

<b>ALAMEDA COUNTY SHERIFF'S OFFICE</b>  <b>DETENTION AND CORRECTIONS</b>  <b>POLICY AND PROCEDURE</b>	<b>NUMBER:</b> 19.08	<b>PAGES:</b> 1 of 2
	<b>RELATED ORDERS:</b> None	
	<b>ISSUED DATE:</b> July 1, 1989	
	<b>REVIEW DATE:</b> October 23, 2015	
	<b>REVISION DATE:</b> May 01, 2013	
<b>CHAPTER:</b> Sheriff's Work Alternative Program	<b>SUBJECT:</b> Injuries to S.W.A.P. (Sheriff's Work Alternative Program) Participants	

- I. **PURPOSE:** To establish policy and procedure regarding injuries occurring to Weekender Work Program/Work-In-Lieu participants.
- II. **POLICY:** It is the policy of the Sheriff's Office that when a Sheriff's Work Alternative Program (SWAP) participant is injured at an Alameda County Sheriff's Office (ACSO) job site, Sheriff's Office personnel from the duty station where the participant was injured will document the incident in an Inmate Injury report, and a Workers' Compensation report (5020). If the SWAP participant is injured at a contracted non-ACSO job site, that contractor will file a Worker's Compensation report (5020) and SWAP personnel will document the incident in an Inmate Injury report.
- III. **PROCEDURE:** For injured SWAP participants, the following procedures shall be followed:
- A. Sheriff's Office staff where the SWAP participant was injured will follow the Workers' Compensation reporting procedures outlined in Attachment "A" the same day the injury occurred.
  - B. Sheriff's Office staff where the SWAP participant was injured will complete an Inmate Injury/Incident report the same day the injury occurred.
  - C. Personnel responsible for completing the Inmate Injury/Incident and the Workers' Compensation reports shall forward copies of both reports to the Sheriff's Work Alternative Program Unit as soon as possible.
  - D. **INMATE STATEMENTS OF ADVISEMENTS:**
    - 1. Participants in the SWAP 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 SWAP office.