

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.31	Page 1 of 10
	Effective Date: March 1, 2020	
	Distribution: A	
	Supersedes: 113.31 (4/1/17) PCN 17-48 (9/1/17)	
Approved by: Tony Parker		
Subject: SICK CALL/ASSESSMENT OF HEALTH COMPLAINTS		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To specify sick call times and procedures to ensure that all inmates have the opportunity to report a medical, dental, or mental health complaint and to receive diagnosis and/or treatment for their condition.
- III. APPLICATION: Wardens, Superintendent, health administrators, health care staff, inmates, the medical contractor, and privately managed facilities.
- IV. DEFINITIONS:
 - A. Assessment: For purposes of this policy, to evaluate the health status of an inmate patient, both by means of patient interview for report of symptoms (i.e. subjective), and by means of physical examination (objective).
 - B. Infirmery (inpatient unit): A specific area within an institution, separate from other housing areas, where offenders are admitted for health observation and care under the supervision and direction of health care personnel.
 - C. Guided Assessment Progress Note (GAPR): For purposes of this policy, a Problem Oriented Progress Record, CR-1884, that includes pre-printed content from the TDOC Nursing Protocol for the presenting health complaint, with blanks provided on the form for recording the results of each step in that protocol.
 - 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 patients.
 - E. Sick Call: An organized method by which inmates are evaluated and treated for non-emergency health care requests by qualified health care professionals.
- V. POLICY: All inmates shall be provided access to health care services through scheduled sick call and treatment as required.
- VI. PROCEDURES:
 - A. Scheduled Access to Sick Call:

Effective Date: March 1, 2020	Index # 113.31	Page 2 of 10
Subject: SICK CALL/ASSESSMENT OF HEALTH COMPLAINTS		

1. The Warden/Superintendent, in conjunction with the health administrator, shall establish regular sick call hours. Segregation units shall be visited daily by qualified health care personnel. Segregation sick call shall be offered and conducted seven days per week, including holidays. General population sick call shall be conducted a minimum of five days per week, excluding holidays.
2. As a part of institutional orientation, all inmates shall be informed (both orally and in writing) on how to gain access to health care services. Information regarding access to health care shall also be included in the *Inmate Rulebook* as cited in Policy #502.04 and shall be posted in all housing units. Information regarding co-payment for health services shall be included as well. (See Policy #113.15)

B. Non-scheduled Access to Care:

1. Institutional health services staff shall develop procedures for the timely assessment of non-scheduled inmate physical and mental health complaints by the qualified health care professional(s).
2. The institutional procedures for the unscheduled and emergency assessment of physical and mental health complaints shall include details of communication methods to be used by inmates and institutional employees. This procedure shall also address varying procedural differences on shifts, weekends, and holidays.
3. Dental complaints from inmates shall be presented at the regularly scheduled sick call, in accordance with Policy #113.60. A qualified health care professional shall be assigned to assess the inmate using the Dental Sick Call GAPR and refer dental complaints to the facility dentist, who shall assess and treat the inmate according to established dental clinical priorities.

C. Sick Call Procedures:

1. Each facility shall develop specific procedures relative to sick call, which include the following information:
 - a. Time and location
 - b. The population served
 - c. Instructions for using the Sick Call Request, CR-3793, and appropriate submission to the Qualified Healthcare Professionals
 - d. These requests shall be triaged by priority daily by qualified health care professionals. This triage will be documented on the Sick Call Roster, CR-1893. Another approved scheduling system may be used to schedule the triaged requests.
 - e. Special call or appointment system utilized for specialty and scheduled follow-up care and also for other examinations or treatment.

Effective Date: March 1, 2020	Index # 113.31	Page 3 of 10
Subject: SICK CALL/ASSESSMENT OF HEALTH COMPLAINTS		

- f. Qualified health care professional(s) conducting the sick call.
 - g. Sick call and treatment of inmate(s) in segregation status as outlined in Section VI.(E) of this policy
 - h. Requests shall be completed the next day sick call is offered.
2. In an Infirmary (Inpatient Unit) setting, each facility shall develop specific procedures relative to initiating requests for additional health services through the daily rounds of the Qualified Health Care Professional.

D. Treatment:

- 1. Sick call shall be conducted by a licensed practical nurse (LPN), registered nurse (R.N.), or mid-level provider, as designated by the facility health administrator or nursing director/supervisor.
- 2. According to institutional staffing, a physician or mid-level provider shall be available to see immediate referrals from the LPN or R.N. If there is not a mid-level provider available, the LPN or RN shall refer directly to the physician those cases requiring further evaluation.
- 3. The responsibilities/duties of the health care provider conducting sick call shall include the following:
 - a. Record on the GAPR the inmate's name, TDOC number, date, time, specific health problems, related health history, and other pertinent health information.
 - b. Examine inmates by performing an assessment to the extent indicated, providing necessary privacy.
 - c. Provide the appropriate treatment in accordance with protocol, or refer/schedule the inmate for an appointment with the appropriate health care provider. Confirmation or suspicion of substance use shall be referred to the Behavioral Health Administrator utilizing Institutional Health Services Referral, CR-3431.
 - d. Document on the GAPR all assessments, referrals, and treatment provided using SOAP format.
 - e. Complete Clinical Restrictions and Limited Notice, CR-2893, for inmates requiring temporary absence (i.e., three days or less) from work or other physical restrictions, and complete offender management system (OMS) conversation LHST. If over three days is needed, schedule to see the mid-level provider or physician for further evaluation. If the inmate has a condition that exceeds thirty days in duration, the health classification may be re-evaluated.

Effective Date: March 1, 2020	Index # 113.31	Page 4 of 10
Subject: SICK CALL/ASSESSMENT OF HEALTH COMPLAINTS		

- f. All documented health care encounters shall be signed using full legal signature and title (e.g., M.D., R.N., etc.).
 - g. The Sick Call Request, CR-3793, shall be filed in Section 4 - Chronological Progress Notes.
4. When follow-up treatment is necessary, either by request or as a result of the intake examination, the medical contractor or privately managed facility shall provide non-urgent care within six weeks of the sick call visit.

E. Segregated Inmates:

- 1. Each facility shall have a written procedure that addresses provisions for sick call and treatment to all segregated inmates. (See Policy #113.30) This procedure shall include qualified health care personnel announcing their presence, and ensuring access and receipt of Sick Call Request, CR-3793, if requested, during the daily visit to each segregated inmate. Qualified health care personnel shall visit the segregation unit daily and record each visit on the Segregation Unit Record Sheet, CR-2857-1 or the CR-2857-2, for each inmate in segregation.
- 2. The qualified health care professional responsible for conducting sick call shall record fully in the inmate health record all complaints and dispositions, using the procedure described in Section (D) of this policy.
- 3. Requests shall be completed the next day including holidays.

F. Clinic Encounter Log:

- 1. An encounter logbook shall be maintained to record all daily sick call assessment encounters, as well as scheduled, non-scheduled, and emergency visits provided by health care professionals.
- 2. The encounter log record shall include the date, time, and location of the clinic visit; inmate name and TDOC number; type of visit, emergent or non-emergent treatment and/or diagnostic services provided, type of referral, and the name and professional title (MD, PA-C, RN) of the qualified health care provider.
- 3. A separate daily dental encounter log shall also be maintained to categorize and list all dental care services provided. It shall include all the information required in (F)(2) above, with professional title (e.g., DDS, DMD, RDH, CDA, etc.).
- 4. DSNF and TPFW shall maintain outpatient encounter logs for all ambulatory encounters including specialty clinic, sick call for the ambulatory population, emergency services, radiology, laboratory, dialysis, and physical/occupational therapy services. The encounter log shall contain all the information described in (F)(2) above.
- 5. Information contained on encounter logs shall be utilized for the health service monthly report and quality improvement purposes.

Effective Date: March 1, 2020	Index # 113.31	Page 5 of 10
Subject: SICK CALL/ASSESSMENT OF HEALTH COMPLAINTS		

- G. Inmates shall be charged a co-payment fee for health services as defined in Policy #113.15.
 - H. Cancellation of a Sick Call Request: Inmates who do not report to the institutional clinic for self-initiated sick call prior to end of the institutional clinic's scheduled sick call hours shall be visited by a licensed health professional in the housing unit the same day to perform a subjective assessment.
 - 1. The subjective assessment shall determine if the inmate intended to refuse the self-initiated sick call visit/assessment with the act of no-showing at the clinic or if the inmate was unable to ambulate to the institutional clinic and needs/is requesting an emergency sick call.
 - 2. If the inmate intended to refuse the self-initiated sick call visit/assessment, the health professional shall have the inmate acknowledge the act of this refusal by signing the Refusal of Medical Services, CR-1984, as indicated by Policy #113.51.
 - 3. If the inmate states during the subjective assessment he/she still wants to be seen for sick call the licensed health professional shall instruct the inmate to sign-up on the next scheduled day sick call will be conducted.
 - 4. The time the licensed health professional visits housing units to conduct the sick call follow-up shall be coordinated by the Health Administrator with the on duty Shift Supervisor. The designated procedure for sick call follow-up shall be noted in the institutional clinic's unit manual.
 - 5. The licensed health professional shall document this encounter in the medical record on the Problem Oriented-Progress Record, CR-1884.
 - 6. The Associate Warden of Treatment/Deputy Superintendent shall be consulted when complaints of security impeding attendance of sick call visits are received.
 - I. Transition Center Doctor Statements: Inmates/residents on work release shall be issued a work excuse for their employer when attending scheduled appointments with Clinical Services.
- VII. ACA STANDARDS: 4-4344, 4-4346, 4-4258, and 4-4400.
 - VIII. EXPIRATION DATE: March 1, 2023.



TENNESSEE DEPARTMENT OF CORRECTION
SICK CALL REQUEST
(SOLICITUD POR SERVICIOS DE SALUD)

FOR MEDICAL HEALTH USE ONLY
DATE RECEIVED: _____
TIME RECEIVED: _____

 INSTITUTION (INSTITUCIÓN)

Print Name (Escriba su nombre): _____ Date of request (fecha de solicitud): _____

TDOC ID _____ (fecha de nacimiento): _____ (Unidad de Vivienda) _____
 _____ Date of Birth _____ Housing Location

Nature of problem or request (Naturaleza del problema): _____

I request to see (Le pido que vea): Medical (Medico) Dental Mental Health

 Signature (firma)

PLACE THIS SLIP IN THE MEDICAL REQUEST BOX. DO NOT WRITE BELOW THIS LINE.
PON ESTA SOLICITUD PARA SER TRATADO POR EL PERSONAL DE SALUD POR LAS CONDICIONES DESCRITAS EN LA CAJA MEDICA
(NO ESCRIBA DEBAJO DE ESTA LINEA).

Triaged by: _____ Referred to: (Circle one): Nurse Mid-level

CR-3793 (REV) 09/2019

RDA 1167



TENNESSEE DEPARTMENT OF CORRECTION
SICK CALL REQUEST
(SOLICITUD POR SERVICIOS DE SALUD)

FOR MEDICAL HEALTH USE ONLY
DATE RECEIVED: _____
TIME RECEIVED: _____

 INSTITUTION (INSTITUCIÓN)

Print Name (Escriba su nombre): _____ Date of request (fecha de solicitud): _____

TDOC ID _____ (fecha de nacimiento): _____ (Unidad de Vivienda) _____
 _____ Date of Birth _____ Housing Location

Nature of problem or request (Naturaleza del problema): _____

I request to see (Le pido que vea): Medical (Medico) Dental Mental Health

 Signature (firma)

PLACE THIS SLIP IN THE MEDICAL REQUEST BOX. DO NOT WRITE BELOW THIS LINE.
PON ESTA SOLICITUD PARA SER TRATADO POR EL PERSONAL DE SALUD POR LAS CONDICIONES DESCRITAS EN LA CAJA MEDICA
(NO ESCRIBA DEBAJO DE ESTA LINEA).

Triaged by: _____ Referred to: (Circle one): Nurse Mid-level

CR-3793 (REV) 09/2019

RDA 1167



TENNESSEE DEPARTMENT OF CORRECTION

DAILY SICK CALL ROSTER

INSTITUTION

DATE:

INMATE NAME	TDOC ID	UNIT	WORK LOCATION

NURSE COMPLETING FORM / TRIAGE: _____



**TENNESSEE DEPARTMENT OF CORRECTION
INSTITUTIONAL HEALTH SERVICES REFERRAL**

INSTITUTION

- MEDICAL DENTAL
 BEHAVIORAL HEALTH

INMATE: _____ TDOC ID: _____
 Last First Middle

PRESENTING PROBLEMS: _____

REFERRED BY: _____
 Signature/Title Date Time

SEND REFERRAL FORM TO INSTITUTIONAL HEALTH COORDINATOR
 Behavioral Health
 Medical Dental

RECEIVED BY: _____
 Signature/Professional Title Date Time

REFERRAL DISPOSITION (Course of Action): _____

DATE: _____ TIME: _____

Signature/Professional Title



TENNESSEE DEPARTMENT OF CORRECTION
CLINICAL RESTRICTIONS AND LIMITED NOTICE

INMATE NAME: _____ TDOC ID: _____
 LAST FIRST MIDDLE

Please be advised that the above named inmate is: (Specify)

- _____ Confined to his/her living area except for: _____
- _____ Restricted from physical activity including participation in sports
- _____ Restricted to complete bed rest except for: _____
- _____ Allowed showering separately
- _____ Unable to work a regularly scheduled assignment
- _____ On Clinical Alert (Do NOT move inmate without contacting the Health Service Administrator)
- _____ Other: _____

Length of restriction/limited activity: _____

Health problem/diagnosis: _____

Special instructions: _____

Authorized by: _____ Date: _____



TENNESSEE DEPARTMENT OF CORRECTION SEGREGATION UNIT RECORD

INSTITUTION

INMATE NAME: _____ TDOC ID: _____ CELL: _____

TYPE OF SEGREGATION (Circle One):

ADMINISTRATIVE MANDATORY PUNITIVE PH PI PC PCI

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	PROGRAM
								OUT	IN			
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) Not Offered (N) Refused (R)

Exercise: Enter actual time period (i.e., 9:30 OUT/10:00 IN) : Yes (Y) Not Offered (N) Refused (R)

Medical Staff: On a daily basis, inmates shall have access to medical/nursing staff.

This shall be documented by signing the unit log and segregation unit record each time the inmate is seen.

DATE	SHIFT	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE		MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	PROGRAM
								OUT	IN			
SUN	1 st											
	2 nd											
	3 rd											
MON	1 st											
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	3 rd											
FRI	1 st											
	2 nd											
	3 rd											
SAT	1 st											
	2 nd											
	3 rd											

Meals/Shower/Shave: Yes (Y) Not Offered (N) Refused (R)
Exercise: Enter actual time period (i.e., 9:30 OUT/10:00 IN) : Yes (Y) Not Offered (N) Refused (R)
Medical Staff: On a daily basis, inmates shall have access to medical/nursing staff.
This shall be documented by signing the unit log and segregation unit record each time the inmate is seen.

REMARKS/COMMENTS:



**TENNESSEE DEPARTMENT OF CORRECTION
SEGREGATION UNIT RECORD**

INSTITUTION

INMATE NAME: _____ TDOC ID: _____ CELL: _____

TYPE OF SEGREGATION (Circle One):

ADMINISTRATIVE MANDATORY PUNITIVE PH PI PC PCI

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	PROGRAM
								OUT	IN			
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THUR	1 st											
	2 nd											
FRI	1 st											
	2 nd											
SAT	1 st											
	2 nd											

Meals/Shower/Shave: Yes (Y) Not Offered (N) Refused (R)
 Exercise: Enter actual time period (i.e., 9:30 OUT/10:00 IN) : Yes (Y) Not Offered (N) Refused (R)
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								OUT	IN			
SUN	1 st											
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WED	1 st											
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FRI	1 st											
	2 nd											
SAT	1 st											
	2 nd											

Meals/Shower/Shave: Yes (Y) Not Offered (N) Refused (R)
 Exercise: Enter actual time period (i.e., 9:30 OUT/10:00 IN) : Yes (Y) Not Offered (N) Refused (R)
 Medical Staff: On a daily basis, inmates shall have access to medical/nursing staff.
 This shall be documented by signing the unit log and segregation unit record each time the inmate is seen.

REMARKS/COMMENTS:



**TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
REFUSAL OF MEDICAL SERVICES**

INSTITUTION: _____

Date _____ 20 _____ Time _____ AM/PM

This is to certify that I _____ (Inmate's Name), _____ (TDOC ID)

have been advised that I have been scheduled for the following medical services and/or have been advised to have the following evaluations, treatment, or surgical/other procedures:

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed: _____
(Inmate) (TDOC ID) (Date)

Witness: _____
(Signature) (Title) (Date)

The above information has been read and explained to,

_____ but has refused to sign
(Inmate's Name) (TDOC ID)

the form.

Witness: _____
(Signature) (Title) (Date)

Witness: _____
(Signature) (Title) (Date)



TENNESSEE DEPARTMENT OF CORRECTION
PROBLEM ORIENTED – PROGRESS RECORD

INSTITUTION _____

INMATE NAME: _____ TDOC ID: _____

DATE	TIME	

Do Not Write on Back