	<b>DEPARTMENT OF CORRECTIONS AND REHABILITATION</b> <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> January 1, 2024	<b>POLICY NO.:</b> COR.07.03
		<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.07.03 of 01/14/1993	
	<b>SUBJECT:</b> <b>INMATE SUPERVISOR REPORTING OF INMATE INJURIES</b>		Page 1 of 3

## 1.0 PURPOSE

To establish procedures for inmate supervisory personnel in the documentation and reporting of injuries incurred by inmates.

## 2.0 SCOPE

This policy shall apply to all correctional facility employees who are responsible for the supervision of inmate residency units and program activities.

## 3.0 REFERENCE, DEFINITIONS, & FORMS

### .1 References

Department Policy COR 10.05, Medical Care and Reporting of Injuries.

### .2 Definitions

- a. Minor Injuries – Shallow cuts, abrasions, bruises of the trunk or extremity in which bleeding is easily controlled with cleansing and first aid (i.e., scratches and scrapes).
- b. Significant Injuries – Most injuries of the face or head; any stab or puncture wound, deep cuts, lacerations, or abrasions in which bleeding is not easily controlled; injury that causes swelling or deformity of an extremity; blunt trauma, stab, or puncture wound to the abdomen or chest, causing moderate to severe pain; and injury to the back causing difficulty in walking. Any injury due to an industrial accident, assault or self-mutilatory episode.
- c. Health Authority – The physician, health administrator, or agency responsible for the provision of health care services at an institution or system of institutions. The responsible physician or director of nursing may be the health authority.
- d. Work-Related Injury – Any injury (minor or significant) incurred by an inmate during recreational period.
- e. Recreation-Related Injury – Any injury (minor or significant) incurred by an inmate during a recreational period.

**NOT CONFIDENTIAL**

COR  P & P M	<b>SUBJECT:</b>  <b>INMATE SUPERVISOR REPORTING OF INMATE INJURIES</b>	<b>POLICY NO.:</b> <b>COR.07.03</b>
		<b>EFFECTIVE DATE:</b> <b>January 1, 2024</b>
		<b>Page 2 of 3</b>

- f. Incident-Related Injury – Any injury (minor or significant) incurred by an inmate in a residency unit or during a program activity.

Examples: slipping in the shower, falling downstairs, tripping over a cable to a computer terminal in a classroom, etc.

#### 4.0 POLICY

All departmental employees responsible for the supervision or surveillance of inmates engaged in worklines and programs shall ensure that all inmates maintain and operate equipment in a safe manner at all times in order to prevent injury.

In the event of an accident which results in an injury to an inmate, the circumstances shall be documented and promptly reported to administration.

#### 5.0 PROCEDURES

- .1 All inmate injuries shall be documented on form DOC 8708, Inmate Injury Report (reference attachment), by the employee responsible for the supervision or surveillance of the inmate at the time of the incident.

This reporting procedure (DOC 8708) should not be confused with the reporting procedure outlined in Policy COR.10.05, Medical Care and Reporting of Injuries. Policy COR.10.05 outlines reporting responsibilities for the health authority only, while Policy COR.07.03 outlines procedures for staff members who supervise inmate activities such as worklines, recreational programs, educational programs, etc. Not all injuries may require medical care, but reporting is mandatory on DOC 8708. When medical care is required, both forms DOC 8708 and 0422 shall be completed by the respective staff members responsible.


- .2 Incidents that result in a minor injury to an inmate.
  - a. Immediately notify the health authority/designee by telephone to determine if any medical assistance is necessary.
  - b. The Injury Report (DOC 8708) shall be completed within 48 hours of the occurrence and forwarded to the Facility Safety Officer. Whenever possible, photographs of the injury shall be taken and attached to the Injury Report.
- .3 Incidents that result in a significant injury or death to an inmate.

**NOT CONFIDENTIAL**

COR  P & P M	<b>SUBJECT:</b>  <b>INMATE SUPERVISOR REPORTING OF INMATE INJURIES</b>	<b>POLICY NO.:</b> <b>COR.07.03</b>
		<b>EFFECTIVE DATE:</b> <b>January 1, 2024</b>
		<b>Page 3 of 3</b>


- a. Immediately notify the health authority/designee by telephone for assistance and advice (for further details, reference Policy COR.10.05, Medical Care and Reporting of Injuries).
  - b. After the medical care has been established, telephone the Division Administrator and the Health Care Director to apprise them of the situation.
  - c. The Injury Report (DOC 8708) shall be completed within 24 hours of the occurrence and copies of the report sent to the Health Care Director and the Division Administrator, who will route his copy to the Director's Office for information. That copy shall be returned to the Division Administrator for filing. The original copy of the Injury Report shall be sent to the Facility Safety Officer. Whenever possible, photographs of the injury shall be taken and attached to the Injury Report.
- .4 The Facility Safety Officer shall maintain a file of all Inmate Injury Reports. This file shall be made available to staff and the Facility Safety Committee upon request.

APPROVAL RECOMMENDED:

  
\_\_\_\_\_  
Deputy Director for Corrections

**JAN 01 2024**  
\_\_\_\_\_  
Date

APPROVED:

  
\_\_\_\_\_  
DIRECTOR

**JAN 01 2024**  
\_\_\_\_\_  
Date

**NOT CONFIDENTIAL**

STATE OF HAWAII  
DEPARTMENT OF CORRECTIONS AND REHABILITATION

INMATE/WARD INJURY REPORT

---

1. Name of Injured: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_

---

2. Facility \_\_\_\_\_ Housing Unit: \_\_\_\_\_

---

3. Location of Accident/Injury: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

---

4. Nature of Injury: \_\_\_\_\_

---

5. Description of What Happened: \_\_\_\_\_

---

6. Referred to Medical Unit: \_\_\_\_\_ If No, Why Not: \_\_\_\_\_  
Yes  No

---

7. Type of Injury:

Work Related  
A. Workline  
B. Injury was result of unsafe practice/equipment: Yes  No

Recreation Related  
A. Recreation period:  
B. Individual exercised or recreated unsafely: Yes  No

Incident Related  
A. Number of people involved (include staff):  
B. Name and title of those involved:

C. Unsafe practices involved: Yes  No

If yes to any of the above, a brief description of what was unsafe:

---

8. Photographs of Injury Attached: \_\_\_\_\_ Yes  No

9. Name and title of Witnesses:

---

10. Corrective Measures: Recommendation  Already taken

---

11. Reporter's Name: Title: Date:

---

12. Resolution:

The situation has been reviewed and resolved as follows:

Reporter's recommendation will be implemented.

Corrective measures taken are sufficient.

The following action will be taken:

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_