



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 113.30

Page 1 of 9

Effective Date: February 1, 2015

Distribution: A

Supersedes: 113.30 (6/15/11)

Approved by: Derrick D. Schofield

Subject: ACCESS TO HEALTH CARE

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To ensure that all inmates within the physical custody of the Tennessee Department of Correction (TDOC) have access to appropriate levels of health care on a 24-hour a day basis.
- III. APPLICATION: Wardens, Health Administrators, health care staff, privately managed facilities, all employees, contractors, visitors, volunteers, and inmates.
- IV. DEFINITIONS:
 - A. Cardiopulmonary Resuscitation (CPR): The combination of artificial respiration and chest compressions designed to restore normal breathing after cardiac arrest.
 - B. First Aid: Emergency care or treatment given to an ill or injured inmate prior to the arrival of a health care provider or transportation to a hospital.
 - C. Qualified Clinical Personnel: Personnel who are legally authorized by licensure, registration, or certification to perform direct or supportive health, mental health care or substance use services and whose primary responsibility it is to provide clinical services to inmates in the custody of the Tennessee Department of Correction (TDOC). Examples of qualified clinical personnel are physicians, dentists, physician assistants, nurse practitioners, nurses, nursing assistants, psychologists, clinical social workers, licensed or certified alcohol and drug counselors (LADAC, ICRC-AODAC, NAADAC I, II, or Master level NAADAC certification), Licensed social workers (LCSW), licensed professional counselors (LPC), licensed psychological examiners (LPE), or licensed marriage and family therapists (MFT).
 - D. Qualified Health Care Professional: Includes physicians, mid-level providers, nurses, dentists, mental health professionals, and others, who by virtue of their education, credentials, and experience are permitted by Tennessee law to evaluate and care for inmates.
- V. POLICY: Inmates within the physical custody of the TDOC shall have timely access to the appropriate level of health care on a 24-hour a day basis. Health services shall be provided with respect to the inmate's autonomy and privacy, and without discrimination.
- VI. PROCEDURES:
 - A. General:

1. The Health Administrator shall generate a institutional written procedures to ensure that routine and emergency health care services are accessible to all inmates in a timely manner. The procedure shall detail the inmate's access to sick call, dental care, psychological/psychiatric care, and emergency care as outlined in Section VI.(D)(2) of this policy.
2. The Warden shall appoint an individual to educate staff to assist disabled inmates with questions, problems, or issues associated with their disabilities. This individual shall be trained in the Department's responsibilities concerning the Americans with Disabilities Act (ADA).

B. Health Orientation:

1. Upon admission to any institution, each inmate shall receive instructions for accessing health care services. This shall be done during the inmate's initial screening (See Policy #113.20). If the inmate cannot speak English, the Warden or designee shall provide an interpreter to provide verbal health orientation within five working days.
2. Written instructions concerning access to health care shall also be given to each inmate upon entry into the institution. The instruction may be in the form of an information sheet or may be included in an orientation manual, such as the inmate handbook. These instructions shall include at minimum:
 - a. The location of the clinic at the institution
 - b. Access to and times of sick call
 - c. Access to emergency care
 - d. Procedures for acquiring dental and mental health services.
3. The institution shall provide a staff member to read the written instructions to inmates who are unable to read.
4. Health orientation shall be documented on the Health Screening, CR-2178. (See Policy #113.22) The inmate shall sign the form indicating that he/she has received instruction on how to obtain health care.
5. Written instructions explaining access to health care services shall be posted in all living areas and shall be in terms that can be understood by all inmates. Interpretation shall be made available for inmates with intellectual deficiencies and/or language barriers.

C. Routine Health Care: Sick call/triage of health complaints shall be in accordance with Policy #113.31.

D. Emergency Care: Institutional policies and/or procedures shall be developed to include the following requirements:

1. Emergency Response Education/Training:

Subject: ACCESS TO HEALTH CARE

- a. Cardiopulmonary Resuscitation (CPR): All correctional officers and qualified clinical personnel shall maintain current certification in CPR.
- b. First Aid: Correctional officers and other institutional employees designated by the Warden shall be certified in first aid. [See Section VI.(E)].
- c. Four Minute Response: All institutional staff shall receive training in four-minute response to health related emergencies. Training shall be part of the new hire orientation and the institutional core curriculum for current employees. It shall include:
 - (1) Recognition of signs and symptoms of acute medical or mental distress and knowledge of action required in potential emergency situations
 - (2) Methods of obtaining assistance
 - (3) Signs and symptoms of mental illness, retardation, and chemical dependency
 - (4) Procedures for patient transfers to appropriate medical facilities or health care providers.
 - (5) Prevention of blood borne and air borne infection during CPR/first aid assistance.

Documentation of training and certifications shall be maintained by the institutional training officer. The Tennessee Correction Academy offers CPR and first-aid training. Four minute response training is part of the institutional core curriculum training.

2. Procedures: The institution shall have a written plan which covers the provision of 24-hour emergency medical, dental, and mental health care availability for inmates. The plan shall include arrangements for the following:
 - a. On-site emergency first aid and crisis intervention
 - b. Emergency evacuation of the inmates from the facility
 - c. How to contact local emergency responders
 - d. Use of one or more designated hospital emergency rooms or other appropriate health facilities
 - e. Emergency on-call physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community

Subject: ACCESS TO HEALTH CARE

- f. Security procedures that provide for the immediate transfer of inmates when appropriate
 - g. Emergency on-call procedures for personnel
 - h. Location of emergency equipment and supplies within the institution, including stretchers and first aid kits/equipment
 - i. Scheduled inspection, inventory, replenishment, and maintenance of emergency equipment and supplies
 - j. Orientation/training of institutional staff on emergency procedures to include four minute response training.
3. First aid and emergency stabilization for employees, volunteers, and visitors shall be provided in accordance with Policy #113.13

E. First Aid:

1. In the event of sudden illness or injury, first aid shall be rendered by any employee to the extent possible within his/her training and experience.
2. Employees certified in CPR are expected to provide assistance in the event of a life-threatening emergency. First aid shall be continued until the arrival of health care personnel. Health care personnel shall take charge and assume responsibility for the emergency upon arrival. They shall direct other employees to assist in the emergency as required.

F. Health Care for Inmates in Segregation/Detention:

1. Inmates housed in segregation, detention, or holding units shall not forfeit their right of access to health care and shall receive daily visits seven days per week from health care staff. All inmates shall be assessed in the segregation unit by a qualified health care professional within 24 hours after segregation. Evaluation of routine health-related complaints shall be conducted on a daily basis and each inmate who wishes to be seen shall be evaluated by a qualified health care professional. Health care staff must sign each inmate's Segregation Unit Record Sheet, CR-2857, or a Segregation Unit Record Sheet for Death Sentenced Inmates, CR-3063, to indicate access to health care has been offered to each inmate on a daily basis. The initial assessment and all subsequent encounters where services are provided shall be documented in the inmate's health record.
2. The health care staff shall evaluate all emergent or urgent complaints for treatment and disposition as appropriate.
3. When possible, examinations and treatment shall be performed in an appropriately equipped room in the unit. The inmate may be escorted to the clinic or infirmary with appropriate security if required.

Effective Date: February 1, 2015	Index #113.30	Page 5 of 9
Subject: ACCESS TO HEALTH CARE		

4. Inmates housed in segregation, detention, or holding units shall receive their daily-prescribed medications.

G. Employee/Volunteer/Visitor First Aid and Emergency Care: First aid and/or life-saving/stabilizing emergency care shall be provided to employees, volunteers, and visitors experiencing acute illness or injury within the institutional property/grounds. When care is rendered to an individual, it is essential that the individual be referred to his/her own physician or an emergency room for follow-up care. The health care provider shall document the accident or incident on Accident/Incident/Traumatic Injury Report, CR-2592. (See Policy #113.53) NOTE: In the event a state employee is injured on the job and is seeking medical care, the state employee must choose a provider (doctor or hospital) from the approved directory as per Policy # 303.04.

VII. ACA STANDARDS: 4-4258, 4-4261, 4-4344, 4-4351, 4-4389, 4-4400, and 4-4429-1.

VIII. EXPIRATION DATE: February 1, 2018.



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

INMATE NAME: _____ TDOC NUMBER _____ DOB _____

RECEIVING INSTITUTION: _____ DATE: ____ / ____ / ____ TIME: _____ a.m./p.m.

INITIAL INTAKE: _____ TEMPORARY TRANSFER: _____ PERMANENT TRANSFER: _____

INQUIRE:

1. Have you ever had a positive TB test? Yes No If **yes**, describe _____

2. Are you being treated for any illness or health problem (*including dental, venereal disease, or other infectious diseases*)?
 Yes No If **yes**, describe: _____

3. Do you have any physical, mental or dental complaints at this time? Yes No
If **yes**, describe: _____

4. Are you currently taking any medication(s)? Yes No
If **yes**, was the medication transferred with the inmate? Yes No
If **yes**, describe (what used, how much, how often, date of last use, and any problems)

5. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? Yes No

6. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? Yes No
If **yes**, when? _____

7. Do you have any allergies? Yes No If **yes**, describe: _____

8. **(For women)**

a) LMP _____ b) Are you pregnant? Yes No Number of months _____

c) Have you recently delivered? Yes No Date: _____

d) Are you on birth control pills? Yes No

e) Any gynecological problems? Yes No

9. Screening for MRSA Infections:

a) Do you have any lesions, sores or insect bites? Yes No

If **so**, do you have any open/draining lesions, sores, or insect bites? Yes No

If **yes**, where are these lesions? _____

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
 Normal Abnormal If **abnormal**, describe: _____

2. Skin Assessment (*including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s)*)
 Yes No
If **yes**, describe: _____

3. Is there evidence of Abuse or Trauma? Yes No



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

MENTAL HEALTH:

- 1. Is the inmate presenting behavior(s) that are considered: [] Anxious [] Antagonistic/Hostile [] Hallucinations [] Withdrawn/Avoidant [] Depressed/Hopeless
2. Is the inmate presenting disorganized thought? (Unable to track questions and/or present responses in logical or connected manner) [] Yes [] No
3. Have you ever been in a mental hospital? [] Yes [] No
4. Have you ever been treated for mental health? [] Yes [] No
5. Have you ever attempted to kill yourself? [] Yes [] No
6. Are you thinking about suicide now? [] Yes [] No
7. Has a parent, other family member, or close friend committed suicide? [] Yes [] No
8. Do you have a history of past or current head trauma? [] Yes [] No
9. As an adult or child, have you personally experienced being: [] Sexually abused [] Physically abused [] Emotionally abused

DISPOSITION:

- Intake housing [] Intake housing with prompt referral appointment (health, mental health, substance use treatment)
General housing [] General housing with prompt/referral appointment
Referred to appropriate health, mental health or substance use provider due to emergency.
Additional comments on Progress Notes (CR-1884): [] Yes [] No

I have received information regarding the procedure for obtaining routine and emergency health care (medical, dental, substance use, and/or mental health, and co-pay requirements). These have been explained to me and I understand how to access healthcare services in the form of:

- [] Orientation Handbook (i.e. Inmate Handbook)
[] Information Sheet
[] Transient inmate information-describing how to access healthcare

Inmate Signature

Employee Name Printed

Employee Signature and Title



**TENNESSEE DEPARTMENT OF CORRECTION
SEGREGATION UNIT RECORD**

INSTITUTION

INMATE NAME: _____ TDOC NUMBER: _____ CELL: _____

TYPE OF SEGREGATION (Circle One):

ADMINISTRATIVE MANDATORY PUNITIVE PH PI

DATE RECEIVED: _____ DATE RELEASED: _____

IF PUNITIVE: CHARGE _____ PUNITIVE TIME _____

PERTINENT INFORMATION (Examples: Epileptic, Diabetic, Suicidal, Assaultive, etc.) _____

DATE	SHIFT	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE	MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	COMMENTS
SUN	1 st										
	2 nd										
	3 rd										
MON	1 st										
	2 nd										
	3 rd										
TUE	1 st										
	2 nd										
	3 rd										
WED	1 st										
	2 nd										
	3 rd										
THUR	1 st										
	2 nd										
	3 rd										
FRI	1 st										
	2 nd										
	3 rd										
SAT	1 st										
	2 nd										
	3 rd										

Meals/Shower/Shave: Yes (Y) No (N) Refused (R)

Exercise: Enter actual time period (i.e., 9:30 IN/10:00 OUT)

Medical Staff: Will sign the segregation log each shift and the record sheet each time the inmate is seen.

DATE	SHIFT	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE	MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	COMMENTS
SUN	1 st										
	2 nd										
	3 rd										
MON	1 st										
	2 nd										
	3 rd										
TUE	1 st										
	2 nd										
	3 rd										
WED	1 st										
	2 nd										
	3 rd										
THUR	1 st										
	2 nd										
	3 rd										
FRI	1 st										
	2 nd										
	3 rd										
SAT	1 st										
	2 nd										
	3 rd										

Meals/Shower/Shave: Yes (Y) No (N) Refused (R)

Exercise: Enter actual time period (i.e., 9:30 IN/10:00 OUT)

Medical Staff: Will sign the segregation log each shift and the record sheet each time the inmate is seen.

REMARKS:



TENNESSEE DEPARTMENT OF CORRECTION
RIVERBEND MAXIMUM SECURITY INSTITUTION
SEGREGATION UNIT RECORD FOR DEATH SENTENCED INMATES

INMATE NAME: _____ TDOC NUMBER: _____ LEVEL: _____

CELL LOCATION: _____ MONTH _____ DAY _____ YEAR _____

PERTINENT INFORMATION _____

DATE	MEALS			SHOWERS	WORK	TRICOR WORKERS ONLY	SCHOOL	PHONE	RECREATION	FREE TIME	ARTS AND CRAFTS	VISITATION	LEGAL VISITS	LAW LIBRARY	RELIGION
	Breakfast	Lunch	Dinner												
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															

- SEE REVERSE SIDE FOR COMMENTS / PERTINENT INFORMATION LEGEND *

Y = Yes

N = No

R = Refused

G = 1 1/2 hour "Out of Cell Time" for Group Meals

AP = Attorney Phone Call

P = 30 Minute in Pod Phone Call

A = Alternate Entree

MD = Modified Diet

Attorney Visit	Haircuts	Others	Medical	COMMENTS:	Signature's			DATE
					1 st	2 nd	3 rd	
								1
								2
								3
								4
								5
								6
								7
								8
								9
								10
								11
								12
								13
								14
								15
								16
								17
								18
								19
								20
								21
								22
								23
								24
								25
								26
								27
								28
								29
								30
								31