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| ALAMEDA COUNTY SHERIFF'S OFFICE DETENTION AND CORRECTIONS POLICY AND PROCEDURE | NUMBER: 13.13 | PAGES: 1 of 2 |
| | RELATED ORDERS: None | |
| | ISSUED DATE: July 1, 1989 | |
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| | REVISION DATE: October 23, 2014 | |
| CHAPTER: Medical and Health Care Services | SUBJECT: Injuries to S.W.A.P. (Sheriff's Work Alternative Program) Participants | |

I. **PURPOSE:** To establish policy and procedure regarding injuries occurring to the Weekender Work Program/Work-In-Lieu participants on the premises of the Detention and Corrections facilities.

II. **POLICY:** When injuries occur to S.W.A.P. participants, personnel will submit an Inmate Injury Report and forward it to the Sheriff's Work Alternative Program Community Reentry Center (CRC)/QIC 23101). This policy coincides with current directives from CRC.

III. PROCEDURE:

A. **EMERGENCIES:** If the injury is an emergency, the on-site supervisor will contact Central Control/Control Point-1 (CP-1) to initiate emergency protocol. The hospital utilized is determined by the facility medical staff and/or EMS protocol. Medical bills will be forwarded directly to the County's Worker Compensation Claims Carrier; York Risk Services Group.

B. **NON-EMERGENCY INJURIES:**

1. The on-site supervisor shall first transport an injured worker to the Main Clinic for an assessment, to determine whether the injury may be treatable on site.
2. If the facility medical staff is unable to treat the injury, the injured worker shall be referred to the nearest hospital.
3. The injured worker has the option of choosing his or her own physician. In exercising this option, the worker becomes responsible for payment of the medical expenses. Neither the Detention and Corrections facility job site; the Sheriff's Office, or Alameda County, shall assume responsibility for an injury claimed by a participant in the S.W.A.P. participants who failed to report the alleged injury to the job-site supervisor at the time of the accident.

C. INMATE STATEMENTS:

1. Participants in the S.W.A.P. are required to sign statements of advisement, to wit:
 - a. “At the time of your interview, you are required to state any medical problems or disabilities which would impair your participation in this type of program. If you fail to notify the program officer of such problems, and you are injured on the job site as a result of such problems, Alameda County, the Sheriff’s Office, nor the job site to which you are assigned will be responsible for any medical costs incurred.”
 - b. “If you are injured on the job site, notify the supervisor immediately. If they are unable to care for the injury at the site, the supervisor will refer you to their medical facility. If taken to Highland, present your identification card.”
 - c. “While participating in the program, you also have the option of seeking medical care from your own physician. If you choose to see your own doctor, you will be responsible for paying your own medical expenses.”
 - d. “Alameda County, the Sheriff’s Office, and the job site to which you are assigned will not be responsible for any injuries claimed by a participant who did not report to the supervisor at the time of the accident. Once you leave the job site we have no way of knowing how or when your injury occurred.”
2. The foregoing statement is acknowledged and signed by the participant, and is kept on file at the Community Reentry Center.