CHAPTER 16

MEDICAL AND HEALTH SERVICES

Authority

N.J.S.A. 30:1B-6, 30:1B-10, and 2C:11-3.

Source and Effective Date

R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).

Executive Order No. 66(1978) Expiration Date

Chapter 16, Medical and Health Services, expires on July 6, 1997.

Chapter Historical Note

Chapter 16, Medical and Health Services, was adopted as R.1987 d.160, comprising Subchapters 1 through 11, effective April 6, 1987. See: 18 N.J.R. 1662(a), 19 N.J.R. 535(a). Subchapter 6, Pregnant Inmates, was repealed by R.1987 d.305 and new rules on the same subject were adopted, effective July 20, 1987. See: 19 N.J.R. 503(a), 19 N.J.R. 1318(b). Subchapter 11, originally Medical Unit Annex, was amended by R.1988 d.142 and redesignated Special Medical Unit, effective April 4, 1988. See: 20 N.J.R. 163(b), 20 N.J.R. 810(a). Subsequently, R.1988 d.460 amended sections 11.4 and 11.5, and adopted new text at 11.14, effective October 3, 1988. See: 20 N.J.R. 1773(a), 20 N.J.R. 2457(b). By administrative change, Trenton State Prison was redesignated New Jersey State Prison, filed and effective January 27, 1989. See: 21 N.J.R. 558(a). Subchapter 11 was repealed by R.1990 d.249 and new rules, Special Medical Units, were adopted effective May 21, 1990, but operative May 29, 1990.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 expired on April 6, 1992 and was adopted as new rules by R.1992 d.283, which also recodified Subchapter 10, Lethal Injection, to N.J.A.C. 10A:23-2. See: Source and Effective Date.

See section annotations for specific rulemaking activity.

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. INTRODUCTION

10A:16-1.1 Purpose
10A:16-1.2 Scope
10A:16-1.3 Definitions
10A:16-1.4 Forms

SUBCHAPTER 2. MEDICAL SERVICES

10A:16-2.1 Medical services provided
10A:16-2.2 Director of Medical Services
10A:16-2.3 Administration of medical services and program
10A:16-2.4 Licensure
10A:16-2.5 Medical students, interns and residents
10A:16-2.6 Use of community facilities and consultants
10A:16-2.7 Restricted use of inmates as employees in medical services
10A:16-2.8 Sick call
10A:16-2.9 Correctional facility infirmary care
10A:16-2.10 Emergency medical treatment
10A:16-2.11 Medical examinations
10A:16-2.12 Food handlers and special activity medical examinations
10A:16-2.13 Medical facilities and equipment
10A:16-2.14 First aid kits
10A:16-2.15 Reportable diseases
10A:16-2.16 Prosthetic devices
10A:16-2.17 Satellite units, community based facilities and home confinement
10A:16-2.18 Medical records
10A:16-2.19 Informed consent for treatment
10A:16-2.20 Medical research or experimentation prohibited
10A:16-2.21 Reporting responsibilities of all medical services
10A:16-2.22 Medical Services Manual
10A:16-2.23 Annual inspection

SUBCHAPTER 3. DENTAL SERVICES

10A:16-3.1 Director of Dental Services
10A:16-3.2 Correctional facility dental staff
10A:16-3.3 Licensure
10A:16-3.4 Restricted use of inmates as employees in dental clinics
10A:16-3.5 Twenty-four hour coverage
10A:16-3.6 Use of community facilities and consultants
10A:16-3.7 Admission examination
10A:16-3.8 Classification and priority treatment program
10A:16-3.9 Emergency dental treatment
10A:16-3.10 Routine dental treatment
10A:16-3.11 Oral surgery
10A:16-3.12 Preventive dentistry
10A:16-3.13 Administration of medications
10A:16-3.14 Local anesthesia
10A:16-3.15 General anesthesia
10A:16-3.16 Records
10A:16-3.17 Informed consent for treatment
10A:16-3.18 Dental equipment and supplies
10A:16-3.19 Dental research
10A:16-3.20 Reporting responsibilities of all dental clinics
10A:16-3.21 Annual inspection

SUBCHAPTER 4. PSYCHOLOGICAL SERVICES

10A:16-4.1 Office of Institutional Support Services (O.I.S.S.) Director of Psychological Services
10A:16-4.2 Correctional facility staff and structure
10A:16-4.3 Access to psychological services
10A:16-4.4 Inmate/therapist confidentiality
10A:16-4.5 Psychology department manual
10A:16-4.6 Records
10A:16-4.7 Psychological research
10A:16-4.8 Reporting responsibilities

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

10A:16-5.1 Express written consent required
10A:16-5.2 Exception to adult inmate written consent requirement
10A:16-5.3 Parent or guardian authorized consent for juvenile inmates
10A:16-5.4 Superintendent authorized consent for juvenile inmates
10A:16-5.5 Refusal by adult inmates
10A:16-5.6 Special medical guardianship of adult inmates
10A:16-5.7 Written procedures

SUBCHAPTER 6. PREGNANT INMATES

10A:16-6.1 Care of pregnant inmates
10A:16-6.2 Obstetrical services
10A:16-6.3 Maternity clothes, housing assignments, exercise and work schedules
10A:16-6.4 Termination of pregnancy
10A:16-6.5 Father of the child
10A:16-6.6 Placement of infants

New Jersey State Library

10A:16-6.7 Written procedures

SUBCHAPTER 7. CRITICAL ILLNESS OR DEATH OF INMATES

10A:16-7.1 Notification of next of kin
10A:16-7.2 Claiming bodies of deceased inmates
10A:16-7.3 Burial or cremation of unclaimed bodies
10A:16-7.4 Distribution of money and personal belongings of deceased inmates
10A:16-7.5 Written procedures

SUBCHAPTER 8. MEDICAL CLEMENCY

10A:16-8.1 Eligibility requirements
10A:16-8.2 Petition for medical clemency
10A:16-8.3 Role of the Superintendent
10A:16-8.4 Medical furlough
10A:16-8.5 Role of the Deputy Commissioner

SUBCHAPTER 9. BLOOD DONATION BY INMATES

10A:16-9.1 Blood donation

SUBCHAPTER 10. (RESERVED)

SUBCHAPTER 11. SPECIAL MEDICAL UNITS

10A:16-11.1 Applicability
10A:16-11.2 Criteria for admission to a Special Medical Unit (S.M.U.)
10A:16-11.3 Authority of the Inter-Institutional Classification Committee (I.I.C.C.)
10A:16-11.4 Special Medical Unit Classification Committee (S.M.U.C.C.)
10A:16-11.5 Special Medical Unit (S.M.U.) staff
10A:16-11.6 Orientation
10A:16-11.7 Personal items
10A:16-11.8 Work opportunities
10A:16-11.9 Community release activities
10A:16-11.10 Disciplinary action within the Special Medical Unit (S.M.U.)
10A:16-11.11 Psychological and social work services
10A:16-11.12 Medical services
10A:16-11.13 Religion
10A:16-11.14 Legal Activities
10A:16-11.15 Recreation
10A:16-11.16 Correspondence, legal correspondence, publications and packages
10A:16-11.17 Visits
10A:16-11.18 Telephone calls
10A:16-11.19 Congregate activities
10A:16-11.20 Food
10A:16-11.21 Showers
10A:16-11.22 Haircuts
10A:16-11.23 Reading material
10A:16-11.24 Training
10A:16-11.25 Program assessment reports
10A:16-11.26 Procedures and post orders

SUBCHAPTER 12. SUICIDE

10A:16-12.1 Definition
10A:16-12.2 Reporting likely suicide attempts
10A:16-12.3 Decision making criteria for placing or releasing an inmate on suicide watch
10A:16-12.4 Temporary placement on suicide watch
10A:16-12.5 Psychological/psychiatric review
10A:16-12.6 Change in type of observation
10A:16-12.7 Daily written report
10A:16-12.8 Personal property
10A:16-12.9 Supervision
10A:16-12.10 Release from suicide watch
10A:16-12.11 Attempt to commit suicide
10A:16-12.12 Cutting tool
10A:16-12.13 Post orders policies and procedures
10A:16-12.14 (Reserved)

SUBCHAPTER 13. COMMITMENT FOR PSYCHIATRIC TREATMENT

10A:16-13.1 Purpose and Scope
10A:16-13.2 Definitions
10A:16-13.3 Psychiatric commitments
10A:16-13.4 Admission criteria
10A:16-13.5 Mental illness criteria
10A:16-13.6 Security criteria
10A:16-13.7 Regular commitment of adult inmates to the Forensic Psychiatric Hospital
10A:16-13.8 Psychiatric treatment in the Capital Sentence Unit (C.S.U.)
10A:16-13.9 Screening service commitment of adult inmates
10A:16-13.10 Listing of local mental health screening services
10A:16-13.11 Commitment of inmates under 18 years of age
10A:16-13.12 Transportation
10A:16-13.13 Review and revision of rules
10A:16-13.14 Forms

SUBCHAPTER 1. INTRODUCTION

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 psychological services for inmates;

4. Obtaining informed consent from an inmate or guardian 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 medical clemency;

9. Governing the identification, placement and monitoring of inmates who are deemed to be at risk for suicide;

10. Assigning inmates to the Special Medical Unit; and

11. Providing mental health services.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (a)8-10; added (a)11.

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.

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

"Medical clemency" means the exclusive power of the Governor to commute the sentence of an inmate for medical reasons, making the inmate eligible for parole consideration.

"Medical Unit Annex" means a unit, on the grounds of the New Jersey State Prison, that is designated for the assignment of inmates with chronic illnesses.

"Special Medical Unit" means any unit within the New Jersey Department of Corrections designated for the assignment of inmates with chronic illnesses.

"Special Medical Unit Classification Committee (S.M.U.C.C.)" means a group of Office of Institutional Support Services and Special Medical Unit staff persons who provide classification and program monitoring services for inmates assigned to the Special Medical Unit.

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

Administrative correction, effective January 27, 1989.
See: 21 N.J.R. 558(a).
Institutional name change.
Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised text.

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 each correctional facility shall purchase a supply of these forms by contacting the Bureau:

1. 301–V Report of Consultation;
2. 301–VI Medication Card; and
3. DMH–8 Oral Diagnosis Card.

(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 Standards Development Unit:

1. 301–I Admission–Medical Record;
2. 301–II Medical Continuation;
3. 301–III Physician's Order Sheet and Progress Notes;
4. 301–IV Nurse's Notes;
5. 301–VII Suicide Watch Notice;
6. 301–VIII Daily Psychological Suicide Monitoring Report;
7. 301–IX Change in Type of Observation;
8. 301–X Daily Correction Officer Suicide Watch Report;
9. 301–XI Release from Suicide Watch;
10. 301–XII Inmate Request for Copies of Medical Records;
11. 306–I Consent of Medical, Dental and Surgical Treatment;
12. 520–I Inmate–Therapist Confidentiality; and
13. 980–I Research Project Request.

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

1. Petition For Executive Clemency.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised text.

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 illnesses;
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 patient's health or uncontrolled suffering.

(b) Primary care shall be provided by correctional facility physicians, nurses, technicians, and other support staff. Specialty care may be arranged and provided according to community medical standards and N.J.A.C. 10A:16–2.6.

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

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised text.

10A:16–2.2 Director of Medical Services

(a) The Director of Medical Services of the Department of Corrections serving under the Office of Institutional Support Services (O.I.S.S.) Health Services Supervisor, shall be responsible for formulating directives and policies for the operation of the medical programs within the Department.

(b) Copies of all medical directives and policies shall be available in the medical area of each correctional facility.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (a).

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

(a) Each correctional facility shall designate a staff member who will be administratively and/or clinically responsible for the management and direction of the correctional facility's medical services and/or program. The Office of Institutional Support Services (O.I.S.S.) Health Services Unit, shall be notified as to who is administratively and who is clinically responsible for the correctional facility's medical services and/or program.

(b) The Chief Physician shall be responsible for insuring that medical conditions as described in N.J.A.C. 10A:16–2.1 are treated.

(c) A consultant(s) may be employed to conduct peer review as deemed necessary by the O.I.S.S. Health Services Unit.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised text.

10A:16–2.4 Licensure

(a) All consulting physicians and 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.

(b) The Personnel Officer of a correctional facility shall be responsible for forwarding the licenses and certifications of each medical service provider to the Office of Institutional Support Services (O.I.S.S.) Health Services Supervisor immediately after the initial decision to hire a medical staff person.

(c) The following physician's licenses and certificates must be forwarded to the O.I.S.S. Health Services Supervisor:

1. The physician's New Jersey license to practice medicine;

2. The physician's Drug Enforcement Administration Federal Narcotics License; and

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

(d) Copies of the licenses and certifications required by this section shall be maintained with the medical service provider's personnel file at the correctional facility.

(e) The Personnel Officer and/or designated administrator of the medical services and/or program shall report all disciplinary action, license suspension, and/or disbarments to the O.I.S.S. Health Services Unit Supervisor and other State regulatory bodies, as required by law.

(f) 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.

(g) The final approval to hire physicians and nurses may be granted only with credential review approval by the Health Services Unit.

(h) It shall be the responsibility of the medical service provider to provide proof of license(s) and certification(s) renewal to the Personnel Officer. The designated administrator of the medical services and/or program shall conduct an annual review of license and certification currency.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised text.

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

(a) Any program to utilize students, interns, or residents in health care delivery to inmates within the Department's correctional facilities shall obtain the prior written approval of the Office of Institutional Support Services (O.I.S.S.) Health Services Supervisor.

(b) The Chief Physician of the correctional facility shall be responsible for the overall supervision of any medical student, intern, or resident.

(c) All medical students, interns, or residents shall be directly supervised by a licensed or certified medical professional.

(d) The correctional facility shall formulate written policy and procedures which limit student, intern, or resident services to a level commensurate with the program training goals.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised section.

10A:16–2.6 Use of community facilities and consultants

(a) The Office of Institutional Support Services (O.I.S.S.) Health Services Unit may contract with community medical facilities to provide inpatient and outpatient hospital care when deemed necessary.

(b) Correctional facilities and community based facilities shall utilize the contracted community medical facilities whenever possible and may utilize local medical facilities in life threatening emergencies.

(c) The O.I.S.S. Director of Medical Services shall be responsible for developing and maintaining a priority treatment schedule for all inmate hospital admissions to the contracted medical facility. The priority treatment program shall not provide for elective surgery unless the condition sought to be corrected will progress to a life threatening condition or is one which has a substantial adverse effect on the inmate's physical well-being.

(d) The O.I.S.S. Director of Medical Services shall also coordinate the acquisition of services for specialized care not provided in a contract medical facility or local hospital.

(e) The Chief Physician at each correctional facility and the O.I.S.S. Director of Medical Services shall develop a list of physician consultants for utilization when appropriate. Consultants on record with the O.I.S.S. Director of Medical Services shall be utilized whenever possible for all prospective inmate admissions to a contract medical facility.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (a).

10A:16–2.7 Restricted use of inmates as employees in medical services

(a) Inmates shall be prohibited from performing the following duties:

1. Providing direct patient 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 x-ray equipment;
6. Operating equipment for which they are not trained; and
7. Performing diagnostic procedures.

(b) Inmates may assist in the medical program as orderlies for the performance of such chores as cleaning, sanitation work, handling linen and other such duties.

(c) Inmates shall be kept under constant observation while working the medical areas.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised heading.

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 care

(a) Infirmary care is inpatient bed care, 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 hospital.

(b) Written policies and procedures for infirmary care shall be developed which include, but are not limited to, requirements that:

1. A description of infirmary care services be prepared;
2. A physician be on call 24 hours per day;
3. A minimum of one Registered Nurse be on duty 24 hours per day;
4. All patients be within sight or sound of a staff person;
5. A separate and complete medical record for each inmate be maintained; and
6. A manual of nursing care procedures be prepared.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (b)1.

10A:16–2.10 Emergency medical treatment

(a) Written standard operating procedures (S.O.P.'s) shall be established which provide for 24 hour, seven days per week emergency medical care availability. These procedures shall be outlined in a written plan 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 when the emergency health facility is not located in a nearby community; and

5. The provision of security when the immediate transfer of inmates is necessary.

(b) All employees likely to be needed or involved in a medical emergency shall be trained in the giving of 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 patients to appropriate medical facilities or health care providers.

10A:16–2.11 Medical examinations

(a) At a Department of Corrections' reception facility, an initial history and physical examination shall be made 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 Office of Institutional Support Services (O.I.S.S.) Director of Medical Services.

(b) In the event a Department of Corrections' reception facility is bypassed, 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.

(d) Routine complete physical examinations for inmates without known serious medical problems shall be offered to all inmates, if reasonably feasible, 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) 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 patient by a male physician.

Amended by R.1987 d.443, effective November 2, 1987.
See: 19 N.J.R. 1396(a), 19 N.J.R. 2060(a).
(a)3 added; old (a)3 renumbered (a)4.
Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised text.

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

(a) If deemed appropriate, medical examinations may be given to inmates prior to participation in certain sports such as boxing matches.

(b) All food handlers shall be given a medical examination prior to their beginning food service job duties, and subsequently, as deemed necessary.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised section.

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 specifications of the Office of Institutional Support Services (O.I.S.S.) Director of Medical Services.

(b) Hypodermic needles and syringes shall be of the single service 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 medical waste rules of N.J.A.C. 10A:16 and N.J.A.C. 7:26–3A.

(d) The Chief Physician of each correctional facility shall write and institute procedures approved by the Superintendent to ensure that used and unused hypodermic needles and syringes are 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 offgoing nurse.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (b); added new (c); redesignated existing (c) as (d) without change.

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 Chief Physician of the correctional facility or the Office of Institutional Support Services (O.I.S.S.) Director of Medical Services, in the case of community based facilities, shall approve the contents of the first aid kits.

(b) The correctional facility staff member administratively responsible for the management of the medical services and/or program shall be responsible for overseeing the monthly inspection and restocking of the first aid kits and for developing written procedures pertaining to such.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised text.

10A:16–2.15 Reportable diseases

(a) All correctional facilities shall adhere strictly to the reporting requirements of diseases declared reportable in N.J.A.C. 8:57–1 REPORTABLE DISEASES.

(b) Information on reportable diseases shall also be available by contacting the Office of Institutional Support Services (O.I.S.S.) Health Services Supervisor.

(c) Forms for reporting these diseases are also available by contacting the New Jersey Department of Health, Division of Epidemiology and Disease Control.

(d) Copies of all reports submitted to the New Jersey Department of Health shall be sent to the O.I.S.S. Health Services Unit.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (b) and (d).

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. Eyeglasses;

2. Hearing aids;

3. Artificial limbs; and

4. Such other devices as are deemed medically necessary by the physician with the approval of the Superintendent or his or her designee.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (a).

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

Written policy and procedure shall specify the provision of medical services (nonemergency and emergency illness or injury) for inmates housed at correctional facility satellite units, community based facilities, and home confinement.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised section.

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 diagnosis;

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 qualified correctional facility medical personnel shall collect and record health history, vital signs and other health appraisal data.

(c) Each patient encounter shall be recorded in the appropriate section of the medical record. Each entry in the medical record shall be written in ink or typed, signed, and clearly dated by the appropriate health care staff. All non-physician medical staff entries shall be co-signed by the physician or health care provider. 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 confinement records.

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

(f) Medical records (excluding the Patient's Profile Record card which is retained by the pharmacist) 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) The Patient's Profile Record card is not sent with the medical records when an inmate is transferred. The Patient's Profile Record card is retained by the pharmacist.

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

(i) Medical records shall be utilized and maintained on a computer system according to data processing procedures established by the Bureau of Management Information Systems, Division of Policy and Planning.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (a), (c) and (h); added (i).

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 his or her 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 Superintendent or Unit Administrator.

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

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (c); added (d).

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

(a) Monthly and annual reports shall be prepared and submitted to the correctional facility Superintendent and to the Office of Institutional Support Services (O.I.S.S.) Director of 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 and dental 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, workshops, and the like attended by staff;
12. Official visits by government representatives and other community groups;
13. Statistical comparisons with the previous monthly or annual report; and
14. Any information as directed by the correctional facility Superintendent and/or Office of Institutional Support Services (O.I.S.S.) Health Services Unit.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised section.

10A:16–2.22 Medical Services Manual

(a) The medical services of each correctional facility shall develop and maintain an operations manual that specifies its goals, objectives, policies and procedures consistent with the requirements of this subchapter.

(b) The manual shall be reviewed at least annually, updated as needed and made accessible to employees. Each document contained in the manual shall bear the date of the most recent review or revision and signature of the reviewer.

(c) The manual shall include, but not be limited to, the areas addressed in this subchapter.

10A:16–2.23 Annual inspection

(a) The Office of Institutional Support Services (O.I.S.S.), 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 14 days after the annual inspection, a written report of the findings shall be prepared by the O.I.S.S. Director of Medical Services and submitted to the Commissioner, the Superintendent, the Chief Physician and the facility's Medical Services Administrator.

SUBCHAPTER 3. DENTAL SERVICES

10A:16–3.1 Director of Dental Services

(a) The Director of Dental Services of the Department, serving under the Office of Institutional Support Services (O.I.S.S.) Health Service Coordinator, shall be responsible for formulating directives and policies for the provision of dental services within the Department.

(b) Copies of all dental directives and policies of the Department shall be available in the dental clinic of each correctional facility.

10A:16–3.2 Correctional facility dental staff

(a) The staff dentist with the highest Civil Service title, at each correctional facility shall be designated as the Senior Staff Dentist of the facility. The Senior Staff Dentist shall be administratively responsible for the dental services within the dental clinic.

(b) Correctional facilities may employ the following dental personnel to provide services:

1. Dentists;

2. Dental Specialists (consultation basis—when advanced training and experience required);

3. Dental Hygienists (full-time position if yearly population care exceeds 1,000); and

4. Dental Assistants.

(c) Dental externes and dental students entering the fourth year of dental school, may be employed. They shall only provide dental services under the direct supervision of a dentist working at the correctional facility as an employee of the Department of Corrections. This dentist must also be a member of the teaching faculty at one of the New Jersey dental colleges.

(d) The suggested staff for a dental clinic is one dentist and one dental auxiliary for approximately 500 inmates. This suggested staffing is dependent upon factors which include:

1. Turnover of population;

2. Objectives of the Dental Services staff; and

3. Dental pathology input compared with the dental pathology output.

(e) Dental staff shall be used to the maximum allowed by the Dental Practice Act, N.J.S.A. 46:6.1 et seq.

10A:16–3.3 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. This prohibition is extended to the administration of first aid for alleviation of a toothache.

(b) The Personnel Officer of a facility shall be responsible for forwarding the license for each dental staff member to the Office of Institutional Support Services (O.I.S.S.) Health Service Coordinator immediately after the initial decision to hire him/her. No dentist may begin employment until the O.I.S.S. Health Services Coordinator has verified the authenticity of the license.

(c) The Personnel Officer of a facility shall forward copies of renewal licenses to the O.I.S.S. Health Services Coordinator within fourteen days of renewal.

(d) Copies of licenses of dental personnel shall be maintained both within each staff member's personnel file at the correctional facility and at the O.I.S.S. Health Services Unit.

(e) The O.I.S.S. Health Services Coordinator shall develop a license expiration list which shall be utilized, if necessary, to request copies of renewed licenses from the staff.

(f) All persons taking dental x-rays shall be licensed by the State of New Jersey in accordance with N.J.S.A. 45:25–1 et seq. Information regarding licensure may be obtained from the Bureau of Collection and Licensing and Management, Department of Environmental Protection.

(g) Inmates may not be licensed as x-ray technicians and, therefore, shall not perform such duties.

10A:16–3.4 Restricted use of inmates as employees in dental clinics

(a) Inmates shall not be used to perform or assist in direct or indirect patient dental care services.

(b) An approval for rule exemption (N.J.A.C. 10A:1–2.7) shall be obtained before any correctional facility may use an inmate to perform or assist in direct or indirect dental care.

The specific duties the inmate is to perform or assist with must be delineated.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised section.

10A:16–3.5 Twenty-four hour coverage

(a) Arrangements shall be made to provide 24 hour, seven days per week coverage by using:

1. Other dentists within the Department;

2. Community dentists; or

3. Community dental departments.

(b) Written standard operating procedures (S.O.P.'s) shall be established for emergency dental care when the correctional facility dentist is not available. These written procedures shall include arrangements for the following:

1. Emergency evacuation procedures with a designated hospital for severe dental procedures or trauma;

2. On-site emergency first aid;

3. Use of an emergency vehicle;

4. Emergency on call dentist when the emergency health facility is not located in a nearby community;

5. Providing security when the immediate transfer of inmates is appropriate; and

6. Notification to the Director of Dental Services as soon as possible in all emergencies requiring evacuation or hospitalization.

10A:16–3.6 Use of community facilities and consultants

(a) Provision shall be made for the use of general and specialist community dental offices, practitioners or hospitals when dental treatment facilities are not available within the correctional facility and when special cases require it. Definite prearrangements shall be made for such utilization in advance of need.

(b) Inmates may be treated in dental facilities of other correctional facilities if personnel and equipment as related to the particular pathology to be treated make such treatment necessary or desirable.

10A:16–3.7 Admission examination

(a) An admission examination shall be accomplished within 14 working days after the inmate's arrival. The examination shall include a manual and visual examination of the structures related to the dental field using a mirror and an explorer.

(b) 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.

(c) The findings of the examination shall be recorded on the Form DMH–8 "ORAL DIAGNOSIS CARD", and an individual dental treatment plan shall be developed.

10A:16–3.8 Classification and priority treatment program

Dental staff in each correctional facility, shall follow the written Classification and Priority Treatment Program of the Department so that all inmates shall be provided dental services in an equitable manner.

10A:16–3.9 Emergency dental treatment

Written procedures shall be established to ensure that inmates with severe trauma shall be examined immediately and the other dental emergencies shall be seen within 24 hours.

10A:16–3.10 Routine dental treatment

Excluding emergency treatment, dental treatment shall be rendered in accordance with the Department's written Classification and Priority Treatment Program.

10A:16–3.11 Oral surgery

(a) Reconstructive oral surgery techniques shall be used when the prognosis for success, and the anticipated gain is sufficient to offset any risk to the patient.

(b) Surgery of the mouth and associated structures shall be accomplished by applying techniques which ensure optimum preservation of tissue and minimum postoperative sequels.

(c) Using the closed or the open approach, erupted and impacted teeth shall be extracted and associated areas of infection shall be removed. Indicated bone reduction shall be accomplished at that time, keeping in mind prosthetic replacement. Primary enclosure of the extraction and bone trim sites shall be accomplished using sutures where indicated, especially when postoperative bleeding can be expected.

(d) Hard and soft lesions shall be removed in total or in part and shall be sent for pathologic evaluation when the surgical diagnosis is not absolute. When there is questionable pathology, follow-up shall be maintained as part of the recall system.

(e) Infectious pathologies shall be treated through surgical and/or hemotherapeutic mechanism.

(f) 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:16–3.12 Preventive dentistry

(a) Preventive dentistry shall be an important part of routine dentistry.

(b) Preventive dentistry 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;
5. Educational programs; and
6. Direct instructional programs.

(c) Procedures shall be implemented through the correctional facility's water supply or through direct dietary intake to provide for the ingestion of appropriate amounts of fluoride by all inmates under the age of 12.

10A:16–3.13 Administration of medications

(a) Medications prescribed by the dentist may be administered, in the manner prescribed, by staff personnel designated for this purpose.

(b) Drugs prescribed shall be issued either in envelopes labeled with the patient's name and directions for taking them or by a member of the medical staff at a central location.

(c) 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:16–3.14 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 patient's comfort, or in the dentist's judgment, for success of the procedure.

10A:16–3.15 General anesthesia

(a) General anesthesia shall be indicated when patients have certain medical complications that would contraindicate the use of local anesthetics. These problems can include psychological and allergic conditions. Dentistry is accomplished under general anesthesia only:

1. After adequate medical work-up;
2. With the anesthesia administered by qualified personnel and the dentistry accomplished by qualified dentists;
3. In an environment consistent with general operating room standards, adequate monitoring and emergency equipment;
4. With the assurance that there is adequate preoperative, operative and postoperative nursing care; and,
5. When the recovery mechanisms are consistent with those of general hospitals.

(b) Consultation shall be made prior to the administration of general anesthesia consistent with the statements found in this Subchapter.

10A:16–3.16 Records

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

1. Form DMH–8 ORAL DIAGNOSIS CARD;
2. Classification Assignment; and
3. Priority within treatment program.

(b) Written procedures shall be established by the Senior Staff Dentist which shall ensure that all special and routine recalls are accomplished.

(c) Dental records and x-rays shall be sent with inmates when they are transferred to another correctional facility so that the original treatment plan may be continued without diagnostic duplication. The dentist receiving the dental records and x-rays shall be responsible for their safekeeping.

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

(e) Confidentiality of inmate records shall be maintained in accordance with 10A:22 RECORDS.

10A:16–3.17 Informed consent for treatment

Informed consent for treatment shall be handled in accordance with 10A:16–5 INFORMED CONSENT TO PERFORM MEDICAL, DENTAL OR SURGICAL TREATMENT.

10A:16–3.18 Dental equipment and supplies

(a) The dental equipment, instruments and supplies shall be closely supervised by salaried personnel.

(b) Written procedures on proper use and security of supplies and equipment shall be established by the Senior Staff Dentist and approved by the Superintendent. These

written procedures shall ensure that used and unused needles and syringes are 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) The dental staff shall pay particular attention to the equipment maintenance recommended by the manufacturers. The equipment shall be brought up to operating normal by the correctional facility's maintenance staff, the dentist and/or community dental maintenance personnel.

(d) Repeated equipment failure or underperformance shall be a basis for recommending replacement.

(e) Supplies shall be ordered under the direction of the Senior Staff Dentist, consistent with budget allocation. Supplies shall be ordered in sufficient quantities, quality and variety while maintaining a minimum of shelf inventory.

(f) Shelf life of supplies shall be current.

10A:16-3.19 Dental research

(a) There shall be no dental research, excepting that which involves study of clinical records and data.

(b) Dental research projects shall be conducted in accordance with N.J.A.C. 10A:16-2.20.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (b).

10A:16-3.20 Reporting responsibilities of all dental clinics

(a) Monthly and annual reports shall be prepared and submitted in accordance with 10A:21 REPORTS;

(b) A copy of each dental clinic's monthly and annual report to the Superintendent shall be submitted to the Office of Institutional Support Services (O.I.S.S.) Director of Dental Services for purposes of information and program review.

(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:16-3.21 Annual inspection

(a) The Office of Institutional Support Services (O.I.S.S.) 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 14 days after the annual inspection, a written report of the findings shall be prepared by the O.I.S.S. Director of Dental Services and submitted to the Commissioner, the Superintendent and the Senior Staff Dentist.

SUBCHAPTER 4. PSYCHOLOGICAL SERVICES

10A:16-4.1 Office of Institutional Support Services (O.I.S.S.) Director of Psychological Services

(a) The Office of Institutional Support Services (O.I.S.S.), Director of Psychological Services, serving under the Supervisor, Health Services Unit (O.I.S.S.), shall be the designated authority with primary responsibility of serving as a consultant in psychology and providing professional review, evaluation and guidance of all psychological programs and activities of the Department with particular emphasis upon the maintenance of professional standards and the coordination of planning, training, recruitment and research.

(b) The O.I.S.S. Director of Psychology Services shall be a New Jersey licensed psychologist and shall be responsible for:

1. Initiating necessary and appropriate action to coordinate and integrate the psychological activities of the Department;

2. Providing consultative service and support to all units of the Department in the specialized area of psychology;

3. Developing procedures of reporting on the quality of service provided by psychologists within the Department;

4. Evaluating psychological programs and initiating recommendations to insure that appropriate and necessary operations are being carried out within the Department;

5. Developing intermediate and long range plans for the improvement of psychological services within the Department;

6. Reviewing all budget requests, personnel appointments (whether temporary or on a per diem basis), promotional adjustments, training and research requests within the area of psychology and making recommendations to the appropriate appointment authority;

7. Providing necessary liaison with other State agencies within and outside of New Jersey in order to coordinate the psychological activities;

8. Developing training programs in the area of psychology and assisting interns within the Department of Corrections. The day-to-day supervision and evaluation of interns, however, shall be under the direction of a New Jersey licensed psychologist of at least the grade of Staff Psychologist I in the correctional facility; and

9. Developing programs for the recruitment of personnel into psychological services for the Department of Corrections and assisting in the formulation of personnel practices in order to maintain staffing patterns which will facilitate a high level of quality service.

(c) The O.I.S.S. Director of Psychological Services shall visit and inspect each correctional facility at least annually in order to review psychological activities and prepare a report of findings. Copies of the report shall be submitted to the:

1. Commissioner;

2. Assistant Commissioner; and

3. Superintendent of the correctional facility inspected.

Amended by R.1988 d.542, effective November 21, 1988.
See: 20 N.J.R. 2128(a), 20 N.J.R. 2929(a).
Substituted "Supervisor, Health Services Unit" for "Director, Office of Institutional Support Services".
Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (b).

10A:16–4.2 Correctional facility staff and structure

(a) A New Jersey licensed psychologist, of at least the grade of Staff Clinical Psychologist I, shall be designated Director of Psychology at each correctional facility and he or she is directly responsible to the Superintendent or his or her designee.

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

1. Ensuring adequate, equitable and consistent psychological services;

2. Providing the procedural mechanisms for psychological staff practices and functions within the correctional facility; and

3. Coordinating the activities of the psychological service with other professional and technical groups, both within and outside the facility.

(c) All persons offering psychological services who do not meet the requirements as a qualified psychologist as defined by Civil Service specifications shall be supervised by a Staff Clinical Psychologist I or a psychologist of a higher level.

(d) Each correctional facility shall develop a table of organization which delineates the lines of authority for psychological personnel.

Amended by R.1988 d.542, effective November 21, 1988.
See: 20 N.J.R. 2128(a), 20 N.J.R. 2929(a).
Added "New Jersey".

10A:16–4.3 Access to psychological services

(a) At the time of admission to a correctional facility, inmates shall receive a written communication explaining the procedures for gaining access to psychological services.

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

10A:16–4.4 Inmate/therapist confidentiality

(a) Confidential relations between and among clinical practitioners and individuals or groups in the course of practice, are privileged communications, 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 clinical 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 clinical practitioner receives information concerning the exception categories listed in (b) above, he or she shall immediately confer with the correctional facility Director of Psychology to determine whether disclosure is necessary. Relevant considerations, in addition to the information given to the clinical 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 clinical 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 Superintendent, 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 his or her 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 clinical practitioner and the correctional facility Director of Psychology agree and conclude that the information does not fall within any of the exception categories described in (b) above, no disclosure need be made.

(e) If the clinical practitioner and the correctional facility Director of Psychology believe that the subject matter falls within one of the exception categories, they shall immediately make this information known to the correctional facility Superintendent, and they shall provide the Superintendent with the facts and background information that are necessary to give the Superintendent a clear understanding of the case.

(f) In any case in which the clinical practitioner and the correctional facility Director of Psychology disagree as to whether disclosure should be made, the staff person who believes that the matter should be disclosed shall notify the Superintendent immediately.

(g) The Superintendent 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 Internal Affairs Unit, Central Office, to refer to prosecutor;

3. Initiating disciplinary charges against the inmate;

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

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

(h) Upon entry into therapy the inmate shall be advised of the limitations on confidentiality. The therapist shall give the inmate Form 520-I INMATE-THERAPIST CONFIDENTIALITY, and the inmate shall be required to sign the form before beginning therapy.

(i) Each staff person who engages in inmate therapy or psychiatric counselling shall be provided with a copy of the Commissioner's policy directive regarding inmate/therapist confidentiality.

(j) Questions concerning the interpretation of the policy on inmate/therapist confidentiality shall be addressed to the Regulatory Officer, Division of Policy and Planning.

Amended by R.1988 d.476, effective October 3, 1988.
See: 20 N.J.R. 1772(a), 20 N.J.R. 2457(a).
Deleted (b) and recodified (c)-(k) as (b)-(j).
Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (j).

Case Notes

Fact that prison therapists are state employees does not permit therapists to adhere to state's diluted standard of care for inmates. Matter of Rules Adoption Regarding Inmate-Therapist Confidentiality {N.J.A.C. 10A:16-4.4}, 224 N.J.Super. 252, 540 A.2d 212 (A.D.1988).

Regulation excepting inmate patient communications from psychotherapist-patient privilege was invalid. Matter of Rules Adoption Regarding Inmate-Therapist Confidentiality {N.J.A.C. 10A:16-4.4}, 224 N.J.Super. 252, 540 A.2d 212 (A.D.1988).

10A:16-4.5 Psychology department manual

(a) The Psychology Department of each correctional facility shall develop and maintain an operations manual that specifies its goals, objectives, policies and procedures.

(b) The psychology manual, which is approved and promulgated by the Superintendent, shall be reviewed at least annually, updated as needed and be available to employees.

(c) As psychology manuals are reviewed and revised, copies shall be forwarded to the Office of Institutional Support Services (O.I.S.S.) Director of Psychological Services.

(d) The psychology manual shall include, but not be limited to:

1. Procedures for making appointments for psychological 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 psychological treatment programs in coordination with the Director of Psychology of the correctional facility;

5. Method of reporting results of psychological services;

6. Method of establishing accountability for obtained results; and

7. Procedures as required by N.J.A.C. 10A:16–12, Suicide.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Added (d)7.

10A:16–4.6 Records

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

1. Identifying data;

2. Date of service;

3. Types of services; and

4. Action taken.

(b) Psychologists shall ensure that essential information concerning psychological services rendered is appropriately recorded within a reasonable time after the services are provided.

(c) Collection of psychological evaluation data shall be performed only by psychological services staff personnel or facility staff trained by the psychological service staff. All such reviews, written reports and development of plans of treatment shall be done under the supervision of a licensed psychologist.

(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:16–2.20.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised text.

10A:16–4.8 Reporting responsibilities

(a) Monthly and annual reports shall be prepared and submitted to the correctional facility Superintendent and to the Office of Institutional Support Services (O.I.S.S.) Director of Psychology.

(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 as directed by the correctional facility Superintendent and/or Office of Institutional Support Services (O.I.S.S.) Health Services Unit.

(c) Correctional facilities shall report the following to the appropriate Assistant Commissioner and the O.I.S.S. Director of Psychological Services.

1. Misconduct by psychology staff members;

2. Resignations of psychology staff; and

3. Conflicts between interdisciplinary staff.

(d) Monthly reports, annual reports and, as required, special reports shall be prepared by the O.I.S.S. Director of Psychological Services of the Department of Corrections and submitted to the Supervisor, Health Services Unit (O.I.S.S.).

Amended by R.1988 d.542, effective November 21, 1988.
See: 20 N.J.R. 2128(a), 20 N.J.R. 2929(a).
Substituted "Supervisor, Health Services Unit" for "Director, Office of Institutional Support Services".
Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (a) and (b).

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. Intrusive procedures;

3. Medical/dental treatment; and

4. Medical and dental procedures governed by informed consent standards in the community.

(b) In order to obtain written informed consent, Form 306–I CONSENT FOR MEDICAL, DENTAL OR SURGICAL TREATMENT shall be completely filled in and signed by the inmate or guardian and a witness. The signed consent form shall be maintained in the inmate's medical 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;

2. Have sufficient knowledge and comprehension of the nature of the treatment to enable him or her to make an understanding and enlightened decision; and

3. Be informed of the:

i. Nature, duration and purpose of the medical, dental or surgical procedure;

ii. Alternative, if any, to the procedure;

iii. All of the inconveniences and hazards that may occur; and

iv. Effects upon health or person which can be reasonably expected.

(d) Information regarding the medical, dental or surgical procedure shall be provided by the medical staff; that is, physician, dentist or registered nurse.

(e) If there is doubt as to the inmate's mental capacity to make an informed decision, he or she shall be examined by the psychiatrist of the correctional facility and the Office of Institutional Support Services (O.I.S.S.) Health Services Supervisor shall be notified.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (e).

10A:16–5.2 Exception to adult inmate written consent requirement

(a) Written consent shall not be required in the case of adult 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 his or her own behalf, or is otherwise ordered to undergo treatment (see N.J.A.C. 10A:16–5.6).

Amended by R.1990 d.369, effective August 6, 1990 (operative August 13, 1990).
See: 22 N.J.R. 1322(a), 22 N.J.R. 2322(a).
Added cross reference at (a)2.

10A:16–5.3 Parent or guardian authorized consent for juvenile inmates

(a) A notice of required treatment shall be forwarded to a parent or guardian of a juvenile inmate by certified mail to the last known address along with a Form 306–I CONSENT FOR MEDICAL, DENTAL OR SURGICAL TREATMENT. The notice shall contain the following information:

1. Precise nature of illness;

2. Proposed treatment; and

3. Date treatment will be performed.

(b) The notice shall be sent at least 10 days in advance of the date recommended for such treatment unless the case is one certified to be emergent, in which case the parent or guardian shall be given the maximum advance notice possible under the circumstances.

(c) A parent or guardian of a juvenile inmate may authorize the provision of required treatment by completing Form 306–I CONSENT FOR MEDICAL, DENTAL OR SURGICAL TREATMENT upon receipt, and forwarding it to the correctional facility by certified mail.

10A:16–5.4 Superintendent authorized consent for juvenile inmates

(a) The Superintendent of a State correctional facility is authorized to give consent for medical, psychiatric, surgical or dental treatment to inmates under the age of 18, under the following conditions:

1. Where a licensed physician, psychiatrist, surgeon or dentist certifies that the treatment to be performed is essential and beneficial to the general health and welfare of such inmate, or will improve the inmate's opportunity for recovery, or prolong or save the inmate's life;

2. Where, after reasonable inquiry, there is no parent or guardian known who is competent to give written consent for the treatment;

3. Where a parent or guardian (after reasonable notice of the proposed treatment and a request for consent, and prior to the date fixed in such notice for the rendering of such treatment) refuses or neglects to execute and submit to the Superintendent in writing either the grant or denial of such consent; or

4. Where a case is certified by a licensed physician, surgeon, psychiatrist or dentist to be one of grave emergency and immediate surgical intervention or other treatment is necessary to prevent the death of, or serious consequences, to such juvenile inmate.

(b) Under the circumstances described in this Subchapter, the Superintendent, granting such consent in the exercise of his or her discretion, upon the recommendation contained in the medical, psychiatric, surgical or dental certification, shall be exempt from personal liability in the performance of such public duty.

(c) In cases where a Superintendent's consent has been executed, complete records, including a signed physician's or dentist's certification of the need for and nature of treatment required and given, and a signed copy of the Superintendent's written authorization to the physician or dentist performing such treatment, shall be filed in the inmate's medical record.

10A:16–5.5 Refusal by adult inmates

In every case in which the adult inmate, after having been informed of his or her condition and the treatment prescribed, refuses treatment, this refusal shall be recorded on Form 306–I CONSENT FOR MEDICAL, DENTAL OR SURGICAL TREATMENT in the space provided. Medical staff shall advise the inmate of the possible medical/dental consequences of such refusal.

Amended by R.1990 d.369, effective August 6, 1990 (operative August 13, 1990).
See: 22 N.J.R. 1322(a), 22 N.J.R. 2322(a).
Deleted (b) referring to Special Assistant for Legal Affairs and referral thereto.

10A:16–5.6 Special medical guardianship of adult inmates

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

New Rule, R.1990 d.369, effective August 6, 1990 (operative August 13, 1990).
See: 22 N.J.R. 1322(a), 22 N.J.R. 2322(a).
Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised section.

10A:16–5.7 Written procedures

(a) Written procedures consistent with this Subchapter shall be prepared and made part of the correctional facility's medical procedures.

(b) These procedures shall be submitted for review to the Regulatory Officer, Division of Policy and Planning, on or before February 15 of each year.

Recodified from 10A:16–5.6 by R.1990 d.369, effective August 6, 1990 (operative August 13, 1990).
See: 22 N.J.R. 1322(a), 22 N.J.R. 2322(a).
Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (b).

SUBCHAPTER 6. PREGNANT INMATES

Cross References

Suspension of execution, see N.J.A.C. 10A:23–2.7.

10A:16–6.1 Care of pregnant inmates

(a) The Department of Corrections shall provide a pregnant inmate with medical aid 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 institution;

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

3. Counseling regarding:

i. Family planning;

ii. Birth control;

iii. Termination of pregnancy;

iv. Child placement services;

v. Religious counseling, if desired by the inmate.

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 institution shall provide the pregnant inmate with:

1. Suitable maternity clothes, if the inmate is unable to provide her own;

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 correctional facility shall provide the pregnant inmate with medical care and shall offer her religious and social counseling to aid her in making the decision to continue or to terminate the pregnancy.

(b) Should the inmate elect to proceed with terminating the pregnancy, arrangements shall be made without undue delay to schedule and complete the procedure, unless the treating physician and/or gynecologist 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. Appropriate follow-up medical care shall be provided in the correctional facility or by a contracted physician consultant.

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 dependent upon the security risk of the mother and hospital policy.

10A:16–6.6 Placement of infants

(a) Counseling and assistance shall be provided to pregnant inmates in keeping with their expressed desires in planning for their unborn children. Counseling and social services shall be available to assist pregnant inmates in making decisions such as whether to keep their child or give the child up for adoption. Counseling shall not advocate any particular alternative to the inmate.

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

(c) Plans for the placement of all anticipated infants shall be developed well in advance of delivery date.

(d) If the inmate chooses to retain custody of the child and in so doing grants temporary custody of the child to a family member, the Department shall not be responsible for any infant 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 shall assume no responsibility for any infant medical costs.

Amended by R.1989 d.68, effective February 6, 1989.
See: 20 N.J.R. 2747(a), 21 N.J.R. 299(a).
Added (d) and (e).

10A:16–6.7 Written procedures

Superintendents of correctional facilities housing female inmates shall be responsible for the development and implementation of written procedures consistent with the requirements of this subchapter.

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, his or her next of kin shall be notified within 24 hours by the Superintendent or his or her designee.

(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 is without a phone, the local police 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 case folder.

(e) When the inmate recovers and is removed from the critical list, the next of kin shall again be informed as outlined in (a), (c), and (d) above.

(f) In the case of death, the Superintendent or his or her designee shall immediately notify the:

1. Appropriate Assistant Commissioner;
2. New Jersey State Police;
3. Office of Institutional Support Services (O.I.S.S.) Health Service Coordinator; and
4. County Medical Examiner's Office.

(g) 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.

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

(i) All reports shall be prepared in accordance with N.J.A.C. 10A:21 REPORTS.

(j) Autopsies 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:16–7.2 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 examiners office where the body was taken in order to obtain the release of the body.

(b) Hospitals must obtain approval from the County Medical Examiner's Office for release of the body of a deceased inmate.

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

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (a).

10A:16–7.3 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 may be cremated where it is reasonably believed that it would not violate the intentions or 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:16–7.4 Distribution of money and personal belongings of deceased inmates

(a) When an inmate dies and the amount of money in his or her account and/or the value of his or her 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 that he or she knows of no official will in existence. The Superintendent or his or her designee shall take the necessary steps to verify the identity of the next-of-kin.

(b) When an inmate dies and the amount of money in his or her account and/or the value of his or her 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 Superintendent or his or her designee a certified, filed copy of Letters Testamentary, Letters of Administration, or a filed Affidavit from the Office of County Probate which entitles claimant to assets without administration (see N.J.S.A. 3B:10–3, 4).

(c) A correctional facility may not require a bank or other depository of inmate assets to release funds until presentation of a New Jersey Inheritance Tax Waiver.

(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 transferred to the Department of Treasury's Unclaimed Inmates and Patients Account, after deductions for burial or cremation.

Amended by R.1991 d.187, effective April 1, 1991.
See: 23 N.J.R. 156(a), 23 N.J.R. 1009(a).
Allowed for money or personal property of deceased inmate not in excess of $2,000 value, to be turned over to verified next of kin.

10A:16–7.5 Written procedures

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

SUBCHAPTER 8. MEDICAL CLEMENCY

10A:16–8.1 Eligibility requirements

(a) Application for medical clemency may be made in cases when the physician of 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 as to be without prospect of recovery under conditions of confinement.

(b) A confirming second opinion by a consulting physician must also be obtained by the Medical Department of the correctional facility.

(c) Upon receipt of the second opinion, the Medical Department shall immediately advise the Superintendent of the inmate's medical condition.

(d) All medical clemency procedures shall be handled as expeditiously as possible and without unreasonable delay.

Amended by R.1994 d.154, effective March 21, 1994.
See: 26 N.J.R. 326(a), 26 N.J.R. 1350(b).

10A:16–8.2 Petition for medical clemency

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

(b) The inmate who wishes to apply for medical clemency shall obtain and complete PETITION FOR EXECUTIVE CLEMENCY. The completed Form shall be forwarded to the Superintendent for submission to the Office of the Deputy Commissioner.

(c) The Superintendent or his or her designee may complete Form PETITION FOR EXECUTIVE CLEMENCY on behalf of an inmate who is eligible for consideration.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Amended by R.1994 d.154, effective March 21, 1994.
See: 26 N.J.R. 326(a), 26 N.J.R. 1350(b).

10A:16–8.3 Role of the Superintendent

(a) Upon receipt of a completed Form PETITION FOR EXECUTIVE CLEMENCY, the Superintendent shall obtain from the Classification Office up-to-date classification material which shall include, but is not limited to:

1. Criminal history;
2. Psychological reports;
3. Presentence report; and
4. Progress reports.

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

1. Charted records, if deemed necessary;
2. A current medical status report which includes:
   i. A letter from the consulting physician which includes his or her diagnosis and prognosis 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 physician of the correctional facility confirming the opinion of the consulting physician.

(c) The Superintendent shall send the following to the Deputy Commissioner, 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 Superintendent's recommendation regarding the petition.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (a) and (c)3.
Amended by R.1994 d.154, effective March 21, 1994.
See: 26 N.J.R. 326(a), 26 N.J.R. 1350(b).

10A:16–8.4 Medical furlough

(a) The Superintendent shall also submit to the Deputy Commissioner, along with the material required in N.J.A.C. 10A:16–8.3(c), his or her recommendation as to whether an extended medical furlough should be granted pending the outcome of the petition.

(b) The petition for Executive Clemency shall not be construed as assurance that a medical furlough will be granted.

(c) The decisions on medical furloughs shall be based on the factors in each case.

10A:16–8.5 Role of the Deputy Commissioner

(a) The Deputy Commissioner, upon receipt of the material outlined in N.J.A.C. 10A:16–8.3(c), shall notify the Office of Institutional Support Services (O.I.S.S.) Health Service Supervisor and request that the O.I.S.S. Director of Medical Services review the inmate's medical status and submit a report of his or her findings.

(b) The Department of Corrections may recommend to the New Jersey State Parole Board special conditions that the inmate should be required to meet to insure that the inmate is getting necessary medical care if granted Medical Clemency.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised section.

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) in anticipated non-emergency, scheduled surgery will be permitted.

Amended by R.1993 d.567, effective November 15, 1993.
See: 25 N.J.R. 3920(a), 25 N.J.R. 5170(a).

SUBCHAPTER 10. (RESERVED)

SUBCHAPTER 11. SPECIAL MEDICAL UNITS

10A:16–11.1 Applicability

This subchapter shall be applicable to all Special Medical Units within the New Jersey Department of Corrections.

10A:16–11.2 Criteria for admission to a Special Medical Unit (S.M.U.)

(a) The Health Services Unit of the Office of Institutional Support Services (O.I.S.S.) shall authorize placement of inmates, who are confirmed Acquired Immune Deficiency Syndrome (A.I.D.S.) cases, in a Special Medical Unit (S.M.U.) when:

1. Their condition does not require acute care hospitalization; but

2. The medical condition of the inmate precludes housing in other medical units within correctional facilities of the Department of Corrections.

10A:16–11.3 Authority of the Inter–Institutional Classification Committee (I.I.C.C.)

(a) Only male inmates that have been diagnosed and found to have Acquired Immune Deficiency Syndrome (A.I.D.S.) shall be assigned by the Inter–Institutional Classification Committee (I.I.C.C.) to a Special Medical Unit (S.M.U.) which houses male inmates.

(b) Female inmates that have been diagnosed and found to have Acquired Immune Deficiency Syndrome (A.I.D.S.) shall be assigned to the Special Medical Unit at the Edna Mahan Correctional Facility for Women.

10A:16–11.4 Special Medical Unit Classification Committee (S.M.U.C.C.)

(a) The members of the Special Medical Unit Classification Committee (S.M.U.C.C.) shall include, but are not limited to:

1. The chairperson;

2. A representative from the custody staff;

3. A representative from the professional staff;

4. A representative from the medical staff; and

5. A representative from the Office of Institutional Support Services (O.I.S.S.) professional staff.

(b) The Special Medical Unit Classification Committee (S.M.U.C.C.) shall review the assignment of an inmate to a Special Medical Unit (S.M.U.) to determine the program to which the inmate will be assigned.

(c) The Special Medical Unit Classification Committee (S.M.U.C.C.) is authorized to monitor an inmate's Special Medical Unit (S.M.U.) program, and conduct case and in-person reviews.

(d) The Special Medical Unit Classification Committee (S.M.U.C.C.) may permit or preclude an inmate's participation in programs depending upon the inmate's ability to participate without posing a security or clinical threat to the inmate's condition or, to the operation of a Special Medical Unit (S.M.U.).

(e) An inmate's case shall be reviewed:

1. At the completion of the period of orientation;

2. Every three months after orientation; or

3. More frequently than every three months, if deemed appropriate by a member of the Special Medical Unit Classification Committee (S.M.U.C.C.).

(f) Whenever necessary for appropriate decision making, the inmate will be required to appear before the Special Medical Unit Classification Committee (S.M.U.C.C.) unless the inmate refuses to appear without the use of force.

(g) Written decisions on all Special Medical Unit Classification Committee (S.M.U.C.C.) case reviews shall be placed in the inmate's classification folder and copies shall be forwarded to the inmate unless security considerations preclude such disclosures.

10A:16–11.5 Special Medical Unit (S.M.U.) staff

(a) The staff of a Special Medical Unit (S.M.U.) is comprised of:

1. The administrator in charge of the Special Medical Unit (S.M.U.);

2. The custody supervisor;

3. The custody staff; and

4. The professional services staff (for example, social workers, psychologists, chaplains and medical staff).

(b) The staff of a Special Medical Unit (S.M.U.) is responsible to the Special Medical Unit Classification Committee (S.M.U.C.C.) for program development, implementation and assessment.

(c) The concerns of both the custody and the professional services staff members shall be given equal consideration in decision making regarding the development of programs for a Special Medical Unit (S.M.U.).

10A:16–11.6 Orientation

(a) Upon assignment of an inmate to a Special Medical Unit (S.M.U.), the inmate shall begin a period of orientation and intense supervision which shall not exceed seven days. During this period, the inmate shall be assessed to determine the inmate's:

1. Clinical condition;

2. Attitude;

3. Level of cooperation; and

4. Willingness to work and participate in program activities.

(b) The assessment of the inmate shall be accomplished by:

1. The submission of daily progress reports by custody staff members to the custody supervisor for submission to the administrator in charge of the Special Medical Unit (S.M.U.); and

2. The submission of a written evaluation of the inmate, by the Special Medical Unit (S.M.U.) social worker and other staff members, to the Special Medical Unit Classification Committee (S.M.U.C.C.) at the completion of the orientation period.

(c) Within 24 hours following an inmate's placement in a Special Medical Unit, except when placement is made on a weekend or a holiday, the custody supervisor shall:

1. Familiarize the inmate with the rules of conduct within the Special Medical Unit (S.M.U.);

2. Provide the inmate with a copy of the Institution's Inmate Handbook;

3. Provide the inmate with the written rules and regulations of the Special Medical Unit (S.M.U.);

4. Determine if the inmate has any difficulties which require immediate referral for special medical or social services; and

5. Notify the social worker of the placement and convey any special instructions regarding the inmate.

(d) If an inmate is placed in a Special Medical Unit (S.M.U.) on a weekend or a holiday, the custody supervisor shall perform the tasks listed in (c) above within 24 hours following the weekend or holiday.

(e) Within 72 hours following an inmate's placement in a Special Medical Unit (S.M.U.), except when placement is made on a weekend or a holiday, the social worker shall review with the inmate the assignment of the inmate to the Special Medical Unit and any unique problems referred by the custody supervisor which require immediate attention.

(f) If an inmate is placed in a Special Medical Unit (S.M.U.) on a weekend or holiday, the social worker shall, within 72 hours following the weekend or holiday, review with the inmate the assignment of the inmate to the Special Medical Unit and any unique problems referred by the custody supervisor which require immediate attention.

(g) The Professional Service staff shall be advised by the custody supervisor that an inmate has been assigned to the Special Medical Unit (S.M.U.). The social worker shall meet with the newly assigned inmate during orientation and advise the inmate of the programs and services available within the S.M.U.

(h) During orientation, the newly assigned inmate shall be permitted to participate in Special Medical Unit (S.M.U.) activities while his or her program is being developed. Any limitations determined at the time of the inmate's admission to the S.M.U., by the Office of Institutional Support Services (O.I.S.S.) Director of Medical Services or his or her designee, shall be considered during the development of the inmate's program.

(i) At the completion of the inmate's orientation, the Special Medical Unit Classification Committee (S.M.U.C.C.) shall review and approve or disapprove the continuation of the program developed for the inmate upon admission to the Special Medical Unit (S.M.U.).

10A:16–11.7 Personal items

(a) During orientation, all of the inmate's personal belongings shall be thoroughly searched and returned to the inmate within 24 hours unless extenuating circumstances exist (for example, transfers from another correctional facility, major disturbances, etc.).

(b) All contraband, including razors and spoons, shall be removed from the inmate's possession.

(c) Decisions regarding items not permitted for retention within the Special Medical Unit (S.M.U.) shall be made in accordance with N.J.A.C. 10A:1–11, Personal Property of Inmates.

10A:16–11.8 Work opportunities

(a) Each inmate shall be afforded an opportunity to participate in a work program designed to respond to the needs of the inmate and the Special Medical Unit (S.M.U.). The custody supervisor shall familiarize the inmate with the work program during the initial orientation interview.

(b) The administrator in charge of the Special Medical Unit (S.M.U.) and/or the custody supervisor may, at his or her discretion, devise other work opportunities in which the inmate may participate upon approval by the Special Medical Unit Classification Committee (S.M.U.C.C.).

(c) An inmate shall receive the work assignment of cell sanitation upon initial assignment to a Special Medical Unit (S.M.U.). Each inmate shall be responsible for the cleanliness of his or her cell. Cleaning equipment shall be provided for the inmate to clean his or her cell at least once per week.

(d) Commutation and work time credits shall be given to inmates pursuant to N.J.A.C. 10A:9–5, Commutation and Work Time.

(e) Inmates shall be paid for work assignments in accordance with the established inmate wage scale.

(f) At the beginning of each three months of assignment to a Special Medical Unit (S.M.U.), every inmate shall be given the opportunity to confirm his or her continuation in the work program via an in-person work review with the Special Medical Unit Classification Committee (S.M.U.C.C.).

(g) Removal and lay-in action from the work program may be initiated by the custody supervisor or by the Special Medical Unit (S.M.U.) officers. Removal and lay-in action from the work program shall be reviewed by the Special Medical Unit Classification Committee (S.M.U.C.C.) for appropriate confirmation.

10A:16–11.9 Community release activities

Any inmate with confirmed Acquired Immune Deficiency Syndrome (AIDS) which status is either active or in remission is not eligible for community release activities (such as, furloughs, work release, residential release, etc.).

10A:16–11.10 Disciplinary action within the Special Medical Unit (S.M.U.)

(a) The Department of Corrections' Inmate Discipline Program shall be in full force and effect in a Special Medical Unit (S.M.U.). Any restrictions of privileges placed upon an inmate in a Special Medical Unit (S.M.U.) shall be in accordance with N.J.A.C. 10A:4, Inmate Discipline.

(b) Disciplinary action initiated by any staff member shall be referred to the Disciplinary Hearing Officer/Adjustment Committee and, where appropriate, to the Special Medical Unit Classification Committee (S.M.U.C.C.) for confirmation.

10A:16–11.11 Psychological and social work services

Crisis intervention, problem solving and short and long term counseling programs shall be provided within a Special Medical Unit (S.M.U.) on an individual and/or congregate level.

10A:16–11.12 Medical services

(a) The Office of Institutional Support Services (O.I.S.S.) Health Services Unit shall provide the following services to a Special Medical Unit (S.M.U.):

1. Medical examinations and treatment as prescribed by the consultant physician and approved by the O.I.S.S. Director of Medical Services;

2. Ancillary contract services as needed;

3. Liaison services between the O.I.S.S. Health Services Unit and the Medical Department of the correctional facility by the O.I.S.S. Health Services Unit Nursing Supervisor; and

4. Dental services by contracted consultants.

(b) Routine medication dispensing and emergency medical support, to include psychiatric services, shall be provided by the Medical Department of the correctional facility.

(c) Daily sick call shall be conducted by a physician or other qualified health personnel at the correctional facility.

10A:16–11.13 Religion

Spiritual programs and counseling shall be provided to inmates in a Special Medical Unit (S.M.U.) on an individual and congregate basis.

10A:16–11.14 Legal Activities

(a) Each inmate shall have access to an Inmate Law Library and to legal assistance consistent with the program needs of the Special Medical Unit (S.M.U.) to which the inmate is assigned.

(b) The Education Department of the correctional facility shall coordinate the needs of inmates for legal materials with the paralegal representative (if assigned). The inmate paralegal shall conduct interviews with inmates in an appropriately suited area determined by the administrator in charge of the Special Medical Unit (S.M.U.).

(c) Attorneys and court related personnel shall be granted contact visits with a Special Medical Unit (S.M.U.). Such visits must be approved and pre-scheduled by the administrator in charge of the Special Medical Unit (S.M.U.) 24 hours in advance of the visit by calling the Special Medical Unit (S.M.U.) office Monday through Friday during regular working hours.

(d) Visits of attorneys and court related personnel shall be conducted in a room or area designated by the administrator in charge of the Special Medical Unit (S.M.U.). No staff member shall monitor the conversations between an inmate and his or her attorney(s).

10A:16–11.15 Recreation

Inmates in a Special Medical Unit (S.M.U.) shall be permitted exercise and recreation activity to the extent of their physical abilities to participate, dependent upon medical factors as determined by the Director of Medical Services of the Department of Corrections and the attending physician(s).

10A:16–11.16 Correspondence, legal correspondence, publications and packages

(a) Inmates in a Special Medical Unit shall receive and forward correspondence, publications and packages in accordance with:

1. N.J.A.C. 10A:18–2, Correspondence;

2. N.J.A.C. 10A:18–3, Legal Correspondence;

3. N.J.A.C. 10A:18–4, Publications; and

4. N.J.A.C. 10A:18–5, Packages.

10A:16–11.17 Visits

(a) Visits to a Special Medical Unit shall be approved, scheduled or disapproved in accordance with N.J.A.C. 10A:18–6, Visits, and the written rules and regulations of the Special Medical Unit.

(b) Special Medical Units provide for contact visits only.

(c) In the event that an inmate or a visitor violates the rules and regulations pertaining to visits as outlined in N.J.A.C. 10A:18–6, Visits, or in the written rules and regulations of a Special Medical Unit, the administrator in charge of the Special Medical Unit (S.M.U.), the custody supervisor, or their designees may discontinue the visit and initiate disciplinary measures. The Special Medical Unit Classification Committee (S.M.U.C.C.) may approve, disapprove or restrict a visitor should either the inmate or the visitor fail to adhere to the rules of the visit program.

10A:16–11.18 Telephone calls

Inmates in a Special Medical Unit may use public telephones in accordance with N.J.A.C. 10A:18–8, Telephone, and written regulations of the Special Medical Unit (S.M.U.).

10A:16–11.19 Congregate activities

(a) Congregate activities shall be developed during the inmate's orientation process with specific consideration for physical disabilities and infection control guidelines.

(b) The Special Medical Unit Classification Committee (S.M.U.C.C.) may, at its discretion, approve an inmate for participation in any one or all congregate activities.

(c) The Special Medical Unit Classification Committee (S.M.U.C.C.) may also rescind the inmate's participation in congregate activities should the inmate fail to cooperate in the program, or the S.M.U.C.C. may temporarily restrict the inmate's participation in congregate activities because of physical illness.

10A:16–11.20 Food

(a) All meals in a Special Medical Unit (S.M.U.) shall be prepared and served in accordance with the Food Service System of the correctional facility as approved by the Office of Institutional Support Services (O.I.S.S.).

(b) Inmates in a Special Medical Unit (S.M.U.) shall be served the normal correctional facility meals on the "Menu of the Day" or such special diet that is prescribed by the medical staff.

10A:16–11.21 Showers

(a) Each inmate in the general population of a Special Medical Unit (S.M.U.) shall be permitted to shower once daily.

(b) Each inmate in Disciplinary Detention within a Special Medical Unit (S.M.U.) shall be permitted to shower once every other day.

10A:16–11.22 Haircuts

(a) Each inmate shall be afforded an opportunity to have a haircut once monthly. Each inmate desiring a haircut must place his or her name on the barber's list.

(b) All haircutting equipment shall be monitored while in use and secured when not in use.

10A:16–11.23 Reading material

(a) Reading material shall be made available for inmates assigned to a Special Medical Unit (S.M.U.).

(b) Inmates may obtain reading material by submitting their requests to the social worker.

10A:16–11.24 Training

(a) The Office of Institutional Support Services (O.I.S.S.) Director of Medical Services shall be responsible for ensuring that a program of training is provided to all staff and inmates concerning infection control and isolation precautions which include:

1. Use of protective garments;
2. Personal hygiene; and
3. Accident reporting.

(b) All new staff and inmates shall receive training upon assignment to a Special Medical Unit (S.M.U.).

(c) The training program shall be reviewed and updated as is deemed advisable by the Director of Medical Services, Health Services Unit of the Office of Institutional Support Services (O.I.S.S.).

10A:16–11.25 Program assessment reports

(a) The staff of a Special Medical Unit (S.M.U.) must submit to the administrator in charge of the Special Medical Unit (S.M.U.) a progress report for each inmate assigned to the S.M.U.

(b) Shift officers designated by the custody supervisor shall complete a progress report on each inmate daily during the orientation period, and every three months for the remaining time the inmate is assigned in the Special Medical Unit (S.M.U.).

(c) The custody supervisor shall review the progress reports submitted by the correction officers and submit these reports to the administrator in charge of the Special Medical Unit (S.M.U.) at the completion of the orientation period.

(d) The administrator of a Special Medical Unit (S.M.U.) shall make program assessment reports available to the Special Medical Unit Classification Committee (S.M.U.C.C.) for all scheduled routine reviews, which occur every three months after the period of orientation.

(e) The professional staff of a Special Medical Unit (S.M.U.) shall complete and forward to the Special Medical Unit Classification Committee (S.M.U.C.C.) a progress report on each inmate at the completion of the orientation period, and every three months thereafter for the scheduled inmate routine review.

10A:16–11.26 Procedures and post orders

(a) Each correctional facility which has a Special Medical Unit (S.M.U.) shall develop written procedures and post orders for the Special Medical Unit (S.M.U.) that are consistent with this subchapter.

(b) Special Medical Unit (S.M.U.) procedures and post orders shall be reviewed and dated annually.

(c) Post orders shall be submitted before September 15 of each year to the appropriate Assistant Commissioner, and to the Office of the Deputy Commissioner for review and approval.

SUBCHAPTER 12. SUICIDE

10A:16–12.1 Definition

The following terms, when used in the subchapter, shall have the following meanings unless the context clearly indicates otherwise:

"Close observation" means intermittent monitoring of an inmate on suicide watch, either in-person or by T.V. monitor, at 15 minute intervals.

"Constant observation" means uninterrupted surveillance of an inmate on suicide watch, usually in-person, but permitted by T.V. monitor when conditions allow for continuous unobstructed visual access.

"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.

10A:16–12.2 Reporting likely suicide attempts

A staff person(s) who, by reason of his or her experience, education and observation of an inmate, believes that an inmate is likely to attempt suicide, shall convey this information to the ranking custody supervisor and the Director of Professional Services or a designated professional person as soon as is reasonably practicable.

10A:16–12.3 Decision making criteria for placing or releasing an inmate on 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:16–12.4 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. The Medical Director;
2. The Director of Psychology;
3. The shift commander;
4. The Superintendent;
5. The psychiatrist;
6. The Director of Professional Services;
7. The Director of Custody Operations; or
8. Another staff person as designated by the Superintendent.

(b) The Medical Director, the Director of Psychology, the psychiatrist or another physician may order that the inmate be placed on close observation or constant observation depending on the inmate's condition.

(c) The shift commander, the Superintendent or his or her designee, the Director of Psychology, or the Director of Custody Operations may order that the inmate be placed on close observation or constant observation depending on the inmate's observable condition and upon the advice of a psychiatrist, physician, or psychologist.

(d) If a psychiatrist, psychologist or physician is unavailable, a designated professional staff person may order that the inmate be placed on close observation or constant observation depending on the inmate's observable condition.

(e) A SUICIDE WATCH NOTICE (FORM 301–VII) 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 Superintendent or his or her

designee for review and approval within two hours of placement on suicide watch.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (c).

10A:16–12.5 Psychological/psychiatric review

(a) The staff 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 staff psychologist or psychiatrist or a designated professional staff person in the event that a psychologist or psychiatrist is unavailable.

(b) A PSYCHOLOGICAL MONITORING REPORT (FORM 301–VIII) shall be completed by the psychologist or psychiatrist after each visit. FORM 301–VIII shall be placed in the classification folder and a copy in the inmate's medical file.

10A:16–12.6 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 301–IX CHANGE IN TYPE OF OBSERVATION.

(b) If a psychiatrist, psychologist or physician is unavailable, a designated professional staff person may recommend a change in the type of observation of an inmate on suicide watch using FORM 301–IX.

(c) The recommendation for a change in the type of observation of an inmate on a suicide watch (FORM 301–IX) shall be reviewed and approved by the Superintendent before action is taken to change the type of observation of an inmate on suicide watch.

10A:16–12.7 Daily written report

(a) The correction officer on each shift, who is assigned to the suicide watch post, shall complete a FORM 301–X DAILY CORRECTION OFFICER SUICIDE WATCH REPORT. The report shall contain the following information:

1. The inmate's name;
2. The inmate's number;
3. The inmate's housing unit;
4. The time;
5. The date;
6. The inmate's behavior;
7. The inmate's mood or attitude;
8. The inmate's personal hygiene;
9. The inmate's sleeping/eating pattern;
10. The inmate's social adjustment; and
11. Other symptoms or actions which the correction officer thinks may be of significance.

(b) The completed FORM 301–X DAILY CORRECTION OFFICER SUICIDE WATCH REPORT, shall be submitted to the shift commander at the conclusion of the shift, and copies of FORM 301–X shall be forwarded by the shift commander to:

1. The Director of Custody Operations;
2. The Medical Director;
3. The Superintendent;
4. The Director of Psychology;
5. The Director of Professional Services; and
6. The Classification Department.

10A:16–12.8 Personal property

(a) The shift commander, after consultation with the Director of Psychology or a designated professional person, shall determine the items of personal property which an inmate on suicide watch is permitted to possess in the inmate's cell. This decision shall depend on the inmate's:

1. Emotional status;
2. Behavior; and
3. General prognosis.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (a).

10A:16–12.9 Supervision

The Superintendent shall assign an Assistant Superintendent, the Medical Director, or the Director of Psychology to supervise the initiation and implementation of suicide watch procedures to ensure that the inmate is receiving appropriate care.

10A:16–12.10 Release from suicide watch

(a) The Medical Director, psychiatrist, or Director of Psychology may order the inmate released from suicide watch by filling out FORM 301–XI RELEASE FROM SUICIDE WATCH.

(b) The order to release an inmate from suicide watch (FORM 301–XI) shall be reviewed and approved by the Superintendent before action is taken to release the inmate from suicide watch.

(c) The shift commander shall be notified by the Superintendent or his or her designee of the approval of 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 shift commander shall determine the time the transfer will take place.

(e) FORM 301–XI shall be forwarded to the Classification Department and a copy shall be sent to the Medical Department.

Amended by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Revised (a).

10A:16–12.11 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 Center Control immediately.

(b) Center 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:16–12.12 Cutting tool

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

10A:16–12.13 Post orders policies and procedures

(a) In order to implement this subchapter, each correctional facility shall develop written:

1. Post orders;
2. Policies; and
3. 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 a suicide attempt is handled in order to save the victim'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.

10A:16–12.14 (Reserved)

Repealed by R.1992 d.283, effective July 6, 1992.
See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).
Section was "Forms".

SUBCHAPTER 13. COMMITMENT FOR PSYCHIATRIC TREATMENT

10A:16–13.1 Purpose and Scope

(a) The purpose of this subchapter is to provide for mental health services in State-owned or operated correctional facilities.

(b) This subchapter shall be applicable to all inmates assigned to correctional facilities within the Division of Adult Institutions or the Juvenile Medium Security Facility who are 18 years of age and older or juveniles who have been assigned adult status by the sentencing court.

10A:16–13.2 Definitions

The following terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise.

"Department of Human Services" means the New Jersey Department of Human Services.

"Forensic Psychiatric Hospital" means the Forensic Psychiatric Hospital which is administered by the New Jersey Department of Human Services in Trenton, New Jersey.

"Licensed physician" means a person who has a valid and current license to practice medicine in the State of New Jersey (see N.J.A.C. 10A:16–2.4).

"Psychiatrist" means a physician who has completed the training requirements of the American Board of Psychiatry and Neurology and has a valid and current license to practice medicine in the State of New Jersey (see N.J.A.C. 10A:16–2.4).

"Screening Service" as defined in N.J.S.A. 30:4–27.2z.

10A:16–13.3 Psychiatric commitments

(a) Prior to considering the commitment of an inmate to the Forensic Psychiatric Hospital, the Chief Mental Health professional of the parent correctional facility shall have exhausted all reasonable means towards managing the inmate's psychiatric symptoms within the correctional facility.

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

1. Counselling;
2. Individual and/or group therapy;
3. Drug and alcohol therapy; and
4. Encouraging the inmate to take prescribed medication which has controlled said symptoms in the past.

(c) Sentenced adult inmates, inmates who are assigned to the Juvenile Medium Security Facility who are 18 years of age and older, or juveniles who have been assigned adult status by the sentencing court, may be hospitalized at the Forensic Psychiatric Hospital when:

1. They require psychiatric hospitalization;
2. They are assigned to housing units other than the Capital Sentence Unit;
3. They meet the admission, mental illness and security criteria set forth in N.J.A.C. 10A:16–13.4, 13.5 and 13.6; and
4. The appropriate commitment documents have been processed in accordance with the procedures outlined in this subchapter.

Case Notes

Mentally ill inmate transferred to psychiatric hospital by prison was not responsible for cost of care and maintenance. Matter of Commitment of F.H., 258 N.J.Super. 532, 610 A.2d 882 (A.D.1992).

10A:16–13.4 Admission criteria

In order to be admitted to the Forensic Psychiatric Hospital, an inmate must exhibit symptoms or behavior from the categories of criteria listed in N.J.A.C. 10A:16–13.5 and 13.6.

10A:16–13.5 Mental illness criteria

(a) In order to meet the mental illness criteria for commitment to the Forensic Psychiatric Hospital, the inmate must exhibit one or more of the following:

1. Hallucinations (visual or auditory);
2. Delusions motivating or commanding patient to harm self or others or to perform dangerous behavior;
3. Acute psychotic episodes or acute exacerbation of psychotic symptoms from previously diagnosed psychosis (recent onset within 10 days);
4. Bizarre behavior, agitation, psychomotor retardation or depression markedly interfering with daily function, which causes severe subjective distress or is grossly socially unacceptable;
5. Total body rigidity or immobility (catatonia);
6. Severe and disabling anxiety; and/or
7. Severely disabling thought disorder.

10A:16–13.6 Security criteria

(a) In order to meet the security criteria for commitment to the Forensic Psychiatric Hospital, the inmate must be a danger to self, others or property as evidenced by one or more of the following:

1. A suicide attempt within the past seven days;
2. Persistent suicide ideation;
3. Assaultive/harmful behavior;
4. Verbal threats to harm others;
5. Arson;
6. Self-mutilative behavior or threats;
7. Hallucinations (visual or auditory);
8. Delusion motivating or commanding patient to harm self or others or to perform dangerous behavior; and/or
9. Paranoid hallucinations/delusions so severe that patient is unable to perform basic care needs, such as:
   i. Eating;
   ii. Drinking; and/or
   iii. Personal hygiene.
10. Severe psychiatric condition unresponsive to treatment with medication (at least three weeks duration) and admitted for intensive medication trial;
11. Problems which require special treatment procedures such as seclusion/restraint in a maximum security treatment setting;

12. Psychiatric problems, which require close supervision due to associated medical conditions when the medical condition is stabilized and the psychiatric problems outweigh strictly medical intervention; and/or

13. Psychiatric decompensation due to medication refusal while in a State correctional facility.

10A:16–13.7 Regular commitment of adult 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 Superintendent or Acting Superintendent.

(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 Form.

(d) The physician and psychiatrist who complete the two CLINICAL/SCREENING CERTIFICATE OF INVOLUNTARY COMMITMENT OF MENTALLY ILL ADULTS Forms 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 Form shall be signed by the Superintendent or his or her designee and 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 a psychiatric examination or for admission.

(g) The originals of the completed forms DHS–C4 APPLICATION FOR TEMPORARY COMMITMENT, CLINICAL/SCREENING CERTIFICATE OF INVOLUNTARY COMMITMENT OF MENTALLY ILL ADULTS, and TEMPORARY ORDER FOR COMMITMENT shall be left with the Forensic Psychiatric Hospital and the psychiatric facility shall file these documents for the final hearing. The correctional facility shall maintain a copy of all these completed forms in the inmate's medical folder.

(h) The correctional facility shall receive notice of the final hearing but it will not be necessary for a correctional facility staff member to attend unless the attorney representing the State indicates that attendance is necessary.

10A:16–13.8 Psychiatric 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 pursuant to said inmates.

(b) Form DHS–C4 APPLICATION FOR TEMPORARY COMMITMENT shall be completed and signed by the Superintendent of the New Jersey State Prison.

(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 Form.

(d) The physician and psychiatrist who complete the two CLINICAL/SCREENING CERTIFICATE OF INVOLUNTARY COMMITMENT OF MENTALLY ILL ADULTS Forms 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 Form for inmates assigned to the Capital Sentence Unit (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, CLINICAL/SCREENING CERTIFICATE OF INVOLUNTARY COMMITMENT OF MENTALLY ILL ADULTS and the TEMPORARY ORDER FOR COMMITMENT Forms shall be used by the New Jersey State Prison to file for the final hearing.

10A:16–13.9 Screening service commitment of adult inmates

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

(b) Form DHS–C4 APPLICATION FOR TEMPORARY COMMITMENT shall be used for the commitment of the inmate and shall be completed and signed by the Superintendent or Acting Superintendent. A clear delineation of the treatment efforts the correctional facility has

attempted and the current behavior of the inmate which justifies admission for treatment shall be included in information provided on Form DHS–C4.

(c) In a situation involving an inmate assigned to a housing unit other than the Capital Sentence Unit (C.S.U.) and the unavailability of a psychiatrist to complete a Clinical/Screening Certificate, the following procedures shall be utilized as appropriate:

1. If the local Division of Mental Health and Hospitals' (D.M.H. & H.) designated Screening Service has been approved for this purpose by the D.M.H. & 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). The Screening Service shall provide a screening evaluation either at the correctional facility or the Screening Service site. If the inmate meets the commitment standard, the Screening Service shall complete the Clinical/Screening Certificate 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; or

2. If the local D.M.H. & H.'s designated Screening Service has not been approved for this purpose by the D.M.H. & H.'s Division Director, the correctional staff shall contact the Forensic Psychiatric Hospital prior to transporting the inmate to that hospital for screening. A physician employed by the Department of Corrections shall complete a Clinical/Screening Certificate and the Application for Temporary Commitment shall be completed and signed by the Superintendent or Acting Superintendent. Both of these documents shall accompany the inmate when transported to the Forensic Psychiatric Hospital. Correctional staff shall wait at the Forensic Psychiatric Hospital while the inmate is being screened. If the inmate meets the commitment standard, a psychiatrist employed by the Forensic Psychiatric Hospital shall complete the Clinical/Screening Certificate and correctional staff shall obtain a Temporary Court Order to finalize the involuntary commitment. The inmate shall remain in custody at the Forensic Psychiatric Hospital while the Temporary Court Order is being secured but not be admitted as an involuntarily committed patient until the court issues a Temporary Court Order;

3. If there is an unforeseen delay in obtaining a Temporary Court Order which would result in an overnight stay by the inmate at the Forensic Psychiatric Hospital, the correction officers shall transport the inmate back to the parent correctional facility.

(d) The TEMPORARY ORDER FOR COMMITMENT form 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 to the Forensic Psychiatric Hospital.

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

(f) The originals of the completed forms DHS–C4 APPLICATION FOR TEMPORARY COMMITMENT, CLINICAL/SCREENING CERTIFICATE OF INVOLUNTARY COMMITMENT OF MENTALLY ILL ADULTS, and TEMPORARY ORDER FOR COMMITMENT shall be left with the Forensic Psychiatric Hospital and the psychiatric facility shall file these documents for the final hearing. The correctional facility shall maintain a copy of all these forms on file.

(g) The correctional facility shall receive notice of the final hearing, but it will not be necessary for a correctional facility staff member to attend unless the attorney representing the State indicates that attendance is necessary.

10A:16–13.10 Listing of local mental health screening services

The Office of Institutional Support Services 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:16–13.11 Commitment of inmates under 18 years of age

(a) Whenever an inmate under 18 years of age is in need of involuntary commitment, the procedures contained in Pressler, N.J. Court Rules, Rule 4:74–7k, shall be followed.

(b) In conjunction with (a) above, the procedures outlined in N.J.A.C. 10A:16–13.7 shall be utilized for inmates under eighteen years of age with the exception of the forms. The APPLICATION FOR TEMPORARY COMMITMENT, CERTIFICATE FOR INVOLUNTARY COMMITMENT OF MINORS (DHS–Al–Rev. 6/89) and the TEMPORARY ORDER FOR INVOLUNTARY COMMITMENT OF A MINOR shall be utilized for such commitments.

10A:16–13.12 Transportation

(a) Transportation to and from the Forensic Psychiatric Hospital shall be provided by the New Jersey Department of Corrections.

(b) Inmates in the Forensic Psychiatric Hospital requiring transportation for court appearances or medical transfer to outside medical facilities shall be provided with a New Jersey Department of Corrections escort coordinated by the Office of Central Medical/Transportation, Department of Corrections.

(c) Within 48 hours of the Forensic Psychiatric Hospital notification of the sending correctional facility that the inmate has been discharged, the New Jersey Department of Corrections shall transport the inmate to the sending correctional facility.

10A:16–13.13 Review and revision of rules

The Commissioners of the Departments of Human Services and Corrections or their designees shall meet two years from the adoption of these rules and every two years thereafter to review the procedures set forth in these rules and to determine the need for any revisions.

10A:16–13.14 Forms

(a) 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 Office of Institutional Support Services (O.I.S.S.), 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;

3. TEMPORARY ORDER FOR COMMITMENT;

4. CERTIFICATE FOR INVOLUNTARY COMMITMENT OF MINORS; and

5. TEMPORARY ORDER FOR INVOLUNTARY COMMITMENT OF A MINOR.