

GENERAL DISTRIBUTION

**WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION**

NUMBER: 410.15

EFFECTIVE DATE: 01 April 2026

SUBJECT: HOSPICE CARE FOR INMATES

POLICY DIRECTIVE

PURPOSE:

To provide policy ensuring hospice care is available for inmates who are terminally ill; and provide guidelines for inmate hospice care volunteers who assist in providing hospice or palliative care services.

REFERENCE:

ACA Expected Practice 5-ACI-6B-12; and National Commission on Correctional Health Care (NCCHC) §§P-F-07 and J-F-07.

RESPONSIBILITY:

Superintendents of facilities with active inmate hospice programs are responsible for enacting Operational Procedures to ensure compliance with this Policy.

CANCELLATION:

Any previous written instruction on the subject including DCR Policy Directive 410.15, dated 12 April 2023.

APPLICABILITY:

All adult facilities within the Division of Corrections and Rehabilitation (DCR). This Policy is available for general distribution and is to be made available for inmate review upon the effective date.

DEFINITIONS:

Hospice Care: The management of the pain, symptoms, and stress of serious illness during the terminal phase, which is defined as an individual having a life expectancy of six (6) months or less if the disease runs its natural course. The care is provided by an interdisciplinary team that provides care encompassing the individual patient's holistic needs.

Palliative Care: Patient-centered care that provides comfort while optimizing quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice.

POLICY:

- I. Inmates who have a confirmed diagnosis of a terminal illness and understand the illness cannot be cured and choose palliative (comfort) care rather than curative treatment and whom a physician estimates a life expectancy of six (6) months or less, may receive hospice care. The inmate may choose to discontinue hospice services at any time.
 - A. The facility's health care provider will consult with the inmate regarding the need for hospice care/assistance. Should the determination be made that the inmate is in need of hospice care because of end-of-life issues, the health care provider will coordinate with the Chief of Security/Chief Correctional Officer.
 - B. The Chief of Security/Chief Correctional Officer will direct the hospice program in consultation with the medical department and is responsible for developing a schedule for inmate volunteers to assist the inmate utilizing the roster of trained inmate hospice care volunteers maintained by the Religious Services Department/Superintendent's designee. Inmate Peer Mentors may assist with developing the schedule.
 - C. In the event of an unexpected or emergency need for hospice care, health care staff will contact the on-duty Shift Commander who will take appropriate action.
- II. The Religious Services Department in each facility providing hospice care, shall provide staff support for the program. In facilities that do not have a Religious Services Department, the Superintendent will designate appropriate staff to fill this role. Hospice care services will be provided by inmate volunteers who have been trained by the vendor contracted to provide healthcare services.
 - A. Inmate hospice care volunteers is not a paid inmate work assignment. They are not to be considered unpaid orderlies or adjunct medical assistants. Accordingly, they do not provide personal hygiene care, bathing/showering, or assistance with toileting. Their function is to provide support for activities of daily living and comfort, companionship and general assistance to the terminal inmate.
 - B. When additional inmate hospice care volunteers are needed, a notice will be made available for inmate viewing directing interested inmates to contact the Religious Services Department or Superintendent's designee. Any limitations that the interested inmate may have (such as a bad back) should be reported when first volunteering for the program or when the condition first starts if it starts after he/she is in the program.
 - C. Certified Peer Mentors and Bible College Graduate Peer Mentors may be utilized to lead, recruit, and help train inmate hospice care volunteers, to promote this service to fellow inmates.

- D. The Superintendent will designate staff to make the selection of inmate hospice care volunteers from the list of interested inmates. The Religious Services Department/Superintendent's designee shall arrange for the selected inmates to complete training with the vendor contracted to provide healthcare services.
- E. Inmate volunteers will work with the medical department to provide care for hospice patients; however, the volunteer shall not question a patient's medical care nor interfere with the medical care in any way.
- F. Companionship is the single most important service the volunteer can provide to the patient. The visit provides an opportunity for social contact and a break from the routine.
- G. Inmate hospice care volunteers will generally be expected to provide one (1) or two (2) hours of service daily when assigned to an inmate and will log each visit in the hospice log.
- H. The only time an inmate hospice care volunteer should be required to stay the entire night in the infirmary/medical housing unit is when someone is needed to observe/monitor the patient throughout the evening. In such instances, the inmate volunteer will still only be there to provide companionship, general assistance, and comfort measures for the patient.
- I. Since the inmate hospice program is a voluntary program, no inmate volunteer will be subject to disciplinary action (or the threat thereof) nor be removed from the roster for being unable or unwilling to be placed on the schedule.
- J. All information gained about an inmate by the inmate hospice care volunteer shall not be shared with anyone not affiliated with the hospice program.
- K. Inmate hospice care volunteers shall follow proper infection control procedures.
- L. Inmate volunteers shall not accept any gift or personal property from the inmate or family/friends, nor shall they give gifts to the inmate or family/friends.
- M. Inmate hospice care volunteers shall refer all requests beyond the limits of their service to an appropriate team member.
- N. A volunteer's services may be terminated if staff deem the volunteer is not completing his/her duties to the best of his/her abilities or hospice care no longer serves the good of the inmate, the program and/or the volunteer.
- O. An inmate volunteer may end their service at any time. Volunteers who leave the program voluntarily may reapply after six (6) months.

- III. At the time of admission to the hospice program, medical and mental health staff will complete a comprehensive assessment of the inmate's medical needs and end of life issues. The Religious Services Department, along with an Inmate Peer Mentor if available, will also conduct a spiritual assessment which identifies the inmate's beliefs and/or philosophies and which honors these in all care decisions.
- A. The Religious Services Department or Superintendent's designee, as appropriate, shall schedule an interdisciplinary care team meeting to review all assessments and develop a written care plan for the inmate's individual needs.
- B. The team shall include, but is not limited to, medical and mental health staff, religious services representative, food service representative, the Chief of Security/Chief Correctional Officer, other staff as deemed appropriate and inmate hospice care volunteers.
1. The plan should include the desired goals or outcomes and the inmate's problems, needs and issues.
 2. The team shall review and revise the plan of care every two (2) weeks or as necessary to reflect the changing needs of the inmate.
- IV. The Religious Services Department/Superintendent's designee shall arrange for inmate training with the vendor contracted to provide healthcare services as needed/requested and may assist with the facilitation. The training provided by the health care provider will be reviewed by the Director of Offender Services/designee who may suggest changes as needed.
- V. Any problems associated with the hospice program should be addressed with the Religious Services Department/Superintendent's designee and/or the Chief of Security/Chief Correctional Officer/designee.

ATTACHMENT(S):

None.

APPROVED SIGNATURE:
David L. Kelly, Commissioner

03/06/2026

Date