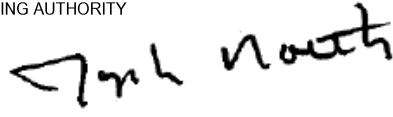
 <p>NEW YORK STATE Corrections and Community Supervision</p> <p>DIRECTIVE</p>	TITLE		NO. 4004
	Unusual Incident Report		DATE 05/02/2022
SUPERSEDES DIR #4004 Dtd. 09/04/20	DISTRIBUTION A	PAGES PAGE 1 OF 17	DATE LAST REVISED
REFERENCES (Include but are not limited to) ACA Expected Practices 5-ACI-3A-31, 5-ACI-3B-14, 5-ACI-6C-14, 4-APPFS-3F-01, 4-APPFS-3G-01, 4-APPFS-3G-02, 2-CI-1A-6; Directives #2111, #2948, #3090, #4008, #4013, #4027, #4060, #4902, #4910, #4938	APPROVING AUTHORITY 		

I. DESCRIPTION: This directive sets forth specifications for reporting unusual incidents (including those involving use of chemical agents, use of force, and contraband) and mandates use of the Department’s automated Unusual Incident Reporting System (UIRS).

II. DEFINITIONS

A. Unusual Incident: A serious occurrence that (1) may impact upon or disrupt facility operations, or (2) has the potential for affecting the Department’s public image, or (3) might arouse widespread public interest.

In general, any incident shall be reportable under the provisions of this directive which (1) satisfies the definition (above) of “unusual incident,” or (2) involves use of chemical agents, or (3) involves staff use of a weapon, or (4) results in moderate or serious injury to any incarcerated individual/releasee or staff. Attachment A, “Appendix A - Categories of Unusual Incidents,” provides more specific information on reporting requirements for the various incident categories. Questions on reportability should be discussed with the Communications Control Center (CCC).

Other significant events, not classifiable as “unusual incidents,” should be brought to the attention of the Watch Commander per Directive #4008, “Watch Commander’s Log.”

B. Unusual Incident Reporting System (UIRS): The automated (computerized) unusual incident data reporting and information system.

III. POLICY

- A. Each facility/Community Supervision office shall report to the CCC all occurrences which satisfy the definition of an “unusual incident” using the Department’s computerized UIRS.
- B. All reports shall be entered initially through the “preliminary telephone report” procedures (via UIRS terminal and actual telephone call). “Supplemental reports” shall be entered as necessary. All reports shall meet the content and time frame specifications set forth in this directive.
- C. Reports shall be entered by staff designated by the Superintendent/Regional Director. The “Unusual Incident Reporting System (UIRS) Manual” shall be consulted as the reference for data entry, terminal usage, and report printing. The UIRS Manual and updates are available via Outlook through the facility Superintendent/Regional Director. Each Superintendent/Regional Director will ensure that appropriate staff have current copies of the UIRS Manual.

IV. PROCEDURES

A. Report Contents: In general, the individual reporting an unusual incident must be prepared to address the following types of information as applicable:

1. Incident Identifiers
2. Identities of Individuals Involved
3. Description of the Incident
4. Threats to Security
5. Medical Attention Required
6. Outside Assistance Required
7. Notifications Made

Detailed definitions of the incident categories and specific information reporting requirements are set forth in Attachment A and the UIRS Manual.

B. Preliminary Telephone Report

1. Initial telephone reports must be made within the following time frames:

<u>Category</u>	<u>Reporting Time</u>
1. Accident	Within one Hour
2. Assault	Within 30 Minutes
3. Contraband	Within one Hour
4. Death	Immediately
5. Disruptive Behavior	Within one Hour
6. Disruption of Facility Services	Immediately
7. Employee Misconduct	Within one Hour of Facility/Region being Notified
8. Escape	Immediately
9. Escape Attempt	Immediately
10. Fire	Within 30 Minutes
11. Hostage Situation	Immediately
12. Incarcerated Individual Disturbance	Immediately
13. Incarcerated Individual Mass Demonstration	Immediately
14. Property Destroyed	Within one Hour
15. Property Lost or Stolen	Within one Hour
16. Self-Inflicted Injury	Within one Hour
17. Sexual Misconduct	Within one Hour
18. Suicide Attempt	Within one Hour
19. Temporary Release Related	Within one Hour of Facility being Notified, or When an Incarcerated Individual is Declared an absconder.

Category**Reporting Time**

20. Weapon Use by Staff	Immediately
21. Employee Job Action/Demonstration	Immediately
22. Other	Within one Hour

- The preliminary telephone report is first entered by the designated reporter at the facility/office UIRS terminal. The reporter should consult the UIRS Manual and Attachment A of this directive for guidance, detailed definitions of incident categories, specific information reporting requirements, and for the listings of codes required for data entry. After completion of the preliminary report screens, the reporter shall telephone the CCC, informing the on-duty Captain that the Unusual Incident Report has been completed.

NOTE: In categories where reporting time (subsection IV-B-1) is "immediately," the person reporting must call the CCC prior to completing preliminary report screens and advise the CCC of the situation. Then they should proceed to enter data on these screens.

- Upon receipt of the telephone call, the CCC Captain will access the report entered through the FUI0, UIRS, and review any details as necessary with the reporter. Upon acceptance by the CCC Captain, a CCC Log Number will automatically be assigned.
- In the event that the CCC Captain determines that the event does not satisfy the definition of a reportable incident, it will not receive a log number and will be removed from the system.

C. **Final Unusual Incident Report**

- The reporter enters the final report into the UIRS by completing a series of screens. The initial entry on the final report will be automatically seeded by the previous preliminary telephone report. The reporter fills in the blanks and the system will supply corresponding descriptions for verification. Again, the reporter should consult the UIRS Manual and Attachment A of this directive for code listings.
- Narrative entries: Most of the screens will require some narrative entries. These must be descriptive but concise, identify all activities, sequences and parties involved, and respond to the "supplemental/clarifying information" questions found in Attachment A, adjacent to each category definition.
- At all facilities/Regional Offices, an electronic review/signature process has been implemented. Once electronically approved by the Superintendent/Regional Director using an approved Guidance and Counseling (GNC) code, the final Unusual Incident Report will print in Central Office for review and filing.
- Upon receipt of the report, the Correctional Facility Operations Specialist (CFOS) responsible will review the report to ensure that it satisfies the definition of a reportable incident. If not, it will be disapproved and made unavailable.

NOTE: The Unusual Incident Report is not a substitute for reports required for other occurrences. These other reports must be completed and submitted even when an incident requires the submission of an Unusual Incident Report.

D. Supplemental Report: If new information comes to light after a final report has been approved by Central Office, a Supplemental Unusual Incident Report must be prepared. The reporter again completes a series of screens in the UIRS and delivers the printed report to the Superintendent/Regional Director for review and electronic signature. Once approved, the Supplemental Unusual Incident Report will print in Central Office for review and filing.

E. Supporting Documentation

1. The individual responsible for preparation of the Unusual Incident Report shall collect and attach to it any additional reports, photographs, and statements which are absolutely necessary to clarify the incident. These may include:
 - a. A statement of witnesses and medical, police, and fire reports.
 - b. A copy of Autopsy Report and/or Certificate of Death when appropriate.
2. These additional reports and attachments shall be filed with the facility/Community Supervision office copy for reference unless otherwise authorized.

NOTE: All blood and body fluid clean up and decontamination in relation to an incident shall be accomplished in accordance with Section VIII of the General Housekeeping Manual, "Blood and Body Fluid Spills - Decontamination Procedures," which includes the completion, by supervising staff, of [Form #3090A](#), "Blood and Body Fluid Spills – Decontamination Form," for inclusion in the incident packet.

F. Unusual Incident Logbooks

1. The Watch Commander/Bureau Chief will be responsible for maintaining an unusual incident log in a bound and numbered logbook.
2. The log shall contain, at a minimum, the following information:
 - a. Date and time of incident.
 - b. Facility Unusual Incident (UI) number.
 - c. The CCC log number.
 - d. A brief description of the incident to include the location of the incident, names of incarcerated individuals and/or staff involved, and whether force was used.
3. The UI number will be composed of six digits: the first two representing the year and the following four numbering the incidents in consecutive order. For example, a UI number of 01-0001 would indicate the first incident recorded in the year 2001. This number will automatically be assigned by the UIRS.

NOTE: In the event an unusual incident is denied by the CCC Captain or Facility Operations, a notation will be made in the Unusual Incident Log indicating the name and title of the person who denied it and the date of the denial. The original log number will not be reassigned.

G. Unusual Incident Summaries

1. The UIRS allows users to request summaries of Unusual Incident Reports.
2. The UIRS will print a weekly list of overdue unusual incidents at each facility Superintendent's Office, Regional Director's Office, and Central Office.

APPENDIX A – CATEGORIES OF UNUSUAL INCIDENTS

Category Definition Reporting Time	Example	Supplemental Clarifying Information
<p>1. Accident: within one hour. Moderate or serious injury or substantial property damage (+2,500) resulting from an unexpected occurrence with no indication of direct intentional involvement of the victim or any other individual.</p>	<p>Any accidental injury (e.g., slipping, falling, being burned, hit, cut, etc.) to an employee on duty or incarcerated individual requiring medical attention outside of facility or of serious nature. Vehicle collision involving State vehicles. Damage to employee vehicles on State property. Traffic accidents between employee vehicles on State property where no moderate injury is incurred and outside police agency investigates, need not be reported here. Industrial accidents and incidents where employees or incarcerated individuals are overcome by toxic fumes and medical attention is necessary.</p>	<p>Name/number of affected incarcerated individual plus any witnesses. Name/title of employee in charge of area. Description and estimate of damage where known. Name of hospital, mode of transport (facility vehicle, ambulance). Specify location of occurrence.</p>
<p>2. Assault: within 30 minutes. Any attack on an incarcerated individual, releasee, employee, citizen, volunteer, or visitor that is classified as an assault, resulted in a releasee arrest, or where the attack is by an unknown perpetrator. The attack need not result in injury or in the use of a specific weapon.</p>	<p>Object thrown that strikes victim. An incarcerated individual/releasee striking, grabbing, pushing any employee, visitor, or volunteer. All non-consensual sexual misconduct, allegations by incarcerated individuals that they were assaulted by an unknown incarcerated individual(s) where injuries or witness statements indicate an assault occurred. Weapon used by an incarcerated individual/releasee during act of misbehavior/crime to harm another person.</p>	<p>Name/number of affected incarcerated individual/releasee plus any witnesses. Name/title of employee, visitor, volunteer, citizen, etc. Results of medical exam. Prognosis of victim/life threatening. Weapon used if any. Name of outside hospital/ambulance. Who was notified. Location/status of perpetrator and victim after medical treatment.</p>
<p>3. Contraband: within one hour. Any property which is unlawful to possess according to Penal Law or which is prohibited by a facility's rules and regulations. Possession, introduction, or the attempted introduction of such property is considered to be a contraband incident. Body cavity searches and strip frisks which result in finding of contraband are to be included here. The discovery or possession of any contraband drug, regardless of the amount, will be reported as an Unusual Incident.</p>	<p>Any commercial alcoholic beverage, any manufactured weapon (gun, knife, etc.). Any ammunition, any cash (not minor change), explosive substances, prescribed drugs (1-1), illegal drugs (1-2), hypodermic needle and/or syringe (1-3), homemade weapons (1-4), homemade booze in excess of five gallons.</p>	<p>Describe contraband (if weapon, substance made from and dimensions), where found, circumstances of the find, results of any testing, and exact test used.</p>
<p>1-1 Prescription drugs in excess of distributed amount due to hoarding or drugs not prescribed or issued to holder of drug. 1-2 The weight of all illegal drugs will be recorded in the Unusual Incident Report and the Electronic Contraband Reporting System. Any testable amount which cannot be accurately weighed (trace amount) will be recorded as .001 Grams. 1-3 Perform an in-house field test and Sirchie NARKII on all syringes/needles to identify any narcotic substance residue in the instrument. The results of the test shall be included in the Unusual Incident Report (see Directive #4938). 1-4 Weapons found during facility frisk will be reported via the Electronic Contraband Reporting Menu in the Unusual Incident Reporting System. (See Directive #4910, "Control of & Search for Contraband")</p>		

APPENDIX A – CATEGORIES OF UNUSUAL INCIDENTS

Category Definition Reporting Time	Example	Supplemental Clarifying Information
<p>4. <u>Deaths</u>: immediately.</p> <p>Any death of an individual on facility property, of an incarcerated individual while in custody of the New York State Department of Corrections and Community Supervision (DOCCS). Any death of a citizen caused by a releasee, or death of a releasee under the supervision of the New York State Department of Corrections and Community Supervision. Any death of an employee off duty under extraordinary circumstances.</p>	<p>Death of staff on duty, death of staff off duty under extraordinary circumstances (e.g., by homicide, suicide, etc.), or death of visitor or volunteer while at the facility. Any death of a citizen caused by a releasee. Any incarcerated individual or releasee death; homicide, suicide, natural causes, accidental fires, etc.</p>	<p>Physician pronouncing death. Preliminary cause as listed by physician. Location of death, hospital name, ambulance (if used). Date of admittance to outside hospital, DOCCS RMU, or facility infirmary. Coroner notified. Employee on duty at death site. Chaplain notified. Time next of kin notified. If suicide, provide additional information as indicated in the attempted suicide category (#18). If homicide, identify suspects or assailants and method/weapon.</p>
<p>NOTE: Except for expected deaths in Department of Corrections and Community Supervision Regional Medical Units, a Physician, Physician's Assistant, or Nurse Practitioner is required to pronounce the death of any incarcerated individual occurring on facility property. Consult Directive #4013, "Incarcerated Individual Deaths-Administrative Responsibility."</p>		
<p>5. <u>Disruptive Behavior</u>: within one hour.</p> <p>An incident involving misbehavior by an incarcerated individual(s)/releasee(s) which results in either disruption of normal operations or moderate injury to staff or an incarcerated individual. An incident requiring force to perform a strip frisk on an incarcerated individual where no contraband is found. Any cell extraction where physical force is used to remove an incarcerated individual from a cell.</p>	<p>An incident that necessitates the closing or canceling of any program or activity. Moderate injury to incarcerated individuals as a result of a fight where no assault is charged. Any incident involving five or more incarcerated individuals fighting.</p>	<p>Number of incarcerated individuals/releasees involved. Describe cause of disruption, which programs or activities canceled. Reaction of other incarcerated individuals to disruption.</p>
<p>6. <u>Major Disruption of Facility Services, Utilities</u>: immediately.</p> <p>An incident which the provision or maintenance of required facility services such as heat, light, water, power, sewage is interrupted and results in a serious disruption of facility operations or poses a threat to security and order. This includes all weather-related disruptions, natural disasters, emergencies, or explosions.</p>	<p>Loss of heat to housing units during cold weather. Loss of electricity where backup generators do not provide adequate power. Any loss of water or sewage causing housing unit, medical or food service to shut down. All explosions.</p>	<p>Reason for disruption, extent of disruption (areas affected), estimated duration of the disruption, facility maintenance personnel notified, any outside agency assistance requested, any injuries incurred, all staff and incarcerated individuals accounted for.</p>
<p>NOTE: Normal testing of a facility generator need not be reported through CCC. Discrepancies found during testing should be directed to Facility Operations during regular workday and CCC during other than regular work hours only.</p>		

APPENDIX A – CATEGORIES OF UNUSUAL INCIDENTS

Category Definition Reporting Time	Example	Supplemental Clarifying Information
<p>7. <u>Employee Misconduct</u>: within one hour of facility/region being notified.</p> <p>The arrest of an employee charged with a felony, or any conduct by an employee which is determined to be detrimental to the best interest of the Department. This includes all arrests for Domestic Violence.</p>	<p>Any arrest where employee is charged with a felony, regardless of expected outcome, on or off duty, that may reflect on the Department in an adverse manner regardless of any criminal charges being filed. Deliberate destruction of substantial amount of personal property belonging to an incarcerated individual, visitor, or other employee.</p>	<p>Specify charges including penal code numbers, arresting agency, custody status, court date, location of arrest. If a weapon was involved, describe weapon. Personally owned, (pistol permit) or registered with facility (if registered with facility, date of last qualification).</p>
<p>NOTE: Employee misdemeanor arrests are not reported as an Unusual Incident (UI) unless circumstances described above are met. Misdemeanor DWI by itself is not a UI. Directive #2111, "Report of Employee Misconduct," should be followed.</p>		
<p>8. <u>Escape</u>: immediately.</p> <p>Unauthorized departure from confinement or custody by an incarcerated individual or releasee. This can occur from a facility, an outside work detail, a vehicle while in transit, or from an outside hospital. This does not include absconders from Temporary Release programs. This could include a releasee escaping from a holding room in a Community Supervision area office, or a releasee escaping from custody during transport.</p>	<p>Where escapee runs from outside detail, hospital, medical trip, etc., but is quickly apprehended by pursuing staff. Use Category 9 Escape Attempt. For Community Supervision, a releasee who is being held in the Area Office for transport to a local jail where they will be lodged pending a parole violation, departs from the location without being released from custody or a releasee being transported to a local jail for lodging, runs from staff or departs from the transportation vehicle.</p>	<p>Where escape occurred from. When escapee/s last seen. How escape was accomplished. Employee in charge of escapee at time of escape. Escape plan in effect? Facility Command Post established and who manned by. Number of personnel assigned search operation. Physical description of escapee. What outside police agency notified. Facility count correct. All vehicles accounted for. Name and address of last visitor, date, and time. Names and addresses of visitors. Names and addresses of nearest relatives. Employee injury during escape.</p>
<p>9. <u>Escape Attempt</u>: immediately.</p> <p>An effort to make an unauthorized departure from confinement or custody by an incarcerated individual/releasee which falls short of completion. An attempted escape should be based on an overt act designed to achieve an escape. This can occur from a facility, an outside work detail, a vehicle while in transit, an outside hospital, or from any secure area within the facility.</p>	<p>The finding of paraphernalia to possibly be used in escape attempt should be reported as contraband. If it is in the possession of an incarcerated individual in the area where the attempt will be made, it will be reported as attempt and contraband.</p>	<p>How attempt was made. Where incarcerated individual was found during attempt. When was count verified? Were outside police agencies notified? Was any pursuit detail activated? Information used to abort attempt.</p>

APPENDIX A – CATEGORIES OF UNUSUAL INCIDENTS

Category Definition Reporting Time	Example	Supplemental Clarifying Information
<p>10. <u>Fire</u>: within 30 minutes.</p> <p>Any fires deliberate or accidental which result in moderate injuries, property damage in excess of \$150, damage resulting in loss of use of cell or cube, or which necessitates the evacuation of an area. Any fire started by use of incendiary device or quickly spread through use of accelerants.</p>	<p>Fires started by an incarcerated individual throwing burning papers on gallery, minor fires in cell or other area not fulfilling requirements set forth in explanation shall be reported on Form #1598 (Directive #4902, "Facility Fires and Related Emergencies") and F-40-2 Incident Report (Directive #4060, "Facility Fire Prevention").</p>	<p>Describe any accelerant or incendiary device used. Describe damage and monetary estimate. If outside assistance was used, name of company and how many personnel responded. Medical reports on any injury incurred. Approximate duration if loss of living space occurs. Type and amount of extinguishing agent used.</p>
<p>11. <u>Hostage Situation</u>: immediately.</p> <p>The abduction or restraint of one or more persons where intent is to restrict the individual's freedom.</p>		<p>Specific location of incident. Number and identity of perpetrators. Identify leaders, number, and identity of hostages. Reason for incident, demands of perpetrators, known injuries and medical problems. Communication established and by whom. Action taken to contain and isolate incident.</p>
<p>12. <u>Incarcerated Individual Disturbance</u>: immediately.</p> <p>Violent behavior of a large group of incarcerated individuals which results in temporary loss of control of an area, property damage, or moderate injury to individuals involved.</p>	<p>Incidents where control is quickly regained or not lost should be reported as Disruptive Behavior.</p>	<p>Notification of Executive Team, action taken to isolate and contain area, number of participants, factions involved, reason for incident, time control regained. Identify leaders, property damage, and exact location of incident. Additional assistance needed. If hostages taken, refer to information needed for Category 11.</p>
<p>13. <u>Incarcerated Individual Mass Demonstration</u>: immediately.</p> <p>A non-violent temporary disruption of established activities by a major grouping of incarcerated individuals who act in concert for the purpose of interfering with facility operations and/or to obtain changes in the operation of services provided by the facility.</p>	<p>Concerted effort by large group of incarcerated individuals in refusing meals, refusing to work, refusing to lock in or out of cells, refusing to disperse, or general strike activities. Any attempt by smaller groups to disrupt through above actions are to be reported as Disruptive Behavior.</p>	<p>Number of active participants, identified leaders, reasons for incident, demands made. Specify area of incident and action taken to control and isolate.</p>

APPENDIX A – CATEGORIES OF UNUSUAL INCIDENTS

Category Definition Reporting Time	Example	Supplemental Clarifying Information
<p>14. <u>Property Destroyed</u>: within one hour.</p> <p>Any deliberate destruction or damage of substantial amount of State property by incarcerated individuals/releasees, staff, or visitors.</p>	<p>Destruction or damage deliberately done to employee or visitor property is not reportable under this category. These incidents would be reported under Category 5 Disruptive Behavior, Category 7 Employee Misconduct, or Category 22 Other.</p>	<p>Describe property that was damaged and extent of damage. Provide monetary estimate of damage. Provide estimated return to service of damaged item or area.</p>
<p>15. <u>Property Lost or Stolen</u>: within one hour.</p> <p>The confirmed loss or theft of State property of substantial value.</p>	<p>All confirmed loss or theft of critical Departmental security equipment (e.g., weapons, ammunition, batons, keys, chemical agents, handcuffs, etc.). Loss or theft of employee personal weapons. Loss or theft of I.D. or badge inside a correctional facility. Other State property of substantial value.</p>	<p>Property missing and circumstances surrounding the incident. Employee discovering missing articles. Employee in charge of area prior to discovery. Serial # of weapon. Owned on badge, registered at the facility, approximate value of missing property.</p>
<p>NOTE: Loss or theft of I.D. or badge is not an unusual incident unless the loss or theft occurs in a correctional facility. Information is to be sent via electronic mail to the Director of Support Operations (SupportOps@doccs.ny.gov) and to the Office of Special Investigations (SpecialInvestigations@doccs.ny.gov). Information needed: employee name, SS#, badge#, when and where the loss occurred, and the police agency notified. (See Directive #2948, "Reporting Loss of Issued Items")</p>		
<p>16. <u>Self-Inflicted Injury</u>: within one hour.</p> <p>An incident where an incarcerated individual/releasee intentionally inflicts a moderate injury in a serious but non-life-threatening manner.</p>	<p>Incarcerated individuals cutting themselves or causing injury via intentional jumping. Incidents where serious injury is sustained by cutting or where incarcerated individual/releasee attempts to hang self in life threatening manner should be reported in Category 18 Suicide Attempt.</p>	<p>Means used to injure self. Who discovered incarcerated individual/releasee. Emergency action taken. Was incarcerated individual/releasee taken to outside hospital? Where? Extent of injury, prognosis for recovery. Any known reason for action.</p>
<p>NOTE: Incidents where incarcerated individuals actions are attributed to manipulation of staff and do not result in moderate injury, need not be reported here unless a weapon is recovered.</p>		
<p>17. <u>Sexual Misconduct</u>: within one hour.</p> <p>Any sexual contact between any combination of incarcerated individuals, releasees, staff, visitors, or volunteers shall be considered a sexual misconduct incident. All sexual contact is reported in this category. If forcible, also use assault category.</p>	<p>Any sexual contact involving a person performing in an official capacity, shall be reported in subcategory 06 – Non-Employee – e.g., contractor, contract service provider, volunteer, etc.</p>	<p>Exact location where act occurred. State whether forcible or consensual. Results of the medical examination. State if outside medical attention was required. Incidents involving incarcerated individual on incarcerated individual or staff on incarcerated individual, refer to Directives #4027, "Sexual Victimization Prevention and Response," for reporting guidelines and evidence collection.</p>

APPENDIX A – CATEGORIES OF UNUSUAL INCIDENTS

Category Definition Reporting Time	Example	Supplemental Clarifying Information
<p>18. <u>Suicide Attempt</u>: within one hour.</p> <p>An act in which an incarcerated individual/releasee attempts suicide by inflicting life threatening injury upon oneself or places oneself in a life-threatening situation. This can occur by hanging, setting oneself on fire, ingesting poisonous chemicals, drug overdose, or severe lacerations, etc.</p>		<p>How attempted, exact location of attempt. Who discovered the attempt (e.g., staff or incarcerated individual). Emergency response. Was incarcerated individual brought to an outside hospital? Name of hospital, extent of injury, prognosis for recovery. Placement of incarcerated individual after treatment (suicide watch or observation). Reasons for incarcerated individual's actions.</p>
<p>NOTE: If death occurs as a result of this attempt, after the preliminary is approved by CFOS, then Category 4, Death, must be added.</p>		
<p>19. <u>Temporary Release Related</u>: when an incarcerated individual is declared an absconder, or within one hour of facility being notified of an incarcerated individual's arrest.</p> <p>Includes the absconding of an incarcerated individual from a Temporary Release Program, arrest of incarcerated individual while on Temporary Release, and other reportable incidents relating to Temporary Release.</p>		<p>Specify type of release incarcerated individual is on and when they last left the facility. Warrant # and who warrant filed with. If incarcerated individual is arrested: location of arrest, date and time of arrest, date and time facility notified, arrest number, arresting police officer, precinct taken to, current location of incarcerated individual, criminal charges. Name used by incarcerated individual if different.</p>
<p>NOTE: When incarcerated individual returns to facility or DOCCS custody, the update filed must include any action taken by facility (e.g., warrant # withdrawn, placement in restricted unit or cell, transferred to, where sent, by whom, etc.).</p>		
<p>20. <u>Use of Weapons by Staff</u>: immediately.</p> <p>Any incident where staff, in the performance of duty, use chemical agents, baton, firearm, conducted electrical weapon/taser, or other types of weapons against an incarcerated individual/releasee or other person. All discharges of firearms, unless for training or other approved activity, shall be reported here.</p>	<p>While removing incarcerated individual from cell, breaking up fights, preventing assaults, preventing escapes, containing a disturbance, or apprehending a releasee.</p>	<p>Type of chemical agent and how much used. Approving person, supervisor in charge. Employee who administered agent. Type of firearm used, including the make, model, and DOCCS tag/serial number, staff weapons qualification date, and number of rounds used. When firearm was secured, where secured. What methods used prior to use of weapon and who used by (CIU, clergy, counselor, etc.). Was incarcerated individual/releasee armed, with what, specific location of use, injuries incurred as result.</p>
<p>21. <u>Employee Job Actions</u>: immediately.</p> <p>Any planned or spontaneous actions by groups of employees that will either affect the normal operation of the facility or may have an adverse effect on the Department.</p>	<p>Picketing, strike, work to rule, slowdown, etc.</p>	<p>Type of action, number of employees involved, reactions by other employees, reaction by incarcerated individuals, impact on facility operations.</p>

APPENDIX A – CATEGORIES OF UNUSUAL INCIDENTS

Category Definition Reporting Time	Example	Supplemental Clarifying Information
<p>22. <u>Other Incident Category</u>: within one hour.</p> <p>This category is established to allow us to capture any incidents which have not previously been defined. This category should be used for but not limited to: (1) Voluntary body cavity search of incarcerated individual where no contraband is found; (2) Outbreak of contagious disease; (3) Demonstration by outside public interest groups; (4) Termination of Family Reunion visit; (5) Visitor strip search when no contraband is found; (6) Other medical emergency; (7) Attempted assault on facility staff using human waste or other body fluids (except saliva); (8) Frisk of an entire facility; (9) Family Reunion visit incidents, e.g., contraband found during processing or after visit, disruptive behavior, etc. (this category is typically to be used in addition to another UI category); (10) Use of spit net; (11) Erroneous release; (12) Use of force to obtain a DNA sample; (13) Use of AED (actual placement of defibrillator on a victim); (14) Use of restraint chair; (15) Significant exposure - any incident in which an employee experiences significant contact with blood or body fluids of an incarcerated individual/releasee as determined by facility health care staff; (16) Arrest of visitor/ non-employee; (17) Hunger Strike- When the Facility Health Services Director (FHSD) determines that the incarcerated individual's weight loss reaches 15 percent, or the physical stress, or the lack of nutrition, adversely impacts the incarcerated individual's medical condition; (18) Visitor limited visual search when no contraband is found; (19) Arrest of non-releasee/non-employee; (20) Shackling pregnant incarcerated individual; (21) Staff presence in delivery room; (22) When an employee is subjected to an Order of Protection and under certain circumstances, forfeits the right to legally possess a firearm including long guns; (23) Drone; (24) Use of Narcan; (99) Other.</p>	<p>(2) This category will be used to report any confirmed cases of Legionella, Chicken Pox/Varicella/Shingles, Measles (Rubeola), German Measles (Rubella), Rabies, Tuberculosis (Active).</p> <p>(22) An employee is served with an Order of Protection where firearms are forfeited per outside agency.</p>	<p>When applicable:</p> <p>Reasons for action taken. Person(s) authorizing actions. General mood of incarcerated individual population. Reaction of employee. Action being taken by Civil authorities for (2) & (3). Type of disease and possible impact on facility. Reason for erroneous release (11). (22) Location and description of firearms forfeited due to an Order of Protection.</p>

FORM 2105.3

LOCATION OF INCIDENT (ITEM 9)

- | | |
|-------------------------------|----------------------------------|
| 01 Administration Building | 32 Toilet Area |
| 02 Auditorium | 33 TV/Game Room/Day Room |
| 03 Cell | 34 Visiting Room |
| 04 Classroom/School | 35 Yard |
| 05 Corridor | 36 Block |
| 06 Disciplinary Office | 37 Stairway |
| 07 Dormitory | 38 SHU Yard |
| 08 Farm | 40 Double Cell |
| 09 Front Gate | 41 Walkways |
| 10 Gallery | 42 Visitor Process Area |
| 11 Gymnasium | 43 Parking Lot/Perimeter |
| 12 Infirmary/Hospital/Clinic | 44 Slop Sink |
| 13 I/I Reception Area | 45 SHU Frisk Room |
| 14 In Transit | 46 SHU Other |
| 15 Kitchen | 47 Interview Room |
| 16 Lobby | 48 MHU-OBS Cell |
| 17 Mental Health Unit | 49 MHU-OBS Dorm/Ward |
| 18 Mess Hall | 50 Parole Office |
| 19 Outside Court | 51 Community Residence |
| 20 Outside Hospital | 52 Community Employment Location |
| 21 Outside Temporary Release | 53 Street/Road/Highway |
| 22 Outside Unspecified | 55 Releasee Home |
| 23 Package Room | 56 Releasee Automobile |
| 24 Rear Gate | 57 Other Community Location |
| 25 Shop-Industries | 94 Chapel/Other Religious Area |
| 26 Shop-Maintenance | 95 I/I Visit Frisk Area |
| 27 Shop-Vocational Education | 96 Strip Frisk Area-Non SHU |
| 28 Shower | 97 Contraband Watch Location |
| 29 SHU-Discipline | 98 Unknown |
| 30 SHU-Involuntary Protection | 99 Other Inside Facility |
| 31 SHU-Voluntary Protection | |

FORM 2105.3

LIST OF YARD CODES BY PRISON**Attica (Code 000)**

01 A Rec Yard
 02 B Rec Yard
 03 C Rec Yard
 04 D Rec Yard
 05 PC Yard
 06 Honor Block
 07 SHU Exercise
 08 E Yard East
 09 E Yard West
 10 B Block Exercise
 11 Ponderosa

Auburn (Code 010)

01 Industrial
 02 Family Picnic
 03 3 North Yard
 04 Main Yard
 05 South Yard Weight
 06 3 South Yard

Bedford Hills (Code 120)

01 Fiske Yard
 02 144 Yard
 03 Quiet Yard
 04 GP Yard
 05 FRP Yard
 06 Puppy Rec Yard
 07 Nursery Yard
 08 RMU Yard
 09 Bldg 120-121
 10 118-1 Yard
 11 118-2 Yard

Clinton (Code 020)

01 North Yard
 02 Shop Yard
 03 C/D Yard
 04 E Block Yard
 05 Auditorium Yard
 06 A Block Yard
 07 Unit 14 Yard
 08 Hospital Yard
 09 APPU Yard

Coxsackie (Code 130)

01 North Yard
 02 Central Yard
 03 Southwest Yard
 04 Southeast Yard
 05 RMU Yard
 06 Big Yard

Eastern (Code 100)

01 Main Yard
 05 Annex Rec. Yard

Elmira (Code 110)

01 A Block Yard
 02 RC North Yard
 03 Pavilion Yard
 04 Gym Yard
 05 I Block Yard
 06 Kitchen Yard
 07 Ball Park

Five Points (Code 370)

01 8 Block Yard
 02 9 Block Yard
 03 10 Block Yard
 04 11 Block Yard
 05 12 Block Yard
 06 Facility Main
 07 ICP Yard
 08 Visiting Yard
 09 South Mess Hall
 10 North Mess Hall

Great Meadow (Code 040)

01 Big Yard
 02 Small Yard
 03 South Yard
 04 D Block/Honor
 05 MHU Yard
 06 SHU B1 Yard
 07 SHU F Block Yard

Green Haven (Code 080)

01 Fay Field
 02 J Block Yard
 03 C & D Block Yard
 04 A & B Block Yard
 05 A1 PC Yard
 06 New Visiting
 09 G & H Block Yard
 10 E & F Block Yard

Shawangunk (Code 680)

01 B Block Yard
 02 Emp. Out Lounge
 03 Visiting Yard
 04 C Block Yard
 05 D Block Yard
 06 A Block Yard
 07 E Yard

Sing Sing (Code 070)

01 A Ball Field
 02 A B-ball Court
 03 A Handball Court
 04 A Weight Area
 05 A Block Med Yard
 06 B Ball Field
 07 B B-ball Court
 08 B Handball Court
 09 B Weight Area
 10 SHU Rec. Pens
 11 SHU Rec. Yards
 12 5 Building Yard
 13 7 Building Yard
 14 Tappan Handball
 15 Tappan Bocci
 16 Tappan Weight
 17 Tappan Ball Field

Sullivan (Code 690)

01 SHU Rec. Yard
 02 PC Rec. Yard
 03 Visitor Yard
 04 FRP Yard
 05 A South Rec.
 06 A North Rec.
 07 B South Rec.
 08 B North Rec.
 09 D South Rec.
 10 D North Rec.
 11 E South Rec.
 12 E North Rec.
 13 West Yard
 14 East Yard

Upstate (Code 840)

01 Ball Field
 02 Small Yard
 03 Cadre Visiting

Wende (Code 430)

01 A Block Yard
 02 B Block Yard
 03 C Block Yard
 04 D Block Yard
 05 E Block Yard
 06 F Block Yard
 07 SHU Exercise
 08 MHU Rec. Yard
 09 Ball Field
 10 RMU Winter Rec.
 11 RMU Summer Rec.

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TYPE OF INCIDENT (ITEM 13)

01 Accident	34 Drugs, Prescription	06 Disruption of Facility	04 Ltd. Area, Control Lost
01 Burned by Object	35 Drugs, Other	01 Heat	99 Other
02 Cut by Object	36 Drugs, Synthetic	02 Phone Services	13 I/I Mass Demonstration
03 Hit by Object	40 Suspected-Fentanyl	03 Power	01 General Strike
04 Industrial	41 Suspected-Cocaine	04 Sanitation	02 Refused to Leave Area
05 Slipped and Fell	42 Suspected-Heroin	05 Structural Damage	03 Refused to Lock In
06 Toxic Fumes	43 Suspected-Marijuana	06 Water	04 Refused to Lock Out
07 Vehicle	44 Suspected-Prescription	07 Bomb Threat	05 Refused Meals
08 Injury Custody Related	45 Suspected-Drugs-Other	08 Releasee Disruptive	06 Refused Programs
09 Injury-Recreation Related	46 Suspected-Synthetic Drugs	09 Biological Threat	07 Refused Work
99 Other	50 Cell Phone	99 Other	99 Other
02 Assault	51 Other, Electronic Devices	07 Employee Misconduct	14 Property Destroyed
01 On Incarcerated Individual	52 Media Storage	01 Felony Arrest, DWI	01 Property Destroyed
02 On Staff-Civilian	99 Other	02 Felony Arrest, Non-DWI	02 Firearm
03 On Staff-Security-Sec/Law Enforce	04 Death	03 Employee Misconduct	03 OC Spray
04 On Visitor	01 Incarcerated Individual Accident	04 Domestic Incident Arrest	04 Baton
05 On Volunteer	02 Incarcerated Individual Homicide	05 Domestic Incident-Non Arrest	05 Handcuffs
06 On Citizen	03 Incarcerated Individual Natural Causes	99 Other	06 Other Restraint
07 On Releasee	04 Incarcerated Individual Suicide	08 Escape	07 Badge
99 On Other	09 Incarcerated Individual Unknown	01 From Facility	08 Vest
03 Contraband	11 Staff-Natural Causes	02 From Outside Work Det.	09 Radio
01 Alcohol, Commercial	12 Staff-Accident	03 From outside Hospital	10 Cell Phone
02 Alcohol, Homemade	13 Staff-Other	04 In Transit	11 Computer
03 Ammunition	14 Staff-Off-Duty, Extraordinary Circumstances	05 From Custody-Cuffed	12 Other Electronic Device
04 Cash	19 Staff-Unknown	06 From Custody-Un Cuffed	99 Other
07 Explosives	21 Civilian-Nat. Causes	07 Releasee-From Custody	15 Property Lost/Stolen
08 Hypo. Needle/Syringe	22 Civilian-Accident	99 Other, From Custody	01 Lost Dept. Prop.-Sec.
09 Weapon, Cutting Inst.	23 Civilian-Other	09 Attempted Escape	02 Lost Dept. Prop.-Non-Sec.
10 Weapon, Manuf. Gun	24 By Law Enforcement	01 From Facility	03 Lost Personal Property
11 Weapon, Zip Gun	29 Civilian-Unknown	02 From Outside Work Det.	04 Stolen Dept. Prop.-Sec.
12 Weapon, Other	30 Releasee-Accident	03 From Outside Hospital	05 Stolen Dept. Prop.-Non-Sec.
13 Weapon, "Shank"	31 Releasee-Homicide	04 In Transit	06 Stolen Personal Property
14 Weapon, Manuf. Knife	32 Releasee-Nat. Causes	05 From Custody-Cuffed	07 Firearm
15 Weapon, Hardback Razor Blade	33 Releasee-Suicide (DOCCS Custody)	06 From Custody-Un Cuffed	08 OC Spray
16 Weapon, Utility Razor Blade	34 Releasee-Unknown	07 Releasee-From Custody	09 Baton
17 Weapon, Razor Blade	35 Citizen-Other	99 Other, From Custody	10 Handcuffs
18 Weapon, Can Lid	36 Law Enforcement	10 Fire	11 Other Restraint
19 Weapon, Ice Pick	37 Citizen-By Releasee	01 Accident	12 Badge
20 Weapon, Weighted Cloth	38 Releasee-Suicide (Non-DOCCS Custody)	02 Arson	13 Vest
21 Weapon, Sharpened Toothbrush	99 Other	03 Unknown/Undetermined	14 Radio
22 Weapon, Scalpel/Exacto Blade	05 Disruptive Behavior	99 Other	15 Cell Phone
23 Escape Paraphernalia	01 Refused Instruction	11 Hostage Situation	16 Computer
30 Drugs, Fentanyl	02 Refused Strip Frisk	01 Hostage Situation	17 Other Electronic Device
31 Drugs, Cocaine	03 Cell Extraction	12 I/I Disturbance	99 Other
32 Drugs, Heroin	04 Releasee Threats	01 Gen. Area, Controlled	16 Self-Inflicted Injury
33 Drugs, Marijuana	05 Parole Office Disturbance	02 Gen. Area, Control Lost	01 Self-inflicted Injury
	99 Other	03 Ltd. Area, Controlled	

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TYPE OF INCIDENT (ITEM 13)

17 Sexual Misconduct	08 Absconder-Day Report	15 MK-4 Phantom Evaporating Fog	10 Use of Spit Net
03 Incarcerated Individual / Incarcerated Individual	09 Absconder-Res. Treat.	99 Other	11 Erroneous Release
04 Visitor / Incarcerated Individual	99 Other	21 Employee Job Action	12 DNA – Use of Force
05 Staff / Incarcerated Individual	20 Use of Weapons by Staff	01 Informational Picket	13 Use of AED (defibrillator)
06 Non-Employee / Incarcerated Individual	01 Chem. Agent/Proj./Canstr.	02 Strike Action	14 Use of Restraint Chair
07 Staff / Releasee	02 Hand Gun	03 Work Slowdown	15 Significant Exposure
99 Other	03 Rifle	99 Other	16 Arrest of Visitor/Non-Employee
18 Suicide Attempt	04 Shotgun	22 Other	17 Hunger Strike
01 Suicide Attempt	05 Baton	01 Body Cavity Search	18 Visitor Limited Visual Search
19 Temp. Release Related	07 Chemical Agent – Aerosol	02 Contagious Disease	19 Arrest of Non-Releasee
01 Abscond Work Release	08 Chemical Agents - Mass UOF	03 Demonstration-Outside Grp.	20 Shackling of Pregnant I/I
02 Abscond Weekend Fur.	09 Rifle Warning/Mass UOF	04 Term. Of Fam. Reunion Visit	21 Staff Presence in Delivery Room
03 Abscond Other Fur.	10 OC Pepper	05 Visitor Strip Search	22 Employee Order of Protection
04 Arrest	11 Accidental Discharge-On Duty	06 Other Medical Emergency	23 Drone
05 Absconder-Furlough	12 Accidental Discharge-Off Duty	07 Attempted Assault-Body Fluids/Human Waste	24 Use of Narcan
06 Absconder-Job Search	13 Conducted Electrical Weapon/Taser	08 Overall Facility Search	99 Other
07 Absconder-Medical Fur.	14 MK-9 Aerosol	09 Family Reunion Visit	

TYPES – WEAPONS (ITEM 14)

01 Body, Use of	11 Knife, Manufactured	21 Other Fluids	30 Bow & Arrow
02 Chair	12 Pen or Pencil	22 Ice Pick Type	31 Sword
03 Cloth Container, Weighted	13 Razor Blade	23 "Shank"	32 Martial Art Weapon
04 Club, Other	14 Ammunition/Explosives	24 Body Fluids	33 Brass Knuckles
05 Club, Wooden	15 Gun, Manufactured	25 Can Lid	34 Unknown Liquid
06 Mess Hall Tray	16 Gun, Zip	26 Toothbrush	96 Unrecovered Cutting Instrument
07 Metal Pipe	17 Chem. Agent/Proj. Canister	27 Chemicals/Caustic Material	97 Unrecovered Stabbing Instrument
08 Broken Glass	18 Combustible Material	28 Scalpel	98 Unknown (unrecovered)
09 Eating Utensil	19 Garrote	29 Cutting Instrument, Other	99 Other
10 I/I-Made Cutting Instrument	20 Human Waste		

TYPES – FORCE (Item 17)

01 Baton	04 Mechanical Restraint	07 Strike
02 Body Hold	05 Use of Firearms	99 Other
03 Chemical Agents	06 Shield	

MEDICAL REPORT – (ITEM 20)

<u>Degree of Injury Codes</u>	<u>Injury Codes</u>		
1 Minor	01 Bone	06 Smoke	11 Gunshot
2 Moderate	02 Bruise	07 Sprain	12 Pain
3 Serious	03 Burn	08 Unconscious	13 Bite
4 Severe	04 Concussion	09 Puncture	14 Swelling
	05 Laceration	10 Abrasion	99 Other

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ROLE (RELATION) (ITEM 21)

01 Bystander	04 Suspect
02 Participant	05 Victim
03 Perpetrator	06 Witness

TITLE – CODE (ITEM 24)

01 Superintendent	11 Doctor	23 Judge	33 Parole Revocation Spl.
02 1 st Dep. Superintendent	12 Physician's Assistant	24 Clergy Staff	34 Prelim. Hearing Officer
03 Deputy Superintendent	13 LPN	25 OMH Staff	35 Warrant Transfer Officer
04 Captain	16 Employee Civilian	26 Bureau Chief	36 Senior Warrant Transfer Officer
05 Lieutenant	17 Citizen	27 Senior Parole Officer	37 Parole Board Member
06 Sergeant	18 Visitor	28 Parole Officer	38 Package Sender
07 Correction Officer	19 OSI	29 Parole Employee	39 Mail Sender
08 DOCCS Employee	20 Volunteer	30 Service Provider	40 Firefighter/EMS
09 Civilian/Non-Employee	21 Police	31 Institution Safety Officer	41 Nurse Practitioner
10 Nurse	22 Medical Examiner	32 Regional Director	42 Nurse Administrator

99 Other

Contraband Report ONLY*

* 97 Releasee

* 98 Incarcerated Individual

* 00 Unknown

TITLE – WEAPON COMPOSITION CODE (ITEM 25)

01 Metal	04 Glass
02 Plastic	99 Other
03 Wood	

TITLE – CONTRABAND DETECTION METHOD

01 BOSS Chair	06 K-9 Unit	11 Area Search – Scheduled	16 Package Search
02 CELLSense	07 Metal Detector – Hand Held	12 Area Search – Incident	17 Property Processing or Draft
03 Cell Search – Suspicion	08 Metal Detector – Walk through	13 Common Area Search	99 Other
04 Cell Search – Random	09 Pat Frisk	14 Overall Facility Search	
05 Contraband Watch	10 Strip Frisk	15 Correspondence Search	

FORM 2105.3

ABBREVIATION (SPECIFIC LOCATION)	COMMUNITY SUPERVISION AREA OFFICE
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ALBY	ALBANY
BKIN	BROOKLYN INAT
BK01	BROOKLYN I
BK02	BROOKLYN II
BK03	BROOKLYN III
BK04	BROOKLYN IV
BK05	BROOKLYN V
BQWS	BKLY/QNS WS
BUFF	BUFFALO METRO
BXIN	BRONX INACTIVE
BX01	BRONX I
BX02	BRONX II
BX03	BRONX III
BX04	BRONX IV
BX05	BRONX V
CNLI	CENTRAL LI
DEPO	DEPORTATION
ELMR	ELMIRA
MN02	MANHATTAN II
MN03	MANHATTAN III

ABBREVIATION (SPECIFIC LOCATION)	COMMUNITY SUPERVISION AREA OFFICE
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MN04	MANHATTAN IV
MN06	MANHATTAN VI
NASS	NASSAU
NIAG	NIAGARA FRONTIER
NORE	NORTHEAST
NRCH	NEW ROCHELLE
NYUN	NYC UNASSIGNED
OOSI	OS INCARCERATION
OOST	OUT-OF-STATE
PEEK	PEEKSKILL
POUG	POUGHKEEPSIE
QN01	QUEENS I
QN02	QUEENS II
QN03	QUEENS III
RIKR	RIKERS/DDOI
RO01	ROCHESTER METRO
RO02	ROCHESTER BELT
STIS	STATEN ISLAND
SUFF	SUFFOLK
SYRC	SYRACUSE
UNAS	UNASSIGNED

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
Blood and Body Fluid Spills – Decontamination Form

Specific Area/Items Decontaminated: _____

Date: _____ Supervisor/Author: _____

Items Removed (Evidence, Trash, etc.): _____

Storage/Disposition (Items Removed): _____

EMPLOYEE SUPERVISING DECONTAMINATION

RANK

INCARCERATED INDIVIDUAL
ASSIGNED

DIN

HOUSING LOCATION

FORWARD COMPLETED FORM TO FACILITY WATCH COMMANDER