

CHAPTER 16
MEDICAL AND HEALTH SERVICES

Authority

N.J.S.A. 3B:10-3 and 4, 13:1E-48 et seq., 26:2D-27d, 26:2H-55 et seq., 30:1B-6, 30:1B-10, 30:4-27 et seq., 30:7E-1 et seq., 45:25-1 et seq., 46:6-1 et seq. and 46:30B-1 et seq.; N.J.A.C. 7:26-3A, 8:57-1, 13:30-8.7 and 8.9 and 13:35-6.5; and *Roe v. Fauver*, C.A. No. 88 1255(AET), (D.N.J., March 3, 1992), *Jaffee v. Allen*, 64 U.S.L.W. 4490 (U.S. Supreme Court 1996) and *Washington, et al. v. Harper*, 494 U.S. 210, 110 S.Ct. 1028 (1990).

Source and Effective Date

R.1999 d.426, effective December 6, 1999.
See: 31 N.J.R. 2531(a), 31 N.J.R. 4045(b).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 16, Medical and Health Services, expires on June 4, 2005. See: 37 N.J.R. 188(a).

Chapter Historical Note

Chapter 16, Medical and Health Services, was adopted as R.1987 d.160, effective April 6, 1987. See: 18 N.J.R. 1662(a), 19 N.J.R. 535(a).

Subchapter 6, Pregnant Inmates, was repealed and Subchapter 6, Pregnant Inmates, was adopted as new rules by R.1987 d.305, effective July 20, 1987. See: 19 N.J.R. 503(a), 19 N.J.R. 1318(b).

Subchapter 11, Medical Unit Annex, was renamed "Special Medical Unit", by R.1988 d.142, effective April 4, 1988. See: 20 N.J.R. 163(b), 20 N.J.R. 810(a).

Subchapter 11, Special Medical Unit, was repealed and Subchapter 11, Special Medical Units, was adopted as new rules by R.1990 d.249, effective May 21, 1990 (operative May 29, 1990). See: 22 N.J.R. 310(c), 22 N.J.R. 1606(a).

Subchapter 12, Suicide, was adopted as R.1991 d.439, effective August 19, 1991. See: 23 N.J.R. 1756(a), 23 N.J.R. 2510(a).

Subchapter 13, Commitment for Psychiatric Treatment, was adopted as R.1992 d.23, effective January 6, 1992. See: 23 N.J.R. 1890(a), 24 N.J.R. 104(a).

Pursuant to Executive Order No. 66(1978), Chapter 16, Medical and Health Services, expired on April 6, 1992.

Chapter 16, Medical and Health Services, was adopted as new rules and Subchapter 10, Lethal Injection, of former Chapter 16 was recodified as N.J.A.C. 10A23-2 by R.1992 d.283, effective July 6, 1992. See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).

Subchapter 11, Special Medical Units, was repealed by R.1995 d.525, effective September 18, 1995. See: 27 N.J.R. 2675(a), 27 N.J.R. 3613(a).

Pursuant to Executive Order No. 66(1978), Chapter 16, Medical and Health Services, expired on July 6, 1997.

Chapter 16, Medical and Health Services, was adopted as new rules by R.1999 d.426, effective December 6, 1999. See: Source and Effective Date.

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SUBCHAPTER 1. GENERAL PROVISIONS

10A:16-1.1 Purpose

(a) The purpose of this chapter is to establish guidelines for:

1. Providing medical services for inmates;
2. Providing dental services for inmates;
3. Providing mental health services for inmates;
4. Obtaining informed consent from an inmate to perform certain medical procedures;
5. Providing assistance to pregnant inmates and placement of their newborn;
6. Providing notification to next of kin in the event of an inmate's critical illness or death;
7. Providing for burial or cremation of unclaimed inmate bodies;
8. Applying for executive clemency;
9. Establishing policies and procedures regarding inmate co-payment for eligible health and dental services and treatment;
10. Donation of blood by inmates;
11. Involuntary psychotropic medications;
12. Medical transfer; and
13. The identification, placement and monitoring of inmates who are deemed to be at risk for suicide.

10A:16-1.2 Scope

This chapter shall be applicable to all correctional facilities within the Department of Corrections unless the context clearly indicates otherwise.

10A:16-1.3 Definitions

The following words and terms, when used in this chapter, shall have the following meanings:

“Advance directive” means a document that declares the wishes of a person to prolong or not prolong life under certain conditions if that person faces certain death from illness or injury and can only survive with the use of extraordinary or extensive medical means.

“Close observation” means intermittent monitoring of an inmate either in person or by video monitor at 15 minute intervals.

“Constant observation” means:

1. Uninterrupted surveillance of one inmate who is on suicide watch that shall be conducted in person or by video monitor when the video monitor provides continuous unobstructed vigilance of the inmate by one staff member; or

2. One minute interval surveillance of two inmates in adjacent cells by one staff member that shall be conducted in person or by video monitor when the video monitor provides continuous unobstructed vigilance of the inmates.

“Co-payment” means a nominal fee paid by an inmate.

“Department of Human Services” means the New Jersey Department of Human Services.

“Executive clemency” means the exclusive power of the Governor to commute the sentence of an inmate making the inmate eligible for parole consideration.

“Forensic Psychiatric Hospital” means the Forensic Psychiatric Hospital which is administered by the New Jersey Department of Human Services.

“Health care provider” means the entity which is providing the medical, dental and/or mental health services to inmates.

“Health Services Unit” means the unit administered by the Assistant Commissioner, Division of Operations, responsible for managing the provision of medical, dental and mental health services to inmates under the jurisdiction of the Department of Corrections.

“Responsible health authority” means a designated person within a correctional facility who shall be a physician or health administrator responsible for arranging health services to all inmates. When this authority is other than a physician, medical/ clinical judgments rest with a designated licensed responsible physician.

“Screening service” means a public or private ambulatory service which provides mental health services including assessment, emergency and referral services to mentally ill persons in a specified geographic area (see N.J.S.A. 30:4-27.2).

“St. Francis Unit” means a unit within the St. Francis Hospital that is designated for the treatment of inmates who need hospitalization.

“Staff” means all personnel who are directly hired or contracted by the Department of Corrections or by a contract vendor(s).

“Suicide watch” means monitoring the activities, emotional status and behavior of inmates who are identified as emotionally troubled, mentally disturbed or otherwise deemed likely to inflict physical injury or death upon themselves.

Amended by R.2001 d.292, effective August 20, 2001.
See: 33 N.J.R. 1494(a), 33 N.J.R. 2814(a).
Rewrote “Constant observation”.

10A:16-1.4 Forms

(a) The following forms related to Medical and Health Services are printed by the Bureau of State Use Industries (DEPTCOR) and a supply of these forms shall be purchased by contacting the Bureau:

1. DR-101 Oral Diagnosis Card;
2. MR-010 Suicide Watch Notice;
3. MR-011 Daily Suicide Monitoring;
4. MR-012 Change in Type of Suicide Observation;
5. MR-013 Daily Correction Officer Suicide Watch Report;
6. MR-014 Release from Suicide Watch; and
7. MR-021 Consent for Medical, Dental or Surgical Treatment.

(b) The following forms related to Medical and Health Services shall be reproduced by each correctional facility from originals that are available by contacting the Administrative Rules Unit:

1. 520-I Inmate Therapist Confidentiality; and
2. 980-I Research Project Request.

(c) The following form related to executive clemency is printed by the New Jersey State Parole Board and is available by contacting the State Parole Board:

1. Petition For Executive Clemency.

(d) The following forms related to psychiatric transfers shall be reproduced by each correctional facility from originals that are available by contacting the New Jersey Department of Human Services, Division of Mental Health and Hospitals, or the Division of Operations, Health Services Unit, New Jersey Department of Corrections.

1. DHS-C4 Application for Temporary Commitment;

2. Clinical/Screening Certificate of Involuntary Commitment of Mentally Ill Adults; and
3. Temporary Order for Commitment.

(e) Except as otherwise agreed to by the Department of Corrections and its health care provider, no forms other than those set forth in this section shall be used in an inmate's Medical/Dental Record.

Administrative change.
See: 35 N.J.R. 1137(a).

10A:16-1.5 Medical co-payment

(a) Pursuant to N.J.S.A. 30:7E-1 et seq., inmates shall be liable for the cost of, and charged a nominal co-payment as determined by the State Treasurer for health care to include surgery, dental care, hospitalization or treatment; and medication to include prescription or nonprescription drugs, medicine or dietary supplements. The medical co-payment shall be \$5.00 and the medication co-payment shall be \$1.00. If fees for inmate co-payment change in accordance with N.J.S.A. 30:7E-1 et seq., these changes shall be published as a notice of administrative change in the New Jersey Register.

(b) No inmate shall be denied medical services, surgery, dental services, hospitalization, medication or treatment due to an inmate's inability to pay the co-payment fee.

(c) Payment for health services and medication shall be deducted from the inmate's account in accordance with N.J.A.C. 10A:2-2.2.

(d) The following services are excluded from the co-payment requirement:

1. Initial assessments during the reception and classification process, classification physicals and transfer evaluations and discharge physical examinations;
2. Prescribed laboratory work to include inmate requests for HIV testing;
3. Prescribed x-rays;
4. Immunizations and other treatments mandated for public health reasons such as, but not limited to, tuberculosis (TB) testing and hepatitis B vaccine;
5. Psychiatric, psychological, substance abuse and social work treatment including medication prescribed by the psychiatrist for mental health purposes;
6. Treatment that is prescribed over the course of several days or weeks, such as, electrocardiograms, dressing changes, and other ongoing treatments ordered by health care staff;
7. Medical visits initiated by medical/mental health staff to comply with internal management procedures;

8. Follow-up visits scheduled by the health care provider;
9. Written referrals from one provider to another;
10. Dental referrals made by health care staff;
11. Infirmary care; and
12. Medication provided immediately during a medical visit.

(e) All medications shall be ordered by qualified health care professionals in the largest quantities and longest durations that are medically appropriate and in accordance with all applicable laws and pharmaceutical regulations. The inmate is charged for a prescription when a health care professional writes an initial order and is then required to rewrite the medication order; therefore, for maintenance medications, prescriptions shall be written for as long a period of time as is medically acceptable.

(f) New and amended regulations regarding medical co-payment shall be posted in each housing area, other appropriate areas of the correctional facility and incorporated into the next revision of the correctional facility Inmate Handbook.

SUBCHAPTER 2. MEDICAL SERVICES

10A:16-2.1 Medical services provided

(a) Medical services will be provided for the following:

1. Emergency and life threatening/limb threatening conditions;
2. Accidental or traumatic injuries occurring while incarcerated;
3. Acute illness;
4. Chronic conditions which are considered life threatening or if untreated would likely lead to a significant loss of function; and
5. Any other medical condition which the treating physician believes will cause deterioration of the inmate's health or uncontrolled suffering.

(b) Primary care shall be provided by physicians, nurses, technicians, and other support staff of the health care provider operating in compliance with the appropriate regulations of their respective licensing boards. Specialty care may be arranged and provided according to community medical standards, in accordance with N.J.A.C. 10A:16-2.6 and when deemed medically appropriate by the health care provider.

(c) There shall be no cosmetic or elective surgery provided.

**10A:16-2.2 Director of Medical Services, Department of
Corrections**

(a) The Director of Medical Services of the Department of Corrections serving under the Division of Operations, Health Services Unit Supervisor, shall:

1. Advise the administration of the Department of Corrections in the formulation of directives and policies for the operation of the medical programs within the Department; and
2. Oversee the provision of medical and health services to inmates within the Department of Corrections.

10A:16-2.3 Administration of medical services and program

- (a) The health care provider shall designate member(s) of its staff as the responsible health authority in each correctional facility who will be administratively and/or clinically responsible for the management and direction of the correctional facility's medical services and/or program. The Division of Operations, Health Services Unit, shall be notified in writing as to who is administratively and clinically responsible for the correctional facility's medical services and/or program and shall be immediately notified in writing if the designee(s) is changed.
- (b) The health care provider through the responsible health authority shall ensure that medical conditions as described in N.J.A.C. 10A:16-2.1 are treated.
- (c) A medical consultant(s) may be employed to conduct peer review and quality assurance reviews as deemed necessary by the Assistant Commissioner, Division of Operations.

10A:16-2.4 Licensure

- (a) All medical service providers shall maintain valid and current licenses or certifications, as appropriate, to practice within their respective disciplines in the State of New Jersey.
 1. The physician's New Jersey license to practice medicine;
 2. The physician's Drug Enforcement Administration Federal Narcotics License;
 3. The physician's State of New Jersey Consumer Health Service Certificate of Registration for Controlled Dangerous Substances (C.D.S.);
 4. The physician's current certificate of liability insurance appropriate for area of practice; and
 5. Any certification(s) for services other than primary care.
- (c) Proof of appropriate licensing credentials for all other regulated professionals, such as nurses and technicians, shall be submitted to the Health Services Unit, Director of Medical Services.
- (d) The health care provider shall report all disciplinary action and/or license suspension to the Health Services

Unit, Director of Medical Services and other State regulatory bodies, as required by law.

- (e) All persons taking x-rays shall be licensed by the State of New Jersey in accordance with N.J.S.A. 45:25-1 et seq.
- (f) The final approval to hire physicians and nurses may be granted only with credential review approval by the Health Services Unit.
- (g) It shall be the responsibility of the medical service provider to submit proof of license(s) and certification(s) renewal to the Health Services Unit, Director of Medical Services through the health care provider. The responsible health authority shall conduct an annual review of license and certification currency and shall provide a written report of such annually to the Health Services Unit Supervisor.

10A:16-2.5 Medical students, interns and residents

Any existing or proposed program to utilize students, interns, or residents in health care delivery to inmates within the Department of Corrections shall be required to obtain the prior written approval of the Health Services Unit, Director of Medical Services.

10A:16-2.6 Use of community facilities and medical specialty consultants

- (a) The health care provider may contract with community medical facilities and medical specialty consultants to provide inpatient and outpatient health care.
- (b) The use of community facilities and medical specialty consultants shall be subject to the review and prior written approval of the Health Services Unit, Director of Medical Services.

10A:16-2.7 Restricted use of inmate work assignments in medical services

- (a) Inmates shall be prohibited from performing the following duties:
 1. Providing direct inmate care services;
 2. Scheduling health care appointments;
 3. Determining the access of other inmates to health care services;
 4. Handling or having access to:
 - i. Surgical instruments;
 - ii. Syringes;
 - iii. Needles;
 - iv. Medications; and
 - v. Health Records.
 5. Operating any health care equipment; and/or
 6. Handling regulated medical waste.

(b) Inmates may assist in the medical area in the performance of routine housekeeping duties.

(c) Inmates working in medical areas shall be kept under close supervision by custody and/or medical personnel.

10A:16-2.8 Sick call

(a) Daily sick call shall be conducted at each correctional facility by a physician and/or other qualified health personnel at a regularly scheduled time. However, inmates shall be offered the opportunity to see medical personnel, when necessary.

(b) If an inmate's custody status precludes attendance at sick call, arrangements shall be made to provide sick call services in the place of the inmate's detention.

10A:16-2.9 Correctional facility infirmary

(a) Care is provided in the correctional facility infirmary, for illness or diagnosis which requires limited observation and/or management and does not require admission to a licensed acute care hospital.

(b) Written policies and procedures for infirmary care shall be developed in accordance with N.J.A.C. 10A:16-2.22.

(c) The minimum requirements for a correctional facility infirmary shall include, but not be limited to:

1. A physician who is on call 24 hours per day, seven days per week;
2. A Registered Nurse who is on duty 24 hours per day, seven days per week;
3. All inmates being maintained within sight or sound of a medical staff person;
4. The maintenance of a separate and complete infirmary medical record for each inmate; and
5. A manual of nursing policies and procedures immediately available to health care staff.

10A:16-2.10 Emergency medical treatment

(a) Emergency medical care shall be available 24 hours per day, seven days per week, which includes, but is not limited to, arrangements for:

1. On-site emergency first aid;
2. Use of an emergency vehicle;
3. Use of one or more designated hospital emergency rooms or other appropriate health facility;
4. An emergency on call physician; and
5. The provision of security when the immediate transfer of an inmate(s) is necessary.

(b) All staff likely to be needed or involved in a medical emergency shall be trained in first aid under emergency conditions. This training shall include, but not be limited to:

1. Types of action required for potential emergency situations;
2. Signs and symptoms of an emergency;
3. Administration of first aid;
4. Methods of obtaining emergency care;
5. Location of the correctional facility's first aid kits; and
6. Procedures for transferring an inmate(s) to appropriate medical facilities or health care providers.

(c) Medical transportation shall be handled in accordance with N.J.A.C. 10A:3-9.12, Medical transportation.

10A:16-2.11 Medical examinations

(a) At a Department of Corrections reception facility, an initial history and physical examination shall be completed on each new admission within 24 hours which shall include, but is not limited to:

1. A medical history;
2. A physical examination;
3. A pregnancy test for female inmates; and
4. Any test determined necessary by the Health Services Unit, Director of Medical Services based on recommendations of recognized health authorities.

(b) In the event a department of Corrections reception facility is bypassed, the health care provider at the receiving correctional facility shall perform the initial history and physical examination outlined in (a) above.

(c) An initial history and physical examination will not routinely be done on inmates who are transferred from other correctional facilities within the Department of Corrections; however, all medical condition(s), and/or medical investigation(s)/treatment(s) in progress shall be communicated in writing by the health care provider to the correctional facility Medical Department where the inmate is being transferred.

(d) Routine complete physical examinations for inmates without known medical problems shall be offered to all inmates in accordance with the following schedule:

1. Inmates 50 years of age or over, once every two years; and
2. Inmates under 50 years of age, once every four years.

(e) Each inmate shall be offered a physical examination and clinical evaluation not more than two calendar weeks prior to scheduled release from the correctional facility. A summary report of findings shall be prepared, signed and dated by the physician. This summary shall include any significant medical problems encountered during the inmate's incarceration, and it shall be made part of the inmate's medical record.

(f) An inmate's refusal of a medical examination(s) as established in this section shall be documented in the inmate's Medical/Dental Record.

(g) Unless there are emergent circumstances or an unusual security problem is present, no correction officer of the opposite sex shall be present during a physician's medical examination of an inmate. A female attendant shall always be present during the medical examination of a female inmate by a male physician.

10A:16-2.12 Food handlers and special activity medical examinations

(a) All food handlers shall be given a medical examination prior to their beginning food service job duties, and at least annually thereafter, or more frequently if deemed necessary by medical or administrative authorities.

(b) If deemed appropriate by a medical or an administrative authority, medical examinations may be given to inmates prior to participation in certain sports.

10A:16-2.13 Medical facilities and equipment

(a) All medical areas shall have:

1. Facilities where inmates can be examined and treated with a modicum of privacy; and
2. Medical equipment and supplies that meet with the approval of the Health Services Unit, Director of Medical Services.

(b) Hypodermic needles and syringes shall be of the single service, disposable variety and their control shall be in strict compliance with N.J.S.A. 24:21-5.

(c) All "sharps" such as hypodermic needles, syringes, and scalpels shall be destroyed in the manner described in N.J.S.A. 2A:170-17 or disposed of in accordance with New Jersey Medical Waste Management Act, N.J.S.A. 13:1E-48 et seq. and N.J.A.C. 7:26-3A.

(d) Used and unused hypodermic needles, syringes and scalpels shall be protected against theft or pilferage by providing:

1. Locked storage;
2. Distribution supervision; and
3. Inventories which shall be signed at the termination of each shift by the incoming and outgoing nurse.

10A:16-2.14 First aid kits

(a) First aid kit(s) and equipment shall be available in designated areas of the correctional facility based on need. The responsible health authority in the correctional facility shall formulate a list of the contents of the first aid kits and submit the list to the Health Services Unit, Director of Medical Services for approval.

(b) The responsible health authority in each correctional facility shall be responsible for overseeing the monthly inspection and restocking of the first aid kits and for developing written procedures pertaining to such.

10A:16-2.15 Reportable diseases

(a) The health care provider at each correctional facility shall adhere strictly to the reporting requirements of diseases declared reportable in N.J.A.C. 8:57-1, Reportable Diseases.

(b) Information and forms regarding reportable diseases are available by contacting the New Jersey Department of Health and Senior Services, Division of Epidemiology and Disease Control.

(c) Copies of all reports submitted to the New Jersey Department of Health and Senior Services shall be sent to the Health Services Unit, Director of Medical Services.

10A:16-2.16 Prosthetic devices

(a) Medical services include the provision of prosthetic devices which must be approved by the physician. Examples of prosthetic devices are as follows:

1. Eye glasses;
2. Hearing aids;
3. Artificial limbs; and
4. Such other devices as are deemed medically necessary by the physician with the approval of the Administrator or designee.

10A:16-2.17 Satellite units, correctional community-based facilities and home confinement

(a) Twenty-four hours per day, seven days per week medical care for nonemergency and emergency illness or injury shall be available for inmates housed at correctional facility satellite units, at correctional community-based facilities and on home confinement.

(b) Written policies and procedures for medical services in satellite units, correctional community-based facilities and for the home confinement programs shall be developed in accordance with N.J.A.C. 10A:16-2.22.

10A:16-2.18 Medical records

(a) A complete medical record shall be maintained for each inmate to accurately document all health care services

provided throughout the inmate's period of incarceration. This record shall contain the following items:

1. Initial intake medical history;
2. Initial intake physical examination;
3. Health history records;
4. Each health encounter with health care staff including sick call appearances;
5. Progress notes for all health care visitations, treatments, medical findings and diagnoses;
6. Prescribed medications and their administration;
7. Health service reports and consultations, including dental and psychiatric;
8. Prescribed diets and other treatments;
9. Laboratory, x-ray and diagnostic studies;
10. Discharge summary of hospitalizations and other terminations summaries; and
11. Refusal and consent forms.

(b) Only health care provider staff shall collect and record health history, vital signs and other health appraisal data.

(c) Each health care encounter shall be recorded in the appropriate section of the inmate's Medical/Dental Record. Each entry in the medical record shall be written in black ink or typed, signed, and clearly dated by the appropriate health care provider staff. In addition to a physician or health care provider's signature, a name stamp must be used.

(d) All active medical records shall be maintained separately from the classification records.

(e) Inactive medical records shall be stored separately from the active records and in accordance with the retention schedule of the Records Management Program.

(f) Medical records shall accompany inmates when transferred to another correctional facility in order to assure continuity of care and to avoid the duplication of tests and examinations.

(g) Confidentiality of inmate records shall be maintained and records released in accordance with N.J.A.C. 10A:22-2.

(h) Medical summaries may be utilized and maintained on a computer system according to data processing procedures established by the Department of Corrections correctional management information system and in accordance with N.J.A.C. 13:35-6.5.

10A:16-2.19 Informed consent for treatment

Informed consent for treatment shall be handled in accordance with N.J.A.C. 10A:16-5, Informed Consent to Perform Medical, Dental or Surgical Treatment.

10A:16-2.20 Medical research or experimentation prohibited

(a) Absolutely no medical, pharmaceutical or cosmetic experiments shall be conducted involving the use of inmates or employees in the Department of Corrections.

(b) This prohibition does not preclude individual treatment of an inmate based on need for a specific medical procedure which is not generally available.

(c) Any person or agency who wishes to conduct nonmedical, nonpharmaceutical and noncosmetic research projects shall complete and submit Form 980 I Research Project Request to the Administrator or Unit Administrator.

(d) The Commissioner shall retain the final review and approval/disapproval authority on all research projects.

10A:16-2.21 Reporting responsibilities of all medical services

(a) Monthly and annual reports shall be prepared by the responsible health authority and submitted to the correctional facility Administrator and to the Health Services Unit, Director Medical Services.

(b) The monthly and annual reports shall include, but not be limited to, the following:

1. Major developments and highlights;
2. Number of inmates admitted to infirmary or hospital;
3. Number of inmates transferred to St. Francis Unit;
4. Number of inmates transferred to outside hospitals;
5. Types of medical services provided;
6. Special or unusual activities such as x-rays, mass inoculations;
7. Future plans for services;
8. Problem areas;
9. Number of inmates who received controlled medication;
10. Number of inmates taken off controlled medication;
11. Meetings, conferences and workshops attended by staff;
12. Official visits by government representatives and other community groups;

- 13. Statistical comparisons with the previous monthly or annual report;
- 14. A narrative summary that delineates the status of the program identifying existing and potential problems and targeted resolutions; and
- 15. Any information as directed by the correctional facility Administrator, Health Services Unit and the Assistant Commissioner, Division of Operations.

10A:16-2.22 Medical Services Manual and log book

(a) The responsible health authority in collaboration with the health care provider shall develop and maintain a site-specific operational manual(s) that provides health care goals, objectives, policies and procedures for the correctional facility infirmary, satellite units, correctional community based facilities and home confinement cases which are consistent with the requirements of this chapter and contractual stipulations.

(b) The manual shall be reviewed at least annually, updated, as needed and be immediately available to all health care provider staff on each shift. Each document contained in the manual shall bear the date of the most recent review or revision and signature of the reviewer and shall be approved in writing by the Administrator and the Health Services Unit, Director of Medical Services.

(c) The manual shall include, but not be limited to, the following:

- 1. Site-specific medical services;
- 2. Informed consent procedures;
- 3. Emergency medical treatment procedures which shall include, but not be limited to, arrangements for:
 - i. On-site emergency first-aid;
 - ii. Use of an emergency vehicle;
 - iii. Use of one or more designated hospital emergency rooms or other appropriate health facility;
 - iv. An emergency on-call physician; and
 - v. The provision of security when the immediate transfer of an inmate(s) is necessary.
- 4. Written procedures regarding the proper use and security of supplies and equipment, such as needles, syringes and scalpels;
- 5. Reporting procedures.

(d) A staff training log book(s) shall be established and maintained on site that shall include, but not be limited to the:

- 1. The name of trainee(s) or group(s);
- 2. The date of training;

- 3. The type of training; and
 - 4. The date of required retraining.
- (e) An inmate and employee food handler log book(s) shall be maintained in the correctional facility medical department which shall include, but not be limited to the:
- 1. The name of individual;
 - 2. The date of exam;
 - 3. Approval or disapproval for a food service job;
 - 4. The reason for disapproval of a food service job; and
 - 5. The date of re-exam(s) and results.

10A:16-2.23 Annual inspection

(a) The Division of Operations, Health Services Unit, Director of Medical Services, shall visit and inspect the medical programs at all correctional facilities at least once a year in order to review the facility's medical services activities.

(b) Within 15 business days after the annual inspection, a written report of the findings shall be prepared by the Division of Operations, Health Services Unit, Director of Medical Services and submitted to the:

- 1. Commissioner or designee;
- 2. Assistant Commissioner, Division of Operations;
- 3. Appropriate Division Director;
- 4. Administrator;
- 5. Responsible health authority; and
- 6. Correctional facility chief physician.

(c) The responsible health authority shall respond through the correctional facility Administrator within 15 business days of receipt of the written inspection report to the Health Services Unit, Director of Medical Services with a written action plan for correcting any deficiencies.

Amended by R.2002 d.65, effective March 4, 2002.
See: 33 N.J.R. 3857(a), 34 N.J.R. 1027(a).

In (b), added "or designee" in 1, deleted existing 2 and recodified existing 3 through 7 as 2 through 6.

SUBCHAPTER 3. DENTAL SERVICES

10A:16-3.1 Director of Dental Services, Department of Corrections

(a) The Director of Dental Services of the Department, serving under the Division of Operations Health Services Unit Supervisor, shall:

1. Advise the administrative staff of the Department of Corrections regarding the formulation of Departmental dental program directives and policies; and

2. Oversee the provision of dental services to inmates within the Department of Corrections.

10A:16-3.2 Administration of dental services and program(s)

(a) The dental health services provider in each correctional facility shall be responsible to designate a dental health services staff member as the responsible health authority who shall be administratively and/or clinically responsible for the management and direction of the dental services and/or program. The Division of Operations, Health Services Unit, shall be notified in writing as to who is administratively and clinically responsible for the dental services and/or program of the correctional facility and immediately be notified in writing if the designee(s) is changed.

(b) The dental health services provider, through the responsible health authority, shall be responsible for ensuring that only those dental conditions assessed as necessary in the judgment of the dentist are treated to maintain the inmate's dental health.

(c) A dental consultant(s) may be employed to conduct clinical quality assurance reviews as deemed necessary by the Department of Corrections or the dental health services provider.

10A:16-3.3 Dental staff

(a) The following dental personnel may provide dental services;

1. Dentists;
2. Dental Specialists;
3. Dental Hygienists; and
4. Dental Assistants.

(b) Dental staff shall practice within the guidelines of the Dental Practice Act, N.J.S.A. 45:6.1 et seq.

10A:16-3.4 Licensure

(a) Only persons licensed and registered in accordance with N.J.S.A. 45:6-1 et seq. shall be permitted to practice dentistry within the State of New Jersey.

(b) The following licenses and certificates of dentists shall be forwarded to the Health Services Unit, Director of Dental Services:

1. The New Jersey License to practice dentistry;
2. The Drug Enforcement Administration Federal Narcotics License;

3. The State of New Jersey Consumer Health Service Certificate of Registration for Controlled Dangerous Substances (C.D.S.);

4. The current certificate of liability insurance appropriate for area of practice; and

5. Any certification(s) for services other than primary dental care.

(c) Final approval to hire dental personnel may be granted only after credential review by the Health Services Unit, Director of Dental Services.

(d) Copies of licenses of dental personnel shall be maintained both at the correctional facility dental department and at the Division of Operations, Health Services Unit.

(e) The dental health care provider shall report all disciplinary actions and license suspensions to the Health Services Unit, Director of Dental Services and other State regulatory bodies, as required by law.

(f) Dental personnel shall be responsible for providing proof of license(s) and certification(s) renewal to the Health Services Unit, Director of Dental Services through the dental health care provider. The responsible health authority of each dental services and/or program shall conduct an annual review of license and certification validation and shall provide a written report of such annually to the Health Services Unit Supervisor.

(g) All persons taking dental x-rays shall be licensed by the State of New Jersey in accordance with N.J.S.A. 26:2D-27d et seq.

10A:16-3.5 Dental personnel identification badges

In accordance with N.J.S.A. 13:30-8.9, all dental personnel shall wear identification badges indicating their name and professional title.

10A:16-3.6 Restricted use of inmate work assignments in dental clinics

(a) Inmates shall be prohibited from performing the following dental care services:

1. Providing direct or indirect inmate care services;
2. Scheduling dental appointments;
3. Determining the access of other inmates to dental services;
4. Handling or having access to:
 - i. Surgical instruments;
 - ii. Syringes;
 - iii. Needles;
 - iv. Medications; and

- v. Dental records.
- 5. Operating any dental equipment;
- 6. Handling regulated medical waste.

(b) Inmates may assist in the dental area in the performance of routine housekeeping duties.

(c) Inmates working in dental areas shall be kept under close supervision by custody and dental personnel.

10A:16-3.7 Dental services coverage

(a) Arrangements shall be made to provide dental service coverage by the dental health care provider 24 hours per day, seven days per week.

(b) Written policies and procedures for dental services shall be developed in accordance with N.J.A.C. 10A:16-3.21.

(c) All staff likely to be needed or involved in a dental emergency shall be trained in providing dental first aid under emergency conditions. This training shall include, but not be limited to:

1. Signs and symptoms of an emergency;
2. Types of action required for potential emergency situations;
3. Methods of obtaining emergency dental services; and
4. Procedures for transferring the inmate to an appropriate dental provider or facility.

10A:16-3.8 Use of community facilities and consultants

(a) Provisions shall be made by the dental health care provider for the use of general and specialist community dental offices or hospitals when deemed necessary.

(b) Use of general and specialist community dental offices or hospitals shall be subject to the review and written approval of the Health Services Unit, Director of Dental Services.

10A:16-3.9 Dental intake screening and comprehensive dental examination

(a) A dental intake screening shall be performed on all inmates within 72 hours of admission to a reception unit. The dental intake screening shall include, but not be limited to:

1. A panoramic x-ray; or
2. A full mouth x-ray series.

(b) A comprehensive dental examination shall be accomplished within 14 business days after the inmate's arrival at the correctional facility initially assigned. The examination shall include a manual and visual examination of the structures related to the dental field using a mirror.

(c) In the event a reception unit of the Department of Corrections is bypassed, the dental health care provider at the receiving correctional facility shall perform the dental

intake screening and comprehensive dental examination of the inmate as outlined in (a) and (b) above.

(d) The examination should be augmented by an x-ray examination with appropriate reading and application to the clinical findings. Such diagnostic mechanisms as study models, photographs, tooth vitality determination may also be used.

(e) The findings of the examination shall be recorded on the Form DR-101 Oral Diagnosis Card and shall be recorded in accordance with N.J.A.C. 13:30-8.7.

10A:16-3.10 Dental classification and priority treatment

(a) Dental staff in each correctional facility shall follow and comply with the following Health Services Unit dental classifications to be used following the initial examination and as treatment progresses:

1. I Extractions;
2. I-P Extractions prior to Prosthetics;
3. II Restorations;
4. II-P Restorations prior to Prosthetics;
5. II-PO Periodontal treatments;
6. III Prosthetics ready for impressions;
7. III-P Prosthetics in progress;
8. IV Case completed;
9. IV-R Refused treatment; and
10. IV-S Special problems such as, but not limited to, Orthodontia, Endodontia, Crown and Bridge, Oral Hygiene Instruction.

(b) Dental staff in each correctional facility shall follow and comply with the following Health Services Unit guidelines for dental priority treatment:

1. Emergency dental treatment such as, but not limited to, fractures and pain relief, and
2. Insufficient dentition to masticate therefore requiring prosthetic appliances requiring treatment for the following classifications as established in (a) above:

- i. I-P
- ii. II-P
- iii. III

3. Treatment for all the remaining classifications.

10A:16-3.11 Routine dental treatment

(a) Excluding emergency treatment, dental treatment shall be rendered in accordance with the Department's written Health Services Unit dental classifications and priority treatment guidelines.

(b) Routine dental treatment shall be scheduled and provided to the inmate within 30 calendar days after being identified by a dentist during a dental examination.

10A:16-3.12 Oral surgery

(a) Oral surgery shall be used when the prognosis for success and the anticipated gain is sufficient to offset risk to the inmate.

(b) Trauma shall be managed within the scope of the qualification(s) and experience of the dentist(s) or by referral. Management of trauma shall include:

1. Suturing of facial and oral mucosal lacerations;
2. Reimplantations;
3. Repositioning and affixation of involved teeth and alveolar processes;
4. Management of facial bone fractures; and
5. Control of bleeding.

10A:16-3.13 Preventive dentistry

(a) An annual dental cleaning and an annual recall dental examination shall be provided to all inmates.

(b) Preventive dentistry shall be part of inmate patient education.

(c) Preventive dentistry education shall include, but not be limited to, the following:

1. Care of teeth;
2. Function of teeth;
3. Brushing and flossing of teeth;
4. Prosthetic appliance maintenance; and
5. Direct instructional programs.

10A:16-3.14 Administration of medications

(a) Medications prescribed by the dentist may be administered, in the manner prescribed, by designated health care provider staff.

(b) No one shall give medications or administer treatment, with the exception of first aid, unless it is under the expressed direction or prescription of the dentist or the physician.

10A:16-3.15 Local anesthesia

Local anesthesia is considered the anesthesia of choice. It shall be used whenever it is considered to be in the best interest of the inmate, or in the dentist's judgment, for success of the procedure.

10A:16-3.16 General anesthesia

(a) General anesthesia shall be indicated when inmates have certain medical complications that would contraindicate the use of local anesthetics.

(b) General anesthesia shall only be administered in the surgical clinic of a consultant or a hospital.

(c) Consultation shall be made prior to the administration of general anesthesia in accordance with this subchapter.

10A:16-3.17 Records

(a) The following shall be completed on each inmate admitted to the correctional facility:

1. Form DR-101 Oral Diagnosis Card; and
2. Dental classification assignment.

(b) Dental records shall be sent with inmates when they are transferred to another correctional facility. The dentist receiving the dental records shall review the records within 72 hours of the inmate's transfer.

(c) A daily record shall be maintained describing the activity of the Dental Department on a statistical and narrative basis. These shall be compiled by the week, month and year.

(d) Confidentiality of inmate records shall be maintained in accordance with N.J.A.C. 10A:22, Records.

10A:16-3.18 Informed consent for treatment

Informed consent for treatment shall be handled in accordance with N.J.A.C. 10A:16-5, Informed Consent to Perform Medical, Dental or Surgical Treatment.

10A:16-3.19 Dental equipment and supplies

(a) The dental equipment, instruments and supplies shall be closely supervised by the dental health care provider staff.

(b) Used and unused needles, syringes and scalpels shall be protected against theft or pilferage by:

1. Providing locked storage;
2. Providing supervision of distribution; and
3. Requiring signed inventories at the termination of each shift by the incoming and offgoing dentist.

(c) Shelf life of dated supplies and equipment which requires sterilization shall be current.

10A:16-3.20 Dental research

(a) Dental research shall not be conducted except that which involves the study of clinical records and/or data, such as, but not limited to, statistical studies.

(b) Dental research projects shall be conducted in accordance with N.J.A.C. 10A:1-10, Research.

10A:16-3.21 Reporting responsibilities of all dental services

(a) Monthly and annual reports shall be prepared by the responsible health authority and submitted to the:

1. Assistant Commissioner, Division of Operations;
2. Correctional facility Administrator; and
3. Director of Dental Services.

(b) The monthly and annual reports shall include, but not be limited to, the following:

1. A narrative summary of the major developments and highlights, including, but not limited to:
 - i. Meetings, conferences, workshops and the like attended by staff;
 - ii. Future plans for services; and
 - iii. Problem areas;
2. A statistical summary of dental amounts;
3. A statistical summary of required examinations and specialty care;
4. A statistical summary of dental prosthetics ordered and dispensed;
5. A statistical summary of inmate complaints received and resolved; and
6. Any information required by contract.

(c) The annual report must be submitted by August 31 of each year and will include all periods involved on a fiscal year basis.

10A:16-3.22 Dental services manual

(a) The responsible health authority in collaboration with the dental health care provider shall develop and maintain site-specific operational manuals which specify dental care goals, objectives, policies and procedures for the correctional facility, satellite units, correctional community based facilities and home confinement cases which are consistent with the requirements of this chapter and applicable contractual stipulations.

(b) The manual shall be reviewed at least annually, updated as needed and immediately available to all dental health care provider staff on each shift. Each document contained in the manual shall bear the date of the most recent review or revision and signature of the reviewer and shall be approved in writing by the Administrator and the Health Services Unit, Director of Dental Services.

(c) The manual shall include, but not be limited to, the following:

1. Written procedures which shall ensure that all special and routine recalls are accomplished;

2. Site-specific dental services;
3. Informed consent procedures;
4. Emergency dental treatment procedures which shall include, but are not limited to, arrangements for:
 - i. On-site emergency first aid;
 - ii. Use of an emergency vehicle;
 - iii. Use of one or more designated hospitals for trauma;
 - iv. An emergency on-call dentist when the emergency health facility is not located in a nearby community; and
 - v. The provision of security when the immediate transfer of an inmate(s) is necessary;
5. Written procedures on proper use and security of supplies and equipment, such as needles, syringes and scalpels.

10A:16-3.23 Annual inspection

(a) The Division of Operations, Health Services Unit, Director of Dental Services shall visit and inspect the dental clinics at all correctional facilities at least once a year in order to review the facility's dental treatment activities.

(b) Within 15 business days after the annual inspection, a written report of the findings shall be prepared by the Director of Dental Services and submitted to the:

1. Commissioner or designee;
2. Assistant Commissioner, Division of Operations;
3. Appropriate Division Director;
4. Administrator;
5. Responsible health authority; and
6. Dental health care provider.

(c) The responsible health authority shall respond within 15 business days of receipt of the written inspection report to the Health Services Unit, Director of Dental Services with a written action plan for correcting any deficiencies.

Amended by R.2002 d.65, effective March 4, 2002.

Sec: 33 N.J.R. 3857(a), 34 N.J.R. 1027(a).

In (b), added "or designee" in 1; deleted former 2 and recodified 3 through 7 as 2 through 6.

SUBCHAPTER 4. MENTAL HEALTH SERVICES

10A:16-4.1 Health Services Unit, Director of Psychological Services

(a) The Health Services Unit, Director of Psychological Services, serving under the Health Services Unit Supervisor

shall be the designated authority with primary responsibility of serving as a consultant in psychology and providing professional review, evaluation and guidance of all mental health programs and activities of the Department with particular emphasis upon the maintenance of professional standards including, but not limited to, the coordination of planning and research.

(b) The Health Services Unit, Director of Psychological Services shall be a New Jersey licensed psychologist and shall be responsible for:

1. Initiating necessary and appropriate action to coordinate and integrate the mental health activities of the Department;
2. Providing consultative service and support to all units of the Department in the specialized area of mental health;
3. Developing procedures of reporting on the quality and performance of mental health services within the Department;
4. Evaluating mental health programs and initiating recommendations to ensure that appropriate and necessary operations are being carried out within the Department;
5. Developing intermediate and long range plans for the improvement of mental health services within the Department;
6. Reviewing the credentials of all personnel appointments and research requests within the area of mental health; and
7. Providing necessary liaison to other State agencies within and outside of New Jersey in order to coordinate the mental health activities.

10A:16-4.2 Correctional facility staff, structure and licensure

(a) A New Jersey licensed psychologist shall be designated by the health care provider as the Director of Psychology of each correctional facility and the Director of Psychology shall be administratively responsible to the Administrator or designee. The Division of Operations and the Health Services Unit shall be immediately notified in writing if the designee is changed.

(b) The Director of Psychology of each correctional facility shall be responsible for:

1. Ensuring adequate, equitable and consistent mental health services;
2. Providing the written policy and procedural mechanisms approved by Department of Corrections for mental health services, staff practices and functions within the correctional facility;

3. Coordinating the activities of the mental health services with other professional and technical groups, both within and outside the correctional facility;

4. Developing a table of organization which delineates the line of authority for mental health services personnel;

5. Conducting an annual review of license and certification validation and providing a written report of such to the Health Services Unit, Director of Psychological Services; and

6. Reporting all disciplinary action(s), license suspension(s) and/or resignation(s) of mental health services staff to the Health Services Unit, Director of Psychological Services and other State regulatory bodies as required by law.

(c) It shall be the responsibility of the mental health services staff to provide proof of license(s) and certificate(s) renewal to the Health Services Unit, Director of Psychological Services through the health care provider.

(d) Any psychologist in training offering mental health services who is not a New Jersey licensed psychologist shall be supervised by a New Jersey licensed psychologist.

10A:16-4.3 Access to mental health services

(a) At the time of admission to a correctional facility, inmates shall receive a written communication, and for illiterate inmates, inmates not sufficiently conversant with the English language, or inmates otherwise unable to read due to a physical/medical inability, verbal communication explaining the procedures for gaining access to mental health services.

(b) New or revised information regarding inmate access to mental health services shall be posted in housing units and incorporated into the next printing of the correctional facility Inmate Handbook.

Petition for Rulemaking.
See: 33 N.J.R. 1477(a).

10A:16-4.4 Inmate/therapist confidentiality

(a) Confidential relations between and among mental health practitioners and individuals or groups in the course of practice are privileged communications and not to be disclosed to any person.

(b) The following exceptions to privileged communications are applicable only in situations which present a clear and imminent danger to the inmate or others:

1. Where the inmate discloses planned action which involves a clear and substantial risk of imminent serious injury, disease or death to the inmate or other identifiable persons;
2. Where an escape plan is disclosed to the mental health practitioner;

3. Where drug trafficking for profit or illicit influence on others, involving Controlled Dangerous Substances (C.D.S.) or drug paraphernalia, presents a clear and imminent danger to the inmate or other identifiable persons;

4. Where the inmate discloses suicide plans or other life threatening behavior; and/or

5. Where the inmate discloses a past, previously unreported murder, aggravated sexual assault (meaning those offenses set forth in N.J.S.A. 2C:14-2(a)) or arson which resulted in a death, under circumstances which present a clear and imminent danger to other identifiable persons.

(c) When a mental health practitioner receives information concerning the exception categories listed in (b) above, the mental health practitioner shall immediately confer with the correctional facility Director of Psychology who will also contact the Health Services Unit, Director of Psychological Services to determine whether disclosure is necessary. **Relevant considerations**, in addition to the information given to the mental health practitioner may include, but are not limited to whether:

1. It is known that another individual is serving a sentence for the crime confessed by the inmate to the mental health practitioner;

2. It can be ascertained that the crime was in fact committed, but no one was prosecuted;

3. The inmate is under consideration for parole and the Administrator, Special Classification Review Board, or State Parole Board is unaware that the inmate has committed, or plans to commit, another serious crime;

4. The inmate has described the criminal event or plan in such intimate detail as to render the story credible; and/or

5. Consequences of the inmate's past or intended conduct are considered dangerous to the health or well-being of correctional facility residents or personnel.

(d) In any case in which the mental health practitioner, the correctional facility Director of Psychology, and the Health Services Unit, Director of Psychological Services agree and conclude that the information does not fall within the scope of the exception categories listed in (b) above, no disclosure need be made.

(e) If the mental health practitioner, the correctional facility Director of Psychology and the Health Services Unit, Director of Psychological Services believe that the subject matter falls within the scope of an exception category(ies) listed in (b) above, the Director of Psychology shall immediately make this information known to the correctional facility Administrator providing the facts and background information that are necessary to give the Administrator a clear understanding of the case.

(f) In any case in which the mental health practitioner, the correctional facility Director of Psychology and the Health Services Unit, Director of Psychological Services disagree as to whether disclosure should be made, the person who believes that the matter should be disclosed shall notify the Administrator immediately providing the facts and background information that are necessary to give the Administrator a clear understanding of the case.

(g) The Administrator shall institute such action as is deemed appropriate considering the needs of the correctional facility and facts of the particular case. This action may include, but is not limited to:

1. Requesting the Internal Affairs Unit to investigate further or to administer a polygraph test;

2. Transmitting information to the Central Office Internal Affairs Unit to refer to the prosecutor;

3. Initiating disciplinary charges against the inmate;

4. Placing the inmate in close custody pending the result of the investigation; and/or

5. Increasing the inmate's custody status to maximum.

(h) Upon entry into therapy, the inmate shall be advised of the limitations on confidentiality. The therapist shall give and ensure the inmate reads Form 520 I Inmate Therapist Confidentiality. Verbal notice shall be provided to illiterate inmates, inmates not sufficiently conversant with the English language and inmates otherwise unable to read due to a physical/medical inability. Notification of verbal notice shall be recorded by the therapist on the Form. The inmate shall be required to sign the Form before beginning therapy and the Form shall be filed in the psychological/ psychiatric section of the inmate's Medical/Dental Record.

(i) Questions concerning the interpretation of the policy on inmate/therapist confidentiality shall be addressed to the Health Services Unit, Director of Psychological Services.

10A:16-4.5 Mental health services manual

(a) The Director of Psychology of each correctional facility, in collaboration with the health care provider, shall develop and maintain a site-specific mental health services manual that shall specify mental health services, goals, objectives, policies and procedures for the correction facility, satellite units, correctional community based facilities and home confinement programs which are consistent with the requirements of this chapter and applicable contractual stipulations.

(b) The mental health services manual, shall be:

1. Approved by the Administrator and the Health Services Unit, Director of Psychological Services;

2. Reviewed at least annually;

3. Updated as needed; and

4. Immediately available to all mental health services staff.

(c) As mental health services manuals are revised, copies of the proposed revisions shall be forwarded to the Administrator and the Health Services Unit, Director of Psychological Services for approval prior to promulgation by the health care provider.

(d) The mental health services manual shall include, but not be limited to, the following:

1. Procedures for making appointments for mental health services which include a method for establishing priorities of appointments;
2. Procedures for making recommendations and/or referrals to other persons or agencies and the condition under which such recommendations and/or referrals can be made;
3. Sequence of events in the delivery of services presented in writing or in the form of a flow chart;
4. Designation of the person(s) responsible for developing the mental health treatment programs in coordination with the Director of Psychology of the correctional facility;
5. Method of establishing accountability for and reporting results of mental health services;
6. Emergency procedures which shall include, but not be limited to, arrangements for an emergency on-call mental health staff person; and
7. Procedures as required by N.J.A.C. 10A:16-12, Suicide.

10A:16-4.6 Records

(a) Documentation shall be made of the mental health services provided. Records kept of the mental health services shall include, but are not limited to:

1. Identifying data;
2. Date of service;
3. Types of services; and
4. Action taken.

(b) Mental health staff shall ensure that essential information concerning mental health services rendered is recorded by the end of the same day of contact in the psychological/psychiatric section of the inmate's Medical/Dental Record.

(c) Collection of mental health assessment data shall be performed by the appropriate licensed mental health professions within the scope of their respective licenses. Development of plans of treatment shall be done under the supervision of a licensed psychologist in consultation with the psychiatrist.

(d) Confidentiality of inmate records shall be maintained in accordance with N.J.A.C. 10A:22, Records.

10A:16-4.7 Psychological research

Psychological research projects shall be conducted in accordance with N.J.A.C. 10A:1-10, Research.

10A:16-4.8 Reporting responsibilities regarding all mental health services

(a) Monthly and annual reports shall be prepared by the Director of Psychology of the correctional facility and submitted to the correctional facility Administrator and to the Health Services Unit, Director of Psychological Services.

(b) The monthly and annual reports shall include, but not be limited to, the following:

1. Major developments and highlights;
2. Types of psychological services provided;
3. The testing program;
4. Problem areas;
5. Future plans for services;
6. Meetings, conferences, workshops, and the like attended by staff;
7. Official visits by government representatives and other community groups;
8. Statistical comparisons with the previous monthly or annual reports; and
9. Any information required by contract or as directed by the correctional facility Administrator and the Health Services Unit Supervisor or designee.

(c) Monthly reports, annual reports and, as required, special reports shall be prepared by the Health Services Unit, Director of Psychological Services and submitted to the Health Services Unit Supervisor.

10A:16-4.9 Annual inspection

(a) The Division of Operations, Health Services Unit, Director of Psychological Services shall visit and inspect each correctional facility at least annually in order to assess the provision of mental health services by the private mental health contractor.

(b) Within 15 business days after the annual inspection, a written report of the findings shall be prepared by the Division of Operations, Health Services Unit, Director of Psychological Services and submitted to the:

1. Commissioner or designee;
2. Assistant Commissioner, Division of Operations;
3. Appropriate Division Director;
4. Administrator;

- 5. Director of Psychology of the correctional facility; and
- 6. Responsible health authority.

(c) The Director of Psychology of the correctional facility shall respond within 15 business days of receipt of the written inspection report to the Health Services Unit, Director of Psychological Services with a written action plan for correcting any deficiencies.

Amended by R.2002 d.65, effective March 4, 2002.
 Sec: 33 N.J.R. 3857(a), 34 N.J.R. 1027(a).

In (b), added "or designee" in 1; deleted former 2 and recodified 3 through 7 as 2 through 6.

SUBCHAPTER 5. INFORMED CONSENT TO
 PERFORM MEDICAL, DENTAL OR
 SURGICAL TREATMENT

10A:16-5.1 Express written consent required

(a) The express written consent of the inmate shall be required for:

- 1. Surgery;
- 2. Invasive procedures; and
- 3. Medical and dental procedures governed by informed consent standards in the community.

(b) In order to obtain written informed consent, Form MR-021 Consent for Medical, Dental or Surgical Treatment shall be read, completed in entirety and signed by the inmate or guardian and a witness. The contents of the Form shall be presented verbally to illiterate inmates, inmates not sufficiently conversant with the English language and inmates otherwise unable to read due to a physical/medical inability. Notation of verbal notice shall be recorded on Form MR-021. The signed consent form shall be maintained in the inmate's Medical/Dental Record.

(c) The inmate or guardian must:

- 1. Have legal capacity to give written consent and be able to exercise free choice without any element of force or coercion; and
- 2. Be informed of the:
 - i. Nature, duration and purpose of the medical, dental or surgical procedure;
 - ii. Known alternative(s), if any, to the procedure;
 - iii. Known inconveniences, discomforts and risks that may occur; and
 - iv. Known effects upon health or person which can be reasonably expected.

(d) Information regarding the medical, dental or surgical procedure shall be provided to the inmate by the health care provider staff.

(e) If there is doubt as to the inmate's mental capacity to make an informed decision, the inmate shall be examined by the psychologist or psychiatrist and the Health Services Unit Supervisor shall be notified.

10A:16-5.2 Exception to inmates 18 years or older written consent requirement

(a) Written consent shall not be required in the case of inmates (18 years or older) in the following circumstances:

- 1. In a case certified by a licensed physician or dentist to be one of grave emergency which requires immediate surgical intervention or other treatment in order to prevent the death of, or serious consequences to such inmate; and
- 2. In any case in which a court of competent jurisdiction has determined that the inmate is incompetent to give informed consent on the inmate's own behalf, or is otherwise ordered to undergo treatment (see N.J.A.C. 10A:16-5.4).

10A:16-5.3 Inmate treatment refusal

In every case in which the inmate, after having been informed of the condition and the treatment prescribed, refuses treatment, this refusal shall be recorded on Form MR-021 Consent for Medical, Dental or Surgical Treatment in the space provided. Medical staff shall advise the inmate of the possible known medical/dental consequences and risks of such refusal.

10A:16-5.4 Special medical guardianship of inmates

The Department of Corrections shall follow the guidelines and procedures set forth by New Jersey Court Rule 4:86-12, Special Medical Guardianship.

10A:16-5.5 Written procedures

The Health Services Unit Supervisor in collaboration with the health care provider shall develop written procedures consistent with this subchapter which shall be made part of the medical and dental services manuals.

SUBCHAPTER 6. PREGNANT INMATES

10A:16-6.1 Care of pregnant inmates

(a) The Department of Corrections shall provide a pregnant inmate with medical and social services, which shall include:

1. Prenatal medical evaluation and care, including the routine pregnancy tests given to all female inmates upon admission to the correctional facility;

2. Nutritional supplements and diet as prescribed by the physician;

3. Counseling regarding:

- i. Family planning;
- ii. Birth control;
- iii. Test results;
- iv. Termination of pregnancy;
- v. Child placement services;
- vi. Religious counseling, if desired by the inmate; and

4. Appropriate postpartum care.

10A:16-6.2 Obstetrical services

When the pregnant inmate elects to carry the pregnancy to term, arrangements shall be scheduled in advance for the delivery at an appropriate medical facility.

10A:16-6.3 Maternity clothes, housing assignments, exercise and work schedules

(a) The correctional facility shall provide the pregnant inmate with:

1. Suitable maternity clothes;
2. Reasonable housing assignments, as permitted by available space and the inmate's security status; and
3. Appropriate exercise and reduced work schedules, as deemed medically advisable by the treating physician.

10A:16-6.4 Termination of pregnancy

(a) As soon as possible after the pregnancy is diagnosed, the health care provider shall provide the pregnant inmate with medical care and the Social Services Unit of the correctional facility shall offer her religious and social counseling to aid her in making the decision to continue or to terminate the pregnancy.

(b) Should the pregnant inmate elect to proceed with terminating the pregnancy, arrangements shall be made by the health care provider without undue delay to schedule and complete the procedure, unless the treating physician and/or obstetrician determines that the pregnancy cannot be terminated.

(c) An inmate who elects to terminate a pregnancy shall be required to sign a form indicating her desire to terminate the pregnancy and acknowledging that she has received medical care and has been offered religious and social counseling in reaching her decision.

(d) A pregnancy shall be terminated only at a state-licensed medical facility or hospital. Follow-up medical care shall be provided in the Edna Mahan Correctional Facility for Women.

10A:16-6.5 Father of the child

(a) The father, if not incarcerated, may attend the birth of his child in the delivery room.

(b) The father's presence in the delivery room is contingent upon approval by the:

1. Department of Corrections custody administrative authorities;
2. Hospital administration; and
3. Attending physician(s).

10A:16-6.6 Placement of infants

(a) The Director of Social Services or designee shall ensure that counseling and assistance shall be provided to the pregnant inmate in planning for her unborn child. Counseling and social services shall be available to assist the pregnant inmate in making decisions such as whether to keep her child or give the child up for adoption. Counseling shall not advocate any particular alternative to the inmate.

(b) The Director of Social Services or designee shall ensure that plans for the placement of the anticipated infant(s) shall be developed well in advance of the delivery date.

(c) The Division of Youth and Family Services (D.Y.F.S.), Department of Human Services, shall be contacted by the Social Work Unit staff of the correctional facility when adoption or foster home placement is being contemplated by the prospective mother.

(d) If the inmate chooses to grant temporary custody of the child to a family member, the Department of Corrections shall not be responsible for any of the infant's medical costs.

(e) If the inmate chooses to place the child in a foster home or release the child for adoption, the Division of Youth and Family Services (DYFS) shall be granted custody of the child and the Department of Corrections shall assume no responsibility for any of the infant's medical costs.

10A:16-6.7 Written procedures

The health care provider and Administrators of correctional facilities housing female inmates shall be responsible for the development and implementation of written procedures consistent with the requirements of this subchapter and shall incorporate these procedures in the correctional facility Inmate Handbook and the health care provider's Medical Services Manual (see N.J.A.C. 10A:16-2.22).

SUBCHAPTER 7. CRITICAL ILLNESS OR DEATH OF INMATES

10A:16-7.1 Notification of next of kin

(a) In the event of an inmate's critical illness or death, the inmate's next of kin shall be notified within 24 hours by the Administrator or designee of the correctional facility that maintains the classification and medical files of the inmate.

(b) "Next of kin" shall be interpreted to mean:

1. Spouse;
2. Mother;
3. Father;
4. Guardian;
5. Persons connected by birth or marriage; or
6. Other persons indicated on official records.

(c) Initial contact with the next of kin shall be by telephone. In cases where the next of kin cannot be reached by phone, the local law enforcement authority or New Jersey State Police shall be contacted and requested to advise the next of kin to contact the correctional facility immediately.

(d) A letter confirming the telephone conversation shall be forwarded to the next of kin, and a copy of the letter shall be placed in the inmate's classification file.

(e) In the event the inmate is removed from the critical list, the next of kin shall again be informed in accordance with this section.

(f) In the case of a death of an inmate, the Administrator or designee shall be responsible to ensure that the following individuals have immediately been notified:

1. The inmate's next of kin;
2. The Assistant Commissioner, Division of Operations;
3. The Health Services Unit, Director of Medical Services; and
4. The county medical examiner's office.

(g) All reports shall be prepared in accordance with N.J.A.C. 10A:21, Reports.

10A:16-7.2 Advance directive

At the inmate's request, an advance directive which complies with N.J.S.A. 26:2H-55 et seq. shall be placed in the inmate's Medical/Dental Record.

10A:16-7.3 Security procedures upon the death of an inmate

(a) If death is confirmed other than in a hospital, the body cannot be moved to a hospital without the approval of the county medical examiner.

(b) Prior to release of a body from the correctional facility or hospital, photographs and fingerprints shall be taken for the records.

(c) An autopsy shall be performed when regulations by the county medical examiner so require and/or when requested by the medical or surgical staff of the medical facility where the inmate expired.

10A:16-7.4 Claiming bodies of deceased inmates

(a) Persons claiming the body of a deceased inmate must contact the hospital where the inmate expired or appropriate medical examiner's office where the body was taken in order to obtain the release of the body.

(b) The Department of Corrections shall not be responsible for the costs of burial or cremation for bodies of deceased inmates that are claimed.

10A:16-7.5 Burial or cremation of unclaimed bodies

(a) The correctional facility shall arrange for the burial or cremation of unclaimed bodies of inmates. The county medical examiner's office shall be contacted for assistance in such cases.

(b) An unclaimed body shall be cremated where it is reasonably believed that it would not violate the religious tenets of the deceased inmate.

(c) The Social Security Administration, Veteran's Administration and Public Welfare shall be contacted by the correctional facility for any possible death benefits.

(d) Money remaining in the account of a deceased inmate may be used for burial or cremation expenses.

10A:16-7.6 Distribution of money and personal belongings of deceased inmates

(a) Before money remaining in the account of a deceased inmate is distributed in accordance with (b) through (d) below, these funds shall be used to pay:

1. Court ordered penalty assessments, restitution and fines;
2. Other revenue obligations or fees;
3. Fees for medical and/or dental treatment; and
4. Fees for prescription or nonprescription drugs or medicine.

(b) When an inmate expires without a will and the amount of money in the inmate's account and/or the value

of personal property is \$2,000 or less, such money and personal property may be turned over to the next-of-kin shown in the most recent classification records. The next-of-kin shall be required to sign an itemized list/receipt of such money and personal property, and a statement in which the next-of-kin certifies no knowledge of the existence of an official will. The Administrator or designee shall take the necessary steps to verify the identity of the next-of-kin.

(c) When an inmate expires without a will and the amount of money in the account and/or the value of personal property exceeds \$2,000, these assets may be released to the inmate's relative or other claimant only after the relative or claimant presents to the Administrator or designee a certified, filed copy of Letters Testamentary, Letters of Administration, or a filed Affidavit from the Office of County Probate which entitles the claimant to assets without administration (see N.J.S.A. 3B:10-3 and 4).

(d) In the event an inmate dies without leaving a will, and there are no known relatives, the funds in the inmate's account, if any, shall be closed out and pursuant to the Uniform Unclaimed Property Act (1981), N.J.S.A. 46:30B, transferred to the Department of Treasury after deductions for burial or cremation.

10A:16-7.7 Written procedures

The Administrator of each correctional facility shall be responsible for the development and implementation of written procedures consistent with the requirements of this subchapter.

SUBCHAPTER 8. EXECUTIVE CLEMENCY AND MEDICAL PAROLE

10A:16-8.1 Eligibility requirements for executive clemency

(a) Application for executive clemency may be made in cases when the health care provider physician at the correctional facility has determined that an inmate's medical condition is such that:

1. The inmate has a terminal illness;
2. Death is imminent; or
3. The inmate has become so ill that the inmate is without prospect of recovery.

(b) A confirming second opinion regarding the medical condition in accordance with (a) above, by a second physician must be obtained by the health care provider.

(c) Upon receipt of the second opinion, the responsible health authority shall immediately advise the Administrator of the inmate's medical condition.

(d) All executive clemency procedures shall be handled as expeditiously as possible.

10A:16-8.2 Petition for executive clemency

(a) The petition for executive clemency may be initiated either by the inmate or the Administrator of the correctional facility.

(b) The inmate who wishes to apply for executive clemency shall obtain and complete Form Petition of Executive Clemency. The completed form shall be forwarded to the Administrator for submission to the Office of the Commissioner or designee.

(c) The Administrator or designee may complete Form Petition for Executive Clemency on behalf of an inmate.

Amended by R.2002 d.65, effective March 4, 2002.

See: 33 N.J.R. 3857(a), 34 N.J.R. 1027(a).

In (b), substituted "Commissioner or designee" for "Chief of Staff".

10A:16-8.3 Role of the Administrator

(a) Upon receipt of a completed Form Petition for Executive Clemency, the Administrator shall obtain from the Classification Office up-to-date classification material which shall include, but is not limited to:

1. Criminal history;
2. Presentence investigation reports; and
3. Progress reports.

(b) The Administrator shall obtain from the Medical Department a copy of the following:

1. Charted records, if deemed necessary;
2. Psychological/psychiatric reports; and
3. Current medical status reports which include:

i. A letter from the health care provider physician which includes the physician's diagnosis(es) and prognosis(es) of the inmate's medical condition and a description of the continuing medical/nursing care which will be required; and

ii. A letter from the second physician confirming the opinion of the first physician.

(c) The Administrator shall send the following to the Commissioner or designee, Department of Corrections:

1. Three copies of the classification materials;
2. One copy of the medical material as outlined in (b) above;
3. Completed Form Petition for Executive Clemency; and

4. A cover letter which includes the Administrator's recommendations regarding the petition and whether a medical transfer should be granted (see N.J.A.C. 10A:16-10).

Amended by R.2002 d.65, effective March 4, 2002.

See: 33 N.J.R. 3857(a), 34 N.J.R. 1027(a).

In (c), substituted "Commissioner or designee" for "Chief of Staff".

10A:16-8.4 Role of the Commissioner

(a) The Commissioner or designee, upon receipt of the material outlined in N.J.A.C. 10A:16-8.3(c), shall notify the Health Services Unit Supervisor and request that the Health Services Unit, Director of Medical Services review the inmate's medical status and submit a report of the findings.

(b) The Commissioner or designee may advise the New Jersey State Parole Board of special medical conditions or services required if executive clemency is granted.

10A:16-8.5 Medical parole

Medical parole shall be handled in accordance with N.J.A.C. 10A:71-3.53, Medical parole.

SUBCHAPTER 9. BLOOD DONATION BY INMATES

10A:16-9.1 Blood donation

(a) In accordance with the Blood Safety Act of 1991 (N.J.S.A. 26:2A-13 et seq.), the donation of blood by inmates to other individuals (homologous) is prohibited. There shall be no exceptions to this prohibition.

(b) When medically necessary or appropriate, the donation of blood by an inmate for his or her exclusive use (autologous) is anticipated non-emergency, scheduled surgery will be permitted.

SUBCHAPTER 10. MEDICAL TRANSFER

10A:16-10.1 Medical transfer

(a) The Administrator shall submit to the Commissioner or designee, along with the materials required in N.J.A.C. 10A:16-8, Executive clemency, a recommendation as to whether a medical transfer to a more appropriate place of confinement should be granted pending the outcome of the petition for executive clemency.

(b) Medical transfer approval or disapproval shall be determined by the Commissioner or designee.

SUBCHAPTER 11. INVOLUNTARY PSYCHOTROPIC MEDICATIONS

10A:16-11.1 Authority

(a) Pursuant to *Washington, et al. v. Harper*, 494 U.S. 210, 110 S. Ct. 1028 (1990), clinically indicated psychotropic medications which have been prescribed for the inmate by a psychiatrist as part of an individualized treatment plan may be administered to any seriously mentally ill inmate against the will of the inmate and consistent with the medical interests of the inmate.

(b) Administration of clinically indicated involuntary psychotropic medications is in an inmate's medical interest where one or more of the following concerns exists:

1. There is substantial likelihood of serious physical harm to the inmate or to others;
2. There is a substantial likelihood of significant property damage;
3. The inmate is unable to care for himself or herself so that the inmate's health or safety is endangered; and/or
4. The inmate is incapable of participating in any treatment plan which would offer the inmate a realistic opportunity to improve his or her condition.

10A:16-11.2 Treatment Review Committee

(a) Within 24 hours of receiving the psychiatrist's involuntary medication recommendation, the responsible health authority shall appoint a Treatment Review Committee.

(b) Where the 24 hour period expires on a weekend or holiday, the responsible health authority shall appoint a Treatment Review Committee on the next business day.

(c) The Treatment Review Committee shall be composed of:

1. A psychiatrist;
2. A psychologist; and
3. The Administrator or designee.

(d) No committee member may be currently involved in the inmate's treatment or diagnosis.

(e) The Treatment Review Committee shall review the inmate's Medical/Dental Record and the psychiatrist's recommendation to institute involuntary medication and shall schedule a hearing no more than five days from the review.

10A:16-11.3 Notification of inmate of involuntary medication hearing

(a) An inmate under consideration by the Treatment Review Committee for receiving involuntary medication shall be given written notification at least 24 hours before the hearing. Verbal notice shall be provided to illiterate inmates, inmates not sufficiently conversant with the English language and inmates otherwise unable to read due to a physical/medical inability.

(b) The notice shall include the following:

1. The inmate's mental health diagnosis;
2. The medication(s) prescribed to treat the inmate's illness;
3. The recommendation to administer the prescribed medication to the inmate against the will of the inmate;

4. The reason(s) for the recommendation;
5. The date, time and location of the hearing;
6. The staff advisor appointed by the chairperson of the Treatment Review Committee, assigned to assist the inmate; and
7. Notation of verbal notice to the inmate requiring same.

10A:16-11.4 Inmate rights during the involuntary medication(s) hearing proceeding

(a) The inmate being considered for involuntary medication shall have the following limited rights at the hearing:

1. To refuse medication(s) until the Treatment Review Committee reaches a decision on the administration of involuntary medication(s);
2. To be present at the hearing and to make a statement to the Treatment Review Committee, unless the Treatment Review Committee determines that it is likely that the inmate's attendance would subject the inmate to substantial risk of serious physical or emotional harm or pose a threat to the safety of others;
3. To have the aid of a staff advisor to assist in presenting evidence and questioning adverse witnesses;
4. To have disclosed the evidence which supports involuntary medication to the extent such disclosure is consistent with the inmate's best medical interests and with correctional facility security;
5. The opportunity to call witnesses and present evidence;
6. The opportunity for confrontation and cross-examination of witnesses;
7. To receive a written and for illiterate inmates; inmates not sufficiently conversant with the English language and inmates otherwise unable to read due to a physical/medical inability, a verbal report of findings and conclusions to include the length of time involuntary medications are to be given within 24 hours of the Treatment Review Committee hearing; and
8. The opportunity to appeal in writing or receive assistance to appeal in writing when the inmate is illiterate, not sufficiently familiar with the English language or otherwise unable to write an appeal due to a physical/medical inability, to the health care authority within 24 hours of receipt of the written/verbal notification of the Treatment Review Committee's decision.

(b) When the 24 hour appeal period expires on a weekend or holiday, the period for filing an appeal shall be extended until the close of business on the next business day.

10A:16-11.5 Emergency mental health treatment

If an inmate requires mental health treatment on an emergency basis before the Treatment Review Committee reaches a decision, the health care provider staff shall proceed according to policies and procedures governing the provision of emergency mental health services in accordance with N.J.A.C. 10A:16-4.5 and 10A:16-13.

10A:16-11.6 Failure to adhere to time limits

The failure to adhere to any of the time limits prescribed by this subchapter shall not automatically mandate the dismissal of a Treatment Review Committee hearing or decision. However, the reasons for such failure to meet the prescribed time limits shall be placed in the inmate's Medical/Dental Record.

10A:16-11.7 Treatment Review Committee decision

A copy of the signed Treatment Review Committee decision on administration of involuntary medication shall be placed in the inmate's Medical/Dental Record.

SUBCHAPTER 12. SUICIDE PREVENTION

10A:16-12.1 Reporting potential suicidal behavior

A staff person(s) or volunteer(s) who, by reason of experience, education or observation of an inmate, suspects that an inmate may be at risk for suicidal behavior, shall convey this information to the highest ranking custody supervisor on duty or a designated professional person as soon as is reasonably practicable.

10A:16-12.2 Decision making criteria for placing an inmate on or releasing an inmate from suicide watch

(a) In determining whether to place an inmate on suicide watch or to release an inmate from suicide watch, the factors to be considered include, but are not limited to:

1. Mood or attitude;
2. Behavior;
3. Participation in activities;
4. Personal hygiene;
5. Sleeping patterns;
6. Eating habits;
7. Previous suicide attempts, if known; and/or
8. Other information deemed relevant.

10A:16-12.3 Temporary placement on suicide watch

(a) The following correctional facility staff persons are authorized to order that an inmate be placed on temporary suicide watch:

1. Any physician;
2. Any mental health staff person;
3. The highest ranking custody supervisor on duty;
4. The Administrator;
5. The Director of Custody Operations; or
6. Another staff person as designated by the Administrator.

(b) Form MR-010 Suicide Watch Notice shall be completed by the staff person who ordered the initial placement of the inmate on suicide watch, and this notice shall be submitted to the Administrator or designee for review and authorization for administrative support within two hours of placement on suicide watch. A copy of Form MR-010 shall be forwarded by the staff person who ordered the initial placement of the inmate on suicide watch to the Classification Department for placement in the inmate's Classification file.

10A:16-12.4 Psychological/psychiatric review

(a) The psychologist or psychiatrist shall interview the inmate as soon as possible, but in no event later than 72 hours after placement on suicide watch, and the inmate shall be interviewed daily thereafter by the psychologist or psychiatrist.

(b) Form MR-011 Daily Suicide Monitoring Report shall be completed by the psychologist or psychiatrist after each visit. This report shall be filed daily in the inmate's Medical/Dental Record.

10A:16-12.5 Change in type of observation

(a) After the initial placement of an inmate on suicide watch, the psychiatrist, psychologist or physician may change the type of observation of an inmate from close observation to constant observation or from constant observation to close observation by filling out Form MR-012 Change in Type of Suicide Watch Observation. The original of MR-012 shall be filed in the inmate's medical/dental record and a copy shall be forwarded by the staff person ordering the change to the Classification Department of the correctional facility for placement in the inmate's Classification file.

(b) The recommendation for a change in the type of observation of an inmate who is on suicide watch (Form MR-012) shall be reviewed and authorized for administrative support by the Administrator before action is taken to change the type of observation of an inmate on suicide watch.

10A:16-12.6 Daily written report

(a) The correction officer on each shift, who is assigned to the suicide watch post, shall complete Form MR-013 Daily Correction Officer Suicide Watch Report.

(b) The completed Form MR-013 Daily Correction Officer Suicide Watch Report, shall be submitted to the highest ranking custody supervisor on duty at the conclusion of the shift, and copies of Form MR-013 shall be forwarded by the third shift highest ranking custody supervisor to:

1. The Director of Custody Operations;
2. The Administrator; and
3. The Director of Psychology of the correctional facility.

(c) Report MR-013 shall be placed in the inmate's Medical/Dental Record by the Director of Psychology of the correctional facility.

10A:16-12.7 Personal property

(a) The highest ranking custody supervisor on duty, after consultation with the Director of Psychology of the correctional facility or a physician, psychologist or psychiatrist shall determine the items of personal property which an inmate on suicide watch is permitted to possess in the inmate's cell.

10A:16-12.8 Release from suicide watch

(a) The psychiatrist or Director of Psychology of the correctional facility may order the inmate released from suicide watch by filling out Form MR-014 Release From Suicide Watch.

(b) The order to release an inmate from suicide watch (Form MR-014) shall be reviewed and authorized for administrative support by the Administrator before action is taken to release the inmate from suicide watch.

(c) The highest ranking custody supervisor on duty shall be notified by the Administrator or designee of the authorization for an inmate's release from suicide watch.

(d) If the inmate's release from suicide watch involves a transfer of the inmate and space is unavailable to accommodate an immediate transfer, the highest ranking custody supervisor on duty shall determine the time the transfer will take place.

(e) Form MR-014 shall be forwarded to the Classification Department and a copy shall be filed in the inmate's Medical/Dental Record.

10A:16-12.9 Attempt to commit suicide

(a) A correction officer or staff person who becomes aware that an inmate is attempting to commit suicide, or apparently has already committed suicide, shall call Central Control immediately.

(b) Central Control shall advise the correction officer on actions to take and shall send additional staff as are deemed necessary; for example, emergency, medical and supervising staff.

(c) In circumstances where there is at least one correction officer located in a protected position, another correction officer may enter the cell to take the action that is necessary to:

1. Cut down a hanging inmate;
2. Extinguish a fire; or
3. Administer first aid.

(d) In circumstances where there is only one correction officer assigned to a secured housing unit, that correction officer must wait for a second correction officer to arrive and to be located in a protected position before action can be initiated.

(e) Factors which should be considered when an inmate is attempting or has committed suicide include, but are not limited to:

1. The availability and location of back-up staff;
2. The staff present at location of incident;
3. The availability of keys;
4. The potential for hostage situations; and
5. The emergent nature of present circumstances.

(f) When determining the action to take, security of the housing unit and correctional facility shall be of primary concern.

10A:16-12.10 Cutting tool

A special cutting tool known as a "911 rescue tool" shall be made available to a correction officer working in a housing unit to cut down a hanging inmate.

10A:16-12.11 Post orders, policies and procedures

(a) In order to implement this subchapter, each correctional facility shall develop written site-specific post orders and policies and procedures.

(b) When developing these post orders, policies and procedures, special attention shall be given to two primary objectives:

1. Maintaining security of the housing unit and the correctional facility at large; and
2. Providing the quickest and most effective means by which suicide prevention and/or a suicide attempt is handled in order to save the inmate's life under the circumstances presented.

(c) The post orders, policies and procedures shall be updated on a yearly basis and submitted to the appropriate Assistant Commissioner for review.

SUBCHAPTER 13. COMMITMENT FOR PSYCHIATRIC TREATMENT

10A:16-13.1 Psychiatric commitments

(a) Prior to considering the commitment of an inmate to the Forensic Psychiatric Hospital, the Director of Psychology of the correctional facility shall have exhausted all reasonable means toward managing the inmate's psychiatric symptoms within the correctional facility.

(b) The management of the inmate's symptoms shall include, but not be limited to:

1. Counseling;
2. Individual and/or group therapy;
3. Drug and alcohol therapy;
4. Encouraging the inmate to take prescribed medications which currently controls or has controlled said symptoms in the past; and/or
5. The administration of involuntary psychotropic medications in accordance with N.J.A.C. 10A:16-11.

(c) Inmates may be committed to the Forensic Psychiatric Hospital when:

1. They require psychiatric hospitalization;
2. They are assigned to housing units other than the Capital Sentence Unit; and
3. The appropriate commitment documents have been processed in accordance with the procedures outlined in this subchapter.

10A:16-13.2 Psychiatric admission

A mentally ill inmate, in need of psychiatric commitment shall be admitted to the Forensic Psychiatric Hospital in accordance with N.J.S.A. 30:4-27.1 et seq.

10A:16-13.3 Psychiatric commitment of inmates to the Forensic Psychiatric Hospital

(a) Copies of the appropriate forms shall be used when the inmate, who is assigned to a housing unit other than the Capital Sentence Unit (C.S.U.), is being committed to the Forensic Psychiatric Hospital.

(b) Form DHS-C4 Application for Temporary Commitment shall be used for the commitment of an inmate(s) and shall be completed and signed by the Administrator or Acting Administrator.

(c) Two practicing physicians, one of whom must be a licensed psychiatrist, shall each complete a Clinical/Screening Certificate of Involuntary Commitment of Mentally Ill Adults.

(d) The physician and psychiatrist who each complete a Clinical/Screening Certificate may not be related by blood or marriage to the inmate, nor be the director, chief executive officer or proprietor of any institution for the care and treatment of the mentally ill to which certification for admission of the inmate is being made.

(e) The Temporary Order for Commitment shall be presented, by a representative of the sending correctional facility, to a judge for signature. After the judge has signed the Temporary Order, the Temporary Order shall be taken together with the certifications and the inmate to the Forensic Psychiatric Hospital.

(f) In all cases, the Forensic Psychiatric Hospital shall be contacted prior to transporting an inmate to that facility for admission.

(g) The originals of the completed DHS-C4 Application for Temporary Commitment, Clinical/Screening Certificate of Involuntary Commitment of Mentally Ill Adults and Temporary Order for Commitment shall be turned over to the Forensic Psychiatric Hospital upon inmate admission and the psychiatric facility shall file these documents for the final hearing. The correctional facility shall maintain a copy of all these completed documents in the inmate's Medical/Dental Record.

10A:16-13.4 Psychiatric involuntary commitment and treatment in the Capital Sentence Unit (C.S.U.)

(a) Inmates assigned to the Capital Sentence Unit (C.S.U.) at the New Jersey State Prison shall receive psychiatric treatment at the New Jersey State Prison in accordance with the New Jersey Department of Corrections and the New Jersey Department of Human Services agreement.

(b) Form DHS-C4 Application for Temporary Commitment shall be completed and signed by the Administrator or Acting Administrator of the New Jersey State Prison for C.S.U. inmates in need of involuntary commitment.

(c) Two licensed physicians, one of whom must be a licensed psychiatrist, shall each complete a Clinical/Screening Certificate of Involuntary Commitment of Mentally Ill Adults.

(d) The physician and psychiatrist who complete the two Clinical Screening Certificates may not be related by blood or marriage to the inmate, nor be the director, chief executive officer or proprietor of any institution for the care and treatment of the mentally ill to which certification for admission of the inmate is being made.

(e) The Temporary Order for Commitment for inmates assigned to the C.S.U. shall be presented to a judge for signature. After the judge has signed the Temporary Order, the inmate will receive psychiatric treatment within the New Jersey State Prison.

(f) The originals of the completed DHS-C4 Application for Temporary Commitment, the Clinical/Screening Certificate of Involuntary Commitment of Mentally Ill Adults and the Temporary Order for Commitment shall be used by the New Jersey State Prison to file for the final hearing.

(g) The correctional facility shall maintain a copy of each of the completed documents referenced in this section in the inmate's Medical/Dental Record.

10A:16-13.5 Screening service commitment of inmates

(a) A screening service in the community that has been approved by the Director or designee of the Division of Mental Health Services may be used by the Department of Corrections in emergency situations. The Administrator or designee shall contact the Health Services Unit Supervisor or designee in such cases to obtain verbal approval or disapproval to use the designated screening service.

(b) In a situation involving an inmate assigned to a housing unit other than the C.S.U. and the unavailability of a psychiatrist to complete a Clinical/Screening Certificate of Involuntary Commitment of Mentally Ill Adults, the following procedures shall be utilized:

1. If the local Division of Mental Health Services (D.M.H.S.) designated screening service has been approved for this purpose by the D.M.H. S. Division Director, the correctional staff shall contact that screening service pursuant to N.J.S.A. 30:4-27.1 et seq. (Screening Law);

2. The screening service shall provide a screening evaluation either at the correctional facility or the Screening Service site; and

3. If the inmate meets the commitment standard, the screening service shall complete the Clinical Screening Certificate of Involuntary Commitment of Mentally Ill Adults and the New Jersey Department of Corrections shall transport the inmate to and from the screening service and to the Forensic Psychiatric Hospital, if necessary.

(c) In all cases, the Forensic Psychiatric Hospital shall be contacted prior to transporting an inmate to that facility for admission.

(d) The original of the completed Clinical/Screening Certificate of Involuntary Commitment of Mentally Ill Adults shall be turned over to the Forensic Psychiatric Hospital upon inmate admission and the psychiatric facility shall file this document for the final hearing.

(e) The correctional facility shall maintain a copy of each of the documents referenced in this section in the inmate's Medical/Dental Record.

(f) The Health Services Unit shall maintain an up-to-date listing of designated local mental health screening services, approved to perform inmate screenings, which shall be available to all correctional facilities within the Department of Corrections.

10A:16-13.6 Transportation

(a) Transportation to and from the psychiatric hospital shall be provided by the New Jersey Department of Corrections.

(b) Transportation for court appearances or medical transfer to a community medical facility for an inmate(s) in a psychiatric hospital shall be provided with New Jersey Department of Corrections escorts coordinated by the Office of Central Medical/Transportation, Department of Corrections.

(c) The New Jersey Department of Corrections shall transport the inmate back to the appropriate correctional facility within 48 hours of the psychiatric hospital notification to the Department of Corrections that the inmate has been discharged.