CORRECTIONAL OPERATIONS CHANGE NOTICE: 03-26

Title: Reporting Serious Incidents	Directive Number: OPS.020.0003 Effective: September 1, 2017
Related MD Statute/Regulations: Correctional Services Article, §2-103, Annotated Code of Maryland	
Responsible Authority:  **David Greene** Deputy Secretary of Security Operations	

Change Notice #2 to this Directive
Effective Date: July 24, 2026

Explanation:
Underlined text indicates language added to existing policy
~~**Stricken text**~~ indicates language being deleted from existing policy
Italic font indicates information that explains the reason(s) for a policy change

OPS.020.0003 - §.05 Responsibility/Procedures.

.05C(6)(a) Submit a copy of the "Final" SIR with copies of all investigative and related reports and photographs to the Director of SOU ~~at Field Support Services~~ within ~~five business days~~ ten business days of the date the reported incident occurred, unless directed otherwise by the Director of SOU.

This adjustment shall ensure SOU maintains accurate reporting and processing.

CHANGE NOTICE

Title: **Reporting Serious Incidents**	**Directive Number:** OPS.020.0003 - Revised
Related MD Statute/Regulations: Correctional Services Article, §2-103, Annotated Code of Maryland	**Supersedes:** OPS.020.0003 01/01/2017
Related ACA and MCCS Standards: 1-CORE-2A-08;1-CORE-2B-05; 1-CORE-4D-15; 5-1A-4018; .01A and .01B	**Authorized By:** Director of Security Operations
Related Directives: OPS.110.0005 – Use of Force—Policy DPSCS.010.0022 Newsworthy Event Reporting	**Effective Date:** June 4, 2021
Variance: No agency or facility directive is required to implement this directive	**Number of Pages: 6**

Wayne Hill
Deputy Secretary of Operations

Robert L. Green
Secretary

OPS.020.0003 CHANGE NOTICE 01-21 EFFECTIVE DATE 06-04-2021

CHANGE NOTICE #1 TO THIS DIRECTIVE

Insert as:

§ .05E. Employee Health and Risk Management.

(1) An employee who physically participated in a Use of Force (UOF) against an inmate, or in subduing through physical force an inmate assault against staff shall, before the end of a shift during which a UOF or assault occurred, be given, complete, and submit an *Employee First Report of Incident Form—DPSCS IR-1* 11/2019 (Appendix H) whether or not an injury was received.

(2) If an employee's injury is urgent or emergent, treatment should not be delayed in order to complete the required paperwork.

(3) An employee involved in a UOF or assault shall:

(a) If an injury was received, complete the form in its entirety and include the UOF/Serious Incident Report Control Number (SIR) number (e.g. UOF/SIR# MCIJ-20-006); or

(b) If no injury was received, complete the top half of the form as required and in the "Describe the Event" box enter:

(i) UOF/SIR# ____-__-___; and

(ii) Check the box that indicates that the form is "Report Only".

(4) If the employee chooses to waive the offered medical evaluation following the assault or UOF, the employee shall indicate that choice in the appropriate location on the form.

(5) If an injury was sustained the employee shall also complete the second page of the *IR-1* form-*Employee's Authorization for Release of Medical Information* whether or not medical attention was received.

(6) The supervisor of an employee involved in a UOF or assault shall:

(a) Receive the employee's completed *IR-1* form; and

(b) Complete *Supervisor's First Report of Incident Form—DPSCS IR-3* 11/2019 (Appendix I) whether or not the employee received an injury.

(7) When completing the *IR-3* form, the supervisor shall:

(a) Complete all of the required fields;

(b) Indicate in the "Incident Report Type" field whether the incident resulted in a death, injury, or a "Potential Work Related Injury"; and

(c) Indicate whether the form is being completed for "Report Only" purposes.

(8) A supervisor shall:

(a) If the employee received an injury, complete the form in its entirety and include the UOF/SIR # ____-__-___ in the "Description of the Incident" field; or

(b) If the employee was not injured or appeared uninjured at the time, enter the UOF/SIR# ____-__-___ into the "Description of the Incident" field, and indicate whether the employee was given the opportunity to be evaluated by a health care professional and the outcome of that offer.

(9) The supervisor shall within 24 hours of the UOF or serious incident, and in accordance with the *First Report of Incident – Report Check List* (appendix J), provide the report packets to the:

(a) Employee Health Services Unit – HR.EmployeeHealth@Maryland.gov;

(b) Risk Management Unit – HR.RiskManagement@Maryland.gov; and

(c) Injured Workers' Insurance Fund (IWIF) – FROI@IWIF.com.

(10) The supervisor shall include the *IR-1* and *I-R3* forms in the final UOF report package submitted to the Security Operations Unit.

The Department of
Public Safety and Correctional Services

First Report of Incident
Report Checklist

Employee Name:		
Date of Incident:	**Time of Incident:**	**Employee Date of Birth:**
Policy Number:	**Claim Number:**	

☐ **IR 1 – Employee's Report:**
- ☐ **Report of Injury / Illness (Page 1)**
- ☐ **Authorization for Release of Medical Information (Page 2)**

☐ **IR 2 – Authorization for Treatment or Examination**

☐ **IR 3 – Supervisor's Investigation Report**

☐ **IR 4 – Witness Statement**

☐ **IR 5 – IWIF Workers Compensation Report (if unable to report online or by phone)**

☐ **Workers' Compensation Temporary Prescription ID Card**

☐ **Photos or Videos of the Injured Worker (if available)**

Completed Incident Report Packets Must Be Forwarded, Within 24 Hours, to the Following Email Addresses:

HR.EmployeeHealth@Maryland.gov

HR.RiskManagement@Maryland.gov

FROI@IWIF.com

The Department of
Public Safety and Correctional Services

First Report of Incident
IR 1- Employee's Report

Policy Number:			Claim Number:	
Last Name:	First Name:	M. I.	Social Security Number:	Date of Birth:
Home Address:		Home phone number:		Cell phone number:
Home email address:		Marital Status: ☐Single ☐Divorced ☐Married ☐Widowed	Number of dependents:	Gender: ☐Male ☐Female
Race: ☐American Indian or Alaskan Native ☐Asian ☐Black or African American ☐Hispanic or Latino ☐Native Hawaiian or Other Pacific Islander ☐White ☐Other				
Date of Hire:	Job title:	Employment Status: ☐Permanent employee ☐Contractual/temp employee ☐Full-time ☐Part-time		Rate of pay per week: $
Date of event:	Time of event:	Hours you were scheduled to work:	Name & contact information of the person you notified regarding this event & the date of notification:	
Name of the facility where the event occurred:	Phone number of the facility where the event occurred:	Address where the event occurred:		

If applicable, indicate the area(s) where the event occurred:
☐Housing Unit: ☐Tier: ☐Cell #: ☐Wing: ☐Dorm: ☐Room/Office #: ☐Gatehouse: ☐Parking Lot:

Department (example: library, infirmary, recreation room, etc.):

Did this event involve a motor vehicle accident? ☐Yes ☐No If yes, please notify your chain of command as soon as possible and refer to the DPSCS Vehicle Accident Guide.
Where were you sitting? ☐Driver's seat ☐Passenger seat ☐Rear seat
Was a State vehicle involved? ☐Yes ☐No

In full detail, describe the event, as it occurred, to include: the name(s) of the individual(s) involved in the event (if applicable), the object, substance, or exposure involved in the event, and the injury, illness or potential work related injury or illness that resulted because of the event.
➔ ➔➔ If this event did not result in an injury or illness, please check the box to indicate that you are filing as a ☐ "REPORT ONLY" and continue to describe the event. Use additional sheets of paper if necessary and attach the information to this document:

Did an inmate assault you during this event? ☐Yes ☐No	As it relates to this event, did you inhale or touch a substance that is affecting your health? ☐Yes ☐No If yes, describe and/or name the substance:		
As it relates to this event, do you have someone else's blood on your person? ☐Yes ☐No	If you have blood on your person, is it on your (select one): ☐Skin ☐Clothes ☐Both	Does the body part affected have an open cut, wound, or is the skin compromised? ☐Yes ☐No	Is the affected body part your eyes, mouth or nostril? ☐Yes ☐No
Did you use safety equipment and/or personal protective equipment during the event? ☐Yes ☐No If not, why:		List the safety equipment and/or personal protective equipment that you used during this event:	

Was there a witness to this event? ☐Yes ☐No If yes, name and contact information:

My employer has offered me the opportunity to be medically evaluated by a **Health Care Professional** for treatment of my injury or illness. I choose/chose to:
☐(1) Waive medical evaluation for my injury or illness ☐(2) Be medically evaluated for my injury or illness ☐(3) Instead, as determined by me and at my request, I choose to receive "*first aid*" treatment by my employer.

If you chose to be medically evaluated for your injury or illness did you or are you leaving the worksite during your scheduled work hours? ☐Yes ☐No
If yes, departure time:

If you are seeking or sought medical treatment away from the worksite, list the name of the medical provider, their address, and telephone number:

Date:	Employee Signature:	Title:

The Department of
Public Safety and Correctional Services

Employee's Authorization for Release of Medical Information

Employee Name:		SSN:
Job Title:	Date of Injury:	Claim Number:

Pursuant to COMAR 14.09.01.10, Disclosure of Medical Information; the Annotated Code of Maryland, Labor and Employment Article S 9-709, and 9-711; this authorization must be signed and filed with the Workers' Compensation Commission of Maryland in conjunction with any claim for workers' compensation benefits.

A. This document authorizes the disclosure of protected health information for the purpose of processing, adjudicating, and resolving workers' compensation claims.

B. Entities Authorized to Make Disclosure:
   a. This document authorizes any health plan, health care professional, dentist, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment, or services to you or on your behalf to disclose your protected health information consistent with this directive.

C. Entities Authorized to Receive Protected Health Information:
   a. This document authorizes the disclosure of your protected health information to the following entities and their agents: your attorney, your employer, and your employer's workers' compensation insurer.

D. Information to be Disclosed:
   a. This document authorizes the entities listed in (B) to disclose protected health information that is relevant to:
      i. The member of the body that was injured as indicated on the Employee's Report of Injury;
      ii. The description of how the accidental injury occurred as indicated on the Employee's Report of Injury;
      iii. The description of how the occupational disease occurred as indicated on the Employee's Report of Injury.

E. The protected health information that may be disclosed includes, but is not limited to: history, findings, office and patient charts, files, examination and progress notes, and physical evidence.

I understand that I may revoke this authorization by giving notice to all parties to my claim for workers' compensation, except to the extent that this authorization has already been acted on prior to receipt of my revocation.

I understand that the information disclosed by this authorization may be subject to re-disclosure by the recipient to a medical manager, health care professional, or registered rehabilitation practitioner, and others consistent with State and Federal law.

By signing this form, I am authorizing the disclosure of my protected health information. This authorization is valid for one year from the date the claim is filed.

_____ _____

Signature of Claimant Date

A photocopy, facsimile, or electronic transmission of this signed authorization form is valid.

The Department of
Public Safety and Correctional Services

First Report of Incident

IR 3 - Supervisor's Investigation Report

IWIF Policy Number:	**Claim Number:**	

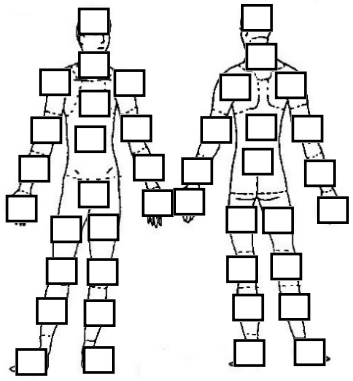
Supervisor Information

Supervisor Name:	
Phone Number:	**Email Address:**
Job Title:	**Date:**

Injured Employee Information

Injured Employee Last Name:	**Injured Employee First Name:**	**Injured Employee Middle Initial:**
Date of Birth:	**Sex:** ☐ Male ☐ Female	**Job Title:**

Parts of the Body Affected (Check all that apply):



Description of the Injury or Illness (Check all that apply):

- ☐ Abrasion, Scrapes
- ☐ Amputation
- ☐ Bite/Sting from Insect
- ☐ Bite from Human
- ☐ Bite from an Animal
- ☐ Bleeding
- ☐ Breathing Difficulty
- ☐ Broken Bone
- ☐ Burn
- ☐ Cut
- ☐ Blood From Another Person
- ☐ Bodily Fluid From Another Person
- ☐ Unknown Substance
- ☐ Dizzy
- ☐ Disoriented
- ☐ Itching
- ☐ Puncture
- ☐ Skin Discolored (Bruised)
- ☐ Strain
- ☐ Swollen / Inflamed
- ☐ Unconscious
- ☐ Vomiting
- ☐ Other:

List Body Parts Affected:

Incident Report Type

This is to report a:

☐ Death* ☐ Injury* ☐ Illness ☐ Potential Work Related Injury or Illness

*** All employers are required to notify MOSH when an employee is killed on the job or suffers a work-realted in-patient hospitalization, amputation, or loss of an eye. A fatality must be reported within eight (8) hours of the event. An in-patient hospitaliztion, amputation, or loss of an eye must be reported within 24 hours of the event. To report to MOSH call 1-888-257-6674.**

At the Time of This Report, the Event Resulted in:

☐ A Report Only ☐ Emergency Visit to the Hospital ☐ Visit to an Out-Patient Medical Center ☐ First Aid Treatment

Incident Details

Date of Incident:	**Time of Incident:** ☐ AM ☐ PM	**Date Notified of Incident:**
Name of Facility Where Incident Occurred:	**Address of Facility Where Event Occurred:**	
Exact Location on Facility Grounds Where Incident Occurred (ex: park lot, lobby, housing unit, tier, cell, wing, dorm, room number, etc.):	**Description of Environment Where Incident Occurred (ex: lighting, debris, ground/floor surface, weather conditions, etc.):**	

Cause of Incident:

☐ Slip, Trip, or Fall ☐ Motor Vehicle Accident ☐ Bite/Sting ☐ Allergic Reaction ☐ Object/Substance (assault) ☐ Object/Substance (non-assault)

The Employee Was Wearing the Appropriate Personal Protective Equipment / Following Proper Safety Procedures at Time of Incident:

☐ Yes ☐ No

If yes, name the protective equipment:

If no, why not:

Description of the Employee's Clothing After the Incidient (ex: intact, wet, dirty, bloody, torn, etc.):

Description of the Incident (as it was reported or witnessed) – to include the following information:

1. **Names of the individual(s) involved in the event;**
2. **Object, substance, or exposure involved;**
3. **The result of the incident:**

This incident involved: ☐ **Use of Narcan** ☐ **unknown powdery substance** ☐ **blood from another person**
☐ **bodily fluid from another person** ☐ **unknown liquid substance** ☐ **none of the options are applicable to this incident**

The incident happened because of (ex: another person's negligence or behavior, improper dress, unsafe positions, lack of training, improper safety device or equipment):

Employee sought medical attention during their scheduled work hours:
☐ **Yes** ☐ **No**

If yes, What is the Name of the Medical Facility Treating the Employee?

Time employee left to seek medical attention: ☐ **AM** ☐ **PM**
Note: if the employee did leave the worksite to seek medical attention during their scheduled work hours, then the timesheet designation for this occurance must reflect accident leave for a permanent employee or TTD for a temporary/contractual employee (unless denied by IWIF).

The employee was scheduled to work the following shift:

The Incident Occurred While the Employee was: ☐ **Entering Work** ☐ **Leaving Work** ☐ **at Lunch**
☐ **on Break** ☐ **Working Overtime** ☐ **Working their Assigned Scheduled Hours**

Supervisor's Information

As the on duty supervisor,
☐ **I witnessed the incident**
☐ **I did not witness the incident**

Name and Contact Information of Person who Notified You of this Incident:

Concerns I have about this incident:

Recording devices are stationed in the area of the incident: ☐ **Yes** ☐**No**
If yes, was the recording reviewed? ☐ **Yes** ☐ **No**

# of Witness Statements Attached:	**# of Photographs Attached:**	**# of Maps and/or Diagrams Attached:**

Supervisor Signature

Date

How to Submit an Incident Report Packet:

All complete and legible incident report packets must be submitted via email to the following addresses:

1. Hr.RiskManagement@Maryland.gov
2. Hr.EmployeeHealth@Maryland.gov
3. FROI@IWIF.com (this eliminates the need to report the event to IWIF by phone)

If you must report the event to IWIF by phone, please call 1-888-410-1400 and you will only need to e-mail the reports to the Claims Adjuster handling the claim.

Executive Directive

Title: Reporting Serious Incidents	Executive Directive Number: OPS.020.0003 Revised
Related MD Statute/Regulations: Correctional Services Article, §2-103, Annotated Code of Maryland	Supersedes: OPS.020.0003 dated 01/01/17
Related ACA Standards: 1-CORE-2A-08; 1-CORE-2B-05; 1-CORE-4D-15; 4-4018	Responsible Authority: Pat Goines Johnson, Executive Director, Field Support Services
Related MCCS Standards: .01A and .01B	Effective Date: September 1, 2017 Number of Pages: 6

Stephen T. Moyer
Secretary

J. Michael Zeigler
Deputy Secretary
for Operations

.01 Purpose.

This directive continues policy and procedures for reporting serious incidents occurring at a Department of Public Safety and Correctional Services (Department) facility.

.02 Scope.

This directive applies to all Department units responsible for the care and custody of an individual under the authority of the Department.

.03 Policy.

A. The Department shall ensure that each correctional and detention facility reports all serious incidents occurring at the facility.

B. The Department shall use information related to serious incidents to identify practices intended to minimize disruption of Department and facility operations, ensure that appropriate action is taken to address reported incidents, and support an accurate response to official inquiries related to the reported incident.

.04 Definitions.

A. In this directive, the following terms have the meanings indicated.

B. Terms Defined.

(1) "HDU PCO" means the Home Detention Unit Police Communications Officer.

(2) "PSIIS" means Preliminary Serious Incident Intranet Submission

(3) Serious Incident.

(a) "Serious incident" means a non-routine event that may:

(i) Affect facility operation;

(ii) Be sensitive in nature; or

(iii) Be of potential interest to the media.

(b) "Serious incident" according to the American Correctional Association (ACA) includes a situation:

(i) In which injury, serious enough to warrant medical attention, occurs involving an inmate, employee, or visitor on the grounds of the facility; or

(ii) Creates an imminent threat to the security of the facility, or to the safety of inmates, employees, or visitors on the grounds of the facility.

(4) "SIR" means Serious Incident Report.

(5) "SOU" means the Security Operations Unit.

.05 Responsibility/Procedures.

A. Reporting a Serious Incident.

(1) An employee involved in or with knowledge of a serious incident shall:

(a) If the incident is in progress, initiate the appropriate response based on the circumstance or summon assistance to stop the incident and protect individuals involved.

(b) Immediately, or when safe to do so, report the incident to the on-duty senior shift supervisor.

(2) Upon notification under §.05A(1)(b) of this directive, the senior shift supervisor shall:

(a) Ensure the serious incident is prioritized in accordance with §§.05C(1)(b) and C(2) of this directive;

(b) Assign a control number to the incident in accordance with §.05C(3) of this directive;

(c) Ensure the required information is recorded in the Facility Serious Incident Control Log;

(d) Before the end of the shift on which the incident occurred, ensure:

(i) A preliminary SIR is submitted; and

(ii) The SIR information is accurately entered in the Department Offender Case Management System (OCMS); and

(e) Make notifications in accordance with §.05B of this directive.

B. Notifications.

(1) The shift commander shall immediately notify the facility's managing official and the managing official's Commissioner by telephone of all Priority 1 incidents.

(2) A Commissioner notified in accordance with §.05B(1) of this directive shall notify the Deputy Secretary for Operations and other executive staff in accordance with procedures for reporting newsworthy event (separate directive). The following are examples of newsworthy events that require immediate notification:

(a) Walk-offs;

(b) Serious injuries to staff or inmates;

(c) Facility or housing unit lockdowns;

(d) Emergency Operations Center (EOC) activation;

(e) Loss of utilities that create a serious incident;

(f) 911 transports, which are incident-driven;

(g) Employees receipt of a criminal or traffic summons (e-mail notification only); and

(h) Other incidents determined by the shift commander to be serious or media sensitive.

(3) The shift commander shall:

(a) During non-business hours, notify the facility duty officer of a Priority 2 serious incident as follows:

(i) Between 8:01 am and 11:59 pm, notify the Department Intelligence and Investigative Division (IID) Duty Officer who shall follow IID procedures for documenting the incident.

(ii) Between the hours of 12:00 am (midnight) and 8:00 am, notify the Home Detention Unit — Police Communication Officer (HDU—PCO) who shall obtain sufficient information from the caller to complete the HDU—PCO Serious Incident Control Log and relay the information to the on-call IID investigator.

(b) For a Priority 1 serious incident, as soon as possible, but not later than the end of the shift on which the Priority 1 serious incident occurred, send a PSIIS distributed in accordance with instructions provided in the attached Priority 1 and 2 PSIIS Distribution List Instructions.

(c) For a Priority 2 serious incident, as soon as possible, but not later than the end of the shift on which the Priority 2 serious incident occurred, send a PSIIS distributed in accordance with instructions provided in the attached Priority 1 and 2 PSIIS Distribution List Instructions.

(d) A PSIIS sent in accordance with §.05B(3)(b) or (c) of this directive shall include in the "Subject Line":

(i) Initial Notification of a Serious Incident — SIR;

(ii) Acronym for the facility where the serious incident occurred for example, "NBCI";

(iii) Facility control number for example "16-001";

(iv) Incident category for example "2h"; and

(v) Brief description of the incident, for example, "Drugs Recovered."

(e) A PSIIS sent in accordance with §.05B(3)(b) or (c) of this directive shall include in the body of the email information contained in section:

(i) D of the SIR concerning the inmate; and

(ii) G of the SIR concerning the description of the incident.

(h) A PSIIS sent in accordance with §.05B(3)(b) or (c) of this directive shall include a copy of the preliminary SIR as an attachment.

C. Documenting a Serious Incident.

(1) A serious incident shall be:

(a) Documented using a SIR (copy attached).

(b) Prioritized:

(i) Using a Serious Incident Category Descriptions form (copy attached); or

(ii) If the incident is media sensitive, media sensitive factors take priority over the Serious Incident Category Descriptions form and staff shall use good judgment when determining the priority level of the serious incident.

(2) A serious incident may involve more than one serious incident category, all of which may be recorded on the SIR, and if this occurs, the employee completing the SIR shall prioritize the serious incident based on the incident with the highest priority.

(3) A managing official, or a designee, shall ensure that each serious incident is assigned a facility control number created as follows:

(a) Facility acronym (for example, JCI, ECI) followed by a dash;

(b) Two digits representing the current calendar year (16 for 2016) followed by a dash; and

(c) A sequentially assigned number representing the number of the incident at the facility in the current calendar year that:

(i) Consists of three digits, for example 001, 002, 003, etc.; and

(ii) Begins at 001 with the first serious incident of each new calendar year.

(4) The managing official, or a designee, shall ensure:

(a) A Facility Serious Incident Report Control Log is maintained at the facility.

(b) Each control number is sequentially recorded on the Facility Serious Incident Report Control Log ensuring continuity of numbering.

(c) The Facility Serious Incident Report Control Log is available to staff on each shift to facilitate proper assignment of control numbers.

(d) Staff appropriately completes the Facility Serious Incident Report Control Log.

(5) The individual responsible for completing a SIR, preliminary and final, shall record the assigned control number on the SIR.

(6) A managing official, or a designee, shall:

(a) Submit a copy of the "Final" SIR with copies of all investigative and related reports and photographs, to the Director, SOU at Field Support Services within five business days of the date the reported incident occurred unless directed otherwise by the Director, SOU.

(b) If applicable, immediately forward to the Director, SOU supplemental reports submitted in relation to a report of a serious incident under this chapter (each supplemental report shall contain the control number originally assigned to the serious incident).

(7) Maintain the Facility Serious Incident Report Control Log and the original SIR for 7 years from the:

(a) For a Facility Serious Incident Report Control Log, close of the calendar year the Facility Serious Incident Report Control Log was used and then destroyed, unless legal proceedings require further retention; and

(b) For a SIR and related documentation, date the incident was finalized by the submission of the final SIR and then destroyed, unless legal proceedings require further retention.

D. Security Operations Unit (SOU).

(1) The Director, SOU shall:

(a) Ensure that each correctional, detention and pre-trial release facility complies with requirements established under this directive.

(b) Track the progression of reported serious incidents.

(c) Review copies of documentation received in accordance with §.05C(6)(a) of this directive and:

(i) Compile and analyze data and produce applicable reports related to the individual facility and Department-wide serious incidents and actions taken to address findings or recommendations resulting from data analysis;

(ii) Retain Serious Incident Reports for 7 years in accordance with DOC Retention Schedule

Number 2424-17; and

(iii) Destroy the documents when no longer needed for litigation, analysis or reporting.

.06 Attachment(s).

A. Serious Incident Report (Sample)

B. Serious Incident Category Descriptions (Sample)

C. Facility Serious Incident Report Control Log (Sample)

D. HDU PCO Serious Incident Report Control Log (Sample)

E. SOU Serious Incident Report Control Log (Sample)

F. Priority 1 and 2 PSIIS Distribution List Instructions

G. Retention Schedule No. 2424-17

.07 History.

A. This directive replaces OPS.020.0003 dated January 1, 2017 by adding clarification to transmitting and filing of SIR documentation and updating the SIR.

B. This directive supersedes provisions of any other prior existing Department or unit communication with which it may be in conflict.

.08 Correctional Facility Distribution Code.

A
D

Department of Public Safety and Correctional Services
E-mail: sir.doc@maryland.gov

☐ Preliminary ☐ Final

Serious Incident Report

Control # _____ - _____ - _____ **Incident Date:** _____ **Time:** _____
Facility Year Sequence #

Section A Incident Categories		
Priority 1		
	1a	Accidental Firearm Discharge
	1b	Adverse Job Action
	1c	Arrest, Staff
	1d	Assault, Inmate, Life Threatening
	1e	Assault, Staff, Life Threatening
	1f	Attempted Escape
	1g	Deadly Force
	1h	Death, Inmate, Accidental
	1i	Death, Inmate, Homicide
	1j	Death, Inmate, Suicide
	1k	Death, Inmate, Unknown
	1l	Death Staff
	1m	Disturbance, Force Used
	1n	EOC Activation
	1o	Escape
	1p	Fire, Fire Dept. Required
	1q	Hazard, Evacuation Required
	1r	Homicide, Staff
	1s	Injury, Inmate, Life Threatening
	1t	Injury, Staff, Life Threatening
	1u	Other
	1v	Security Breach Staff Needed
Priority 2		
	2a	Arrest, Inmate
	2b	Arrest, Visitor
	2c	Assault, Inmate, Weapon Used
	2d	Assault, Staff, Physical
	2e	Attempted PR Escape
	2f	Attempted Suicide
	2g	Death, Inmate, Natural
	2h	Drugs Recovered
	2i	Walk-Off
	2j	Hazard, No Evacuation
	2k	Injury, Visitor
	2l	Inmate Group Protest
	2m	Other
	2o	State Property Damage
	2p	PREA Related Incidents

Section B Facility Notifications		
Time Notified	**Title**	**Name**
	Deputy Secretary Operations	
	Commissioner	
	Director, Security Operations	
	DPSCS PIO	
	IID	
	Warden	
	Assistant Warden	
	Security Chief	
	Facility Administrator	
	Shift Commander	
	Reg. Health Care Admin.	
	Director, Medical Services	
	Director, Mental Health	
	State Police	
	Local Police	
	Other	
	Other	
	Other	
	Other	
	Other	
	Other	
	Other	

Section C Reporting Official

Incident Reported to SOU/ HDU

Date: _____ Time: _____

To: _____ _____
Name Last, First Title

By: _____ _____
Name Last, First Title

Shift Commander/Designee _____
Name Last, First

_____ _____ _____
Signature Date Time

Section D Inmates

DOC #	Last Name, First Name M.I.	DOB	Race	Security Level	9

Involvement / Injury:

Sentence

Years	Months	Beginning	Offenses

DOC #	Last Name, First Name M.I.	DOB	Race	Security Level	9

Involvement / Injury:

Sentence

Years	Months	Beginning	Offenses

DOC #	Last Name, First Name, MI.	DOB	Race	Security Level	9

Involvement / Injury:

Sentence

Years	Months	Beginning	Offenses

Section E **Staff and/or Public Involved**

Last Name, First Name M.I.	Title	Involvement

Section F **Escape Information**

	Date	Time
Last Accounted For		
First Unaccounted For		
Arrived at Pre-Release		
Last Parole Hearing		

Was Inmate Arrested Yes ☐ No ☐

History of Escape Yes ☐ No ☐

Section G **Description on Incident / Action Taken**

Serious Incident Category Descriptions

Priority #1	
1a Accidental Firearms Discharge	Anytime a firearm is accidentally discharged
1b Adverse Job Action	An organized or planned action taken by staff which adversely affects operations.
1c Arrest, Staff	An employee is arrested or served with a criminal summons.
1d Assault, Inmate, Life Threatening	Any life threating assault on an inmate and the inmate is sent to the ER.
1e Assault, Staff, Life Threating	Any life threating assault on staff and the employee is sent to the ER.
1f Attempted Escape	Any attempted escape by an inmate with a minimum, medium, or maximum security level.
1g Deadly Force	Any incident where a deadly force has been used. Death did not have to result.
1h Death, inmate, Accidental	Accidental death of an inmate.
1i Death, Inmate, Homicide	Inmate murder.
1j Death, Inmate, Suicide	Inmate suicide.
1k Death, Inmate, Unknown	Inmate has died from an unknown cause.
1l Death, Staff	Employee death.
1m Disturbance, Forced Used	Any disturbance, which involved five or more inmates, resulted in loss of control and required force to resolve.
1n EOC Activation	Any time an Emergency Operations Center is activated not to include exercises.
1o Escape	An escape by an inmate with a minimum, medium, or maximum security level.
1p Fire, Fire Department Required	Any fire which was extinguished by the fire department.
1q Hazard, Evacuation Required	Any hazard, manmade or natural requiring inmate evacuation.
1r Homicide, Staff	Employee was murdered on duty.
1s Injury, Inmate, Life Threating	An inmate received a life threating injury not brought on by assault.
1t Injury, Staff, Life Threating	An employee received a life threating injury while on duty that was not the result of an assault.
1u Other	Any event, incident, or circumstance that could be media sensitive or that warrants **immediate** reporting and does not have an appropriate category, i.e. Incident related 911…
1v Security Breach Staff Needed	Anytime a security breach occurs requiring additional staffing, i.e. Security Systems Failure, Major Power Failure, Perimeter Breach….
Priority #2	
2a Arrest, Inmate	An inmate is arrested.
2b Arrest, Visitor	A visitor is arrested.
2c Assault, Inmate, Weapon Used	Anytime an inmate is assaulted with a weapon.
2d Assault, staff, Physical	Physical assault on staff to include the use of substances or weapon.
2e Attempted PR Escape	An attempted escape by an inmate with a Pre-Release security level.
2f Attempted Suicide	An attempted suicide.
2g Death, Inmate, Natural	Inmate death from natural causes.
2h Drugs Recovered	Drugs are recovered.
2i Walk-Off	An escape by an inmate: (a) from a Pre-Release security level facility, or classified as pre-release security as referred to in the Inmate Escape and Retake Warrants policy.
2j Hazard, No Evacuation	Any hazard, manmade or natural that did not require evacuation.
2k Injury, Visitor	A visitor suffers an injury requiring a 911 call.
2l Inmate Group Protest	Anytime twelve or more inmates participate in a protest, i.e. Sit-downs, Mass Movement slows down.
2m Other	Any event, incident, or circumstance that could be media sensitive or that warrants reporting and does not have an appropriate category, i.e. Cell phone recovery.
2o State Property Damage	Damage has occurred to state property.
2p PREA Related Incidents	Prison Rape Elimination Act

Facility Serious Incident Control Log

Preliminary	Final to SOU	Control #	Category	Name & DOC #, Brief Description	SOU/HDU PCO	Reg. Med Adm.	Warden	Asst. Warden	Chief	Personnel	IID
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DOC Form 20-3bR Rev. (6/08)

HDU PCO Serious Incident Control Log

Control #	Category	Name & DOC #, Brief Description	Duty Officer	Asst. Comm.	Comm.	IID	PIO	
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SOU Serious Incident Control Log

Date	Preliminary	Final Reviewed	Control #	Category	Name & Facility #, Brief Description
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Priority 1 and 2 PSIIS Distribution List Instructions

A. The Information Technology and Communications Division ITCD) has created distribution lists in Google to assist sending the Priority 1 and 2 PSIIS messages required under §§.05B(3)(d) and (e) of Executive Directive OPS.020.0003:

(1) DPSCS DL SIR Priority 1 (dlsirpriority1_dpscs@maryland.gov), which automatically includes the:

(a) Secretary, Department of Public Safety and Correctional Services (Secretary);

(b) Executive Assistant to the Secretary;

(c) Director of Government and Legislative Affairs;

(d) Executive Director of Communications;

(e) Deputy Secretary for Operations;

(f) Director of Professional Standards, Police/Correctional Officers and Labor Relations;

(g) Director of the Office of Investigative Services;

(h) Director of the Intelligence and Investigation Division;

(i) Executive Director of Field Support Services;

(j) Director of the Security Operations Unit; and

(k) Assistant Director of the Security Operations Unit.

(2) DPSCS DL SIR Priority 2 (dlsirpriority2_dpscs@maryland.gov), which automatically includes the:

(a) Deputy Secretary for Operations;

(b) Director of Professional Standards, Police/Correctional Officers and Labor Relations;

(c) Director of the Office of Investigative Services;

(d) Director of the Intelligence and Investigation Division;

(e) Director of the Security Operations Unit; and

(f) Assistant Director of the Security Operations Unit.

B. The following information is provided to assist with accessing the appropriate PSIIS distribution list in Google Mail:

(1) In Google Mail, select “Compose” from the selections listed down the left side of the screen.

(2) Once the new message screen appears place the cursor in the "To" field and begin typing the appropriate distribution list (Priority 1 or 2) as the list appears under §A(1) or (2) of these instructions.

(3) As typing progresses, the two lists should be displayed as the lists appear under §A(1) or (2) of these instructions to be selected, select the list based on the SIR incident priority.

C. THE Priority 1 and 2 DISTRIBUTION LISTS ARE NOT COMPLETE AND THE FOLLOWING ADDRESSEES ARE REQUIRED TO BE ADDED IN THE "TO" FIELD:

(1) For a Priory 1 PSIIS add:

(a) sir.doc@maryland.gov; and

(b) DPSCS DL SIR Priority 2 distribution list with the additions listed under §C(2) of these instructions.

(2) For a Priory 2 PSIIS add:

(a) The actual name of the current:

(i) Commissioner responsible for the facility where the SIR occurred;

(ii) Deputy and Assistant Commissioner responsible for the facility where the SIR occurred;

(iii) Managing official, Assistant Managing Official, and, if appropriate, the Facility Administrator responsible for the facility where the SIR occurred;

(iv) Security Chief for the facility where the SIR occurred; and

(v) Other individuals as directed by the managing official, or a designee; and

(b) sir.doc@maryland.gov.

D. The "subject Line" and the content of the message shall be in accordance with provisions established under §§.05B(3)(f) and (h) of Executive Directive OPS.020.0003.

DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION RECORDS RETENTION AND DISPOSAL SCHEDULE	Schedule No. 2424 – 17 Page 1 of 2
Agency Department of Public Safety and Correctional Services	**Division/Unit** Division of Correction

Item No.	Description	Retention
I.	**This schedule supersedes Schedule No. 1406 – 17.** **SECURITY AREA:** A. Use Of Force B. Post Orders Sign-Off Sheet C. Post Orders and Post Order Logbook D. Equipment Issue E. Sanitation Inspection F. Fire and Safety Inspection G. Incident Reports (Matter Of Record) H. Equipment Inspections I. Equipment Inventory J. Security Inspection Sheets K. Urinalysis Test Reports L. Contraband Reports M. Search Reports N. Key Inventory O. Key Inspection P. Weapon Inspection Q. Weapon Issue R. Meal Inspection and Count S. Vehicle Inspection T. Count Sheets	Retain seven (7) years, then destroy.

Schedule Approved by Department, Agency, or Division Representative.	Schedule Authorized by State Archivist
Date 6/5/08	Date 31 Jan 09
Signature J. Michael Stouffer	Signature Edward C. Ingram
Typed Name J. Michael Stouffer	
Title Commissioner	

DGS 550-1

DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION RECORDS RETENTION AND DISPOSAL SCHEDULE (Continuation Sheet)		Schedule No. 2424 – 17 Page 2 of 2
Agency Department of Public Safety and Correctional Services		**Division/Unit** Division of Correction
Item No.	**Description**	**Retention**
I. (cont'd)	U. Traffic Sheets V. Property Inventory W. Collapsible Post X. Shift Reports Y. Bi-Weekly Overtime Z. Duty Roster AA. Mobile Radio Inspection And Issue BB. Investigation Reports CC. Post Orders/Institutional Directive (Decisions) DD. Videotaped Force Cell Moves EE. Emergency Plan Drills FF. Entrance/Exit Log GG. Legal Mail Log HH. Maintenance Repair Orders II. Inmate Telephone Log JJ. Recreation And Shower Log KK. "E" Card Issuance Card LL. Armory Equipment And Inventory/Inspection MM. Quarterly Manpower Reports NN. Escort Logs OO. First Aid Kit Inspection Report PP. Serious Incident Reports QQ. Tool Control Accountability Forms RR. Uniform Inspection SS. Inmate Transfer List	Retain seven (7) years, then destroy. **Exception:** Item I.CC – Retain one (1) year, then destroy.

DGS 550-1A