

**GENERAL DISTRIBUTION**

**WEST VIRGINIA  
DIVISION OF CORRECTIONS  
& REHABILITATION**

**NUMBER: 400.04**

**DATE: 01 February 2021**

**SUBJECT: MEDICAL RECEIVING  
SCREENING AT JAILS &  
SHORT-TERM HOLDING  
FACILITIES**

# **POLICY DIRECTIVE**

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**PURPOSE:**

To ensure a medical screening is conducted on all inmates upon arrival to a jail or short-term holding facility in order to identify and meet any emergent or urgent health needs.

**REFERENCE:**

National Commission on Correctional Health Care (NCCHC) §J-E-02.

**RESPONSIBILITY:**

No additional written instructions on this subject are required.

**CANCELLATION:**

Any previous written instruction on the subject including RJA Policy 13001, dated 24 July 2013.

**APPLICABILITY:**

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

**DEFINITIONS:**

**Medical Staff Member:** A physician, physician assistant, registered nurse, licensed practical nurse, or other health trained staff member employed by the contractual medical provider.

**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. At the time of an inmate's booking/admission to a jail or short-term holding facility, a medical receiving screening shall be conducted by appropriate medical staff as soon as possible upon acceptance into custody.
  - A. The receiving screening shall identify and meet any emergent or urgent health needs and identify and isolate inmates who appear potentially contagious.
  - B. Inmates shall not be released from the intake/booking area until the receiving screening is complete.
  
- II. A receiving screening form shall be approved by the responsible health authority and include the name, signature, and title of the person completing the form; as well as the date and time the screening is completed. Completed forms shall become part of the inmate's medical record. The receiving screening form shall inquire as to the inmate's:
  - A. Current and past illnesses, health conditions, or special health requirements (e.g. hearing impairment, visual impairment, wheelchair, walker, sleep apnea machine)
  - B. Past infectious disease
  - C. Recent communicable illness symptoms (e.g. chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, night sweats)
  - D. Past or current mental illness, including hospitalizations
  - E. History of or current suicidal ideation
  - F. Dental problems (e.g. decay, gum disease, abscess)
  - G. Allergies
  - H. Dietary needs
  - I. Prescription medications (including type, amount, and time of last use)
  - J. Legal and illegal drug use (including type, amount, and time of last use)
  - K. Current or prior withdrawal symptoms

- L. Possible, current, or recent pregnancy
  - M. Other health problems
  - N. The form shall also record observations of the inmate's:
    - 1. Appearance (e.g. sweating, tremors, anxious, disheveled)
    - 2. Behavior (e.g. disorderly, appropriate, insensible)
    - 3. State of consciousness (e.g. alert, responsive, lethargic)
    - 4. Ease of movement (e.g. body deformities, gait)
    - 5. Breathing (e.g. persistent cough, hyperventilation)
    - 6. Skin (including lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks or other indications of drug abuse)
- III. The inmate's housing assignment, classification and subsequent medical treatment shall be determined at the time of admission/booking, in part, upon the information contained on the receiving screening form.
- A. The medical staff member completing the receiving 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.
  - B. The disposition of the inmate (e.g. immediate referral to an appropriate healthcare service, placement in general population, etc.) shall be indicated on the receiving screening form.

**ATTACHMENT(S):**

None.

**APPROVED SIGNATURE:**

  
Betsy C. Jividen, Commissioner

1-21-21  
Date