GENERAL DISTRIBUTION

WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION

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SUBJECT: HEALTHCARE SERVICES IN JUVENILE FACILITIES

POLICY DIRECTIVE

PURPOSE:

To provide policy ensuring appropriate and necessary health services are provided for juvenile residents; including unimpeded access to a continuum of health care services so that their health care needs, including assessments, examinations; treatment, when indicated; prevention and health education, are met in a timely and efficient manner; each facility's health care services program is administered efficiently and responsibly and is evaluated and continually improved; juveniles are treated humanely, fairly, and in accordance with established policy and applicable laws during the receipt of medical services; and health services are provided in a professionally acceptable manner including the requirement that all staff be adequately trained and qualified and can demonstrate competency in their assigned duties.

REFERENCE:

WV Code §49-2-906; CIYJ Outcome Measure Health 01; National Commission on Correctional Health Care (NCCHC) Standards; and ACA Expected Practices:

- 5-JCF-5C-02, 04 through 13, 15 through 18, 20 through 22, 28 through 40, 42 through 45, 50, 52 through 58, 60 through 63;
- 3-JDF-4C-01 through 03, 05 through 12, 14 through 15, 17 through 20, 21-1, 23, 25 through 33, 40, 42, 44 through 48; 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 juvenile residential facilities within the Division of Corrections and Rehabilitation (DCR). This Policy is available for general distribution.

DEFINITIONS:

Health Care Practitioner/Provider: As provided by the American Correctional Association (ACA), clinicians trained to diagnose and treat patients, such as physicians, dentists, licensed psychologists, licensed professional counselors, licensed clinical social workers, podiatrists, optometrists, nurse practitioners, and physician assistants.

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.

Infirmary: A specific area within an institution, separate from other housing areas, where offenders are admitted for skilled nursing care under the supervision and direction of a health care practitioner/provider.

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 facility has a designated health authority with responsibility for ongoing health care services pursuant to a contractual agreement. The Health Service Administrator (HSA) is designated as the health authority and is authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program. When the health authority is other than a physician, final clinical judgement rests with a single, designated, responsible physician. Responsibilities of the HSA include:

A. Defining 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 facility's operational health policies and procedures. Each document bears the date of the most recent review or revision and signature of the reviewer.

D. Determining the essential health-care positions (physician, dentist, psychiatrist, health-care practitioner, nurse) needed to provide the determined scope of health care services. There is an annual review of the staffing plan by the HSA to determine if the number and type of staff is adequate.

E. A system to review and monitor health care services is developed and implemented by the HSA. The necessary elements of the system shall include an annual review by the HSA of each policy and procedure in the health care delivery system and revision, if necessary. It also shall include a review and evaluation of medical data, including health records. Such health-records should contain information on the following:

1. Prescription and medication administration practices.

2. Complaints and grievances.

3. Outcome measures and statistical reports.

4. Contagious-disease management.

5. Suicide attempts or suicides.

6. Deaths.

The following steps should be part of the review:

7. Developing and implementing of a multidisciplinary quality-improvement committee.

8. Creating of corrective-action plans based on the findings to address and resolve identified problems and concerns, including educational and training activities.

9. Re-evaluating problems or concerns to determine whether the corrective measures have achieved and sustained the desired results.

10. Issuing a quarterly report to the facility superintendent of the findings of the health care review activities.

III. Juveniles have unimpeded access to health care and a system for processing complaints regarding health care. Upon arrival at the facility, all juveniles are informed about how to access health care services, as well as procedures for submitting grievances. This information is communicated orally and in writing and is conveyed in a language that is easily understood by each juvenile. When a literacy problem, language problem, or physical handicap prevents a juvenile from understanding oral and written information, a staff member or translator assists the juvenile. No member of correctional staff shall impede the juvenile's requests for access to health care services.

IV. There is a process in place for all juveniles to initiate requests for health services on a daily basis. All health care requests are triaged by a qualified health care professional or health-trained personnel. A priority system is used to schedule health care services and shall address routine, urgent, and emergent juvenile health care requests and conditions. Health care services are available to juveniles in a clinical setting at least five (5) days a week and are provided by a qualified health care professional. A physician is available at least once a week to respond to juvenile-health concerns.

V. Treatment by a qualified health care professional is performed pursuant to written standing or direct orders by a health care practitioner. Health-care practitioners, such as nurse practitioners and physician's assistants, practice within the limits of applicable laws and regulations. Clinical decisions are the sole province of the responsible health-care practitioner and are not countermanded by non-health care personnel. There are no private physicians working with juveniles in the facilities.

A. The duties and responsibilities of qualified health care professionals and health care practitioners are governed by written job descriptions, contracts, or a written agreement approved by the HSA. Verification of current job descriptions is on file in the facility.

B. Health care personnel comply with applicable federal and state licensure, certification, or registration requirements. Verification of current credentials and licensure are on file in the facility. Concerns about incompetence and/or professional misconduct are managed in accordance with state law, agency policy, and relevant professional ethical codes.

C. When qualified health care professionals are not on duty, a health-trained staff person coordinates the health-delivery services under the joint supervision of the HSA and facility Superintendent. Coordination duties may include reviewing receiving screening forms for needed follow-up, readying juveniles and their records for sick call, and assisting in carrying out orders regarding such matters as diets, housing, and work assignments.

VI. Health care encounters, including medical and mental health interviews, examinations, and procedures should be conducted in a setting that respects the juvenile's privacy. Juveniles who need health care beyond the resources available in the facility, as determined by the responsible health care practitioner, are transported under appropriate security provisions to a facility where such care is available. A written list of referral sources, including emergency and routine care, is available and reviewed/updated at least annually. Written agreements exist between the facility and a nearby hospital for all medical services that cannot be provided at the facility.

A. Arrangements are made with health care specialists in advance of need.

B. A written medical summary is required to maintain continuity of care when a juvenile is referred to a community-based health-care provider or released from the facility.

VII. A health care treatment plan shall be developed for juveniles who require medical supervision for chronic and convalescent care. This plan includes directions to health care providers and other facility personnel regarding their roles in the care and supervision of the juveniles. This plan is approved by the responsible health care authority.

VIII. Juveniles with chronic illnesses or conditions, such as asthma, diabetes, and other diseases, receive periodic care and treatment that includes:

A. Medication monitoring.

B. Laboratory testing.

C. Specialist consultation, as needed.

D. Health care practitioner review and examination, as indicated.

E. Frequency of follow-up for medical evaluation based on disease control.

F. Monitoring the juvenile's condition and status and taking appropriate action to improve patient's outcome.

G. Type and frequency of diagnostic testing and therapeutic regiments (e.g., diet, exercise, medication).

H. Documenting patient education.

I. Clinically justifying any deviation from the protocol.

J. Chronic illness or other needs requiring a treatment plan are listed on the master problems list.

IX. Twenty-four (24) hour emergency medical, dental, and mental health services are available to the juvenile population. These services include the following:

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

B. Emergency transportation of the juvenile from the facility.

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

F. Security procedures providing for the immediate transfer of juveniles, when appropriate.

G. Emergency medications, supplies and medical equipment.

X. The HSA approves the method of recording entries in the records (paper and/or electronic), the form and format of the records, and the procedures for their maintenance and safekeeping. The health-record is made available to and is used for documentation by all qualified health care professionals and health care practitioners.

A. A juvenile's health records (paper and/or electronic) contain the following items files in a uniform manner:

- Patient identification on each sheet.
- Problem list containing medical, dental, and mental health diagnoses and treatment, as well as known allergies.
- Receiving-screening form.
- Health-appraisal data and examination forms.
- Record of immunizations.
- Diagnoses, treatments, and dispositions.
- Record of prescribed medications and their administration, if applicable.
- Laboratory, x-ray, and diagnostic studies.
- Place, date, and time of health encounters.
- Health service reports (e.g., emergency department, dental, mental health, telemedicine, or other consultations).
- Individualized treatment plan, when applicable.
- Progress reports.
- Discharge summary of hospitalization and other termination summaries, (outpatient treatments and special services not requiring hospitalization but which have a documented endpoint).
- Legible signatures and the titles of the providers and/or documenters (may use ink, type, or stamp under signature).
- Consent and refusal forms.
- Release of information forms.

B. The principle of confidentiality applies to juvenile health records and information about juvenile health status. The active health-record is maintained separately form the confinement case record. The HSA, in accordance with state and federal law, controls access to the health-record.

1. The HSA shares with the facility superintendent information concerning a juvenile's medical management within the guidelines of confidentiality.

2. Only information necessary to preserve the health and safety of a juvenile, other juveniles, volunteers/visitors, or facility staff is provided to staff. Information is

provided to facility staff to address the medical needs of the juvenile only as it relates to housing, program placement, and daily activity and restrictions.

C. Inactive health-record files are retained as permanent records, in accordance with state and federal law. Health-record information is provided to specific and designated health care practitioners or medical facilities in the community only on the written request or authorization of the juvenile's parent, guardian, or legal custodian.

XI. Informed-consent standards in the jurisdiction are observed and documented. The informed consent of parent, guardian, or legal custodian is obtained where required by law. The juvenile and parent, guardian, or legal custodian are informed about medical care in a language that is easily understood. When health care is rendered against the juvenile's will, it is only in accordance with state and federal laws and regulations.

XII. Juveniles are provided access to infirmary care either within the correctional setting or off site. If infirmary care is provided on-site, the following at a minimum shall be addressed:

A. Definition of the scope of infirmary-care services available.

B. Health care practitioner on call or available twenty-four (24) hours per day.

C. A qualified health care professional is on duty twenty-four (24) hours per day when a juvenile is present.

D. Nursing care procedures and treatment plans delineate health care guidelines.

E. Juvenile supervision within sight or sound of a security staff member.

XIII. If female juveniles are housed, access to obstetrical, gynecological, family planning, health education, and pregnancy-management services are provided. Provisions of pregnancy management include the following:

A. Pregnancy testing.

B. Routine and high-risk prenatal care.

C. Management of chemically addicted pregnant juveniles.

D. Comprehensive counseling.

E. Postpartum follow-up care.

F. Unless mandated by state law, birth certificates do not list a correctional facility as the place of birth.

XIV. There is a defined scope of available dental services upon admission, which includes the following:

A. Dental screening upon initial admission into the system by a qualified health care professional or health-trained professional.

B. Dental examination by a qualified health care professional, within seven (7) days of admission, if indicated.

C. Dental hygiene service within seven (7) days of admission.

D. Oral hygiene, oral disease education and self-care instruction are provided by qualified health care personnel within seven (7) days of initial admission into the system.

E. Dental intake assessment by a dentist within thirty (30) days of initial admission into the system to assess dental pain, infection, disease, or impairment of function and establish the overall dental/oral condition. Consultation and referral to appropriate specialists are provided when medically necessary.

F. Emergent (life threatening), urgent (interferes with normal daily activities, e.g., toothache), and routine (not of immediate attention) is provided to each juvenile 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:

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

2. A medical history, including current medications.

3. Current vital signs prior to invasive procedure.

4. Appropriate radiographs.

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

6. Priority of treatment.

7. Treatment provided within acceptable designated timeframes by priority.

8. Consultation and referrals to appropriate specialists is provided when medically necessary.

9. Dental treatment plan if indicated.

XV. Ongoing health education and wellness information is provided to all juveniles.

XVI. All intra-system (juvenile facility-to-juvenile facility) transfer juveniles receive a health screening by a qualified health care professional or health-trained personnel, which commences on their arrival at the facility. All findings are recorded on a health screening form approved by the responsible health care practitioner in cooperation with the HSA. When health-trained personnel conduct the health screening, procedures shall require a subsequent review of positive findings by a qualified health care professional. At a minimum, the health screening shall include at least the following:

A. Inquiry into:
- Whether the juvenile is being treated for a medical, dental, or mental health problems.
- Whether the juvenile is presently on medication.
- Whether the juvenile has a current medical, dental, or mental health complaint.

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

C. Medical disposition of juveniles:
- Cleared for general population.
- Cleared for general population with appropriate referral to health care service.
- Referral to appropriate health care service for emergency treatment. When juveniles are referred for emergency treatment, their admission or return to the facility is predicated on written medical clearance.

D. A written medical summary is required for all intra-system transfers to maintain continuity of care. When a juvenile is transferred, the following is required:

1. The health record and medical summary shall be forwarded to the receiving facility prior to or provided at arrival.

2. Confidentiality of the health record is maintained.

3. Medically sensitive conditions and/or specific precautions to be taken by transportation staff are addressed and documented prior to transport.

4. Written instructions regarding medication or health interventions required en route should be provided to transporting staff and be separate from the health record. This includes advanced directives and code status as required by West Virginia healthcare law.

XVII. Intake health screenings and comprehensive health appraisals at juvenile facilities are conducted in accordance with Policy Directive 413.00.

XVIII. The responsible health care practitioner determines the parameters for periodic health examinations of juveniles.

XIX. Medical and dental adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, or other prosthetic devices) are provided when medically necessary, as determined by the responsible health care practitioner.

XX. Withdrawal management from alcohol, opiates, hypnotics, other stimulants, and sedative hypnotic drugs is conducted under direct medical supervision when performed at the facility or is conducted in a hospital or community treatment center. Specific guidelines are followed for the treatment and observation of individuals manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and/or other drugs. Juveniles experiencing severe life-threatening intoxication (an overdose), or withdrawal are transferred under appropriate security conditions to a facility where specialized care is available.

XXI. Management of pharmaceuticals shall include, at a minimum, the following provisions:

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.

C. A prescribing provider reevaluating a prescription prior to its renewal.

D. Procedures for procuring, receiving a receipt, distributing, storing, dispensing, administering, and disposing of medication in accordance with state and federal law.

E. Secure storage and perpetual inventory of all controlled substances, syringes, and needles. 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 Policy Directive 310.00.

F. Administration of medication by qualified health care professionals.

G. Accountability for administering medications in a timely manner and according to the health care practitioner's order.

H. Accountability for documenting medication administration according to procedures approved by the HSA.

I. Psychotropic drugs, such as antipsychotics or antidepressants and other drugs used for psychiatric purposes, requiring parenteral (other than by mouth) are prescribed only by a health care practitioner and then only following an established treatment plan.

J. Under no circumstances are stimulants, tranquilizers, or psychotropic drugs administered for purposes of discipline, security, control, or for purposes of experimental research.

XXII. Designated correctional staff and all health care staff are trained to respond to health-related situations within a four (4) minute response time. The training program, established by the HSA in cooperation with the facility leadership, is conducted on an annual basis to assure staff readiness and shall include at a minimum the following:

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

B. Administration of basic first aid and certification in performing cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization.

C. Methods of obtaining assistance.

D. Recognition of signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal.

E. Procedures for juvenile transfers to appropriate medical facilities or community-health-service providers.

F. Suicide intervention.

XXIII. Adequate space, equipment, supplies, and materials for health-service delivery are provided and maintained as determined by the HSA. Management of biohazardous waste and decontamination of medical and dental equipment/instruments comply with applicable local, state, and federal regulations.

XXIV. First aid kits and automatic external defibrillators (AEDs) are available in designated areas of the facility as determined by the HSA in conjunction with the facility superintendent. The HSA shall establish procedures for the first aid kite and AED use by nonmedical staff. Monthly equipment inspections of first aid kits and AEDs will occur and be documented.

XXV. Any students or interns delivering health care in the facility, 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 facility and the training/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 healthcare services.

XXVI. The HSA meets with the facility superintendent monthly to discuss topics such as the effectiveness of the facilities' health care program, a description of an environmental factors that need improvement, changes effected since the last meeting date, and, if needed, recommended corrective action(s). The HSA following each meeting submits a summary

report. Any condition that poses a danger to staff or juvenile health and safety is reported immediately to the facility superintendent.

XXVII. Health care statistical reports are prepared quarterly and include, at a minimum, the use of health care services by category; referrals to specialists; medication usage; laboratory and x-ray tests completed; infirmary admissions (if applicable); hospital admissions; serious illnesses or injuries; suicide attempts; deaths; and off-site transports. Reports are submitted by the HSA to the facility superintendent for review.

XXVIII. Juveniles offenders are prohibited from performing health care duties in the facility.

XXIX. 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.

XXX. In the case of serious illness/injury, surgery, or death, the juvenile's parent, guardian, or legal custodian is promptly notified unless the facility has official documentation showing that the parent or legal guardian is not to be notified.

ATTACHMENT(S):

None.

APPROVED SIGNATURE:  07/07/2026

David L. Kelly, Commissioner **Date**