

GENERAL DISTRIBUTION

**WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION**

NUMBER: 400.04

EFFECTIVE DATE: 12 January 2026

**SUBJECT: HEALTH SCREENINGS AND
APPRAISALS AT JAILS &
SHORT-TERM HOLDING
FACILITIES**

POLICY DIRECTIVE

PURPOSE:

To provide policy and procedure ensuring an intake health screening commences upon an inmate's arrival in order to identify newly arrived inmates who pose a health or safety threat to themselves or others and/or who require immediate medical attention; and to ensure a comprehensive health appraisal is completed within fourteen days after arrival to the facility.

REFERENCE:

WV Code §15A-5-9; National Commission on Correctional Health Care (NCCHC) §J-E-02; and ACA Expected Practices 5-ALDF-4C-23 and 25, 5-ALDF-4D-04, and 2-CO-4E-01.

RESPONSIBILITY:

No additional written instructions on this subject are required.

CANCELLATION:

Any previous written instruction on the subject including DCR Policy Directive 400.04, dated 01 February 2021.

APPLICABILITY:

All jails and short-term holding facilities within the Division of Corrections and Rehabilitation (DCR). This Policy is available for general distribution.

DEFINITIONS:

Short-Term Holding Facility: Facilities designated by the Commissioner to hold newly committed pre-trial and/or convicted inmates for a period not to exceed forty-eight (48) hours.

POLICY:

- I. Intake health screenings for inmates commence upon the inmate's arrival at the jail or short-term holding facility and are performed by qualified health care personnel.
 - A. Health screening is a system of structured inquiry and observation to prevent newly arrived inmates who pose a health or safety threat to themselves or others from being admitted to the general population and to identify inmates who require immediate medical attention. Inmates shall not be released from the intake/booking area until the health screening is complete.
 - B. All findings are recorded on a screening form approved by the health authority. The screening includes at least the following:
 1. Inquiry into:
 - a. Any past history of serious infectious or communicable illness, and any treatment or symptoms (e.g., chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever, night sweats that are suggestive of illness), and medications.
 - b. Current illness and health problems, including communicable diseases and mental illness.
 - c. Dental problems.
 - d. Use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use (e.g., convulsions).
 - e. The possibility of pregnancy and history of problems (female only).
 - f. Other health problems designated by the responsible physician.
 - g. Any past history of mental illness, thoughts of suicide or self-injurious behavior attempts.
 2. Observation of the following:
 - a. Behavior including state of consciousness, mental status, appearance, conduct, tremor, and sweating.
 - b. Body deformities and other physical abnormalities.

- c. Ease of movement.
 - d. Condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and needle marks or other indications of drug abuse.
 - 3. Medical disposition of the inmate:
 - a. Refusal of admission until inmate is medically cleared.
 - b. Cleared for general population.
 - c. Cleared for general population with prompt referral to appropriate health care service.
 - d. Referral to appropriate health care service for emergency treatment.
 - C. In accordance with WV Code §15A-5-9, any employee of the Division of Corrections and Rehabilitation (DCR) having authority to accept inmates in a jail is not required to accept an offender who appears to be in need of medical attention of a degree necessitating treatment by a physician. If an offender is refused pursuant to this, he or she may not be accepted until a written clearance is received from a licensed physician reflecting that the offender has been examined and if necessary treated, and which states that it is the physician's medical opinion that the offender can be safely housed in a jail.
 - D. In facilities without health care staff on site, trained staff members may conduct the health screening as outlined above and established by the DCR Director of Correctional Healthcare. When screening is conducted by trained custody staff, the findings will be recorded on the designated screening form and a subsequent review of positive findings by the licensed health care staff is required.
 - E. The health care personnel completing the health screening shall immediately notify the Shift Commander if it is determined, through risk screening and/or observation, the inmate is suicidal, at risk of suicide, risk of sexual victimization, transgender or intersex, or has mental/physical/developmental disabilities requiring other than general population classification.
- II. A comprehensive health appraisal is completed on each inmate by qualified health care personnel within fourteen (14) days after arrival at the jail. If there is documented evidence a health appraisal and evidence of review by qualified staff within the previous ninety (90) days, a new health appraisal is not required except as determined by the designated health authority. Health appraisal data collection and recording includes the following:

- A. A uniform process as determined by the health authority.
- B. Documentation of review of the earlier receiving screening.
- C. Recording of height, weight, pulse, blood pressure, and temperature by qualified health personnel.
- D. Collection of additional data to complete the medical, dental, mental health, and immunization histories by qualified health personnel.
- E. Medical examination, including review of mental and dental status by qualified health personnel.
- F. Laboratory and/or diagnostic tests to detect communicable disease, including sexually transmitted disease and tuberculosis.
- G. Other tests and examinations as appropriate.
- H. Development and implementation of treat plans, including recommendations concerning housing, job assignment, and program participation.
- I. Initiation of therapy, when appropriate.
- J. Review of the results of the medical examination, tests, and identification of problems by a physician or mid-level practitioner, as allowed by law.

ATTACHMENT(S):

None.

APPROVED SIGNATURE:


David L. Kelly, Commissioner



Date