GENERAL DISTRIBUTION

WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION

NUMBER: 410.20

EFFECTIVE DATE: 04 August 2026

SUBJECT: HEALTH CARE SERVICES IN JAILS

POLICY DIRECTIVE

PURPOSE:

To provide policy and procedure ensuring inmates have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely manner; and to ensure health services are provided in a professionally acceptable manner and that staff are qualified, adequately trained, and demonstrate competency in their assigned duties.

REFERENCE:

WV Code §§25-4-7 and 28-1-2; National Commission on Correctional Health Care (NCCHC) Standards; and ACA Expected Practices:

- 5-ALDF-2A-14,
- 5-ALDF-4C-01, 03 through 05, 07 through 08, 10 through 13, 19 through 22, 24, 26, 34 through 35, 37, 39 through 40,
- 5-ALDF-4D-01 through 03, 05, 08 through 16, 19, 31 through 35,
- 5-ALDF-7D-32 through 33,
- 5-ALDF-7F-07, and
- 2-CO-4E-01.

RESPONSIBILITY:

No additional written instructions on this subject are required.

CANCELLATION:

Any previous written instruction on the subject.

APPLICABILITY:

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

DEFINITIONS:

Health Care Professional: As provided by the American Correctional Association (ACA), staff who perform clinical duties, such as health care practitioners, nurses, licensed professional counselors, social workers, and emergency medical technicians in accordance with each health care professional's scope of training and applicable licensing, registration, certification, and regulatory requirements.

POLICY:

I. Comprehensive healthcare, including, but not limited to, medical, mental health, dental, optometry, auditory, pharmaceutical, and diagnostic services, is provided to all offenders in the care and custody of Division of Corrections and Rehabilitation (DCR) through a contractual agreement with a vendor. The standard of care complies with National Commission on Correctional Health Care (NCCHC) standards and prevailing professional practices.

II. Each jail has a designated health authority with responsibility for health care services pursuant to a written agreement, contract, or job description. The health authority may be a physician, health services administrator, or health agency. When the health authority is other than a physician, final clinical judgements rest with a single, designated, responsible physician. The health authority is authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program. The Health Services Administrator (HSA) in each jail is designated as the health authority. The responsibilities of the HSA include:

A. Establishing a mission statement that defines the scope of health care services.

B. Developing mechanisms, including written agreements, when necessary, to assure that the scope of services is provided and properly monitored.

C. Developing the jail's operational health policies and procedures.

D. Identifying the type of health care providers needed to provide the determined scope of services.

E. Establishing systems for the coordination of care among multidisciplinary health care providers.

F. Developing a system of documented internal review of health care services and quality management program. The necessary elements include:

1. A multidisciplinary quality improvement committee.

2. Collecting, trending, and analyzing data combined with planning, intervening, and reassessing.

3. Evaluating defined data.

4. Onsite monitoring of health service outcomes on a regular basis through:

   a. Chart reviews by the responsible physician or his/her designee, including investigation of complaints and quality of health records.

   b. Review of prescribing practices and administration of medication practices.

   c. Systematic investigation of complaints and grievances.

   d. Monitoring of corrective action plans.

   e. Reviewing all deaths in custody, suicide attempts, and illness outbreaks.

   f. Developing and implementing corrective action plans to address and resolve identified problems and concerns.

   g. Reevaluating problems or concerns to determine whether the corrective measures have achieved and sustained the desired results.

   h. Incorporating findings of internal review activities into the organization's educational and training activities.

   i. Maintaining appropriate records of internal review activities.

   j. Issuing a quarterly report to the HSA and superintendent of the findings of internal review activities.

   k. Ensuring records of internal review activities comply with legal requirements on confidentiality of records.

III. All inmates are informed about how to access health services and the grievance system during the admission/intake process. This information is communicated orally and in writing and is conveyed in a language that is easily understood by each inmate. The information is translated into those languages spoken by significant numbers of inmates. When a literacy or language problem prevents an inmate from understanding written information, a staff member or translator assists the inmate.

IV. There is a process for all inmates to initiate requests for health services on a daily basis. Each jail provides a secure collection point for health service request forms. These requests are triaged daily by health professionals. A priority system is used to schedule clinical services. Clinical services are available to inmates in a clinical setting at least five (5) days a week and are performed by a physician or other qualified health care professional. Health care request forms are readily available to all inmates.

V. Health care services are provided by qualified health care personnel whose duties and responsibilities are governed by job descriptions that include qualifications and specific duties and responsibilities. Job descriptions are on file in the jail and are approved by the HSA. If inmates are treated at the jail by health care personnel other than a licensed provider, the care is provided pursuant to written standing or direct orders by personnel authorized by law to give such orders.

A. All professional staff comply with applicable state and federal licensure, certification, or registration requirements. Verification of current credentials is on file in the jail.

B. An external peer review program for physicians, mental health professionals, and dentists is implemented. The review is conducted no less than every year.

VI. Clinical decisions are the sole province of the responsible clinician and are not countermanded by non-clinicians.

VII. Continuity of care is required from admission to transfer or discharge from the jail, including referral to community-based providers, when indicated.

VIII. Inmates who need health care beyond the resources available in the jail, as determined by the responsible physician, are transferred under appropriate security provisions to a facility where such care is on call or available twenty-four (24) hours per day. A written list of referral sources including emergency and routine care is maintained by the HSA. The list is reviewed and updated annually.

IX. There is a treatment plan for inmates who require close medical supervision including chronic and convalescent care. This plan includes directions to health care and other personnel regarding their roles in the care and supervision of the inmate, and is approved by the appropriate licensed physician, dentist, or mental health practitioner for each inmate.

A. A treatment plan for inmates with chronic conditions such as hypertension, diabetes, serious mental illness and other diseases that require periodic care and treatment address the monitoring of medications, laboratory testing, chronic care clinics, health record forms, and frequency of specialist consultation and review.

B. Exercise areas are available to meet exercise and physical therapy requirements of individual inmate treatment plans.

X. There are twenty-four (24) hour emergency medical, dental, and mental health services that include the following:

A. On-site emergency first aid and crisis intervention.

B. Emergency evacuation/transport of the inmate from the jail.

C. Use of an emergency medical vehicle.

D. Use of one or more designated hospital emergency rooms or other appropriate health facilities.

E. Emergency on-call or physician, dentist and mental health professional services are available twenty-four (24) hours per day, when the emergency health facility is not located in a nearby community.

F. Security procedures ensure the immediate transfer of inmates, when appropriate.

G. Emergency medications, supplies and medical equipment.

XI. Information about an inmate's health status is confidential. The active health record is maintained separately from the confinement case record. Access to the health record is in accordance with state and federal law.

A. The HSA shares with the jail superintendent information regarding an inmate's medical management.

B. The circumstances are specified when correctional staff are advised of an inmate's health status. Only information necessary to preserve the health and safety of an inmate, other inmates, volunteers, visitors, or the correctional staff is provided. Information provided to correctional, classification staff, volunteers, and visitors addresses only the medical needs of the inmate as it relates to housing, program participation, security and transport.

XII. The method of recording entries in health records, the form and format of the records, and the procedures for their maintenance and safekeeping are approved by the HSA. The health record is complete and made available to and is used for documentation by all practitioners.

A. The record contains the following items filed in a uniform manner:
- Inmate identification on each sheet.
- A completed receiving screening form.
- Health appraisal data forms.
- Mental health screenings and evaluations.
- A problem summary list.
- A record of immunizations.
- All findings, diagnoses, treatments, and dispositions.
- A record of prescribed medications and their administration, if applicable.
- Nonemergent health care request (sick call) encounter documentation.
- Laboratory, x-ray, and diagnostic studies.
- The place, date, and time of health encounters.
- Health services reports.
- An individualized treatment plan, when applicable.
- Progress reports.

- Results of specialty consultations and off-site referrals.
- A discharge summary of hospitalization and other termination summaries.
- A legible signature and the title of the provider (may use ink, type, or stamp under the signature).
- Consent and refusal forms.
- Release of information forms.

B. Inactive health record files are retained as permanent records in compliance with the legal requirements of the jurisdiction. Health record information is transmitted to specific and designated physicians or medical facilities in the community upon written request or authorization of the inmate.

XIII. Health care encounters, including medical and mental health interviews, examinations, and procedures are conducted in a setting that respects the inmates' privacy. Female inmates are provided a female escort for encounters with a male health care provider.

XIV. Informed consent standards of the jurisdiction are observed and documented for inmate care in a language understood by the inmate.

A. When health care is rendered against the inmate's will, it is in accordance with state and federal laws and regulations. Otherwise, an inmate may refuse, in writing, medical, dental, and mental health care. If the inmate declines to sign the refusal form, it must be signed by at least two (2) staff witnesses. The form then must be sent to medical and reviewed by a qualified health care professional. If there is concern about decision-making capacity, an evaluation is done, especially if the refusal is for critical or acute care.

B. When a refusal involves treatment for a serious mental illness, a qualified clinician shall evaluate the inmate's decision-making capacity to refuse. Additionally, a qualified professional must assess the risk of serious harm to self or others. If there is a risk of serious harm identified, involuntary medication use (DCR Policy Directive 410.05) and a mental hygiene commitment petition (DCR Policy Directive 410.19) must be considered. Any decision not to proceed with these interventions requires a written justification.

XV. In medical housing units, the following are available for acceptable levels of inmate hygiene:

A. Operable washbasins with hot and cold running water at a minimum ratio of one basin for every twelve (12) occupants, unless state or local building or health codes specify a different ratio.

B. Sufficient bathing facilities to allow inmates to bathe daily. At least one bathing facility is configured and equipped to accommodate inmates who have physical impairments or who need assistance to bathe. Water for bathing is thermostatically controlled to temperatures ranging from 100 to 120 degrees Fahrenheit.

C. Access to toilets and hand-washing facilities twenty-four (24) hours per day and are able to use toilet facilities without staff assistance. Toilets are provided at a minimum ratio of one for every twelve (12) inmates in male facilities and one for every eight (8) inmates in female facilities. Urinals may be substituted for up to one-half of the toilets in male facilities. All housing units with three (3) or more inmates have a minimum of two (2) toilets. These ratios apply unless state or local building or health codes specify a different ratio.

XVI. If female inmates are housed, access to pregnancy management services is available. Provisions of pregnancy management include pregnancy testing, routine and high-risk prenatal care, management of chemically addicted pregnant inmates, comprehensive counseling and assistance, appropriate nutrition, and postpartum follow-up.

XVII. Emergent (life threatening), urgent (interferes with normal daily activities, e.g., toothache), and routine (not of immediate attention) dental care is provided to each inmate under the direction and supervision of a licensed dentist. There is a defined scope of available dental services with related timeframes. Dental examination and treatment include the following:

A. Appropriate uniform dental record using a numbered system such as the Federation Dental International System.

B. A medical history, current medications.

C. Current vital signs prior to invasive procedure.

D. Appropriate radiographs.

E. Periodontal Screening and Recording (PSR) or a recognized periodontal health assessment.

F. Priority of treatment.

G. Treatment provided within acceptable designated timeframes by priority.

H. Consultation and referral to appropriate specialists is provided when medically necessary.

I. A defined scope of available dental services upon admission, which includes the following:

1. Dental screening upon admission (but no later than 14 calendar days) by a qualified health care professional or health trained professional.

2. Oral hygiene, oral disease education and self-care instruction are provided by qualified health care personnel within fourteen (14) calendar days after admission.

3. Dental intake assessment by a dentist within thirty (30) days of admission to assess dental pain, infection, disease, or impairment of function and establish the overall dental/oral condition.

XVIII. Each inmate receives an eye screening and visual acuity assessment as part of his/her initial health assessment as well as at periodic physical examinations. Inmates identified as requiring visual care are referred to a qualified optometrist for evaluation. Inmates with a previous diagnosis of glaucoma or other eye disease will be referred to a qualified optometrist or ophthalmologist. Inmates, fifty (50) years of age or older, and inmates with diabetes, severe vascular hypertension, or severe lipid disorders (suspected or confirmed) will have an annual examination by an optometrist. An inmate will be provided with one (1) pair of safety eyeglasses when an optometrist/ophthalmologist determines corrective lenses are medically necessary.

XIX. Health education and wellness information is provided to all inmates. Topics may include but are not limited to information on access to health care services, dangers of self-medication, personal hygiene and dental care, prevention of communicable diseases, smoking cessation, family planning, self-care for chronic conditions, self-examination, relapse prevention regarding mental illness, coping with mental illness, healthy lifestyle choices and the benefits of physical fitness.

XX. Non-emergency inmate transfers require the following:

A. Summaries, originals, or copies of the health record accompany the inmate to the receiving facility; health conditions, treatments, and allergies are included in the record.

B. Confidentiality of the record.

C. Determination of suitability for travel based on medical evaluation, with particular attention given to communicable disease clearance.

D. Written instructions regarding medication or health interventions required en route for transporting officers separate from the medical record.

E. Specific precautions to be taken by transportation officers, including universal precautions and the use of masks and/or gloves.

F. A medical summary sheet is required for all inter and intra-system transfers to maintain continuity of care. Information included does not require a release of information form.

XXI. All intra-system transfer inmates (jail-to-jail) receive a health screening by qualified health care personnel, which commences on their arrival at the receiving facility. All findings are recorded on a screening form approved by the Health Services Administrator (HSA). At a minimum, the screening includes the following:

A. Inquiry into:
- Whether the inmate is being treated for a medical or dental problem.
- Whether the inmate is presently on medication.
- Whether the inmate has a current medical or dental complaint.

B. Observation of:
- General appearance and behavior.
- Physical deformities.
- Evidence of abuse or trauma.

C. Medical disposition of inmates:
- Cleared for general population.
- Cleared for general population with appropriate referral to health care service.
- Referral to appropriate health care services for emergency treatment.

XXII. Intake health screenings and comprehensive health appraisals at jails and short-term holding facilities are conducted in accordance with DCR Policy Directive 400.04. The health authority determines the conditions for periodic health examinations. Notwithstanding, inmates 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.

XXIII. Medical or dental adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, or other prosthetic devices) are provided when the health of the inmate would otherwise be adversely affected, as determined by the responsible physician or dentist.

XXIV. Withdrawal management is done only under medical supervision in accordance with local, state, and federal laws. Withdrawal management from alcohol, opiates, hypnotics, other stimulants, and sedative hypnotic drugs is conducted under medical supervision when performed at the jail or is conducted in a hospital or community treatment detoxification center. Specific guidelines are followed for the treatment and observation of inmates manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs. Inmates experiencing severe, life-threatening intoxication (an overdose) or withdrawal are transferred under appropriate security conditions to a facility where specialized care is available.

XXV. Management of pharmaceuticals includes:

A. A formulary and a formalized method for obtaining non-formulary medications.

B. Prescription practices, including requirements that medications are prescribed only when clinically indicated as one facet of a program of therapy, and a prescribing provider reevaluates a prescription prior to its renewal.

C. Medication procurement, receipt, distribution, storage, dispensing, administration, and disposal.

D. Secure storage and perpetual inventory of all controlled substances, syringes, and needles.

E. Administration and management in accordance with state and federal law and supervision by properly licensed personnel.

F. Administration of medication by persons properly trained and under the supervision of the health authority.

G. Accountability for administering or distributing medications in a timely manner and according to physician orders.

XXVI. The jail superintendent or designee and the responsible clinician, or designee, consult prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or inmates who have intellectual developmental disorder in the following areas:

- Housing assignments.
- Program assignments.
- Disciplinary measures.
- Transfers to other facilities.

When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than seventy-two (72) hours.

XXVII. Designated correctional staff and health care personnel are trained to respond to health-related situations within a four (4) minute response time. The training program is conducted on an annual basis and is established by the responsible health authority in cooperation with the jail superintendent and includes instruction on the following:

A. Recognition of signs and symptoms, and knowledge of action that is required in potential emergency situations.

B. Administration of basic first aid.

C. Certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization.

D. Methods of obtaining assistance.

E. Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal.

F. Procedures for inmate transfers to appropriate medical facilities or health care providers.

G. Suicide intervention.

XXVIII. First aid kits are available in designated areas of the jail as determined by the HSA in conjunction with the superintendent. The HSA approves the contents, number, location, and procedures for monthly inspection of the kit(s) and develops written procedures for use by nonmedical staff. An automatic external defibrillator (AED) is available for use at the jail.

XXIX. Any students or interns delivering health care in a jail, as part of a formal training program, only work under staff supervision commensurate with their level of training. There is a written agreement between the jail and the training or educational facility that covers the scope of work, length of agreement, and any legal or liability issues. All requirements of Policy Directive 154.00 will be followed, and students/interns agree in writing to abide by all facility policies, including those relating to the security and confidentiality of information. DCR does not use volunteers in the delivery of health care.

XXX. The HSA meets with the jail superintendent monthly and submits reports. The report addresses topics such as the effectiveness of the health care system, a description of any environmental factors that need improvement, changes effected since the last reporting period, and, if needed, recommended corrective action. The HSA immediately reports any condition that poses a danger to staff or inmate health and safety.

XXXI. The HSA also ensures quarterly statistical reports are prepared and include, at a minimum, the use of health care services by category; referrals to specialists; prescriptions written; laboratory and x-ray tests completed; infirmary admissions, if applicable; hospital admissions; serious injuries and illnesses; deaths; and off-site transports. Reports are submitted to, and reviewed by, the HSA and jail superintendent.

XXXII. Unless prohibited by state law, inmates (under staff supervision) may perform familial duties commensurate with their level of training. They may provide support for activities of daily living and comfort, companionship and general assistance. They are not to provide direct patient care services. Accordingly, they do not provide personal hygiene care, bathing/showering, or assistance with toileting.

XXXIII. In accordance with WV Code §15A-4-13a, no funds authorized or appropriated by state law may be expended, directly or indirectly, for any medical procedure that the DCR Commissioner, or his/her designee or agent, after consulting with a medical professional determines is not medically necessary for any individual who is the custody of DCR.

A. As defined in state code and for the purposes of this section, "medical procedure" includes health care services or products, surgery, in-patient or out-patient treatment or the prescribing or dispensing of drugs or biologicals for the purpose of treating an illness, injury, disease, condition, or the symptoms thereof.

B. As defined in state code and for the purposes of this section, "medically necessary" means health care services or products that a prudent provider of health care would

provide to a patient to prevent, diagnose, or treat an illness, injury, or disease, or any symptoms thereof to include the provision of contraception by means of dispensing drugs or medical procedures, that are necessary and that are provided in accordance with generally accepted standards of medical practice; clinically appropriate with regard to type, frequency, extent, location, and duration; not provided primarily for the convenience of the patient or provider of health care; required to improve a specific health condition of a patient or to preserve the existing state of health of the patient; and the most clinically appropriate level of health care that may be safely provided to the patient.

XXXIV. Individuals designated by the inmate are notified in case of serious illness, serious injury, or death, unless security reasons dictate otherwise. If possible, permission for notification is obtained from the inmate.

ATTACHMENT(S):

None.

APPROVED SIGNATURE: _____ 07/07/2026

David L. Kelly, Commissioner **Date**