

 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 113.13	Page 1 of 4
	Effective Date: April 1, 2021	
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Approved by: Tony Parker		
Subject: TREATMENT OF FACILITY EMPLOYEES AND VISITORS WITH EMERGENT CONDITIONS BY HEALTH CARE PERSONNEL		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To clarify the instances when health care personnel can provide services to Tennessee Department of Correction (TDOC) employees, contract employees, or visitors with emergent conditions.
- III. APPLICATION: To all TDOC employees, the Tennessee Correction Academy (TCA), visitors, and facility contractors.
- IV. DEFINITIONS: Health Care Personnel: All full and part-time, State of Tennessee or contracted staff engaged in the delivery of health care services within the correctional system.
- V. POLICY: Provision of health care services to employees, contract employees, and visitors in the facility setting shall be limited to the provision of first aid, emergency services, and other services permitted by the office of clinical services. Health care personnel shall not engage in the provision of routine healthcare to TDOC employees, contract employees, or visitors.
- VI. PROCEDURES:
 - A. Employees seeking routine health care services will be referred to the employee's physician.
 - B. Exceptions to the above procedure include the following:
 1. Emergency Treatment: Emergency medical treatment shall be provided to employees and visitors, using departmental resources whenever necessary, to protect life or limb and relieve undue suffering. Treatment shall be provided as necessary to stabilize the employee until the employee/visitor can be transported to his/her private physician or an emergency room. Prescription medications shall only be provided in the case of an emergency by a prescribing clinician. Any treatment provided for accidents/traumatic injuries shall be documented on Accident/Incident Traumatic Injury Report, CR-2592.
 2. Tuberculosis screening: Tuberculosis screening shall be conducted for employees as outlined in Policies #113.44, #305.06, and #305.09.
 3. First Aid: Band-Aids and other first aid items required for self-care of minor conditions while on duty may be provided to employees on a limited basis. Each institution shall have a policy outlining those items that may be made available to staff members while on duty. Institutional policies shall clearly identify the access process including individuals responsible for providing items for self-care,

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maintaining supplies, and record keeping. Institutional policies shall comply with all TDOC policies with specific reference to Policies #113.70 and #113.71.

4. If the presenting problem or condition is reported to be work-related, the employee will be referred to the facility Human Resources office for follow-up in accordance with Workers' Compensation Claims, Policy #303.04.
 5. Exposure to Bloodborne Pathogens:
 - a. When an exposure incident (as defined in the *Tennessee Department of Correction Health Services Exposure Control Plan for Occupational Exposure to Bloodborne Pathogens*) results in one or more correctional employees being exposed to the blood of one or more inmates, the inmate(s) shall be tested for bloodborne pathogens in accordance with Policy #113.51. The results of the tests shall be disclosed to the exposed correctional employee(s) by a physician or mid-level provider no later than 24 hours after such results are known, unless, following a reasonable effort, all such employees cannot be notified within such time.
 - b. Each institution shall identify the responsible health services staff who will disclose test results to the exposed correctional employee. A back-up individual(s) shall also be designated. Employees involved in an exposure incident shall be counseled by the facility infection control nurse and/or the health services division designated infection control medical professional regarding communicable disease issues.
 - c. Response to exposure incidents shall be conducted in accordance with the *Tennessee Department of Correction Health Services Exposure Control Plan for Occupational Exposure to Bloodborne Pathogens*.
 - d. Individual requests for HIV testing as a result of a documented exposure incident shall be accommodated by a referral to the individual's physician, or by advising the individual of workman's compensation testing sites.
 6. Initial Medical Screening of New Employees: New institutional employees will receive a physical examination or medical screening in accordance with Policy #305.06 (security staff), Policy #305.09 (non-security staff), or Policy #305.07 (Central Office staff).
- C. All employees at risk for potential occupational exposure to bloodborne pathogens as defined by the *Tennessee Department of Correction Health Services Exposure Control Plan for Occupational Exposure to Bloodborne Pathogens* shall receive appropriate training and shall be offered the hepatitis B vaccine at the Department's expense. A copy of this plan shall be available in the facility's employee Career Development Center and the health administrator shall maintain a copy in the clinic.

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VII. ACA STANDARDS: 5-ACI-6B-05, 5-ACI-6B-06, 5-ACI-6B-09, and 5-ACI-1C-15.

VIII. EXPIRATION DATE: April 1, 2024



TENNESSEE DEPARTMENT OF CORRECTION
ACCIDENT / INCIDENT / TRAUMATIC INJURY REPORT

INSTITUTION/DISTRICT/LOCATION

EMPLOYEE NUMBER: TDOC ID:

Name: Last First Middle Number: 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

Subjective:

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:

Did death result? Yes No Relatives notified: Yes No

Workers Compensation Claim #: