

 <p style="text-align: center;">Massachusetts Department Of Correction <b>POLICY</b></p>	Effective Date	Responsible Division  Deputy Commissioner, Field Services		
	7/30/2021			
	Annual Review Date			
	2/7/2022			
Policy Name	M.G.L. Reference: M.G.L., Chapter 124, Section 1 (c) and (g).			
103 DOC 105 OFFICER OF THE DAY AND DEPARTMENT DUTY STATION	DOC Policy Reference: 103 DOC 407			
	ACA/PREA Standards:			
	Applicability:   Staff			
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Attachments  Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/> </td> <td style="width: 50%;"> Inmate Library  Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/> </td> </tr> </table>	Attachments Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inmate Library Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location:	
Attachments Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inmate Library Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	DOC Central Policy File Institution Central Policy File Department Officers of the Day			
<p><b>PURPOSE:</b> To establish a Department Officer of the Day and Duty Station system designed to assure the appropriate reporting of all incidents of a significant nature so as to ensure the effective and efficient operation on the Department.</p> <p><b>RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:</b> Deputy Commissioner, Field Services Chief of Investigative Services (OIS)</p> <p><b>CANCELLATION:</b> This policy cancels all Departmental policies, procedures, commissioner's bulletins and rules and regulations regarding the Department Duty Officer/Station.</p> <p><b>SEVERABILITY CLAUSE:</b> If any part of this policy is, for any reason, held to be in excess of the authority of the commissioner, such decision will not affect any other part of this policy.</p>				

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**105.01**

**INSTITUTIONAL DUTY OFFICER**

1. The superintendent of each institution shall establish a written plan for an Institutional Duty Officer System. The plan should include at a minimum the following:
  - A. A list of approved institutional duty officers;
  - B. A current schedule of institution duty officers;
  - C. Requirements for documentation that personnel received applicable and appropriate standardized Department of Correction training;
2. The responsibilities of the institution duty officer shall include the following:
  - A. Receive notification of institutional incidents;
  - B. Determine/ensure appropriate notification to the superintendent as necessary.
  - C. Review the electronic duty log on a daily basis to ensure accuracy of entry. Update when necessary.

**105.02**

**DEPARTMENT DUTY STATION**

1. Milford Headquarters shall maintain the Department Duty Station. The station shall be manned twenty-four (24) hours per day, seven days per week.
2. The Department Duty Station shall maintain an accurate and up-to-date listing of the home and cellular telephone numbers of all key departmental personnel and contact numbers for other agencies and organizations. It is the responsibility of the Chief of OIS to insure that all appropriate departmental individuals and external agencies and organizations are included in this listing and that all names and telephone numbers are current.
3. The Duty Station shall also maintain an active duty roster for the following on-call divisions:
  - a. Health Services;
  - b. Office of Investigative Services;
  - c. Fugitive Apprehension Unit;
  - d. Internal Affairs Unit;
  - e. Resource Management;
  - f. Office of Technology and Information Services;
  - g. Employee Assistance Services Unit;
  - h. Office of Public Affairs;
  - i. Classification;
  - j. Central Data Computation Unit;

- k. Special Operations
- l. Security and Technology

It will be the responsibility of the above referenced division heads to keep the Duty Station up-to-date on their duty officer schedules. A tour of duty shall normally consist of seven (7) consecutive days beginning at 9 a.m. on Monday and ending at 9:00 a.m. on the following Monday. In the event a holiday is celebrated on a Monday, this tour of duty shall end at 9:00 a.m. Tuesday. The Office of Technology and Information Services tour of duty is 4 weeks, beginning on the first Monday of the month through the first Monday of the following month.

- 4. The Department Duty Station shall be responsible for contacting agency personnel during business and non-business hours if those staff members cannot be contacted through the normal means of communications by other departmental staff or by non-departmental individuals.
- 5. All communications to and from the Department Duty Station shall be documented in the electronic duty log.
- 6. Staff assigned to the Department Duty Station shall not provide the home or cellular telephone numbers of any departmental staff member to any person seeking to contact a staff member. The staff member assigned to the Duty Station shall take the contact telephone number from the individual wishing to contact the departmental staff member. The Duty Station staff member shall then attempt to contact the departmental staff member first at that person's home. Only after the Department Duty Station staff member has been unable to contact the departmental staff member at that person's home telephone number shall the Duty Station call the staff member's cellular number and communicate the name and contact number of the person who wishes to speak to the departmental staff member.

**105.03**

**SIGNIFICANT OCCURRENCES**

- 1. Significant occurrences within and / or related to the Department of Correction may include but not be limited to those codes that are listed in Attachment #1 of this policy.
- 2. During normal business hours, the appropriate Deputy Commissioner (s) shall be notified of all significant occurrences through the appropriate chain of command. The respective Deputy Commissioner of an affected division shall determine if an Urgent Matter Report will be completed in accordance with section 105.06.

## **105.04**

### **DUTIES AND RESPONSIBILITIES**

The following general procedures shall be followed in the operation of the Institution Officer of the Day/Duty Station system:

1. During normal business hours the appropriate Deputy Commissioners shall be notified of significant occurrences within their respective areas of responsibility by the superintendent or department head through the appropriate chain of command. The Chief of OIS or department head shall also ensure that all information regarding incidents listed in section 105.03 (1) which are deemed to be significant occurrences and for which notification is made to a Deputy Commissioner is communicated to the Department Duty Station during normal business hours for inclusion in the electronic duty log. The Superintendent or department head of the affected site shall be responsible for ensuring that the duty log entry is accurate and complete. Those significant incidents that are of an especially sensitive or confidential nature shall be documented in the electronic duty log by the Superintendent or department head alone and shall be flagged as being "Confidential" so that only staff designated by the Commissioner have access to read these entries.
2. When external telephone calls are received at the Duty Station, to include but not limited to the citizens and media representatives, staff assigned to the Duty Station shall be responsible for notifying the appropriate Department of Correction staff member pursuant to department policy and prompts in the electronic duty log.
3. The Department of Correction shall maintain an electronic duty log for all incidents that occur outside of normal business hours. Departmental Duty Station staff shall be responsible for entering information about these incidents into the log. The log shall be reviewed by the Department Duty Station Sergeants on a daily basis and they shall be responsible for ensuring all relevant information and proper coding of significant incidents reported. Issues shall be identified, addressed and corrected.

## **105.05**

### **NOTIFICATION PROCEDURES DURING NON-BUSINESS HOURS**

1. When there is a significant occurrence during non-business hours, the shift commander or designee of the affected site shall notify the institution and/or division duty officer and brief that individual about the incident. Notifications to division duty officers shall be made pursuant to relevant department policy.
2. Following this notification, the institution duty officer shall ensure the shift commander or designee, pursuant to the approved institutional duty officer plan, that the superintendent has been informed of this significant occurrence.
3. The superintendent, following consultation with the shift commander shall determine if the occurrence is significant and meets the criteria described in 105.03. If the superintendent decides that there has been a significant

occurrence as described in 105.03, s/he shall ensure that the duty station is notified by the Shift Commander. \*Note: Notifications shall be made by calling the Duty Station staff. Notifications shall not be made electronically or by any other means.

4. Staff assigned to the Department Duty Station shall document information in the electronic duty log, following the prompts in the log. Those significant incidents that are of an especially sensitive or confidential nature shall be documented in the electronic duty log by the superintendent/designee alone and shall be flagged as being “Confidential” so that only staff designated by the Commissioner have access to read these entries.
5. In those instances where a division duty officer has been informed about an incident, that division duty officer shall take action in accordance with applicable policy and/or division protocols. A division duty officer shall consult with the appropriate division head.
6. The Chief of OIS will be notified electronically of all incidents noted in the Departmental Duty log. For serious incidents that require immediate response or notification, the superintendent/designee shall notify the Chief of OIS via telephone. The Chief of OIS shall be responsible for notifying the Deputy Commissioner (s) of significant occurrences if the need for such communication is required and shall also determine if an Urgent Matter Report will be completed in accordance with section 105.07.
7. Factors for the Chief of OIS to consider when deciding whether or not to make notifications to Executive Staff members shall include:
  - a. seriousness of the impact of the incident on public safety;
  - b. seriousness of the impact of the incident on institutional or departmental operations;
  - c. seriousness of any injury suffered by any person;
  - d. potential need for assistance from any other departmental division or external agency to resolve the incident satisfactorily;
  - e. seriousness of damage to state property;
8. The Institutional Officer of the Day shall be responsible for ensuring that there is accurate and complete documentation in the electronic Duty Log for all notifications made during his/her tour of duty. This documentation must be completed in real time or by no later than 9:00 a.m. on the calendar day immediately following the day during which the incident occurred, using the appropriate screens.

1. During business hours & non-business hours, the respective Assistant Deputy Commissioner of an affected division shall be the approving authority to complete an urgent matter report.
2. The Classification Division shall handle all Urgent Matter Reports concerning date computation, classification and victim services.
3. When authorizing the approval of urgent matters, the following shall be considered in accordance with 105.03:
  - Serious impact on public safety
  - Serious impact on institution or department operations
  - Serious injury/death suffered by any person
  - Potential need for outside assistance
  - Serious damage to state property
  - High degree of public and/or media interest
  - Political impact
4. When directed to write an urgent matter report, the Superintendent, Director, or designee shall follow the protocol below:
  - The urgent matter report shall be drafted on the database located on the Intranet Urgent Matter Application.
  - Indicate location (affected facility/division)
  - Indicate date of report and date of occurrence.
  - Indicate the type(s) of incident.
  - Describe in detail the incident; to include but not limited to: a list of Department of Correction personnel and any external agencies (i.e., DA's office, Mass State Police etc...) that have been notified and are involved; include current status of inmate and/or staff (i.e., inmate placed on AA; staff detached with pay pending investigation). If appropriate, ensure the report ends stating that matter is under investigation. Do not include victim's names, addresses or home addresses of staff.
  - If applicable include inmate's information by clicking on the inmate lookup button and selecting the specific inmate, which will automatically retrieve the following information via IMS: (name, date of birth, commit number, governing offense, sentence effective date, parole eligibility date, release date or GCD, as well as institution);
  - If staff related, click on staff lookup button and select specific staff person, which will automatically retrieve the following information from Human Resources Database (staff name, and current location). Need to select employees employment status (i.e., detached with pay, etc.).
  - If occurrence warrants outside assistance or inquiries (i.e., fire or police department, media etc.), click on Agency/Group Interested/Affected and list the specific agency.

- Urgent matter reports shall be drafted as soon as practical during business hours. During non-business hours the report shall be drafted at the start of the next business day.
- Once drafted, and approved by Superintendent, Director or designee submit report to the Review Group by clicking on noted button. If the report needs to be updated, staff is to use the original report and indicate what changes were made in the Update Urgent Matter Description and resubmit to the Review Group. The Commissioner's Office will review content and submit to the Urgent Matter Group.
- Call the Commissioner's Office to advise that an Urgent Matter Report(s) is forthcoming.

**105.07**

**CERTIFIED INDIVIDUALS NOTIFICATION**

During business hours the VSU shall notify any petitioner(s) previously approved for such notification by the Department of Criminal Justice Information Services in accordance with 103 DOC 407, *Victim Service Unit*, section 407.10. During non-business hours, the Duty Station shall notify any petitioner(s) previously approved for such notification by the Department of Criminal Justice Information Services in accordance with 103 DOC 407, *Victim Service Unit*, section 407.10.

In the event of an escape, or release from custody without prior notification, phone notification will be made. If verbal notification cannot be made after trying the telephone number(s) of the certified individual in the Victim Notification Registry (VNR) database, the local police department where the certified person resides shall be contacted to assist with prompt notification. The request to the local police department shall be documented in the Victim Communication Tab of the VNR database. The Director of the Victim Service Unit shall be notified by the duty station the next business day to provide follow-up notification by mail to the certified petitioner.

In the event of an inmate death or Emergency Escorted Trip (EET) during non-business hours, the Department Duty station shall notify certified petitioners as soon as possible by telephone and log in the Victim Communication Tab of the VNR database. The Victim Service Unit shall provide follow-up notification by mail the next business day.

**105.08**

**SIGNIFICANT INCIDENT REPORT**

At each Executive Staff meeting, the Deputy Commissioner of Field Services Division shall report on significant trends that occurred during the prior weeks.

In the event of a department wide loss of computer infrastructure; a contingency plan for Continuity of Operations Plan (COOP) is located in the Field Services Division Office.



**DEPARTMENT DUTY STATION  
INCIDENT CODE LISTINGS**

ALAR	ALARM
APP	APPREHENSION
ARR	ARREST STAFF
ARR	ARREST CIVILIAN/VISITOR
ARR	ARREST INMATE
ASLT	STAFF ASSAULT
ATT ELO	ATTEMPTED ELOPMENT – MASAC @ PLYMOUTH
ATT SUI	ATTEMPTED SUICIDE
BMB	BOMB THREAT
DIS	DISORDERS/DISTURBANCE IN FACILITY
DTH	DEATH STAFF (ON DUTY)
DTH	INMATE DEATH
ELO	ELOPEMENT – MASAC @ PLYMOUTH
ENVIRON	ENVIRONMENTAL DISORDER
EOC	EXPOSURE OF CONCERN
EPSC	EXTERNAL PUBLIC SAFETY CONTACTS ..... Non-Business/Business
ESCAPE	ESCAPE:CUSTODY/FURL/COMM.RELEASE..... Non-business/Business
FI	FIREARM INCIDENT
FIGHT	INMATE FIGHT
FUR	EMERGENCY RELEASE UNDER ESCORT
HOSTAGE	HOSTAGE INCIDENT ..... Non-business/Business
HS	HUNGER STRIKE
INFO	INMATE INFO REQUEST-CJIS/LAW ENFORCN..... Non-business/Business
INJUST	INJURY TO STAFF ..... Non-business/Business
INST FAL	INSTITUTION FAILURE ..... Non-business/Business
INQUIRY	CITIZEN/MEDIA INQUIRY ..... Non-business only
MANDT	MANUAL HOLD
MED	UNANTICIPATED MEDICAL TRIPS
MEMA	MEMA ASSISTANCE REQUESTED..... Non-business/Business
MVI	MOTOR VEHICLE INCIDENTS
NOTIF	CERTIFIED INDIVIDUALS NOTIFICATION..... Non-business only
NUKE	NUCLEAR EMERGENCY
OTHER	OTHER SIGNIFICANT OCCURANCES
POLICE	STATE POLICE ASSISTANCE REQUESTED ..... Non-business/Business
PPD	PHYSICAL PLANT PROBLEMS
RHC	RETURN TO HIGHER CUSTODY ..... Non-business/Business
SIB	SELF INJURIOUS BEHAVIOR
SEXASSLT	SEXUAL ASSAULT - INMATE VICTIM..... Non-business/Business
SUI	SUICIDE
UOF	USE OF FORCE
WORK CREW	EMERGENCY WORK CREW REQUEST..... Non-business only

**DEPARTMENT DUTY STATION**  
**INCIDENT CODE LISTING**

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
ALAR - D	ALARMS (INDUSTRIES, TRAINING ACADEMY, WARREN Hall ETC.)	ACTIVE
	*REPORTING INSTITUTION/DIVISION *TYPE OF ALARM REPORTED *BRIEF DESCRIPTION OF INCIDENT *DATE/ TIME SUPERINTENDENT NOTIFIED *DATE/ TIME ADC NOTIFIED *DATE/TIME DUTY OFFICER NOTIFIED	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
APP - B	APPREHENSION	ACTIVE
	*OBTAIN INMATE NAME AND ID DATA *IF PAROLE VIOLATION NOTIFY PAROLE CENTRAL OFFICE *CONFIRM WARRANT VIA APPREHENSION UNIT *NOTIFY APPREHENSION UNIT *IF FURLOUGH, NOTIFY INSTITUTION *NOTIFY APPROPRIATE ADC *NOTIFY PUBLIC AFFAIRS IF DIRECTED	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
ARR - F	ARREST STAFF	ACTIVE
	*OBTAIN STAFF NAME, TITLE *AFFECTED FACILITY *REPORTING STAFF *ARRESTING AGENCY/ CONTACT INFORMATION *OFFENSE/CHARGES *DATE/ TIME OF ARREST *DATE/ TIME SUPERINTENDENT NOTIFIED *DATE/ TIME ADC NOTIFIED (DURING BUSINESS HOURS) *NOTIFY PUBLIC AFFAIRS REPRESENTATIVE (IF DIRECTED BY DUTY OFFICER) *NOTIFY DUTY OFFICER (AFTER BUSINESS HOURS)	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
ARR - FF	ARREST CIVILIAN/VISITOR	ACTIVE
	<ul style="list-style-type: none"> <li>*AFFECTED FACILITY</li> <li>*OBTAIN NAME and ID DATA OF INDIVIDUAL ARRESTED</li> <li>*REPORTING STAFF</li> <li>*ARRESTING AGENCY/ CONTACT INFORMATION</li> <li>*OFFENSE/CHARGES</li> <li>*DATE/ TIME OF ARREST</li> <li>*DATE/ TIME SUPERINTENDENT NOTIFIED</li> <li>*DATE/ TIME ADC NOTIFIED</li> <li>*NOTIFY PUBLIC AFFAIRS REPRESENTATIVE (IF DIRECTED BY DUTY OFFICER)</li> <li>*NOTIFY DUTY OFFICER (AFTER BUSINESS HOURS)</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
ARR - FFF	ARREST INMATE	ACTIVE
	<ul style="list-style-type: none"> <li>*AFFECTED FACILITY</li> <li>*REPORTING STAFF</li> <li>*OBTAIN INMATE NAME and ID DATA</li> <li>*ARRESTNG AGENCY/ CONTACT INFORMATION</li> <li>*OFFENSE/CHARGE(S), BRIEF DESCRIPTION OF INCIDENT</li> <li>*DATE/ TIME OF ARREST</li> <li>*LOCATION OF ARREST</li> <li>*LOCATION OF WHERE INMATE IS BEING HELD</li> <li>*DATE/ TIME SUPERINTENDENT NOTIFIED</li> <li>*DATE/ TIME ADC NOTIFIED</li> <li>*NOTIFY PUBLIC AFFAIRS REPRESENTATIVE</li> <li>*DATE/ TIME DUTY OFFICER NOTIFIED(AFTER BUSINESS HOURS)</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
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ASLT - G	ASSAULT ON STAFF	Active
	<ul style="list-style-type: none"> <li>*STAFF, NAME, TITLE</li> <li>*REPORTING STAFF</li> <li>*AFFECTED FACILITY</li> <li>*NAME(S) OF ASSAILANT</li> <li>*INJURIES SUSTAINED</li> <li>*TYPE OF ASSAULT, WEAPONS, FLUIDS(SPECIFY TYPE i.e. BLOOD, CHEMICAL)ETC./BRIEF DESCRIPTION OF EVENT</li> <li>*MEDICAL TREATMENT RECEIVED, I.E, OUTSIDE HOSPITAL</li> <li>*DATE/TIME SUPERINTENDENT NOTIFIED</li> <li>*NOTIFY HEALTH SERVICES DUTY OFFICER (IF ASSUALT IS ON A HEALTH CARE EMPLOYEE)</li> <li>*DATE/TIME DUTY OFFICER NOTIFIED (NON-BUSINESS HOURS)</li> <li>*DATE/TIME ADC NOTIFIED (IF DIRECTED BY DUTY OFFICER)</li> </ul>	

INCIDENT CODE	DESCRIPTION	STATUS
ATT ELOP	ATTEMPTED ELOPEMENT EXTERNAL PUBLIC SAFETY CONTACTS	ACTIVE
	<ul style="list-style-type: none"> <li>*AFFECTED FACILITY</li> <li>*REPORTING STAFF</li> <li>*EXTERNAL AGENCY / CONTACT INFORMATION</li> <li>*CIRCUMSTANCES</li> <li>*DATE / TIME OF CONTACT</li> <li>*DATE / TIME SUPERINTENDENT NOTIFIED</li> <li>*DATE / TIME ADC NOTIFIED</li> <li>*DATE / TIME DUTY OFFICER (AFTER BUSINESS HOURS)</li> </ul>	
INCIDENT CODE	DESCRIPTION	STATUS
ATT SUI	ATTEMPTED SUICIDE	ACTIVE

	<ul style="list-style-type: none"> <li>*AFFECTED FACILITY</li> <li>*NAME/COMMITMENT NUMBER OF INMATE</li> <li>*TYPE OF COMMITMENT (I.E., CIVIL, 52A)</li> <li>*BRIEF DESCRIPTION OF EVENT</li> <li>*MEDICAL TREATMENT RECEIVED (I.E. AT FACILITY OR OUTSIDE HOSPITAL)</li> <li>*DATE/ TIME SUPERINTENDENT NOTIFIED</li> <li>*DATE/TIME DUTY OFFICER NOTIFIED (DURING NON-BUSINESS HOURS)</li> <li>*DATE/ TIME ADC NOTIFIED (IF DIRECTED BY DUTY OFFICER)</li> <li>*DATE/TIME DEPUTY COMMISSIONER OF PRISONS NOTIFIED ((IF DIRECTED BY DUTY OFFICER)</li> <li>*DATE/TIME HEALTH SERVICES NOTIFIED (NON-BUSINESS HOURS ONLY IF DIRECTED BY DDO AND OUTSIDE HOSPITAL IS REQUIRED)</li> <li>*NOTIFY PUBLIC AFFAIRS</li> <li>*MEDICAL OR MENTAL HEALTH STAFF DETERMINING INCIDENT AS AN ATTEMPTED SUICIDE</li> </ul>	
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<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
BOMB - H	BOMB/THREAT	ACTIVE
	<ul style="list-style-type: none"> <li>*AFFECTED FACILITY</li> <li>*REPORTING STAFF</li> <li>*DESCRIPTION OF THREAT (I.E., TYPE BOMB, LOCATION)</li> <li>*DATE/ TIME SUPERINTENDENT NOTIFIED</li> <li>*NOTIFY DUTY OFFICER (DURING NON-BUSINESS HOURS)</li> <li>*DATE/ TIME ADC NOTIFIED</li> <li>*NOTIFY PUBLIC AFFAIRS REPRESENTATIVE (IF DIRECTED BY DUTY OFFICER)</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
DIS-L	DISORDERS/DISTURBANCE IN A FACILITY (SEE ATTACHMENT IA)	ACTIVE

	<ul style="list-style-type: none"> <li>*AFFECTED FACILITY</li> <li>*TYPE OF DISORDER/DISTURBANCE</li> <li>*BRIEF DESCRIPTION OF EVENTS TO INCLUDE: INJURIES OF STAFF AND INMATES</li> <li>*DATE/ TIME SUPERINTENDENT NOTIFIED</li> <li>*DATE/TIME DUTY OFFICER NOTIFIED (NON-BUSINESS HOURS ONLY)</li> <li>*DATE/ TIME ADC NOTIFIED</li> <li>*DATE/TIME DEPUTY COMMISSIONER PRISON DIVISION NOTIFIED</li> <li>*DATE/TIME SPECIAL OPERATIONS ACTIVATED</li> <li>*NOTIFY PUBLIC AFFAIRS REPRESENTATIVE</li> <li>*NOTIFY HEALTH SERVICES DUTY OFFICER</li> </ul>	
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<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
DTH - K	DEATH OF STAFF MEMBER (ON-DUTY)	ACTIVE
	<ul style="list-style-type: none"> <li>*NAME OF STAFF MEMBER/TITLE</li> <li>*ASSIGNED FACILITY</li> <li>*CIRCUMSTANCES SURROUNDING ON-DUTY DEATH</li> <li>*DATE/ TIME SUPERINTENDENT NOTIFIED</li> <li>*DATE/ TIME DUTY OFFICER</li> <li>*DATE/ TIME ADC NOTIFIED</li> <li>*DATE/ TIME DC NOTIFIED</li> <li>*DATE/ TIME COMMISSIONER NOTIFIED</li> <li>*DATE/ TIME OIS NOTIFIED</li> <li>*DATE/ TIME HEALTH SERVICES DUTY OFFICER NOTIFIED</li> <li>*DATE/TIME INSTITUTION STAFF MADE EMERGENCY CONTACT NOTIFICATION</li> <li>*NOTIFY PUBLIC AFFAIRS REPRESENTATIVE</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
DTH - KK	DEATH OF INMATE	ACTIVE
	<ul style="list-style-type: none"> <li>*NAME OF INMATE/ COMMITMENT NUMBER</li> <li>*AFFECTED FACILITY</li> </ul>	

	<ul style="list-style-type: none"> <li>*CIRCUMSTANCES SURROUNDING DEATH</li> <li>*DATE/ TIME SUPERINTENDENT NOTIFIED</li> <li>*DATE/ TIME ADC NOTIFIED</li> <li>*DATE/TIME OIS NOTIFIED</li> <li>*DATE/TIME LEGISLATIVE REPRESENTATIVE</li> <li>*DATE/TIME EMERGENCY NOTIFICATION MADE</li> <li>*NOTIFY PUBLIC AFFAIRS REPRESENTATIVE</li> <li>*DATE/TIME HEALTH SERVICES DUTY OFFICER NOTIFIED (DURING NON-BUSINESS HOURS)</li> <li>*DATE/TIME MEDICAL EXAMINER NOTIFIED</li> <li>*DATE/TIME DISTRICT ATTORNEY NOTIFIED</li> <li>*NOTIFY DUTY OFFICER (AFTER BUSINESS HOURS)</li> <li>*DATE/TIME CORI A PETITIONER NOTIFIED IF APPLICABLE</li> </ul>	
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<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
ELOP	<b>ELOPEMENT</b> EXTERNAL PUBLIC SAFETY CONTACTS	ACTIVE
	<ul style="list-style-type: none"> <li>*AFFECTED FACILITY</li> <li>REPORTING STAFF</li> <li>EXTERNAL AGENCY/ CONTACT INFORMATION</li> <li>*CIRCUMSTANCES</li> <li>*DATE/ TIME OF CONTACT</li> <li>*DATE/ TIME SUPERINTENDENT NOTIFIED</li> <li>*DATE/ TIME ADC NOTIFIED</li> <li>*DATE/ TIME DUTY OFFICER (AFTER BUSINESS HOURS)</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
ENVIRON - N	ENVIRONMENTAL DISORDER	ACTIVE
	<ul style="list-style-type: none"> <li>*OBTAIN NATURE OF DISORDER AND INSTITUTION</li> <li>*NOTIFY HEALTH SERVICE D.O., IF INJURIES AFFECT DELIVERY OF HEALTH CARE SERVICES</li> <li>*NOTIFY PUBLIC AFFAIRS D.O., IF HIGH PROFILE</li> <li>*DATE/TIME DUTY OFFICER NOTIFIED (NON-BUSINESS HOURS)</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
EOC-M	EXPOSURE OF CONCERN	ACTIVE
	<ul style="list-style-type: none"> <li>*AFFECTED FACILITY</li> <li>*TYPE OF EXPOSURE</li> </ul>	

	*NAME OF PERSONS AFFECTED (IF STAFF NOTE TITLE, IF INMATE NOTE COMMITMENT NUMBER) *BRIEF DESCRIPTION OF INCIDENT *MEDICAL TREATMENT RECEIVED (I.E. AT FACILITY OR OUTSIDE HOSPITAL) *DATE/ TIME SUPERINTENDENT NOTIFIED *DATE/ TIME ADC NOTIFIED *DATE/TIME HEALTH SERVICE DUTY OFFICER NOTIFIED *DATE/TIMEDUTY OFFICER NOTIFIED (NON-BUSINESS HOURS ONLY)	
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INCIDENT CODE	DESCRIPTION	STATUS
EPSC	EXTERNAL PUBLIC SAFETY CONTACTS	ACTIVE
	*AFFECTED FACILITY *REPORTING STAFF *EXTERNAL AGENCY/ CONTACT INFORMATION *CIRCUMSTANCES *DATE/ TIME OF CONTACT *DATE/ TIME SUPERINTENDENT NOTIFIED *DATE/ TIME ADC NOTIFIED *DATE/ TIME DUTY OFFICER (AFTER BUSINESS HOURS)	

INCIDENT CODE	DESCRIPTION	STATUS
ESCAPE - B	ESCAPE:CUSTODY/COMMUNITY RELEASE	ACTIVE
	*OBTAIN TYPE OF ESCAPE *OBTAIN INMATE NAME, I.D. DATA, *DATE/TIME SUPERINTENDENT NOTIFIED *DATE/TIME ADC NOTIFIED *DATE/TIME DC OF PRISON DIVISION NOTIFIED *DATE/TIME DC OF FIELD SERVICES NOTIFIED *NOTIFYCORI A PETITIONER'IF APPLICABLE (NON-BUSINESS HOURS) *DATE/TIME APPREHENSION UNIT NOTIFIED *DATE/TIME DUTY OFFICER NOTIFIED (NON-BUSINESS HOURS) *DATE/TIME PUBLIC AFFAIRS NOTIFIED	

INCIDENT CODE	DESCRIPTION	STATUS
FI - N	FIREARM INCIDENT	ACTIVE
	*TYPE OF INCIDENT *AFFECTED FACILITY/DIVISION *BRIEF DESCRIPTION OF EVENT	



	<ul style="list-style-type: none"> <li>*NAME/TITLE OF STAFF INVOLVED (IF ANY)</li> <li>*NAME/COMMITMENT NUMBER OF INMATE INVOLVED (IF ANY)</li> <li>*INJURIES RECEIVED</li> <li>*MEDICAL TREATMENT RECEIVED (I.E., AT FACILITY OR OUTSIDE HOSPITAL)</li> <li>*DATE/ TIME SUPERINTENDENT NOTIFIED</li> <li>*DATE/ TIME ADC NOTIFIED</li> <li>*DATE/TIME DUTY OFFICER NOTIFIED (DURING NON-BUSINESS HOURS)</li> <li>*DATE/ TIME DEPUTY COMMISSIONER OF PRISONS NOTIFIED (IF DIRECTED BY DUTY OFFICER)</li> <li>*DATE/TIME DUTY OFFICER NOTIFIED (NON-BUSINESS HOURS)</li> <li>*DATE/TIME HEALTH SERVICE DUTY OFFICER NOTIFIED (IF INJURIES ONLY)</li> <li>*NOTIFY PUBLIC AFFAIRS REPRESENTATIVE</li> <li>*NOTIFY OIS DUTY OFFICER</li> </ul>	
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<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
FIGHT	INMATE FIGHT	Active
	<ul style="list-style-type: none"> <li>*REPORTING STAFF</li> <li>*AFFECTED FACILITY/LOCATION OF INCIDENT</li> <li>*NAME(S) OF COMBATANTS/ID DATA</li> <li>*INJURIES SUSTAINED</li> <li>*TYPE OF FIGHT, WEAPONS, ETC./BRIEF DESCRIPTION OF EVENT</li> <li>*TYPE OF FLUID TO INCLUDE BLOOD, CHEMICAL IF APPLICABLE TO INCIDENT</li> <li>*STG/RACIAL CONCERNS</li> <li>*MEDICAL TREATMENT RECEIVED (I.E., OUTSIDE HOSPITAL)</li> <li>*DATE/TIME SUPERINTENDENT NOTIFIED</li> <li>*DATE/TIME ADC NOTIFIED</li> <li>*NOTIFY HEALTH SERVICES DUTY OFFICER (IF OUTSIDE MEDICAL ATTENTION IS REQUIRED)</li> <li>*DATE/TIME DUTY OFFICER NOTIFIED (NON-BUSINESS HOURS ONLY)</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
FUR	EMERGENCY RELEASE UNDER ESCORT <ul style="list-style-type: none"> <li>*PRE-APPROVED OR DENIED</li> <li>*OBTAIN INMATE NAME, I.D. DATA, INSTITUTION</li> <li>*IDENTIFY NATURE OF EMERGENCY (DEATH,</li> </ul>	ACTIVE

	ILLNESS, ETC.) *DOCUMENT INDIVIDUAL WHO IS REQUESTING AUTHORIZATION *IDENTIFY SECURITY ISSUES/CONDITIONS *IDENTIFY SECURITY RISK LEVEL AND ENSURE DEPARTMENTAL GUIDELINES ARE FOLLOWED *DETERMINE STATUS OF CORI A'S, ENSURE VSU HAS BEEN NOTIFIED DURING BUSINESS HOURS *DATE/TIME PETITIONERS NOTIFIED (DURING NON-BUSINESS HOURS) *DATE/TIME DUTY OFFICER NOTIFIED (DURING NON-BUSINESS HOURS) *DATE/TIME COMMISSIONER CONTACTED FOR APPROVAL (IF INMATE IS SERVING LIFE SENTENCE) *DATE/TIME DEPUTY COMMISSIONER OF CLASSIFICATION IS CONTACTED FOR APPROVAL *APPROVING AUTHORITY'S NAME/TITLE *DATE/TIME INSTITUTION HAS MADE PROPER NOTIFICATIONS	
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INCIDENT CODE	DESCRIPTION	STATUS
HOSTAGE	HOSTAGE INCIDENT	ACTIVE
	*OBTAIN DESCRIPTION OF INCIDENT AND INSTITUTION *DATE/TIME DUTY OFFICER NOTIFIED *DATE/TIME SUPERINTENDENT NOTIFIED *DATE/TIME ADC NOTIFIED *DATE/TIME DEPUTY COMMISSIONER PRISON DIVISION NOTIFIED *DATE/TIME DEPUTY COMMISSIONER ADMINISTRATIVE NOTIFIED *DATE/TIME HEALTH SERVICE DIVISION *NOTIFY PUBLIC AFFAIRS *NOTIFY HNT COMMANDER AND POSSIBLE SUBSEQUENT NOTIFICATION OF TEAM MEMBERS (IF DIRECTED BY DEPUTY COMMISSIONER OR COMMISSIONER) *NOTIFY DIRECTOR OF LEGISLATIVE AFFAIRS	

INCIDENT CODE	DESCRIPTION	STATUS
HS	HUNGER STRIKE (IF GROUP DEMONSTRATION)	ACTIVE
	*NAME OF INMATE'S/ COMMITMENT NUMBERS *AFFECTED FACILITY *CIRCUMSTANCES SURROUNDING STRIKE	

	(NUMBER OF MEALS MISSED, REASON, LOCATION, IS MEDICAL STAFF MONITORING) *DATE/ TIME SUPERINTENDENT NOTIFIED *DATE/ TIME ADC NOTIFIED (IF DIRECTED BY DUTY OFFICER) *DATE/TIME DUTY OFFICER NOTIFIED(AFTER BUSINESS HOURS)	
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INCIDENT CODE	DESCRIPTION	STATUS
INFO – B	INMATE INFO REQUEST-CJIS/LAW AGENCY (BUSINESS HRS) NOTE: FOR NON-LAW ENFORCEMENT, SEE INQUIRY SCREEN	ACTIVE
	*OBTAIN NAME OF THE REQUESTING PARTY, NAME OF CRIMINAL JUSTICE AGENCY THEY REPRESENT, AND PHONE NUMBER *OBTAIN NAME(S) OF THE INMATE(S), I.D. DATA, ETC. (IF KNOWN) *REFER REQUESTING PARTY TO THE DEPARTMENT’S INVESTIGATION UNIT	

INCIDENT CODE	DESCRIPTION	STATUS
INFO - N	INMATE INFO REQUEST-CJIS/LAW AGENCY (NON-BUSINESS) NOTE: FOR NON-LAW ENFORCEMENT, SEE INQUIRY SCREEN	ACTIVE
	*OBTAIN NAME OF REQUESTING PARTY, NAME OF CRIMINAL JUSTICE AGENCY THEY REPRESENT, AND PHONE NUMBER *CONFIRM CALL RECEIVED HAS BEEN MADE BY A CRIMINAL JUSTICE AGENCY BY A CALL-BACK TO THE REQUESTING PARTY *OBTAIN NAME(S) OF THE INMATE(S), I.D. DATA, ETC. (IF KNOWN) *OBTAIN NATURE OF THE INQUIRY BEING MADE *PROVIDE INMATE INFORMATION *NOTIFY INVESTIGATION UNIT DUTY OFFICER	

INCIDENT CODE	DESCRIPTION	STATUS
INJSTF - P	INJURY TO STAFF/ INDUSTRIAL INCIDENTS	ACTIVE
	*AFFECTED FACILITY *NAME/TITLE OF STAFF INVOLVED *BRIEF DESCRIPTION OF EVENT	

	<p>*INJURIES RECEIVED</p> <p>*MEDICAL TREATMENT RECEIVED (I.E., AT FACILITY OR OUTSIDE HOSPITAL)</p> <p>*DATE/ TIME SUPERINTENDENT NOTIFIED</p> <p>*DATE/ TIME EMERGENCY CONTACT NOTIFIED (IF APPLICABLE)</p> <p>*DATE/ TIME ADC NOTIFIED (IF DIRECTED BY DUTY OFFICER)</p> <p>*DATE/TIME DUTY OFFICER NOTIFIED (NON-BUSINESS HOURS ONLY)</p> <p>*DATE/TIME HEALTH SERVICES DUTY OFFICER NOTIFIED (IF DIRECTED BY DUTY OFFICER)</p>	
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<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
INST FAL	INSTITUTIONAL FAILURE	ACTIVE
	<p>*OBTAIN INMATE NAME, I.D, INSTITUTION</p> <p>*OBTAIN STATUS</p> <p>*NOTE ANY SECURITY PRECAUTIONS</p> <p>*NOTE SECURITY RISK LEVEL, IF ANY</p> <p>*ENSURE APPROVAL HAS BEEN RECEIVED FROM CENTRAL CLASSIFICATION</p> <p>*ENSURE RECEIVING INSTITUTION HAS BEEN NOTIFIED</p> <p>*IF SECURITY THREAT GROUP, NOTIFY INVESTIGATIONS</p> <p>*DATE/ TIME DUTY OFFICER NOTIFIED IF FACILITY REFUSES INMATE(AFTER BUSINESS HOURS)</p>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
INQUIRY - N	<p>CITIZEN/MEDIA (NON-BUSINESS HOURS)</p> <p>*NOTE: FOR LAW ENFORCEMENT, SEE INFO SCREEN</p>	ACTIVE

	<p>*OBTAIN NAME OF THE REQUESTING PARTY, NAME OF AGENCY THEY REPRESENT, AND PHONE NUMBER</p> <p>*DESCRIBE TYPE OF INQUIRY</p> <p>*IF MEDIA, REFER TO PUBLIC AFFAIRS AND FOLLOW INSTRUCTIONS, IF ANY</p> <p>*INSTITUTIONAL/DIVISION INQUIRIES REFER TO APPROPRIATE ADC</p>	
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<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
MandT - O	MandT MANUAL HOLD *BRIDGEWATER STATE HOSPITAL INMATES/PATIENTS ONLY	ACTIVE
	<p>*TYPE OF INCIDENT</p> <p>*AFFECTED FACILITY</p> <p>*BRIEF DESCRIPTION OF EVENT</p> <p>*NAME/TITILE OF STAFF INVOLVED</p> <p>*NAME/COMMITMENT NUMBER OF INMATES INVOLVED</p> <p>*INJURIES RECEIVED</p> <p>*MEDICAL TREATMENT RECEIVED (I.E., AT FACILITY OF OUTSIDE HOSPITAL)</p> <p>*DATE/TIME SUPERINTENDENT NOTIFIED</p> <p>*DATE/TIME ADC NOTIFIED (IF DIRECTED BY DUTY OFFICER)</p> <p>*DATE/TIME DUTY OFFICER NOTIFIED (NON-BUSINESS HOURS ONLY)</p> <p>*DATE/TIME HEALTH SERVICES DUTY OFFICER NOTIFIED (IF INJURIES REQUIRE OUTSIDE HOSPITAL TREATMENT)</p>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
MED	UNANTICIPATED MEDICAL TRIP/EMERGENCY	ACTIVE
	<p>*AFFECTED FACILITY</p> <p>*TYPE OF MEDICAL EMERGENCY</p> <p>*NAME OF INMATE, COMMITMENT NUMBER</p> <p>*BRIEF DESCRIPTION OF INCIDENT</p> <p>*MEDICAL TREATMENT RECEIVED (I.E. AT</p>	

	FACILITY OR OUTSIDE HOSPITAL) *DATE/ TIME SUPERINTENDENT NOTIFIED *DATE/ TIME ADC NOTIFIED (IF DIRECTED BY DUTY OFFICER) *DATE/TIME DUTY OFFICER NOTIFIED (NON-BUSINESS HOURS ONLY) *DATE/TIME HEALTH SERVICE DUTY OFFICER NOTIFIED (IF DIRECTED BY DUTY OFFICER)	
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<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
MEMA – B	MEMA ASSISTANCE REQUESTED (BUSINESS HOURS)	ACTIVE
	*CONFIRM REQUEST RECEIVED FROM COMMISSIONER, DEPUTY COMMISSIONER, OR DESIGNEE *ANY OTHER REQUESTING PARTY TO BE APPROVED BY THE DEPUTY COMMISSIONER VIA THE APPROPRIATE ADC *COMPLETE MEMA SUPPORT FORM W/INFO FROM REQUESTING PARTY *CALL MEMA (MA EMERGENCY MANAGEMENT AGENCY) WITH INFO AT (508) 820-2000 AND REQUEST ASSISTANCE *FAX MEMA SUPPORT FORM TO MEMA AT (508) 820-2030 *ORIGINAL FORM TO DEPUTY COMMISSIONER’S OFFICE	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
MVI	MOTOR VEHICLE INCIDENTS	ACTIVE
	*TYPE OF INCIDENT *AFFECTED FACILITY *STAFF/INMATE INVOLVEMENT (NAME AND TITLE FOR STAFF OR NAME AND COMMITMENT NUMBER FOR INMATE) *LOCATION OF INCIDENT *CITIZEN INVOLVEMENT *INJURIES SUSTAINED	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
MEMA – N	MEMA ASSISTANCE REQUESTED (NON-BUSINESS HOURS)	ACTIVE
	<p>*CONFIRM REQUEST RECEIVED FROM COMMISSIONER, DEPUTY COMMISSIONER, OR DESIGNEE</p> <p>*ANY OTHER REQUESTING PARTY TO BE APPROVED BY THE DEPUTY COMMISSIONER VIA THE APPROPRIATE ADC</p> <p>*COMPLETE MEMA SUPPORT FORM W/INFO FROM REQUESTING PARTY</p> <p>*CALL MEMA (MA EMERGENCY MANAGEMENT AGENCY) WITH INFO AT (508) 820-2000 AND REQUEST ASSISTANCE</p> <p>*FAX MEMA SUPPORT FORM TO MEMA AT (508) 820-2030</p> <p>*ORIGINAL FORM TO DEPUTY COMMISSIONER’S OFFICE NEXT BUSINESS DAY</p>	
	<p>*JURISDICTION POLICE DEPARTMENT NOTIFIED</p> <p>*TYPE OF COMMITMENT (I.E. CIVIL, 52A)</p> <p>*DATE/ TIME SUPERINTENDENT NOTIFIED</p> <p>*DATE/ TIME ADC NOTIFIED (IF DIRECTED BY DUTY OFFICER)</p> <p>*DATE/TIME HEALTH SERVICES DUTY OFFICER NOTIFIED (NON-BUSINESS HOURS ONLY IF INJURIES REQUIRE OUTSIDE HOSPITAL TREATMENT)</p> <p>*DATE/ TIME DIRECTOR OF CENTRAL TRANSPORTATION NOTIFIED (IF DIRECTED BY DUTY OFFICER)</p> <p>*NOTIFY PUBLIC AFFAIRS REPRESENTATIVE (IF DIRECTED BY DUTY OFFICER)</p> <p>*DATE/TIME DUTY OFFICER NOTIFIED (NON-BUSINESS HOURS)</p>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
NOTIF – N	NOTIFICATION OF CERTIFIED INDIVIDUALS (NON-BUSINESS HOURS)	ACTIVE
	*OBTAIN INMATE NAME AND COMMITMENT NUMBER *VERIFY CERTIFIED INDIVIDUAL EXISTS IN VNC DATABASE *IF INDIVIDUAL CANNOT BE REACHED BY PHONE, CALL LOCAL POLICE DEPT WHERE PETITIONER RESIDES FOR NOTIFICATION BY POLICE *DOCUMENT CALL TO P.D. IN VICTIM LOG(V-LOG) OF CJIS *NOTIFY DIRECTOR OF VICTIM SERVICES NEXT BUSINESS DAY	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
NUKE	NUCLEAR EMERGENCY	ACTIVE
	*OBTAIN NATURE/DESCRIPTION OF EMERGENCY AND INSTITUTION *VERIFY WITH MASSACHUSETTS EMERGENCY MANAGEMENT AGENCY (MEMA) *NOTIFY HEALTH SERVICE DIVISION (IF LEVEL IS ALERT) *DATE/TIME ADC NOTIFIED *DATE/TIME DUTY OFFICER NOTIFIED (AFTER BUSINESS HOURS)	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
OTHER	OTHER SIGNIFICANT OCCURENCES	ACTIVE
	*OBTAIN STAFF NAME, TITLE *INMATE NAME/NUMBER *AFFECTED FACILITY *REPORTING STAFF *BRIEF SUMMARY OF INCIDENT *DATE/ TIME SUPERINTENDENT NOTIFIED *DATE/ TIME ADC NOTIFIED (IF DIRECTED BY DUTY OFFICER) *NOTIFY PUBLIC AFFAIRS REPRESENTATIVE (IF DIRECTED BY DUTY OFFICER) *DATE/TIME DUTY OFFICER (AFTER BUSINESS HOURS)	



<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
POLICE – B	STATE POLICE ASSISTANCE (BUSINESS HOURS)	ACTIVE
	*CONFIRM REQUEST RECEIVED FROM COMMISSIONER, DEPUTY COMMISSIONER, OR DESIGNEE *ANY OTHER REQUESTING PARTY TO BE APPROVED VIA THE DEPUTY COMMISSIONER *DOCUMENT INFO TO BE COMMUNICATED TO STATE POLICE WHEN REQUESTING ASSISTANCE (NATURE OF ASSISTANCE, LOCATION, CONTACT FOR FOLLOW-UP, ETC.) *CALL STATE POLICE AT (508) 820-2121 TO REQUEST ASSISTANCE AS DIRECTED BY REQUESTING PARTY *SUPERINTENDENT WILL BE RESPONSIBLE FOR CORI A NOTIFICATIONS (IF APPLICABLE)	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
POLICE – N	STATE POLICE ASSISTANCE (NON-BUSINESS HOURS)	ACTIVE
	*CONFIRM REQUEST RECEIVED FROM COMMISSIONER, DEPUTY COMMISSIONER, OR DESIGNEE *ANY OTHER REQUESTING PARTY TO BE APPROVED BY THE DEPUTY COMMISSIONER VIA THE APPROPRIATE ADC *DOCUMENT INFO TO BE COMMUNICATED TO STATE POLICE WHEN REQUESTING ASSISTANCE (NATURE OF ASSISTANCE, LOCATION, CONTACT FOR FOLLOW-UP, ETC.) *CALL STATE POLICE AT (508) 820-2121 TO REQUEST ASSISTANCE AS DIRECTED BY REQUESTING PARTY *DATE/TIME DUTY OFFICER NOTIFIED	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
PPD - R	PHYSICAL PLANT PROBLEMS	ACTIVE
	*AFFECTED FACILITY *NATURE OF PROBLEM *DATE/ TIME SUPERINTENDENT NOTIFIED *DATE/ TIME ADC NOTIFIED (IF DIRECTED BY DUTY OFFICER) *DATE/ TIME RESOURCE MANAGEMENT DIRECTOR NOTIFIED *DATE/TIME DUTY OFFICER NOTIFIED (NON-BUSINESS HOURS ONLY)	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
RHC - B	RETURN TO HIGHER CUSTODY (BUSINESS HOURS)	ACTIVE
	*OBTAIN INMATE NAME, I.D. DATA, INSTITUTION *OBTAIN STATUS (PENDING INV., DISCIPLINARY, ETC.) *NOTE ANY SECURITY PRECAUTIONS *NOTE SECURITY RISK LEVEL, IF ANY *ENSURE APPROVAL HAS BEEN RECEIVED FROM CENTRAL CLASSIFICATION *ENSURE RECEIVING INSTITUTION HAS BEEN NOTIFIED *IF SECURITY THREAT GROUP, NOTIFY INVESTIGATIONS UNIT	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
RHC - N	RETURN TO HIGHER CUSTODY (NON-BUSINESS HOURS)	ACTIVE
	*OBTAIN INMATE NAME, I.D. DATA, INSTITUTION *OBTAIN STATUS (PENDING INV., DISCIPLINARY, ETC.) *NOTE ANY SECURITY PRECAUTIONS *NOTE SECURITY RISK LEVEL, IF ANY *NOTIFY RECEIVING INSTITUTION *IF SECURITY THREAT GROUP, NOTIFY INVESTIGATIONS UNIT D.O. *DATE/TIME DUTY OFFIER NOTIFIED IF FACILITY REFUSES INMATE *WHO AUTHORIZED THE RETURN TO HIGHER CUSTODY	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
SEXASLT - B	SEXUAL ASSAULT – INMATE VICTIM (BUSINESS HOURS)	ACTIVE
	*OBTAIN INMATE (VICTIM) NAME, I.D. DATA, INSTITUTION *OBTAIN DESCRIPTION OF INCIDENT *OBTAIN NAME, I.D. DATA, ETC. OF AGGRESSOR, IF KNOWN *NOTIFY HEALTH SERVICE DIVISION *NOTIFY INVESTIGATION UNIT *DATE/TIME ADC NOTIFIED *FAX SEXUAL ABUSE HOTLINE REPORT TO INVESTIGATIONS UNIT AND APPROPRIATE ADC	

INCIDENT CODE	DESCRIPTION	STATUS
SEXASLT - N	SEXUAL ASSAULT – INMATE VICTIM (NON-BUSINESS)	ACTIVE
	*OBTAIN INMATE (VICTIM) NAME, I.D. DATA, INSTITUTION *OBTAIN DESCRIPTION OF INCIDENT *OBTAIN NAME, I.D. DATA, ETC. OF AGGRESSOR, IF KNOWN *DATE/TIME DUTY OFFICER NOTIFIED *DATE/TIME ADC NOTIFIED (IF DIRECTED BY DUTY OFFICER) *NOTIFY HEALTH SERVICE DUTY OFFICER (IF DIRECTED BY DUTY OFFICER) *NOTIFY INVESTIGATION UNIT DUTY OFFICER *FAX SEXUAL ABUSE HOTLINE REPORT TO THE INVESTIGATIONS UNIT AND THE APPROPRIATE ADC	

INCIDENT CODE	DESCRIPTION	STATUS
SIB	SELF INJURIOUS BEHAVIOR/ THREATS TO HARM ONESELF	ACTIVE
	*AFFECTED FACILITY *NAME/COMMITMENT NUMBER OF INMATE *TYPE OF COMMITMENT (I.E., CIVIL, 52A) *BREIF DESRIPTION OF EVENT *MEDICAL TREATMENT RECEIVED (I.E AT FACILITY OR OUTSIDE HOSPITAL) *DATE/TIME SUPERINTENDENT NOTIFIED *DATE/TIME DUTY OFFICER NOTIFIED (DURING NON-BUISNESS HOURS) *DATE/TIME ADC NOTIFIED (IF DIRECTED BY DUTY OFFICER) *DATE/TIME DEPUTY COMMISSIONER OF PRISONS NOTIFIED (IF DIRECTED BY DUTY OFFICER) *DATE/TIME HEALTH SERVICES NOTIFIED (NON-BUSINESS HOURS ONLY IF DIRECTED BY DDO AND OUTSIDE HOSPITAL IS REQUIRED) *NOTIFY PUBLIC AFFAIRS *MEDICAL OR MENTAL HEALTH STAFF DETERMINING INCIDENT AS SELF INJURIOUS BEHAVIOR	

INCIDENT CODE	DESCRIPTION	STATUS
SUI - Q	SUICIDE	ACTIVE
	*AFFECTED FACILITY *NAME/COMMITMENT NUMBER OF INMATE *TYPE OF COMMITMENT (I.E. CIVIL, 52A) *BRIEF DESCRIPTION OF EVENT *MEDICAL TREATMENT RECEIVED (I.E., AT FACILITY OR OUTSIDE HOSPITAL) *DATE/ TIME SUPERINTENDENT NOTIFIED *DATE/ TIME ADC NOTIFIED *DATE/TIME DEPUTY COMMISSIONER OF PRISONS NOTIFIED *DATE/ TIME INSTITUTION STAFF NOTIFIED MEDICAL EXAMINER *DATE/TIME INSTITUTION STAFF NOTIFIED DISTRICT ATTORNEY *DATE/TIME INSTITUTION STAFF NOTIFIED EMERGENCY CONTACT (NEXT OF KIN) *DATE/TIME DUTY OFFICER NOTIFIED (NON-BUSINESS HOURS ONLY) *DATE/TIME HEALTH SERVICES DUTY OFFICER NOTIFIED (NON-BUSINESS HOURS) *DATE/TIME DIRECTOR OF LEGISLATIVE AFFAIRS NOTIFIED *DATE/TIME PUBLIC AFFAIRS NOTIFIED	

INCIDENT CODE	DESCRIPTION	STATUS
UOF - O	USE OF FORCE/CHEMICAL AGENTS, FIREARMS, K-9	ACTIVE
	*TYPE OF INCIDENT *AFFECTED FACILITY *BRIEF DESCRIPTION OF EVENT *NAME/TITLE OF STAFF INVOLVED *NAME/COMMITMENT NUMBER OF INMATES INVOLVED *INJURIES RECEIVED *MEDICAL TREATMENT RECEIVED (I.E., AT FACILITY OR OUTSIDE HOSPITAL) *DATE/ TIME SUPERINTENDENT NOTIFIED *DATE/ TIME ADC NOTIFIED (IF DIRECTED BY DUTY OFFICER) *DATE/TIME DUTY OFFICER NOTIFIED (NON-BUSINESS HOURS ONLY) *DATE/TIME HEALTH SERVICES DUTY OFFICER NOTIFIED (IF INJURIES REQUIRE OUTSIDE HOSPITAL TREATMENT)	

INCIDENT CODE	DESCRIPTION	STATUS
WORK CREW - N	EMERGENCY WORK CREW REQUEST (NON-BUSINESS HOURS)	ACTIVE
	*OBTAIN NAME OF PERSON REQUESTING WORK CREW(S), ALONG WITH PHONE NUMBER AND NAME OF AGENCY *OBTAIN DESCRIPTION OF EMERGENCY WORK NEEDED TO BE DONE (E.G., NATURE OF WORK, LOCATION, AND LENGTH OF TIME EXPECTED, NUMBER OF INMATES REQUIRED, ETC.) *NOTIFY APPROPRIATE ADC (NORTHERN OR SOUTHERN SECTOR) *NOTIFY DEPUTY COMMISSIONER OF PRISON DIVISIONS (IF DIRECTED BY ADC)	

## DEPARTMENT DUTY STATION

### POTENTIAL DISORDERS

#### A. Inmate Disturbances/Disorders:

1. **Insurrections:** Inmate disorders, which may include riots, major fights, and/or random property destruction.
2. **Work Stoppage:** Any coordinated effort by a group of inmates to disrupt the orderly running of the institution by refusing to work, or by attempting to persuade other inmates to do the same.
3. **Dining Hall Boycott:** Any coordinated effort by a group of inmates who are refusing to eat, or attempting to persuade other inmates to do the same.
4. **Demonstrations:** Any coordinated effort by a group of inmates to disrupt the orderly running of the institution by openly and publicly displaying or expressing dissent or by attempting to persuade other inmates to do the same. Such incidents can quickly evolve into more severe scenarios, including fights, riots and the destruction of property.

**B. Outside Individual/Group Disturbance:** The intrusion of outside individuals or groups intent on the disruption of normal operations or institution security;

**C. Staff Job Action:** An employee work stoppage or strike;

**D. Chemical/Biological Contamination:** Any known contamination of the air or water either directly at, or within the vicinity of the institution.

**E. Fires:** Any large-scale fire that requires outside assistance to contain and extinguish, or that requires the relocation and/or evacuation of inmates and staff for safety and security reasons, especially where severe physical damage to the facility has resulted.

**F. Medical Disasters:** Any large-scale medical emergency requiring medical aid is provided to many inmates, visitors, or staff, regardless of the cause of the injuries. The specifics of this plan shall be in accordance with 103 DOC 604.08, Medical Disaster Plans, and UMMS Correctional Services policy, 7.00, Emergency Plan - Disaster.

**G. Terrorist Incident:** Any incident perpetrated by an individual or terrorist group, either executed upon the facility directly, or within the surrounding community, whereby the operations and security of the institution, or the safety of inmates, visitors and staff are placed at risk. The nature of such incidents may be varied and could include the disruption of utilities, public services, the destruction of property, or the chemical/biological contamination of air or water.

**MEMA SUPPORT REQUEST FORM (TEL #508-820-2000) (FAX #508-820-2030)**

INCIDENT #: \_\_\_\_\_  
(Furnished by MEMA)

DATE OF REPORT: \_\_\_\_\_ TIME OF REPORT: \_\_\_\_\_

REPORTING ENTITY: \_\_\_\_\_

REPORTING INDIVIDUAL: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT INDIVIDUAL: \_\_\_\_\_ PHONE: \_\_\_\_\_

TYPE OF INCIDENT: \_\_\_\_\_ DATE & TIME OF INCIDENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

STATE OF EMERGENCY DECLARED? YES NO NOT AT THIS TIME

IF YES, TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

DESCRIPTION OF INCIDENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS ASSISTANCE REQUIRED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, DESCRIBE ASSISTANCE REQUIRED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCATION AND POINT OF CONTACT AT SCENE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STAFF SEXUAL MISCONDUCT WITH INMATES ALLEGATION REPORTING**  
**FORM**

*(If any of the space provided below is not sufficient, attach additional information to this form).*

Reporting Institution: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Alleged victim(s): \_\_\_\_\_

*(Include complete name and commitment number)*

Alleged perpetrator(s): \_\_\_\_\_

*(Include complete name and title)*

List any potential witnesses to the alleged incident:

\_\_\_\_\_  
\_\_\_\_\_

Date & time of alleged incident: \_\_\_\_\_

Shift and location where incident is alleged to have occurred:

\_\_\_\_\_  
\_\_\_\_\_

How did the allegation surface? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Provide a detailed account of the allegation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Action taken to this point: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Report completed by: \_\_\_\_\_

Superintendent's name & signature: \_\_\_\_\_

\_\_\_\_\_