



*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: 04/16/2026	REVISED: 11/19/2025	UPDATED: 04/16/2026

**POLICY**

Employees who are injured or become ill due to a work-related incident shall immediately notify the supervisor at the work site where the incident occurred. Even minor injuries must be reported.

**Filing a false claim is a felony.** Any individual who knowingly makes or causes a false or fraudulent statement or material representation to obtain or deny Workers' Compensation benefits is subject to criminal prosecution. All suspected fraudulent claims will be aggressively investigated.

Per the Labor Code, the employer may direct medical treatment for the first 30 days following an injury. Employees who are injured, become ill, or are exposed to infectious or hazardous materials must seek treatment at a designated facility or at any emergency room. Failure to seek treatment at a listed facility may result in the employee being responsible for treatment costs.

Employees may be treated by their personal physician if the Sheriff's Office receives prior written notification using the *Employee Predesignation of Personal Physician* form, submitted before the date of injury or illness. This form is available by contacting Risk Management at [sheriffm@kernsheriff.org](mailto:sheriffm@kernsheriff.org).

Supervisors who are notified of an injury or illness are responsible for providing the list of designated treatment facilities to the injured/ill worker. A supervisor will not attempt to direct care. The injured/ill worker will select a treatment facility from the established list of designated providers.

**DIRECTIVE A**

Supervisors who become aware, through any source, of an unreported alleged work-related injury or illness must immediately begin the reporting process. This includes offering the employee a Workers' Compensation Claim Form (DWC-1). The supervisor of the location where the incident occurred is responsible for ensuring that all required forms are completed and submitted before the end of the shift. Timely submission is essential to meet mandated reporting requirements.

In work areas where no supervisor is on duty, the responsible supervisor must have a procedure in place to guide employees on how to report work-related injuries or illnesses. Forms should still be

completed and submitted by the end of the shift, or no later than the next workday if immediate submission is not possible.

In the event of an employee's death or hospitalization, the Sheriff's Office Risk Management Senior HR Specialist must be notified immediately. When appropriate, only the Senior HR Specialist will notify the California Division of Occupational Safety and Health (Cal/OSHA). This responsibility cannot be delegated without prior approval from the Support Services Bureau Chief Deputy, Undersheriff, or Sheriff-Coroner. In such cases, the Senior HR Specialist must be consulted before any external notification is made.

**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.
- "Lost Time" means absence from work for a full day or shift beyond the date of injury or illness.

**FIRST AID ONLY PROCEDURE**

**Employees** who sustain a work-related injury or illness but **do not** seek medical treatment beyond first aid or **have not** lost time beyond the date of injury will:

- Notify their supervisor of the incident and resulting injury or illness.
- Complete an Incident Report detailing the facts of the injury or illness.
  - If the injury or illness is related to another incident, a separate case number will be used for the injury or illness report. The original case number should be referenced in the narrative.
  - The incident report will list only the facts of how the injury or illness occurred. Do not include names of suspects, victims, or unrelated information.
  - If the employee's duties do not include report writing, the supervisor will assign the task to an appropriate individual.
- Submit the completed report to their supervisor no later than the end of the shift in which the incident occurred.

**Supervisors** of employees who meet the above criteria will:

- Conduct a thorough investigation, including:
  - Interviewing witnesses.
  - Visiting the scene.
  - Gathering and preserving evidence.

- Document any safety hazards, unusual circumstances, or violations of policy, procedure or standard practices.
- Complete the **Supervisor’s Investigation Report** form as outlined in KCSOPPM Section N-220 (Pas 580 1151 395-5050 (Rev. 1/03) (Attached Exhibit A-3).
- Ensure the employee submits the Incident Report before the end of shift.
- Review the report and applicable forms and write the case number in the top right corner of each.
- Email or interoffice the signed forms, within 24 hours, to the Sheriff’s Office Risk Management unit at [sheriffm@kernsheriff.org](mailto:sheriffm@kernsheriff.org) and CC the employee’s Division Commander and Lieutenant or Manager.
  - The signed forms will be scanned and stored on an electronic platform for the retention period. After ensuring the forms have been saved in a format that does not permit edits, the original signed documents can be destroyed.<sup>1</sup>
- In the Report Management System, initiate a distribution of the Incident Report to Sheriff’s Risk Management. Select the option for distribution request and type in “Risk Management”. The Crime Reports unit will distribute the report as requested.

**MEDICAL TREATMENT – LOST WORK TIME PROCEDURE**

**Employees who have sustained a work-related injury or illness and have either **sought medical treatment beyond first aid** or **lost time beyond the date of injury** will:**

- Notify their supervisor of the incident, including:
  - The extent of the injury or illness.
  - When and where medical treatment is being sought.
  - Whether time off work is expected beyond the date of injury.
- Complete an Incident Report detailing the facts of the injury or illness.
  - If the injury or illness is related to another incident, a separate case number will be used for the injury or illness report. The original case number should be referenced in the narrative.
  - The incident report will list only the facts of how the injury or illness occurred. Do not include names of suspects, victims, or unrelated information.
  - If the employee does not normally write reports, the supervisor will assign the task to an appropriate individual.

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<sup>1</sup> Government Code § 34090, Government Code § 34090.5, and County of Kern Administrative Bulletin No. 11.

- Submit the completed report to the supervisor no later than the end of the shift in which the incident occurred.
- Complete the “Employee” section of the Workers’ Compensation Claim Form (DWC-1) as outlined in KCSOPPM Section N-230 1/1/2016 Rev.) (Attached Exhibit A-6).

**Supervisors** of employees who meet the above criteria will:

- Conduct a thorough investigation, including:
  - Interviewing witnesses.
  - Visiting the scene.
  - Gathering and preserving evidence.
- Document any safety hazards, unusual circumstances, or violations of policy, procedure, or standard practices.
- Provide the employee with the **Workers’ Compensation Claim Form (DWC-1)** 1/1/2016 Rev.) (Attached Exhibit A-4,5,6).
- Complete the employer’s section of the DWC-1 form upon return, per KCSOPPM Section N-230.

Complete a **Request for Medical Service – Industrial Injury** form (Rev. 11/18/2025) (Attached Exhibit A-8,9) as outlined in KCSOPPM Section N-240 and give the white original to the employee.

- Complete a **Supervisors Investigation Report** (Pas 580 1151 395-5050 Rev. 1/03) (Attached Exhibit A-3) per KCSOPPM Section N-220.
- Complete the **State of California Employer’s Report of Occupational Injury or Illness** [Form 5020 (Rev 7) June,2002] (Attached Exhibit A-7) as outlined in KCSOPPM Section N-210.
- Review the report and applicable forms and write the case number in the top right corner of each.
- Email or interoffice the signed forms, within 24 hours, to the Sheriff’s Office Risk Management unit at [sheriffm@kernsheriff.org](mailto:sheriffm@kernsheriff.org) and CC the employee’s Division Commander and Lieutenant or Manager.
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