

**WORKERS' COMPENSATION PROCEDURES
SHERIFF'S WORK ALTERNATIVE PROGRAM (SWAP) AND
SHERIFF'S WORK IN-LIEU PROGRAM**

BACKGROUND

The Sheriff's Office Work Alternative Program (SWAP) and the Sheriff's Work In-Lieu Program are "alternatives to jail" work programs. Participants in SWAP are referred to the Sheriff's Office by the Superior Courts of California. Participants in the Work In-Lieu Program are inmates who have applied to the program, have less than 30 days remaining in their sentence, and are carefully screened. These two programs are designed to facilitate the rehabilitation process by allowing these participants to perform productive work for a specified length of time instead of serving time in the County jail.

All participants are assigned to work at a specific location and must complete the entire length of time of their assignment in order to receive credit for County jail time. Should any participant miss any workdays, he/she may be terminated from the program and could receive no credit for jail time served.

PROCEDURE

When a participant is injured while on an assignment, the following procedures should be followed:

1. Medical Care. The Supervisor of the Agency/Department where the injured person is working should immediately assess the situation and provide the appropriate level of medical care.
 - If the injury is minor and the injured participant does not want immediate medical attention, the supervisor should provide first aid and document the incident.
 - If the injury is moderate or the injured participant requests medical attention, the supervisor should provide first aid and then make arrangement to transport the participant to the nearest Designated Workers' Compensation Medical Facilities. Do NOT send injured workers to the Alameda County Medical Center or Highland Hospital for non-emergency treatment.
 - If the injury is **serious**, call 9-1-1 immediately and provide first aid if needed.

NOTE:

If the participant requires in-patient hospitalization, suffers a loss of any member of the body, or suffers any serious degree of permanent disfigurement, Cal/OSHA must be notified within eight (8) hours of that knowledge.

- For SWAP program, the supervisor shall immediately notify Risk Management of the incident at 510-272-6920. Risk Management will notify Cal/OSHA.
- For Work In-Lieu program, the supervisor shall immediately notify the Sheriff's Office Workers' Compensation Unit, who shall then notify Risk Management at 510-272-6920. Risk Management will notify Cal/OSHA.

However, if the Agency/Department supervisor is unable meet the required timeframe, the supervisor or the Sheriff's Office Workers' Compensation Unit shall contact Cal/OSHA directly to report the serious injury at 510-622-2916.

2. Documentation. Within 24 hours of the incident, the Supervisor should do the following:
 - A. Provide the injured participant with the following:

- FACTS Brochure for SWAP and In-Lieu Workers
- DWC-1 Form (Notice of Workers' Compensation Claim)
- County of Alameda Designated Medical Facilities list
- Express Scripts Form (only if injured participant has seen a doctor and was prescribed medication)

B. Complete the following:

- Form 5020 (Employer's Report of Occupational Injury or Illness)
- Supervisor's Investigation of Employee Injury Form
- Witness Statement Form (have the witness complete this form)

C. Return the documents:

For SWAP participants, the supervisor of the Agency/Department should submit all of the above forms preferably within five (5) working days, as follows:

- Fax all documents to the County's TPA, York Risk Services Group, Inc., at 866-548-2637
- Send copies to Deputy A. Hoang, ACSO SWAP Office, QIC 23101
- Send copies to the Agency/Department Workers' Compensation Disability Office. For GSA, documents should be sent to Dimitria Jackson, QIC 26021
- Send copies to the Sheriff's Office Workers' Compensation Unit, QIC 26018

For Work In-Lieu participants, the supervisor should submit the above forms within 24 hours of the incident to the Sheriff's Office Workers' Compensation Unit, QIC 26018. Any questions or concerns should be directed to Deputy Kevin Kilgore, ACSO Work In-Lieu Office, QIC 80501

3. Medical Clearance. It is the injured participant's responsibility to submit written medical clearance to his/her assigned supervisor prior to returning to work. The supervisor will then forward the clearance to the SWAP or Work In-Lieu office for review.

Upon receipt of the medical clearance, the SWAP Office or In-Lieu Office will:

- Notify the supervisor of any decision to return the participant to their assignment
- FAX a copy of the medical clearance and determination to the County's TPA, York Risk Services Group, Inc. at 866-548-2637
- If the participant is unable to return to work to complete the assignment, the office will refer the participant back to the appropriate referral agency

INSTRUCTIONS FOR COMPLETING THE FORMS

1. Supervisor should use the actual assigned work site location address, supervisor's name, and assigned Agency/Department on the workers' compensation claims forms.
2. On the Form 5020:
 - The supervisor of the Agency/Department must complete the entire form, sign and date it
 - For "Occupation", please indicate "SWAP" or "Work In-Lieu"
 - For "Location Codes"
 - Org 1 should be 79999, "Quasi-employees"
 - Org 2 should be 79906, "SWAP / Work In-Lieu Workers"
 - Org 3 should be 7903, "Any location, except Caltrans and Fairgrounds"
3. On the DWC-1 form:
 - The injured participant must complete, sign and date the Employee's section. (The supervisor cannot complete the Employee's Section for the injured worker)
 - The supervisor must complete, sign and date the Employer's section
 - A copy of the completed form should be given to the injured worker
4. Supervisor's Investigation of Employee Injury form: The supervisor must complete, sign and date this form
5. Witness Statement form: The Supervisor must identify and provide Witness Statement forms to all witnesses. All witnesses must complete, sign and date this form
6. All forms should be sent to the following parties:
 - a. For SWAP Program
 - i. County's TPA, York Risk Services Group, Inc.
 - ii. SWAP Office
 - iii. Agency/Department's Workers' Compensation Disability Office
 - iv. ACSO Workers' Compensation Office
 - b. For In-Lieu Program
 - i. In-Lieu Office
 - ii. ACSO Workers' Compensation Office

The following workers' compensation forms and documents are available at http://www.acgov.org/cao/rmu/programs/workers_comp/index.htm

- FACTS Brochure for SWAP or In-Lieu Workers (click "Resources for Injured Employees")
- DWC-1, Workers' Compensation Claim form (click "Resources for Injured Employees")
- Form 5020, Employer's Report of Occupational Injury or Illness ("click Resources for Supervisors and Managers")
- Express Scripts form for prescriptions (click "Resources for Injured Employees")
- List of Designated Medical Facilities (click "Resources for Injured Employees")
- Supervisor's Investigation of Employee Injury form (click "Resources for Supervisors and Managers")
- Witness Statement form (click "Resources for Supervisors and Managers")