



Las Cruces Police Department
GENERAL ORDERS
ADMINISTRATION VOLUME 1
GO-117 RISK MANAGEMENT (Daily)
Revised 07/08/2013

117 RISK MANAGEMENT

PURPOSE

The purpose of this General Order is to establish general guidelines and procedures for managing risk within the department from injuries, accidents, and litigation.

POLICY

It is the policy of the Las Cruces Police Department (LCPD) to manage risk to employees due to injuries and/or accidents in compliance to City Manager Policy 8.2. The LCPD shall participate fully with the City of Las Cruces Risk Management Section in reporting injuries, accidents, and other safety-related data in order to reduce and minimize workplace safety hazards.

APPLICABILITY

This General Order is applicable to all employees. This General Order supersedes all previous versions.

REFERENCES

- NMML ADM.12.01
- Occupational Health and Safety Act (OSHA), Sections 50-9-1 through 50-9-25, NMSA 1978
- City Manager Policy (CMP) 8.2, Risk Mitigation Policy
- Current contract between the City of Las Cruces and the Las Cruces Police Officers' Association
- General Order 120 Bloodborne Pathogens

DEFINITIONS

Risk Management – includes programs to address loss prevention, risk finance, claims administration, safety, workers' compensation, drug and alcohol policy, and general management of these programs. Risk management does not include risks incurred due to tactical engagements commonly encountered by police. These risks are addressed in individual operations plans and training.



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117.01 EMPLOYEE ON-THE-JOB INJURIES OR ACCIDENTS

- A. The LCPD follows City policy concerning risk mitigation and reporting of on-the-job injuries and accidents. The department uses the Notice of Accident form provided by the NM Workers' Compensation Administration (Workers' Comp) and the internal Notice of Job Injury, Illness or Property Damage form to report employee injuries and accidents through the chain of command to Risk Management.
- B. Risk Management coordinates any medical care that the employee may need and assists the employee with managing his/her recovery. Supervisors shall have an employee transported to a medical care facility when necessary and contact Risk Management as soon as possible to report the injury.
- C. When an employee is involved in an accident that results in damage to City property or private property, the supervisor shall immediately notify Risk Management. Risk Management shall determine whether or not they will respond to the scene.
- D. If the employee is injured or complains of an injury the Workers' Comp Notice of Accident shall be filled out and properly forwarded through the chain of command.
- E. Any person that wishes to report an injury or accident that they believe was the fault of City employee shall be directed to contact Risk Management. City employees shall not admit fault or make statements regarding fault to any member of the public.
- F. Exposure to bloodborne pathogens shall be reported following the guidelines set forth in General Order 120 Bloodborne Pathogens.

117.02 RISK MANAGEMENT REPORTS

Risk Management keeps track of injury and accident reports and analyzes the collected information on losses and exposures to risk to prevent employee injuries and liability exposure. Risk Management documents and reports to the Chief of Police or his/her designee on risk patterns and trends to prevent injuries and accidents through monthly Safety Committee Meetings.

117.03 RISK MANAGEMENT SAFETY COMMITTEE MEETINGS

The Chief of Police or his/her designee shall attend monthly Risk Management Safety Committee Meetings. The department will share safety concerns and mitigation strategies as well as participate in the Risk Manager's overall safety plan and goals.



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117.04 RISK ANALYSIS

A. Risk analysis data is collected from the following:

1. Notice of Job Injury, Illness or Property Damage
2. CLC Near Miss Accident Reporting Form
3. Worker's Compensation Claims
4. Litigation analysis
5. Accident Reports involving department fleet vehicles
6. Complaints

117.05 ATTACHMENTS

ATTACHMENT A: NM Workers' Compensation Administration Notice of Accident or Occupational Disease Disablement
(Front & Back of form)

ATTACHMENT B: City of Las Cruces Notice of Job Injury, Illness or Property Damage

ATTACHMENT A: NM Workers' Compensation Administration
Notice of Accident or Occupational Disease Disablement

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT
NOTIFICACION DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29 and Section 52-3-19, NMSA 1978
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29 y Sección 52-3-19, NMSA 1978

I, _____, was involved in an on-the-job accident or was disabled
Yo, (name of employee/nombre del empleado) me lastimé en un accidente en el trabajo o fui incapacitado

by an occupational disease at approximately _____, on _____, 20____.
por enfermedad de oficio aproximadamente (time/la(s) hora(s)) el (date/fecha) del 20____.

Employee's social security number: _____ . Where did the accident occur? _____
Número de suguro social del empleado: ¿Dónde ocurrió el accidente?

What happened? _____
¿Qué ocurrió?

Signed: _____
Firma: (employee/empleado)

Date: _____
Fecha:

Signed/Notice Received: _____
Firma / Notificación recibida:

(employer or representative/empleador o representante)

Date: _____
Fecha:

Form NOA-1 (3/07)

Employer/employee: Each keep one copy.
Empleador/empleado: Retener una copia.

--SEE BACK OF THIS FORM--
--VER AL REVERSO DE ESTA FORMA--

Worker --

For emergency medical care, go to any emergency medical facility.
For medical care that is not an emergency, get instructions from your supervisor on where to go for medical care.

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.

Trabajador

Para emergencias médicas vaya a cualquier clinica / hospital.
Para tratamiento médico que no sea emergencia, obtenga instrucciones de su supervisor para que le indique a donde ir para obtener asistencia médica.

Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.

Statewide Helpline -- Línea de Asistencia

1-866-WORKOMP / 1-866-967-5667

toll free -- llamada sin costo de larga distancia

New Mexico Workers' Compensation Administration

PO Box 27198, Albuquerque, NM 87125

Albuquerque: 841-6000 - 1 (800) 255-7965
Farmington: 599-9746 - 1 (800) 568-7310
Las Cruces: 524-6264 - 1 (800) 870-6826

Las Vegas: 454-9251 - 1 (800) 281-7889
Lovington: 396-3437 - 1 (800) 934-2450
Roswell: 623-3997 - 1(866) 311-8587

Santa Fe: 476-7381
TDD for the deaf: (505) 841-6043
www.workerscomp.state.nm.us



Report of On the Job Injury, Illness or Property Damage

Supervisor and employee will fill out and sign the report and return it to Risk Management within 2 duty days of the accident. Questions should be referred to Risk Management.

Part 1: General Information

Employee's Name		Employee ID #		Job Title	
Work Phone		Department			
Date of accident		Time of accident		Supervisor	
Weather Conditions			Lighting	<i>Sunny , Dusk, Dawn, Night , Low Light</i>	
Were photos taken?		By whom & what department?			

Place injury/illness/Property Damage occurred and description of the site:

Part 2: Name & Address of Any Witnesses

Fill out Witness Form

Witness 1: Name		Address	
Witness 2: Name		Address	
Witness 3: Name		Address	
Witness 4: Name		Address	

Part 3: Injury / Illness

Yes *If yes, fill out half sheet Notice of Accident (form NOA-I)*
 No

Did the employee receive medical attention?

Yes *If yes, the employee must report to the Human Resources-Worker's Compensation Coordinator*
 No

Part 4: Property Damage Description

Describe what happened and the property damage to include whether it was City and/or private property, Inventory # if City property, address and phone # of owner of the property



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Part 5: Employee Statement

In your own words describe what happened

Part 6: Injury/Illness/Property Damage Cause Determination

Describe what caused the accident and the factors and conditions that led and/or contributed to this incident

Part 7: Lessons Learned & Corrective Actions

What Lessons Learned have been noted and corrective actions should or will be implemented to insure this does not reoccur?

Part 8: Sign Off

Employee Signature		Date :	
Supervisor		Signatu re & Date	
Section Administrator		Signatu re & Date	



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		Signature	
Department Head		re & Date	
Risk Management		Signature re & Date	

ATTACHMENT B: City of Las Cruces Notice of Job Injury, Illness or Property Damage
(Continued)