ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction	Index #: 113.53	Page 1 of 4
	Effective Date: July 1, 2019	
	Distribution: A	
	Supersedes: 113.53 (12/1/15)	
Approved by: Tony Parker		
Subject: ACCIDENT/INJURY REPORTING		

I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.

II. PURPOSE: To facilitate the monitoring of accidents and traumatic injuries occurring within Tennessee Department of Correction (TDOC) facilities and privately managed facilities housing TDOC inmates for the purpose of quality improvement and risk management.

III. APPLICATION: Wardens/Superintendents, Associate Wardens of Treatment/Deputy Superintendents, Superintendent of the Tennessee Correction Academy (TCA), staff, inmates, privately managed facilities, health administrators, medical contractors, and Tennessee Rehabilitative Initiative in Correction (TRICOR).

IV. DEFINITIONS:

A. Injuries of Greater Degree or Severity: For purposes of this policy, a wound or other damage to the body that requires intervention beyond first aid (e.g., deep laceration, fracture, or concussion), especially if the inmate or staff must be taken to an off site health services provider.

B. Minor Self-limiting Injuries: For purposes of this policy, a wound or other damage to the body that will heal on its own or can be treated with first aid (e.g., bruise, abrasion, bump, or laceration that does not require suturing).

V. POLICY: Each facility shall maintain a system for monitoring and reporting injuries to inmates, staff, volunteers, and/or visitors resulting from accidents, occupational incidents, or violence occurring within the facility or at other authorized sites outside the facility perimeter.

VI. PROCEDURES:

A. Anyone who sustains a personal injury at the facility shall be seen by a physician, mid level provider, or a licensed nurse and be examined, treated, and/or referred as indicated. (See Policies #113.04, #113.13, #113.30, and # 113.31)

B The staff providing inmate or staff orientation shall instruct inmates and staff to immediately report any injuries to their supervising staff. These instructions shall also be included in any written health care orientation materials provided to inmates.

C. The examining health professional shall document occurrences using the following criteria:

1. All suspected and/or confirmed occupational exposures to bloodborne pathogens shall be documented on Occupational Exposure to Bloodborne Pathogens Follow-up, CR-3508.

2. Inmates

a. Minor, self-limiting injuries shall be assessed, treated, and documented in accordance with *TDOC Clinical Nursing Protocols* and recorded in the clinic encounter log. (See Policy #113.31)

b. Injuries of greater degree or severity any injury associated with an occupational incident or violence shall be assessed, treated, and documented on the Accident/Incident/Traumatic Injury Report, CR-2592, in accordance with *TDOC Clinical Nursing Protocols,* the offender management system (OMS) Health Services Screen "Accident" and recorded in the clinic encounter log.

c. Inmate work supervisors shall direct the inmate to the institutional health services staff as soon as possible after the incident occurs.

d. All inmate work related injuries shall be verified by the inmate's work supervisor and entered on OMS Incidents in accordance with Policy #103.02. The inmate name, number, date, location and time of occurrence, witness version and witness section of Accident/Incident/ Traumatic Injury Report, CR-2592, shall be completed by the inmate's work supervisor. The health services staff shall complete the remainder of the CR-2592.

D Employees, Volunteers, and Visitors: Only first aid and/or lifesaving/stabilizing emergency care shall be provided to employees, volunteers, and visitors experiencing accident/injury on the facility property/grounds.

1. When care is rendered to volunteers and visitors, it is essential that the individual be referred to his/her personal physician or an emergency room for follow-up care.

2. Employees should report the accident/injury and seek medical care in accordance with Policy #303.04 and immediately notify their supervisor by the end of the shift on which the injury occurred but no later than within 24 hours of the accident. The accident may also be reported by calling the call center.

3. The health care provider shall document, within 12 hours, the accident or incident on the Accident/Incident/Traumatic Injury Report, CR-2592, in the clinic encounter log, and on OMS conversation Accident, in accordance with Policy #103.02.

4. All employees and volunteers shall receive instruction in the preparation of the Accident/Incident/Traumatic Injury Report, CR-2592, during new employee or volunteer orientation.

E. Health services staff shall ensure that entries onto OMS conversation do not contain confidential health information (e.g., SOAP documentation, vital signs, diseases, illnesses, or health intervention).

F. At locations without 24-hour on-site health care staff coverage, the officer in charge or other personnel designated by the Warden/Superintendent/TCA Superintendent shall be responsible for completing the Accident/Incident/Traumatic Injury Report, CR-2592, and forwarding it to the health administrator or designee at the beginning of the next business day. A description of the injury shall be substituted for the subjective information and a description of what was done shall be substituted for the plan. This person shall also sign on the line labeled signature of health services provider with a full signature and job title.

G. Distribution

1. After review by the Health Administrator, Director of Nursing, or the institutional quality improvement coordinator, the Health Administrator shall distribute signed and completed copies of the Accident/Incident/Traumatic Injury Report, CR-2592.

2. A copy of each Accident/Incident/Traumatic Injury Report, CR-2592, and report for blood exposure and needle stick injuries shall be forwarded by the health administrator to the Chief Medical Officer/designee immediately following each incident.

3. The original copy of the Accident/Incident/Traumatic Injury Report, CR-2592, for any inmate shall be filed in the inmate's health record. CR-2592 shall be maintained for employees, visitors, and volunteers by the institutional personnel office. A copy shall be maintained of all reports in the health administration office for legal reference.

VII. ACA STANDARDS: 4-4203 and 4-4420.

VIII. EXPIRATION DATE: July 1, 2022.

TENNESSEE DEPARTMENT OF CORRECTION
ACCIDENT / INCIDENT / TRAUMATIC INJURY REPORT

_____
INSTITUTION/DISTRICT/LOCATION

TDOC/EMPLOYEE NUMBER: _____

Name: _____ Number: _____ Date of Birth: _____
Last First Middle

☐ Employee ☐ Inmate ☐ Visitor ☐ Other _____

Location (of occurrence) _____ Date (of occurrence) _____ Time (of occurrence) _____

Type of Injury / Incident: ☐ Work-related ☐ Sports ☐ Violence
☐ Use of Force ☐ Other: _____

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

Subject's Version (how situation occurred): _____

_____

_____ _____
Signature of Subject

Witness' Version: _____

_____

_____ _____
Printed Name of Witness Signature of Witness

Health Service Provider's Report

Subjective: _____

_____

Objective: _____

_____

Assessment: _____

_____

Plan: _____

_____

_____ _____ _____
Date of Treatment Time Signature of of Health Service Provider

Disposition:
☐ Treated by Institutional Health Service Staff
☐ Transported to Community Facility for Outpatient Care: _____
Facility
☐ Transported to Community Hospital for Inpatient Care: _____
Hospital
☐ Other, explain: _____

Did death result? ☐ Yes ☐ No Relatives notified: ☐ Yes ☐ No

Workers Compensation Claim #: _____

TENNESSEE DEPARTMENT OF CORRECTION

EXPOSURE CONTROL

OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGEN FOLLOW-UP

_____
INSTITUTION/DISTRICT/DIVISION

CONFIDENTIAL

NAME: _____ DATE OF OCCURRENCE: _____

POSITION: _____ TIME OF OCCURRENCE: _____

REPORTED DESCRIPTION OF THE EXPOSURE (INCLUDE CIRCUMSTANCES AND ROUTE OF EXPOSURE):

_____

_____

_____

_____

CONTACT SOURCE INFORMATION

Contact Source: _____ Known _____ Unknown

Contact source laboratory test results:

HBV _____ HCV _____ HIV _____ Other: _____

STAFF INFORMATION

Hepatitis B Vaccine status:

☐ Has not been vaccinated

☐ Has been vaccinated Date Series Completed: _____

Serum Antibody Titer: Date: _____ Results: _____

PEPline Guidance Obtained: 1-888-448-4911 Hours: 8:00 AM – 1:00 AMCST (9:00 AM – 2:00 AM EST)

☐ Yes Date: _____ Time: _____

☐ No

PEPline Determined Bloodborne Pathogen Exposure:

☐ Yes

☐ No

☐ Staff Refused Treatment Refusal Signed: ☐ Yes

Referred to ER/Urgent Care

☐ Yes

☐ No

☐ No

_____ _____
Signature of Reporting Official Date

1. Complete form
2. Send copy with staff for off-site evaluation for Bloodborne Pathogen Exposure
3. Original form to Human Resources Confidential Medical File