

3. Artificial limbs; and

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

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

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

In (a), rewrote the introductory paragraph.

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

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

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

**10A:16-2.18 Medical records**

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

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

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

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

provider staff member. In addition to a physician or health care provider's signature or initials, a name stamp must be used.

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

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

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

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

(h) Computer generated medical 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 correction may utilize the Inmate Remedy Sys-

tem to have the decision reviewed and such documentation shall be retained and available in accordance with internal management procedures.

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).

#### **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.