

In (a), substituted “reviewing the suicide watch form and consulting” for “consultation” following “after” and substituted “that” for “which” preceding “an inmate”; added (b) and (c).

10A:16-12.8 Release from suicide watch

(a) The psychiatrist or psychologist of the correctional facility may order the inmate released from suicide watch by conducting a face-to-face visit and completing the EMR MH Suicide Release form in the EMR.

(b) The order to release an inmate from suicide watch shall be printed and signed by the psychiatrist or psychologist, and reviewed and authorized for administrative support by the Administrator before action is taken to release the inmate from suicide watch.

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

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

(e) A printed copy of the EMR MH Suicide Release form shall be forwarded to the Classification Department and a copy filed in the inmate’s MRF.

Amended by R.2005 d.179, effective June 6, 2005.
See: 37 N.J.R. 188(a), 37 N.J.R. 2020(b).
Rewrote (a), (b) and (e).

10A:16-12.9 Attempt to commit suicide

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

(b) Central Control shall advise the custody or other staff member on actions to take and shall send additional staff as are deemed necessary such as, but not limited to: emergency, medical, custody and/or supervisory staff.

(c) In circumstances where there is at least one custody staff member located in a protected position, another custody staff member 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 custody staff member assigned to a secured housing unit, that custody staff member shall wait for a second custody staff member to arrive and 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.

Amended by R.2005 d.179, effective June 6, 2005.
See: 37 N.J.R. 188(a), 37 N.J.R. 2020(b).
Rewrote the section.

10A:16-12.10 Cutting tool

A special cutting tool known as a “911 rescue tool” shall be made available to a custody staff member working in a housing unit to cut down a hanging inmate.

Amended by R.2005 d.179, effective June 6, 2005.
See: 37 N.J.R. 188(a), 37 N.J.R. 2020(b).

Substituted “custody staff member” for “correction officer” preceding “working in a housing unit”.

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

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

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

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

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

SUBCHAPTER 13. COMMITMENT FOR PSYCHIATRIC TREATMENT

10A:16-13.1 Psychiatric commitments

(a) Prior to considering the commitment of an inmate to the Forensic Psychiatric Hospital, the Director of Psychology of the correctional facility shall have exhausted all reasonable

means toward managing the inmate's psychiatric symptoms within the correctional facility.

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

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

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

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

Amended by R.2008 d.97, effective April 21, 2008.

See: 40 N.J.R. 85(a), 40 N.J.R. 2111(b).

In (c)2, deleted "other than the Capital Sentence Unit" following "units".

10A:16-13.2 Psychiatric admission

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

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

(a) Copies of the appropriate forms shall be used when an inmate, who is assigned to a housing unit is being committed to the Forensic Psychiatric Hospital.

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

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

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

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

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

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

Amended by R.2005 d.179, effective June 6, 2005.

See: 37 N.J.R. 188(a), 37 N.J.R. 2020(b).

In (a), substituted "an for "the" preceding "inmate"; in (g), substituted "MRF" for "Medical/Dental Record".

Amended by R.2007 d.315, effective October 15, 2007.

See: 39 N.J.R. 2442(a), 39 N.J.R. 4402(a).

In (d), substituted a comma for "or" after "blood" and inserted "or civil union".

Amended by R.2008 d.97, effective April 21, 2008.

See: 40 N.J.R. 85(a), 40 N.J.R. 2111(b).

In (a), deleted "other than the Capital Sentence Unit (C.S.U.);" following "unit".

10A:16-13.4 (Reserved)

Amended by R.2005 d.179, effective June 6, 2005.

See: 37 N.J.R. 188(a), 37 N.J.R. 2020(b).

In (g), substituted "MRF" for "Medical/Dental Record" following "in this section in the inmate's".

Amended by R.2007 d.315, effective October 15, 2007.

See: 39 N.J.R. 2442(a), 39 N.J.R. 4402(a).

In (d), substituted a comma for "or" after "blood" and inserted "or civil union".

Repealed by R.2008 d.97, effective April 21, 2008.

See: 40 N.J.R. 85(a), 40 N.J.R. 2111(b).

Section was "Psychiatric involuntary commitment and treatment in the Capital Sentence Unit (C.S.U.)".

10A:16-13.5 Screening service commitment of inmates

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

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

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

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

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

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

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

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

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

Amended by R.2005 d.179, effective June 6, 2005.
See: 37 N.J.R. 188(a), 37 N.J.R. 2020(b).

In (e), substituted "MRF" for "Medical/Dental Record" following "in this section in the inmate's".

10A:16-13.6 Transportation

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

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

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

Amended by R.2005 d.179, effective June 6, 2005.
See: 37 N.J.R. 188(a), 37 N.J.R. 2020(b).

In (b), deleted "Office of" preceding "Central Medical/Transportation", inserted "Unit" preceding "Department of Corrections".

SUBCHAPTER 14. (RESERVED)

SUBCHAPTER 15. KEEP ON PERSON (KOP) MEDICATION

10A:16-15.1 Authority

(a) The Department of Corrections may authorize the use of certain KOP medications that are clinically indicated and have been ordered for an inmate by the responsible health authority of the correctional facility.

(b) The use of KOP medication that has been ordered for an inmate by the responsible health authority may be discontinued by the Administrator after consultation with and consent from the responsible health authority.

(c) When KOP medication is authorized, Departmental and health care provider staff and inmates shall be responsible to comply with the provisions of this subchapter and any related internal management procedures.

10A:16-15.2 Distribution of and instructions for inmate use of KOP medication

(a) Prior to distributing a KOP medication to an inmate, the responsible health authority shall determine whether the inmate has the necessary stability, ability and skill to handle independent self-administration of the medication and make a recommendation to the Administrator or designee. When independent, self-administration of the medication is disapproved, the reason(s) shall be documented in the EMR by the responsible health authority or designee.

(b) KOP medication shall be packaged with information to include, but not be limited to:

1. The name and number of the inmate;
2. The name of the drug;
3. The method of administration;
4. The dosage;
5. Strength;
6. The order date;
7. The expiration date;
8. Directions for taking the medication; and
9. The name of the responsible health authority who ordered the medication.

(c) The health care provider shall ensure verbal instructions regarding the KOP medication are provided to each inmate authorized to possess and independently self-administer the medication. Instructions shall include, but not be limited to, the following:

1. The name, method of administration, dosage, and directions for taking the medication;
2. The intended use of the medication;
3. Possible side effects and instructions for reporting any side effects;
4. Special instructions;
5. Refill procedures (if appropriate) and handling of any unused KOP medication; and
6. Rules and internal management procedures regarding KOP medication and the responsibility of the inmate to fully comply.

10A:16-15.3 Inmate responsibility and compliance associated with KOP medication

(a) Inmates shall be responsible for the proper use, handling, possession, maintenance, and requests for refill of KOP medication in compliance with the provisions of this subchapter and related internal management procedures.

(b) KOP medications must remain in the original container until the designated time of self-administration.

(c) Inmates shall not use, carry, handle, or be in possession of a KOP medication prescribed for another inmate.

(d) Inmates determined to be unable to comply with, or to be non-compliant with, requirements for the use, handling, possession, maintenance, or requests for refill of KOP medication shall be subject to the immediate removal of the KOP medication and, upon removal, shall receive medications via directly observed therapy (DOT). Inmates misusing or non-compliant shall be subject to disciplinary action in accordance with N.J.A.C. 10A:4.

(e) An inability to comply with, or refusal to comply with, requirements for the use, handling, possession, maintenance, or requests for refill of KOP medication, and any finding of guilt to a KOP medication related prohibited act shall be documented in the EMR by the responsible health care provider.

10A:16-15.4 KOP medication spot checks

(a) KOP medication spot checks shall be conducted by health care provider staff on a regular, continuing and random basis to ensure inmate compliance with requirements for the use, handling, possession, maintenance, and requests for refill of KOP medication as established by the provisions of this subchapter and related internal management procedures.

(b) KOP medication that is being misused, or is unauthorized for the inmate's possession, shall be handled as contraband in accordance with N.J.A.C. 10A:3-6 and shall subject the inmate to disciplinary action as set forth in this subchapter and N.J.A.C. 10A:4.

(c) Spot checks shall be conducted by health care provider staff to determine if the inmate is:

1. Authorized to possess KOP medication;
2. Self-administering the KOP medication dosage as prescribed;
3. Maintaining the KOP medication as instructed;
4. Requesting refills of KOP medication when necessary; and
5. Complying with the provisions of this subchapter and related internal management procedures.

(d) KOP medication spot checks shall be documented in designated records and reports by the health care provider in accordance with related internal management procedures.

10A:16-15.5 Searches

(a) Custody staff who find KOP medication while conducting a search in accordance with N.J.A.C. 10A:3-5 shall check the KOP medication to ensure inmate compliance with requirements for the use, handling and possession of KOP