

GENERAL DISTRIBUTION

**WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION**

NUMBER: 410.00

EFFECTIVE DATE: 07 October 2022

SUBJECT: HEALTHCARE SERVICES

POLICY DIRECTIVE

PURPOSE:

To provide standards for healthcare services in order to protect the health and well-being of offenders in Division of Corrections and Rehabilitation (DCR) facilities.

REFERENCE:

WV Code §§25-4-7, 28-1-2, and 49-2-906; Performance-based Standards (PbS) Outcome Measure Health 01, 02, 05, and 07; and National Commission on Correctional Health Care (NCCHC) Standards.

RESPONSIBILITY:

Superintendents are responsible for enacting Operational Procedures to ensure compliance with this Policy Directive.

CANCELLATION:

Any previous written instruction on the subject including DOC Policy Directive 410.02, dated 01 June 2014; DOC Policy Directive 410.06, dated 01 January 2004; DOC Director's Protocol – Director of Inmate Medical Services 601, dated 01 September 2016; RJA Policy 9008, dated 01 October 2015; RJA Policy 13002, dated 15 May 1997; RJA Policy 13003, dated 15 May 1997; RJA Policy 13004, dated 01 March 1990; RJA Policy 13005, dated 15 May 1997; RJA Policy 13007, dated 15 May 1997; RJA Policy 13008, dated 15 May 1997; RJA Policy 13009, dated 15 May 1997; RJA Policy 13010, dated 02 April 1990; RJA Policy 13011, dated 02 April 1990; RJA Policy 13014, dated 15 May 1997; RJA Policy 13015, dated 15 May 1997; RJA Policy 13040, dated 01 May 1992; DJS Policy 410.00, dated 01 April 2008; and DJS Policy 413.00, dated 01 January 2015.

APPLICABILITY:

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

DEFINITIONS:

Healthcare Professional: Include physicians, physician's assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.

National Commission on Correctional Healthcare (NCCHC): A national organization to improve the quality of healthcare in correctional facilities; establishes standards and accreditation processes for health services in correctional facilities.

Qualified Mental Health Professional: Include psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, psychiatric nurse practitioners, and psychiatric physician assistants and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.

POLICY:

- I. Comprehensive healthcare is provided to all offenders in the care and custody of Division of Corrections and Rehabilitation (DCR) facilities including, but not limited to, medical, mental health, dental, optometry, auditory, pharmaceutical, and diagnostic services.
 - A. The standard of care complies with National Commission on Correctional Health Care (NCCHC) standards and prevailing professional practices.
 - B. Offenders have unimpeded access to a continuum of healthcare services so that their healthcare needs, including prevention and health education, are met in a timely and efficient manner.
 1. Medical receiving and transfer screenings that include both visual and review of available medical records take place as soon as possible upon acceptance into custody, but no later than twelve (12) hours after arrival, to ensure emergent and urgent health needs are met. Transfer screenings are only conducted when an offender is transferred from one facility to another. Receiving and/or transfer screenings are not performed when an offender transfers to work release status at a work release facility.
 - a. Medical receiving screenings at juvenile facilities take place in one (1) hour or less from the time of admission.
 - b. In facilities with less than 24-hour nursing coverage, the main clinic staff conduct a review of medical records, and the offender is assessed at the next nursing staff visit.
 - c. Medical receiving screenings at jails and short-term holding facilities are conducted in accordance with DCR Policy Directive 400.04.

2. An initial health assessment (physical examination) is completed as soon as possible, but no later than fourteen (14) calendar days after admission. Health assessments at juvenile facilities take place within seven (7) days from admission unless medical records from a physical examination within the previous six (6) months are available.
 3. Offenders who are in the continuous custody of the DCR for twelve (12) months or more regardless of the facility are provided an annual physical examination.
 4. "Sick calls" are held five (5) days per week, including holidays, at all facilities with the exception of Charleston Correctional Center and Jail (CCC&J) and Beckley Correctional Center and Jail (BCC&J). Each sick call clinic continues operation on the designated days until completion.
 - a. Each facility provides a secure collection point for health services request forms.
 - b. Healthcare staff collect these forms daily and triage the forms within twenty-four (24) hours. If the complaint is considered to be emergent, urgent, or time-sensitive, healthcare staff respond immediately. For non-emergent complaints, the offender is seen as soon as practical but within forty-eight (48) hours, with the exception of weekends, which are seen the next clinic day. For facilities that do not have fulltime medical staff, requests are picked up and triaged on the scheduled clinic days.
- II. Medical staff are physically onsite at each adult facility (with the exception of BCC&J and CCC&J which only require part time medical staffing) twenty-four (24) hours a day, seven (7) days a week. Nursing coverage is physically onsite twenty-four (24) hours a day, seven (7) days a week at the Honey Rubenstein Juvenile Center (RC). On call services are available at all facilities by a physician, nurse practitioner, or physician's assistant with prescribing privileges. This includes access to a qualified mental health practitioner.
- III. Offenders who need health care beyond the resources available in a facility, as determined by the responsible healthcare practitioner, are transferred under appropriate security provisions to a facility where such care is available. Offsite in-patient and out-patient services are arranged by healthcare staff. Timely access to services that are only available outside the facility require that medical and facility staff work cooperatively. Healthcare staff provide the Superintendent daily health status reports on all hospitalized offenders.
- IV. Offenders with chronic conditions such as hypertension, diabetes, serious mental health illness and other diseases that require periodic care and treatment have an individual treatment plan developed by healthcare staff.
- V. Dental services are provided under the direction and supervision of a licensed dentist. Oral screening is provided within seven (7) days of admission and instruction in oral hygiene and preventative oral education are given within thirty (30) days of admission. Dental examination and instruction in oral hygiene is performed within thirty (30) days of

admission as well as the birthday month for all offenders every two (2) years. Dental treatment, not limited to extractions, is provided according to a treatment plan, based upon established priorities that in the dentist's judgment are necessary for maintaining the offender's health status. Dentures are provided for offenders requiring dentures for mastication (chewing).


- VI. Optometry examinations and treatment are provided onsite at all facilities with the exception of intake facilities. Generally, offenders who have 20/40 vision or better, and at least one eye uncorrected with neither eye being less than 20/40 corrected will not be issued corrective lenses unless he/she presently wears corrective lenses or has worn corrective lenses within the last two (2) years.
- VII. In coordination with healthcare staff, each facility will have a written plan to address surveillance, prevention, and control of communicable (or infectious) diseases and ectoparasites (e.g., scabies, lice, bed bugs, etc.). Standard precautions are used to minimize the risk of exposure to blood and other body fluids.
- VIII. Adult offenders shall consent to any non-emergent medical treatment and have the right to refuse treatment. If the offender refuses treatment, healthcare staff obtain the offender's signature on a refusal form which will be maintained in the offender's healthcare record. Offenders are not allowed to refuse infirmary housing; however, they may refuse medical treatment in the infirmary.
- IX. A confidential healthcare record is maintained securely and kept current on each offender separate from confinement records pursuant to national and best practices. Healthcare records are made available to the receiving facility when offenders are transferred to another DCR facility. The authorized release and/or destruction of healthcare records are in accordance with DCR policies.
- X. Facility staff provide emergency services until qualified healthcare professionals can render care.
 - A. First aid kits are maintained and available in designated areas of the facility based on need and an automatic external defibrillator is available.
 - B. Narcan (Naloxone) is readily available in the event of an opioid overdose.
- XI. All tools, including medical and dental instruments, that can cause serious injury and/or death (e.g., syringes, needles, surgical instruments, and other sharps) are stored in locked drawers, cabinets, etc. and controlled in accordance with DCR Policy Directive 310.00.
- XII. Medications are securely stored under proper conditions of sanitation, temperature, light, moisture, and ventilation. Appropriate controls for the dispensing and accountability are maintained. A "keep on person" program is permitted under certain circumstances and is governed by DCR Policy Directive 410.03. Facility operational procedures address medication distribution, and include at a minimum, the following:


- A. Procedures to prevent hoarding, palming, cheeking, etc. of medication;
 - B. Safety and security of medications and medical personnel distributing medications;
 - C. Proper identification of offender; and
 - D. Location and time frames for medication distribution.
- XIII. A meeting is held monthly between healthcare staff and the Superintendent or designee at each facility to review services and any issues from the previous month. At a minimum, the Health Services Administrator (HSA) and the site Medical Director, as well as the facility's mental health lead worker attend. Meeting minutes, agendas, reports, etc. from each meeting are provided to the DCR Director of Correctional Healthcare or designee.
- XIV. Prompt notification to the offender's emergency contact shall be made in the case of serious illness/injury or death by designated facility staff. In the case of juvenile offenders, this notification shall be made to the offender's parent or legal guardian unless the facility has official documentation showing that the parent or legal guardian is not to be notified.

ATTACHMENT(S):

None.

APPROVED SIGNATURE: _____


Brad Douglas, Acting Commissioner


Date