) who die as the result of criminal conduct will not receive any of the aforementioned services.

**IX. TRAINING:**

There will be one training day scheduled the second week of February, two days the second week of April, one day the second week of July and one day the second week of November. Additional days may be added at the discretion of the Deputy Chief of Special Operations. The November training day will also serve as an annual Election Day for the board members. The purpose of these training days will be to practice parade formations and military funeral roles, to do an equipment inventory, to prepare for the activities surrounding Police Memorial Week and to address all concerns of the members of the Law Enforcement Officer's Support Division. Officers will be carried as "O". No overtime is approved for these training days.

**X. EQUIPMENT:**

Each officer is required to provide one "Class A" uniform. The Memphis Police Department will provide the following:

1. MPD patch
2. Gold "P" buttons
3. Gold Stripe
4. Command Staff cap (Navy w/gold strap)
5. Labor for alterations
6. Clarino belt
7. White web belt to hold the flag
8. Clarino holster
9. Clarino belt keepers
10. Clarino patent leather shoes "Bates Lites"

**MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**  
**SECTION: Law Enforcement Officers Support Division**

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11. Winter coat
12. Gold ascot
13. Gold braid

There may be other additional items pending the needs of the unit.

**XI. Motorcycle Escorts**

The Special Events Office will coordinate and schedule a minimum of 6 Motors/officers for a funeral (as directed by the Commander of the Traffic Bureau) or for a Memphis Police Officer's immediate family members. Immediate family members will be limited to husband, wife, mother, father, brother, sister, son, daughter, mother-in-law, father-in-law, grandmother, grandfather, brother-in-law or sister-in-law, grandparents-in-law, son-in-law or daughter-in-law.

Private motorcycle escort services can be used to escort funeral processions, because State Law and City Ordinance provide this special exception.

However, the Memphis Police Department will NOT use or ride with any private escort service in conjunction for an escort.

The Special Events Office, Motorcycle Squad and LEOSD (Law enforcement Officer Support Division) will designate a mutual radio channel to coordinate communication during the escort. All Funeral escorts will be in conjunction with LEOSD standards and regulations.

The Memphis Police Department Motorcycle Squad may work an escort with officers from another Law Enforcement Agency. These agencies will coordinate with their respective unit and the Memphis Police Department on information requiring agencies to cross state lines.

## **MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**

### **SECTION: Illegal Dumping**

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#### Illegal Dumping:

Illegal dumping on any property, highway, street, public park, recreational, or any area not designated for such use is a violation of City Code.

Where the depositing of the litter was done from a motor vehicle except a bus, it shall be prima facie evidence that the littering was done by the driver of the vehicle.

The prosecution for a violation may be initiated by an officer who witnessed the offense or who discovered an article bearing a person's name on the property or by any citizen who witnessed the offense or discovered incriminating evidence who is willing to make the initial charge and testify for the state.

Therefore, where officers are called to the scene of an alleged violation where a citizen has observed a violation, the officers may issue a City Ordinance Summons. The officer must list in detail all of the citizen's contact information in the narrative of the Summons.

Example: Sanitation supervisors observe a truck depositing litter in an unauthorized area. They call the police, and officers arrive on the scene where the supervisor gives a description of the vehicle including its license number. The officers may issue a City Ordinance Summons even though the offense did not occur in their presence if they are able to find the perpetrator.

In any event, where a private citizen initiates the complaint, he must be prepared to come to court and testify as to the violation which he saw occurring.

## **MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**

### **SECTION: Political Activity**

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It has previously been determined by court decree that a City employee may seek an elective office while continuing employment with City of Memphis Government.

Employees who seek elective office, with the exception of elected officials and appointed employees of City of Memphis Government, shall comply in a timely manner with the following guidelines:

1. The employee shall give written notice to the employees Division Director stating the intention to seek elective office and the title of the elective office the employee will seek.
2. The employees Division Director shall immediately give written notice of the employee's intent to the Chief Administrative Officer, including a copy of the letter of intent from the employee to the Division Director.
3. The employee shall be placed on a leave of absence two weeks prior to the primary and/or general election dates. However, the employees Division Director, Chief Administrative Officer and/or Mayor hold the right to place the employee on leave of absence prior those dates if it is determined that the employees candidacy would interfere with the employees assigned job duties and responsibilities, would be a conflict of interest, or if the employee is found to be engaging in political activity of any kind during the performance of their job.
4. If the employee wishes to continue receiving compensation when placed on leave of absence, the employee shall use their unused accrued leave with the exception of sick leave. When all accrued leave, with the exception of sick leave, is finally depleted, the employee shall be placed on leave of absence without pay.
5. Should the employee be successful in acquiring the elective office sought, other than a City of Memphis elective office, the employee shall be allowed to continue City employment as long as the employees elected responsibilities do not conflict with the employees assigned job duties and responsibilities. If a difference of opinion as to conflict occurs between the employee and the employees Division Director, the matter shall be presented to the Chief Administrative Officer for resolution, and the decision of the Chief Administrative Officer shall be binding on both the employee and the employees Division Director.
6. Should problems arise in the matter of City employees seeking elective office that are not defined in this policy, the matter shall be presented to the Chief Administrative Officer for resolution, and the decision of the Chief Administrative Officer shall be final.

Pursuant to City of Memphis Charter (Ordinance Number 1852, Section 6, page HRA-27), any City employee who willfully violates or brings about the violation of any provision of this section directly or indirectly shall be guilty of a misdemeanor and punished by a fine not in excess of Fifty Dollars (\$50.00), and any employee or official of the City shall, upon finding of guilty, immediately cease to be such employee or official of the City and be ineligible to hold any position with or employment with the City for a period of five years thereafter.



## **MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**

### **SECTION: Hardship Transfer Board**

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The Memphis Police Department has established a standardized system of processing requests for transfer based on personal or hardship reasons, and has established a review system for granted requests. The Hardship Transfer Board will review only those requests from officers whose job assignments are subject to regulation by the Agreement Between the City of Memphis and Memphis Police Association.

In the past, requests for transfer based on personal or hardship reasons have been submitted through an officer's chain of command, with approval or disapproval made within the work unit. To ensure the evaluation of each request with the same criteria applied, it is necessary to process all requests in the same manner.

Effective immediately, a Hardship Transfer Board will be established to process and rule on all requests for transfer and to periodically review granted requests.

#### ***A. Board Composition***

The Hardship Transfer Board will consist of the following five (5) members:

- (1) Two (2) management level members appointed by the Director.
- (2) Two (2) members appointed by the Memphis Police Association President.
- (3) The Chief Administrative Officer, or in his/her absence, the Manager of Administrative Services, will serve as the Board Chairman.

#### ***B. Board Authority***

- (1) The Board will have the authority to grant or deny all requests for a hardship transfer.
- (2) The Board will have the authority, upon review, to terminate or extend previously granted transfers.

#### ***C. Board Tenure***

- (1) Board members appointed by the Director will rotate on a semi-annual basis.
- (2) Board members appointed by the Memphis Police Association President will serve as designated by the Memphis Police Association.

#### ***D. Responsibility of Requesting Individuals***



## MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES

### SECTION: Hardship Transfer Board

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- (1) All requests for transfer based on personal or hardship reasons will be forwarded, through the officer's chain of command, to the Chief Administrative Officer of the department.
- (2) The request must include:
  - *The circumstances causing the request*
  - *The expected duration of those circumstances*
  - *The duty hours or work location that would resolve the hardship*
  - *Any documentation supporting the request*
- (3) The requesting officer will be required to appear before the Hardship Board when convened by the Chairman. The appearance will **not** qualify the requesting officer or any additional pay or compensatory time if the appearance is off-duty.
- (4) The officer may, at any time during a hardship assignment, submit a memo requesting to return to his/her permanent assignment if the need for the hardship transfer no longer exists.
- (5) During the period of time an officer is assigned by reason of hardship to a particular shift, or to a particular location, the officer will be **required** to bid on any job opening whose hours or location would approximate those of the hardship transfer assignment. **Failure to bid on such job openings will result in the termination of the hardship transfer, and the officer shall be returned to his/her permanent assignment.** A successful bid for any job shall be considered as a resolution of the hardship.
- (6) Shift differential pay, hazardous duty pay, FTO pay, out-of-rank pay, or any other supplemental pay will be temporarily discontinued during a hardship transfer, **if** the hardship assignment does not require the pay. The supplemental pay will commence immediately upon the officer's return to his/her permanent assignment

#### ***E. Responsibility of the Hardship Transfer Board***

- (1) The Hardship Transfer Board will interview applicants for a hardship transfer during regularly scheduled meetings as convened every three (3) months by the Chairman.
- (2) The Board will determine by majority vote whether the request will be approved or denied. The Chairman of the Board will vote only in the event of a tie as cast by the four voting members.
- (3) Prior to approving a request, the Board will **verify** the circumstances and need for the hardship transfer.

## MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES

### SECTION: Hardship Transfer Board

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- (4) The Board Chairman will be responsible for ensuring the review of each granted request at three (3) month intervals.

#### *F. Duration of Hardship Transfer*

- (1) The duration of a hardship transfer is ninety (90) days.
- (2) To extend a hardship transfer, the officer will submit a request to the Board Chairman prior to the next quarterly Board meeting outlining the need to continue with the hardship transfer. The Board will review the request at the next scheduled meeting. The requesting officer will be required to appear each time a request is made.
- (3) **IN NO EVENT SHALL A HARDSHIP TRANSFER BE CONSIDERED AS A PERMANENT ASSIGNMENT.**

#### *G. Emergency Requests*

- (1) In the event an emergency request is made prior to the Board's quarterly meeting, then the Precinct/unit commander may request approval from the Deputy Chief to grant a temporary assignment or temporary loan for the officer.
- (2) If the situation cannot be temporarily resolved at the work station, then the Deputy Chief may request the Chairman to convene an emergency Board meeting.

**MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**  
**SECTION: Maternity Alternative Duty**

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The Police Services Division will provide, based on availability, maternity alternative duty assignments for officers within the department when requests for such assignments are submitted on a *Request for Maternity Alternative Duty* form.

An officer requesting such assignment must provide documentation from the attending physician who supports a maternity alternative duty assignment and must submit to an examination by a City appointed physician if such an examination is requested. When a maternity alternative duty assignment is considered, the officer will be responsible for obtaining the physician's approval for the performance of the duties to be assigned on the *Request for Maternity Alternative Duty* form.

The *Request for Maternity Alternative Duty* form will be forwarded through the chain of command to the Health & Safety Office for review and then to the appropriate Deputy Chief for final approval and assignment.

A maternity alternative duty assignment shall be terminated immediately upon childbirth, at the end of the pregnancy, or if the attending physician advises the Police Services Division that the officer is physically unable to continue working in the assignment.

Nothing herein affects the officer's maternity leave rights set forth in the City of Memphis' Personnel Manual Policies and Procedures, Maternity Leave Policy PM 66-02, or the Family and Medical Leave Act.

**MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**  
**SECTION: Notification of Illness**

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When unable to report to work due to illness or injury, personnel assigned to Investigative Services will notify their immediate supervisor if calling in sick during regular business hours (0800-1600). Investigative Services personnel calling in sick after regular business hours (1600-0800) must notify a Felony Response supervisor at 545-4450.

Any personnel assigned to work a Special Events detail that calls in sick must notify the ADE office at 545-2565.

**MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**

**SECTION: Military Personnel**

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**Military Personnel**

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# MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES

## SECTION: Military Personnel

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### I. Military Personnel

When an employee has been activated for military service, the employee will notify their supervisor and submit a copy of their active duty military orders for the time period that they will be away. The employee will advise the supervisor of any benefit days that they want to use to cover the time away from work. Full-time military employees are given twenty (20) military days at the beginning of the calendar year to cover days spent away from work on military orders. Employees may also use vacation time, accumulated time, and bonus time to cover days spent away from work on military orders. Supervisors may also change scheduled shift assignments or regular days off to avoid conflict with regularly occurring non-emergency drills or training for service members.

When an employee has been activated for military service, and the deployment is more than twenty-one (21) days, the employee will notify and submit a copy of their active duty military orders to their immediate supervisor and the Police Division Military Liaison's Office. Employees will be required to complete the "Accrual Benefit Form", Personnel Information Forms, and the "Check-In List/ Employee Exit Forms, which must be hand-delivered to the Police Division Military Liaison. The Military Liaison will have an exit interview with the employee, go through the Military Activation Checklist, and verify that all of the required paperwork has been completed correctly. The Military Liaison will forward the information to MPD Human Resources.

### II. BENEFITS EXPLANATION - ACTIVE DUTY MILITARY STATUS MOBILIZATION

The following will apply to permanent, full-time City employees (hereinafter "City employee" or "employee"), including those in their initial probationary period, who are called to active military service with one of the regular components of the armed forces of the United States:

#### A. SUPPLEMENTAL PAY:

The City of Memphis will pay a flat amount of \$800.00 per month to the employee. This amount would be reduced by legal deductions such as Federal Income Tax Withholding, Medicare (where applicable), Child Support, Garnishments and Wage-Earner.

To be eligible for the City's "Supplemental Pay," the employee must submit "Competent Military Orders" directly to his/her Supervisor and a copy to the Police Division Military Liaison. These orders must indicate that the activation is directly related to (i.e., "Operation Noble Eagle", "Operation Enduring Freedom", "Operation Iraqi Freedom", "Operation New Dawn", and "Operation Freedom's Sentinel") or in support of military operations resulting from the terrorist attacks of September 11, 2001. Memos and other documents are not acceptable as verification of deployment in support of the above Peace Operations.

The Police Division Military Liaison will take a copy of the employee's orders and a copy of the Personal Information Form to MPD Human Resources. Human Resources will complete a Change Authorization Form showing the employee on active military leave and will forward it to the City of Memphis Deputy Director of Human Resources for final processing.

If a City employee is called to active military service after the 15<sup>th</sup> day of the month, the

## **MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**

### **SECTION: Military Personnel**

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employee's first supplemental check will be one-half of the monthly supplement, or \$400.00.

If the employee's activation date is on the 1<sup>st</sup> day through the 15<sup>th</sup> day of the month, the employee will be paid the full monthly supplement. Thereafter, until the employee is released from active military service, the employee will receive the full monthly supplement. Supplemental checks will be processed monthly and mailed to the individual designated by the employee. In the absence of this information, the supplemental checks will be mailed to the address currently on file with the City's Payroll Department. NOTE: Supplemental paychecks will not be direct deposited.

#### **B. SENIORITY**

During the period of active military leave, seniority and all rights based on seniority will continue without loss or interruption. Probationary employees whose probations are scheduled to end while on active military leave will be subjected to an extended probation.

#### **C. LEAVE BENEFITS**

The employee has the option of having unused vacation and bonus day leave frozen to be activated on the first day of their reinstatement to City employment, or the employee may elect to use any unused leave at the time the employee leaves for active military duty. In all cases, the employee's sick leave is frozen on the last day they are on the City payroll before military leave, as well as time accrued toward the 3-month period for earning a bonus day.

The employee will begin all leave accrual based on their seniority date on the first day the employee returns to City employment. The employee is not required to use their vacation and bonus day leave when called for active military service.

NOTE: Any and/or all of the paid twenty (20) military leave days during the calendar year of military activation can be used by the employee before going on leave of absence without pay. Employees activated longer than a year will not accrue vacation or bonus time while on military service during the second year. However, officer's time will be prorated based on the date of return for the second year.

#### **D. HEALTH, DENTAL, & LIFE INSURANCE**

All voluntary benefit deductions and coverage (single plan or family plan) will be canceled during the period of time the employee is on active military service. Deductions will be canceled if the Benefits Office is given notice on or before the first day of active military service. If the employee wishes to continue his/her coverage while on active military duty, the employee must contact the Benefits Office, Division of Human Resources, at 576-6761, to make arrangements for the benefit deductions before the employee leaves on active military duty.

#### **E. LIFE INSURANCE (Contributory Life Insurance, Non-Contributory Life Insurance, & Dependent Life)**

## MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES

### SECTION: Military Personnel

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All life insurance ceases while the employee is on active military duty.

**IMPORTANT** - As soon as the employee is released from active military service, the employee must go to the Benefits Office located in City Hall (Room 428) to re-enroll in the benefits the employee was receiving on their last workday immediately prior to active military duty. The employee will not have City coverage until the employee re-enrolls, and the employee must re-enroll for City health benefits within sixty (60) calendar days of the date the employee is released from military duty. The employee will be responsible for the portion of their premiums from the last date of primary military health coverage. **Failure to timely re-enroll after release from active military service may result in denial of benefit coverage.**

#### F. PENSION

The employee's pension service date is unaffected while the employee is on active military duty. The period of military service will not be deducted from the period of time used to calculate credible pension service. Employee contributions into the pension plan will cease during the period in which the employee is on active military duty and is not using accrued leave. Only the actual employee contributions will be used to calculate pension payout prior to retirement.

#### G. SOCIAL SECURITY

Social Security and benefit accruals will be determined by applicable federal laws.

### III. EQUIPMENT

Employees will complete the "Check-in List/ Employee Exit Form" and turn in appropriate work equipment. This task **must** be completed and the form **must be turned in to the MPD Military Liaison before their period of activation. Failure to do this will result in disciplinary actions.** The form directs Commissioned employees to go to the work station, PDA Team, and Training Academy Firing Range for the storage of their duty weapons, ammunition, and any sensitive equipment during their period of activation. Prior to returning to work, the commissioned employee must acquire his/her equipment from the Academy Firing Range and make arrangements with the Training Academy to pick up a packet of any documents that were distributed during that employee's time of leave and to schedule In-service Training as required.

### IV. COMMUNICATION WITH DEPLOYED EMPLOYEES

Deployed employees shall continue to receive department email in order to be notified of agency news, significant events and promotions or promotional opportunities.

The Military Liaison serves as the contact person between the department and military employees and their families, while the employee is deployed. Deployed employees may contact the military liaison for assistance with any departmental issue.



**MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES**  
**SECTION: Military Personnel**

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**Memphis Police Department**  
**Police Division Military Liaison Office**  
**170 N. Main 11<sup>th</sup> floor Rm# 1115**  
**Memphis, TN 38103**  
**Office: 901-636-3682**  
**Fax: 901-636-3695**

**V. RETURN/REINSTATEMENT OF EMPLOYEES**

Returning employees will be reinstated in accordance with the current applicable Federal and City policy and procedures

Twenty-one (21) Calendar days or Less

Employees shall advise their supervisor as soon as possible of their date of return. Supervisors should schedule the employee to report to work no later than the first work day on their next regularly scheduled shift, after completion of the employee's service as indicated on the Military Orders and after allowance for safe travel home from the military duty location and an eight (8) hour rest period per USERRA 38 U.S.C. § 4312 (e); unless on other approved leave.

Twenty-one (21) Calendar days or more

Employees shall advise the Military Liaison as soon as possible of their date of return to schedule a Military Return Interview. The employee must submit a copy of their DD-214 or written documentation of their release from active duty. The Military Liaison will contact the training academy to schedule training on Policy and Procedure and Law updates for officers gone more than 180 days, when necessary. Arrangements will be made for officers to pick up any stored equipment from the academy, PDA team, and the work station.

If any certifications have expired during the employee's deployment, the employee shall attend a recertification course prior to being assigned those duties.

Prior to returning to their duty station for work, the employee must contact their immediate supervisor for current assignment information. Supervisors should schedule the employee to report to work no later than the first work day on their next regularly scheduled shift, after completion of their Military Return Interview, and clearance by other involved parties (i.e. Military Liaison, Training Academy, Department Psychologist, etc.) when necessary, unless the employee is on other approved leave.

Arrangements will be made for deployed employees to make up a promotional process that they were eligible for (at the time of that process). City Hall Human Resources receives a list of all employees deployed and their tentative return dates. If an employee was eligible for a promotion process while they were deployed, the employee will be contacted by City Hall HR after their return concerning a make-up promotion process.

**NOTE:** All returning employees who are disabled (temporarily or permanently) due to military service will be referred to the Police Human Resources Office for further referral to the City Attorney's Office for disposition and guidance.