
Texas Department of Criminal Justice

Bobby Lumpkin
Executive Director

TO: Recipients of the Policy and Procedure Policy Manual (P&P)

5/04/2026

FROM: Cheryl Gray
P&P Coordinator /
Information Specialist IV

Listed below are the updated policies for your Policy and Procedure (P&P) Manual. The Facility Management Team is expected to inform all employees of these policies before placing them in the manual.

| Policy Number | Policy Name | Primary Changes With Reviewed Date of 04/2026 |
|------------------------|---|--|
| A-05.1 | Correctional Managed Health Care Policies | Reviewed |
| A-06.1 | Quality Improvement/Quality Management Program | Reviewed |
| A-06.2 | Professional and Vocational Nurse Peer Review Process | Reviewed |
| A-07.1 | Emergency Plans and Drills | Reviewed |
| A-07.1 Attachment A | Disaster Drill Evaluation Form | Reviewed |
| A-08.1 | Decision Making for Serious Mentally Ill Patients | Reviewed |
| A-08.1 Attachment A | Mental Health Disciplinary Review Form | Reviewed |
| A-08.2 | Transfers of Inmates with Acute Conditions | Reviewed |
| A-08.2 Attachment A | Approved Medical Transportation Criteria | Reviewed |
| C-19.2 | Correctional Managed Health Care Reference Materials | Reviewed |
| C-19.2 Attachment A | Sample Correctional Managed Health Care Bookshelf | Reviewed |

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| C-20.1 | Training for Correctional Officers | Reviewed |
| D-28.2 | Sharp, Needle and Syringe Control | Reviewed |
| D-28.3 | Facility Repairs and Renovations | Reviewed |
| D-28.4 | First Aid Kits | Reviewed |
| E-31.2 | Organ or Tissue Donation | Reviewed |
| E-31.2 Attachment A | Donor Information Sheet | Reviewed |
| E-31.2 Attachment B | Retraction of Tissue and Organ Donor Status | Reviewed |
| E-31.4 | Management of Inmates Who Have Received Solid Organ and Stem Cell Transplants | Reviewed |
| E-34.4 | Reporting Suspected Abuse | Reviewed |
| E-34.5 | Chemical Agents and the Use of Force Contraindication List | Reviewed |
| E-35.1 | Mental Health Appraisal for Incoming Inmates | Reviewed |
| E-35.2 | Mental Health Evaluation | Reviewed |
| E-36.4 | Dental Prosthodontic Services | Reviewed |
| E-36.4 Attachment A | Medically Necessary Dental Prosthetics Referral Form | Reviewed |
| E-36.4 Attachment B | Completed Dental Prosthesis Requisition Form | Reviewed |
| E-37.1 | Daily Processing of Health Complaints and Sick Call | Reviewed |
| E-37.1 Attachment A | Sick Call Procedure for Inmates Unable to Write | Reviewed |
| E-37.2 | Guidelines for Clipper Shave Pass | Reviewed |
| E-37.3 | Medical Lay-Ins | Reviewed |
| E-37.4 | Lockdown Procedures | Reviewed |
| E-37.5 | Interpreter Services-Monolingual Spanish-Speaking Inmates | Reviewed |
| F-47.1 | Therapeutic Diets and Food Allergies | Reviewed |
| F-47.1 Attachment A | Counseling Sheet for Therapeutic Diet Refusal | Reviewed |
| F-48.1 | Exercise Program | Reviewed |
| G-51.6 | Referral of an Inmate for Admission into a Behavioral Health Facility | Reviewed |

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| G-51.7 | Behavioral Health Treatment for Substance Abuse Felony Punishment Facility Inmates | Reviewed |
| G-51.8 | Care of Inmates with Terminal Conditions | Reviewed |
| G-51.8 Attachment A | Consent to Hospice Care | Reviewed |
| G-51.8 Attachment B | Hospice Guidelines | Reviewed |
| G-51.9 | Wheelchair Use | Reviewed |
| G-51.9 Attachment A | Special Wheelchair Committee, Treatment Plan of Inmate Refusing to Walk | Reviewed |
| G-51.9 Attachment B | Special Wheelchair Committee Treatment Plan Form | Reviewed |
| G-51.10 | Chronic Care Program | Reviewed |
| G-52.3 | Admission to the TDCJ Mental Health Therapeutic Diversion Program (MHTDP) | Reviewed |
| G-52.4 | Seriously Mentally Ill-Sheltered Housing (SMI-SH) | Reviewed |
| G-52.4 Attachment A | Seriously Mentally Ill-Sheltered Housing (SMI-SH) Referral Form | Reviewed |
| H-60.2 | Inpatient Health Records | Reviewed |
| H-60.2 Attachment A | History and Physical Examination | Reviewed |
| H-60.2 Attachment B | Discharge Summary | Reviewed |
| H-60.2 Attachment C | Approval to File an Incomplete Medical Record | Reviewed |
| I-68.4 | Medical Consultation for the Inmate Drug Testing Program | Reviewed |
| I-68.4 Attachment A | Inmate Controlled Substance Testing Information Form | Reviewed |
| I-68.4 Attachment B | Prescription Drugs Giving Positive Results for the Sure-Screen Test | Reviewed |
| I-69.1 | Participation in Executions | Reviewed |

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