

## RULE PROPOSALS

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### INTERESTED PERSONS

The Department of Corrections provides notices of rule proposals in the New Jersey Register (N.J.R.), a semi-monthly official publication of the Office of Administrative Law which contains all State agency rule proposals and adoptions. The following paragraph is quoted from the Proposal section of the New Jersey Register:

Interested persons may submit comments, information or arguments concerning any of the rule proposals in this issue until the date indicated in the proposal. Submissions and any inquiries about submissions should be addressed to the agency officer specified for a particular proposal.

The required minimum period for comment concerning a proposal is 30 days. A proposing agency may extend the 30-day comment period to accommodate public hearings or to elicit greater public response to a proposed new rule or amendment. Most notices of proposal include a 60-day comment period, in order to qualify the notice for an exception to the rulemaking calendar requirements of N.J.S.A. 52:14B-3. An extended comment deadline will be noted in the heading of a proposal or appear in a subsequent notice in the Register.

At the close of the period for comments, the proposing agency may thereafter adopt a proposal, without change, or with changes not in violation of the rulemaking procedures at N.J.A.C. 1:30-6.3. The adoption becomes effective upon publication in the Register of a notice of adoption, unless otherwise indicated in the adoption notice. Promulgation in the New Jersey Register establishes a new or amended rule as an official part of the New Jersey Administrative Code.

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### CORRECTIONS

#### THE COMMISSIONER

##### Health Services

##### **Proposed Readoption with Amendments: N.J.A.C. 10A:16**

##### **Proposed Amendment: N.J.A.C. 10A:3-3.8**

##### **Proposed Repeals: N.J.A.C. 10A:16-1.2 and 1.4**

Authorized By: Gary M. Lanigan, Commissioner, Department of Corrections.

Authority: N.J.S.A. 2A:154-3 and 4, 2C:58-15, 30:1B-6, 30:1B-10, 30:4-123.47.c, and 52:17B-169.

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2017-062.

Submit written comments by June 30, 2017, to:

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The agency proposal follows:

### **Summary**

Pursuant to Executive Order No. 66 (1978) and N.J.S.A. 52:14B-5.1, N.J.A.C. 10A:16 was scheduled to expire on March 19, 2017. Pursuant to N.J.S.A. 52:14B-5.1.c(2), as the Department of Corrections (Department) submitted this notice of proposal to the Office of Administrative Law prior to that date, the chapter expiration was extended 180 days to September 15, 2017. The Department has reviewed these rules and, with the exception of the proposed amendments and repeals, has determined them to be necessary, reasonable, and proper for the purpose for which they were originally promulgated. The rules are, therefore, proposed for readoption with amendments and repeals at this time.

Throughout the chapter, the Department proposes to update and add cross-references for accuracy and completeness as some citations were unclear or incomplete and others have been repealed or recodified. In keeping with Federal prison terminology, throughout the rules, the

Department proposes to change all references of Electronic Medical Record (EMR) to Electronic Health Record (EHR).

Subchapter 1, General Provisions, provides the chapter purpose, scope, definitions for terms used in the chapter, forms, and rules regarding medical co-payment and the quality assurance program. At N.J.A.C. 10A:16-1.1(a)3, the Department proposes to change “mental health services” to “mental health and addiction services” to expand the scope of the services as set forth in the rules to reflect current practice. The Department proposes to repeal N.J.A.C. 10A:16-1.2 and eliminate redundancy, as the scope for N.J.A.C. 10A: Chapters 1 through 30 is included at N.J.A.C. 10A:1-2.1. At N.J.A.C. 10A:16-1.3, the definition of “Health Services Unit” is proposed for amendment to add “substance use disorder services.”

The Department proposes to repeal N.J.A.C. 10A:16-1.4, Forms, as all of the forms included in this section are for internal Department use only and are better referenced in internal management procedures rather than in this chapter. As a result of this notice of proposal, changes to N.J.A.C. 10A:16-4.4(h), 8.2, and 13.3 will also be necessary in order to refer to forms in a more general manner and to remove actual form number references in this chapter.

Changes reflecting the current use of electronic web posting as a mechanism for document review/sharing is proposed at N.J.A.C. 10A:16-1.9. In addition, it is further proposed to delete the need for written signatures and approvals at the end of the section as manual signatures are no longer required with the technology currently used.

At N.J.A.C. 10A:16-1.10(b)2, the Department proposes to change “Assistant Commissioner” to “Deputy Commissioner, or designee” to reflect current job responsibilities and titles and at subsection (c), to eliminate the words “through the correctional facility Administrator” as the

current practice no longer requires that the response from the health authority pass to the Administrator.

Subchapter 2 sets forth rules for the provision of medical health services to inmates. At N.J.A.C. 10A:16-2.1, the Department proposes to delete the absolute prohibition at N.J.A.C. 10A:16-2.1(d) as current processes weigh the need for surgery on a case-by-case basis.

At N.J.A.C. 10A:16-2.2, the Department proposes to change “Assistant Commissioner” to “Deputy Commissioner, or designee” to reflect current job responsibilities and titles.

At N.J.A.C. 10A:16-2.11, the Department proposes to change the two-week timeframe in which an inmate is to be offered a physical examination and clinical evaluation to two months to provide sufficient time for complete and complex health testing, prior to inmate release to the community. At N.J.A.C. 10A:16-2.14(b)4, a proposed amendment requires a list of contents to be included with the inventory.

Subchapter 3 sets forth rules for the provision of dental health services to inmates.

N.J.A.C. 10A:16-3.1(a)1 is proposed for deletion in conformance with current Department practice.

At N.J.A.C. 10A:16-3.16(b), the Department proposes to replace “consultant” with “licensed dentist or dental specialist” for clarification and further proposes to delete N.J.A.C. 10A:16-3.16(c) for the same reason.

Subchapter 4 sets forth rules for the provision of mental health services to inmates.

Subchapter 5 sets forth rules for informed consent for health care treatment.

Subchapter 6 sets forth rules concerning health service for pregnant women. The following changes are proposed to N.J.A.C. 10A:16-6.6 in order to update job titles/responsibilities, work units, and agency names to match the current environment.

- “Director of Social Services” is changed to “social work supervisor”;
- “Counseling and social work unit” and “counseling” is changed to “social services staff”; and
- “Division of Youth and Family Services (D.Y.F.S.), Department of Human Services” is changed to “Child Protection and Permanency (DCP&P)”.

Subchapter 7 sets forth rules for critical illness or death of inmates. N.J.A.C. 10A:16-7.4(a) is proposed with a technical amendment.

Subchapter 8 sets forth rules for executive clemency and medical parole. The Department proposes to add a sentence to N.J.A.C. 10A:16-8.2(b) coincident with the proposed repeal of N.J.A.C. 10A:6-1.4, Forms. Interested parties will be made aware that “the form is available by contacting the State Parole Board.”

Subchapter 9 sets forth provisions for blood, tissue, and organ donation by inmates.

Subchapter 10 sets forth rules for medical transfers.

Subchapter 11 sets forth rules for involuntary administration of psychotropic medications.

Subchapter 12 sets forth provisions for suicide prevention. The Department proposes to reflect current practice by adding new N.J.A.C. 10A:16-12.3(a)2 to include “any nurse” and changing “Director of Custody Operations” to “Correction Major” at N.J.A.C. 10A:16-12.3(a)5 to reflect current job titles. The title change is also proposed at N.J.A.C. 10A:6-12.6(b)1. At N.J.A.C. 10A:16-12.5, the Department proposes to reorganize the first sentence and add the word “other” in front of physician, so that it cannot be misconstrued that a psychologist is a physician.

Subchapter 13 sets forth rules for commitment for psychiatric treatment.

Coincident with the repeal of N.J.A.C. 10A:16-1.4, Forms, the Department proposes to add information as to how to obtain forms for the psychiatric commitment of inmates by adding the following to N.J.A.C. 10A:16-13.3(a): “which are available internally in the Health Services department or from New Jersey Department of Human Services, Division of Mental Health and Addiction Services.”

Subchapter 14 is Reserved.

Subchapter 15 sets forth rules for keep on person (KOP) medication. N.J.A.C. 10A:16-15.3(d) and 15.5(b) are proposed for amendment to add clarity and to add a cross-reference to the information in the regulation.

The Department also proposes to amend its rules regarding mechanical restraints as set forth at N.J.A.C. 10A:3-3.8 by adding clarification as to when the Violent Prisoner Restraint Chair (VPRC) may be used and the authority required prior to use. VPRC is sometimes used based on medical or mental health advice.

As the Department has provided a 60-day comment period on this notice of proposal, this notice is excepted from the rulemaking calendar requirement pursuant to N.J.A.C. 1:30-3.3(a)5.

### **Social Impact**

The rules proposed for readoption with amendments and repeals will help ensure that health services and any related medical concerns or procedures are provided to inmates at a standard that is equal to the minimum standard for local health departments in order to protect the public health of all community residents. The readoption of medical and health services rules should contribute to the orderly provision of these services and serve to clarify existing procedures.

For informational purposes, titles of certain staff have been corrected and credentials, experience requirements, and responsibilities have been clarified along with updated cross-references and related rule citations.

### **Economic Impact**

Additional funding is not necessary to implement the requirements of the rules proposed for readoption with amendments and repeals. The cost of meeting and maintaining the requirements of the rules proposed for readoption with amendments and repeals is met by the Department through the established budget with funds allocated by the State.

### **Federal Standards Statement**

The rules proposed readoption with amendments and repeals are promulgated under the authority of the rulemaking requirements of the Department of Corrections as established at N.J.S.A. 30:1B-6 and 30:1B-10. The rules proposed for readoption with amendments and repeals are not subject to any Federal statutes, requirements, or standards; therefore, a Federal standards analysis is not required.

### **Jobs Impact**

The rules proposed for readoption with amendments and repeals will cause neither the generation nor the loss of any jobs.

### **Agriculture Industry Impact**

The rules proposed for readoption with amendments and repeals shall have no impact on the agriculture industry.

### **Regulatory Flexibility Statement**

A regulatory flexibility analysis is not required because the rules proposed for readoption with amendments and repeals do not impose reporting, recordkeeping, or other compliance

requirements on small businesses, as defined under the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. The rules proposed for readoption with amendments and repeals affect inmates, the New Jersey Department of Corrections, and governmental entities responsible for the enforcement of the rules.

### **Housing Affordability Impact Analysis**

The rules proposed for readoption with amendments and repeals shall have no impact on housing affordability or on the average costs associated with housing. The rules proposed for readoption with amendments and repeals concern the provision of health services to inmates. As such, this rule action affects inmates, the New Jersey Department of Corrections, and governmental entities responsible for the enforcement of the rules.

### **Smart Growth Development Impact Analysis**

The rules proposed for readoption with amendments and repeals shall have no impact on smart growth development and would not evoke a change in housing production in Planning Areas 1 or 2, or within designated centers, under the State Development and Redevelopment Plan in New Jersey. The rules proposed for readoption with amendments and repeals concern health services that affects inmates, the New Jersey Department of Corrections, and governmental entities responsible for the enforcement of the rules.

**Full text** of the rules proposed for readoption may be found in the New Jersey Administrative Code at N.J.A.C. 10A:16.

**Full text** of the rules proposed for repeal may be found in the New Jersey Administrative Code at N.J.A.C. 10A:16-1.2 and 1.4.

**Full text** of the proposed amendments follows (additions indicated in boldface **thus**: deletions indicated in brackets [thus]):



## CHAPTER 3

### SECURITY AND CONTROL

#### SUBCHAPTER 3. USE OF FORCE

##### 10A:3-3.8 Use of mechanical restraints

(a) - (d) (No change.)

**(e) Following authorization by the Administrator, or designee, high level mechanical restraints, such as the Violent Prisoner Restraint Chair (VPRC) may be used in accord with Department Internal Management Procedures.**

## CHAPTER 16

### HEALTH SERVICES

#### SUBCHAPTER 1. GENERAL PROVISIONS

##### 10A:16-1.1 Purpose

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

1. - 2. (No change.)

3. Providing mental health **and addiction** services for inmates;

4. - 16. (No change.)

##### **10A:16-1.2 (Reserved)**

##### 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:

...

"Electronic [medical] **healthcare** record," hereafter referred to as ["EMR"] **“EHR,”** 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. **The EHR may be interchangeably referred to as the Electronic Medical Record (EMR).**

...

"Health Services Unit" means the unit administered by the Assistant Commissioner, Division of Operations, responsible for auditing the provision of medical, dental, and mental health **and substance use disorder 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-**15** and related internal management procedures.

...

#### **10A:16-1.4 (Reserved)**

#### 10A:16-1.5 Medical co-payment

(a) - (b) (No change.)

(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**)**8**.

(d) - (f) (No change.)

#### 10A:16-1.7 Health services research or experimentation

(a) No experimentation shall be conducted involving the use of inmates or employees of the New Jersey Department of Corrections, **as set forth at N.J.A.C. 10A:1-10.**

(b) (No change.)

(c) Any person(s) or agency(ies) who wishes to conduct research projects not precluded by this section, shall complete and submit the research request application package to the Departmental Research Review Board (DRRB) in accordance with N.J.A.C. 10A:1-10.3, [Research] **Procedure for submitting and handling requests to conduct research projects to the Departmental Research Review Board (DRRB).**

(d) (No change.)

#### 10A:16-1.9 Comprehensive health internal management procedures

(a) (No change.)

(b) The internal management procedures shall be reviewed at least annually, updated, as needed and be immediately available to all health care staff on each shift **via electronic web posting**. Internal management procedures 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 Director of Health Services].

#### 10A:16-1.10 Inspection

(a) (No change.)

(b) A written report of the findings shall be prepared by the Division of Operations, Director of Health Services and submitted electronically/manually within the time periods indicated in internal management procedures to the:

1. (No change.)

**2. Deputy Commissioner, or designee;**

Recodify existing 2.-6. as **3.-7.** (No change in text.)

(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 Director of Health Services with a written action plan for correcting any deficiencies.

## SUBCHAPTER 2. MEDICAL SERVICES

### 10A:16-2.1 Medical services provided

(a) – (c) (No change.)

[(d) There shall be no cosmetic or elective surgery provided.]

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

(a) The Director of Health Services of the Department of Corrections serving under the [Assistant] **Deputy** Commissioner, Division of Operations, **or designee** shall:

1. – 9. (No change.)

### 10A:16-2.9 Correctional facility infirmary

(a) (No change.)

(b) Written policies and procedures for infirmary care shall be developed in accordance with N.J.A.C. 10A:16-2.9 and any other applicable State statutes and [regulations] **rules**.

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

1. - 3. (No change.)
4. The accurate and timely recording in the [EMR] **EHR** of medical information for each inmate;
5. (No change.)

#### 10A:16-2.11 Medical examinations

(a) - (b) (No change.)

(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] **EHR** 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) (No change.)

(e) Each inmate shall be offered a physical examination and clinical evaluation not more than two calendar [weeks] **months** 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] **EHR** of the inmate.

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

(g) (No change.)

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

(a) (No change.)

(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. – 3. (No change.)

4. Properly inventoried (**with a list of contents**) and stocked; and

5. (No change.)

(c) (No change.)

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

(a) (No change.)

(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]**1.9**.

#### 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] **Health** Record [(EMR)] (**EHR**) and a Medical Reference File (MRF). The [EMR] **EHR** and/or MRF shall contain the following items:

1. – 11 (No change.)

(b) (No change.)

(c) Each health care encounter shall be recorded in the appropriate section of the inmate's [EMR] **EHR**. 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] **EHR** and MRF records shall be maintained separately from the classification records.

(e) - (h) (No change.)

(i) Medical records are maintained in the [EMR] **EHR** in accordance with N.J.A.C. 13:35-6.5. Medical records are available to inmates in accordance with provisions at N.J.A.C. 10A:22-2.7.

(j) – (k) (No change.)

(l) Inmates who disagree with a denial of a request for amendment or correction may utilize the Inmate Remedy System to have the decision reviewed as set forth at N.J.A.C. 10A:1-[4.1]**4.5 and 4.6.**

### 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, Director of Health Services, shall:

[1. Be a plenary licensed dentist in the State of New Jersey;]

Recodify existing 2. - 5. as **1. - 4.** (No change in text.)

#### 10A:16-3.7 Dental services coverage

(a) (No change.)

(b) Written policies and procedures for dental services shall be developed in accordance with N.J.A.C. 10A:16-[3.21]**1.9.**

(c) (No change.)

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

(a) – (d) (No change.)

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

#### 10A:16-3.13 Preventive dentistry

(a) A dental cleaning (prophylaxis) and dental examination shall be offered to all inmates every two years (biennially) unless such cleaning and dental examination 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 examination, such a refusal shall be documented in the [EMR] **EHR** by dental staff.



2. The inmate who refuses a dental cleaning or 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] **EHR** along with the date and name of the dental staff member: "Inmate refuses to sign (date and name of dental staff member)."

3. (No change.)

(b)-(c) (No change.)

#### 10A:16-3.16 General anesthesia

(a) (No change.)

(b) General anesthesia shall only be administered in the surgical clinic of a [consultant] **licensed dentist, dental assistant,** 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]**EHR** 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) - (c) (No change.)

(d) Confidentiality of inmate records shall be maintained in accordance with N.J.A.C.

10A:22-2.6, [Records] **Availability of records and information to staff.**

## SUBCHAPTER 4. MENTAL HEALTH SERVICES

### 10A:16-4.4 Inmate/therapist confidentiality

(a) – (g) (No change.)

(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] **the Inmate Therapist Confidentiality form**. 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) - (j) (No change.)

### 10A:16-4.6 Records

(a) - (d) (No change.)

(e) Confidentiality of inmate records shall be maintained in accordance with N.J.A.C.

10A:22-2.6, [Records] **Availability of records and information to staff.**

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

### 10A:16-5.1 Express written consent required

(a) (No change.)

(b) In order to obtain written informed consent, the [EMR] **EHR** 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 shall be recorded on the form. The signed consent form shall be maintained in the inmate's MRF.

(c) - (e) (No change.)

#### 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] **EHR** 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.

#### 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] **EHR** and a copy placed in the MRF.

(b) (No change.)

### SUBCHAPTER 6. PREGNANT INMATES

#### 10A:16-6.6 Placement of infants

(a) The [Director of Social Services] **social work supervisor** 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] **Social services staff** 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] **The social services staff** shall not advocate any particular alternative to the inmate.

(b) The [Director of Social Services] **social work supervisor** 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] **Child Protection and Permanency (DCP&P)**, shall be contacted by the [Social Work Unit staff] **social services staff** of the correctional facility when adoption or foster home placement is being contemplated by the prospective mother.

(d) (No change.)

(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)] **DCP&P** shall be granted custody of the child and the Department of Corrections shall assume no responsibility for any of the infant's medical costs.

#### SUBCHAPTER 7. CRITICAL ILLNESS OR DEATH OF INMATES

##### 10A:16-7.1 Notification of next of kin

(a) – (f) (No change.)

(g) All reports shall be prepared in accordance with N.J.A.C. 10A:21-~~4.1~~, [Reports]

**Written reports regarding the critical illness or death of an inmate.**

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] **EHR**.

(b) - (c) (No change.)

(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] **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] **EHR**, and the inmate's classification file.

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) - (c) (No change.)

## SUBCHAPTER 8. EXECUTIVE CLEMENCY AND MEDICAL PAROLE

### 10A:16-8.2 Petition for executive clemency

(a) (No change.)

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

(c) (No change.)

## SUBCHAPTER 11. INVOLUNTARY PSYCHOTROPIC MEDICATIONS

### 10A:16-11.5 Emergency mental health treatment

If an inmate requires mental health treatment on an emergency basis before the Treatment Review Committee reaches a decision, the health care provider staff shall proceed according to policies and procedures [governing the provision of emergency mental health services in accordance with N.J.A.C. 10A:16-4.5 and 10A:16-13].

### 10A:16-11.6 Failure to adhere to time limits

The failure to adhere to any of the time limits prescribed by this subchapter shall not automatically mandate the dismissal of a Treatment Review Committee hearing or decision. However, the reasons for such failure to meet the prescribed time limits shall be recorded in the inmate's [EMR] **EHR** and a copy placed in the MRF.

#### 10A:16-11.7 Treatment Review Committee decision

A copy of the signed Treatment Review Committee decision on administration of involuntary medication shall be placed in the inmate's MRF and a notation made of same in the [EMR] **EHR**.

### SUBCHAPTER 12. SUICIDE PREVENTION

#### 10A:16-12.3 Temporary placement on suicide watch

(a) The following correctional facility staff persons are authorized to order that an inmate be placed on temporary suicide watch:

1. (No change.)

**2. Any nurse;**

Recodify existing 2.-4. as **3.-5.** (No change in text.)

[5.] **6.** The [Director of Custody Operations] **Correction Major**; or

[6.] **7.** (No change in text.)

(b) The [EMR] **EHR** Suicide Watch Notice form shall be completed by the staff person who ordered the initial placement of the inmate on suicide watch, and this notice shall be submitted to the Administrator or designee for review and authorization for administrative

support within two hours of placement on suicide watch. A copy of the form shall be forwarded by the staff person who ordered the initial placement of the inmate on suicide watch to the Classification Department for placement in the inmate's Classification file.

#### 10A:16-12.4 Psychological/psychiatric review

(a) (No change.)

(b) The Daily Suicide Monitoring Report shall be completed by the psychologist or psychiatrist after each [face to face] **face-to-face** visit. This report shall be filed daily in the inmate's MRF and findings recorded in the inmate's [EMR] **EHR**.

#### 10A:16-12.5 Change in suicide watch status

(a) After the initial placement of an inmate on suicide watch, the [psychiatrist,] psychologist **or psychiatrist** or **other** physician may change the type of observation of an inmate from close observation to constant observation or from constant observation to close observation by conducting a [face to face] **face-to-face** visit with the inmate and by completing the [EMR] **EHR** MH Suicide Status Change form in the [EMR] **EHR**. A printed copy shall be filed in the inmate's MRF and a copy shall be forwarded by the staff person ordering the change to the Classification Department of the correctional facility for placement in the inmate's Classification file. A printed copy shall also be distributed to appropriate medical, custody, and administrative staff.

(b) (No change.)

#### 10A:16-12.6 Daily written report



(a) (No change.)

(b) The completed Daily Correction Officer Suicide Watch Report shall be submitted to the highest ranking custody supervisor on duty at the conclusion of the shift, and copies of the form shall be forwarded by the third shift highest ranking custody supervisor to:

1. The [Director of Custody Operations] **Correction Major**;

2.-3. (No change.)

(c) (No change.)

#### 10A:16-12.7 Personal property

(a) (No change.)

(b) The Director of Psychology or designee shall ensure that the items of personal property permitted are documented in the [EMR] **EHR**.

(c) (No change.)

#### 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] **EHR** MH Suicide Release form in the [EMR] **EHR**.

(b) – (d) (No change.)

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

## SUBCHAPTER 13. COMMITMENT FOR PSYCHIATRIC TREATMENT

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

(a) Copies of the appropriate forms, **which are available internally in the Health Services department or from New Jersey Department of Human Services, Division of Mental Health and Addiction Services**, 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] **The** Application for Temporary Commitment **form** shall be used for the commitment of an inmate(s) and shall be completed and signed by the Administrator or Acting Administrator.

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

(c) - (f) (No change.)

(g) The originals of the completed [DHS--C4] **form for the** 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.

## SUBCHAPTER 15. KEEP ON PERSON (KOP) MEDICATION

#### 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] **EHR** by the responsible health authority or designee.

(b) - (c) (No change.)

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

(a) - (c) (No change.)

(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 **KOP medication** or non-compliant **with related requirements** shall be subject to disciplinary action in accordance with N.J.A.C. 10A:4, **Inmate Discipline**.

(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] **EHR** by the responsible health care provider.

#### 10A:16-15.4 KOP medication spot checks

(a) (No change.)

(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, **Contraband and Disposition of Contraband**, and shall subject the inmate to disciplinary action as set forth in [this subchapter and] N.J.A.C. 10A:4-4.1, **Prohibited acts**.

(c) - (d) (No change.)

#### 10A:16-15.5 Searches

(a) (No change.)

(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, **Contraband and Disposition of Contraband**, and shall subject the inmate to disciplinary action **as set forth in N.J.A.C. 10A:4-4.1, Prohibited acts**.

#### 10A:16-15.8 KOP records and compliance requirements

The responsible health authority and health care provider staff shall be responsible for documenting KOP medication related data in the [EMR] **EHR** and for compliance with the rules set forth in this subchapter and related internal management procedures.