

Emergency Notification

414.1 PURPOSE AND SCOPE

The purpose of this policy is to set forth guidelines for emergency notification in the event of injury or death to an employee while on duty. This policy applies to all employees.

414.2 AUTHORITY AND REFERENCES

- Executive Committee

414.3 POLICY

It is the policy of the Riverside County Probation Department to make appropriate notifications in the event of injury or death of an employee while on duty. In the event of injury or death, the person designated by the employee should be notified.

414.4 NOTIFICATION PROCEDURE

- (a) The Chief Probation Officer or designee will notify the next of kin in the event of serious injury or death of an employee. Notification will be made in person by the Chief Probation Officer or designee.
- (b) Notification of the next of kin should be made in accordance with the Employee Emergency Notification form (attachment). Every effort will be made to comply with the request outlined in the form.
- (c) Notification to the next of kin will occur as soon as possible to avoid inappropriate and insensitive notification from sources outside of the department.

414.5 EMERGENCY CONTACT INFORMATION

- (a) At the time of each employee's annual evaluation, the reviewing supervisor shall require the employee to complete the Employee Emergency Notification form. Employees shall update the Employee Emergency Notification form at this time and as needed.
- (b) Division managers shall have access to their division's emergency contact information at both their work site and their home.

Date(s) revised:

10/23/2018

01/02/2002

Created: 6/08/1995

Attachment:

[1. Employee Emergency Notification form](#)



RIVERSIDE COUNTY PROBATION DEPARTMENT

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MARK A. HAKE
CHIEF PROBATION OFFICER

EMPLOYEE EMERGENCY NOTIFICATION

Employee Name: _____

Residence Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Home Telephone #: (____) _____ Cell Phone #: (____) _____

Do you have a blood account? No Yes Blood Bank Telephone Number: (____) _____

Blood Bank's Name & Address: _____

Allergies (optional): _____

FAMILY/NEXT OF KIN:

Name: _____ Relationship: _____

Residence Address: _____ City: _____ Zip: _____

Home Telephone #: (____) _____ Cell Phone #: (____) _____

Name of Employer: _____

Business Address: _____ Telephone#: (____) _____

PERSON TO CONTACT IN CASE OF EMERGENCY (IF DIFFERENT FROM ABOVE):

Name: _____ Relationship: _____

Residence Address: _____ City: _____ Zip: _____

Home Telephone #: (____) _____ Cell Phone #: (____) _____

Name of Employer: _____

Business Address: _____ Telephone#: (____) _____

PERSON(S) WHO CAN ASSIST IN LOCATING FAMILY MEMBERS:

1. Name: _____ Relationship: _____

H/Address: _____ Telephone#: (____) _____

B/Address: _____ Telephone#: (____) _____

2. Name: _____ Relationship: _____

H/Address: _____ Telephone#: (____) _____

B/Address: _____ Telephone#: (____) _____

Employee Signature: _____ Date: _____