

ADMINISTRATIVE POLICIES AND PROCEDURES

State of Tennessee Department of Correction Index #: 113.24 Page 1 of 3 Effective Date: October 15, 2022 Distribution: A

Supersedes: 113.24 (4/15/19)

Approved by: lisa Kelton

Subject: MEDICAL CLEARANCE OF INMATES ASSIGNED TO JOBS IN FOOD SERVICES

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To prevent the transmission of communicable diseases by inmates who are assigned to work in food service.
- III. Wardens/Superintendents, Associate Wardens of Treatment (AWT)/Deputy APPLICATION: Superintendents, health administrators, contract food service directors, health services staff, job coordinators, inmates, medical contractors, and privately managed institutions.
- IV. DEFINITIONS: Food Handler's Permit: An authorization that verifies medical clearance of inmate workers assigned to food service.
- V. POLICY: No inmate (while infected with active tuberculosis, open wounds, or other infectious diseases that can be transmitted) shall work in any capacity in which there is a likelihood of transmitting his/her disease to other persons via food, kitchen utensils, or food contact surfaces.

VI. PROCEDURES:

Health Record Review and Assessment: A.

- 1. Prior to job assignment and annually thereafter, a health record review and assessment shall be completed by a licensed health professional for all inmates assigned to jobs in food service areas.
- The health record review and assessment shall be conducted with particular 2. emphasis on the detection of:
 - Acute or chronic infectious skin diseases a.
 - b. Gastrointestinal infections
 - Contagious respiratory conditions c.
 - d. Current tuberculosis screen in accordance with Policy #113.44

B. Documentation:

1. Upon completion of the health record review and a physical assessment, the licensed health professional shall include a statement in the health record on the Problem Oriented-Progress Record, CR-1884, indicating whether the inmate is suitable for assignment in the food the services area. If the inmate is deemed unsuitable, the licensed health professional shall include the reason(s) in his/her statement, such as:

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INMATES ASSIGNED TO JOBS IN F

- a. Active Hepatitis A
- b. Open and/or draining lesions/sores/wounds
- Clinical jaundice c.
- d. Chronic and/or actively infectious diseases that could be transmitted by food or utensils
- Active tuberculosis e.
- f. Active syphilis
- Any other gastrointestinal infections or respiratory conditions transmissible g. via food products.
- 2. If the inmate is suitable for assignment in food service, a Food Handler's Permit, CR-2239, shall be prepared by the licensed health professional and submitted to the contract food service director with a copy to the inmate jobs coordinator. This permit shall be valid for one year unless the inmate has an intervening health condition that requires re-assessment of the inmate and subsequent revocation of the food handler's permit.
- 3. Food Handler Permits will be issued during initial classification and a comment shall be added to Option 3 of the offender management system (OMS) LHSE Health Assessment indicating the date the permit was issued.
- Inmates who are denied a food service assignment for medical reasons may be evaluated C. again six months after the date of their last review.

D. Revocation of Food Handler's Permits:

- 1. In the event the inmate has an intervening health condition which requires revocation of his/her food handler's permit, the licensed health professional shall immediately notify both the contract food service director and inmate jobs coordinator that the permit has been revoked and that the inmate shall be removed from his/her food service assignment.
- 2. Any inmate food service worker whose permit has been revoked for medical reasons shall not resume food handling until reinstatement of the Food Handler's Permit.
- E. Contract Food Service Director Responsibilities: The contract food service director or a designated staff member shall be responsible for the following:
 - 1. In accordance with Policy #116.11, he/she shall monitor daily the inmates assigned to food service for cleanliness, freedom from apparent communicable disease and infection (open sores, skin infections, and other illnesses transmissible by food or utensils). He/she shall also enforce health-related regulations.

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- 2. Referral of the inmate to health services for re-evaluation if there is a reasonable cause for the contract food service director or designee to suspect the possibility of disease transmission from any assigned inmate worker.
- 3. Coordinating with health services to schedule inmate food service workers for their annual health review, assessment, and renewal of the food handler's permit.
- VII. <u>APPLICABLE FORMS</u>: CR-1884 (Rev. 08-2019), and CR-2239 (Rev. 05-22).
- VIII. <u>ACA STANDARDS</u>: 5-ACI-5C-11.
- IX. <u>EXPIRATION DATE</u>: October 15, 2025



TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED - PROGRESS RECORD

		INSTITUTION
INMATE NA	ME:	TDOC ID:
DATE	TIME	

Do Not Write on Back



TENNESSEE DEPARTMENT OF CORRECTION FOOD HANDLER'S PERMIT

	INSTITUTION	
NAME:	TDOC ID:	DOB:
TYPE OF HEALTH REVIEW: De	esignate with a check ($\sqrt{\ }$) mark.	
INITIAL	ANNUAL	INTERVAL
A health record review is now con	mplete on the above-named inmate.	
The above-named inmate had a c	current tuberculosis (TB) screening.	
	valid for one (1) year unless inmate had oval from food service assignment	s an intervening health condition
AUTHORIZED BY:	ealth Care Provider Signature/Professional	DATE:
Н	ealth Care Provider Signature/Professional	litte
CR-2239 (Rev. 05-22) White- Con-	tract Food Service Director Canary-Health Se	rvices File Pink-Institutional Jobs Coordinator RDA 145
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AGRICULTURE	FOOD HANDLER'S PER	
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	INSTITUTION	
NAME:	TDOC ID:	DOB:
TYPE OF HEALTH REVIEW: De	esignate with a check ($\sqrt{\ }$) mark.	
INITIAL	ANNUAL	INTERVAL
A health record review is now con	mplete on the above-named inmate.	
The above-named inmate had a c	current tuberculosis (TB) screening.	
This permit is	valid for one (1) year unless inmate ha	s an intervening health condition
	oval from food service assignment	-
AUTHORIZED BY:		DATE:

Health Care Provider Signature/Professional Title