

CHAPTER 16
MEDICAL AND HEALTH SERVICES

Authority

N.J.S.A. 30:1B-6 and 30:1B-10.

Source and Effective Date

R.2005 d.179, effective May 11, 2005.
See: 37 N.J.R. 188(a), 37 N.J.R. 2020(b).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 16, Medical and Health Services, expires on November 7, 2010. See: 41 N.J.R. 4397(a).

Chapter Historical Note

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

Subchapter 6, Pregnant Inmates, was repealed and Subchapter 6, Pregnant Inmates, was adopted as new rules by R.1987 d.305, effective July 20, 1987.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

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

Subchapter 11, Special Medical Unit, was repealed and Subchapter 11, Special Medical Units, was adopted as new rules by R.1990 d.249, effective May 21, 1990 (operative May 29, 1990).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

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

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

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

Chapter 16, Medical and Health Services, was adopted as new rules and Subchapter 10, Lethal Injection, of former Chapter 16 was recodified as N.J.A.C. 10A:23-2 by R.1992 d.283, effective July 6, 1992. See: 24 N.J.R. 1677(a), 24 N.J.R. 2452(a).

Subchapter 11, Special Medical Units, was repealed by R.1995 d.525, effective September 18, 1995.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

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

Chapter 16, Medical and Health Services, was adopted as new rules by R.1999 d.426, effective December 6, 1999. See: 31 N.J.R. 2531(a), 31 N.J.R. 4045(b).

Chapter 16, Medical and Health Services, was readopted as R.2005 d.179, effective May 11, 2005. See: Source and Effective Date. See, also, section annotations.

Subchapter 15, Keep On Person (KOP) Medication, was adopted as new rules by R.2007 d.217, effective July 16, 2007. See: 39 N.J.R. 749(a), 39 N.J.R. 2650(a).

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SUBCHAPTER 1. GENERAL PROVISIONS

10A:16-1.1 Purpose

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

1. Providing medical services for inmates;
2. Providing dental services for inmates;
3. Providing mental health services for inmates;
4. Obtaining informed consent from an inmate to perform certain medical, dental or surgical procedures;
5. Providing assistance to pregnant inmates and placement of their newborn;
6. Providing notification to next of kin in the event of an inmate's critical illness or death;
7. Providing for burial or cremation of unclaimed inmate bodies;
8. Applying for executive clemency;
9. Establishing policies and procedures regarding inmate co-payment for eligible health and dental services and treatment;
10. Donation of blood, tissue(s) and organ(s) by inmates;

11. Involuntary psychotropic medications;
12. Advance directives;
13. Medical transfer; and
14. The identification, placement and monitoring of inmates who are deemed to be at risk for suicide.

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 “, dental or surgical” preceding “procedures” in 4, inserted “, tissues(s) and organs(s)” preceding “by inmates” in 10, added new 12, recodified former 12 and 13 as 13 and 14.

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 unless the context clearly indicates otherwise:

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

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

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

“Directly observed therapy” or “DOT” means the procedure in which an inmate receives each dose of medication directly administered and observed by the health care provider.

“Electronic medical record” hereafter referred to as “EMR” means the primary healthcare record of an inmate in an electronic format that contains recorded information concerning the medical, dental and mental health history and related health activities of the inmate.

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

“Forensic psychiatric hospital” means the forensic psychiatric hospital that is administered by the New Jersey Department of Human Services.

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

“Health Services Unit” means the unit administered by the Assistant Commissioner, Division of Operations, responsible for managing the provision of medical, dental and mental

health services to inmates under the jurisdiction of the Department of Corrections.

“Keep on person” or “KOP” means the procedure in which an inmate is authorized to keep in his or her possession certain medication for purposes of independent self-administration in accordance with Departmental rules at N.J.A.C. 10A:16 and related internal management procedures.

“Medical reference file” hereafter referred to as “MRF” means the paper, written or printed record that contains information concerning the medical, dental and mental health history and related health activities of an inmate.

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

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

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

Amended by R.2001 d.292, effective August 20, 2001.

See: 33 N.J.R. 1494(a), 33 N.J.R. 2814(a).

Rewrote “Constant observation”.

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

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

Deleted “Close observation”, “Constant observation” and “Suicide watch”; added “Electronic medical record” and “Medical reference file”.

Amended by R.2006 d.151, effective May 1, 2006.

See: 38 N.J.R. 96(a), 38 N.J.R. 1836(a).

In the introductory paragraph, added “unless the context clearly indicates otherwise”; and deleted the definition of “Staff”.

Amended by R.2007 d.217, effective July 16, 2007.

See: 39 N.J.R. 749(a), 39 N.J.R. 2650(a).

Added definitions “Directly observed therapy” and “Keep on person”.

10A:16-1.4 Forms

(a) The following forms referenced in this chapter are related to, and available through, Medical and Health Services:

1. EMR Dental Intake Encounter form;
2. EMR MH Suicide Watch Notice form;
3. EMR MH Daily Suicide Monitoring form;
4. EMR MH Suicide Status Change form;
5. MR-013 Daily Correction Officer Suicide Watch Report;
6. EMR MH Suicide Release form; and
7. EMR Consent for Treatment form.

(b) The following form related to Medical and Health Services are available by accessing the Department of Corrections computer network (DOCNet). Interested individuals who do not have access to DOCNet may obtain copies of forms by contacting the Administrative Rules Unit, New Jersey Department of Corrections:

1. 520-I Inmate Therapist Confidentiality.

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

1. Petition For Executive Clemency.

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

1. DHS-C4 Application for Temporary Commitment;
2. Clinical/Screening Certificate of Involuntary Commitment of Mentally Ill Adults; and
3. Temporary Order for Commitment.

(e) Except as otherwise agreed to by the Department of Corrections and its health care provider, no forms other than those set forth in this section shall be used for documentation of health care.

Administrative change.

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

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); in (e), substituted "for documentation of health care" for "in an inmate's Medical Dental Record".

Amended by R.2006 d.419, effective December 4, 2006.

See: 38 N.J.R. 3226(a), 38 N.J.R. 5161(a).

In the introductory paragraph of (b), deleted "shall be reproduced by each correctional facility from originals that" preceding "are available" and inserted "by accessing the Department of Corrections computer network (DOCNet). Interested individuals who do not have access to DOCNet may obtain copies of forms" and ", New Jersey Department of Corrections".

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

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

In the introductory paragraph of (b), substituted "form" for "forms"; in (b)1, substituted a period for "; and" at the end; and deleted (b)2.

10A:16-1.5 Medical co-payment

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

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

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

(d) The following services are excluded from the copayment requirement:

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

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

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

10A:16-1.6 Quality Assurance Program

(a) The Department of Corrections shall maintain a Quality Assurance Program related to the provision of health services to include medical, dental and mental health services.

(b) The purpose of the Quality Assurance Program shall be to analyze and evaluate the adequacy of health services provided to inmates and to identify any deficiencies in the provision of health services that require improvement or resolution.

(c) Quality Assurance Program staff shall be responsible for the physical inspection and evaluation of all areas related to the provision of health services, which shall include, but not be limited to:

1. Conducting formal audits of internal management procedures related to the provision of health services to inmates;
2. Monitoring inmate complaints related to the provision of health services;
3. Reviewing EMRs, MRFs, and all reports and documents related to the provision of health services;
4. Acting as liaison between the responsible health authority, staff of the Health Services Unit, health care providers and other Departmental staff as defined in N.J.A.C. 10A:16-1.3; and

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).

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.

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) The health care provider shall be responsible for notifying inmates in a timely manner of any serious medical condition that requires treatment along with an explanation of the condition and treatment.

(c) 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.

(d) 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).
Amended by R.2008 d.48, effective April 7, 2008.
See: 39 N.J.R. 2583(c), 40 N.J.R. 1869(a).

Added new (b); and recodified former (b) and (c) as (c) and (d).

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

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.

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

1. A physician or advanced practice nurse on call 24 hours per day, seven days per week;
2. A Registered Nurse on duty 24 hours per day, seven days per week;
3. All inmates being maintained within sight or sound of a medical staff person;
4. The accurate and timely recording in the EMR of medical information for each inmate;
5. A manual of nursing policies and procedures immediately available to health care staff.

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:16-2.10 Emergency medical treatment

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

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

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

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

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

10A:16-2.11 Medical examinations

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

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

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

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

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

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

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

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

(g) Unless there are emergent circumstances or an unusual security problem is present, no custody staff member of the opposite gender shall be present during a medical examination of an inmate. A female attendant shall always be present during the medical examination of a female inmate by a male physician.

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 "screening" following "initial history"; in (b), inserted "screening" following "initial history" and substituted "set forth" for "outlined" following "physical examination"; in (c), inserted "via the EMR" following "communicated in writing" and added the last sentence; in (e), substituted "EMR of the inmate" for "inmate's

medical record" following "shall be made part of the"; in (f), substituted "EMR of the inmate" for "inmate's Medical/Dental Record" following "shall be documented in the"; in (g), substituted "custody staff member" for "correction officer" following "problem is present, no", substituted "gender" for "sex" following "opposite" and deleted "physician's" following "shall be present during a".

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

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

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

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 "their" following "medical examination prior to".

10A:16-2.13 Medical facilities and equipment

(a) All medical areas shall have:

1. Facilities where inmates can be examined and treated with a modicum of privacy; and

2. Medical equipment and supplies that meet with the approval of the Health Services Unit, Director of Medical Services.

(b) Hypodermic needles and syringes shall be of the single service, disposable variety and their control shall be in strict compliance with all applicable State statutes and regulations.

(c) All "sharps" such as hypodermic needles, syringes, and scalpels shall be disposed of in accordance with New Jersey Medical Waste Management Act, N.J.S.A. 13:1E-48.1 et seq. and N.J.A.C. 7:26-3A.

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

1. Locked storage;
2. Distribution supervision; and
3. Inventories that shall be signed at the termination of each shift by the incoming and outgoing responsible medical service provider.

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), substituted "all applicable State statutes and regulations" for "N.J.S.A. 24:21-5" following "strict compliance with"; in (c), deleted "destroyed in the manner described in N.J.S.A. 2A:170-17 or" preceding "disposed of" and amended the N.J.S.A. reference following "New Jersey Medical Waste Management Act"; in (d), substituted "that" for "which" following "inventories" and "responsible medical service provider" for "nurse" following "incoming and outgoing" in 3.

10A:16-2.14 First aid kits, disaster boxes and equipment

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

(b) The responsible health authority in each correctional facility shall be responsible for overseeing the monthly inspection of the first aid kits, disaster boxes and equipment to ensure the contents are:

1. Properly maintained;
2. Safely stored;
3. Legibly labeled;
4. Properly inventoried and stocked; and
5. Disposed of upon expiration and restocked.

(c) The responsible health authority in each correctional facility shall be responsible for ensuring the development of written management procedures consistent with the provisions of this section.

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:16-2.15 Reportable diseases

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

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

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

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), amended the N.J.A.C. reference and substituted "Communicable" for "Reportable" preceding "Diseases".

10A:16-2.16 Prosthetic devices

(a) Medical services include the provision of prosthetic devices as determined necessary and approved by the physician. Maintenance of prosthetic devices shall be provided in accordance with internal management procedures. Examples of prosthetic devices are as follows:

1. Eye glasses;
2. Hearing aids;

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

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 pro-

vider 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 records are maintained in the EMR in accordance with N.J.A.C. 13:35-6.5 as amended and supplemented. Medical records are available to inmates in accordance with provisions at N.J.A.C. 10A:22-2.7.

(i) An inmate may request an amendment or correction of his or her medical record in writing to the responsible health authority. The request must be signed by the inmate and include the following information:

1. The recorded information that the inmate is requesting be amended or corrected;
2. The requested entry representing the amendment or correction to the recorded information that the inmate is seeking;
3. The reason or factual basis for the request of the amendment or correction; and
4. Any other information relevant to the request.

(j) An inmate's request for amendment or correction of his or her medical record shall be considered by the responsible health authority. The inmate shall be notified in writing as soon as possible within 60-calendar days of the receipt of the request to amend or correct the medical record that:

1. The request has been granted and the amendment or correction has been made and the amended or corrected section(s) of the record will be provided to the inmate at no cost to the inmate;
2. The request has been denied along with a written statement of the reasons for the denial; or
3. An extension has been deemed necessary in order to research or obtain additional information relative to the request. In this case, the written notification shall include the reasons for the extension and the reasonable time period within which a response will be provided.

(k) Inmates who disagree with a denial of a request for amendment or correct may utilize the Inmate Remedy System

to have the decision reviews as set forth at N.J.A.C. 10A:1-4.1.

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.

Amended by R.2008 d.48, effective April 7, 2008.
See: 39 N.J.R. 2583(c), 40 N.J.R. 1869(a).

In (h), substituted "records" for "record summaries" twice, inserted "as amended and supplemented" and deleted the former second sentence; and added (i) through (k).

Amended by R.2008 d.171, effective June 16, 2008.
See: 39 N.J.R. 2188(a), 40 N.J.R. 3718(d).

In (k), substituted "as set forth at N.J.A.C. 10A:1-4.1" for "and such documentation shall be retained and available in accordance with internal management procedures".

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.

10A:16-2.23 Annual inspection

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

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

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

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

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

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

SUBCHAPTER 3. DENTAL SERVICES

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

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

1. Advise the administrative staff of the Department of Corrections regarding the formulation of Departmental dental program directives and policies; and
2. Oversee the provision of dental services to inmates within the Department of Corrections.

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

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

of the correctional facility and immediately be notified in writing if the designee(s) is changed.

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

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

10A:16-3.3 Dental staff

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

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

(b) Dental staff shall practice within the guidelines of the Dental Practice Act, N.J.S.A. 45:6-1 et seq.

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

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

In (b), amended the N.J.S.A. reference.

10A:16-3.4 Licensure

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

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

1. The New Jersey License to practice dentistry;
2. The Drug Enforcement Administration Federal Narcotics License;
3. The State of New Jersey Consumer Health Service Certificate of Registration for Controlled Dangerous Substances (C.D.S.);
4. The current certificate of liability insurance appropriate for area of practice; and
5. Any certification(s) for services other than primary dental care.

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

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

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

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

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

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), amended the N.J.S.A. reference.

10A:16-3.5 Dental personnel identifications badges

In accordance with N.J.A.C. 13:30-8.9, all dental personnel shall wear identification badges indicating their name and professional title while working in the facility.

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

Substituted "N.J.A.C." for "N.J.S.A." and inserted "while working in the facility" at the end.

10A:16-3.6 Inmate work assignments in dental clinics

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

1. Providing direct or indirect inmate care services;
2. Scheduling dental appointments;
3. Determining the access of other inmates to dental services;
4. Handling or having access to:
 - i. Surgical instruments;
 - ii. Syringes;
 - iii. Needles;
 - iv. Medications; and
 - v. Dental records.
5. Operating any dental equipment;
6. Handling regulated medical waste, except as established in (b) below.

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

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

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" in 6; in (b), added the last sentence.

10A:16-3.7 Dental services coverage

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

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

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

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

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

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

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

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

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

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

(b) A comprehensive dental examination shall be accomplished within 14 business days after the inmate's arrival at

the correctional facility initially assigned. The examination shall include a manual and visual examination of the structures related to the dental field using a mirror.

(c) In the event an inmate bypasses a reception unit of the Department of Corrections, the dental health care provider at the receiving correctional facility shall perform the dental intake screening and comprehensive dental examination of the inmate set forth in (a) and (b) above.

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

(e) The findings of the examination shall be recorded on the EMR Dental Intake Encounter form in accordance with N.J.A.C. 13:30-8.7.

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

In (c), inserted "an inmate bypasses" following "In the event", deleted "is bypassed" following "Department of Corrections", and substituted "set forth" for "as outlined"; in (e), substituted "EMR Dental Intake Encounter form" for "Form DR—101 Oral Diagnosis Card and shall be recorded" following "shall be recorded on the".

Amended by R.2008 d.224, effective August 4, 2008.
See: 40 N.J.R. 865(a), 40 N.J.R. 4593(b).

In the introductory paragraph of (a), substituted "seven calendar days" for "72 hours".

10A:16-3.10 Dental treatment classification and priority treatment guidelines

(a) Dental staff in each correctional facility shall follow and comply with the Health Services Unit dental treatment classifications to be used following the initial examination and as treatment progresses as established in the Dental Services manual (See: N.J.A.C. 10A:16-3.22).

(b) Dental staff in each correctional facility shall follow and comply with the Health Services Unit guidelines for dental priority treatment as established in the Dental Services manual (see: N.J.A.C. 10A:16-3.22). Dental treatment classifications for which priority treatment may apply includes, but is not limited to:

1. Emergency dental treatment such as, but not limited to, fractures, infection and pain relief; and
2. Insufficient dentition to masticate therefore requiring prosthetic appliances.

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:16-3.11 Routine dental treatment

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

established in the Dental Services manual (see: N.J.A.C. 10A:16-3.22).

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

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 "Department's" following "in accordance with the" and inserted "as established in the Dental Services manual (see: N.J.A.C. 10A:16-3.22)" following "treatment guidelines"; in (b), substituted "such treatment is" for "being" preceding "identified".

10A:16-3.12 Oral surgery

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

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

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

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 "performed" for "used".

10A:16-3.13 Preventive dentistry

(a) A dental cleaning (prophylaxis) and a recall dental examination shall be offered to all inmates every two years (biennially) unless such cleaning and recall is determined to be clinically indicated on a more frequent basis.

1. In the event an inmate refuses to participate in a dental cleaning or recall examination, such a refusal shall be documented in the EMR by dental staff.
2. The inmate who refuses a dental cleaning or recall examination shall sign a form provided by the Health Services Unit indicating his or her refusal of such dental treatment. In the event the inmate refuses to sign the form, the following shall be indicated in the EMR along with the date and name of the dental staff member: "Inmate refuses to sign (date and name of dental staff member)."

3. The refusal of an inmate to participate in a dental cleaning or recall examination when offered by dental staff shall not preclude that inmate from requesting and/or being offered a cleaning or recall examination at a future date.

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

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

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

Amended by R.2008 d.224, effective August 4, 2008.
See: 40 N.J.R. 865(a), 40 N.J.R. 4593(b).
Rewrote (a).

10A:16-3.14 Administration of medications

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

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

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), substituted "express" for "expressed".

10A:16-3.15 Local anesthesia

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

10A:16-3.16 General anesthesia

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

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

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

10A:16-3.17 Records

(a) The EMR Dental Intake Encounter form shall be completed on each inmate committed to the Department of Corrections or admitted to a reception correctional facility and shall include the dental classification assignment.

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

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

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

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); in (b), substituted "Any MRF dental" for "Dental" preceding "records".

Amended by R.2008 d.224, effective August 4, 2008.

See: 40 N.J.R. 865(a), 40 N.J.R. 4593(b).

In (b), inserted "or dental assistant."

10A:16-3.18 Informed consent for treatment

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

10A:16-3.19 Dental equipment and supplies

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

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

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

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

10A:16-3.20 Dental research

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

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

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

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

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

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

1. A narrative summary of the major developments and highlights, including, but not limited to:

- i. Meetings, conferences, workshops and the like attended by staff;
- ii. Future plans for services; and
- iii. Problem areas;

2. A statistical summary of dental amounts;

3. A statistical summary of required examinations and specialty care;

4. A statistical summary of dental prosthetics ordered and dispensed;

5. A statistical summary of inmate complaints received and resolved; and

6. Any information required by contract.

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

10A:16-3.22 Dental services manual

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

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

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

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

10A:16-3.23 Annual inspection

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

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

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

4. Administrator;
5. Responsible health authority; and
6. Dental health care provider.

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

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

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

SUBCHAPTER 4. MENTAL HEALTH SERVICES

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

(a) The Health Services Unit, Director of Psychological Services, serving under the Health Services Unit Supervisor shall be the designated authority with primary responsibility of serving as a consultant in mental health issues. The Director of Psychological Services shall provide professional review, evaluation and guidance of all mental health programs and activities of the Department with particular emphasis upon the maintenance of professional standards including, but not limited to, the coordination of planning and research.

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

1. Initiating necessary and appropriate action to coordinate and integrate the mental health activities of the Department;
2. Providing consultative service and support to all units of the Department in the specialized area of mental health;
3. Developing procedures of reporting on the quality and performance of mental health services within the Department;
4. Evaluating mental health programs and initiating recommendations to ensure that appropriate and necessary operations are being carried out within the Department;
5. Developing intermediate and long range plans for the improvement of mental health services within the Department;
6. Reviewing the credentials and conducting credential and professional background checks of all personnel appointments within the area of mental health;

7. Conducting biannual reviews of licensees and certifications of mental health professionals to include licensed social workers and staff of other allied mental health services (see: N.J.A.C. 10A:16-2.4);

8. Reviewing research requests in accordance with N.J.A.C. 10A:1-10, Research; and

9. Providing necessary liaison to other State agencies within and outside of New Jersey in order to coordinate the mental health activities.

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 "mental health issues. The Director of Psychological Services shall provide" for "psychology and providing" following "serving as a consultant in"; in (b), rewrote 6, added new 7 and 8, recodified former 7 as 9.

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

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

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

1. Ensuring adequate, equitable and consistent mental health services;
2. Providing the written policy and procedural mechanisms approved by Department of Corrections for mental health services, staff practices and functions within the correctional facility;
3. Coordinating the activities of the mental health services with other professional and technical groups, both within and outside the correctional facility;
4. Developing a table of organization which delineates the line of authority for mental health services personnel;
5. Conducting a biannual review of license and certification validation and providing a written report of such to the Health Services Unit, Director of Psychological Services (see: N.J.A.C. 10A:16-2.4); and
6. Reporting all disciplinary action(s), license suspension(s) and/or resignation(s) of mental health services staff to the Health Services Unit, Director of Psychological Services and other State regulatory bodies as required by law.

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

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

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 "mental" preceding "health care provider"; in (b), substituted "a biannual" for "an annual" preceding "review" and inserted "(see: N.J.A.C. 10A:16-2.4) following "Director of Psychological Services" in 5.

10A:16-4.3 Access to mental health services

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

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

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

10A:16-4.4 Inmate/therapist confidentiality

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

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

1. Where the inmate discloses planned action which involves a clear and substantial risk of imminent serious injury, disease or death to the inmate or other identifiable persons;
2. Where an escape plan is disclosed to the mental health practitioner;
3. Where drug trafficking for profit or illicit influence on others, involving Controlled Dangerous Substances (C.D.S.) or drug paraphernalia, presents a clear and imminent danger to the inmate or other identifiable persons;
4. Where the inmate discloses suicide plans or other life threatening behavior; and/or
5. Where the inmate discloses a past, previously unreported murder, aggravated sexual assault (meaning those offenses set forth in N.J.S.A. 2C:14-2(a)) or arson which resulted in a death, under circumstances which present a clear and imminent danger to other identifiable persons.

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

1. It is known that another individual is serving a sentence for the crime confessed by the inmate to the mental health practitioner;
2. It can be ascertained that the crime was in fact committed, but no one was prosecuted;
3. The inmate is under consideration for parole and the Administrator, Special Classification Review Board, or State Parole Board is unaware that the inmate has committed, or plans to commit, another serious crime;
4. The inmate has described the criminal event or plan in such intimate detail as to render the story credible; and/or
5. Consequences of the inmate's past or intended conduct are considered dangerous to the health or well-being of correctional facility residents or personnel.

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

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

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

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

1. Requesting the Special Investigations Division to investigate further or to administer a polygraph test;
2. Transmitting information to the Central Office Special Investigations Division to refer to the prosecutor;
3. Initiating disciplinary charges against the inmate;
4. Placing the inmate in close custody pending the result of the investigation; and/or
5. Increasing the inmate's custody status to maximum.

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

(i) All mental health information of inmates who are sentenced as sex offenders pursuant to N.J.S.A. 2C:47-1 et seq. and/or 2A:164-1 et seq. who are involved in sex offender therapeutic programs at the Adult Diagnostic and Treatment Center or any other correctional facility may be subject to full disclosure to the Special Classification Review Board for consideration during inmate reviews (see: N.J.A.C. 10A:9-8).

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

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 "Special Investigations Division" for "Internal Affairs Unit" in 1 and 2; in (h), rewrote the second sentence and substituted "MRF" for "Medical/Dental Record." in the last sentence; added a new (i) and recodified former (i) as (j).

10A:16-4.5 Mental health services manual

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

- (b) The mental health services manual, shall be:
1. Approved by the Administrator and the Health Services Unit, Director of Psychological Services;
 2. Reviewed at least annually;
 3. Updated as needed; and
 4. Immediately available to all mental health services staff.

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

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

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

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 "mental health services manual. The mental health services manual shall specify" for "mental health services manual that shall specify" following "site-specific" and substituted "that" for "which" following "home confinement programs".

10A:16-4.6 Records

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

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

(b) Mental health staff shall ensure that required information concerning mental health services rendered is recorded within 24 hours or by the end of the next business day in the EMR.

(c) Collection of mental health assessment data shall be performed by the appropriate licensed mental health professionals within the scope of their respective licenses.

(d) Development of plans of treatment shall be done under the supervision of a licensed psychologist in consultation with the psychiatrist.

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

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

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

Rewrote (b); in (c), substituted "professionals" for "professions" following "licensed mental health"; designated the former second sentence of (c) as (d) and recodified former (d) as (e).

10A:16-4.7 Psychological research

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

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

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

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

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

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

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), inserted "data related to the contents of this subsection and statistical" following "Statistical" in 8.

10A:16-4.9 Annual inspection

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

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

1. Commissioner or designee;
2. Assistant Commissioner, Division of Operations;
3. Appropriate Division Director;
4. Administrator;
5. Director of Psychology of the correctional facility; and
6. Responsible health authority.

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

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

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

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 "by the private mental health contractor" at the end.

shall be recorded on the form. The signed consent form shall be maintained in the inmate's MRF.

(c) The inmate or guardian must:

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

(d) Information regarding the procedure shall be provided to the inmate by the health care provider staff.

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

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

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

Rewrote (b); in (c)2i and (d), deleted "medical, dental or surgical" preceding "procedure".

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

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

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

10A:16-5.3 Inmate treatment refusal

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

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

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

Substituted "shall be recorded on the EMR Consent for Treatment form" for "shall be recorded on Form MR-021 Consent for Medical, Dental or Surgical Treatment" preceding "in the space provided".

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

10A:16-5.1 Express written consent required

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

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

(b) In order to obtain written informed consent, the EMR Consent for Treatment form shall be read, completed in its entirety and signed by the inmate or guardian and a witness. The contents of the form shall be presented verbally to illiterate inmates, inmates not sufficiently conversant with the English language and inmates otherwise unable to read due to a physical/medical inability. Notation of verbal notice

10A:16-5.4 Special medical guardianship of inmates

(a) The mental health staff shall evaluate an inmate for whom there is a reasonable suspicion that the inmate may require a special medical guardianship. Evaluation documentation shall be recorded in the EMR and a copy placed in the MRF.

(b) The appropriate Department of Corrections staff shall consider the necessity of initiating the guardianship process based upon the mental health evaluation and all other required information and shall follow the guidelines and procedures set forth by New Jersey Court Rule 4:86-12, Special Medical Guardianship.

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:16-5.5 Written procedures

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

SUBCHAPTER 6. PREGNANT INMATES**10A:16-6.1 Care of pregnant inmates**

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

1. Prenatal medical evaluation and care;
2. Nutritional supplements and diet as prescribed by the physician;
3. Counseling regarding:
 - i. Family planning;
 - ii. Birth control;
 - iii. Test results;
 - iv. Termination of pregnancy;
 - v. Child placement services;
 - vi. Religious counseling, if desired by the inmate; and
4. Appropriate postpartum care.

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 1.

10A:16-6.2 Obstetrical services

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

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

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

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

10A:16-6.4 Termination of pregnancy

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

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

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

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

10A:16-6.5 Father of the child

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

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

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

10A:16-6.6 Placement of infants

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

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

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

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

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

10A:16-6.7 Written procedures

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

SUBCHAPTER 7. CRITICAL ILLNESS OR DEATH OF INMATES
10A:16-7.1 Notification of next of kin

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

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

1. Spouse;
2. Domestic partner;
3. Partner in a civil union couple;
4. Mother;
5. Father;
6. Guardian;

7. Persons connected by birth, marriage or civil union;
or

8. Other persons indicated on official records.

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

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

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

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

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

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

Amended by R.2007 d.17, effective January 16, 2007.

See: 38 N.J.R. 4159(a), 39 N.J.R. 216(a).

Added new (b)2; and recodified former (b)2 through (b)6 as (b)3 through (b)7.

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

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

Added new (b)3; recodified former (b)3 through (b)7 as (b)4 through (b)8; and in (b)7, substituted a comma for "or" following "birth" and inserted "or civil union".

10A:16-7.2 Advance directive

(a) At the inmate's request, an advance directive that complies with N.J.S.A. 26:2H-55 et seq. shall be completed and placed in the inmate's MRF and the inmate's classification file. The enactment of the advance directive shall be noted in the EMR.

(b) Department of Corrections Social Services staff shall assist inmates who are interested in an advance directive to obtain and complete the appropriate advance directive forms in accordance with this section.

(c) Department of Corrections employees shall not attempt to influence the decision of an inmate regarding an advance directive.

(d) While under the jurisdiction of the New Jersey Department of Corrections, an inmate shall not be prevented from voluntarily withdrawing or changing his or her advance directive. At the request of an inmate, the Social Services

staff shall assist the inmate who wishes to withdraw or change his or her advance directive and any such withdrawal or change shall be noted in the MRF, EMR and the inmate's classification file.

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

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

(b) Prior to release of a body from the correctional facility, hospital or medical examiner, photographs and fingerprints shall be obtained by Special Investigations Division staff for the records.

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

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 "or" following "correctional facility", inserted "or medical examiner" following "hospital", substituted "obtained by Special Investigations Division staff" for "taken" following "photographs and fingerprints shall be".

10A:16-7.4 Claiming bodies of deceased inmates

(a) The Department of Corrections shall make reasonable attempts to notify the next of kin regarding claiming the body of a deceased inmate in accordance with the notification provisions established in this subchapter and related notification internal management procedures.

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

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

Added new (a); recodified existing (a) and (b) as (c) and (d).

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

(a) In accordance with internal management procedures, when an inmate's body is determined to be unclaimed or the next of kin has indicated an unwillingness or inability to claim the body of an inmate, the appropriate correctional facility staff member shall arrange for the burial or cremation. The county medical examiner's office shall be contacted for assistance in such cases.

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

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

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

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).

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

(a) Before money remaining in the account of a deceased inmate is distributed in accordance with (b) through (d) below, these funds shall be used to pay any fines, fees, penalties and restitution set forth in N.J.A.C. 10A:2-2.2.

(b) When an inmate expires without a will and the amount of money in the inmate's account and/or the value of personal property is \$2,000 or less, such money and personal property may be turned over to the next-of-kin shown in the most recent classification records. The next-of-kin shall be required to sign an itemized list/receipt of such money and personal property, and a statement in which the next-of-kin certifies no knowledge of the existence of an official will. The Administrator or designee shall take the necessary steps to verify the identity of the next-of-kin.

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

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

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).

10A:16-7.7 Written procedures

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

SUBCHAPTER 8. EXECUTIVE CLEMENCY AND MEDICAL PAROLE

10A:16-8.1 Eligibility requirements for executive clemency

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

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

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

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

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

10A:16-8.2 Petition for executive clemency

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

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

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

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

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

10A:16-8.3 Role of the Administrator

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

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

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

1. Charted records, if deemed necessary;
2. Psychological/psychiatric reports; and
3. Current medical status reports which include:
 - i. A letter from the health care provider physician which includes the physician's diagnosis(es) and prognosis(es) of the inmate's medical condition and a description of the continuing medical/nursing care which will be required; and
 - ii. A letter from the second physician confirming the opinion of the first physician.

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

1. Three copies of the classification materials;
2. One copy of the medical material as outlined in (b) above;
3. Completed Form Petition for Executive Clemency; and
4. A cover letter which includes the Administrator's recommendations regarding the petition and whether a medical transfer should be granted (see N.J.A.C. 10A:16-10).

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

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

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

10A:16-8.4 Role of the Commissioner

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

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

10A:16-8.5 Medical parole

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

SUBCHAPTER 9. BLOOD, TISSUE AND ORGAN DONATION BY INMATES

10A:16-9.1 Blood, tissue and organ 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 and/or appropriate, the donation of tissue and blood by an inmate for his or her exclusive use (autologous) in anticipated non-emergency, scheduled surgery shall be permitted.

(c) Inmates shall be permitted to register to be organ/tissue donors upon their death.

(d) Inmates are prohibited from serving as organ/tissue donors prior to their death, except in extraordinary circumstances when requests for special approval may be granted by the Commissioner 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 (b), substituted "necessary and/or appropriate" for "necessary or appropriate" following "medically"; inserted "tissue and" following "donation of" and substituted "in" for "is" preceding "anticipated"; added (c) and (d).

SUBCHAPTER 10. MEDICAL TRANSFER

10A:16-10.1 Medical transfer

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

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

SUBCHAPTER 11. INVOLUNTARY PSYCHOTROPIC MEDICATIONS

10A:16-11.1 Authority

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

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

1. There is substantial likelihood of serious physical harm to the inmate or to others;
2. There is a substantial likelihood of significant property damage;

3. The inmate is unable to care for himself or herself so that the inmate's health or safety is endangered; and/or

4. The inmate is incapable of participating in any treatment plan which would offer the inmate a realistic opportunity to improve his or her condition.

(c) Prior to the administration of clinically indicated involuntary psychotropic medications to an inmate, the responsible health authority or designee shall consult with the correctional facility Administrator or designee. The Administrator or designee shall immediately notify the custody staff supervisor of the intended administration of involuntary psychotropic medications to an inmate.

(d) When the custody staff supervisor reasonably believes the use of force is necessary in order to ensure that the responsible health care provider can administer the clinically indicated involuntary psychotropic medications, the use of force shall be authorized and the custody staff shall use only that force that is objectively reasonable in accordance with N.J.A.C. 10A:3-3.2.

Amended by R.2007 d.217, effective July 16, 2007.

See: 39 N.J.R. 749(a), 39 N.J.R. 2650(a).

In (a), inserted "by the responsible health care provider"; and added (c) and (d).

10A:16-11.2 Treatment Review Committee

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

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

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

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

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

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

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 and EMR" for "Medical/Dental Record" following "shall review the inmate's" and inserted "calendar" following "no more than five".

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 in which a psychiatrist is unavailable 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 ap-

proved 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".

Amended by R.2009 d.74, effective March 2, 2009.
See: 40 N.J.R. 6374(a), 41 N.J.R. 1052(b).

In the introductory paragraph of (b), substituted "in which a" for "involving an inmate assigned to a housing unit other than the C.S.U. and the unavailability of a" and inserted "is unavailable".

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