

 <p style="text-align: center;">Massachusetts Department of Correction <b>POLICY</b></p>	Effective Date <p style="text-align: center;">6/10/2026</p>	Responsible Division <p style="text-align: center;">Deputy Commissioner, Field Services</p>
	Annual Review Date <p style="text-align: center;">6/10/2026</p>	
Policy Name <p style="text-align: center;">103 DOC 105 OFFICER OF THE DAY AND DEPARTMENT DUTY STATION</p>	Regulation Reference: M.G.L., Chapter 124, Section 1 (c) and (g).	
	DOC Policy Reference: 103 DOC 407	
	ACA/PREA Standards: 5-ACI-6E-05	
Attachments Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Library Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Applicability: <b>Staff</b>
Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location: Department's Central Policy File Each Institution's Policy File	
<p><b>PURPOSE:</b> To establish a Department Officer of the Day and Duty Station system designed to ensure 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, Office 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>		

## TABLE OF CONTENTS

105.01	Institutional Duty Officer	3
105.02	Department Duty Station	3
105.03	Significant Occurrences	4
105.04	Duties and Responsibilities	5
105.05	Notification Procedures	5
105.06	Notification to Certified Petitioners	7
105.07	Significant Incident Weekly Reports	7

## ATTACHMENTS

Attachment #1	Incident Code Listing	8
Attachment #2	MEMA Support Request Form	24

**105.01**

**INSTITUTIONAL DUTY OFFICER**

- A. 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:
  - 1. A list of approved Institutional Duty Officers (IDO);
  - 2. A current schedule of IDO's;
  - 3. Requirements for documentation that personnel received applicable and appropriate standardized Department of Correction training;
- B. The responsibilities of the IDO shall include the following:
  - 1. Receive notification of institutional incidents;
  - 2. Determine/ensure appropriate notification to the Superintendent as necessary.
  - 3. Review the electronic duty log on a daily basis to ensure accuracy of entry. Update when necessary.

**105.02**

**DEPARTMENT DUTY STATION**

- A. Milford Headquarters shall maintain the Department Duty Station. The duty station shall be manned twenty-four (24) hours per day, seven (7) days per week.
- B. The Department Duty Station shall maintain an accurate and up-to-date listing of the home and cellular telephone numbers of all key Department personnel and contact numbers for other agencies and organizations. It is the responsibility of the Chief of OIS to ensure that all appropriate Department individuals, external agencies and organizations are included in this listing and that all names and telephone numbers are current.
- C. The Duty Station shall also maintain an active-duty roster for the following on-call divisions:
  - 1. Health Services;
  - 2. Office of Investigative Services;
  - 3. Professional Standards Unit;
  - 4. Resource Management;
  - 5. Executive Office of Technology Services & Security
  - 6. Employee Assistance Unit;

7. Office of Media Relations;
8. Classification;
9. Central Date Computation Unit;
10. Special Operations

It will be the responsibility of the above-referenced Division Heads to keep the Department 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 Executive Office of Technology Services & Security (EOTSS) tour of duty is four (4) weeks, beginning on the first Monday of the month through the first Monday of the following month.

- D. 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 communication by other Department staff or by non-department individuals.
- E. All communications to and from the Department Duty Station shall be documented in the electronic duty log.
- F. Staff assigned to the Department Duty Station shall not provide the home or cellular telephone numbers of any Department staff member to any person seeking to contact a staff member. The staff member assigned to the Department Duty Station shall take the contact telephone number from the individual wishing to contact the Department staff member. The Department Duty Station staff member shall then attempt to contact the Department staff member first, at that person's home. Only after the Department Duty Station staff member has been unable to contact the Department staff member at that person's home telephone number, shall the Department 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 Department staff member.

### **105.03**

#### **SIGNIFICANT OCCURRENCES**

- A. Significant occurrences within and/or related to the Department may include but not be limited to those codes that are listed in Attachment #1 of this policy.
- B. During normal business hours, the appropriate Deputy Commissioner(s) and/or Chief of Staff shall be notified of all significant occurrences through the appropriate chain of command.

#### **105.04**

#### **DUTIES AND RESPONSIBILITIES**

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

- A. During normal business hours the appropriate Deputy Commissioner(s) and/or Chief of Staff 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 (A), which are deemed to be significant occurrences, are communicated to the Department Duty Station during normal business hours for inclusion in the electronic duty log once notification is made to the appropriate Deputy Commissioner(s) and/or Chief of Staff. 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.
- B. When external telephone calls are received at the Department Duty Station, to include but not limited to citizens and media representatives, staff assigned to the Department Duty Station shall be responsible for notifying the appropriate Department staff member pursuant to department policy and prompts in the electronic duty log.
- C. The Department shall maintain an electronic duty log for all incidents that occur outside of normal business hours. Department 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 Sergeant(s) 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**

- A. 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.

- B. Following this notification, the IDO shall ensure the shift commander or designee, pursuant to the approved IDO plan, that the superintendent has been informed of this significant occurrence.
- C. The Superintendent, following consultation with the shift commander or designee, 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, they shall ensure that the Department Duty Station is notified by the shift commander. \*

Note: Notifications shall be made by calling the Department Duty Station staff. Notifications shall not be made electronically or by any other means.

- D. 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 or designee alone and shall be flagged as being “Confidential” so that only staff designated by the Commissioner have access to read these entries.
- E. 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.
- F. The Chief of OIS will be notified electronically of all incidents noted in the Department Duty Log. For serious incidents that require immediate response or notification, the Superintendent or designee shall notify the Chief of OIS or designee via telephone. The Chief of OIS or designee shall be responsible for notifying the Deputy Commissioner of Field Services and/or Chief of Staff of significant occurrences if the need for such communication is required.
- G. Factors for the Chief of OIS to consider when deciding whether or not to make notifications to Executive Staff members shall include:
  - 1. Seriousness of the impact of the incident on public safety;
  - 2. Seriousness of the impact of the incident on institution or Department operations;
  - 3. Seriousness of any injury suffered by any person;
  - 4. Potential need for assistance from any other Department division or external agency to resolve the incident satisfactorily;
  - 5. Seriousness of damage to state property;

- H. 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 their 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.

**105.06**

**NOTIFICATION TO CERTIFIED PETITIONERS**

- A. During business hours the Victim Services Unit (VSU) shall notify any petitioner(s) previously approved for such notification by the Department of Criminal Justice Information Services (DCJIS) in accordance with 103 DOC 407, *Victim Services Unit*, section 407.10. During non-business hours, the Department Duty Station shall notify any petitioner(s) previously approved for such notification by DCJIS in accordance with 103 DOC 407, *Victim Services Unit*, section 407.10.
- B. 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 petitioner in the Victim Notification Registry (VNR) database, the local police department where the certified petitioner 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 Services Unit shall be notified by the Department Duty Station the next business day to provide follow-up notification by mail to the certified petitioner. The Director of the Victim Services Unit shall be notified immediately of any escape, to provide victim/survivors with support and assist in safety planning as needed.
- C. In the event of an incarcerated or civilly committed individual's 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. VSU shall provide follow-up notification by mail the next business day.

**105.07**

**SIGNIFICANT INCIDENT REPORT**

- A. At each Executive Staff meeting, the Chief of OIS shall report on significant trends that occurred during the prior weeks.
- B. In the event of a department wide loss of computer infrastructure; a contingency plan for Continuity of Operations Plan (COOP) is located in the Deputy Commissioner of Field Services' Office.

**DEPARTMENT DUTY STATION  
INCIDENT CODE LISTING**

ALAR	Alarm	
APP	Apprehension	
ARR	Arrest Staff	
ARR	Arrest Civilian/Visitor	
ARR	Arrest Incarcerated Individual/Civil Commitment	
ASLT	Staff Assault	
ATT ELO	Attempted Elopement – MASAC @ Plymouth	
ATT SUI	Attempted Suicide	
BMB	Bomb Threat	
DIS	Disorders/Disturbance in Institution	
DTH	Death Staff (On Duty)	
DTH	Incarcerated Individual/Civil Commitment 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	Incarcerated Individual/Civil Commitment Fight	
FUR	Emergency Release Under Escort	
HOSTAGE	Hostage Incident	Non-business/Business
HS	Hunger Strike	
INFO	Incarcerated Individual/Civil Commitment Info Request-CJIS/Law Enforcement	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 Petitioners' Notification	Non-business Only
NUKE	Nuclear Emergency	
OTHER	Other Significant Occurrences	
POLICE	State Police Assistance Requested	Non-business/Business
PPD	Physical Plant Problems	
RHC	Return To Higher Custody	Non-business/Business
SIB	Self-Injurious Behavior	
SEXASLT	Sexual Assault - Incarcerated Individual/Civil Commitment Victim	Non-business/Business
SUI	Suicide	
UOF	Use of Force	
WORK CREW	Emergency Work Crew Request	Non-business Only

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
ALAR - D	Alarms (Industries, Training Academy, Warren Hall, Etc.)	ACTIVE
	<ul style="list-style-type: none"> <li>*Reporting Institution/Division</li> <li>*Type Of Alarm Reported</li> <li>*Brief Description of Incident</li> <li>*Date/Time Superintendent Notified</li> <li>*Date/Time ADC Notified</li> <li>*Date/Time Duty Officer Notified</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
APP - B	Apprehension	ACTIVE
	<ul style="list-style-type: none"> <li>*Obtain Incarcerated Individual/Civil Commitment Name and ID Data</li> <li>*If Parole Violation Notify Parole Central Office</li> <li>*Confirm Warrant Via Apprehension Unit</li> <li>*Notify Apprehension Unit</li> <li>*If Furlough, Notify Institution</li> <li>*Notify Appropriate ADC</li> <li>*Notify Media Relations if Directed</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
ARR - F	Arrest Staff	ACTIVE
	<ul style="list-style-type: none"> <li>*Obtain Staff Name, Title</li> <li>*Affected Institution</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 (During Business Hours)</li> <li>*Notify Media Relations 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 - FF	Arrest Civilian/Visitor	ACTIVE
	<ul style="list-style-type: none"> <li>*Affected Institution</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 Media Relations 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 Incarcerated Individual/Civil Commitment	ACTIVE
	<ul style="list-style-type: none"> <li>*Affected Institution</li> <li>*Reporting Staff</li> <li>*Obtain Incarcerated Individual/Civil Commitment Name And ID Data</li> <li>*Arresting 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 Incarcerated Individual/Civil Commitment is Being Held</li> <li>*Date/Time Superintendent Notified</li> <li>*Date/Time ADC Notified</li> <li>*Notify Media Relations Representative</li> <li>*Date/Time Duty Officer Notified (After Business Hours)</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
ASLT - G	Assault On Staff	ACTIVE
	<ul style="list-style-type: none"> <li>*Staff, Name, Title</li> <li>*Reporting Staff</li> <li>*Affected Institution</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 Assault 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>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
ATT ELOP	Attempted Elopement External Public Safety Contacts	ACTIVE
	<ul style="list-style-type: none"> <li>*Affected Institution</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>
ATT SUI	Attempted Suicide	ACTIVE
	<ul style="list-style-type: none"> <li>*Affected Institution</li> <li>*Name/Commitment Number of Incarcerated Individual/Civil Commitment</li> <li>*Type of Commitment (i.e., Civil, 52a)</li> <li>*Brief Description of Event</li> <li>*Medical Treatment Received (i.e., at Institution 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 Media Relations</li> <li>*Medical or Mental Health Staff Determining Incident as an Attempted Suicide</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
BOMB - H	Bomb/Threat	ACTIVE
	<ul style="list-style-type: none"> <li>*Affected Institution</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 Media Relations Representative (If Directed by Duty Officer)</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
DIS-L	Disorders/Disturbance in an Institution	ACTIVE
	<ul style="list-style-type: none"> <li>*Affected Institution</li> <li>*Type of Disorder/Disturbance</li> <li>*Brief Description of Events to Include Injuries of Staff and Incarcerated Individuals/Civil Commitments</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 of Prisons Notified</li> <li>*Date/Time Special Operations Activated</li> <li>*Notify Media Relations Representative</li> <li>*Notify Health Services Duty Officer</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
DTH - K	Death of Staff Member (On-Duty)	ACTIVE
	*Name of Staff Member/Title *Assigned Institution *Circumstances Surrounding On-Duty Death *Date/Time Superintendent Notified *Date/Time Duty Officer *Date/Time ADC Notified *Date/Time Deputy Commissioner of Prisons Notified *Date/Time Commissioner Notified *Date/Time OIS Notified *Date/Time Health Services Duty Officer Notified *Date/Time Institution Staff Made Emergency Contact Notification *Notify Media Relations Representative	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
DTH - KK	Death of Incarcerated Individual/Civil Commitment	ACTIVE
	* Name/Commitment Number of Incarcerated Individual/Civil Commitment *Affected Institution *Circumstances Surrounding Death *Date/Time Superintendent Notified *Date/Time ADC Notified *Date/Time OIS Notified *Date/Time Legislative Representative Notified *Date/Time Emergency Notification Made *Notify Media Relations Representative *Date/Time Health Services Duty Officer Notified (During Non-Business Hours) *Date/Time Medical Examiner Notified *Date/Time District Attorney Notified *Notify Duty Officer (After Business Hours) *Date/Time CORI A Petitioner Notified (If Applicable)	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
ELOP	Elopement External Public Safety Contacts	ACTIVE
	*Affected Institution *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)	

<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 Duty Officer if Injuries Affect Delivery of Health Care Services</li> <li>*Notify Media Relations Representative, 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 Institution</li> <li>*Type of Exposure</li> <li>*Name of Person(s) Affected (If Staff, Note Title; If Incarcerated Individual/Civil Commitment, Note Commitment Number)</li> <li>*Brief Description of Incident</li> <li>*Medical Treatment Received (i.e., at Institution or Outside Hospital)</li> <li>*Date/Time Superintendent Notified</li> <li>*Date/Time ADC Notified</li> <li>*Date/Time Health Service Duty Officer Notified</li> <li>*Date/Time Duty Officer Notified (Non-Business Hours Only)</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
EPSC	External Public Safety Contacts	ACTIVE
	<ul style="list-style-type: none"> <li>*Affected Institution</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>
ESCAPE - B	Escape: Custody/Community Release	ACTIVE
	<ul style="list-style-type: none"> <li>*Obtain Type of Escape</li> <li>*Obtain Incarcerated Individual/Civil Commitment Name, ID Data</li> <li>*Date/Time Superintendent Notified</li> <li>*Date/Time ADC Notified</li> <li>*Date/Time Deputy Commissioner of Prisons Notified</li> <li>*Deputy Commissioner, Field Services Notify CORI A Petitioner, if Applicable (Non-Business Hours)</li> <li>*Date/Time Apprehension Unit Notified</li> <li>*Date/Time Duty Officer Notified (Non-Business Hours)</li> <li>*Date/Time Media Relations Notified</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
FI - N	Firearm Incident	ACTIVE
	<ul style="list-style-type: none"> <li>*Type of Incident</li> <li>*Affected Institution/Division</li> <li>*Brief Description of Event</li> <li>*Name/Title of Staff Involved (If Any)</li> <li>*Name/Commitment Number of Incarcerated Individual/Civil Commitment Involved (If Any)</li> <li>*Injuries Received</li> <li>*Medical Treatment Received (i.e., At Institution 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 Media Relations Representative</li> <li>*Notify OIS Duty Officer</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
FIGHT	Incarcerated Individual/Civil Commitment Fight	ACTIVE
	<ul style="list-style-type: none"> <li>*Reporting Staff</li> <li>*Affected Institution/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	ACTIVE
	<ul style="list-style-type: none"> <li>*Pre-Approved or Denied</li> <li>*Obtain Incarcerated Individual/Civil Commitment Name, ID Data, Institution</li> <li>*Identify Nature of Emergency (Death, Illness, Etc.)</li> <li>*Document Individual Who Is Requesting Authorization</li> <li>*Identify Security Issues/Conditions</li> <li>*Identify Security Risk Level and Ensure Department Guidelines Are Followed</li> <li>*Determine Status of CORI A, Ensure VSU Has Been Notified During Business Hours</li> <li>*Date/Time Petitioners Notified (During Non-Business Hours)</li> <li>*Date/Time Duty Officer Notified (During Non-Business Hours)</li> <li>*Date/Time Commissioner Contacted for Approval (If Incarcerated Individual/Civil Commitment is Serving Life Sentence)</li> <li>*Date/Time Deputy Commissioner of Clinical Services &amp; Reentry is Contacted for Approval</li> <li>*Approving Authority's Name/Title</li> <li>*Date/Time Institution Has Made Proper Notifications</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
HOSTAGE	Hostage Incident	ACTIVE
	<ul style="list-style-type: none"> <li>*Obtain Description of Incident And Institution</li> <li>*Date/Time Duty Officer Notified</li> <li>*Date/Time Superintendent Notified</li> <li>*Date/Time ADC Notified</li> <li>*Date/Time Deputy Commissioner Prisons Notified</li> <li>*Date/Time Deputy Commissioner Administration Notified</li> <li>*Date/Time Health Service Division Notified</li> <li>*Notify Media Relations</li> <li>*Notify HNT Commander and Possible Subsequent Notification of Team Members (If Directed by Deputy Commissioner or Commissioner)</li> <li>*Notify Director of Legislative Affairs</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
HS	Hunger Strike (If Group Demonstration)	ACTIVE
	<ul style="list-style-type: none"> <li>*Name of Incarcerated Individual/Civil Commitment &amp; Commitment Numbers</li> <li>*Affected Institution</li> <li>*Circumstances Surrounding Strike (Number of Meals Missed, Reason, Location, Is Medical Staff Monitoring)</li> <li>*Date/Time Superintendent Notified</li> <li>*Date/Time ADC Notified (If Directed by Duty Officer)</li> <li>*Date/Time Duty Officer Notified (After Business Hours)</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
INFO – B	Incarcerated Individual/Civil Commitment Info Request - CJIS/Law Agency (Business Hours) 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 Incarcerated Individual/Civil Commitment’s ID Data, etc. (If known) *Refer Requesting Party to The Department’s Investigation Unit	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
INFO - N	Incarcerated Individual/Civil Commitment Info Request - CJIS/Law Agency (Non-Business Hours) 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 Incarcerated Individual/Civil Commitment’s ID Data, etc. (If known) *Obtain Nature of The Inquiry Being Made *Provide Incarcerated Individual/Civil Commitment Information *Notify Investigation Unit Duty Officer	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
INJSTF - P	Injury To Staff/Industrial Incidents	ACTIVE
	*Affected Institution *Name/Title of Staff Involved *Brief Description of Event *Injuries Received *Medical Treatment Received (i.e., at Institution or Outside Hospital) *Date/Time Superintendent Notified *Date/Time Emergency Contact Notified (If Applicable) *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 Directed by Duty Officer)	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
INST FAL	Institutional Failure	ACTIVE
	<ul style="list-style-type: none"> <li>*Obtain Incarcerated Individual/Civil Commitment Name, ID, Institution</li> <li>*Obtain Status</li> <li>*Note Any Security Precautions</li> <li>*Note Security Risk Level, If Any</li> <li>*Ensure Approval Has Been Received from Central Classification</li> <li>*Ensure Receiving Institution Has Been Notified</li> <li>*If Security Threat Group, Notify Investigations</li> <li>*Date/Time Duty Officer Notified If Institution Refuses Incarcerated Individual (After Business Hours)</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
INQUIRY - N	Citizen/Media (Non-Business Hours)	ACTIVE
	<ul style="list-style-type: none"> <li>*Note: For Law Enforcement, See Info Screen</li> <li>*Obtain Name of The Requesting Party, Name of Agency They Represent, And Phone Number</li> <li>*Describe Type of Inquiry</li> <li>*If Media, Refer to Media relations and Follow Instructions, If Any</li> <li>*Institution/Division Inquiries - Refer to Appropriate ADC</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
MANDT - O	MANUAL HOLD *BRIDGEWATER STATE HOSPITAL INCARCERATED INDIVIDUALS/PATIENTS ONLY	ACTIVE
	<ul style="list-style-type: none"> <li>*Type of Incident</li> <li>*Affected Institution</li> <li>*Brief Description of Event</li> <li>*Name/Title of Staff Involved</li> <li>*Name/Commitment Number of Incarcerated Individuals/Patients Involved</li> <li>*Injuries Received</li> <li>*Medical Treatment Received (i.e., At Institution or Outside Hospital)</li> <li>*Date/Time Superintendent Notified</li> <li>*Date/Time ADC Notified (If Directed by Duty Officer)</li> <li>*Date/Time Duty Officer Notified (Non-Business Hours Only)</li> <li>*Date/Time Health Services Duty Officer Notified (If Injuries Require Outside Hospital Treatment)</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
MED	Unanticipated Medical Trip/Emergency	ACTIVE
	<ul style="list-style-type: none"> <li>*Affected Institution</li> <li>*Type of Medical Emergency</li> <li>*Name of Incarcerated Individual/Civil Commitment; Commitment Number</li> <li>*Brief Description of Incident</li> <li>*Medical Treatment Received (i.e., At Institution or Outside Hospital)</li> <li>*Date/Time Superintendent Notified</li> <li>*Date/Time ADC Notified (If Directed by Duty Officer)</li> <li>*Date/Time Duty Officer Notified (Non-Business Hours Only)</li> <li>*Date/Time Health Service Duty Officer Notified (If Directed by Duty Officer)</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
MEMA – B	MEMA Assistance Requested (Business Hours)	ACTIVE
	<ul style="list-style-type: none"> <li>*Confirm Request Received from Commissioner, Deputy Commissioner, or Designee</li> <li>*Any Other Requesting Party to Be Approved by the Deputy Commissioner via the Appropriate ADC</li> <li>*Complete MEMA Support Form with Info from Requesting Party</li> <li>*Call MEMA (MA Emergency Management Agency) With Info At 508-820-2000 And Request Assistance</li> <li>*Fax MEMA Support Form to MEMA at 508-820-2030</li> <li>*Original Form to Deputy Commissioner’s Office</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
MVI	Motor Vehicle Incidents	ACTIVE
	<ul style="list-style-type: none"> <li>*Type Of Incident</li> <li>*Affected Institution</li> <li>*Staff/Incarcerated Individual Involvement (Name and Title for Staff or Name and Commitment Number for Incarcerated Individual/Civil Commitment)</li> <li>*Location Of Incident</li> <li>*Citizen Involvement</li> <li>*Injuries Sustained</li> <li>*Jurisdiction Police Department Notified</li> <li>*Type of Commitment (I.E. Civil, 52a)</li> <li>*Date/Time Superintendent Notified</li> <li>*Date/Time ADC Notified (If Directed by Duty Officer)</li> <li>*Date/Time Health Services Duty Officer Notified (Non-Business Hours Only If Injuries Require Outside Hospital Treatment)</li> <li>*Date/Time Director of Central Transportation Notified (If Directed by Duty Officer)</li> <li>*Notify Media Relations Representative (If Directed by Duty Officer)</li> <li>*Date/Time Duty Officer Notified (Non-Business Hours)</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
MEMA – N	Mema Assistance Requested (Non-Business Hours)	ACTIVE
	<ul style="list-style-type: none"> <li>*Confirm Request Received from Commissioner, Deputy Commissioner, Or Designee</li> <li>*Any Other Requesting Party To Be Approved By The Deputy Commissioner Via The Appropriate ADC</li> <li>*Complete Mema Support Form W/Info From Requesting Party</li> <li>*Call MEMA (MA Emergency Management Agency) With Info At 508-820-2000 And Request Assistance</li> <li>*Fax MEMA Support Form To MEMA At 508-820-2030</li> <li>*Original Form To Deputy Commissioner’s Office Next Business Day</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
NOTIF – N	Notification of Certified Petitioners (Non-Business Hours)	ACTIVE
	<ul style="list-style-type: none"> <li>*Obtain Incarcerated Individual/Civil Commitment Name And Commitment Number</li> <li>*Verify Certified Petitioner Exists in VNC Database</li> <li>*If Individual Cannot Be Reached By Phone, Call Local Police Dept Where Petitioner Resides For Notification By Police</li> <li>*Document Call To P.D. In Victim Log(V-Log) Of CJIS</li> <li>*Notify Director Of Victim Services Next Business Day</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
NUKE	Nuclear Emergency	ACTIVE
	<ul style="list-style-type: none"> <li>*Obtain Nature/Description Of Emergency And Institution</li> <li>*Verify With Massachusetts Emergency Management Agency (Mema)</li> <li>*Notify Health Service Division (If Level Is Alert)</li> <li>*Date/Time ADC Notified</li> <li>*Date/Time Duty Officer Notified (After Business Hours)</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
OTHER	Other Significant Occurrences	ACTIVE
	<ul style="list-style-type: none"> <li>*Obtain Staff Name, Title</li> <li>*Incarcerated Individual/Civil Commitment Name and Number</li> <li>*Affected Institution</li> <li>*Reporting Staff</li> <li>*Brief Summary Of Incident</li> <li>*Date/Time Superintendent Notified</li> <li>*Date/Time ADC Notified (If Directed By Duty Officer)</li> <li>*Notify Media Relations Representative (If Directed By Duty Officer)</li> <li>*Date/Time Duty Officer (After Business Hours)</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
<b>POLICE – B</b>	<b>State Police Assistance (Business Hours)</b>	<b>ACTIVE</b>
	<ul style="list-style-type: none"> <li>*Confirm Request Received From Commissioner, Deputy Commissioner, Or Designee</li> <li>*Any Other Requesting Party To Be Approved Via The Deputy Commissioner</li> <li>*Document Info To Be Communicated To State Police When Requesting Assistance (Nature Of Assistance, Location, Contact For Follow-Up, Etc.)</li> <li>*Call State Police At 508-820-2121 To Request Assistance As Directed By Requesting Party</li> <li>*Superintendent Will Be Responsible For CORI A Notifications (If Applicable)</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
<b>POLICE – N</b>	<b>State Police Assistance (Non-Business Hours)</b>	<b>ACTIVE</b>
	<ul style="list-style-type: none"> <li>*Confirm Request Received From Commissioner, Deputy Commissioner, Or Designee</li> <li>*Any Other Requesting Party To Be Approved By The Deputy Commissioner Via The Appropriate ADC</li> <li>*Document Info To Be Communicated To State Police When Requesting Assistance (Nature Of Assistance, Location, Contact For Follow-Up, Etc.)</li> <li>*Call State Police At 508-820-2121 To Request Assistance As Directed By Requesting Party</li> <li>*Date/Time Duty Officer Notified</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
<b>PPD - R</b>	<b>Physical Plant Problems</b>	<b>ACTIVE</b>
	<ul style="list-style-type: none"> <li>*Affected Institution</li> <li>*Nature Of Problem</li> <li>*Date/Time Superintendent Notified</li> <li>*Date/Time ADC Notified (If Directed By Duty Officer)</li> <li>*Date/Time Resource Management Director Notified</li> <li>*Date/Time Duty Officer Notified (Non-Business Hours Only)</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
<b>RHC - B</b>	<b>Return To Higher Custody (Business Hours)</b>	<b>ACTIVE</b>
	<ul style="list-style-type: none"> <li>*Obtain Incarcerated Individual Name, I.D. Data, Institution</li> <li>*Obtain Status (Pending Inv., Disciplinary, Etc.)</li> <li>*Note Any Security Precautions</li> <li>*Note Security Risk Level, If Any</li> <li>*Ensure Approval Has Been Received From Central Classification</li> <li>*Ensure Receiving Institution Has Been Notified</li> <li>*If Security Threat Group, Notify Investigations Unit</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
RHC – N	Return To Higher Custody (Non-Business Hours)	<b>ACTIVE</b>
	<ul style="list-style-type: none"> <li>*Obtain Incarcerated Individual Name, I.D. Data, Institution</li> <li>*Obtain Status (Pending Inv., Disciplinary, Etc.)</li> <li>*Note Any Security Precautions</li> <li>*Note Security Risk Level, If Any</li> <li>*Notify Receiving Institution</li> <li>*If Security Threat Group, Notify Investigations Unit D.O.</li> <li>*Date/Time Duty Officer Notified If Institution Refuses Incarcerated Individual</li> <li>*Who Authorized The Return To Higher Custody</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
SEXASSLT - B	Sexual Assault – Incarcerated Individual/Civil Commitment Victim (Business Hours)	<b>ACTIVE</b>
	<ul style="list-style-type: none"> <li>*Obtain Incarcerated Individual/Civil Commitment (Victim) Name, I.D. Data, Institution</li> <li>*Obtain Description Of Incident</li> <li>*Obtain Name, I.D. Data, Etc. Of Aggressor, If Known</li> <li>*Notify Health Service Division</li> <li>*Notify Investigation Unit</li> <li>*Date/Time ADC Notified</li> <li>*Fax Sexual Abuse Hotline Report To Investigations Unit And Appropriate ADC</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
SEXASSLT - N	Sexual Assault – Incarcerated Individual/Civil Commitment Victim (Non-Business)	<b>ACTIVE</b>
	<ul style="list-style-type: none"> <li>*Obtain Incarcerated Individual/Civil Commitment (Victim) Name, I.D. Data, Institution</li> <li>*Obtain Description Of Incident</li> <li>*Obtain Name, I.D. Data, Etc. Of Aggressor, If Known</li> <li>*Date/Time Duty Officer Notified</li> <li>*Date/Time ADC Notified (If Directed By Duty Officer)</li> <li>*Notify Health Service Duty Officer (If Directed By Duty Officer)</li> <li>*Notify Investigation Unit Duty Officer</li> <li>*Fax Sexual Abuse Hotline Report To The Investigations Unit And The Appropriate ADC</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
<b>SIB</b>	<b>Self-Injurious Behavior/Threats To Harm Oneself</b>	<b>ACTIVE</b>
	<ul style="list-style-type: none"> <li>*Affected Institution</li> <li>*Name and Commitment Number Of Incarcerated Individual/Civil Commitment</li> <li>*Type Of Commitment (I.E., Civil, 52a)</li> <li>*Brief Description Of Event</li> <li>*Medical Treatment Received (i.e., At Institution 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 DDD And Outside Hospital Is Required)</li> <li>*Notify Media Relations</li> <li>*Medical Or Mental Health Staff Determining Incident As Self-Injurious Behavior</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
<b>SUI - Q</b>	<b>Suicide</b>	<b>ACTIVE</b>
	<ul style="list-style-type: none"> <li>*Affected Institution</li> <li>*Name/Commitment Number Of Incarcerated Individual/Civil Commitment</li> <li>*Type Of Commitment (i.e., Civil, 52a)</li> <li>*Brief Description Of Event</li> <li>*Medical Treatment Received (i.e., At Institution Or Outside Hospital)</li> <li>*Date/Time Superintendent Notified</li> <li>*Date/Time ADC Notified</li> <li>*Date/Time Deputy Commissioner Of Prisons Notified</li> <li>*Date/Time Institution Staff Notified Medical Examiner</li> <li>*Date/Time Institution Staff Notified District Attorney</li> <li>*Date/Time Institution Staff Notified Emergency Contact (Next Of Kin)</li> <li>*Date/Time Duty Officer Notified (Non-Business Hours Only)</li> <li>*Date/Time Health Services Duty Officer Notified (Non-Business Hours)</li> <li>*Date/Time Director of Legislative Affairs Notified</li> <li>*Date/Time Media Relations Notified</li> </ul>	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
UOF - O	Use Of Force	<b>ACTIVE</b>
	*Type Of Incident *Affected Institution *Brief Description Of Event *Name/Title Of Staff Involved *Name/Commitment Number Of Incarcerated Individuals/Civil Commitments Involved *Injuries Received *Medical Treatment Received (i.e., At Institution 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)	

<b>INCIDENT CODE</b>	<b>DESCRIPTION</b>	<b>STATUS</b>
WORK CREW - N	Emergency Work Crew Request (Non-Business Hours)	<b>ACTIVE</b>
	*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 Incarcerated Individuals Required, Etc.) *Notify Appropriate ADC (Northern Or Southern Sector) *Notify Deputy Commissioner Of Prison Divisions (If Directed By ADC)	

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_