I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and TCA 41-21-204(e).

II. PURPOSE: To establish standardized procedures to be used in the release or medical transfer of inmates.

III. APPLICATION: Assistant Commissioner of Prisons, Wardens/Superintendents, Associate Wardens of Treatment (AWT)/Deputy Superintendents, Health Administrators, health care staff, privately managed institutions, medical contractors, security staff, and inmates.

IV. DEFINITIONS:

A. Central Dispatch Office (CDO): A function of the office of the Director of Classification which coordinates and schedules the transfers and transportation of TDOC inmates.

B. Central Transportation: A division of the Deberry Special Needs Facility (DSNF) that coordinates, schedules, and performs local inmate transportation in the Metro Nashville/Davidson County area.

C. DeBerry Special Needs Facility (DSNF) Scheduler: The DSNF employee(s) assigned to coordinate the scheduling of approved inmate specialty consultation services and associated transportation services.

D. DSNF Health Care Center: The skilled units (I, II, and III) at DSNF, used for inmates requiring long-term nursing care.

E. Effectively Elects: The act of an inmate, or such inmate's healthcare agent, to communicate by any means a request, or the acceptance of an offer, to continue receiving healthcare in the TDOC, beyond the expiration of sentence, pending resolution of such care need or arrangement for transfer of care to a community setting.

F. Emergency Medical Transfer: An unexpected inmate housing assignment occurring as the result of a life-threatening medical situation requiring immediate medical attention not available at an inmate's institution.

G. Invitee: An inmate, who at the expiration of the term of imprisonment, presents a significant health healthcare treatment need that is likely to go unmet if the inmate is discharged and who effectively elects to remain in the care of the TDOC for the purpose of receiving continuation of the needed healthcare treatment.

H. Online Sentinel Event Log (OSEL): TDOC's electronic health services designated website for the reporting of clinical decisions necessitating mediation from Central Office or an

event significant enough to impact daily operations of health and behavioral health care services within the facility. Examples may include, but not limited to emergency room visits, facility infirmary admissions, direct hospital admissions, suicide watch, mental health seclusion, suicide attempts, deaths, lockdowns, equipment failure and so forth.

I. Permanent Medical Transfer: Reassignment to another TDOC facility occurring when an inmate requires specialized treatment, prolonged rehabilitative services, or closer proximity to medical care that cannot be provided at the sending facility.

J. Regional Sub-Acute Centers (RSAC): Designated regional institutions that care for inmates with an illness or medical condition as diagnosed by an appropriate health care provider that requires care above medical/nursing observation but does not require admission to an acute care hospital.

K. Significant Healthcare Treatment Need: A significant healthcare treatment need is a circumstance in which an inmate presents an acute, subacute, or chronic health condition; and the inmate is receiving medically necessary care and treatment for such condition, and in the judgment of the attending physician, the inmate patient will face an unacceptable risk of harm if the present course of care and treatment is interrupted or discontinued because the inmate lacks the resources to access such care in the community

L. Temporary Medical Transfer: A temporary housing reassignment occurring for the purpose of completing a scheduled specialty medical appointment or for medical evaluation.

M. Transfer/Discharge Summary: A comprehensive summary of the patient's course and present health status, made prior to a patient's transfer to another provider or upon the patients discharge from care, and which identifies the treatment and services the individual will need upon transition to another care setting or to the community.

N. Utilization Management Entity (UME): The person(s) or contractor designated by the TDOC to process all requests for inpatient and outpatient specialty care.

V. POLICY: Inmates who present clinical care needs beyond those available at his/her assigned institution will be transferred to another institution where the appropriate services are available.

VI. PROCEDURES:

A. Whenever possible, resources available within TDOC facilities shall be utilized for health services referrals.

B. The institutional physician, dentist, or designee shall be responsible for identifying acute/chronic medical or dental conditions beyond the diagnostic and/or treatment resources available at their facility. (See Policy #113.82.1 for procedures for mental health release/transfer.)

C. Routine Coordination:

1. The health administrator or designee shall communicate the need for an inmate transfer to the Warden/Superintendent or (AWT)/Deputy Superintendent and shall

assist in the coordination of the transfer with the receiving facility. Transfers shall be accomplished in accordance with Policy #403.01.

2. Long-distance transfers for health reasons should not be considered if, in the physician or mental health professional's opinion, such delay or travel could adversely affect the health of the inmate. In such cases, arrangements for necessary care shall be made at an appropriate health care facility near the institution. When the long-distance transfer of acutely ill inmates is indicated, the sending institution's attending physician shall authorize the transfer and determine the appropriate method of transportation. If the inmate is in a local community hospital, the receiving institutional physician shall obtain the concurrence of the community hospital physician attending the inmate prior to transfer. The receiving institutional physician shall communicate the transfer activity with the receiving institution's charge nurse.

D. Emergency Medical Transfers: In an emergency situation where routine coordination is not possible, the on-duty referring health professional shall complete and send the Referral for Emergency Care, CR-3425, with the inmate to ensure continuity of care between the sending and receiving institutions. In cases where ambulance services are not utilized, the senior on-site health care professional shall decide if a medical escort is necessary. Appropriate facilities for transfer include the following:

1. Local Licensed Hospital: All inmates in need of immediate medical room or emergency center.

2. Secure Hospital: As medically appropriate, inmates requiring hospitalization are to be transferred to the designated licensed hospital with a secure unit.

3. TDOC Skilled Nursing Unit(s): Male inmates requiring skilled nursing care are to be housed at DSNF Health Care Center or another TDOC institution. See Policy #113.32. Female inmates requiring skilled nursing care are to be housed at the Debra K. Johnson Rehabilitation Center (DJRC).

E. Notification of Emergency Transfer: The health administrator or their designee shall be responsible for electronically notifying the TDOC Chief Medical Officer (CMO), of emergencies within six hours after transfer via the Online Sentinel Event Log, in accordance with Policy #113.54.

F. Clinical Transfer of an Inmate Sentenced to Death (ISD):

1. Emergent transfers of an ISD away from the facility require immediate notification to the office of the TDOC Chief Medical Officer and the Assistant Commissioner of Prisons.

2. All temporary medical transfers for ISDs must be authorized by the TDOC CMO/designee prior to transfer.

3. All scheduled services provided for ISDs shall be completed at DSNF, unless service can only be provided elsewhere.

4. Transfers of ISDs to a facility outside of TDOC: The Assistant Commissioner of Prisons and the Warden or Warden's designee shall be notified. The Assistant Commissioner of Prisons may request assistance from the Director of the Office of Investigations and Conduct (OIC) for security team assignment.

G. Temporary Medical Transfers:

1. In accordance with Policy #113.12, inmates may be temporarily transferred for specialty care consultations and diagnostic testing. These services may be primarily provided at one of the RSACs.

2. Whenever such a transfer is approved, the health administrator or designee at the sending institution shall coordinate the transfer with the health administrator at the receiving institution in advance.

3. The routine transfer of inmates for medical reasons shall be accomplished in the following process and in accordance with Policy #403.01.

   a. The DSNF scheduler shall record approved consultations and appointments on the LIMA screen in the offender management screen (OMS).

   b. Institutional health care staff shall be responsible for inmate evaluation and medical clearance for travel. Upon a physician or mid-level provider's review of an inmate's medical record, the health administrator/designee shall determine if the inmate's medical or health conditions require special transportation or medical escort and record this information on LIMA. The health administrator/designee shall determine if an inmate's condition prohibits transportation on a Central Transportation vehicle, requires transport by ambulance or specially equipped vehicle, and/or requires escort by a member of the medical staff. Special conditions and precautions shall be promptly communicated with transportation personnel and the receiving/sending institution.

   c. The health administrator/designee shall ensure that the inmate is transported with all necessary resources, including the health record, medications, and any other information or equipment required for the inmate's safety and management. These shall be documented on Health Records Movement Document, CR-2176, and in the inmate's health record. Information and instructions for special treatment and/or medications shall be written in a manner readily accessible and easily understood by escorting and receiving personnel.

   d. When an inmate refuses to be transported for a scheduled appointment, when a consultation or appointment is no longer required or is cancelled for any reason, it shall be documented and explained on LIMA by health staff at the institution at which the refusal or cancellation occurred. The health services staff shall immediately notify the DSNF Scheduler, the utilization management entity, and (if applicable) Central Dispatch Office.

The DSNF scheduler shall notify Central Transportation of the cancellation.

e. In the rare event that the Warden is unable to comply with the physician's recommendation for medical transfer due to overriding concerns such as security, he/she shall provide a written explanation to the CMO and the Commissioner. The Warden shall consult the TDOC CMO for assistance in determining alternative treatment measures.

H. Return from Medical Transfer: The TDOC UME will notify the appropriate vendor's statewide supervising physician (SSP) or designee when an inmate has been released for discharge from a hospital or emergency care center. The SSP, or designee, will coordinate with the CMO, or designee, to determine appropriate bed placement related to inmate acuity. The SSP, or designee, will notify the receiving facility's medical director for admission in the appropriate bed placement within the respective facility, i.e., infirmary, observation, or cell bed. The inmate shall be seen by a health care provider within 24 hours after return from the hospital or emergency care center.

I. Permanent Medical Transfers:

1. A permanent transfer to another TDOC facility should be considered when an inmate requires an extended period of specialized treatment, prolonged rehabilitative services, close proximity to specialty medical care, or environmental needs which cannot be provided at the sending facility.

2. The health administrator shall notify the Warden or designee of the need for such a transfer in writing or by e-mail. Written notification shall include the relative seriousness of the case, the period of time within which the transfer should be effected, the type of transportation necessary, and whether the inmate requires a medical escort, any medications or care necessary while the inmate is en route. If it is likely that an inmate may require medical attention en route, transportation alternatives to the chain bus (such as ambulance transport) shall be considered.

3. The TDOC CMO has the final decision regarding medically related placements in TDOC institutions and may overrule the medical placement decisions of other physicians. If any physician feels that he/she should appeal a medical placement decision, he/she shall send a written memorandum or e-mail to the TDOC CMO and include the rationale for his/her appeal. Transfers to TDOC medical units shall be conducted as follows:

a. DSNF Health Care Center: Any physician at the TDOC institution who believes that a male inmate is appropriate for placement at DSNF shall make a written request to the DSNF Medical Director that includes why the treatment or management plan cannot be accomplished at the current facility and why the transfer to DSNF is necessary.

(1.) The physician shall prepare a memorandum justifying (in detail) the inmate's physical needs that qualify him to be placed in the Long Term Nursing Care Unit. The memorandum shall outline the inmate's:

(a) Medical history

(b) Diagnoses

(c) Medications

(2.) The office of Health Services may obtain a copy when requested.

(3.) The DSNF Medical Director shall review the written request within seven days of receipt. He/she shall then contact the requesting physician and provide a response to the request for transfer. The DSNF Medical Director has authority over admissions and discharges to the health care center. However, in the event there is a disagreement between any physicians regarding placement for medical reasons, the TDOC CMO or designee shall have the final authority over placement.

b. If there is an appeal by any physician regarding a medical placement at DSNF or any other institution, the TDOC CMO or designee shall respond by letter or e-mail to all involved physicians and inform classification of his/her placement decision.

c. Once a medical placement decision is finalized, transfers shall be made in accordance with Policy #403.01

J. Pre-Release Requirements: Upon notification that an inmate is scheduled to be paroled or expire his/her sentence, the health services administrator or designee shall forward a current copy of the Transfer/Discharge Health Summary, CR-1895, to the counselor. In addition, the health care staff shall ensure that any necessary referrals are made to local health care providers and community resources. In accordance with Policy #113.70, the health services staff shall ensure that the inmate receives at least a 30-day supply of all current medications.

K. Invitee: The Chief Medical Officer or designee shall provide that any inmate having a significant healthcare treatment need at the expiration of the inmate's term of incarceration is not to be released, except at such inmate's request, as provided by TCA 41-21-204(e), until the inmate's significant healthcare treatment need is;

1. Resolved by an improvement of the inmate's health to a degree adequate to permit discontinuation of the present course of care and treatment, or

2. Susceptible to continuation via transfer to a community-based setting, or

3. The inmate actually does request to be discharged after signing My Treatment Plan and Release From Prison, CR-4172.

L. Health Records:

1. In accordance with Policy #403.01.1 and to ensure continuity of care and prevent the duplication of examinations, diagnostic tests, and treatment at the receiving facility, the health record shall accompany the inmate whenever he/she is transferred either temporarily or permanently to another TDOC facility. This activity shall be coordinated by the institution's records office and the institution's health service staff at least 24 hours before a routine transfer.

2. Whenever the health record is to leave the facility, copies of the following records are to be maintained at the sending facility until receipt of the health record is verified by the receiving institution:

    a. Current Medication Administration Record

    b. Problem List

    c. Last CCC/Treatment Plan note

    d. Past 48 hours of Problem Oriented Progress Records, CR-1884

3. The Transfer/Discharge Health Summary, CR-1895, shall be completed and signed with the health care professional’s full legal signature completing the form. The completed form shall be attached to the inmate health record (which is sealed in a manila envelope).

4. The Health Records Movement Document, CR-2176, "Comments" section, shall be completed by the health care professional to alert the transportation official of any special precaution or care necessary for the inmate while en route. Specific types of information shall include the following:

    a. Medication needs during transit

    b. Special medical conditions such as diabetes and seizure disorders

    c. Suicidal tendencies or potentially dangerous behavior caused by mental status (See #5 below)

    d. Physical disabilities that may require special care during transportation or upon entering the receiving institution

    e. Isolation precautions, specifying the type

5. When suicidal tendencies or potentially dangerous behavior caused by mental health status is present, the Psychiatric Intake Update, CR-3487, shall be completed by a mental health provider. The completed form shall be attached to the inmate health record with the Transfer/Discharge Health Summary, CR-1895.

6. If an inmate is transferred to a jail or to any other law enforcement agency for custodial care, a Transfer/Discharge Health Summary, CR-1895, shall be

completed by the health care provider, signed with full legal signature and professional title, and forwarded with the inmate. Also, a 30 day supply of the inmate's medications shall be sent with the inmate to the destination. The medications should be clearly labeled with the inmate's name, medication name, and dosage instructions. The clinic shall be notified 24 hours prior to transfer whenever possible. The original health record shall be archived as outlined in Policy #113.50.

7. Transfer without Health Records:

   a. If an inmate arrives at the receiving institution without health care records, the receiving facility's health administrator shall immediately notify the transferring facility's health administrator and arrange for the sending institution to transfer the records as soon as possible and report on the Online Sentinel Event Log (OSEL) Any pertinent information needed by the receiving facility shall be faxed immediately. If the requested information is not received within 24 hours, the receiving health administrator shall notify the Warden so that further action can be taken to secure the health record.

   b. Until the complete health care record arrives, current medical information, including allergies, is to be noted on a progress note. This information may be obtained from the sending institution's health care staff or through an interview with the inmate. The receiving facility shall contact the pharmacy and request a copy of the current medication orders.

8. Protected health information shall not be disclosed to an unauthorized third party other than as stated in Policies #103.04, #113.52, and #512.01.

VII. ACA STANDARDS: 5-ACI-6A-04, 5-ACI-6A-05, 5-ACI-6A-06, 5-ACI-6A-28, 5-ACI-6B-08, and 5-ACI-6D-06.

VIII. EXPIRATION DATE: November 1, 2024

TENNESSEE DEPARTMENT OF CORRECTION

TRANSFER/DISCHARGE HEALTH SUMMARY

Name of Inmate: _____ TDOC ID: _____

Inmate DOB: _____ Gender: ☐ Male ☐ Female

Current Institution/County/Facility: _____ Receiving Institution/County/Facility: _____

Reason for Transfer/Discharge: _____

Requires Chronic Illness Monitoring: ☐ Yes ☐ No Requires Mental Health/Psychiatric Monitoring? ☐ Yes ☐ No

HEALTH HISTORY *Check (√) all conditions present*

☐ HIV/AIDS	☐ Depression	☐ Hernia	☐ Prosthesis *(specify)* _____
☐ Alcoholism	☐ Diabetes	☐ High Cholesterol	☐ Rheumatoid Arthritis
☐ Anemia	☐ Emphysema	☐ Hypertension	☐ Stroke
☐ Asthma	☐ Epilepsy	☐ Kidney Disease	☐ Suicide Attempt/Gesture/Ideation
☐ Cancer *(specify)* _____	☐ Heart Disease	☐ Liver Disease	☐ Tuberculosis
☐ Chemical Dependency	☐ Hepatitis C	☐ Multiple Sclerosis	☐ Venereal Disease
☐ COPD	☐ Other *(specify)*: _____		

MH Diagnosis(s): _____

MEDICATION ORDERS

NAME OF DRUG	STRENGTH/ROUTE	FREQUENCY	LAST DOSE DATE/TIME	MEDICATION SENT *(Circle Y/N)*	AMOUNTS SENT	KOP *(Circle Y/N)*
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No

Brief Summary of Current Problems/Diagnosis(s): _____

Special Instructions (e.g. Allergies, Diet, Impairments, Medical Appointments, etc.): _____

Referred to Community Resources: ☐ Yes ☐ No Specify: _____

TB INFORMATION

TB Clearance ☐ Y ☐ N; BCG ☐ Y ☐ No; PPD Completed: ___/___/___ Results: _____ CXR Completed ___/___/___

Health Authority Clearance: ___/___/___

_____ _____ _____

Name Title Date

SPECIAL INSTRUCTIONS/PRECAUTIONS

Inmate is on Suicide Monitoring or Special Mental Health Observation: ☐ **Yes** ☐ **No** **Dates:** _____

Is Inmate medically able to travel by BUS, CAR, or VAN?	☐ Yes	☐ No
Does the inmate require medication during transport?	☐ Yes	☐ No
Does the inmate require medical equipment during transport?	☐ Yes	☐ No
Does the inmate have communicable disease clearance to travel?	☐ Yes	☐ No
Is the Transport Officer required to use universal precautions and the use of masks or gloves?	☐ Yes	☐ No

Conservator: ☐ Yes (list information below) ☐ No (If no, list Emergency Contact)

Name: _____ Address: _____ Phone: _____

Report prepared by: _____ _____

Health Signature/Professional Title Date

Report prepared by: _____ _____

Mental Health Signature/Professional Title *(if applicable)* Date

Receiving Institution: _____ _____

Signature/Professional Title Date

TENNESSEE DEPARTMENT OF CORRECTION
HEALTH RECORDS/MEDICATION MOVEMENT

DESTINATION: _____

THIS PACKET CONTAINS HEALTH RECORDS ON THE FOLLOWING INMATE(S):

CHECK ALL THAT APPLY

	Inmate Name	TDOC ID	Health Record	Dental Record	Medication	* Purpose (**A, B, C** or **D**)	# of Volumes
1.			☐	☐	☐		
2.			☐	☐	☐		
3.			☐	☐	☐		
4.			☐	☐	☐		
5.			☐	☐	☐		
6.			☐	☐	☐		
7.			☐	☐	☐		
8.			☐	☐	☐		
9.			☐	☐	☐		
10.			☐	☐	☐		
11.			☐	☐	☐		
12.			☐	☐	☐		
13.			☐	☐	☐		
14.			☐	☐	☐		
15.			☐	☐	☐		

*** PURPOSE OF RECORDS MOVEMENT:**

A. Permanent Transfer **B.** Temporary Transfer for Clinical Services **C.** Record to Archives **D.** Other (*See Comments*)

Comments: _____

_____

_____

Sending Institution: _____

Clinical Services Signature: _____

***** THIS DOCUMENT SHALL NOT CONTAIN PROTECTED HEALTH INFORMATION *****

White-Exterior Packet **Canary**-Exterior Packet **Pink**-Inside Records Packet **Goldenrod**-Sending Institution Medical Records Office

TENNESSEE DEPARTMENT OF CORRECTION

REFERRAL FOR EMERGENCY CARE

_____

INSTITUTION

Name: _____ _____ _____

Last First Middle TDOC ID Date

Date of Birth: _____ Race: _____ Referring Institution: _____

Current Complaint/Pertinent History: _____

_____

_____

_____

Allergies: _____ Current Medication(s): _____

Treatment Given Prior To Transfer Including Immunization: _____

_____

_____

_____ Facility Referring To: _____

Referral Coordinated With (Name): _____ Phone: _____ Time: _____

Ambulance Service Utilized: _____ Date: _____ Time Requested: _____

Referring TDOC Health Professional: _____ Phone: _____

Signature/Professional Title

*** REPORT FROM OUTSIDE FACILITY**

Date Patient Received: _____ Time: _____ Emergency Facility: _____

Treatment Given: _____

_____

_____

Diagnosis: _____

Recommend Disposition/Follow-up: _____

_____ _____

Physician Signature Date

* May attach copy of Emergency Room Report in lieu of completing above report.

TENNESSEE DEPARTMENT OF CORRECTION
PSYCHIATRIC UPDATE

_____
INSTITUTION

INMATE NAME: _____ TDOC ID: _____
Last First Middle

DOB: _____ Gender: _____ Race _____ Custody Status: _____ Date: _____

COURSE OF TREATMENT TO DATE

Define Problem Areas: _____

_____

_____

Psychotropic Medications:

_____

Last Psychiatrist Visit: _____

CURRENT MENTAL STATUS

_____

_____

_____

History of suicide attempts in the past year: ☐ Yes ☐ No How many? _____

DIAGNOSTIC IMPRESSIONS

DSM-V: _____

_____

_____

TREATMENT RECOMMENDATIONS: _____

_____

_____

_____

_____

_____ _____
Staff Psychiatrist Signature Date

_____ _____
Staff Psychologist Signature Date

_____ _____
Staff Signature/Title Date

TENNESSEE DEPARTMENT OF CORRECTION

MY TREATMENT PLAN AND RELEASE FROM PRISON

My name is, _____ , I am receiving care at _____
Name Facility

I am aware that my prison sentence will end on _____ I am aware that I am not required to
Date

leave on that date if I still need care and cannot get it anywhere else.

By my signature or by my mark below, I say, here, that it is my wish to remain in the care of _____
Facility

After my sentence has ended, only for the purpose of following my treatment plan, until I can get this care in the community, or until I may request my discharge and release for any other reason.

Invitee	TDOC ID	Date
TDOC Chief Medical Officer/Designee	Date	
Warden	Date	
TDOC Representative	Date	

ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction	Index #: 103.02	Page 1 of 1
	Effective Date: October 28, 2024	
	Distribution: A	
	Supersedes: N/A	
Approved by: Frank Strada		
Subject: INCIDENT REPORTING		

POLICY CHANGE NOTICE

PURPOSE: This Policy Change Notice (PCN) updates the CR-0525 Incident Report form to include sections for necessary required information being entered into TOMIS screens LIBJ. This required information is contained in the new CR-0525 blocks for Level of Violence and Level of Injury. The new CR-0525 contains a page 2 to be used as a continuation page and a page 3 with instructions and codes utilized in the document.

INSTRUCTIONS: Print this PCN and attach it to the front of all hardcopy versions of Policy #103.02, *Incident Reporting.* Additionally, distribute the revised Incident Report, CR-0525, for implementation and discontinue use of previous version of Incident Report, CR-0525.

CHANGES TO POLICY:

Section VI.B.1. is revised as follows (~~deleted text~~; added text):

1. At the time a class A or B incident occurs, or a class C incident occurs that resulted or could have resulted in bodily injury, the reporting staff member shall complete a draft incident report using TDOC Incident Report, CR-0525, which shall be reviewed for accuracy and modified if necessary, and approved by the shift commander (Lieutenant or above) or by the appropriate department head as defined by institutional policy. Once final approval of the draft report has been given, the shift commander/department head shall ~~sign (legibly)~~ complete and sign the "Reviewed and Approved by" section on the CR-0525 and write Draft Report on the top (center) of the document. The approved incident report shall then be entered on OMS conversation LIBJ within eight/twelve hours or the end of the reporting official's shift of the incident's occurrence/discovery. This draft report shall be forwarded to the ~~compliance manager~~ Program Manager who shall scan it and maintain electronically for a period of not less than five years.

   The body of each incident report shall be written to be clear and concise in reporting only the facts of the incident which has occurred. Do not use abbreviations or slang unless quoting what was said. Additionally, the body of each incident should contain the following information:

TENNESSEE DEPARTMENT OF CORRECTION
INCIDENT REPORT

Reporting Institution/Office	Location Occurred	Incident ID#
*Type of Incident		TOMIS Incident Code
Date/Time Incident Occurred	Date/Time Reported	Date of this Report
*Description of Vehicle, Weapon, or Object Involved (Do not leave blank)		Type of Property Loss & Value

Persons Involved - Refer to Instructions & Codes Page			
Name & TOMIS ID of Person(s) Involved	*Involvement Type	*Level of Violence	*Level of Injury

Incident Narrative	1) Identify all victims, suspects and witnesses listed above 2) Summarize details of incident 3) Describe physical evidence, location evidence was found & evidence description

Use Continuation Pages as Needed

Reporting Employee Title/Print Name/Signature	*Reviewed and Approved by – Title/Print Name/Signature

Warden/Superintendent/Director Signature		Refer to Disciplinary Board		Refer to OIC/CIU
		Other:		Refer to District Attorney

STATE OF TENNESSEE		
County of	The foregoing instrument was acknowledged before me by	
this day of	20	Witness by hand and official seal.
Notary Public or County Clerk		Commission/Term Expires

TENNESSEE DEPARTMENT OF CORRECTION
INCIDENT REPORT

Continuation Page

Reporting Institution/Office:		Incident ID#:

Persons Involved - Refer to Instructions & Codes Page			
Name & TOMIS ID of Person(s) Involved (continued)	*Involvement Type	*Level of Violence	*Level of Injury

Incident Narrative (continued)	1) Identify all victims, suspects and witnesses listed above 2) Summarize details of incident 3) Describe physical evidence, location evidence was found & evidence description

Reviewed and Approved by Initials	

TENNESSEE DEPARTMENT OF CORRECTION
INCIDENT REPORT

Instruction & Codes Page

Involvement Type

E – Escape
EW – Employee Witness
R – 1st Reporting Employee
S – Suspect
V – Victim
W – Inmate Witness

Level of Violence

1 – Deadly Weapon Used
2 – Object Used as Weapon
3 – Physical, No Weapons
4 – Verbal
5 – No Violence
6 – Sexual
7 – Throwing Liquid/Blood/Waste/Chemicals/Urine

Level of Injury

1 – No Injury
2 – Minor Injury
3 – Serious Injury

1. Items marked with an ***** shall be completed fully and reviewed by a person in the rank of Lieutenant or higher for accuracy before entry in TOMIS

2. All persons identified in an incident narrative will be properly and accurately identified in the Persons Involved block before entry in TOMIS

3. Reviewed and Approved By block will be completed by a person in the rank of Lieutenant or higher

4. Each completed continuation page will be initialed by the person signing in the Reviewed and Approved by block