NEW JERSEY JUVENILE JUSTICE COMMISSION

HEALTH SERVICES POLICY MANUAL

Policy HS:01.01 (December 2019)

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NEW JERSEY JUVENILE JUSTICE COMMISSION
Office of Administration
Health Services

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SUBJECT:	**HEALTH SERVICES POLICY MANUAL**		
Attention:	All JJC Staff; Rutgers Health Care Personnel		
For Information Contact:	Mgr of Healthcare & Safety Services	**Phone:**	609-341-3047
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PART I. GENERAL PROVISIONS

Section 1.1 Purpose

The purpose of this Policy is to establish a Commission wide manual for the provision of health care services to Juveniles.

Section 1.2 Definitions

The following words and terms, when used in this Policy, shall have the meanings set forth below unless the context clearly indicates otherwise:

"**Administrative Review**" means an assessment of correctional and emergency response actions surrounding a Juvenile's death or suicide attempt, for the purpose of identifying where Facility operations, policies and procedures can be improved.

"Admission" means the intake of a juvenile into a Commission Facility upon the transfer of the juvenile from another Commission Facility.

"**Adverse Clinical Event**" means an injury to or death of a patient caused by medical management rather than by the patient's underlying disease or condition.

"**Clinical Mortality Review**" means an assessment of the clinical care provided and the circumstances leading up to a death, for the purpose of identifying areas of patient care and medical policies and procedures that can be improved.

"**Commission**" means the New Jersey Juvenile Justice Commission, established pursuant to N.J.S.A. 52:17B-170.

"**Classification Committee**" means a group of Commission personnel designated to make decisions related to the assignment or reassignment of Juveniles to Commission facilities and to programs and activities within Commission facilities.

"**Community Program**" means a non-Secure Facility, and includes any substance abuse, assessment and treatment, transitional, or similar program run by or under the jurisdiction of the Commission.

"**Continuous Quality Improvement Committee**" or **"CQIC"** means a Facility-specific multi-disciplinary committee responsible for the oversight of quality improvements in health care delivery, as set forth in Section 2.5, *Facility Continuous Quality Improvement Program*.

"**Continuous Quality Improvement Program**" or "**CQIP**" means the annual or more frequent monitoring of health care delivery at a Facility, through outcome and process studies designed to measure critical aspects of such health care delivery including, but not limited to, issues of access to care, medical intake screening, continuity of care, emergency care and hospitalizations, and adverse patient occurrences, including all deaths.

"**Director of Community Programs**" means the Commission employee, by whatever name or title, charged with oversight and management responsibilities for the overall operation and supervision of the Commission's Community Programs.

"**Director of Operations**" means the Commission employee, by whatever name or title, charged with oversight and management responsibilities for the overall operation and supervision of the Commission's Secure Facilities.

"**DNM**" means Department Nurse Manger.

"EHR" means Electronic Health Record.

"**Emergent**" means medical treatment of illnesses or injuries that arise suddenly and unexpectedly, calling for quick judgment and prompt action.

"Executive Director" means the Executive Director of the Commission.

"**Facility**" means a facility or program of the Commission used to house, train or educate Juveniles; it does not refer to the central or other administrative or operational offices of the Commission.

"**Health Services Staff**" or "**Staff**" means all Professional Medical Staff involved in the delivery of medical services for Juveniles, including both employees of the Commission and employees of an Operating Agent.

"**Juvenile**" means both:

1. Persons who have been adjudicated delinquent and are serving a term of incarceration under the custody of the Commission; and

2. Persons who have been placed on probation by a court and who are residing in or assigned to a Community Program.

"**Juvenile Parole and Transitional Services**" or "**JP&TS**" means the Commission's Office of Juvenile Parole and Transitional Services.

"**Manager of Healthcare and Safety Services**" or "**MHSS**" means the employee of the Commission assigned to monitor and report on the level and quality of health services delivered to Juveniles.

"**Medical Director**" means the person, who may be either an employee of the Commission or an employee of an Operating Agent, charged with overall responsibility for the provision of health care services for Juveniles.

"**Medical Emergency**" means a medical or mental health event that either (a) requires that a Juvenile be sent off grounds for treatment; (b) has or may involve a critical illness; or (c) is otherwise deemed a medical emergency by the Superintendent or designee.

"**Near-Miss Clinical Event**" means an error in clinical activity without a consequential adverse patient outcome.

"**Ombudsman**" means the Commission staff member who heads up the office responsible for resolving complaints made by Juveniles about the Facility, the action or inaction of staff or any other matter of concern to the Juvenile.

"**Operating Agent**" means any person or other entity under contract with the Commission to provide medical and or mental health services to Juveniles.

"**Policy**" means this Health Services Policy Manual, Commission Policy HS:01.01;

"**Probationer**" means a Juvenile who has been placed on probation by a court and who is residing in or assigned to a Community Program.

"**Professional Medical Staff**" means both Qualified Health Care Professionals and Qualified Mental Health Care Professionals.

"Protected Health Information" or **"PHI"** means health and related information in the possession of the Commission or an Operating Agent, including employees, contractors and assigns of the Commission and an Operating Agent, specific enough so that it can be used to

identify the particular person who is the subject of the information. Such information can be in any form, or media, whether electronic, paper, or oral.

"**Psychological Autopsy**" means a written psychological reconstruction of a deceased person's life and events that focuses on the factors that may have contributed to the person's death.

"**Qualified Health Care Professional**" means an employee of either the Commission or of an Operating Agent who is a physician, advanced practice nurse, nurse, dentist, dental assistant, and any other professional who by virtue of education, credentials, and experience is permitted by law to evaluate and care for Juveniles.

"**Qualified Mental Health Care Professional**" means an employee of the Commission or of an Operating Agent who is a licensed psychiatrist or psychologist, or other professional who by virtue of education, credentials, and experience in the provision of mental health assessment and counseling procedures is permitted by law to provide mental health services.

"Reception" means the intake of a juvenile into a Commission Facility at which time the Commission is assuming responsibility for custody of the juvenile.

"**Residential Community Home**" or "**RCH**" means a residential Community Program.

"**Responsible Health Authority**" or "**RHA**" means the person, who may be either an employee of the Commission or an employee of an Operating Agent, charged with overall responsibility for the provision of health care services at a Facility, for determining appropriate levels of such health care, and for quality assurance of health care delivery.

"**Request and Remedy Process**" means the grievance process then in effect, as set forth under either N.J.A.C. 13:90-1A and Policy ED:01.27.

"**Secure Facility**" means a Facility that employs Juvenile corrections officers to provide security, under the provisions of N.J.S.A. 52:17B-174.

"**Shift Coordinator**" means the staff person, by whatever name or title, with lead responsibility for overseeing operations during a tour of duty at a Community Program.

"**Shift Supervisor**" means the custody staff officer responsible for the maintenance of security during a tour of duty in a Secure Facility or Secure Facility satellite unit.

"**Staff Member**" means any person employed by the State of New Jersey and assigned to the Commission, and includes full-time employees, part-time employees, per diem employees, and interns.

"**Superintendent**" means the chief executive officer of a Facility.

"**Telemedicine**" means the use of telecommunications technology to allow health care professionals to evaluate, diagnose, treat and support health care when distance separates healthcare staff and the juvenile/patient.

"**Urgent**" means medical treatment of illnesses or injuries that require immediate attention but are not life-threatening.

"**Volunteer**" means an unpaid volunteer performing service under the auspices of the Commission's Chaplaincy Services Unit.

Section 1.3 Confidentiality

(a) Medical Records of Juveniles are confidential under the provisions of the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191.

(b) Records and statements in the possession of the Commission relating to Juveniles are covered by the confidentiality provisions of N.J.S.A. 2A:4A-60, 60.2, and 60.3 may be reviewed when necessary and appropriate in the course of business. However, at no time shall this permitted use of such records and statements release or exempt them from the confidentiality provisions of this section.

(c) All records pertaining to Juveniles charged as a delinquent, adjudicated delinquent, or found to be part of a Juvenile-family crisis, including records relating to the suicide or suicide attempt of a Juvenile, are confidential. All such records:

1. Shall be strictly safeguarded from public access;
2. Shall not be released, except when release is authorized under the provisions of N.J.S.A. 2A:4A-60; and
3. Shall not be subject to public inspection or copying pursuant to the Open Public Records Act, N.J.S.A. 47:1A-1 et seq.

(d) Unless otherwise required by law, statements made by a Juvenile in the course of any suicide prevention or mental health screening, and any reports or records created to report the results of such screening shall not be:

1. Disclosed to any party, including prosecutors and law enforcement personnel; and
2. Used in any investigation, or in any delinquency or criminal proceeding then pending or subsequently initiated. (See N.J.S.A. 2A:4A-60.2)

(e) No report or record relating to mental health services provided to a Juvenile prior to an adjudication of delinquency, or any other finding of guilt, shall be disclosed or released to a court unless and until after such an adjudication or finding occurs. (See N.J.S.A. 2A:4A-60.3)

(f) A Qualified Health Professional and a Qualified Mental Professional Medical Staff shall obtain informed consent from a Juvenile who is 18 years of age or older before reporting information about prior sexual victimization that did not occur in an institutional setting.

(g) Information about prior sexual victimization is subject to the mandatory reporting requirements set forth in Section 12(a) of Commission Policy *ED:01.02, Prison Rape Elimination Act (PREA)* (Revised 08/22/2014), as from time to time may be amended.

(h) Staff shall not disclose a Juvenile's sexual orientation or identity as a transgender individual to other Juveniles or to outside individuals or agencies, including health care or social service providers or to a Juvenile's family or friends, without the Juvenile's consent, unless such disclosure is necessary to comply with state or federal law.

1. Staff may communicate information within the Commission about a Juvenile's sexual orientation or identity as a transgender individual only when relevant and necessary for treatment, case planning and finding effective services for the Juvenile or other Juveniles.

2. Any disclosure of confidential information related to a Juvenile's sexual orientation or identity as a transgender individual shall be limited to information necessary to achieve a specific beneficial purpose and shall be communicated only to the individuals necessary to achieve that purpose.

3. Staff shall not inquire of a Juvenile as to his or sexual orientation or identity as a transgender individual, unless such information is necessary for treatment, case planning and finding effective services for the Juvenile or other Juveniles.

4. Nothing herein shall prevent staff from discussing a Juvenile's needs or services with other staff when necessary and appropriate in the course of business or resolving a Juvenile grievance under the Request and Remedy Process.

PART 2. GOVERNANCE AND ADMINISTRATION

Section 2.1 Medical Director; Medical Autonomy

(a) The Medical Director is responsible for approving protocols for all levels of medical, mental health and, in consultation with any Commission dental contractors, dental care, provided to and for Juveniles.

(b) Decisions on the appropriateness and need for specific medical care at all times shall be exclusively medical determinations made by medical professionals, and shall not be overruled by nonmedical administrators or custody personnel, provided however that Facility management, including management of non-medical issues related to the administration of health care services, shall be under the direction of the Superintendent and subject to oversight by the Executive Director or designee.

Section 2.2 Access to Care

(a) Procedures for accessing health care shall be covered in the Juvenile orientation sessions and Juvenile handbooks required under the provisions of N.J.A.C. 13:95-12 and N.J.A.C. 13:103-2.

(b) When necessary or appropriate for adequate comprehension, arrangements shall be made for an interpreter or for other assistance, such as the *Deaf-Talk Interpreting Spoken Foreign Languages*.

(c) Juveniles will not be punished for seeking services for their health care needs. Health care shall not be withheld for punishment reasons. Juveniles shall be allowed access to care scheduled without unreasonable delay.

(d) The RHA shall maintain an updated Facility health services staffing schedule, and shall maintain tracking mechanisms to ensure a Juvenile's access to care, including timely access to chronic care clinics, specialty care, and sick call, is not delayed.

(e) The RHA or designee shall report to the Superintendent or designee any identified barrier to reasonable and appropriate health care.

1. Upon receipt of any such report the Superintendent or designee shall immediately take steps to address the identified barrier.

Section 2.3 Management Meetings and Reports

(a) Management meetings shall be scheduled by the RHA or designee at least monthly at each Secure Facility and at least quarterly at each RCH to address operational issues related to the delivery of health care services such as, but not limited to:

1. Continuous Quality Improvement initiatives;
2. Juvenile grievances related to health care services;
3. Healthcare issues impacted by the Facility's physical environment;
4. Statistical reports of services provided Juveniles to include the number of Juveniles receiving health care services by category, referrals to specialists, deaths, monitoring of infectious diseases (HIV, Hepatitis C, tuberculosis, sexually transmitted diseases), emergency services and dental services.

(b) Management meetings shall be attended by representatives of all parties necessary and appropriate to ensuring effective health care delivery, including at a minimum:

1. The Superintendent or designee;
2. A representative from Office of Operations, for a management meeting held at a Secure Facility, or from the Office of Community Programs, for a management meeting held at an RCH; and
3. A representative from the Operating Agent.

(c) The RHA or designee shall take and shall maintain minutes of each management meeting, and within one week after a management meeting shall distribute a copy of the minutes to each meeting attendee.

(d) In addition to management meetings, the MHSS shall meet monthly with the Operating Agent at each Secure Facility, and quarterly at each RCH, to review issues and questions related to the delivery of health services to Juveniles at that Facility.

1. Minutes of these meeting shall be taken and shall be maintained on file by the MHSS, who shall send copies to the relevant RHA and Medical Director.

(c) On or before the 15th day of each month the Operating Agent shall submit a written report to the MHSS containing at minimum the following information for the prior calendar month:

1. The number of Juveniles receiving health services by category of care; referrals to specialists; hospitalizations, average number of Special Needs Juveniles; number of Juveniles on psychotropic medication; dental procedures performed; deaths, environmental inspections.
2. Infectious disease monitoring and trends;
3. Emergency services provided to Juveniles;

4. Involvement with the Commission's Continuous Quality Improvement Program (see Section 2.6); and

5. Juvenile Request and Remedy requests that have been referred to health services for consultation under the provisions of N.J.A.C. 13:90-1A.6(c)1.

Section 2.4 Distribution of Policy; Staff Acknowledgments; RHA Annual Review

(a) The RHA or designee shall ensure that copies of this Policy and relevant Facility specific supplements, and any amendments or revisions thereto, are distributed to all Professional Medical Staff, and that current copies are provided for the office of each Superintendent.

1. As appropriate, the Policy shall be supplemented by Facility-specific information prepared by the Superintendent in consultation with the relevant DNM, which information shall be submitted to the RHA for distribution to Professional Medical Staff.

2. Professional Medical Staff shall be required to sign a receipt acknowledging receipt of and responsibility for reading the Policy and any Facility specific information, and any amendments or revisions thereto.

i. With respect to Medical Professional Staff who are Commission employees, the original receipt shall be forwarded to the Commission's Human Resources Manager for placement in the appropriate personnel files.

(b) Professional Medical Staff shall conform their practice to the requirements of this Policy, as supplemented by any relevant Facility-specific information.

(c) The RHA shall review this Policy annually and shall propose such revisions as he or she deems necessary or appropriate; proposed revisions shall be subject to approval by the Executive Director or designee.

Section 2.5 Facility Continuous Quality Improvement Committee

(a) The Superintendent or designee in cooperation with the MHSS shall establish a Continuous Quality Improvement Committee at each Secure Facility and RCH, which shall meet monthly at a Secure Facility and quarterly at an RCH, and at such other times deemed necessary by the DNM.

1. The CQIC shall be chaired by the DNM and shall include representation from all health services disciplines represented at the Facility and may include such additional non-medical representatives as deemed necessary or appropriate by the Superintendent or designee.

2. The DNM or designee shall take and shall maintain on file minutes of each CQCI meeting, and within one week after a meeting shall distribute a copy of the minutes each Committee member.

(b) The CQIC shall undertake reviews of all issues material to assessing the quality of health delivered to Juveniles, including but not limited to:

1. The level of health care provided;
2. The efficiency and effectiveness of care delivery;
3. Infectious disease control;
4. Critical injuries to and deaths of Juveniles;
5. Data used to describe and quantify health care services; and
6. Compliance indicators set forth in agreements with an Operating Agent.

(c) CQCI reviews shall Identify both process and outcomes areas requiring improvement, with special focus on high-risk, high-volume or problem-prone aspects of health care provided to Juveniles, shall recommend corrective action to facilitate such improvements, and shall contain follow up reviews of previously recommended corrective actions to determine compliance and effectiveness.

1. Reviews shall include investigation of physician charts, information drawn from relevant CQI studies, medical related Juvenile requests under N.J.A.C. 13:90-1A, the results of morbidity and mortality reviews and disaster drills, environmental inspection reports, infection control findings, and any other available relevant information

2. In addition, the CQIC shall review data relevant to the following performance standards:
   i. Juveniles screened by health care professionals upon reception at a Facility;
   ii. Comprehensive health assessments;
   iii. Emergency medical services;
   iv. Numbers of Juveniles seen in special housing units;
   v. Special needs treatment plans;
   vi. Suicide prevention efforts; and
   vii. Medical interventions in restraint chair placements as provided for in Policy 14DED:01.05, Use of Restraint Chair.

Section 2.5A Commission-wide Continuous Quality Improvement Committee

(a) The Executive Director or designee in cooperation with the Medical Director shall establish a Commission-wide Continuous Quality Improvement Committee, which shall meet quarterly.

1. The Commission-wide CQIC shall be chaired by the Medical Director and shall include representation from Mental Health, Dental, Special Needs, Medical, Facility Superintendents and the Commission's Office of Administration. and may include such additional representatives as deemed necessary or appropriate by the Executive Director or designee.

2. The Medical Director or designee shall take and shall maintain on file minutes of each Commission-wide CQCI meeting, and within one week after a meeting shall distribute a copy of the minutes each Committee member.

(b) The Commission-wide CQIC shall review health services delivered to Juveniles against the following objectives:

1. Establishment of objective criteria to be used when monitoring the quality of care;
2. Proper assessment of all monitoring findings;
3. Implementation of improvements identified in monitoring findings;
4. Assessment of the effectiveness of implemented initiatives;
5. Implementing a plan for a multidisciplinary review of Juvenile health records;
6. Ensuring that the following items are reviewed no less than annually:
    i. Receiving screening;
    ii. Health assessment;
    iii. Sick call;
    iv. Emergency medical care;
    v. Acute care hospital admissions;
    vi. Medical and psychiatric emergencies;
    vii. Pharmacy errors;
    viii. Medication errors; and
    ix. Patient deaths.

(c) In addition, the Commission-wide CQIC shall review health services at individual Facilities, which shall include reviews of the data relevant to performance standards set forth in Section 2.5(c)2, above.

(d) On or before the 15th day of each of April, July, October and January the Operating Agent shall submit to the Medical Director a quarterly utilization report covering the previous calendar quarter, which report shall be reviewed at the next Commission-wide CQIC meeting.

Section 2.6 Emergency Response Plan; Emergency Medical Equipment

(a) The Superintendent or designee in cooperation with the RHA shall issue a Medical Services Emergency Response Plan for the Facility consistent with Facility procedures in place for a response to an unusual incident or event under the provisions of N.J.A.C. 13:95-21 and N.J.A.C. 13:103-10.8(f) which shall include at a minimum the following:

1. The Superintendent or designee shall have 24/7 access to an emergency medical response number, with access numbers provided by the RHA;
2. The RHA shall provide the Superintendent with, and shall update from time to time as necessary, a list of all Professional Medical Staff assigned to the Facility with telephone numbers; and
3. Provision for disaster and Juvenile-down drills in Secure Facilities.

(b) The RHA or designee shall ensure that medical emergency equipment is operational and maintained in proper working order, and that emergency supplies and medications are ordered and maintained commensurate with the needs of the Facility's Juvenile population.

Section 2.7 Communication on Special Medical Needs

(a) The RHA or designee shall establish procedures at the Facility ensuring that information about special needs that could affect a Juvenile's housing, work and program assignments and disciplinary sanctions are documented and communicated to the Superintendent or designee. Such information includes, but is not limited to, communications about a Juvenile who is:

1. Chronically ill;
2. On dialysis;
3. Infected with serious communicable diseases;
4. Physically disabled;
5. Pregnant;
6. Frail;
7. Terminally ill;

8. Mentally ill or suicidal;
9. Developmentally disabled; or
10. Vulnerable to abuse and/or manipulation.

Section 2.8 Privacy of Care

The Superintendent or designee, in cooperation with the RHA, shall ensure clinical encounters are performed with maximum consideration being given to the privacy and dignity of the Juvenile, subject only to reasonable considerations for the safety of the Juvenile, other Juveniles and staff, for the maintenance of security, and for the orderly operation of the Facility.

Section 2.9 Procedure in the Event of the Death of a Juvenile

(a) Upon the death of a Juvenile while under the care of Health Services:

1. Prior to the end of the shift, all Health Care Professionals present at the time of the Juvenile's death shall document the events preceding the death. If the Juvenile was hospitalized, the documentation shall be completed by Professional Medical Staff receiving notification from the hospital of the Juvenile's death.

2. The Medical Director or designee shall ensure that all health services that were provided to the Juvenile are documented and that the documentation is properly and promptly filed in the Juvenile's health record.

3. The Superintendent or designee shall make all notifications, including notification of next of kin, required under the provisions of N.J.A.C. 13:95-17.8 or 13:103-10.8, and shall direct the making of all reports required under the provisions of N.J.A.C. 13:95-21 and 13:103-10.8(f), including but not limited to the written report to the Commission's Office of Investigations and to the Director of Operations required within 48 hours of the occurrence of death.

4. The RHA or designee shall secure the Juvenile's health records pending completion of all Reviews related to the Juvenile's death, shall submit the originals to the Director of Investigation or designee, and shall keep one copy in the Facility's files. Such records shall at all times remain the property of and remain in the custody of the Commission.

Section 2.10 Administrative and Clinical Mortality Review

(a) The death of a Juvenile while under the care of Health Services shall be subject to both an Administrative Review and a Clinical Mortality Review to determine the appropriateness of clinical

care, and to determine whether systemic changes are warranted to current practices, policies, procedures and rules.

1. Such reviews will be carried out under the direction of the Medical Director, who shall prepare a written report at the conclusion of the Reviews which shall be submitted to the Executive Director within 90 days of the death under review.

(b) If the death of a Juvenile is by suicide, in addition to the Reviews required under subsection (a), above, a Psychological Autopsy shall be undertaken by a supervising Qualified Mental Health Professional and submitted to the Executive Director within 90 days of the death under review.

(c) Investigations and reports relating to the death of a Juvenile undertaken pursuant to N.J.A.C. 13:95-21 shall be under the direction of the Superintendent or Chief of Investigations, as determined therein.

Section 2.11 Grievance Mechanism for Health Complaints

Juvenile's wishing to file a written medical grievance shall use the Request and Remedy lockbox procedures set forth in N.J.A.C. 13:90-1A.

Section 2.12 Notification in Emergencies (Health Staff Role)

(a) The DNM or designee shall immediately notify the Superintendent or designee of any health emergency, serious illness, critical illness or death of a Juvenile.

1. In addition, the DNM or designee shall notify the Ombudsman and the Quality Assurance Specialist of any medical emergency requiring in-patient hospitalization of a Juvenile.

(b) In the event of either a medical emergency, critical illness or death of a Juvenile, Commission rules governing notifications to law enforcement and other authorities, found at N.J.A.C. 13:95-21 and incorporated by reference at N.J.A.C. 13:103-10.8(f), must be followed.

(c) All notifications to parents or legal guardians as to the health status of a Juvenile shall by directed by the Superintendent or designee, as is provided for under the provisions of N.J.A.C. 13:95-17 and N.J.A.C. 13:103-10.

(d) As directed by the Superintendent or designee, verbal permission shall be requested from a Juvenile age 18 or older prior to any notification to any third party as to the Juvenile's health status.

PART 3. SAFETY

Section 3.1 Infection Control Program

(a) Consistent with applicable professional best practice, the RHA or designee shall ensure that medical equipment and medical areas are maintained in a clean and sanitary condition in order to minimize the risk of infection. Such measures shall include at a minimum the following:

1. Medical, dental and laboratory equipment and instruments are decontaminated properly;
2. Sharps and biohazardous waste are disposed properly;
3. Surveillance to detect Juveniles with serious infections and communicable diseases is effective;
4. Immunize Juveniles to prevent diseases when appropriate;
5. Provide medically indicated care to infected Juveniles; and
6. Medically isolate Juveniles with contagious diseases as appropriate to the medical condition or illness.

(b) The administration of health care services is subject to the provisions of Commission Policy 11FHS:01.18, Bloodborne Pathogens (BBP) Exposure Control, as said Policy may from time to time be amended.

Section 3.2 Environmental Health and Safety

(a) The administration of health care services is subject to the provisions of N.J.A.C. 13:95-14.16 and 13:103-4.15, applicable to respectively Secure Facilities and Residential Community Homes, related to the inspections of Facilities by the New Jersey Department of Health and Senior Services, to Remedial Action Plans and corrective actions provided for in those provisions, and to corresponding inspections as may be undertaken by county and municipal health departments.

1. The RNM or designee shall serve as liaison with State and other health departments and with the Commission's Chief Administrative Officer.

Section 3.3 Patient and Staff Safety

(a) The RHA or designee shall prepare and implement written guidelines designed to promote:

1. Juvenile safety through a program of systems to prevent Adverse Clinical Events and Near-Miss Clinical events; and

2. A safe working environment for all health staff.

Section 3.4 Prison Rape Elimination Act; Care for Victims of Sexual Assault

In accordance with requirements of the federal Prison Rape Elimination Act (PREA), and regulations issued under that Act at 28 C.F.R. Part 115, Subpart D, all Commission employees, interns, volunteers and contractors, including health services staff employed by an Operating Agent, are subject to the Commissions' zero-tolerance policy towards sexual abuse and sexual harassment committed against Juveniles, and to provisions of Commission Policy ED:01.02, Prison Rape Elimination Act (PREA), including provisions governing medical and psychological care for victims of sexual assault.

Section 3.5 Reporting Known or Suspected Use of Force Injuries

(a) Whenever Professional Medical Staff either knows or has reason to suspect that a juvenile has sustained an injury due to staff use of force, the Professional Medical Staff shall report that fact before the end of the current shift to:

1. The Superintendent or designee; and
2. The DNM.

PART 4. PERSONNEL AND TRAINING

Section 4.1 Credentialing

(a) The Medical Director or designee shall institute operational procedures:

1. Establishing and maintaining in the office of the Medical Director a current and updated list of Professional Medical Staff assigned to or otherwise authorized to work at each Facility.
    i. Copies of a current Facility specific list shall be forwarded to the RHA and to the Superintendent within one week of any update.
2. Tracking the expiration dates of the medical licenses and other certifications (Credentials) for all Professional Medical Staff;
3. Notifying such Staff six (6) months in advance of their Credential expirations;

4. Requiring that Professional Medical Staff notify the Medical Director and RHA of the filing against them of any action or procedure which could result in the suspension or taking of their Credentials;

5. Ensuring that no Professional Medical Staff member is permitted to continue working with expired Credentials; and

6. Ensuring that no Professional Staff Member is permitted to undertake Telemedicine examinations and related services unless licensed to do so under the New Jersey Telemedicine Law, N.J.S.A 45:1-62.

Section 4.2 Clinical Performance Enhancement; peer review

(a) The RHA or designee shall ensure the clinical performance of each of the Facility's Qualified Health Care Professionals is subject to a supervisory level peer review at least annually.

1. All peer reviews shall be reviewed by the Medical Director but shall otherwise be kept confidential.

Section 4.3 Professional Development

Each Professional Medical Staff member shall submit annually evidence satisfactory to the Medical Director or designee that he or she is in compliance with all continuing education requirements, either incidental to his or her professional license or otherwise appropriate to their position, including being current in cardiopulmonary resuscitation technique.

Section 4.4 Health Care Training for Custody Staff and Youth Workers

(a) The Medical Director in consultation with the Commission's Director of Training shall develop and shall review annually a health care training curriculum for training of custody staff and Youth Workers, subject to applicable requirements of the Police Training Commission and any rules thereunder.

Section 4.5 Juvenile Workers

(a) Subject to the direction of the Superintendent or designee, Juveniles may be trained to work in health care services, provided however that no Juvenile shall be permitted to:

1. Distribute or collect requests for non-emergency health care;
2. Schedule appointments;
3. Handle health records;

4. Handle medications;
5. Handle surgical instruments and/or sharps; or
6. Provide direct care to other Juveniles.
7. Make treatment decisions or provide patient care.
8. Be substitutes for regular program staff.

PART 5. HEALTH CARE SEVICES AND SUPPORT

Section 5.1 Pharmaceutical Operations

Subject to the oversight of the Medical Director, the RHA or designee shall develop and implement protocols governing pharmaceutical operations that are sufficient to meet the needs of the facilities' medical services and that are in compliance with applicable State law.

Section 5.2 Diagnostic Services

Any diagnostic services provided at a Facility must meet all applicable registration and other requirements of Federal and New Jersey law.

PART 6. JUVENILE CARE AND TREATMENT

Section 6.1 Juvenile Orientation; Information on Health Services

(a) Information on how a Juvenile can access medical, dental and mental health services shall be included in all Juvenile Handbooks and orientation, as provided for under N.J.A.C. 13:95-12 and N.J.A.C. 13:103-2,

(b) The Superintendent or designee shall ensure that information on how to access health services is continuously and readily available or visible through signage posted in common areas accessible to Juveniles.

Section 6.2 Reception Health and Mental Health Screening; Suicide Risk Assessment

(a) The RHA will ensure that:

1. Upon Reception, each Juvenile shall receive both an intake health screening and an intake mental health screening in order to identify

i. Medical or mental health problems that require immediate or emergency attention, including an assessment for intoxication or withdrawal;
ii. Continuity of care requirements;
iii. Required medications;
iv. Whether there is any need to refer the Juvenile for further evaluation by a Qualified Health Care Professional or by a Qualified Mental Health Care Professional; and
v. Whether the Juvenile should be referred to classification for consideration of assignment to a substance abuse or other specialized unit.

2. Within seven days of Reception each Juvenile receives both a comprehensive physical health assessment and a mental health assessment.

(b) In conjunction with the intake mental health screening each Juvenile shall receive a comprehensive suicide risk assessment.

1. During the assessment the Juvenile shall remain within sight of staff and apart from the general population until the screening process is complete.

2. Whenever an assessment indicate the presence or imminent risk of suicide and require an immediate response, the juvenile shall immediately be placed on special observation status, and within two hours shall receive a complete mental health assessment by a Qualified Mental Health Professional, or at an external psychiatric screening center.

3. In the event of a Juvenile's refusal or inability to comply with the assessment process, or in the event a Juvenile exhibits violent or belligerent behavior, the Juvenile shall be placed on special observation status pending completion of the assessment or review by a Qualified Mental Health Professional.

4. At intake, juveniles shall be instructed to notify staff immediately at any time they feel like hurting themselves and if they witness or hear anything that leads them to believe that another juvenile is thinking of hurting him- or herself.

(b) Upon the completion of comprehensive suicide risk assessment:

1. A juvenile who exhibits any of the sign of suicide ideation, depression or anxiety, or any other sign or indication of an identified risk of suicide, bizarre or otherwise unusual behavior, of inability to function in the general population, of psychiatric decompensation and/or the presence of symptoms of mental illness shall immediately be placed on special observation status, and within two hours of placement shall be referred to a Qualified Mental Health Professional for an initial crisis evaluation.

(c) The following supplemental provisions apply to juveniles at community programs:

1. Each community program shall implement written internal management procedures ensuring that screening results are reviewed prior to relinquishing one-to-one supervision and that relevant staff are informed of those juveniles who present risks associated with suicide, and of indicators of suicide risk and other mental health needs.

i. The Superintendent and/or designee is responsible to ensure that available information regarding any juvenile with prior suicide attempts, or a significant history of suicide threats or alarming behaviors is shared with staff prior to the juvenile's admission and throughout his or her placement based upon the juvenile's mental status.

(d) Within seven days of Reception each Juvenile receives both a comprehensive physical health assessment and a mental health assessment.

Section 6.3 Mental Health Services

When deemed necessary by a Qualified Mental Health Professional, the Commission shall provide a Juvenile with mental health services, including, as appropriate, individual and group counseling and psychiatric services.

Section 6.4 Dental Services

All Juveniles shall have the opportunity to have access to dental care. Care shall be timely and includes immediate access for urgent or painful conditions. A system is established to determine priority of dental care provided to Juveniles.

1. Within seven days of Reception a Juvenile will receive an initial oral screening, which will include instruction on oral hygiene and preventive oral education.

2. Within 60 days of Reception, and within 60 days of each subsequent Admission, a Juvenile will receive oral examination by a dentist.

i. Upon completion of each oral examination, the examining dentist will complete or modify, as appropriate, a formal dental treatment plan for the Juvenile.

Section 6.5 Medical Clearance for Transfers between Facilities

and to Department of Corrections (DOC) Facilities

(a) Prior to transfer of a Juvenile either between Facilities or to DOC under the provisions of N.J.A.C. 13:91, the RHA or designee shall review the Juvenile's health record to ensure that it is complete and up to date, and that there is no medical basis to prevent the transfer.

1. Any medical issue, including the need for specific medications, will be communicated to the receiving Facility by a Qualified Professional Medical Staff by telephone prior to the transfer.

Section 6.6 Periodic Physical Health Assessments

Comprehensive physical assessments will be good for one calendar year, provided there are no significant changes in the Juvenile's health. An annual health assessment shall be provided to a Juvenile within thirty days of the expiration of a physical health assessment.

Section 6.7 Sick Call and Emergency Services

(a) All Juveniles regardless of housing assignment shall have access to regularly scheduled sick call as provided for under Commission rules, including N.J.A.C. 13:95-13.6

1. The RHA shall ensure that Qualified Health Professionals are available such that any sick call is responded to within no more than 24 hours.

(b) Twenty-four hour emergency medical, dental and mental health services are available to all Juveniles.

1. Emergency equipment shall be available and maintained in proper working order. All maintenance checks shall be documented. Emergency supplies and medications shall be available, as determined by the needs of the population of the Facility. Emergency drugs and supplies shall be regularly maintained.

2. Each Facility shall designate one or more community-based hospital emergency department or other appropriate facilities, and emergency transport services. The names addresses and telephone numbers of these service providers shall readily accessible to all personnel.

3. Each operating agent shall establish and maintained an up-to-date telephone list of Professional Medical Staff available 24 hours a day, 7 days a week.

4. The RHA shall ensure the On-Call Physician Rotation scheduled is updated and posted at each nursing station. When the RHA is unavailable, the Operating Agent shall ensure that Medical Professional Staff is designated to provide 24-hour coverage.

5. The RHA shall ensure names; addresses and telephone numbers of qualified health care professionals shall be available at each Facility.

(c) Upon the return of a Juvenile from an emergency room visit the DNM or designee will review the Emergency Room Report, requesting one from the emergency room if one did not accompany the Juvenile.

1. The RHA or designee shall ensure that appropriate Professional Medical Staff are contacted for follow up orders after review of the Emergency Room recommendations.

2. Professional Medical Staff will assess the Juvenile upon his or her return. Findings will be documented in the EHR on the appropriate encounter forms. Emergency Room Reports will be made part of the Juvenile's EHR, and the Juvenile scheduled for a follow up medical assessment.

Section 6.8 Ongoing Suicide Risk Assessments

(a) All staff are responsible to monitor juveniles on an ongoing basis for suicidal behavior, suicidal ideation, self-injurious behavior and other at-risk behavior.

(b) All staff shall be instructed that a juvenile's threat to commit suicide or other reference to suicide, no matter how light hearted, idle or manipulative it may seem, must be taken seriously until he or she is properly assessed for suicide risk in coordination with a Qualified Mental Health Professional.

(c) If a juvenile evidences mental or emotional distress so acute as to require crisis intervention, the juvenile shall immediately be referred to a designated psychiatric screening center.

(d) Juveniles who were placed in special observation status on account of suicide risk shall, upon release from such status, undergo a stabilization assessment by a Qualified Mental Health Professional at intervals not to exceed five days, until such time as the juvenile has been determined by a Qualified Mental Health Professional to have been stable for a period of 30 days.

(e) A comprehensive suicide assessment shall be completed for any juvenile who exhibits patterns of behavior or thought suggestive of suicide risk.

1. Special attention shall be directed to juveniles who undergo adverse events including, but not limited to, a new adjudication, an extension of sentence, a change to a more restrictive custody status, placement or assignment, a loss of privileges, or receiving adverse family or other news.

(f) All juveniles shall be interviewed by a Qualified Mental Health Professional as soon as possible and in no event more than 24 hours after the placement on special observation status, or

after placement in room restriction, any other restrictive program separate unit, protective or temporary close custody.

1. If the Qualified Mental Health Professional determines that continued separation is detrimental to the juvenile's mental health, the Superintendent shall transfer the juvenile to alternative housing consistent with reasonable security concerns.

(h) A juvenile returning to the Commission after having been psychiatrically hospitalized shall be evaluated by a Qualified Mental Health Professional within 24 hours of his or her return, to assess his or her mental status, appropriate medication and housing needs.

Section 6.9 Juveniles in Special Housing Units

Medical services for Juveniles in Room Restriction, Temporary Close Custody, Protective Custody, the Behavior Accountability Unit and any other special housing units shall be subject to Commission rules in N.J.A.C. 13:95, 101 and 103 and any Post Orders and internal management procedures thereunder.

Section 6.10 Patient Escort

Operational personnel shall facilitate all internal movements of Juveniles required in order to meet appointments with Professional Medical Staff, and shall consult with Health Services Staff before transporting a Juvenile under the emergency medical transportation provisions of N.J.A.C. 13:95-9.11

Section 6.11 Nursing Assessment Protocols

The Medical Director or designee shall ensure nursing assessment protocols are developed and reviewed annually by the DNM and the RHA.

Section 6.12 Continuity of Care and Reentry Planning

(a) Diagnostic tests and specialty consultations ordered by Professional Medical Staff shall be completed within the prescribed time frames.

(b) Upon a Juvenile's return from an emergency room or from an in-patient stay he or she shall be seen by Professional Medical Staff, who shall review medical discharge or other medical reports provided by the treating hospital.

1. The discharge summary from the hospital shall be incorporated into and made part of the EHR, together with any follow up orders of Professional Medical Staff.

(c) Individualized health care re-entry planning for a Juvenile shall begin upon initial reception and shall continue throughout the Juvenile's stay.

1. Representatives of Health Services, including as necessary or appropriate Professional Medical Staff, shall be included in all re-entry meetings, and shall be consulted by Juvenile Parole and Transitional Services when developing a residence plan under N.J.A.C. 13:96-2.

2. A Commission medical discharge summary that includes all information relevant to continuity of care shall be given to a juvenile, or to the juvenile's parent or guardian if the juvenile is under the age of 18, at the time he or she is released from custody of the Commission.

PART 7. HEALTH PROMOTION

Section 7.1 Healthy Lifestyle Promotion

(a) In cooperation with the Director of Operations or designee, the Medical Director or designee shall oversee the development and implementation of programs designed to educate Juveniles on the importance of healthy lifestyle choices.

1. A juvenile's EHR shall contain a complete record of the juvenile's participation in programs implemented under this Section.

Section 7.2 Nutrition and Medical Diets

All juveniles shall be served regular Facility meals from a standard "Menu of the Day," unless a special diet is prescribed by Professional Medical Staff or a religious vegetarian diet has been approved by the Commission chaplain.

Section 7.3 Exercise

All Juveniles are ensured recreation and exercise under the provisions of N.J.A.C. 13:95, Secure Facilities, and 13:103, Community Programs.

Section 7.4 Personal Hygiene

(a) Barbering and hair care services shall be provided as needed.

(b) Each juvenile shall be given the opportunity to shave and shower daily, unless permitting these activities would present an undue security hazard.

(c) Each juvenile shall be provided with the following items, subject to such reasonable guidelines as may be issued by the superintendent or designee:

1. Clothing required for use in the room;
2. Bedding and mattresses;
3. Personal hygiene supplies (including soap, deodorant, toothbrush and toothpaste, towel, toilet paper, and female sanitary supplies for women);
4. Utensils and supplies for adequately cleaning the room;
5. Eyeglasses;
6. Reading material;
7. Stamps;
8. Religious items;
9. Writing materials; and
10. Legal materials.

(d) The possession and use of radios and other appliances shall be subject to guidelines as those developed by the Superintendent for the general population.

(e) Written internal management procedures shall be in effect permitting juveniles access to books and periodicals from the Secure Facility's library.

Section 7.5 Prohibition against Tobacco

Smoking and the use of tobacco products is prohibited in any Facility or Commission vehicle, including recreational yards and other outdoor areas, and juveniles are prohibited from possessing any tobacco products of any kind without limitation.

PART 8. SPECIAL NEEDS AND SERVICES

Section 8.1 Chronic Disease Services

(a) The Medical Director shall establish and shall review at least annually chronic disease clinical protocols that are consistent with national clinical practice guidelines.

1. Juveniles assigned to a chronic disease management clinic shall be seen at a minimum every 90 days. The clinician shall justify any deviation from protocol when the juvenile will be seen less frequently than every 90 days.

Section 8.2 Patients with Special Needs

(a) Individual Treatment Plans shall be developed by a prescribing provider or other Qualified Health Care Professional at the time the condition is identified and updated when warranted or at minimum of every 3 months.

(b) The treatment plan shall minimally include the following:

1 The frequency of follow-up for evaluation and adjustment of treatment modality;

2. The type and frequency of diagnostic testing and therapeutic regimens; and

3. When appropriate, instructions and accommodations for diet, exercise, adaptation to the environment, and medication.

(c) All special needs treatment plans shall be documented in the EHR.

Section 8.3 Services for Juveniles with Medical Special Needs

(a) The RHA shall ensure that Individual Treatment Plans are developed and implemented for each Juvenile assessed by Qualified Health Care Professional to have a special medical need, and that each such Individual Treatment Plan is reviewed and updated at least once every three months.

1. Juveniles assigned to a chronic disease management unit shall be seen at least once every three months.

i. A list of chronic care Juveniles shall be maintained on file at the Facility.

Section 8.4 Services for Juveniles with Mental Health Special Needs

(a) A list or roster of Juveniles assigned to the facility who have special mental health needs shall be maintained by the RHA.

(b) Whenever it appears that a Juvenile is suffering from an emotional or psychiatric disturbance, health care staff shall immediately provide appropriate intervention services and shall make arrangements for a psychiatric or psychological evaluation. Documentation of the evaluation findings shall be forwarded to the Superintendent or designee by the health care staff member who

conducted the evaluation prior to completion of the shift of the health care staff member on the day the evaluation is conducted. A copy of the findings of the evaluation shall be placed in the EHR.

Section 8.5 Infirmary Care

(a) Each infirmary shall maintain a minimum of one Registered Nurse on duty 24 hours a day, seven days a week, and shall have assigned Professional Medical Staff who make daily rounds Monday through Friday, except on legal holidays.

1. Admission to and discharge from the Infirmary will occur only upon order from Professional Medical Staff.

2. A Juvenile admitted to an infirmary shall at all times be within sight or sound of a Qualified Health Care Professional.

Section 8.6 Suicide Prevention Plan Policy

(a) On or before January 1, 2016 the Commission shall implement a written suicide prevention plan policy that conforms to standards of the National Council on Correctional Health Care (NCCHC), addressing each of the following elements:

1. Staff training;
2. Identification, screening and ongoing assessment of at-risk juveniles;
3. Procedures for communicating information relevant to identifying and monitoring juveniles at risk for suicide;
4. Housing;
5. Monitoring of at-risk juveniles;
6. Intervention and required notifications; and
7. Required reviews.

(b) The suicide prevention plan shall be reviewed annually under the direction of the Executive Director, or designee, and shall be amended as necessary and appropriate to accommodate the need to improve upon or otherwise modify existing practices and procedures, whether due to internal considerations, evolving industry best practices, amendments to NCCHC standards, or otherwise.

Section 8.7 Intoxication and Withdrawal

(a) The Medical Director shall issue and shall update as necessary protocols for the identification, treatment and observation of Juveniles who manifest symptoms of intoxication or withdrawal. The protocols shall provide procedures to:

1. Take into account the special conditions of Juveniles who because of medical or mental health issues may require different or moderated approaches to detoxification and assistance with withdrawal.

2. With respect to a pregnant juvenile with a history of opiate use, require that both the treating obstetrician/gynecologist and an opiate dependence treatment specialist are consulted so that the opiate dependence can be assessed and treated appropriately.

Section 8.8 Care of the Pregnant Juvenile; family planning services

Rules governing the provision of assistance to pregnant juveniles are codified at N.J.A.C. 13:95-17, with respect to juveniles assigned to Secure Facilities, and N.J.A.C. 13:103-10, with respect to juveniles assigned to Community Programs.

Section 8.9 Substance Abuse Units

Among both Secure Facilities and Community Programs there shall be housing units with programs specifically dedicated to the treatment of Juveniles with substance abuse issues.

Section 8.10 RESERVED

Section 8.11 Aids to Impairment

(a) Where the use of a cane, brace, prosthesis or other aid to impairment is determined by the Superintendent or designee to pose an unreasonable risk either to the safety of the Juvenile, other Juveniles, staff or to other persons, or poses a threat to the orderly operation of the Facility, an alternative shall be utilized.

(b) Such alternative may be either a substitute aid to impairment or the original aid to impairment, with a security protocol approved by the Superintendent or designee, whichever best serves the medical needs of the Juvenile as determined by a Qualified Health Care Professional.

Section 8.12 Care for the Terminally Ill

(a) A terminally ill Juvenile shall be provided medical care, including care for pain management, consistent with generally accepted community standards.

1. If the Medical Director determines that this level of care cannot be provided at a Commission Facility, the Medical Director shall communicate that determination to the Executive Director in writing.

2. Upon receipt of the Medical Director's written determination, the Executive Director or designee, in consultation with the Medical Director, will make arrangements for appropriate care.

Section 8.13 Telemedicine Allowed in Emergent and Urgent Situations

(a) Subject to the provisions of this Section 8.13, telemedicine may be used wherever it is clinically acceptable and medically appropriate in any discipline for Urgent and Emergent matters, except for examinations of the breast, genital and buttock which shall only be performed in person.

(b) Telemedicine is permitted only if all three of the following conditions are satisfied:

1. The Telemedicine is pursuant to a Telemedicine Program approved in writing and in advance of implementation by the MHSS;

2. When and to the extent Telemedicine is necessary to address a bona fide Emergent or Urgent situation, as those terms are term is defined in Section 1.2. and in no other circumstances;

3. When the Telemedicine session will be carried out by individuals licensed to provide Telemedicine under the New Jersey Telemedicine Law, N.J.S.A 45:1-62.

(b) The following protocol must be followed in connection with each Telemedicine occurrence:

1. By the end of the next regular business day, a written summary report shall be signed by the senior Professional Medical Staff person present and shall be submitted to the MHSS and to the Medical Director, which:

   i. Recites the facts supporting both the determination of an Emergent or Urgent situation and the extent of examination required to address the Emergent or Urgent situation; and

   ii. Identifies all personnel present at the Telemedicine event.

2. A copy of the written summary report shall be maintained in a central Telemedicine File in the office of the Medical Director;

3. All telemedicine sessions must be conducted with the Juvenile in either the nurse's office or in a clinical examination room.

i. During a Telemedicine encounter, doors or curtains to the exam room in the nurse's office or the consulting clinician's exam room must be closed.

ii. Once all parties are in the exam room, a "Do Not Enter" sign will be posted on the outside door of offices used in order to notify individuals not to enter the room during a Telemedicine session.

iii. Unnecessary conversation or interruptions shall not be permitted;

4. Professional Medical Staff shall ensure that everyone involved in the Telemedicine encounter are made aware of everyone who is in each room, including those who may be off camera;

5. All communications between the Juvenile and Professional Medical staff during the Telemedicine encounter shall be deemed privileged and confidential;

6. Except to the extent necessary to maintain security and the orderly operation of the Facility, only Professional Medical Staff may be present during the Telemedicine encounter.

i. All other personnel present shall be posted at the door or curtain of the nurse's office or examining room, kept only close enough to the Telemedicine event to permit intervention if required for reasons of safety and security; and

7. Senior Facility personnel present may terminate or cancel any Telemedicine session whenever the deem it necessary for reasons of safety and security;

(c) Any violation of A Juvenile's confidentiality shall constitute grounds for the termination of the Telemedicine session by any of the parties, and in all cases shall be recorded on a Form JJ-001, *Incident Report.*

1. In addition, the breach of a Juvenile's confidentiality shall be reported by the senior Professional Medical Staff present to the HealthCare and Safety Services Unit Manager.

PART 9. HEALTH RECORDS

Section 9.1 Access to Protected Health Information PHI

(a) All PHI shall be deemed to be official records of the Commission.

(b) Access to PHI is permitted only to Staff Members and to employees of an Operating Agent, and only to the extent necessary for them to carry out their assigned responsibilities on behalf of the Commission.

Section 9.2 Maintenance of PHI

(a) All PHI shall be kept in secure electronic or other files under the operational control of supervisory employees who themselves are permitted access to PHI.

1. At no time shall media containing PHI be left unattended in areas accessible to persons unconnected to the immediate use of the PHI;

3. At no time shall media containing PHI be electronically copied, transferred, forwarded, transcribed or removed from their usual repository, except as is authorized and necessary in the ordinary course of business; and

Section 9.3 Release of Requested PHI

(a) Commission staff members and employees of an Operating Agent shall be granted access to PHI when in the course of performing their job responsibilities there is a legitimate need for such access, and for no other reason or purpose.

(b) No PHI shall be released to any party except in response to a written request and upon the written authorization of the Executive Director or designee.

1. No request for PHI shall be honored unless it is in writing and is signed by the requester.

2. The Commission will approve any request for his or her PHI from a Juvenile age 18 and over, and from the parent or guardian of a Juvenile under the age of 18.

3., In addition, the Commission will consider requests from:

i. Healthcare providers who are treating the Juvenile, and who request the PHI for treatment related purposes;

ii. Third parties, when the Juvenile is age 18 and over, and from the parent or guardian of a Juvenile under the age of 18, has given clear, written consent to the release..

a. Consent may be inferred in situations when in a care related setting a Juvenile has placed family members on a notification list;

iii. In a medical or other emergency when release of the PHI is required in the public interest;

iv. To law enforcement officials for law enforcement purposes:

a. As required by law;

b. When required by the U.S. Social Security Administration or similar agency for the purposes of determining eligibility under governmental entitlement programs;
c. To identify or locate a suspect, fugitive, material witness or missing person;
d. In response to a request from law enforcement officials for information about a victim or suspected victim of a crime;
e. To alert authorities of a person's death, if it is suspected that criminal activity directly or indirectly caused the death;
f. When PHI is believed to be evidence of a crime; and
g. When necessary to inform authorities of either the commission of a crime, its nature, the location of the crime or of a crime victim, or of the perpetrator of the crime.

v. When required by law (statute, government regulation, or court or administrative order);
vi. When requested pursuant to a subpoena or other lawful process, provided adequate assurances are in place concerning notification to or a protective order for the individual;
vii. To public health or other government officials who request the information for disease control or prevention, or who are authorized to receive reports on child abuse or neglect or other situations involving PHI;
viii. To health oversight agencies for purposes of legally authorized health oversight activities;
ix. When authorized by law, to individuals who may have been exposed to or contracted a communicable disease;
x. To an employer, about an employee, when the information is about a work-related illness or injury and is required by the employer in order to comply with requirements of the Occupational Safety and Health Administration or similar agency;
xi. When requested by military, national intelligence, or national security agencies;
xii. When reasonably believed necessary to lesson or prevent a serious and imminent threat to a person or to the public; and
xiii. When disclosure is authorized by and in compliance with workers compensation laws and other similar programs providing benefits for work-related injuries or illnesses.

Section 9.4 Access to Custody Information

(a) Subject to the approval of the Executive Director or designee, Professional Medical Staff shall have access to a Juvenile's non-medical records only when both of the following conditions are present:

1. The information is relevant to the Juvenile's current medical situation and course of treatment; and

2. The information is required for proper completion of medical records, including but not limited to, when necessary for completion of mental health reports, history of violence, drug and alcohol use, parent or legal guardian contact information, current medications, medical condition at time of transfer, and continuation of health care needs.

Section 9.5 Management of Health Records

(a) The Medical Director shall establish a standardized and uniform format for Juvenile health records that includes at least the following information:

1. Identifying information (e.g., the Juvenile's name, committed number, date of birth, gender);
2. Allergies and alerts;
3. A "Master Problem List" on which is recorded all diagnoses and treatments, chronic care clinics, and pertinent health insurance information;
4. All relevant medical historical information;
5. Receiving screening and health assessments;
6. Progress notes of all findings, diagnoses, treatments, interventions and clinical encounters;
7. Provider orders for prescribed medication and medication administration records;
8. Reports of laboratory, x-ray and diagnostic studies;
9. Dental examination and treatments;
10. Transfer screenings;
11. Consent and refusal forms;
12. Results of specialty consultations and off-site referrals;
13. Discharge and transfer summaries;
14. Special health needs treatment plans;

15. Mental health assessments and treatment notes;

16. Mental health special needs roster;

17. Immunization and TST records; and

18. A separate health record for all infirmary Juveniles.

(b) All clinical encounters, findings and interventions shall be recorded in the health record at the time of service delivery. All entries shall be legible, dated, timed and signed by the documenter indicating professional title.

(c) In all cases, upon the date of discharge, the Juvenile's discharge date shall be documented in his or her health record.

Section 9.6 Record Retention

(c) Medical records shall be maintained, stored and disposed of in accordance with records retention schedules prepared in accordance with the provisions of N.J.A.C. 15:3-2, Records Retention.

PART 10. MEDICAL-LEGAL ISSUES

Section 10.1 Emergency Restraint of Juveniles

Emergency restraint of Juveniles, including medical oversight of such restraint, shall be governed by Commission Policy DED:01.05, Use of Restraint Chair.

Section 10.2 Informed Consent

(a) All issues of informed consent shall be governed by the attached *Informed Consent Addendum*.

1. The *Informed Consent Addendum* reflects provisions drafted by the Department of Law and Public Safety, Division of Law, and may not be substantively modified or amended without the approval of that office.

Section 10.3 Forensic Information

(a) Professional Medical Staff are prohibited from participating in the collection of forensic information, except with the consent of the Juvenile when:

1. Complying with state law or a court order that requires a blood sample, laboratory test, radiology procedure or other examination or procedure for medical purposes;

2. Conducting body cavity examinations, searches, and/or blood or urine testing for alcohol or other drugs, when done for medical purposes by a order of prescribing medical provider; and

3. Gathering evidence in connection with a PREA or other sexual assault investigation.

Section 10.4 Medical and Other Research

(a) Medical, pharmaceutical, and cosmetic experimentation or research upon a Juvenile is prohibited.

(b) The Executive Director may approve a written request to undertake non-medical pharmaceutical, or cosmetic research, provided:

1. The request has been reviewed and approved in accordance with the provisions of Commission Policy ED:01.08, Requests to Conduct Research; and

2. A research protocol has been approved that guarantees the confidentiality of juvenile information in full compliance with Section 1.3, Confidentiality.

END

POLICY NUMBER:	HS:01.01 (2019), Effective 12/2019)

OFFICIAL SIGNATURE ON FILE IN THE COMMISSION'S OFFICE OF ADMINISTRATION

APPROVED BY:

Name: Nancy Martin Title: Manager of Healthcare and Safety Services

Signature: Nancy Martin Date: 12/18/19

Name: Keith Poujol Title: Chief Administrative Officer

Signature: Keith Poujol Date: 12/18/2019

Name: Robert Montalbano Title: Deputy Executive Director

Signature: Robert Montalbano Date: 12/18/2019

REVIEWED AND APPROVED BY THE ACTING EXECUTIVE DIRECTOR:

Signature: Jennifer LeBaron, Ph.D. Date: 12/19/2019

ACCEPTED BY MEDICAL DIRECTOR:

Signature: Date: 1.23.20.

Mahmooda Raza, MD
University Correctional Health Care

NEW JERSEY JUVENILE JUSTICE COMMISSION
Office of Administration
Health Services

POLICY NUMBER:	**HS:01.01**	**EFFECTIVE DATE:**	October 1, 2015
SUBJECT:	**HEALTH SERVICES POLICY MANUAL**		
Attention:	All JJC Staff; Rutgers Health Care Personnel		
For Information Contact:	Quality Assurance Specialist	**Phone:**	609-341-3047
		Addendum Pages:	9.

INFORMED CONSENT ADDENDUM
(See Policy Section 10.2)

Section 1. Addendum Definitions

Unless context clearly indicates otherwise, the definitions set forth in Section 1.2 of the Policy shall apply. In addition, the following words and terms shall have the meanings set forth below when used in this Addendum

"**Associated health care forms**" means the Health History form, Health Care Consent Cover Letter, Vaccine Information Statements, New Jersey Immunization Information System (NJIIS) Consent forms, NJIIS Flyer and NJIIS Brochure.

"**Informed consent**" means a formal expression, oral or written, of agreement with a proposed course of action by an individual who has the capacity, the information and the ability to render voluntary agreement on his or her own behalf or on behalf of another.

"**Invasive treatment**" means a surgical entry into tissues, cavities or organs or the repair of any tissues. This may include the manipulation, cutting or removal of any tissue during which bleeding occurs or the potential for bleeding exists.

Informed Consent Addendum

"Reasonable notice" means a notice of required treatment that is given to a parent or legal guardian of a resident by certified mail to the last known address with a request for consent. This notice shall contain sufficient information to indicate the precise nature of the illness and the proposed treatment and the date the treatment will be performed. This notice shall be sent at least 10 days in advance of the date recommended for the treatment unless the case is certified to be emergent, in which case the parent of legal guardian shall be given the maximum advance notice possible under the circumstances.

"Verbal consent", for this policy only, means verbal authorization obtained from a parent or legal guardian of a minor, via a confidential and witnessed telephone call (see next paragraph), regarding the notification of a treatment or procedure authorized by a prescribing provider. Whenever possible, the staff making the call shall be a qualified health care professional or prescribing provider. The qualified health care professional shall inform the parent or legal guardian that the recommending prescribing provider will contact them to further discuss the risks and benefits associated with the surgical/invasive procedure. The qualified health care professional shall also document the results of this telephone call in the juvenile's health record, and both staff shall sign the verbal authorization form.

A witnessed telephone call means that at least one other staff member or prescribing provider designee is present, listens to what the caller states to the parent or legal guardian, and then speaks directly to the parent or legal guardian. The staff member shall inform him or her that telephone calls in which health care consent or permission are given are always verified with the parent or legal guardian. The witness shall also ask the parent or legal guardian if they understand what has been stated.

If the caller is unable to reach the parent, this must be documented as witnessed and shall be signed accordingly. All verbal consent attempts shall be thoroughly documented in the juvenile's health record.

Informed Consent Addendum

Section 2. Informed Consent Required

Reasonable attempts shall be made to obtain consent from the adult juvenile, or parent or legal guardian of a minor for general health care and for recommended medical, surgical, mental health and dental treatment while in the care and custody of the COMMISSION. If consent cannot be obtained, the Superintendent is authorized to provide consent.

Juveniles and parents or legal guardians shall be provided with information in order to make an informed decision regarding the juvenile's health care.

The informed consent of a minor to the provision of medical or surgical care or services shall be valid and binding and the consent of no other person shall be necessary when treatment is sought in the following circumstances:

a. The minor is or believes he or she may have a sexually transmitted disease or infection;

b. The minor, in the judgment of the treating physician, appears to have been sexually assaulted (See also Policy ED:01.02, *Prison Rape Elimination Act (PREA)*;

c. The minor is or believes that he or she is suffering from the use of drugs or is a drug dependent person;

d. The minor is an alcoholic or believes that he or she is suffering from alcohol dependency or alcoholism;

e. The minor is at least 13 years of age and is, or believes, he or she may be infected with the human immunodeficiency virus or have acquired immune deficiency syndrome;

f. The minor is married or pregnant; or

g. The minor is unmarried and pregnant and seeks hospital, medical or surgical care related to her pregnancy or her child.

Section 3. Informed Consent Information

a. In order to ensure informed consent, the prescribing provider shall explain medical, surgical, mental health or dental treatment recommended for the juvenile to the juvenile and the parent or legal guardian of a minor, whenever possible, regarding the nature, consequences, risks and alternatives of the proposed treatment, examination or procedure, and the prognosis if the proposed intervention is not taken. The information shall be communicated at the level of understanding appropriate to the juvenile and parent or legal guardian.

b. For invasive treatments or psychotropic medication, completed consent forms or documentation of unsuccessful attempts to obtain consent shall be forwarded to the facility medical office by the recommending prescribing provider. The Qualified Health Care Professional shall ensure that completed written consent, documented verbal consent, or unsuccessful documented attempts for invasive treatments are received from the provider. Qualified Health Care Professionals shall ensure that documentation of attempts for consent (i.e., successful and non-successful) shall be immediately placed in the juvenile's health record.

Section 4. Commission General Health Care Consent Form

a. For minor juveniles, Commission staff shall make efforts to obtain a signed *JJC General Health Care Consent* Form and associated health care forms for all minor juveniles entering the Juvenile Justice Commission. The parent or legal guardian shall be asked to complete these health care forms.

b. For juveniles who have reached the age of consent, these juveniles shall be requested to complete and sign the *JJC General Health Care Consent Form* and associated health care forms upon admission to a Commission facility.

c. The *JJC General Health Care Consent Form* and associated health care forms are valid for as long as the juvenile is under any type of supervision, custody or other form of legal control by the Commission.

Section 5. Role of Commission's Court Liaison

a. If the Commission's Court Liaison is present at a minor's disposition hearing for probationers, he or she shall meet with the juvenile's parent or legal guardian, if available, at the time of disposition. The Commission's Court Liaison shall request that the parent or legal guardian complete and sign the *JJC General Health Care Consent Form* and associated health care forms, and shall render assistance as needed.

b. As soon as practicable, the Commission's Court Liaison shall inform the Commission's Medical Records Office whether the *JJC General Health Care Consent Form* and associated health care forms have been properly executed.

c. If the Commission's Court Liaison is unable to have the completed health care forms executed, he or she shall document the reason the completed forms were not obtained. This documentation shall be forwarded to the Commission's Medical Records Office.

Informed Consent Addendum

Section 6. Role Commission's Medical Records Office

a. The Commission's Medical Records Office shall file all received copies of the completed *JJC General Health Care Consent Form* and associated health care forms in the juvenile's health record.

b. For residents without consent, the Commission's Medical Records Office shall ensure that the *JJC General Health Care Consent Form* and associated health care forms are sent to the parent or legal guardian of a minor via certified mail, return receipt requested, before the end of the day with a cover letter explaining the need for the completed forms, and a stamped business-size envelope addressed to the Commission's Medical Records Office.

c. The Commission's Medical Records Office shall establish and maintain a tracking system to document consent package mailings to parents or legal guardians of minors. The tracking system shall clearly document either that consent of the parent or legal guardian was obtained or that the certified mail receipt was returned to the Commission but consent was *not* obtained.

d. If completed *JJC General Health Care Consent Form* and associated health care forms are received by the Commission's Medical Records Office within ten calendar days after the original correspondence was mailed, the completed Commission forms shall be filed in the juvenile's health record along with the mail tracking documents.

e. If completed *JJC General Health Care Consent Form* and associated health care forms are *not* received by the Commission's Medical Records Office within ten calendar days after the original correspondence was mailed, the mail tracking forms shall be filed in the juvenile's health record. The tracking documents and system shall thereafter be used to document the Commission's efforts to secure the required consent of the parent or legal guardian.

f. In all cases in which completed Commission forms are received, the juvenile's health records shall be forwarded to the receiving facility as soon as practicable, but no later than within two business days of receipt.

Section 7. Role of the Receiving Qualified Health Care Professional

a. The Qualified Health Care Professional receiving a juvenile's medical information shall ensure that the completed *JJC General Health Care Consent Form* and associated health care forms, or documentation of efforts made to secure the required consent and any other medical or dental records, are maintained in the juvenile's health record.

b. If the *JJC General Health Care Consent Form* and associated health care forms are not received with the minor juvenile's medical information, the Superintendent is authorized to give consent for medical, psychiatric, surgical or dental treatment to minors when a licensed physician, psychiatrist, surgeon or dentist certifies that the treatment to be performed is essential and beneficial to the general health and welfare of the juvenile or will improve his or her opportunity for recovery or prolong or save his or her life. (N.J.S.A. 304-7.2.)

c. For juveniles who have reached the age of consent, the Qualified Health Care Professional shall ensure that the juvenile completes and signs a consent form.

Section 8. Consent for Invasive Medical Treatment and Psychotropic Medication

a. Whenever invasive treatment is recommended by a Qualified Health Care Professional, the recommending provider shall immediately provide reasonable notice to, and make reasonable efforts to obtain written consent for the recommended treatment from, the

adult juvenile or the parent or legal guardian of a minor, prior to treatment. If written consent cannot be obtained, verbal consent is acceptable for urgent invasive health care treatment.

b. In order to ensure informed consent, the prescribing provider shall explain medical, surgical, mental health or dental treatment recommended for the juvenile to the juvenile and the parent or legal guardian of a minor, whenever possible, regarding the nature, consequences, risks and alternatives of the proposed treatment, examination or procedure, and the prognosis if the proposed intervention is not taken. The information shall be communicated at the level of understanding appropriate to the juvenile and parent or legal guardian.

c. For invasive treatments or psychotropic medication, completed consent forms or documentation of unsuccessful attempts to obtain consent shall be forwarded to the facility medical office by the recommending prescribing provider. The Qualified Health Care Professional shall ensure that completed written consent, documented verbal consent, or unsuccessful documented attempts for invasive treatments are received from the provider. Qualified Health Care Professionals shall ensure that documentation of attempts for consent (i.e., successful and non-successful) shall be immediately placed in the juvenile's health record.

    i. Anything herein to the contrary notwithstanding, prescribed psychotropic medication for a minor received at intake shall be continued for up to ten (10) days pending parental consent.

d. If consent for invasive treatments cannot be obtained or cannot be obtained within the necessary time frame, the Qualified Health Care Professional shall notify the recommending prescribing provider, their chain of command and the Superintendent. The Medical Director shall ensure a plan of action is implemented to obtain consent.

e. If written consent cannot be obtained, verbal consent is acceptable for invasive health care treatment, unless an off-site community provider requires written consent.

Section 9. Exceptions to Standard Consent Procedures

a. Whenever invasive treatment is recommended by a Qualified Health Care Professional, the recommending provider shall immediately provide reasonable notice to, and make reasonable efforts to obtain written consent for the recommended treatment from, the adult juvenile or the parent or legal guardian of a minor, prior to treatment. If written consent cannot be obtained, verbal consent is acceptable for urgent invasive health care treatment.

b. If consent for invasive treatments cannot be obtained or cannot be obtained within the necessary time frame, the Qualified Health Care Professional shall notify the recommending prescribing provider, their chain of command and the Facility Administrator. The Medical Director shall ensure a plan of action is implemented to obtain consent.

c. If written consent cannot be obtained, verbal consent is acceptable for invasive health care treatment, unless an off-site community provider requires written consent.

d. If a licensed physician, psychiatrist, surgeon, dentist or advanced practice nurse certifies in writing that the treatment to be performed is essential and beneficial to the general health and welfare of the minor, will improve his or her opportunity for recovery, or will prolong or save his or her life, the Facility Administrator is authorized to sign the consent for treatment on behalf of the juvenile.

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