 <p style="text-align: center;"> <b>ADMINISTRATIVE POLICIES AND PROCEDURES</b>            State of Tennessee            Department of Correction         </p>	Index #: 113.15	Page 1 of 1
	Effective Date: October 15, 2022	
	Distribution: A	
	Supersedes: N/A	
Approved by: Lisa Helton		
Subject: INMATE CO-PAYMENT FOR HEALTH SERVICES		

POLICY CHANGE NOTICE 22-34

INSTRUCTIONS:

Please change Section VII. to read as follows:

“VII. ACA STANDARDS: 5-ACI-6A-02 and 5-ACI-6A-40.”

Please strikethrough CR-2592 on page 7 and insert the attached page 8. Renumber all policy pages accordingly.



TENNESSEE DEPARTMENT OF CORRECTION
ACCIDENT / INCIDENT / TRAUMATIC INJURY REPORT

INSTITUTION/DISTRICT/LOCATION

EMPLOYEE NUMBER: TDOC ID:

Name: Last First Middle Date of Birth:

Employee Inmate Visitor Other

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

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

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

Subject's Version (how situation occurred):

Signature of Subject

Witness' Version:

Printed Name of Witness

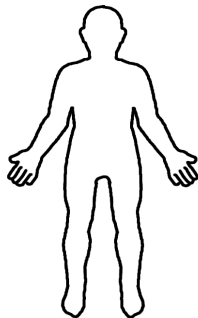
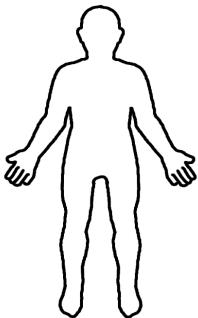
Signature of Witness

Health Service Provider's Report: (Use page 2 for additional documentation if needed)

Subjective:

Front

Back



Objective:

Assessment:

Plan:

Date of Treatment

Time

Signature of Health Service Provider

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

Facility

Hospital

Did death result? Yes No Relatives notified: Yes No

Workers Compensation Claim #:

