



*Kern County Sheriff's Office*  
**Policies and Procedures**

<b>TITLE: WORKPLACE VIOLENCE POLICY</b>		<b>NO: N-100</b>	
<b>APPROVED: Donny Youngblood, Sheriff-Coroner</b>			
<b>EFFECTIVE:</b> January 11, 2000	<b>REVIEWED:</b> 05/04/2018	<b>REVISED:</b> 03/01/2007	<b>UPDATED:</b> 05/04/2018

**POLICY**

Pursuant to the Kern County Administrative Procedures Manual Chapter 1, Section 149, "Violence and threats of violence in County workplaces are unacceptable and will not be tolerated." The Kern County Sheriff's Office is committed to providing a safe work environment. All employees must realize there is "zero" tolerance for any type of violent or threat related activities.

This policy includes threats and violent behavior, direct, indirect, perceived or actual, from any person, and directed toward any person, occurring at any department facility or in connection with the conduct of department business without regard to location. In addition, this policy includes any threats or violence as described above by a department employee on another department employee.

**DIRECTIVE A**

Any employee or non-employee who threatens or commits violence in a department workplace shall be subject to criminal prosecution. Additionally, any employee who threatens or commits such violence in a department workplace shall be subject to appropriate disciplinary action up to and including termination.

**DIRECTIVE B**

Other county agencies may communicate with the Sheriff's Office when threats or violent behavior incidents occur in their workplaces. Law enforcement personnel will handle these occurrences in the same manner as any other threat situation where law enforcement intervention is required. This will include the documentation of the incident by a crime/incident report.

The reporting of any injuries due to a workplace violence incident will be completed as outlined in the Kern County Sheriff's Office Policy and Procedure Manual, Section N-200.

**DIRECTIVE C**

Employees, supervisors and managers shall report any injuries suffered in a workplace violence incident as outlined in the Sheriff's Office Policy and Procedure covering accident reporting, Section N-200.

## **DIRECTIVE D**

Employees of the Kern County Sheriff's Office will not engage in:

- Possessing an unauthorized weapon in state or local public buildings or public meetings in violation of Penal Code Section 171b.
- Committing an assault or battery, including a sexual assault or battery.
- Threatening to use or using a weapon in an illegal manner.
- Engaging in horseplay, hazing or any other behavior that unreasonably risks the safety of another.
- Stalking another person.
- Accosting or harassing another person, either face-to-face, by telephone, fax, mail, e-mail, or other form of communication.
- Any threats.
- Possession of a weapon in the workplace without approval of the Sheriff, Undersheriff or Chief Deputy.

All Sheriff's Office employees will:

- Immediately report to your immediate supervisor any incident of workplace violence or threat of workplace violence.
- Fill out the County of Kern Workplace Violence or Threat Incident report (Exhibit A attached) within one hour of the incident if feasible, or as soon as practical.
- Generally, make every reasonable effort to remove themselves from any situation in which workplace violence may occur. For law enforcement and facility security personnel, this does not preclude the taking of law enforcement or facility security intervention as necessary.
- Provide any necessary input to their supervisor regarding potential hazards at their work site.

N-100-2

<b>EFFECTIVE:</b> January 11, 2000	<b>REVIEWED:</b> 05/04/2018	<b>REVISED:</b> 03/01/2007	<b>UPDATED:</b> 05/04/2018
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All Sheriff's Office supervisors of reporting employees will:

- Review the incident and incident report with the reporting employee to determine if any immediate action needs to be taken. In the additional comment section of the incident report list any mitigation steps taken or steps that should be taken.
- Fax or deliver the Workplace Violence or Threat Incident report to the Risk Management Division of County Counsel (Fax # (661)868-3875) and to the Sheriff's Office Risk Management Analyst (Fax # (661)392-4388). This will be done within one hour, if feasible, or if not, as soon as practical after the report is completed by the employee.
- Forward the original report through the chain of command to the commander or lieutenant of the appropriate division.

All Sheriff's Office commanders and division managers who receive reports of workplace violence or threats will:

- Complete the County of Kern Workplace Violence or Threat Mitigation report (Exhibit B attached) for each incident. This report describes any actions necessary to deal with the incident.
- Forward a copy to the Chief Deputy in charge of the bureau in which the incident occurred.
- Fax or deliver this report within five working days of the incident to the Risk Management Division of County Counsel (Fax # (661)868-3875).
- Forward or fax a copy to the Sheriff's Office Risk Management Analyst (Fax # (661)392-4388).
- If necessary, coordinate and/or assign any mitigating steps to be taken as a result of the incident.

N-100-3

<b>EFFECTIVE:</b> January 11, 2000	<b>REVIEWED:</b> 05/04/2018	<b>REVISED:</b> 03/01/2007	<b>UPDATED:</b> 05/04/2018
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## Kern County Sheriff's Office

# Policies and Procedures

TITLE: REPORTING A WORK-RELATED INJURY OR ILLNESS		NO: N-200	
APPROVED: Donny Youngblood, Sheriff-Coroner			
EFFECTIVE: September 15, 1993	REVIEWED: 05/11/2018	REVISED: 09/15/1993	UPDATED: 05/11/2018

## POLICY

Employees injured or ill due to a work-related incident shall immediately notify the supervisor of the work site where the injury or illness occurred. Even apparent slight injuries will be reported.

**The filing of a false claim is a violation of law.** Any person who makes or causes to be made any knowingly false or fraudulent statement or material representation for the purpose of obtaining or denying Workers' Compensation benefits or payments is guilty of a felony. **The office will aggressively investigate any suspected false or fraudulent claim.**

The Labor Code provides that the employer may direct medical treatment for the first 30 days following an injury. Employees injured, ill or exposed to an infectious or hazardous material must seek treatment from a listed facility or from any emergency room, in an emergency. Failure to seek treatment at a listed facility may result in the employee being liable for the costs of treatment. Employees may be treated by their personal physician if prior notification is made to the department. Such notification will be made on the Employee Predesignation of Personal Physician form before the date of injury or illness. The form is available from the employment services clerk in the Human Resources Division. No employee will make a recommendation as to which doctor or medical facility the injured or ill employee should utilize.

## DIRECTIVE A

Supervisors who learn (from any source) of an alleged work-related injury or illness to an employee that has not been reported, will initiate the reporting procedure immediately including offering the employee a claim for Workers' Compensation Claim Form (DWC-1).

The supervisor of the work site where the injury or illness occurred will ensure the appropriate forms are completed and submitted before the end of the shift in which the incident occurred. The forms must be forwarded without delay to meet mandated reporting requirements.

There are several stations or sections where employees work during hours when a supervisor is not on duty. Supervisors in charge of those stations or sections will have a procedure in place directing employees how to report a work-related injury or illness. The appropriate forms should be completed and submitted before the end of the shift in which the incident occurred. In any event, the forms will be completed the next workday.

In the case of death or hospitalization of the employee(s), the Sheriff's Office Risk Management Analyst will be notified immediately. The Sheriff's Office Risk Management Analyst will, when

appropriate, notify the California Division of Occupational Safety and Health. This responsibility cannot be assumed by another member of the department without prior approval of the Chief Deputy, Undersheriff or Sheriff-Coroner. In such a case, the Sheriff's Office Risk Management Analyst should be consulted before notification.

**DEFINITION - For the purposes of this section:**

- “First Aid” means any one-time treatment of minor scratches, cuts, burns, splinters, and so forth, which do not require the services of a physician but may include minor injuries that are treated by the jail medical staff and;
- “Lost Time” means absence from work for a full day or shift beyond the date of injury or illness.

**FIRST AID ONLY PROCEDURE**

**EMPLOYEES** injured or ill due to a work-related incident who **HAVE NOT** sought medical treatment beyond first aid or **HAVE NOT** lost time beyond the date of injury will:

- Notify their supervisor of the incident and the injury/illness;
- Complete a Crime or Incident Report detailing the facts of the injury/illness.
  - If the injury/illness occurred together with another incident, a separate case number will be used for the injury/illness incident report. The case number of the originating incident will be listed in the details of the report.
  - The incident report will list only the facts of how the employee received the injury/illness. Names of any suspects, victims or any other information not directly related to the injury/illness will not be included in the report.
  - If the employee's normal duties do not include writing reports, the immediate supervisor will ensure the task is delegated to an appropriate person.
- Give the completed report to their supervisor as directed, but no later than the end of the shift in which the incident occurred.

**SUPERVISORS** of employees who **HAVE NOT** sought medical treatment beyond first aid or **HAVE NOT** lost time beyond the date of injury will:

- Thoroughly investigate the incident including interviewing witnesses, visiting the scene of the incident and gathering and preserving evidence;
- Report any safety hazards, unusual circumstances and violations of policy, procedure and standard practices;
- Ensure the employee submits the Crime or Incident report before the end of the shift in which the incident occurred;

- Complete the SUPERVISOR'S INVESTIGATION REPORT form as outlined in Section N-220 (Pas 580 1151 395-5050 (Rev. 1/03) (Attached Exhibit A-3);
- Review the report and applicable form(s) and write the case number in the top right corner of the form(s);
- Place a copy of the forms in a sealed envelope. Mark the envelope "Confidential" and forward it to the division commander or lieutenant for their information;
- Fax a copy of the forms to the Sheriff's Office Risk Management Analyst at # (661)392-4388 and route the original Crime or Incident report to Crime Reports;
- Place the original forms with a copy of the Crime or Incident report in a 9 x 12 sealed envelope. Mark the envelope "Confidential" and address it to the Sheriff's Office Risk Management Analyst, Building D, Headquarters Facility, Norris Road.
- Forward the forms to the Sheriff's Office Risk Management Analyst by the most expedient means available; the original forms must reach the Sheriff's Office Risk Management Analyst within three (3) business days.

### **MEDICAL TREATMENT/LOST WORK TIME PROCEDURE**

**EMPLOYEES** injured or ill due to a work-related incident who **HAVE** sought medical treatment beyond first aid or **HAVE** lost time beyond the date of injury will:

- Notify their supervisor of the incident:
  - Extent of the injury/illness;
  - When and where they are seeking medical treatment;
  - If they expect to be absent from work beyond the date of injury.
- Complete an incident report detailing the facts of the injury/illness.
  - If the injury/illness occurred together with another incident, a separate case number will be used for the injury/illness incident report. The case number of the originating incident will be listed in the details of the report.
  - The incident report will list only the facts of how the employee received the injury/illness. Names of any suspects, victims or any other information not directly related to the injury/illness will not be included in the report.
- If the employee's normal duties do not include writing reports, the immediate supervisor will ensure the task is delegated to an appropriate person.
- Complete the "Employee" section of the WORKERS' COMPENSATION CLAIM FORM (DWC-1) as outlined in section N-230 (7/1/04 Rev.) (Attached Exhibit A-6);
- Give the completed report to their supervisor as directed, but no later than the end of the shift in which the incident occurred.

**SUPERVISORS** of employees who **HAVE** sought medical treatment beyond first aid or **HAVE** lost time beyond the date of injury will:

- Thoroughly investigate the incident including interviewing witnesses, visiting the scene of the incident, gathering and preserving evidence;
- Report any safety hazards, unusual circumstances and violations of policy, procedure and standard practices.
- Provide the employee with the WORKERS' COMPENSATION CLAIM FORM DWC-1 (7/1/04 Rev.) (Attached Exhibit A-4,5,6);
- Complete the employer's section of the WORKERS' COMPENSATION CLAIM FORM DWC-1 (7/1/04 Rev.) (Attached Exhibit A-6) if/when the form is returned as outlined in Section N-230;
- Complete a REQUEST FOR MEDICAL SERVICE - INDUSTRIAL INJURY (revised 9/19/2006) (Attached Exhibit A-8,9) form as outlined in Section N-240. Give the white original to the injured/ill employee;
- Complete a SUPERVISOR'S INVESTIGATION REPORT (Pas 580 1151 395-5050 Rev. 1/03) (Attached Exhibit A-3) form as outlined in Section N-220;
- Complete a State of California EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS (Form 5020 (Rev 7) June 2002) (Attached Exhibit A-7) as outlined in Section N-210;
- Review the report and applicable forms and write the case number in the top right corner of the forms;
- Place a copy of the forms in a sealed envelope. Mark the envelope "Confidential" and forward it to the division commander or lieutenant;
- Fax a copy of the forms to the Sheriff's Office Risk Management Analyst at # (661)392-4388 and route the original Crime or Incident report to Crime Reports;
- Place the original forms with a copy of the Crime or Incident report in a 9 x 12 sealed envelope. Mark the envelope "Confidential" and address it to the Sheriff's Office Risk Management Analyst, Building D, Headquarters Facility, Norris Road;
- Forward the forms to the Sheriff's Office Risk Management Analyst by the most expedient means available; the original forms must reach the Sheriff's Office Risk Management Analyst within three (3) business days.



*Kern County Sheriff's Office*  
**Policies And Procedures**

<b>TITLE: EMPLOYER'S REPORT OF OCCUPATIONAL INJURY FORM NO: N-210</b>			
<b>APPROVED: Donny Youngblood, Sheriff-Coroner</b>			
<b>EFFECTIVE:</b> September 15, 1993	<b>REVIEWED:</b> 06/01/2007	<b>REVISED:</b> 03/01/2007	<b>UPDATED:</b> 03/07/2008

**POLICY**

The EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS form is used to report an occupational injury or illness to the State of California via Risk Management.

Attached is a copy of an EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS form (Form 5020 (Rev7) June 2002) (Attached Exhibit A). The following guidelines will be used to complete the form:

**LINE #**

1. Should read "County of Kern".
  - 1a. Leave this space blank.
2. Should read "1115 Truxtun Avenue, Bakersfield, CA 93301".
  - 2a. Should read County of Kern Workers' Compensation Services phone number (661) 868-3801.
3. List the name and address of the Sheriff's Office facility or station where the injured or ill employee is assigned.
  - 3a. Leave this space blank.
4. Should read "County Government."
5. Leave this space blank.
6. COUNTY box should have a "✓" in it.
7. List the date of injury or onset of illness.
8. List the time injury/illness occurred.
9. List the time the injured/ill employee started the shift in which the incident occurred.
10. If the employee died as a result of the incident, list date of death.
11. If the employee missed a full day beyond the date of the injury/illness due to the work related incident check the "Yes" box. If not, check the "No" box.
12. If the employee missed a full day beyond the date of the injury/illness, list the last



- date worked. If the employee did not miss work, write “N/A”.
13. If the employee missed work, list the date they returned. If they did not miss work, write “N/A”.
  14. Check the box if the employee is still off work. If not, leave the box blank.
  15. If the employee received full pay for the last day worked or for the day of the injury or illness, check the “Yes” box. In most cases, when an employee seeks medical treatment during a shift immediately after an injury or illness, they are compensated at regular pay for the remainder of the shift. If not, check the “No”  box.
  16. If the employee is eligible for benefits under Labor Code Section 4850 (Safety Members) check the “Yes” box. For other others check the “No” box.
  17. List the date the Office first learned that the injury/illness resulted in medical treatment beyond first aid or lost time beyond the date of injury or illness.
  18. List the date the employee was provided the employee claim form, per Section N-230.
  19. Describe the injury or illness. It is appropriate to list the description as stated by the employee or as diagnosed by a physician. List the part of the body affected.
  20. List the location where the incident occurred. Be specific.
    - 20a. List the county in which the incident occurred.
  21. If the injury/illness occurred on any Office premises, check “Yes”. If not, check “No”.
  22. List the name of the facility or station area in which the incident occurred. (Metropolitan Patrol, Wasco Substation, Pre-Trial Facility, etc.)
  23. If other employees were injured or ill in the same incident, check “Yes”. If not, check “No”.
  24. List the equipment, materials and chemicals the employee was using when the incident occurred
  25. Describe the activity the employee was performing when the incident occurred.
  26. Describe how the incident occurred. Describe the sequence of events. It is appropriate in some cases to begin the description with employee claims or employee stated. Be specific; include sufficient details; attach additional page if necessary. Do not refer to another document in lieu of completing this section.
  27. List the name of the physician who treated the employee as a result of this incident.
    - 27a. List the phone number of the physician.
  28. List the name and address of the hospital if the employee was hospitalized as a result of this incident.
    - 28a. List the phone number of the hospital.

N-210-2

<b>EFFECTIVE:</b> September 15, 1993	<b>REVIEWED:</b> 06/01/2007	<b>REVISED:</b> 03/01/2007	<b>UPDATED:</b> 03/07/2008
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29. If employee was treated in the Emergency Room, check appropriate box.
30. List the name of the injured/ill employee.
31. List the Social Security Number of the injured/ill employee.
32. List the employee's date of birth.
33. List the employee's home address.
  - 33a. List the employee's home phone number.
34. Place an "X" in the appropriate box for male or female.
35. List the job classification of the employee. (Deputy Sheriff, Office Services Technician, Detentions Deputy, etc.)
36. List the employee's date of hire.
37. List the hours regularly worked per day, the number of days per week and the total weekly hours.
  - 37a. Check employment status; full time, part time, temporary (extra-help).
  - 37b. List the Budget Unit Code 2210.
38. List the bi-weekly or hourly wages.
39. This information is used to determine disability payments. If the employee is eligible for benefits under Labor Code Section 4850 (Safety Members: deputy sheriff, detentions deputies, etc.), the information is not needed, check the "No" box. For ALL OTHERS, check the "Yes" box if appropriate.

Type or print the name of the supervisor completing the form.

Signature and title of supervisor completing the form.

Title of supervisor completing the form.

Date form was completed.

End of form.

N-210-3

<b>EFFECTIVE:</b> September 15, 1993	<b>REVIEWED:</b> 06/01/2007	<b>REVISED:</b> 03/01/2007	<b>UPDATED:</b> 03/07/2008
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*Kern County Sheriff's Office*  
**Policies and Procedures**

TITLE: SUPERVISOR'S INVESTIGATION REPORT		NO: N-220	
APPROVED: Donny Youngblood, Sheriff-Coroner			
EFFECTIVE: September 15, 1993	REVIEWED: 05/11/2018	REVISED: 1/22/2009	UPDATED: 05/11/2018

**POLICY**

The **SUPERVISOR'S INVESTIGATION REPORT** form is used to detail the results of a supervisor's investigation into all reported work-related accidents, injuries, illnesses, or exposures to infectious or hazardous material, to the Sheriff's Office and the County. Do **not** use this form for non-injury vehicle accidents.

The **SUPERVISOR'S INVESTIGATION REPORT** form is also used to document any work-related injury or illness when there is **NO** medical treatment beyond first aid and **NO** lost time beyond the date of injury to the Sheriff's Office and the County.

Attached is a copy of a **SUPERVISOR'S INVESTIGATION REPORT** form (Exhibit A) with each line numbered. The following guidelines will be used to complete the form:

**LINE #**

1. Enter the **name of the employee** involved in the incident.
2. Enter the **date of birth** of the employee involved.
3. Enter employee's **County ID#**, (the number starting with "999").
4. Indicate the **gender** of the employee.
5. Enter the Sheriff's Office address of: **1350 Norris Rd. Bakersfield, CA 93308** (if not already listed).
6. Enter the Sheriff's Office phone number of **(661) 391-7500** (if not already listed).
7. Document the **date and time the injury occurred** and the **date and time the injured employee began his/her shift**.
8. The department is the **Kern County Sheriff's Office** (if not already listed).
9. Enter the **job title of the employee involved**.
10. Document the **nature and extent of the injury**.
11. State what **activity the employee was involved in** at the time of injury.
12. State whether or not the employee **sought treatment with a doctor/hospital – Yes or No**.

13. State whether or not the employee was able to **complete his/her shift – Yes or No.**
14. State whether or not the employee went to the **Emergency Room for treatment – Yes or No.**
15. State whether or not the employee was made an **inpatient and hospitalized overnight – Yes or No.**
16. Enter the **name and address of the hospital** where the employee was treated.
17. **Leave blank** as you are not going to know how many days, if any, the employee will be off from work due to his/her illness or injury.
18. This section provides **boxes for you to select.** Look at the various lists, find the most appropriate box and enter a check mark. If nothing seems appropriate, use the box at the bottom of the list and write in the appropriate response on the line adjacent to the box.
19. State the **location of the accident** and **detail what occurred.**
20. List the **name(s) of any witness(es) to the incident or accident.**
21. State the **cause of the incident or accident.**
22. List what **corrective action** was taken, will be taken, or is recommended, to prevent this from happening again.
23. The Supervisor prints his/her name, then **signs and dates** when the form was completed.
24. The Department Head may enter his/her concurrence/comments.
25. The Department Head prints his/her name, then signs and dates when he/she has reviewed the findings of the report.

End of form.

N-220-2

<b>EFFECTIVE:</b> September 15, 1993	<b>REVIEWED:</b> 1/22/2009	<b>REVISED:</b> 1/22/2009	<b>UPDATED:</b> 1/22/2009
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**Kern County Sheriff's Office**  
**Policies and Procedures**

<b>TITLE: EMPLOYEE'S CLAIM FOR WORKER'S BENEFITS FORM</b>		<b>NO: N-230</b>	
<b>APPROVED: Donny Youngblood, Sheriff-Coroner</b>			
<b>EFFECTIVE:</b> September 15, 1993	<b>REVIEWED:</b> 05/11/2018	<b>REVISED:</b> 03/01/2007	<b>UPDATED:</b> 05/11/2018

**POLICY**

The State of California WORKERS' COMPENSATION CLAIM FORM (DWC-1) must be given to any employee who seeks medical treatment beyond first aid or has lost time beyond the date of injury. The form must be provided to the employee in person or by mail within 24 hours of the employer learning from any source of the injury/illness that resulted in medical treatment beyond first aid or lost time beyond the date of injury.

Attached is a copy of a State of California WORKERS' COMPENSATION CLAIM FORM (DWC-1) (7/1/04 Rev.) (Exhibit A). The following guidelines will be used to complete the form:

“EMPLOYEE” Section, completed by injured or ill employee;

LINE #

1. List the name of the employee submitting the claim and the current date.
2. List the home address of the employee submitting the claim.
3. List the city, state and zip code of the employee submitting the claim.
4. List the date and time the injury occurred.
5. List the address or describe the place where the injury occurred.
6. Describe the injury and the part of the body affected. Be specific.
7. List the Social Security number of the employee submitting the claim.
8. Signature of the employee submitting the claim.

“EMPLOYER” Section, completed by the supervisor;

9. This space should read “County of Kern.”
10. This space should read “1115 Truxtun Avenue, Bakersfield, CA 93301.”
11. List the date the Sheriff's Office first learned of the employee injury.
12. List the date the form was provided to the employee.
13. List the date the form was received by the Sheriff's Office with the employee section completed.

14. This space should read “County of Kern - Risk Management 1115 Truxtun Avenue, 4th Floor, Bakersfield, CA 93301 (661) 868-3801.”
15. Should read, “Self-insured.”
16. Signature of the supervisor receiving the form.
17. List the title of the supervisor signing the form.
18. List the phone number of the supervisor signing the form.

End of form.

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N-230-2

<b>EFFECTIVE:</b> September 15, 1993	<b>REVIEWED:</b> 05/11/2018	<b>REVISED:</b> 03/01/2007	<b>UPDATED:</b> 05/11/2018
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*Kern County Sheriff's Office*

**Policies and Procedures**

TITLE: <b>REQUEST FOR MEDICAL INDUSTRIAL INJURY FORM</b>		NO: N-240	
APPROVED: <b>Donny Youngblood, Sheriff-Coroner</b>			
EFFECTIVE: September 15, 1993	REVIEWED: 05/11/2018	REVISED: 03/01/2007	UPDATED: 05/11/2018

**POLICY**

The REQUEST FOR MEDICAL SERVICE - INDUSTRIAL INJURY form is used to notify an employee of the medical facilities where they may seek medical treatment due to a work-related injury or illness. The form also authorizes a physician to render immediate medical treatment to the employee. The injured employee is not authorized to complete this form.

Attached is a copy of the REQUEST FOR MEDICAL TREATMENT - INDUSTRIAL INJURY form (requestmedical.doc (revised 1/18/07). Do not make recommendations as to which doctor the employee should see. The providers listed on the REQUEST FOR MEDICAL TREATMENT-INDUSTRIAL INJURY form are under contract to the County and a recommendation of one provider could be deemed as an interference with the contractual rights of the other providers. The following guidelines will be used to complete the form:

LINE #

1. List the name of the injured or ill employee.
2. List the date the injury occurred.
3. This space should read "Kern County Sheriff's Office."
4. This space has the Sheriff's Office Risk Management Analyst's phone number, (661) 391-7552, listed.
5. Signature of the supervisor completing the form.
6. Date the form was completed.

End of form.



## **Kern County Sheriff's Office Policies and Procedures**

<b>TITLE: Reporting an Infectious Material Exposure</b>			<b>NO: N-300</b>
<b>APPROVED: Donny Youngblood, Sheriff-Coroner</b>			
<b>EFFECTIVE:</b> September 15, 1993	<b>REVIEWED:</b> 10/01/2018	<b>REVISED:</b> 10/01/2018	<b>UPDATED:</b> 10/01/2018

### **POLICY**

Every employee who comes into contact, however slight, with blood or other potentially infectious material, or who was in close proximity to a subject coughing excessively, or who's coughing produces blood or substantial sputum, will immediately report it to their supervisor. Even slight exposures will be reported.

The supervisor of a potentially exposed employee will ensure the appropriate forms are completed and submitted before the end of the shift in which the incident occurred. Supervisors will also notify the Sheriff's Office Risk Management Analyst of ALL potential exposures. Notification will be made on the first weekday following the incident before 1200 hours. The exposure notification may be written or verbal. Supervisors must not assume the normal routing of exposure reporting forms will satisfy this reporting requirement.

When a supervisor is made aware of an exposure, the supervisor will ensure the procedures listed below are followed. If questions or concerns arise during this process, supervisors should seek the assistance of the Sheriff's Office Risk Management Analyst.

There are several units or sections where employees work during hours when no supervisor is on duty. Supervisors in charge of those units or sections will have a procedure in place directing employees how to report an exposure when no supervisor is on duty. The appropriate forms should be completed and submitted before the end of the shift in which the incident occurred. In any event, the forms will be completed the next workday.

If the employee is injured or ill together with the exposure, follow the reporting requirements of **REPORTING A WORK-RELATED INJURY OR ILLNESS**, Section N-200.

### **DEFINITION**

For the purposes of this section:

- "Blood Borne Exposure Incident" means a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties. In order for an exposure incident to occur there must be present:
  - A fluid or substance capable of transmitting a blood borne disease;
  - A portal of entry into the body.
- "Other Potentially Infectious Material" means human body fluids and any unfixed tissue



or organ (other than intact skin) from a human (living or dead).

- “Parenteral” means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
- “Airborne Exposure Incident” means any incident in which an employee remains in close proximity for a prolonged period of time to a suspect or confirmed infectious tuberculosis, meningitis, etc. case, without benefit of exposure control measures (dust and mist respirator - disposable mask).

## **PROCEDURE A-EMPLOYEE DUTIES**

Every EMPLOYEE who comes into contact, however slight, with blood or other potentially infectious material or who was in close proximity to a subject coughing excessively or whose coughing produces blood or substantial sputum will:

- Immediately notify his or her supervisor of the incident and describe:
  - The infectious substance;
  - The circumstances and routes of exposure;
  - The specific part of the body exposed;
  - If the employee’s skin was INTACT;
  - What personal protective equipment was used;
  - If cleaning and decontamination procedures were followed;
  - The condition and disposition of the source subject and medical history, if available.
- Complete an Incident report detailing the facts of the incident, including the information provided in the supervisor notification:
  - If the potential exposure occurred together with another incident, a separate case number will be used for reporting the exposure. The case number of the originating incident will be listed in the details of the exposure report;
  - The incident report of the exposure will list only the facts of how the exposure occurred. The name of the source individual will be listed in the report. Any other information not directly related to the exposure will not be included;
  - If the employee’s normal duties do not include writing reports, the supervisor will ensure the task is delegated to the appropriate person.
- Complete an INFECTIOUS MATERIAL EXPOSURE REPORT form as outlined in Section N-310;
- Submit the reports to the supervisor before the end of the shift in which the incident occurred.

N-300

<b>EFFECTIVE:</b> September 15, 1993	<b>REVIEWED:</b> 10/01/2018	<b>REVISED:</b> 10/01/2018	<b>UPDATED:</b> 10/01/2018
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## **PROCEDURE B-SUPERVISOR DUTIES**

The SUPERVISOR of an employee possibly exposed to an infectious material will:

- Provide and have the potentially exposed employee complete an INFECTIOUS MATERIAL EXPOSURE REPORT form;
  - Provide the employee with the BASELINE TESTING form;
  - Ensure the employee provides him or her with all required information;
  - Thoroughly investigate the incident;
    - Determine if personal protective equipment was used properly. If not, list the reason (employee did not have time, etc.).
  - Ensure the exposed employee is treated by one of the Primary Treating Physicians identified on the COUNTY OF KERN SHERIFF'S OFFICE REQUEST FOR BASELINE TESTING form;
  - Ensure the source subject is transported to Kern Medical and obtain a blood draw to be tested for communicable diseases including HIV, Hepatitis B, and Hepatitis C by one of the following methods:
    - Obtain consent from the source subject by completing the N-0300 Consent for Testing Form and have the source subject sign providing consent. A copy of the signed consent form shall be attached to the industrial injury incident report.
    - If the source subject refuses consent the supervisor shall ensure an Order for Blood Draw and Petition for Blood Draw pursuant to H&S 121060 is obtained via one of the following methods:
      1. Complete the attached Order for Blood Draw and Petition for Blood Draw templates and obtain a judge's signature. A copy of the signed Order for Blood Draw and Petition for Blood Draw shall be attached to the industrial injury incident report.
      2. Contact County Risk Management, during normal working hours, and request an Order for Blood Draw and Petition for Blood Draw pursuant to H&S 121060. County Counsel will retain the signed Order for Blood Draw and Petition for Blood Draw.
- County Risk Management  
Risk Manager: (661) 868-3808
- Follow the policy and procedure for employee exposure in the Infectious Material Exposure Control Plan;
  - Notify the Sheriff's Office Risk Management Analyst at (661) 391-7552 immediately. If not available by phone, immediate notification will be accomplished by email or FAX.

N-300

<b>EFFECTIVE:</b> September 15, 1993	<b>REVIEWED:</b> 10/01/2018	<b>REVISED:</b> 10/01/2018	<b>UPDATED:</b> 10/01/2018
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- Complete a SUPERVISOR’S INVESTIGATION REPORT form as outlined in Section N-220;
- Review the Incident report and applicable forms and write the case number in the top right corner of the forms;
- Place a copy of the forms in a sealed envelope. Mark the envelope “Confidential” and forward it to the division commander or lieutenant of the exposed employee;
- Fax a copy of the forms to the Sheriff’s Office Risk Management Analyst at (661) 391-7552 and route the original Crime or Incident report to Crime Reports.
- Place the original forms and a copy of the Incident report in a 9x12 sealed envelope. Mark the envelope “Confidential” and address it to the “Sheriff’s Office Risk Management Analyst, Building D, Headquarters Facility, Norris Road.”
- Forward the forms to the Sheriff’s Office Risk Management Analyst by the most expedient means available; the original forms must reach the Sheriff’s Office Risk Management Analyst within three (3) business days.

N-300

EFFECTIVE: September 15, 1993	REVIEWED: 10/01/2018	REVISED: 10/01/2018	UPDATED: 10/01/2018
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*Kern County Sheriff's Office*  
**Policies and Procedures**

<b>TITLE: Infectious Materials Exposure Report</b>		<b>NO: N-310</b>	
<b>APPROVED: Donny Youngblood, Sheriff-Coroner</b>			
<b>EFFECTIVE:</b> September 15, 1993	<b>REVIEWED:</b> 06/29/2018	<b>REVISED:</b> 03/01/2007	<b>UPDATED:</b> 03/12/2008

**POLICY**

The INFECTIOUS MATERIALS EXPOSURE REPORT form is used to report to the Office a potential blood borne or airborne exposure to an infectious material. The form originates from the Department and is maintained by the Sheriff's Office Risk Management Unit according to Title 8 California Code of Regulations Sections 5193.

Attached is a copy of an INFECTIOUS MATERIALS EXPOSURE REPORT form. The following guidelines will be used to complete the form:

**LINE #**

1. List the name of the exposed employee;
2. List the case number of the incident;
3. List the date the form was completed;
4. List the Social Security Number of the exposed employee;
5. List the rank of the employee;
6. List the assignment of the exposed employee and the squad or shift;
7. List the date the exposure occurred. Use the comment section on the back for any other dates or explanation;
8. List the time the exposure occurred. Use the comment section on the back for any other times or explanation;
9. List the location the exposure occurred, be specific;
10. List the name of the source subject;
11. List the date of birth of the source subject;
12. List the Booking Number or Local Arrest Record number of the source subject;
13. Check the appropriate box indicating what type of personal protective equipment was used;
14. Check the appropriate box indicating which substance came into contact with your body. Under the type of substance, check the box indicating the body area

exposed. Explain if the “Other” box is checked. Use the comments section on the back for additional comments;

15. If you have cuts, abrasions or sores that came into contact with blood or any substance listed in No. 12, check the “Yes” box. If not, check the “No” box. If you answered yes, describe the substance and body area exposed. Estimate how long the substance was on your body and how you removed it. Use comments section on back for additional comments;
16. If you received a cut or needle stick from a possibly contaminated object, check the “Yes” box. If not, check the “No” box. If you answered yes, describe the object, the type of cut or needle stick, and the body area exposed. Use comments section on back for additional comments;
17. If a subject coughed toward your face from a short distance (within 5 feet), check the “Yes” box. If not, check the “No” box. If you answered yes, were you wearing a mask, “yes” or “no.”?
18. Check the box if you were in a room with the subject. Check the appropriate box if the windows were open or closed. If you were in a room, estimate how long and describe the approximate size of the room;
19. Check the box if you were in a vehicle with the subject. Check the appropriate box if the windows were open or closed. If you were in a vehicle, estimate how long and describe the approximate size of the vehicle;
20. Check the box if you were in a detention facility with the subject. If you were, describe the location and estimate how long;
21. If you breathed the same air as the subject at any other location, check the “Other” box. Describe the location and estimate how long.

End of form.

N-310-2

<b>EFFECTIVE:</b> September 15, 1993	<b>REVIEWED:</b> 06/29/2018	<b>REVISED:</b> 03/01/2007	<b>UPDATED:</b> 03/12/2008
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*Kern County Sheriff's Office*  
**Policies and Procedures**

<b>TITLE: SAFETY AND ACCIDENT PROGRAM</b>		<b>NO: N-400</b>	
<b>APPROVED: Donny Youngblood, Sheriff-Coroner</b>			
<b>EFFECTIVE:</b> November 30, 2001	<b>REVIEWED:</b> 05/11/2018	<b>REVISED:</b> 03/01/2007	<b>UPDATED:</b> 05/11/2018

**POLICY**

In accordance with Labor Code Section 6401.7, the Kern County Sheriff's Office will establish, implement, and maintain an effective Injury/Illness Prevention Program (IIPP).

The purpose of the program is to establish a safe and healthful place of employment for all Sheriff's Office employees. The goal of the safety program is to reduce accidents to the greatest extent possible.

**DIRECTIVE**

The Sheriff-Coroner shall be responsible for the implementation of the safety program, which shall include, but not be limited to, the following elements:

- The identification of a person who will be responsible for the development and maintenance of the program, (the Sheriff's Office Risk Management Unit Coordinator).
- Develop a system to identify and evaluate work place hazards, including scheduled inspections to identify unsafe conditions and work practices by the Sheriff's Office Safety Officer.
- Establish methods and procedures for correcting unsafe and/or unhealthful conditions and work practices in a timely manner.
- Institute an occupational health and safety training program designed to instruct employees in general safe and healthy work practices. Provide specific instruction with respect to hazards specific to each employee's job assignment.
- Establish a method for communicating with employees regarding health and safety matters, including provisions designed to encourage employees to inform the employer of hazards at the work site without fear of reprisal.