south carolina
DEPARTMENT of PUBLIC SAFETY
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Incident Reporting Procedures

When an employee sustains an injury/illness at work, the employee and their supervisor are required to complete the action steps listed below. For clarification purposes, an at-work injury/illness is one that meets the following criteria:

- results from an event/exposure in the work environment
- occurs during the course of SCDPS employment (including telecommuting and law enforcement off-duty assignments)

The State Accident Fund determines whether an injury/illness is work related and eligible for Workers' Compensation benefits. If you have questions regarding off-duty incidents, or for help determining if an incident meets the criteria listed above, please contact the Office of Human Resources (OHR).

Action Steps

1. **Complete an SCDPS *Incident Report: Injury / Illness at Work*** and submit to OHR via chain of command. All at-work injuries/illnesses resulting from employment with SCDPS must be documented on this form regardless of severity, fault, or the employee's need for leave or medical attention.

2. If the injured employee declines medical treatment, no further action is needed.

3. If the injured employee requests medical treatment via Workers' Compensation now or in the future, the supervisor must **report the injury to CompEndium at (877) 709-2667.** CompEndium will assign a case manager, start the process of opening a Workers' Compensation claim, and help the injured employee set up medical appointments with authorized healthcare providers.

4. If seeking treatment, the injured employee must complete the ***Workers' Compensation Option Form*** to choose how he/she wishes to be compensated if placed out of work. Submit the completed form to OHR via chain of command.

For further assistance or questions, please contact the Worker's Comp team at:

WorkersComp@SCDPS.gov

Erin Andersen | Employee Relations Manager
803-896-8734 (office)

Erin Ka Yin | Leave Consultant
803-896-8239 (office)

INCIDENT REPORT: Injury / Illness at Work

Revised October 2025

Complete as soon as possible after injury/illness sustained at work. Forward to OHR.

EMPLOYEE INFORMATION

Name: _____ **Personnel #:** _____ **Division:** SELECT ONE

Sex: ◯ male ◯ female **Date of Birth:** _____ **Work Phone:** _____

Personal Phone: _____ **Marital Status:** _____ **Number of Dependents:** _____

Mailing Address: _____

INCIDENT DESCRIPTION

Date/Time of incident: _____ at _____ **Specific Location:** _____

Scheduled shift on date of incident: _____ *Date* at _____ *Start Time* to _____ *Date* at _____ *End Time*

Was this an off-duty assignment? ◯ No ◯ Yes; sponsored by: _____

Did the employee complete their scheduled workday following the incident? ◯ Yes ◯ No

Date employer was notified of incident: _____ **Name of person notified:** _____

Witnesses' names and phone #s: _____

Describe the injury/illness, symptoms, and parts of the body affected. If applicable, specify right/left.

Describe the injured employee's activities at the time of the incident. How was the injury/illness sustained?

List safety equipment that was provided as a safeguard for this type of injury/illness. Was it utilized?

Did the employee lose consciousness <u>for any length of time</u> due to the incident? ◯ Yes ◯ No

Name/Location of medical facility where treatment was provided: _____

<u>Highest</u> level of treatment: ◯ None ◯ First Aid ◯ ER/Outpatient Care ◯ Inpatient Hospitalization

Reported to CompEndium? ◯ No ◯ Yes, by _____ *Supervisor's Name* on _____ *Date*

Does the employee have ongoing dual/outside employment? ◯ Yes ◯ No

By signing below, I (the affected employee) concur with the statements above. I understand that approval to work law enforcement-related outside/dual employment is suspended during leave taken in relation to this incident and that approval may be reinstated contingent upon my medical release to return to work.

Employee: _____ *Signature* _____ *Date*

Supervisor: _____ *Signature* _____ *Date*

OHR Use Only: _____ ***Agency Hire Date*** _____ ***Initials***