I. **AUTHORITY**: TCA 4-3-603, TCA 4-3-606, and TCA 41-21-234.

II. **PURPOSE**: To establish standards for the personal appearance of inmates.

III. **APPLICATION**: To Tennessee Department of Correction (TDOC) inmates excluding those assigned to and actively participating in a Special Alternative Incarceration Unit (SAIU) program.

IV. **DEFINITIONS**: None.

V. **POLICY**: Inmates shall be permitted freedom in personal grooming and dress as long as their appearance does not conflict with the institution's requirements for safety, security, identification, sanitation, and hygiene.

VI. **PROCEDURES**:

A. The hair must be groomed and kept clean. Access to barbering/hair care services for segregated, restrictive, and protective custody inmates will be in accordance with Policy #506.16.

B. Inmates shall be required to wear a hair/beard net or head covering if his/her hair is of length which is likely to become entangled if working near machinery, or for sanitary purposes, such as when working in health service or food service areas.

C. Inmates shall be routinely subject to searches of hair/person.

D. Inmates shall be required to conform to the dress code as stipulated in Policy #504.05.

E. Inmates shall not be permitted to dress in the unique clothing of the opposite sex. Females are not permitted to cultivate or attach beards and mustaches and males are not permitted to wear cosmetic makeup substances. (See Policy #113.37)

F. Inmates shall not be required to wear a particular hairstyle or dress in a particular uniform or manner for purposes of public embarrassment or punishment.

G. Any inmate whose grooming and personal hygiene habits threaten his/her health, or the health of others will be referred to health services for recommended action. See Policy #112.08 regarding the frequency of bathing required of certain inmates working in health-sensitive environments, and the frequency of bathing opportunities for inmates in segregation.

   a. Medical staff will be present and/or contacted for purposes of determining if there is any clinical reason why the individual should not bathe either voluntarily or involuntarily. In appropriate circumstances, medical staff
and/or security staff should consult with behavioral health staff. On the basis of a health services appraisal, an inmate may be ordered to bathe or shower.

b. Physical handling may be used as provided by Section VI. (A) of Policy #506.08 when force is necessary to accomplish bathing/showering so ordered.

c. Physical handling for the purpose of enforcing an order to an inmate to bathe or shower shall be given only by the Shift Commander, and subject to the prior approval of the Warden/Superintendent, Deputy Superintendent Associate Warden of Security, or designee.

d. A ranking officer (sergeant or above) of the same gender as the inmate shall supervise the detail and shall take precautions to ensure that:

(1) Only employees of the same gender as the inmate are assigned to the detail, and

(2) All employees attending to or serving on the detail work to secure the inmate’s cooperation, use the least amount of force necessary to accomplish the detail, and demonstrate reasonable respect for the dignity of the individual within the course of the detail.

e. The unit nurse shall examine the inmate after the detail is accomplished. The nurse shall complete CR-2592, Accident/Incident/Traumatic Injury Report, and chart the results of the assessment in the medical record and forward a copy of the CR-2592 to the Deputy Superintendent/Associate Warden of Security’s office. The shift commander shall ensure an OMS Use of Force-Medical report is entered in a timely manner.

H. Forcible cutting or trimming of hair shall not be done except upon orders of a physician for health reasons.

I. Hairstyles, including facial hair, which identify inmates as security threat group members are prohibited.

J. Inmates shall not be allowed to possess or wear wigs or have extensions, etc., added to their hair unless ordered by a medical doctor. Inmates shall not be allowed to wear items such as rubber bands, beads, and arts and craft items in their hair or beards as a decorative item.

K. When an inmate’s appearance substantially changes due to hairstyle and/or facial hair, a new picture for the institutional file and issue of a new ID card shall be in accordance with Policy #506.13.

L. Disciplinary actions may be taken for violations of grooming and/or cleanliness regulations.

VII. ACA STANDARDS: 5-ACI-3D-18.

VIII. EXPIRATION DATE: October 15, 2024
INSTITUTION/DISTRICT/LOCATION

EMPLOYEE NUMBER: ____________________ TDOC ID: ____________________

Name: ____________________ Number: ____________________ Date of Birth: ____________

Last First Middle

☐ Employee ☐ Inmate ☐ Visitor ☐ Other ____________________

Location (of occurrence) ____________________ Date (of occurrence) ____________________ Time (of occurrence) ____________________

Type of Injury / Incident: ☐ Work-related ☐ Sports ☐ Violence

☐ Use of Force ☐ Other: ____________________

Weapon, Property, Equipment, Machinery Involvement (Specify): ____________________

Subject’s Version (how situation occurred): __________________________________________

________________________________________ Signature of Subject

Witness’ Version: ________________________________________________________________

________________________________________ Signature of Witness

Printed Name of Witness ____________________

Health Service Provider’s Report

Subjective: _________________________________________________________________

Objective: _________________________________________________________________

Assessment: _______________________________________________________________

Plan: ________________________________________________________________

________________________________________ Date of Treatment ____________ Time ____________

Signature of Health Service Provider

Disposition: ☐ Treated by Institutional Health Service Staff

☐ Transported to Community Facility for Outpatient Care: ____________________________

☐ Transported to Community Hospital for Inpatient Care: ____________________________

☐ Other, explain: ______________________________________________________________

Did death result? ☐ Yes ☐ No

Relatives notified: ☐ Yes ☐ No

Workers Compensation Claim #: ____________________