

5. Participating in Health Services Unit activities such as, but not limited to, writing policy and internal management procedure, audit development, and maintenance of essential records and files.

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

SUBCHAPTER 2. MEDICAL SERVICES

10A:16-2.1 Medical services provided

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

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

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

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

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

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

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

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

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), deleted ", Health Services Unit Supervisor," preceding "shall" in the introductory paragraph.

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

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

(b) The health care provider through the responsible health authority shall ensure that medical conditions as described in N.J.A.C. 10A:16-2.1 are treated.

(c) A medical consultant(s) may be employed to conduct peer review and quality assurance reviews as deemed necessary by the Assistant Commissioner, Division of Operations.

10A:16-2.4 Licensure and certification

(a) All medical service providers shall maintain valid and current licenses or certifications, as appropriate, to practice within their respective disciplines in the State of New Jersey.

(b) The following physician's licenses and certificates and renewal of same shall be forwarded to the Health Services Unit, Director of Medical Services:

1. The New Jersey license to practice medicine;
2. The Drug Enforcement Administration Federal Narcotics License;
3. The State of New Jersey Division of Consumer Affairs Certificate of Registration for Controlled Dangerous Substances (C.D.S.);
4. The certificate for Cardiopulmonary Resuscitation (CPR);
5. The current certificate of liability insurance appropriate for area of practice; and
6. Any certification(s) for services other than primary care.

(c) Proof of appropriate licensing and certification credentials and renewal of same for all other regulated professionals, such as, but not limited to, nurses and technicians, shall be submitted to the Health Services Unit, Director of Medical Services.

(d) The health care provider shall report all disciplinary action and/or license suspension to the Health Services Unit, Director of Medical Services and other State regulatory bodies, as required by law.

(e) All persons taking x-rays shall be licensed by the State of New Jersey in accordance with N.J.S.A. 45:25-1 et seq.

(f) All medical service providers shall maintain current certification in CPR.

(g) The final approval to hire physicians, nurses and other regulated professionals may be granted only with credential review approval by the Health Services Unit Director of Medical Services.

(h) It shall be the responsibility of the medical service provider to submit proof of license(s) and certification(s) renewal to the Health Services Unit, Director of Medical Services through the health care provider. The responsible health authority shall conduct an annual review of license and certification currency and shall provide a written report of such annually to the Health Services Unit Supervisor.

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:16-2.5 Medical students, interns and residents

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

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

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

Deleted "existing or proposed" preceding "program" and substituted "shall be subject to the review and prior written approval" for "shall be required to obtain the prior written approval" following "the Department of Corrections".

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

(a) The health care provider may contract with community medical facilities and medical specialty consultants to provide inpatient and outpatient health care.

(b) The use of community facilities and medical specialty consultants shall be subject to the review and prior written approval of the Health Services Unit, Director of Medical Services.

10A:16-2.7 Inmate work assignments in medical services

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

1. Providing direct inmate care services;
2. Scheduling health care appointments;
3. Determining the access of other inmates to health care services;
4. Handling or having access to:
 - i. Surgical instruments;

- ii. Syringes;
- iii. Needles;
- iv. Medications; and
- v. Health Records.

5. Operating any health care equipment; and/or

6. Handling regulated medical waste, except as established in (b) below.

(b) Inmates may assist in the medical area in the performance of routine housekeeping duties. Handling of regulated medical waste shall be limited to housekeeping and clean-up duties for which appropriate training and supplies have been provided to the inmate.

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

(d) Inmates shall be permitted to assist in moving and lifting other inmates.

(e) Inmates shall be permitted to assist in transporting other inmates to authorized areas of the correctional facility.

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), inserted ", except as established in (b) below" following "medical waste" in 6; in (b), added the second sentence; added (d) and (e).

10A:16-2.8 Sick call

(a) Daily sick call shall be conducted at each correctional facility by a physician and/or other qualified medical 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 the inmate is housed, such as, but not limited to, a close custody unit.

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 "medical" for "health" following "qualified"; in (b), substituted "in the place the inmate is housed, such as, but not limited to, a close custody unit" for "in the place of the inmate's detention" following "sick call services".

10A:16-2.9 Correctional facility infirmary

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

(b) Written policies and procedures for infirmary care shall be developed in accordance with N.J.A.C. 10A:16-2 and any other applicable State statutes and regulations.

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

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), rewrote the introductory paragraph.

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

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

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

10A:16-2.18 Medical records

(a) A complete medical record shall be maintained for each inmate to accurately document all health care services provided throughout the inmate's period of incarceration. The medical record shall consist of an Electronic Medical Record (EMR) and a Medical Reference File (MRF). The EMR and/or MRF shall contain the following items:

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

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

(c) Each health care encounter shall be recorded in the appropriate section of the inmate's EMR. Each entry in the MRF shall be written in black ink or typed, signed or initialed, and clearly dated by the appropriate health care provider staff member. In addition to a physician or health

care provider's signature or initials, a name stamp must be used.

(d) All active EMR and MRF records shall be maintained separately from the classification records.

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

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

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

(h) Computer generated medical record summaries are maintained in the EMR in accordance with N.J.A.C. 13:35-6.5. Medical record summaries shall be printed minimally on an annual basis and upon release of an inmate from custody and then filed in the MRF. Medical record summaries are available to inmates in accordance with provisions at N.J.A.C. 10A:22-2.7.

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:16-2.19 Informed consent for treatment

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

10A:16-2.20 Medical research or experimentation prohibited

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

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

(c) Any person or agency who wishes to conduct academic, nonmedical, nonpharmaceutical, and noncosmetic research projects shall complete and submit the research request application package (see N.J.A.C. 10A:1-10.3) the Departmental Research Review Board (DRRB) in accordance with N.J.A.C. 10A:1-10, Research.

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

Amended by R.2007 d.226, effective August 6, 2007.

See: 39 N.J.R. 836(a), 39 N.J.R. 3383(a).

In (c), inserted "academic," inserted a comma following "nonpharmaceutical" and substituted "the research request application package (see N.J.A.C. 10A:1-10.3) to the Departmental Research Review Board (DRRB) in accordance with N.J.A.C. 10A:1-10, Research" for "Form 980 I Research Project Request to the Administrator or Unit Administrator".

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

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

(b) The monthly and annual reports shall include statistical and/or narrative data regarding, but not limited to, the following:

1. Major developments and highlights;
2. Number of inmates admitted to infirmary or hospital;
3. Number of inmates transferred to St. Francis Unit;
4. Number of inmates transferred to outside hospitals;
5. Types of medical services provided;
6. Special or unusual activities such as x-rays, mass inoculations;
7. Future plans for services;
8. Problem areas;
9. Number of inmates who received controlled medication;
10. Number of inmates taken off controlled medication;
11. Meetings, conferences and workshops attended by staff;
12. Official visits by government representatives and other community groups;
13. Statistical comparisons with the previous monthly or annual report;
14. A narrative summary that delineates the status of the program identifying existing and potential problems and targeted resolutions; and
15. Any information as directed by the correctional facility Administrator, Health Services Unit Director of Medical Services and/or the Assistant Commissioner, Division of Operations.

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), inserted "of" preceding "Medical Services"; in (b), substituted "shall include statistical and/or narrative data regarding, but not limited to" for "shall include, but not be limited to" in the introductory paragraph, inserted "Director of Medical Services" following "Health Services Unit" and inserted "or" following "and/" in 15.

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

(a) The responsible health authority in collaboration with the health care provider shall develop and maintain a site-specific operational manual(s) that provides health care goals, **objectives, policies and procedures** for the correctional facility infirmary, satellite units, correctional community based

facilities and home confinement cases which are consistent with the requirements of this chapter and contractual stipulations.

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

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

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

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

1. The name of trainee(s) or group(s);
2. The date of training;
3. The type of training; and
4. The date of required retraining.

(e) An inmate and employee food handler log book(s) shall be maintained in the correctional facility medical department which shall include, but not be limited to the:

1. The name of individual;
2. The date of exam;
3. Approval or disapproval for a food service job;
4. The reason for disapproval of a food service job; and
5. The date of re-exam(s) and results.

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

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

In (d), deleted "the" following "limited to" in the introductory paragraph.