BOARD OF CORRECTION
CITY OF NEW YORK

NOTICE OF RULEMAKING CONCERNING MENTAL HEALTH AND HEALTH CARE STANDARDS IN NYC CORRECTIONAL FACILITIES

Notice of Public Hearing and Opportunity to Comment on Proposed Rules

What are we proposing?
The New York City Board of Correction (the "Board") is proposing to amend §§ 2-05(b)(2)(i-ii) and 3-04(b)(2)(v)(A) of Title 40 of the Rules of the City of New York ("RCNY"), on psychotropic medication and tuberculosis screening, respectively, to codify long-standing variances. The Board also proposes to amend Chapters 2 and 3 of Title 40 of the RCNY (hereinafter referred to as the Board's "Minimum Standards" or "Standards") to correct outdated language, such as references to "inmates" and "Department of Mental Health, Mental Retardation and Alcoholism Services," align variance procedures across all sections of the Standards, and remove references to seclusion.

When and where is the hearing?
The Board will hold a public hearing on the proposed rules. The public hearing will take place at 1:00 pm on February 10, 2026. The hearing will be held 125 Worth Street, Second Floor Auditorium, New York, NY 10007. The public will be able to comment via audio and video on Microsoft Teams. The hearing will also be streamed live on the Board's website and YouTube page.

February 10, 2026, 1:00 pm Public Hearing
Online Registration: NYC Board of Correction February 2026 Public Hearing and Public Meeting | Meeting-Join | Microsoft Teams

Or

Call-In Number: +1 646-893-7101 and Access Code: 405 599 849#

How do I comment on the proposed rules?
Anyone can comment on the proposed rules by:

- **Website.** You can submit comments to the Board through the NYC rules website at http://rules.cityofnewyork.us.
- **E-mail.** You can e-mail comments to the Board at boc@boc.nyc.gov.
- **Mail.** You can mail comments to the Board, Attn: Jemarley McFarlane, 2 Lafayette Street, Room 1221, New York, NY 10007.
- **Fax.** You can fax comments to the Board at 212-669-7980.
- **Voicemail.** You can call 212-669-7900 and choose option 2 to leave a voicemail comment on the proposed rule. People in custody can leave a voicemail at 212-266-4320 (English) or 212-266-4321 (Spanish).
- **By speaking at the hearing.** If you are interested in speaking in person, you can sign up to testify immediately upon entering the auditorium. If you are interested in speaking during the public comment period at the hearing online, please go to the online registration link and indicate this on the registration form. Please register to speak by 9:00 am on February 10, 2026. The Board cannot guarantee that you will be called to testify if you complete the registration form after 9:00 am on the morning of the hearing. Comments are limited to three (3) minutes per attendee. Please note that the hearing is for accepting oral testimony only and is not held in a "Question and Answer" format.

Is there a deadline to submit comments?
Yes, you must submit comments by the close of business on February 10, 2026.

Do you need assistance to participate in the hearing?

- **Wheelchair Access.** The venue has an accessible entrance on Lafayette Street and elevators. There are accessible bathrooms on the first floor of the building.
- **Assistive Listening Systems (ALS)**. ALS is not currently in place at the 125 Worth Street Second Floor Auditorium.
- **Communication Access Realtime Translation (CART).** CART is not currently available.

- **Sign Language Interpretation.** If you require language interpretation, or sign language interpretation to participate in the hearing, please email boc@boc.nyc.gov or call 212-669-7900 by February 3, 2026 to allow sufficient time to determine if accommodations can be arranged.
- To request any other accommodations, please email boc@boc.nyc.gov or call 212-669-7900 at least 48 hours before the hearing.

Can I review the comments made on the proposed rules?
You can review the comments made online on the proposed rules by going to the Board's website. One week after the hearing, copies of the written comments will be available to the public on the Board's website.

What authorizes the Board of Correction to make these rules?
Sections 626 and 1043 of the New York City Charter authorize the Board to propose these rules.

Where can I find the Board of Correction's rules?
The Board's rules are in Title 40 of the Rules of the City of New York, and are also available on the Board's website under the "Jail Regulations" tab.

What requirements govern the rulemaking process?
The Board must meet the requirements of Section 1043 of the City Charter when creating or amending rules. This notice is made according to the requirements of Section 1043 of the City Charter.

Why weren't these proposed rules on the Board's 2025 regulatory agenda?
The Board is proposing these rules pursuant to a rulemaking proposal submitted by Correctional Health Services on July 29, 2025.

Statement of Basis and Purpose of Rules

New York City Charter §626(e) authorizes the Board of Correction ("BOC" or "Board") to "establish minimum standards for the care, custody, correction, treatment, supervision, and discipline of all persons held or confined under the jurisdiction" of the Department of Correction ("DOC" or the "Department").

The Board first implemented standards on mental health care (now Chapter 2 of the Minimum Standards) in 1985, becoming the first jurisdiction in the country to voluntarily require the provision of appropriate mental health staffing and resources to incarcerated individuals. The implementation of health care minimum standards (now Chapter 3) followed in 1991, requiring the provision of health care services consistent with "accepted professional standards and sound professional judgment and practice." It is this same goal of aligning mental health and health care afforded in the City's jails with current professional and clinical standards that has prompted the Board to propose these amendments to our Minimum Standards.

1. Codifying Long-standing Variances (§§2-05(b)(2)(i-ii) and 3-04(b)(2)(v)(A))

Sections 2-09 and 3-13 of Title 40 of the RCNY allow the health care body designated by New York City as the agency responsible for health services for people in the care and custody of DOC (currently Correctional Health Services or "CHS") or DOC to submit a variance from a specific section or subdivision of the Minimum Standards to the Board when compliance cannot be achieved or continued.

On November 10, 2005, the Board approved a limited six-month variance from §2-05(b)(2)(i-ii) (previously §5.2(b)(i-ii)). The variance authorizes psychiatrists to see and evaluate stable patients on psychotropic medication in general population at least every 28 days, rather than every 14 days as required by the standard. The Board has granted this variance every six months since its initial approval. In July 2025, CHS proposed amending the relevant Standard to incorporate this long-standing variance.

As recognized in 2005, the Board continues to believe that the variance helps improve patient care and make psychotropic medication prescription practices consistent with current mental health care standards. The variance allows for appropriate follow-up of general population patients receiving mental health services. The variance minimizes redundancy since follow-ups with stable patients who respond positively to their medication are not required. For these reasons, the Board proposes to codify this variance.

On September 13, 2010, the Board approved a limited six-month variance sought by the Department of Health and Mental Hygiene, then the health care provider in the jails, from §3-04(b)(2)(v)(A). This health care standard requires that a tuberculin skin test (TST) be administered during the intake screening for people in custody who do not have prior history of a positive reaction to the test. The variance authorizes the use of interferon gamma release assays instead of a tuberculin skin test for tuberculosis

screening. The variance also exempts persons who have a documented negative test in the six months prior to their admission from repeat screening. Understanding that health care practices evolve and improve over time, the Board granted this variance every six months since 2010, with the last extension being approved for a full year in January 2025.

In July 2025, CHS requested that this Standard be amended to incorporate the allowance for alternative tuberculosis screening practices authorized by the variance. Given the successful implementation of this variance over the last 15 years, the Board is proposing the requested amendment. Further, to account for future advancements in tuberculosis screening, the Board proposes amending the relevant Standard to allow for the use of other tuberculosis screening methods that meet current standards of clinical practice.

2. Aligning Variance Procedures (§§2-09 and 3-13)

Through the years, DOC and CHS have utilized the procedures for variance requests set forth in §1-15 of the Board's Minimum Standards. However, §§2-09 and 3-13 set forth other procedures for requesting variances, which contain procedural, non-substantive differences from the requirements in §1-15, such as setting out the process for submitting variance requests prior to the implementation of the original rules. This duplication can lead to confusion and inconsistent application. The duplication is also unnecessary as §1-15 appropriately addresses all aspects of the variance process historically used by the Board. Accordingly, the Board proposes amending the variance procedures in §§2-09 and 3-13 to mirror those set forth in §1-15.

The proposed rule also defines the three types of variances that are granted by the Board:

- Limited Variance – limited time period
- Continuing Variance – indefinite time period
- Emergency Variance – up to 30 days

3. Removing Unused "Seclusion" Practices (§2-06)

Section 2-06 authorizes DOC and CHS to implement procedures governing the physical restraint and seclusion of persons in custody being observed or treated for mental or emotional health issues. The Standard defines "seclusion" as "the placing of [people in custody] in their cells, or a seclusion room from which they cannot leave at will, during a normal lock-out period when other [people in custody] in the housing area are given the option to lock out of their cells." Among other requirements about the use of seclusion, and the monitoring and release of individuals in seclusion, section 2-06 provides that "[p]hysical restraint or seclusion may be used only upon the direct written order of a psychiatrist which includes the reasons for taking such action."

However, in current practice, CHS neither authorizes nor orders the use of seclusion. Accordingly, the Board proposes removing references to the use of seclusion from §2-06.

4. Non-Substantive Language Amendments (Chapters 2 and 3)

In 2021, the Board made a commitment to employ person-first language in its Minimum Standards and communications by deleting references to “inmates” in favor of person-first terms such as “people in custody” and using gender inclusive language in Chapter 1 of the Minimum Standards. The Board proposes continuing this vital effort in Chapters 2 and 3.

Proposed Rules

New material is underlined.

[Deleted material is in brackets.]

"Shall" and "must" denote mandatory requirements and may be used interchangeably in the rules of the Board of Correction, unless otherwise specified or unless the context clearly indicates otherwise.

§ 1. Sections 2-01, 2-02, 2-03, 2-04, 2-05, 2-06, 2-07, 2-08, and 2-09 of Title 40 of the Rules of the City of New York are renumbered as sections 2-02, 2-03, 2-04, 2-05, 2-06, 2-07, 2-08, 2-09, and 2-10 respectively.

§ 2. Title 40 of the Rules of the City of New York is amended to add a new section 2-01 to read as follows:

§ 2-01 Definitions.

(a) **"Facility"** means any jail which operates as its own command or any jail annex which is not within walking distance of the parent facility.

(b) **"Health Authority"** means a health care body designated by New York City as the agency or agencies responsible for health services for people in custody in the care and custody of the New York City Department of Correction. This term applies regardless of whether this responsibility is contractually shared with an outside provider.

(c) **"Health record"** means a single medical record that contains all available information pertaining to a person in custody's medical, mental health and dental care. Unless otherwise specified, a health record refers to a record maintained by a jail, not a record maintained by a hospital.

(d) **"Mental health services staff"** means a mental health professional employed by the Health Authority who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice.

(e) **"Psychiatric provider"** means a psychiatrist, psychiatric nurse practitioner, or psychiatric physician assistant who diagnoses and treats mental and emotional health issues.

§ 3. The opening paragraph of section 2-02 of Title 40 of the Rules of the City of New York, as renumbered by this rule, is amended to read as follows:

§ 2-02 Service Calls.

Services for the detection, diagnosis and treatment of mental illness shall be provided to those persons in the care and custody of the New York City Department of Correction. The [New York City Department of Health or a contracted service provider,] Health Authority and the Department of Correction[, with the approval of the Department of

Mental Health, Mental Retardation and Alcoholism Services] shall [design and implement] maintain a mental health program to provide:

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§ 4. Section 2-03 of Title 40 of the Rules of the City of New York, as renumbered by this rule, is amended to read as follows:

§ 2-03 Identification and Detection.

(a) Policy. Procedures shall be developed and implemented which promote the timely identification of [inmates] people in custody requiring mental health evaluation.

(b) Receiving screening.

(1) Screening for mental and emotional [disorders] health issues is to be performed on all [inmates] people in custody before they are placed in general population. This initial screening shall take place within twenty-four hours after [an inmate's arrival] a person in custody arrives at the correctional facility.

(2) Screening shall be performed by mental health services personnel or by appropriately trained medical personnel. Screening may be incorporated within the medical intake procedure.

(3) The [Department of Health] Health Authority[, with the approval of the Department of Mental Health, Mental Retardation and Alcoholism Services] shall [develop] maintain written procedures setting the topics to be reviewed in receiving screening. The review shall include, but need not be limited to: psychiatric history, including neuropsychiatric hospitalizations, contacts with mental health professionals, suicidal and violent behavior, history or presence of delusions or hallucinations, and an assessment based on behavioral observations of mood, orientation, impaired consciousness, indications of [gross mental retardation] intellectual disability and significant presenting complaints.

(4) The professionals conducting intake screening shall record their findings in a standard, written mental health intake form [which the Department of Health shall develop with the approval of the Department of Mental Health, Mental Retardation and Alcoholism Services] maintained by the Health Authority for use in all facilities.

(5) Receiving screening shall include a description of available mental health services and the procedures for access to those services:

(i) [inmates] people in custody shall receive a written communication in English and Spanish describing available mental health services, the confidentiality of those services and the procedures for gaining access to them;

(ii) the Department of Correction shall make provisions to assist in assuring that the procedures for gaining access to mental health services are verbally explained to [illiterate inmates] people in custody who have difficulty with reading and writing, and

that [inmates] people in custody whose native language is other than English or Spanish are given prompt access to translation services for the explanation of these procedures.

(c) Training of staff.

(1) All correction officers and [medical] health services personnel [are to] must receive training and continuing education in programs approved by the [Departments] Department of Correction [Health and Mental Health, Mental Retardation and Alcoholism Services] and the Health Authority regarding the recognition of mental and emotional [disorders] health issues. This training shall incorporate, but need not be limited to, the following areas:

(i) the recognition of signs and symptoms of mental and emotional [disorders] health issues most frequently found in the [inmate] incarcerated population;

(ii) the recognition of signs of chemical dependence and the symptoms of narcotic and alcohol withdrawal;

(iii) the recognition of adverse reactions to psychotropic medication;

(iv) the recognition of signs of developmental disability, particularly [mental retardation] intellectual disability;

(v) types of potential mental health emergencies, and how to approach [inmates] people in custody to intervene in these crises;

(vi) identification and referral of medical problems of [mental health inmates] people in custody with mental health issues;

(vii) suicide prevention; and

(viii) the appropriate channels for the immediate referral of [an inmate] a person in custody to mental health services for further evaluation, and the procedures governing such referrals.

(2) [No later than nine months from the effective date of these standards, there] There shall be at least one officer in every housing area on every tour trained in the application of basic first aid, including life support cardio-pulmonary resuscitation.

(3) Mental health services staff shall receive explicit orientation as well as continuing education and training appropriate to their activities:

(i) [there shall be] the Health Authority must maintain a written plan [developed by the Department of Health and approved by the Department of Mental Health, Mental Retardation and Alcoholism Services] for the orientation, continuing education and training of all mental health services staff;

(ii) in-service training shall include regular individual supervision of not less than one hour per week and not less than one hour per week of continuing education to be prorated for part-time staff.

(d) Observation aides.

(1) There is to be an organized program of observation aides trained to monitor those [inmates] people in custody identified as potential suicide risks as well as to recognize warning signals of suicidal behavior in those [inmates] people not previously identified as potential suicide risks. [the warning signals of suicidal behavior. Inmates] People in custody, including those housed in mental observation areas, may be employed as observation aides and shall be paid for their services.

(2) [Written] The Health Authority shall maintain written procedures [shall be developed by the Department of Correction and Health, to be approved by the Department of Mental Health, Mental Retardation and Alcoholism Services] defining the selection criteria for observation aides, the training they shall receive, the procedures they shall follow and the criteria for the evaluation of their performance as well as for terminating their employment where necessary:

(i) in [developing] maintaining a program of observation aides, the Department of Correction shall consult with the [Department of Health] Health Authority in order to provide for coordination of effort between the two agencies;

(ii) observation aides shall be trained to promptly inform correction or mental health services staff when they believe [an inmate] a person in custody poses a suicide risk, presents an immediate danger of suicide or is engaging in bizarre behavior. This information shall be recorded in a systematic manner.

(3) Observation aides shall operate in all correctional facilities in the following housing areas: mental observation, [punitive segregation] restrictive housing, administrative segregation or protective custody housing areas, intake areas, and new admission. They shall be employed in other areas as required.

§ 5. Section 2-04 of Title 40 of the Rules of the City of New York, as renumbered by this rule, is amended to read as follows:

§ 2-04 Diagnosis and Referral.

(a) Policy. The [Departments] Department of Correction and [Health, with the approval of the Department of Mental Health, Mental Retardation and Alcoholism Services,] the Health Authority shall [develop] maintain procedures to provide for the prompt evaluation and appropriate referral of [inmates] people in custody whose behavior suggests that they are suffering from a mental or emotional [disorder] health issue, as well as the immediate evaluation and treatment of those in need of emergency psychiatric care.

(b) Access.

(1) There is to be non-emergency access to mental health services. [Inmates] People in custody may refer themselves for preliminary evaluation, and they shall be seen by a member of mental health services staff as soon as possible but in no instance later than three working days after receipt of referral by mental health services staff. The Department of Correction shall ensure that notice of the request is received by mental health services staff within twenty-four hours.

(2) [Inmates] People in custody shall have twenty-four hour access to mental health services personnel for emergency psychiatric care and the management of acute psychiatric episodes:

(i) all [inmates] people in custody who report having been sexually assaulted shall be referred for emergency assessment;

(ii) [inmates] people in custody awaiting emergency evaluation are to be housed in a specially designated area with close staff supervision and sufficient security to protect [inmates] people in custody and staff;

(iii) the [Departments] Department of Correction and [Health] the Health Authority shall [develop] maintain a written form for emergency evaluation referrals.

(3) Correction staff and medical services personnel are required to refer to mental health services those [inmates] people in custody in the general population who exhibit signs of mental or emotional [disorders] health issues. A standard written procedure to include a description of the behavior upon which the referral is based shall be [developed] used by the [Departments] Department of [Health and] Correction and the Health Authority.

(4) The Department of Correction shall provide sufficient escort officers to ensure delivery of service in a manner that promotes the maximum efficiency of mental health services staff. The Department of Correction shall [develop and implement] maintain procedures to provide that [inmates] people in custody requested for evaluation or follow-up be escorted to mental health services staff, or accounted for, the same day. In all cases where the [inmate] incarcerated person is still in custody, [he or she] they shall be brought to mental health services staff within twenty-four hours.

§ 6. Section 2-05 of Title 40 of the Rules of the City of New York, as renumbered by this rule, is amended to read as follows:

§ 2-05 Treatment.

(a) Policy. Adequate mental health care is to be provided to [inmates] people in custody in an environment which facilitates care and treatment, provides for maximum observation, reduces the risk of suicide, and is minimally stressful. [Inmates] People in custody under the care of mental health services, if in all other respects qualified and eligible shall be entitled to the same rights and privileges as every other [inmate] person in custody.

(b) Criteria of adequacy.

(1) [The Department of Health shall develop written criteria to be approved by the Department of Mental Health, Mental Retardation and Alcoholism Services defining in accordance with current professional standards the mental health staff, supplies and equipment necessary to provide adequate mental health care.] The Health Authority shall maintain the mental health staff, supplies, and equipment necessary to provide adequate mental health care in accordance with current professional standards.

(2) [The Departments of Health and Correction shall develop written criteria to be approved by the Department of Mental Health, Mental Retardation and Alcoholism Services defining in accordance with current professional standards the space necessary to provide adequate and appropriate housing and treatment of inmates under the care of mental health services.] The Health Authority shall maintain the space necessary to provide adequate and appropriate housing and treatment for people in custody under the care of mental health services in accordance with current professional standards.

[(3) No later than ninety days from the effective date of these standards, the written criteria shall be submitted to the Board of Correction for promulgation as an amendment to these standards.]

(c) Programs.

(1) Special housing shall be provided to those [inmates] people in custody in need of close supervision due to mental or emotional [disorders] health issues, and to those [inmates] people in custody in the process of being evaluated for such [disorders] health issues:

(i) twenty-four hour observation aides shall be assigned to special housing areas;

(ii) correction officers who have received not less than thirty-five hours of special training within the first year of their assignment shall be assigned to steady posts within these areas. These officers shall receive annual training enhancement. The [Departments] Department of [Health and] Correction shall [develop] maintain a written curriculum [to be approved by the Department of Mental Health, Mental Retardation and Alcoholism Services] specifying the components and hours of the training programs, in collaboration with the Health Authority;

(iii) [inmates] people in custody placed in special housing areas shall be seen and interviewed by mental health services staff at least once per week;

(iv) an individual member of mental health services staff shall be directly responsible for mental health services in each special housing area;

(v) the Department of Correction shall make provision for the allocation of dormitory space as special housing for the observation of potentially suicidal [inmates] people in custody.

(2) The [Departments] Department of Correction and [Health] the Health Authority shall [develop] maintain specific written criteria and procedures for the admission to and the discharge from special housing areas for mental observation:

(i) it shall be the prerogative of mental health services to admit and discharge [inmates] people in custody from special housing areas for mental observation;

(ii) the placement of [an inmate] a person in custody in special housing shall be reviewed by mental health services at least once per week.

(3) An individualized written treatment plan based upon the evaluation of the treatment team shall be developed for each [inmate] person in custody placed in special housing for mental observation and for all [inmates] people in custody to whom medication for mental or emotional [disorders] health issues is prescribed:

(i) the treatment team must include a [psychiatrist] psychiatric provider who shall personally examine each [inmate] person in custody evaluated by the treatment team;

(ii) those members of the treatment team who are providing care to [an inmate] a person in custody shall prepare a treatment plan, which shall be signed by the [psychiatrist] psychiatric provider;

(iii) the Chief of Service or [his or her] their designee shall approve all treatment plans;

(iv) the [Department of Health] Health Authority shall [develop] maintain written criteria [to be approved by the Department of Mental Health, Mental Retardation and Alcoholism Services] defining the nature and the specificity of the treatment plan;

(v) there shall be documented evidence of initial treatment planning within three days of the [inmate] person in custody being placed in special housing, and a treatment plan shall be prepared no later than one week after placement;

(vi) treatment plans shall be reviewed and assessed for effectiveness by professional mental health services staff at least every two weeks. Both the review and the [inmate's] person in custody's progress shall be recorded in the medical chart;

(vii) a range of treatment modalities other than the provision of medication shall be made available.

(4) There shall be facilities appropriate for the observation, evaluation and treatment of acute psychiatric episodes.

(5) Where required, [an inmate] a person in custody shall be transferred to a municipal hospital prison ward in accordance with New York State Correction Law §§ 402 and 508.

(6) [Inmates identified as developmentally disabled] People in custody who have a developmental disability shall be evaluated within seventy-two hours and mental health services staff shall make a recommendation to the Department of Correction as to whether such developmental disability makes it necessary for the [inmate] person to be placed in special housing or otherwise separated from the general [inmate] population:

(i) [inmates who suffer from] people in custody with developmental disabilities shall be housed in areas sufficient to ensure their safety;

(ii) if it is determined by mental health services that [an inmate's] a person in custody's developmental disability makes it clinically contraindicated that the [inmate] person be housed in a correctional facility, then the Department of Correction shall immediately notify the court and a written notice shall be filed in the [inmate's] person's court papers.

(7) The [Departments] Department of [Health and] Correction and the Health Authority shall use mechanisms [approved by the Department of Mental Health, Mental Retardation and Alcoholism Services] to identify [inmates who are suffering from drug addiction or the disease of alcoholism] people in custody who have drug or alcohol use issues. [Inmates] People in custody so identified shall be referred to available programs approved by the [Departments] Department of Correction and [Health] the Health Authority. Detoxification shall take place in a setting appropriate to the level of care required.

(d) Informed consent. Except as otherwise provided herein, mental health treatment may be administered only upon the informed consent of the [inmate] person in custody after a disclosure of the risks and benefits of the proposed treatment in accordance with good clinical practice. The [Departments of Health and Mental Health, Mental Retardation and Alcoholism Services] Health Authority shall [develop] maintain procedures for the implementation of this section, which shall include the use of a written form to document the informed consent of the [inmate] person in custody.

(e) Right to refuse treatment. The city may not require treatment of [an inmate] a person in custody without the [inmate's] person's consent unless, in an emergency, that person, by reason of [mental disability or mental illness] a mental health condition, poses a clear and present danger of serious physical injury to self or others. Then and only then may [an inmate] a person in custody be examined, treated or medicated against [the inmate's] their will, subject to the following conditions:

(1) the attending physician shall use only those measures which in [his or her] their best professional judgment are deemed appropriate in response to the emergency;

(2) these measures may be used only with a written medical order;

(3) these measures may be used only with adequate explanation in the [inmate's] person in custody's chart by the physician responsible detailing the length of the period of observation, the [inmate's] person's condition, the threat [the inmate] they [poses] pose and the specific reasons for the specific intervention proposed;

(4) no order to treat [an inmate] a person in custody against [the inmate's] their will shall be valid for longer than twenty-four hours, without review and renewal and appropriate notation in the [inmate's] person in custody's medical records;

(5) the [Departments] Department of Correction and [Health] the Health Authority shall [develop] maintain procedures [to be approved by the Department of Mental Health, Mental Retardation and Alcoholism Services] for the implementation of this subdivision including the use of a written form to document [an inmate's] a person in custody's refusal to consent to a particular examination, procedure or medication.

§ 7. Section 2-06 of Title 40 of the Rules of the City of New York, as renumbered by this rule, is amended to read as follows:

§ 2-06 Medication.

(a) Policy. Medication shall not be used solely as a method of restraint or means of control, but only as one facet of a treatment plan (as defined in 40 RCNY § [2-04(c)(3)] 2-05(c)(3)).

(b) Procedures.

(1) The [Department of] Health Authority[, with the approval of the Department of Mental Health, Mental Retardation and Alcoholism Services] shall [develop and implement] maintain procedures governing the prescription, dispensing, administration and review of medication:

(i) medication for mental and emotional [disorders] health issues [is to] must be prescribed only by a [psychiatrist] psychiatric provider, except in an emergency when a physician other than a [psychiatrist] psychiatric provider may prescribe medication for mental and emotional [disorders] health issues. Such a prescription must be reviewed by a psychiatrist within twenty-four hours;

(ii) except in an emergency, medication for mental and emotional [disorders] health issues may not be prescribed to [an inmate] a person in custody unless that [inmate] person has had a physical examination including a detailed clinical history within the previous six months; in all cases the prescribing physician must first review the medical chart and all other medicine the [inmate] person is receiving;

(iii) medication [is to] must be administered only by appropriately trained medical or health services personnel.

(2) Psychotropic medication shall be dispensed only when clinically indicated, consistent with the treatment plan:

(i) all prescriptions for psychotropic medication must include a stop order; no prescription for psychotropic medication shall be valid for longer than [two] four weeks;

(ii) every [inmate] person in custody receiving psychotropic medication shall be seen and evaluated by the prescribing [psychiatrist] psychiatric provider, or, in cases of emergency when a physician other than a [psychiatrist] psychiatric provider prescribes medication under 40 RCNY § [2-05(b)(1)(i)] 2-06(b)(1)(i) by the reviewing psychiatrist, at least once a week until stabilized and thereafter at least every [two] four weeks by medical personnel;

(iii) female [inmates] people in custody who are prescribed psychotropic medication shall be informed of the potential risk of taking such drugs while pregnant and shall be given the opportunity to be tested for pregnancy.

(c) Pharmacy.

(1) When stock medications are maintained within a correctional facility, the agency providing medical services shall [develop and] maintain a formulary of medications stored in that facility.

(2) The [Departments] Department of [Health and] Correction and the Health Authority shall [develop and implement] maintain a written policy to provide for the

[maximum security] maximum-security storage and weekly inventory of all controlled substances, syringes, needles and surgical instruments:

(i) "controlled substances" are defined as those so listed by the Drug Enforcement Administration of the United States Department of Justice;

(ii) written notice of this policy shall be given to all staff with potential access to any controlled substances or items under maximum security storage.

(d) Research. Biomedical or behavioral research involving any [inmate] person in the custody of the New York City Department of Correction is prohibited, except insofar as it meets the requirements for approval of research which is subject to the United States Department of Health and Human Services' regulations[, and in addition, has the approval of the Department of Mental Health, Mental Retardation and Alcoholism Services].

§ 8. Section 2-07 of Title 40 of the Rules of the City of New York, as renumbered by this rule, is amended to read as follows:

§ 2-07 Restraints[and Seclusion].

(a) Policy. The [Departments] Department of Correction and [Health] the Health Authority shall [develop and implement] maintain procedures [subject to the review of the Department of Mental Health, Mental Retardation and Alcoholism Services] governing the physical restraint [and seclusion of inmates] of people in custody being observed or treated for mental or emotional [disorders] health issues. Consistent with the New York State Mental Hygiene Law, restraints [or seclusion] shall not be used as punishment, for the convenience of staff, or as a substitute for treatment programs.

(b) Definitions.

Physical restraint. "Physical restraint" is the deliberate use of a device to interfere with the free movement of [an inmate's] a person in custody's arms and/or legs, or which totally immobilizes the [inmate] person, and which the [inmate] person is unable to remove without assistance:

(i) the [Departments of Health and Mental Health, Mental Retardation and Alcoholism Services] Health Authority shall [develop] maintain procedures defining permissible forms of physical restraints, in accordance with relevant provisions of 40 RCNY § 6-27;

(ii) in no instance shall metal handcuffs be used to restrain [an inmate] a person in custody; however, this proscription shall not preclude the application of appropriate security precautions during the transportation of [inmates] people in custody;

(iii) in an emergency, when [an inmate presents a clear and present danger to himself or others,] an individualized determination is made that restraints are necessary to prevent an imminent risk of self-injury or injury to other people, the [inmate] person in custody may be restrained, including with metal handcuffs, pending the arrival of a [psychiatrist] psychiatric provider. Correction personnel shall immediately notify the

mental health staff for response. The [psychiatrist] psychiatric provider shall respond immediately, but in no event more than one hour after notification. When there is no institutional psychiatrist on duty, correction personnel shall immediately transport the [inmate] person in custody to a facility where a [psychiatrist] psychiatric provider is present.

[Seclusion. "Seclusion" is the placing of inmates in their cells, or a seclusion room from which they cannot leave at will, during a normal lock-out period when other inmates in the housing area are given the option to lock out of their cells:

(i) seclusion shall be used only if the cells or seclusion rooms available allow adequate observation of the inmate by staff;

(ii) nothing in this Section shall restrict the ability of the Department of Correction to limit the lock-out rights of inmates for disciplinary purposes (punitive segregation).]

(c) Procedures.

(1) The use of physical restraint [or seclusion of inmates] of people in custody being observed or treated for mental or emotional [disorders] health issues shall be permitted only where there is on-duty psychiatric coverage.

(2) Physical restraint [or seclusion] may be used only upon the direct written order of a [psychiatrist] psychiatric provider which includes the reasons for taking such action.

(3) Physical restraint [or seclusion] shall be used only when the [psychiatrist] psychiatric provider has examined the [inmate] person in custody and determined in light of all available mental health data that:

(i) the [inmate] person in custody presents an immediate danger of injury to self or others;

(ii) this potential for violence is the result of a mental health [disorder] condition for which the [inmate] person is receiving treatment; and

[(iii) these measures are absolutely necessary to avert the danger and will be therapeutically beneficial; and]

[(iv)] (iii) all other available alternatives are ineffective in preventing injury.

(4) [An inmate] A person in custody put in restraints [or seclusion] shall be kept under constant observation and the need for continued restrictive measures shall be assessed by nursing or mental health staff:

(i) use of restraints shall be assessed every fifteen minutes [and seclusion shall be reviewed every thirty minutes];

(ii) written findings of such reviews shall be noted on the [inmate's] person in custody's medical chart;

(iii) vital signs (temperature, pulse, blood pressure and respiration) shall be recorded every hour.

(5) [An inmate] A person in custody subjected to restraints [or seclusion] shall be released every two hours and given the opportunity to [go to the toilet] use the bathroom.

(6) A [psychiatrist] psychiatric provider shall evaluate [an inmate] a person in custody in restraints [or seclusion] at least once every two hours to determine whether continued restrictive measures are warranted.

(7) No order to place [an inmate] a person in custody in restraints [or seclusion] shall be valid longer than two hours, and such an order shall be renewable only once, by a [psychiatrist] psychiatric provider after evaluation of the [inmate's] person in custody's condition.

(8) After four hours, if [an inmate] a person in custody remains too agitated to be released, [the inmate] they shall be moved to a municipal hospital prison ward.

§ 9. Section 2-08 of Title 40 of the Rules of the City of New York, as renumbered by this rule, is amended to read as follows:

§ 2-08 Confidentiality.

(a) Policy. The principle of confidentiality of information obtained in the course of treatment is to be upheld. The [Departments] Department of Correction and [Health, with the approval of the Department of Mental Health, Mental Retardation and Alcoholism Services] the Health Authority shall [develop and] implement a written policy governing the dissemination of information.

(b) Sharing of information.

(1) Mental health services shall promptly inform correction personnel when [an inmate] a person in custody is identified as:

(i) suicidal;

(ii) homicidal;

(iii) posing a clear and present danger or injury to self or to others;

(iv) presenting a clear and immediate risk of escape or riot;

(v) receiving psychotropic medication; or

(vi) requiring transfer for mental health reasons.

(2) The [Departments] Department of Correction and [Health] the Health Authority shall [develop and implement] maintain an explicit written procedure specifying which correction personnel are to be notified of information as described in 40 RCNY § [2-07(b)(1)] 2-08(b)(1) above, and the method of notification.

(c) Records.

(1) Mental health records are to be maintained separately from the confinement record and kept in a secure file. Each significant [inmate] contact with a person in custody shall be reflected by a substantive progress note on the chart.

(2) Mental health records [are to] must be transferred with [an inmate] a person in custody when [the inmate is] they are transferred from one facility to another within the New York City Department of Correction. A record summary shall accompany each [inmate] person transferred to a municipal hospital prison ward. When a request is received to transfer mental health records outside the jurisdiction of the Department of Correction, written authorization of the [inmate] person in custody is required unless otherwise provided by law.

§ 10. Section 2-09 of Title 40 of the Rules of the City of New York, as renumbered by this rule, is amended to read as follows:

§ 2-09 Coordination.

(a) Policy. The [Departments] Department of Correction and [Health] the Health Authority shall consult and coordinate their activities on a regular basis in order to provide for the continued delivery of quality mental health care.

(b) Discipline.

(1) The [Departments] Department of [Health and] Correction and the Health Authority shall [develop] maintain written procedures to provide for mental health services to be informed whenever [an inmate] a person in custody in a special housing area for mental observation is charged with an infraction, and to be permitted to participate in the infraction hearing and to review any punitive measures to be taken.

(2) When placement in [punitive segregation] restrictive housing would pose a serious threat to [an inmate's] a person in custody's physical or mental health, medical staff shall have the authority to determine that the [inmate] person shall be barred from such placement or shall be moved from [punitive segregation] restrictive housing to a more appropriate housing unit. This determination may be made at any time during the [inmate's] person in custody's placement in [punitive segregation] restrictive housing. [All inmates in punitive segregation] As required by 40 RCNY § 6-20(b), all people in custody in restrictive housing shall be seen at least once each day by medical staff who shall make referrals to medical and mental health services where appropriate.

(c) Meetings. Monthly meetings including the facility administrator, the chief representative of mental health services to that facility and representatives of the medical and nursing staff shall be held to discuss the delivery of mental health services. Meetings shall include a written agenda as well as the taking and distribution of minutes.

(d) Evaluation. [The Department of Mental Health, Mental Retardation and Alcoholism Services] The Health Authority shall [annually conduct a formal evaluation of] regularly evaluate the quality, effectiveness and level of performance of mental

health services provided to [inmates] people confined in New York City correctional facilities.

§ 11. Section 2-10 of Title 40 of the Rules of the City of New York, as renumbered by this rule, is amended to read as follows:

§ 2-10 Variances.

(a) Policy. [Any Department affected by these minimum standards] The Department of Correction or the Health Authority may apply for a variance from a specific subdivision or [Section] section of these standards when compliance cannot be achieved or continued. [A "variance" is an exemption granted by the Board from full compliance with a particular subdivision or Section for a specified period of time.] The Board may grant the following types of variances:

(1) A "limited variance" is an exemption granted by the Board from full compliance with a particular subdivision or section for a specified period of time up to six months.

(2) A "continuing variance" is an exemption granted by the Board from full compliance with a particular subdivision or section for an indefinite period of time.

(3) An "emergency variance" as defined in 40 RCNY § 1-15(b)(3) is an exemption granted by the Board from full compliance with a particular subdivision or section for no more than 30 days.

[(b) Variance prior to implementation date. A Department may apply to the Board for a variance prior to the implementation date of a particular subdivision or Section when:

(1) despite its best efforts and the best efforts of other New York City officials and agencies, full compliance with the subdivision or Section cannot be achieved by the implementation date; or

(2) compliance is to be achieved in a manner other than specified in the subdivision or Section.

(c)](b) Variance application. An application for a variance must be made in writing to the Board by the Commissioner of the Department of Correction or the Health Authority [at least forty-five days prior to the implementation date] as soon as a determination is made that continued compliance will not be possible and shall state:

(1) the type of variance requested;

(2) the particular subdivision or [Section] section at issue;

(3) the requested commencement date of the variance;

([2]4) the efforts undertaken by the Department of Correction or the Health Authority to achieve compliance [by the implementation date];

([3]5) the specific facts or reasons making full compliance [by the implementation date] impossible, and when those facts and reasons became apparent;

([4]6) the specific plans, projections and timetables for achieving full compliance;

([5]7) the specific plans for serving the purpose of the subdivision or [Section] section for the period that strict compliance is not possible; [and]

([6]8) [the time period for which the variance is requested, provided that this shall be no more than six months.] if the application is for a limited variance, the time period for which the variance is requested, provided that this shall be no more than six months;

(9) if the application is for a continuing variance, the additional information set forth in 40 RCNY § 1-15(c)(2); and

(10) if the application is for an emergency variance, the additional information set forth in 40 RCNY § 1-15(c)(3).

[(d) Variance procedure.

(1) Prior to a decision on a variance application, the Board shall consider the positions of all interested parties.

(2) In order to receive this input the Board shall publicize the variance application in its entirety in a manner reasonably calculated to reach all interested parties, including direct mail. This shall occur at least thirty days prior to the implementation date of the subdivision or Section.

(3) The Board shall hold a public meeting or hearing on the variance application and hear testimony from all interested parties at least twenty-one days prior to the implementation date.

(4) The Board's decision on a variance application shall be in writing and shall include the specific facts and reasons underlying the decision.

(5) The Board's decision shall be publicized in the manner provided by 40 RCNY § 2-09(d)(2) at least ten days prior to the implementation date.

(e) Granting of variance.

(1) The Board shall grant a variance only if it is convinced that the variance is necessary and justified.

(2) Upon granting a variance, the Board shall state:

(i) the time period of the variance; and

(ii) any requirements imposed as conditions on the variance.

(f) Renewal of variance. An application for a renewal of a variance shall be treated in the same manner as an original application as provided in 40 RCNY §§ 2-09(b), 2-09(c), 2-09(d) and 2-09(e). The Board shall not grant renewal of a variance unless it finds that, in addition to the requirements for approving an original application, a good faith effort has been made to comply with the subdivision or Section within the previously prescribed time limitation.

(g) Emergency variance after implementation date. A Department may apply to the Board for a variance after the implementation date of a particular subdivision or Section when an emergency prevents continued compliance with the subdivision or Section.

(h) Emergency variance application.

(1) A variance for a period of less than twenty-four hours may be declared by the Department or a designee when an emergency prevents continued compliance with a particular subdivision or Section. The Board or a designate shall be immediately notified of the emergency and the variance.

(2) An application for an emergency variance for a period of twenty-four hours or more, or for a renewal of an emergency variance, must be made by the Commissioner of the Department or a designee to the Board and shall state:

(i) the particular subdivision or Section at issue;

(ii) the specific facts or reasons making continued compliance impossible;

(iii) the specific plans, projections and timetables for achieving full compliance; and

(iv) the time period for which the variance is requested, provided that this shall be no more than five days.

(i) Granting of emergency variance.

(1) The Board shall grant an emergency variance only if it is convinced that the variance is necessary and justified.

(2) A renewal of an emergency variance previously granted by the Board may be granted only if the requirements of 40 RCNY §§ 2-09(g), 2-09(h)(2) and 2-09(i)(1) have been met.

(3) The Board shall not grant more than two consecutive renewals of an emergency variance.]

(c) The procedures for variances, including the procedures for granting, renewal and review of variances, set forth in 40 RCNY § 1-15(d), (e), and (f) shall apply to variances from provisions in this chapter.

§ 12. Section 3-01 of Title 40 of the Rules of the City of New York is amended to read as follows:

§ 3-01 Service Goals and Purpose.

(a) Purpose.

(1) The following minimum health care standards are intended to [insure] ensure that the quality of health care services provided to [inmates] people in custody in New York City correctional facilities is maintained at a level consistent with legal

requirements, accepted professional standards and sound professional judgment and practice.

(2) These standards shall apply to health services for all [inmates] people in custody in the care and custody of the New York City Department of Correction [(DOC)], whether in City Correction facilities or at other health care facilities.

(b) Service goals. Services for the detection, diagnosis and treatment of medical and dental [disorders] health issues shall be provided to all [inmates] people in custody in the care and custody of the New York City Department of Correction. The Department of Correction and the Health [Authorities in consultation with the Department of Health (DOH) and the Health and Hospitals Corporation (HHC)] Authority shall [design and implement] maintain a health care program to provide the following:

(1) Medical and dental diagnosis, treatment and appropriate follow-up care consistent with professional standards and sound professional judgment and professional practice;

(2) Management and administration of emergency medical and dental care;

(3) Regular training and development of health care personnel and correctional staff as appropriate to their respective roles in the health care delivery system; and

(4) Review and assessment of the quality of health service delivery on an ongoing basis.

(c) Definitions.

(1) [Chief Correctional Officer.] **"Chief Correctional Officer"** [refers to] means the [highest ranking] highest-ranking correctional official assigned to a facility[(usually a warden)].

(2) [Chronic Care.] **"Chronic care"** [is] means service rendered to [an inmate] a person in custody over a long period of time. Treatment for diabetes, hypertension, asthma, and epilepsy are examples thereof.

(3) [Convalescent Care.] **"Convalescent care"** [refers to] means services rendered to [an inmate] a person in custody to assist in the recovery from illness or injury.

(4) [Emergency.] **"Emergency care"** [medical or dental care refers to] means care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic without jeopardy to the [inmate's] person in custody's health or causing undue suffering.

(5) [Facility.] **"Facility"** [refers to] means any jail which operates as its own command or to any jail annex which is not within walking distance of the parent facility.

(6) [Flow Sheet.] **"Flow sheet"** [refers to] means a document which contains all clinical and laboratory variables on a problem in which data and time relationships are complex (e.g., sequential fasting blood sugars in [the diabetic inmate] diabetics).

(7) [Health Authority.] **"Health Authority"** [shall refer to any] means a health care body designated by New York City as the agency or agencies responsible for health services for [inmates] people in custody in the care and custody of the New York City Department of Correction. [When the responsibility is contractually shared with an outside provider this term shall also apply.] This term applies regardless of whether this responsibility is contractually shared with an outside provider.

(8) [Health Care Personnel.] **"Health care personnel"** [refers to] means professionals who meet qualifications stipulated by their profession and who possess all credentials and licenses required by New York State law. Medical personnel [refers to] means physicians, physician assistants and nurse practitioners.

(9) [Health Record.] **"Health record"** [refers to] means a single medical record that contains all available information pertaining to [an inmate's] a person in custody's medical, mental health and dental care. [Unless otherwise specified this record refers to a jail-based health record, not the hospital record, which is separate.] Unless otherwise specified, a health record refers to a record maintained by a jail, not a record maintained by a hospital.

(10) [Sick-Call.] **"Sick-call"** [refers to] means an encounter between [an inmate] a person in custody and health care personnel for the purpose of assessing and/or treating [an inmate's] a person's medical complaint.

(11) [Special Needs.] **"Person with special needs"** [refers to inmates] means people in custody requiring chronic care (see definition [6] 2), convalescent care (definition [7] 3) or skilled nursing care.

§ 13. Section 3-02 of Title 40 of the Rules of the City of New York is amended to read as follows:

§ 3-02 Access to Health Care Services.

(a) Policy. The Department of Correction and the Health Authority shall be responsible for the design and implementation of written policies and procedures which ensure that all [inmates] people in custody have prompt and adequate access to all health care services. Services must be available, consistent with § 1-01 of the Minimum Standards for New York City Correctional Facilities.

(b) Access to Care.

(1) Every facility must inform all [inmates] people in custody of their right to health care and the procedures for obtaining medical attention, as described in 40 RCNY § 3-04(b)(6).

(2) No [inmate] person in custody may be punished for requesting medical care or for refusing it.

(3) Under no circumstances shall [an inmate's] a person in custody's access to any health care service, including but not limited to those services described in these standards, be denied or postponed as punishment.

(4) Correctional personnel shall never prohibit, delay, or cause to prohibit or delay [an inmate's] a person in custody's access to care or appropriate treatment. All decisions regarding need for medical attention shall be made by health care personnel.

(5) [Inmates] People in custody shall not be discriminated against, with regard to treatment, on the basis of their medical diagnoses.

(6) Any correctional personnel who knows or has reason to believe that [an inmate] a person in custody may be in need of health services shall promptly notify the medical staff and a uniformed supervisor.

(7) Staffing levels in the jail clinics, jail infirmaries and prison hospital wards shall be adequate in numbers and types to [insure] ensure that all standards described here are met. Staffing levels refers to both clinical and correctional personnel.

(8) The Health Authority shall [develop] maintain policies and procedures to [insure] ensure that [inmates] people in custody have access to second medical opinions regarding clinical recommendations.

(c) Sick-Call.

(1) Sick-call shall be available at each facility to all [inmates] people in custody at a minimum of five days per week within 24 hours of a request or at the next regularly scheduled sick-call. Sick-call need not be held on City holidays or weekends. Facilities with capacities of over 100 people, must provide sick-call services on-site in medical treatment areas. (As defined in 40 RCNY § 3-06(b)).

(2) Sick-call is to be conducted by [a physician] health care personnel or under the supervision of [a physician] health care personnel.

(i) Correctional personnel shall not prevent or delay or cause to prevent or delay [an inmate's] a person in custody's access to medical or dental services.

(ii) Correctional personnel [will] may not diagnose any illness or injury, prescribe treatment, administer medication other than that described in 40 RCNY § 3-05(b)(2)(iii), [or] nor screen sick-call requests.

(3) Requests for access to health services shall not be denied based on any prior requests.

(4) The Department of Correction shall provide sufficient security for [inmate] movement of people in custody to and from health service areas.

(5) Adequate records shall be maintained daily which are distinguishable by housing area on a form developed by the Department of Correction. These records shall be maintained for at least three (3) years. The form shall include the following:

(i) the names and number of [inmates] people in custody requesting sick call;

(ii) the names and numbers of [inmates] people in custody arriving in the clinic; and

(iii) the names and number of [inmates] people in custody seen by health care personnel.

(6) The use of a sick-call [sign up] sign-up sheet shall not preclude the use of sick-call by [inmates] people in custody who are not on the list.

(d) Emergency Services.

(1) All [inmate] requests by people in custody for emergency medical or dental attention shall be responded to promptly by medical personnel. This shall include a face-to-face encounter between the [inmate] person requesting attention and appropriate health care personnel. All health care and correctional personnel must be familiar with the procedures for obtaining emergency medical or dental care, with the names and telephone numbers of people to be notified and/or contacted readily accessible.

(2) Correctional personnel who know or have reason to believe that [an inmate] a person in custody is in need of emergency health services shall make the appropriate notifications pursuant to 40 RCNY § 3-02(d)(5).

(3) The Department of Correction, with the advice and agreement of the Health Authority, shall [prepare and implement] maintain written policies and defined procedures which shall be posted in every facility and include arrangements for, at least, the following:

(i) emergency evacuation of [an inmate] a person in custody from the facility when required;

(ii) use of an appropriate emergency medical vehicle;

(iii) use of a designated hospital emergency unit;

(iv) security procedures for the immediate transfer of [inmates] people in custody when necessary; and

(v) procedures for providing for transfer of [inmates] people in custody within time guidelines established by the Health Authority.

(4) Any correctional facility with a rated capacity of less than 100 [inmates] people in custody must have an agreement with one or more health care providers to provide emergency medical services and must have at least one correctional personnel on each housing unit certified in Cardio-pulmonary resuscitation (CPR).

(5) All uniformed correctional personnel shall be informed of and familiar with all written procedures pertaining to emergency health services.

(6) In each facility, the telephone numbers of the control room and the medical clinic shall be posted prominently at each correctional officer station.

(7) [Medical] Health care personnel, with current CPR certification, trained in the provision of emergency health care shall be present at all times in each facility that has

a rated capacity of 100 or more [inmates] people in custody. Whenever possible, health care personnel should be trained and certified in CPR.

(8) In the case of serious illness or injury to [an inmate] a person in custody, all reasonable attempts shall be made by the Department of Correction to notify the next of kin or legal guardian of the [inmate] person in custody within the time frames established for reporting unusual incidents.

(9) The Health Authority shall determine the types and quantities of emergency equipment and supplies required to be available within each correctional facility in order to provide adequate emergency services and shall have written protocols regarding emergency care. An inventory shall be [submitted to the Board of Correction within 90 days of implementation of the standards and] updated annually or more frequently as determined by the Health Authority.

(i) all emergency health equipment and supplies shall be inventoried and inspected by health services personnel at least twice each year, or more frequently as determined necessary by the Health Authority to ensure that such equipment and supplies are in good working order.

(ii) all emergency equipment and supplies shall be easily accessible to appropriate personnel.

(10) A uniform logbook shall be designed and used by the Department of Correction to document all requests for emergency health care. This logbook shall be maintained in the clinic and shall contain, but not be limited to the following information:

(i) name, commitment number/book and case number, housing location of the [inmate] person in custody, and the location of the incident;

(ii) the date and time of referral and the referring officer;

(iii) the time of [inmate] the person in custody's arrival in clinic or in the event that medical personnel respond to an area outside of the clinic, the time medical personnel leave the clinic; and

(iv) the time the [inmate] person in custody is examined by health care personnel.

(e) Infirmaries.

(1) Infirmaries, with discrete nursing stations and treatment area(s), shall be utilized to provide overnight accommodations and health care services of limited duration to [inmates] people in custody in need of close observation or treatment of health conditions which do not require hospitalization. Housing areas [shall not] must never be used for a combination of general population and infirmary housing [at any one time].

(2) At designated facilities, [The] the Health Authority and Department of Correction shall [develop and implement] maintain written policies and procedures for

the management of infirmaries that are consistent with professional standards and legal requirements. Such procedures shall incorporate at least the following;

(i) allocation of space and beds to meet the needs of [the inmates] people in [DOC] custody of the Department of Correction as determined by the Health Authority and other applicable regulatory agencies;

(ii) accommodations for providing appropriate emergency services and the timely transfer of [inmates] people in custody to hospital and specialty services as consistent with 40 RCNY § 3-02(d)(3) and § 3-02(f)(1) and § 3-02(f)(2); and

(iii) provision of 40 RCNY § 3-02 adequate space and physical plant to operate infirmary related services (such as communicable disease isolation where applicable).

(3) The Health Authority shall [develop and implement] maintain written policies that incorporate the following:

(i) maintenance and inventory of sufficient supplies, material, and equipment to provide proper and timely services to [inmates] people in custody;

(ii) clinical criteria for determining the eligibility of [inmates] people in custody for infirmary housing;

(iii) appropriate methods for a daily evaluation of the medical condition of each [inmate] person in custody;

(iv) supervision of the infirmary 7 days per week, 24 hours per day by nurses, and other health care personnel as sufficient to meet the established needs of [the inmates] people in custody; and

(v) availability of an adequate number of [medical] health care personnel 7 days per week, 24 hours per day to provide appropriate coverage, including daily rounds on infirmary patients.

(4) Only health care personnel shall determine, after an examination of [the inmate] a person in custody, if [an inmate's] the person's condition necessitates admission to the infirmary.

(i) [inmates] people in custody shall be discharged from the infirmary only upon the written authorization of medical personnel.

(ii) correctional personnel shall not interfere with [an inmate's] a person in custody's access to infirmary services or the duration of confinement in the infirmary and shall transfer [inmates] people in custody to and from infirmaries promptly when so requested by health care personnel.

(5) Infirmaries shall be designed and staffed so that [inmates] people in custody confined therein are within the sight or sound of health care personnel at all times.

(6) Adequate records for each infirmary admission, evaluation, and discharge shall be maintained as part of each [inmate's] person in custody's health record as consistent with applicable requirements of 40 RCNY § 3-07(b) and 40 RCNY § 3-07(c).

(7) Sufficient security measures shall be provided continuously in the infirmary to assure the health and safety of all [inmates] people in custody and health care personnel who provide services to [such inmates] people in custody.

(f) Outpatient Specialty Clinics.

(1) Outpatient specialist services shall be provided to [inmates] people in custody in time frames specified by the referring medical personnel upon the written determination of a physician or dentist that the treatment appropriate to the [inmate's] person's health care need is not available in the correctional facility or cannot adequately be provided at such facility. [In the event that] If the [inmate] person has previously been treated by the specialty clinic physician, the specialty clinic physician shall determine the medically appropriate time for the return visit(s).

(i) [In instances where] When the specialty clinic physician determines the time period or date for a follow-up appointment, the jail-based physician may [alter] change that time provided that the change in time is not medically inappropriate and shall inform the [inmate] the person in custody of the proposed change. If the change is not medically required, the new appointment date shall be scheduled for the next available clinic, or in the alternative, shall not be scheduled for a time period greater than the original time period (for example, if the original appointment was scheduled for within one week, the rescheduled appointment cannot be more than one week from the original appointment).

(ii) The reasons for any change in the original plan must be indicated in the [inmate's] person in custody's medical record with clear reasons for the change.

(2) The Health Authority and the Department of Correction shall [devise] maintain a written plan for the timely delivery of [inmates] people in custody to specialty clinics. This plan shall include, but not be limited to the following procedures:

(i) maintenance of a current list of community clinics, approved by the Health Authority which can adequately provide specialist care and treatment;

(ii) the scheduling requirements for specialist services and the hours of operation;

(iii) the use of an appropriate vehicle for the timely transfer of [inmates] people in custody to and from specialty clinics;

(iv) security procedures and escort requirements appropriate for transferring [the inmate] people in custody to and from the outpatient health clinic, including shackling procedures which are medically appropriate; and

(v) the transfer of appropriate health records and/or other pertinent information to assure proper follow-up care for the [inmate] person in custody, and to avoid unnecessary duplication of tests and examinations, pursuant to 40 RCNY § 3-08(b)(4).

(3) The variety of outpatient services available to [inmates] people in custody shall be no different than those available to civilian patients.

(4) Correctional or health care personnel shall not deny or unreasonably delay, or cause to deny or unreasonably delay [an inmate's] a person's access to specialty services at any outpatient clinic.

(i) sufficient [Escort Officers] escort officers shall be provided within the clinic or hospital to ensure that [an inmate's] a person in custody's access to specialty clinics and related diagnostic units is not denied or unreasonably delayed.

(g) Medical Isolation.

(1) [Inmates] People in custody in medical isolation will receive the same rights, privileges and services set forth in these standards for [inmates] people in custody not in isolation, provided that the exercise of such rights, privileges and services does not pose a threat to the health, safety, or well[ ]being of any other [inmate] person in custody, correctional staff or health care personnel. Access to rights, privileges and services of and procedures regarding [inmates] people in custody in segregation for mental health observation is governed by the Board of Correction Mental Health Minimum Standards for New York City Correctional Facilities.

(2) [Medical] Health care personnel shall assess the condition of each [inmate] person in custody so segregated at least once each [24 hour] 24-hour period. At least once each week, [rounds on all segregation inmates must be made by a physician] health care personnel must make rounds in areas where people in custody are in medical isolation.

(3) Health care personnel must maintain a daily log that includes the name of medical personnel who made rounds on [inmates] people in custody in isolation and lists those [inmates] people who required further attention in the clinic. These logs are the property of the Health Authority and subject to the confidentiality provisions described in 40 RCNY § 3-08(c). Medical services provided to individual [inmates] people in custody must be noted in the [inmates'] person in custody's health records.

(4) Upon request of the medical staff, [inmates] people in custody requiring further medical evaluation outside of the housing area shall be escorted to the clinic promptly for medical attention.

(5) The Health Authority shall [develop] maintain written policies and procedures regarding the care of [inmates] people in custody in medical isolation. These procedures shall include that [an inmate] a person may be placed in medical isolation only upon the determination of medical personnel that isolation [of an inmate] is the only means to protect other people from a serious health threat, subsequent to the examination of such [inmate] person and pursuant to 40 RCNY § 3-06(1)(2). This disposition by the medical personnel shall be in writing in the health care record and shall state:

(i) the name of the [inmate] person in custody; and

(ii) the facts and medical reasons for the isolation;

(iii) the date and time of isolation;

(iv) the duration of isolation, if known; and

(v) any other special precautions or treatment deemed necessary by the medical personnel. Upon determination by a physician that [an inmate] a person in custody in medical isolation no longer presents a serious threat to the health of any person, that [inmate] person in custody shall be released from such special housing after the appropriate correctional personnel are advised.

(h) Special Needs.

(1) The Health Authority in consultation with other agencies as required will [develop] maintain written policies and defined procedures [insuring] ensuring appropriate care of [inmates] people in custody with special needs requiring close medical supervision, including chronic care and convalescent care or skilled nursing care.

(2) A written treatment plan, developed by the health care provider, supervised by medical personnel, must exist for each [special needs inmate] person in custody with special needs. The plan, to be included in the health record, may include but need not be limited to instructions about diet, exercise, medication, the type and frequency of laboratory and diagnostic testing, and the frequency of follow-up for medical evaluation and adjustment of treatment modality.

(3) When clinically appropriate, the treatment plan shall prescribe [inmates] people in custody access to the range of supportive and rehabilitative services (such as physical therapy and rehabilitation therapy), that the treating medical personnel deems appropriate.

(4) Rehabilitation services shall be available at in-jail clinics or through the outpatient clinics at off-site facilities, as appropriate.

(i) Hospital Care.

(1) Hospital based care shall be provided for [inmates] people in custody in need of hospital care consistent with applicable sections of the State Health Code. The Health Authority in conjunction with [the Department of Health,] Health and Hospitals Corporation[,] and other relevant providers[,] shall have a written plan defining admission and discharge procedures for appropriate levels of care. These procedures shall [insure] ensure that [inmates] people in custody are not transferred to and from health care settings unnecessarily.

(2) Services provided to [inmates] people in custody in acute care, chronic care or other non-jail health facilities must meet all applicable subdivisions of these standards.

(j) [Punitive Segregation] Restrictive Housing.

(1) The Health Authority shall develop policies and procedures governing the medical attention for [inmates in punitive segregation] people in restrictive housing. These policies shall include the requirements of 40 RCNY § 3-02(g)(2)-(4). In addition, upon determination by a physician that the health of [an inmate in punitive segregation] a person in custody in restrictive housing will be adversely affected by such housing, the [inmate] the person in custody shall be released from [punitive segregation] restrictive housing after the appropriate correctional personnel is advised.

§ 14. Paragraph (3) of subdivision (b) of section 3-03 of Title 40 of the Rules of the City of New York is amended to read as follows:

(3) The following shall only be performed by health care personnel and shall not be performed by correctional personnel or [inmates] people in custody, except as provided under 40 RCNY § 3-05(b)(2)(iii):

(i) providing direct patient care services;

(ii) scheduling health care appointments;

(iii) determining access of (other) [inmates] people in custody to health care services;

(iv) handling of unsealed health records except in medical emergency situations and only upon the request of health care personnel;

(v) handling or having access to surgical instruments, syringes, needles, medications; or

(vi) operating medical equipment.

§ 15. Subparagraph (iii) of paragraph (2) of subdivision (c) of section 3-03 of Title 40 of the Rules of the City of New York is amended to read as follows:

(iii) how to obtain medical care for [inmates] people in custody in emergency and non-emergency situations.

§ 16. Subdivision (a) of section 3-04 of Title 40 of the Rules of the City of New York is amended to read as follows:

(a) Policy. Screening procedures [shall be developed and implemented] which promote timely identification of immediate needs of the [inmate] incarcerated population and of public health concerns for the institution shall be maintained. The initial screening shall also establish a medical baseline for ongoing care.

§ 17. Paragraphs (1) and (3) of subdivision (b) of section 3-04 of Title 40 of the Rules of the City of New York are amended to read as follows:

(1) Screening for health purposes is to be performed on all [inmates] people in custody upon their arrival at the initial receiving correctional facility. Screening shall be conducted by medical personnel prior to housing.

(2) The Health Authority shall [develop] maintain written policies and procedures determining the topics to be reviewed during intake screening. Such review shall include but not be limited to the following:

§ 18. Subsection (iii) of paragraph (2) of subdivision (b) of section 3-04 of Title 40 of the Rules of the City of New York is amended to read as follows:

(iii) inquiry into and, where appropriate verification of medication taken and special treatment requirements and planned procedures for [inmates] people in custody with significant health problems;

§ 19. Subparagraph (v) of paragraph (2) of subdivision (b) of section 3-04 of Title 40 of the Rules of the City of New York is amended to read as follows:

(v) physical examinations and administering of tests held to be appropriate by the screening medical personnel, including but not necessarily limited to:

(A) tuberculin skin test, interferon-gamma release assay, or other method that meets current standards of clinical practice, if no history of prior positive reaction, if positive to be followed by chest x-ray.

(B) urinalysis dipstick test for glucose, ketones, blood, protein, and bilirubin;

(C) serologic test for syphilis;

(D) gonorrhea culture for men if clinically appropriate, and gonorrhea and chlamydia screening for all women;

(E) rectal exams for all [inmates] people in custody over 40 years old.

§ 20. Paragraph (3) of subdivision (b) of section 3-04 of Title 40 of the Rules of the City of New York is amended to read as follows:

(3) The results of each [inmate's] person in custody's screening examination shall be reviewed by health care personnel and mental health staff when appropriate and one of the following actions shall be taken:

§ 21. Subparagraph (iii) of paragraph (4) of subdivision (b) of section 3-04 of Title 40 of the Rules of the City of New York is amended to read as follows:

(iii) medical personnel reviewing the chart determines [an inmate] a person in custody must be seen.

§ 22. Paragraphs (6) and (7) of subdivision (b) of section 3-04 of Title 40 of the Rules of the City of New York are amended to read as follows:

(6) At the time of intake, all [inmates] people in custody shall receive written communication to be approved by the Health Authority, and written and distributed by DOC in English and Spanish describing available medical and dental services, the confidentiality of those services and the procedures for gaining access to them.

(i) the Department of Correction shall make provisions to assure that procedures for gaining access to medical and dental services are verbally explained to [illiterate inmates] people in custody who have difficulties with reading and writing and that [inmates] people in custody whose native language is other than English or Spanish are given prompt access to translators for the explanation of these procedures.

(7) The new admission intake screening must be completed within 24 hours of admission to DOC custody. A designated person at the Health Authority and at the Department of Correction shall be notified in writing whenever a newly admitted [inmate] person in custody does not receive intake screening within 24 hours of admission to DOC.

§ 23. Subdivision (a) of section 3-05 of Title 40 of the Rules of the City of New York is amended to read as follows:

(a) Policy. The Health Authority shall maintain [Written] written policies and procedures pertaining to pharmaceutical services, that are consistent with professional practices and in accordance with all applicable federal, state and local laws[, shall be established and implemented].

§ 24. Paragraphs (2)-(7) of subdivision (b) of section 3-05 of Title 40 of the Rules of the City of New York are amended to read as follows:

(2) Access to prescription medication shall be limited to only those persons with written authority of the Health Authority or those designated by them. Prescription medication for [inmates] people in custody shall be prescribed, dispensed and administered only by physicians, physician's assistants, nurse practitioners, nurses, pharmacists or other health care personnel properly trained and in compliance with [State] state and [Federal] federal law.

(i) Prescription medication may be prescribed, dispensed and administered only when clinically indicated and consistent with a treatment plan.

(ii) Controlled substances or drugs whose toxic dose is close to the therapeutic dose shall be administered in liquid or powdered form whenever possible and when clinically appropriate.

(iii) Non-prescription analgesic medication may be distributed by [Correction Officers] correction officers in the housing areas in accordance with written guidelines approved by the Health Authority[,] and the Department of Correction.

(3) All administered medication shall be documented and maintained on records satisfactory to the Health Authority and shall consist of the following:

(i) the name of the [inmate] person in custody;

(ii) the name of the dispenser;

(iii) the name of the prescriber;

(iv) the name of the drug;

(v) the time of day and date the medication is dispensed;

(vi) the date the prescription expires;

(vii) directions for administering the medication; and

(viii) other information deemed necessary by the Health Authority to facilitate proper use.

(4) All medication prescribed and dispensed to [inmates] people in custody shall be administered in accordance with the prescriber's written directions and only up to the expiration date of the specific item. The Health Authority shall [write] have policies and procedures that [insure] ensure the prompt availability of non-formulary drugs and continuity of medication between health service sites.

(5) No [inmate] person in custody may be prescribed a controlled substance for more than two weeks unless determined to be necessary by a physician or authorized health care personnel after a thorough re-evaluation of the [inmate's] person in custody's condition. There shall be exceptions for 21-day methadone and 30-day phenobarbital protocols.

(6) Written policies and procedures will be [developed] maintained by the Department of Correction and the Health Authority to [insure] ensure that [inmates] people in custody on medications can receive them if they are scheduled to be in court or at another facility at the time that medications are administered.

(7) Policies and procedures, developed by the Health Authority shall be implemented to [insure] ensure that [inmates] people in custody who refuse significant medications are counseled on the medical consequences of refusal. [Inmates] People in custody must be offered subsequent administration if re-prescribed by medical personnel.

§ 25. Subdivision (a) and paragraph (1) of subdivision (b) of section 3-06 of Title 40 of the Rules of the City of New York are amended to read as follows:

(a) Policy. Adequate health care, including follow-up care, shall be provided to [inmates] people in custody in an environment which facilitates care and treatment. Such care and treatment shall be provided by health care personnel in a timely fashion and shall be consistent with accepted professional standards and legal requirements.

(b) Treatment Area.

(1) Each correctional facility with a rated capacity of over [one hundred] 100 shall establish and maintain a discrete medical treatment area (clinic) which is in accordance with all [State, Federal,] state, federal, and local laws and all other applicable legal requirements, except where 40 RCNY § 3-06(b)(5) applies.

§ 26. Subparagraph (ii) of paragraph (2) of subdivision (b) of section 3-06 of Title 40 of the Rules of the City of New York is amended to read as follows:

(ii) the number of health care personnel required to provide effectively for the needs of [the inmate population] all people in custody within appropriate time frames.

§ 27. Subparagraph (vi) of paragraph (3) of subdivision (b) of section 3-06 of Title 40 of the Rules of the City of New York is amended to read as follows:

(vi) adequate space to provide privacy for all encounters between health care personnel and [inmates] people in custody;

§ 28. Paragraph (4) of subdivision (b) of section 3-06 of Title 40 of the Rules of the City of New York is amended to read as follows:

(4) Health care equipment, supplies, and materials shall be placed in an area which is easily accessible to health care personnel. Equipment used for treating [inmates] people in custody shall function properly and safely at all times.

§ 29. Paragraph (1) of subdivision (c) of section 3-06 of Title 40 of the Rules of the City of New York is amended to read as follows:

(1) Quality dental care necessary to maintain an adequate level of dental health shall be available to each [inmate] person in custody under the direction and supervision of a dentist licensed in New York State.

(i) emergency dental care shall be provided as described in 40 RCNY § 3-02(d).

(ii) a dental examination shall be offered within three weeks for each [inmate] person in custody who so requests or upon referral by other health care personnel unless the [inmate] person refuses the scheduled exam. There shall be a follow-up plan developed to [insure] ensure that necessary services are provided in a timely fashion. In-clinic refusals or no-shows shall be documented in the [inmate's] person in custody's health record.

(iii) the Department of Correction shall be responsible for ensuring that requests for access to non-emergency dental services are communicated to dental health care personnel within two working days of receipt by Department of Correction. [In the event that] If dental personnel are not on duty, [an inmate's] a person in custody's request will be communicated to health care personnel, who in turn will be responsible for conveying the request to dental personnel on their next work day.

§ 30. Paragraph (3) of subdivision (c) of section 3-06 of Title 40 of the Rules of the City of New York is amended to read as follows:

(3) Dental treatment, not limited to extractions, shall be provided when the health or comfort of the [inmate] person in custody would otherwise be adversely affected for an unreasonable length of time as determined by the dentist after reviewing the results of a dental examination. Treatment may include, but not be limited to, the following:

§ 31. Paragraph (6) of subdivision (c) of section 3-06 of Title 40 of the Rules of the City of New York is amended to read as follows:

(6) Adequate dental records of each [inmate's] person in custody's visit shall be maintained in the health record, including the following:

§ 32. Subparagraph (ii) of paragraph (7) of subdivision (c) of section 3-06 of Title 40 of the Rules of the City of New York is amended to read as follows:

(ii) no person shall deny or in any way delay [an inmate's] a person in custody's request for access to dental services.

§ 33. Paragraph (8) of subdivision (c) of section 3-06 of Title 40 of the Rules of the City of New York is amended to read as follows:

(8) A daily record or log shall be maintained by the Health Authority which lists the following:

(i) the names and number of [inmate] person in custody requests for dental services;

(ii) the names and number of [inmates] people in custody brought to the dental clinic; and

(iii) the names and number of [inmates] people in custody seen by dental personnel.

§ 34. Subdivision (d) of section 3-06 of Title 40 of the Rules of the City of New York is amended to read as follows:

(d) Vision and Eye Care Services.

(1) The Health Authority shall [establish] maintain written policies and procedures to provide vision and eye care services to [inmates] people in custody in need of such services.

(i) All [inmates] people in custody who in the opinion of medical personnel require vision and eye care services beyond that which is provided during the intake screening, shall be so referred and provided.

(ii) [Inmates] People in custody whose eyeglasses are broken, lost, or otherwise unavailable shall be entitled to a vision examination.

(2) If determined after an eye examination that [an inmate] a person in custody is in need of eyeware, the Health Authority shall be responsible for providing the [inmate] person with such eyeware.

(3) All incoming [inmates] people in custody who are in possession of corrective eyeware shall be allowed to retain such unless otherwise determined by health care personnel.

(4) Records shall be maintained in the [inmate's] person in custody's medical chart of all ophthalmologic, optometric, and vision services. Such records will include at least the following:

(i) results of vision examinations conducted in addition to initial screening;

(ii) treatment or medication prescribed and follow-up plans; and

(iii) the name of the treating ophthalmologist/ optometrist.

(5) A daily log shall be maintained by the Health Authority to document the following:

(i) the names and number of [inmates] people in custody referred to or requesting vision and eye care services; and

(ii) the names and number of referrals and requests honored.

(6) Eye and vision examinations and treatment shall be conducted only by an ophthalmologist or an optometrist licensed in New York State.

§ 35. Subdivision (e) of section 3-06 of Title 40 of the Rules of the City of New York is amended to read as follows:

(e) Pregnancy and Child Care.

(1) All pregnant [inmates] people in custody shall receive comprehensive counseling, assistance, and medical care consistent with professional standards and legal requirements.

(2) A pregnant [inmate] person in custody shall be provided with appropriate and timely prenatal and postnatal care including but not limited to the following:

(i) gynecological and obstetrical care;

(ii) medical diets for prenatal nutrition;

(iii) all laboratory tests as deemed necessary by medical personnel; and

(iv) special housing as deemed necessary by medical personnel.

(3) Upon request, and in accordance with all applicable laws, [female inmates] people in custody shall be entitled to receive abortions in an appropriately equipped and licensed medical facility within a reasonable [time-frame] time frame. The following conditions shall apply to abortion services at a hospital:

(i) subsequent to consultation with a licensed physician, the voluntary informed consent of the [inmate] person in custody shall be obtained as pursuant to 40 RCNY § 3-06(j) prior to the procedure; and

(ii) the procedure shall not be performed in the correctional institution.

(4) The Health Authority shall make all reasonable arrangements to ensure that child births take place in a safe and appropriately equipped medical facility outside of the correctional facility.

(5) If [an inmate] a person in custody decides to keep [her] their child, necessary child care will be provided as consistent with applicable section(s) of the New York Correction Law and all other legal requirements and consistent with Department of Correction policies governing the nursery program.

(6) Upon request, pregnant [inmates] people in custody shall be provided access to adoption or foster care services through the Department of Correction's Social Service Unit. Under no circumstances will correctional or health care personnel delay or deny [an inmate] a person in custody access to such services or force [an inmate] a person in custody to utilize either service against [her] their will.

(i) if the [inmate] person in custody decides on adoption or foster care for the [new born] newborn child, referral services with the New York City Department of Social Services will be promptly provided for planning and placement of the infant.

(7) The Health Authority and the Department of Correction shall [insure] ensure that nursing [mothers] people in custody admitted to the Department of Correction are screened for eligibility for the nursery program with appropriate speed. There shall be written policies and procedures defining the program and criteria for admission to and discharge, including grounds for removal from the program.

§ 36. Paragraph (1) and subparagraphs (i) and (iii) of paragraph (2) of subdivision (f) of section 3-06 of Title 40 of the Rules of the City of New York are amended to read as follows:

(1) Written policies and procedures pertaining to diagnostic services, including radiology, pathology, and other medical laboratory services shall be [developed and implemented] maintained by the Health Authority within the correctional facilities in accordance with legal requirements, accepted professional standards and sound professional judgment and practice.

(2) Pathology and medical laboratory procedures and policy shall include but not be limited to the following:

(i) conducting laboratory tests appropriate to the [inmate's] person in custody's needs;

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(iii) prompt distribution and review of test results and maintaining copies of results in the laboratory and in the [inmate's] person in custody's health record;

§ 37. Subparagraph (iv) of paragraph (3) of subdivision (f) of section 3-06 of Title 40 of the Rules of the City of New York is amended to read as follows:

(iv) maintaining an adequate record of all examinations performed on each [inmate] person in custody in a separate log and as part of the [inmate's] person's health record; and

§ 38. Paragraph (6) of subdivision (f) of section 3-06 of Title 40 of the Rules of the City of New York is amended to read as follows:

(6) [Inmates] People in custody will be notified promptly of all clinically significant findings and appropriate follow-up evaluation and care will be provided. This section applies to diagnostic service provided in all settings.

§ 39. Paragraphs (1), (3), and (4) of subdivision (g) of section 3-06 of Title 40 of the Rules of the City of New York are amended to read as follows:

(1) [Inmates] People in custody shall be provided with access to adequate surgical and anesthesia services as defined in written policies and procedures developed by the Health Authority in accordance with legal requirements, accepted professional standards and sound professional judgment and practices.

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(3) The informed consent of the [inmate] person in custody must be obtained before an operation is performed, pursuant to 40 RCNY § 3-06.

(4) The Health Authority shall provide observation and care for [inmates] people in custody during pre-operative preparation and post-operative recovery periods, and establish written instructions for [inmates] people in custody in follow-up care after surgery.

§ 40. Paragraphs (1), (2), (4)-(7) of subdivision (h) of section 3-06 of Title 40 of the Rules of the City of New York are amended to read as follows:

(1) Written policies and defined procedures shall be [developed] maintained by the Health Authority and the Department of Correction and shall provide for special medical and dental diets which are prepared and served to [inmates] people in custody according to the written orders of the medical or dental personnel.

(2) When determined by medical or dental personnel that [an inmate's] a person in custody's health condition necessitates a special therapeutic diet, the Department of Correction shall be responsible for providing such diets promptly. Written records shall be maintained that identify the names of [inmates] people in custody receiving special diets, the date they are initiated, the duration and the specification of the diets.

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(4) Orders for special diets shall be recorded in the [inmate's] person in custody's medical or dental record including:

(i) the purpose for such diet;

(ii) a description of the diet including duration; and

(iii) the signature of the dentist or physician ordering such diet.

(5) [Inmates] People in custody who are in need of long-term therapeutic diets shall be given written dietary instructions specific to their diet modification by the Health Authority.

(6) A Department of Correction registered dietician trained in the preparation of therapeutic diets shall be available for consultation to all facilities where food is prepared for [inmates] people in custody. This registered dietician shall oversee the staff dieticians who will be available in sufficient numbers to [insure] ensure that all relevant sections of these standards are met.

(7) Special diets shall be available to [inmates] people in custody in general population and special housing. Special housing shall not be required in order to receive special diets.

§ 41. Paragraph (1) of subdivision (i) of section 3-06 of Title 40 of the Rules of the City of New York is amended to read as follows:

(1) Medical and/or dental prostheses shall be provided promptly by the Health Authority when it has been determined by the responsible physician and/or dentist that they are necessary, unless there is a reasonable basis to assume that the [inmate] person in custody will not be incarcerated for sufficient time to receive the prosthesis.

§ 42. Paragraphs (2)-(6) of subdivision (j) of section 3-06 of Title 40 of the Rules of the City of New York are amended to read as follows:

(2) When an invasive procedure is indicated and except as otherwise provided in 40 RCNY § 3-06(j)(4) [an inmate] a person in custody shall be given complete information, in a language [he/she understands] they understand, pertaining to the following:

(i) the [inmate's] person in custody's diagnosis and the nature and purpose of the proposed medical or dental treatment;

(ii) the risks and benefits of the proposed treatment;

(iii) alternative methods of treatment, if any; and

(iv) the consequences of forgoing the proposed treatment.

(3) [Medical] Health care personnel or dentists shall not withhold any facts necessary for [an inmate] a person in custody to make an informed[, knowing] decision regarding treatment, or minimize the risks of known dangers of a procedure in order to induce the [inmate's] person in custody's consent.

(4) The Health Authority shall develop and implement written policies and procedures pertaining to informed consent which [will be submitted for approval to the Board of Correction within 90 days and] must be consistent with all applicable laws. The policies and procedures must include, but need not be limited to the following:

(i) obtaining informed consent for [inmates] people in custody who are minors or others who are or may be legally incapable of providing informed consent;

(ii) use of a written form to document the informed consent of [inmates] people in custody for special procedures beyond routine treatment; and

(iii) maintenance of detailed documentation when special procedures or surgery are performed on [inmates] people in custody in emergency situations pursuant to 40 RCNY § 3-06.

(5) Informed consent forms shall be maintained as part of the [inmate's] person in custody's health record in accordance with all applicable laws.

(6) Informed consent policies shall be consistent with the informed consent policies described in [The] the Board of Correction Mental Health Minimum Standards for New York City Correctional Facilities.

§ 43. Subdivisions (k), (l) and (m) of section 3-06 of Title 40 of the Rules of the City of New York are amended to read as follows:

(k) Drug and Alcohol Treatment.

(1) All [inmates] people in custody who [give empirical] demonstrate evidence of addiction to alcohol, drugs or both, must be observed and offered treatment to prevent complications resulting from intoxication, withdrawal and associated conditions, as appropriate and according to written protocols approved by the Health Authority.

(2) Education and referral services should be available to [inmates] people in custody with alcohol or drug addiction(s) who request assistance.

(l) Right to Refuse Treatment.

(1) [An inmate] A person in custody may refuse a medical examination or any medical treatment except when medical personnel or a dentist has determined that immediate medical, surgical or dental treatment is required to treat a condition or injury that may cause death, serious bodily harm, or disfigurement to such [inmate] person and at least one of the following applies:

(i) the [inmate] person in custody has been determined in accordance with all applicable laws to be legally incompetent to consent to the specific procedure at the time it is offered;

(ii) consistent with the provision of applicable law the [inmate] person in custody is a minor; or

(iii) it is demonstrated that the parent or legal guardian of legally incompetent [inmates] people in custody or minors cannot be reached.

(2) When [an inmate] a person in custody refuses treatment for a health condition that is infectious, contagious, or otherwise poses a threat to the health, safety, or well-being of others, such [inmate] person may, in accordance with determination made by health care personnel either:

(i) be placed in medical isolation in compliance with 40 RCNY § 3-02(g); or

(ii) be transferred to an infirmary setting.

(3) When [an inmate] a person in custody is treated against [his or her] their will pursuant to 40 RCNY § 3-06(l)(2):

(i) the medical personnel will use only those measures which in [his or her] their best professional judgment are deemed appropriate in response to the emergency; and

(ii) adequate health records shall be maintained to detail the [inmate's] person in custody's condition, the threat the [inmate] person poses to [himself] themselves and others, and the specific reasons for the intervention.

(4) [An inmate] A person in custody who voluntarily refuses any health service deemed essential upon review by health care personnel shall do so after consultation with a Health Authority and shall sign a waiver form developed by the Health Authority.

(i) if the [inmate] person in custody refuses to sign a waiver, non-treating health care personnel shall sign the waiver as a witness, and note that the [inmate] person in custody has verbally refused such health services and refused to sign any waiver.

(ii) completed waiver forms shall be maintained as part of each [inmate's] person in custody's health file in accordance with all applicable laws regarding duration of retention.

(iii) the waiver shall be specific to the procedure or care being refused and must be accompanied by a detailed and documented discussion of the procedure/treatment being refused and medical consequences of refusal and cannot be used to deny or fail to offer the [inmate] person in custody subsequent treatment.

(iv) Whenever required by medical personnel and practicable, all refusals for specialty clinics should be signed in the presence of medical personnel before the [inmate] person in custody is scheduled for transfer to the specialty clinic.

(5) [Inmates] People in custody refusing treatment need not remain in a medical area unless their condition, without treatment, cannot be managed in a less intensive setting.

(6) The policies developed regarding the right to refuse treatment shall be consistent with the Mental Health Minimum Standards.

(7) Care rendered under 40 RCNY § 3-06(l)(1) or 40 RCNY § 3-06(l)(3) or care refused as described in 40 RCNY § 3-06(l)(4) shall be recorded in a log specifically maintained for this purpose. The log which shall be maintained by the Health Authority in each clinic shall have sequentially numbered pages, and must at a minimum indicate the name and number of the [inmate] person in custody refusing care or being treated against [his/her] their will, the name(s) of the health care personnel involved and a description of the event. This log shall be reviewed by [medical] health care personnel designated by the Health Authority on a daily basis. Nothing in this subdivision shall alter the requirements for appropriate documentation in the health care record.

(m) Acquired Immune Deficiency Syndrome.

(1) The Department of Correction and the Health Authority shall [develop] maintain policies and procedures to [insure] ensure that [inmates] people in custody with HIV disease are treated in a non-discriminatory manner. These policies shall state that discrimination against any [inmate] person in custody based on [his/her] their diagnosis or unauthorized disclosure of HIV-related information will result in disciplinary action by the relevant agency.

(2) The Health Authority shall [develop] maintain protocols for the prevention and treatment of HIV related illnesses that are consistent with accepted professional standards and sound professional judgment and practice. All practices affecting the treatment or care of people with HIV infection shall [be in compliance] comply with federal, state and local laws and with all other parts of these standards.

(3) Confidentiality. All services for HIV-related disease shall be provided in a manner that [insures] ensures confidentiality, consistent with these standards and New York State law. Segregation based solely upon this diagnosis shall be prohibited.

(4) Testing. Testing for HIV infection will be voluntary and performed only with specific informed consent and appropriate pre- and post-test counseling.

(5) Education. There shall be comprehensive AIDS education for all [inmates] people in custody and personnel who work in Department of Correction facilities and on the prison hospital wards. The curriculum shall be reviewed by the Health Authority, and revised as new information and treatments become available. Education services shall be provided by the Department of Health and Mental Hygiene, the Department of Correction, Health and Hospitals Corporation, or their designees. The Health Authority and the Department of Correction shall maintain a schedule of training sessions which includes the number of people in each session which shall be available for review by the Board of Correction.

§ 44. Subdivision (a) of section 3-07 of Title 40 of the Rules of the City of New York is amended to read as follows:

(a) Policy.

(1) The Health Authority shall [design and implement] maintain written policies and procedures for the maintenance of medical and dental records for use in correctional facilities which are:

(i) documented accurately, legibly, and in a timely manner; and

(ii) readily accessible to health care personnel.

(2) Records for [inmates] people in custody who are treated at the hospital shall comply with the legal requirements of the hospitals' accrediting agent(s).

§ 45. Paragraphs (2)-(4) of subdivision (b) of section 3-07 of Title 40 of the Rules of the City of New York are amended to read as follows:

(2) A health record shall be established and maintained for each [inmate] person in custody. At a minimum, the health record file shall contain, but not be limited to, the following:

(i) the completed intake screening form, as described in 40 RCNY § 3-04(b);

(ii) a problem list;

(iii) place, date, time, and the type of health service provided at each clinical encounter;

(iv) all findings, diagnoses, treatments, dispositions, recommendations, and summary of instructions to [inmates] people in custody;

(v) prescribed medications, their administration, and the duration;

(vi) original or copies of original laboratory, x-ray, and other diagnostic studies;

(vii) signature and title of each health care provider shall accompany each chart note;

(viii) completed consent and refusal forms;

(ix) release of information forms signed by the [inmate] person in custody;

(x) special diets and other specialized treatment plans;

(xi) clinical and discharge summaries when [an inmate] a person in custody is treated outside of Department of Correction facilities;

(xii) health service reports of medical and dental treatments, examinations, and all consultations pertaining to such services; and

(xiii) flow sheets for all infirmary or chronic patients.

(3) The health record shall accompany each [inmate] person in custody whenever [he or she is] they are transferred to another New York City Department of Correction institution. The health record, or a copy of the record, or pertinent sections of the record shall accompany each [inmate] person in custody whenever [he or she is] they are treated in a specialty clinic within a Department of Correction facility upon request of the specialty clinic physician.

(4) When [an inmate] a person in custody is treated at a specialty clinic in a municipal hospital or other off-site health care facility, a detailed consultation request containing significant data, lab results and all relevant medical history shall accompany each [inmate] person in custody. When specialists at any off-site facility require the complete medical record, there shall be a written procedure in place to allow for the confidential transfer and return of this record or a copy of the record.

§ 46. Subparagraph (iii) of paragraph (1) of subdivision (c) of section 3-07 of Title 40 of the Rules of the City of New York is amended to read as follows:

(iii) maintaining the unique identification of each [inmate's] person in custody's health record;

§ 47. Paragraph (3) of subdivision (c) of section 3-08 of Title 40 of the Rules of the City of New York is amended to read as follows:

(3) Subject to applicable [State] state and [Federal] federal law, health care personnel may report a person in custody's health information to correctional authorities without the written consent of the person in custody only when such information is necessary to provide appropriate health services to the person or to protect the health and safety of the person or others. Disclosures made under this section shall not include:

§ 48. Subparagraph (i) of paragraph (1) of subdivision (d) of section 3-08 of Title 40 of the Rules of the City of New York is amended to read as follows:

(i) the person in custody has voluntarily given [his/her] their informed consent, pursuant to 40 RCNY § 3-06(j); and

§ 49. Paragraph (2) of subdivision (d) of section 3-08 of Title 40 of the Rules of the City of New York is amended to read as follows:

(2) The use of a new medical protocol for individual treatment of a [a] person in custody by the person's physician will not be prohibited, provided that such treatment is conducted [subsequent to] after a full explanation is given to the person of the positive and negative features of the treatment, all requirements of 40 RCNY § 3-06(j) regarding informed consent have been satisfied, and the protocol/treatment has been reviewed by the appropriate local and institutional review boards as required by applicable [Federal, State,] federal, state, and local laws. As an example, the protocol must be reviewed by an [established human research review committee] institutional review board with representation by advocates for people in custody.

§ 50. Paragraph (2) of subdivision (a) of section 3-09 of Title 40 of the Rules of the City of New York is amended to read as follows:

(2) Hospital Prison Wards shall meet accepted community standards for accreditation. Each hospital that is designated to provide health services for [inmates] people in custody shall have a single physician of attending status responsible for all treatment provided to [inmates] people in custody in that hospital.

§ 51. Subparagraph (ii) of paragraph (2) of subdivision (b) of section 3-09 of Title 40 of the Rules of the City of New York is amended to read as follows:

(ii) necessary information is communicated within and between the Health Authority and the Department of Correction when problems or opportunities to improve health care involve more than one department or service. Communication with the Department of Correction must be consistent with [State] state law and 40 RCNY § 3-08(c) of these standards regarding confidentiality.

§ 52. Paragraphs (4) and (5) of subdivision (b) of section 3-09 of Title 40 of the Rules of the City of New York are amended to read as follows:

(4) All Hospital Prison Wards shall be inspected as part of the accreditation process by the Joint Commission on Accreditation of Hospitals (JCAH), and shall [be in compliance] comply with JCAH and State Department of Health standards. In addition, each hospital that is designated to care for [inmates] people in custody will submit as part of their quarterly written reports to the Health Authority, a section that reflects quality assurance activities concerning care provided to [inmates] people in custody.

(5) The Health Authority shall annually conduct itself or contract for a formal evaluation of the quality, effectiveness, and appropriateness of health services provided to [inmates] people in custody in each New York City correctional facility. If the review is conducted by the Health Authority, it must be done by personnel other than those who provide care directly to [inmates] people in custody.

§ 53. Paragraphs (2)(4), (7), (11), and 12 of subdivision (c) of section 3-09 of Title 40 of the Rules of the City of New York are amended to read as follows:

(2) The quality, content and completeness of medical and dental records and entries will be evaluated and shall at a minimum include verification of:

(i) timely and adequate transfer of appropriate health care documents and information when [inmates] people in custody are transferred to or from other correctional facilities.

(ii) confidentiality and security of records.

(3) The quality, completeness and efficiency of receiving screening services shall be evaluated, including at least a review of any cases where [an inmate] a person in custody with a serious health problem, which went undetected at screening, was placed in the general population and of cases where there are substantial delays in conducting the screening.

(4) An evaluation of the quality and appropriateness of surgical and anesthesia services shall be conducted and include at least the following:

(i) a regular and systematic evaluation of [inmates] people in custody who require hospitalization following surgery;

***

(7) Procedures for medication prescription, administration, and dispensing will be reviewed to ensure compliance with all applicable [Federal, State,] federal, state, and local laws.

***

(11) Procedures for the management of hazardous materials and wastes in accordance with [Federal, State,] federal, state, and local laws and regulations shall be reviewed.

(12) Documents and records will be made available to the Board of Correction by the Health Authority, Health and Hospitals Corporation and the Department of Correction in a timely fashion to allow the Board to monitor compliance with all parts of these standards. These records do not include individual medical records for living [inmates] people in custody, which must be obtained using standard procedures of informed consent and release.

§ 54. Section 3-10 of Title 40 of the Rules of the City of New York is amended to read as follows:

§ 3-10 [Inmate] Deaths of People in Custody.

(a) Policy. The Department of Correction shall [establish] maintain policies and procedures to [insure] ensure that in the case of [an inmate's] a person in custody's death, prompt notification is made to family and appropriate officials and with the Health Authority shall [insure] ensure that a thorough and timely review of the death is conducted.

(b) Notification. In the event of [an inmate] the death of a person in custody, the Department of Correction shall notify the Office of the Chief Medical Examiner['s Office], the Board of Correction and the [inmate's] person in custody's next of kin immediately.

(c) Review.

(1) [A postmortem examination] An autopsy shall be performed promptly whenever [an inmate] a person in custody dies in the custody of the Department of Correction. A copy of the report will be sent to the Board of Correction.

(2) The Board of Correction shall [conduct an investigation] investigate [of inmate] deaths of people in custody including the review of all medical records of the deceased. Appropriate reviews will be discussed by the Prison Death Review Board, [that] convened by the Deputy Mayor for Public Safety's Office and staffed by the Board of Correction [will staff and the Deputy Mayor for Public Safety's Office will convene]. The Prison Death Review Board will meet on an as needed basis and will include representatives from the Mayor's [office] Office, the Health Authority, [the Department of Mental Health, Mental Retardation and Alcoholism Services, the Health and Hospitals Corporation,] the Department of Correction, the Board of Correction, the Chief Medical Examiner, and other health care providers involved in the care of the deceased.

(3) Nothing in this section substitutes for the reviews that must be conducted of every death by the Health Authority and the Department of Correction.

§ 55. Subdivision (a) and the opening paragraph of paragraph (1) of subdivision (b) of section 3-11 of Title 40 of the Rules of the City of New York are amended to read as follows:

(a) Policy. There shall be policies and procedures for the management and delivery of health care in the event of a [man-made] human-caused or natural disaster.

(b) Disaster Plan.

(1) The Health Authority and the Department of Correction shall be responsible for designing written policies and procedures to provide timely and orderly emergency services in the event of a natural or [man-made] human-caused disaster. This disaster plan shall include, but not be limited to the following:

§ 56. Section 3-12 of Title 40 of the Rules of the City of New York is amended to read as follows:

§ 3-12 Shackling of [Inmates] People in Custody.

(a) Policy. The Department of Correction, the Health Authority, and the Health and Hospitals Corporation shall [develop and implement] maintain procedures governing the shackling of [inmates] people in custody who are receiving medical treatment and are housed in beds outside secure medical wards at the municipal hospitals. [Inmates] People in custody housed outside secure medical wards shall not be routinely shackled. The decision to shackle shall be made on a case-by-case basis and shall not serve as a substitute for appropriate security precautions or as punishment or for the convenience of staff. Shackling of [inmates] people in custody being transported between clinical settings shall be the least restrictive possible. All non-emergency decisions to shackle [inmates] people in custody must not be medically contraindicated.

(b) Definition. Shackling includes the use of all devices which encircle the ankle or wrist of [an inmate] a person in custody and restrict movement.

(c) Procedures. The procedures developed for [inmates] people in custody housed in hospitals in beds outside of secure medical wards must include the following:

(1) Shackling shall be used only upon the direction of the Chief Correctional Officer or [his/her] their designee after a review of the individual case. Pending the receipt of security-related information necessary to perform the review, [an inmate] a person in custody may be shackled unless [he/she] they [falls] fall into categories listed in (3)(i) through (iv) below. This security-related information must be obtained promptly.

(2) Shackling shall only be used when a Chief Correctional Officer or [his/her] their designee demonstrates with clear and articulable facts that twenty-four hour officer coverage may be insufficient to protect the safety of others or to prevent escape.

(3) [An inmate] A person in custody who is to be restrained shall be seen by a physician. DOC will not shackle [an inmate] a person where a physician has determined that the [inmate] person in custody is:

(i) pregnant and admitted for delivery of a baby; or

(ii) dependent on a ventilator or respirator; or

(iii) in imminent danger or expectation of death (unless the [inmate] person in custody while in the condition described by (i) - (iii) above attempts to escape or engages in violent behavior at the hospital which presents a danger of injury); or

(iv) where shackling is medically contraindicated. Provided, however, that should [an inmate] a person in custody, while in a condition described by (iv) above, attempt to escape or engage in violent behavior at the hospital which presents a danger of injury, [he/she] they may be restrained pending an immediate review of [his/her] their medical condition by a physician to determine whether the use of shackles threatens the [inmate's] person in custody's life. DOC shall promptly make alternative security arrangements before the restraints are removed, unless a life-threatening condition exists. In the case of a life-threatening condition, the shackles shall be removed immediately.

(4) At least daily, physicians shall update and review the medical condition of shackled [inmates] people in custody. They shall convey their findings to the Department of Correction including whether the use of mechanical restraints, while the [inmate] person in custody ambulates is medically contraindicated.

(5) A shackled [inmate] person in custody shall be given the opportunity to use the bathroom as often as the need arises unless the physician has ordered the use of bed pans instead.

(6) The decision to shackle [an inmate] a person in custody shall be reviewed on a daily basis by a Chief Correctional Officer or [his/her] their designee and must be revised immediately if a physician determines that the shackles have become medically contraindicated. In the latter case, unless a life-threatening medical emergency exists, DOC shall have the opportunity to make alternative security arrangements, if necessary, before the shackles are removed. These arrangements must be made promptly.

(7) All decisions to apply mechanical restraints will be made by the Department of Correction's [office of operations] Office of Operations.

(8) Written records shall be maintained at the hospitals which indicated the reason for shackling, the time and date of the approval for shackling, the name and title of the person giving approval, and the [inmate's] person in custody's name, book and case number and medical status.

(9) Hospital-based physicians caring for [inmates] people in custody outside secure medical wards at the municipal hospitals shall receive training in this standard.

§ 57. Section 3-13 of Title 40 of the Rules of the City of New York is REPEALED and a new section 3-13 is added to read as follows:

§ 3-13 Variances.

The variance procedures set forth in 40 RCNY § 2-10 shall apply to variances from provisions in this chapter.

§ 58. Sections 3-14 and 3-15 of Title 40 of the Rules of the City of New York, relating to the effective and implementation dates of the original 1991 rules, are REPEALED, and section 3-16 is renumbered as section 3-14.

§ 59. Section 3-14 of Title 40 of the Rules of the City of New York, as renumbered by this rule, is amended to read as follows:

§ 3-14 Injury Response.

(a) Policy. The Department of Correction and the Health Authority ("the Agencies") shall [establish] maintain policies and procedures to address and prevent injuries to people in custody.

(b) Investigations. Investigations of injuries of people in custody, including all supporting documentation such as Injury-to-Inmate forms, shall be completed in a prompt, accurate, and objective manner. For the purposes of this section, investigations shall mean investigations conducted in the manner required by the Department of Correction ("Department") including, but not limited to, investigations conducted by the facility or investigations contained in Injury-to-Inmate forms.

(c) Coordination.

(1) Quarterly Meetings. The Agencies shall engage in regular communication and quarterly meetings, to review data on injuries, identify trends, and perform quality assurance on injury report documentation. These communications and quarterly meetings shall include data-informed development of corrective action plans.

(2) Injury Tracking System. [Within one year of the effective date of this rule, the] The Agencies shall maintain a coordinated electronic injury tracking system for serious injuries, which for purposes of 40 RCNY § [3-16] 3-14 are defined as injuries designated as serious by the Health Authority for the sole purpose of tracking injuries. [Within two years of the effective date of this rule, the] The Agencies shall maintain a coordinated electronic injury tracking system for all injuries, both serious and non-serious.

(d) Reporting and Review.

(1) [By the fourth Friday of September 2019 and on] On the fourth Friday of every month [thereafter], the Department shall provide the Board with all Injury-to-Inmate forms (or any other injury reporting mechanism that may replace the Injury-to-Inmate form) created in the previous month and any forms updated in the previous month.

(2) The Agencies shall provide the Board with a joint, monthly, public report of data on injuries and serious injuries to people in custody ("Joint Monthly Injury Report"), as follows:

(i) [Phase 1. Starting on the fourth Friday of September 2019 and on] On the fourth Friday of every month [thereafter], the Joint Monthly Injury Report shall include the following information in a machine-readable format using both numerical values and percentages, for the previous month and for the year-to-date:

(A) The Health Authority's definition of serious injuries for that reporting period;

(B) A list of the Health Authority's injury reporting codes used during that reporting period;

(C) Total number of injury reports made, overall and disaggregated by treating facility;

(D) Total number of injuries presented to and confirmed by health care personnel, overall and disaggregated by treating facility, and then further disaggregated by serious and non-serious injuries;

(E) Total number of injuries confirmed by heath personnel that required urgent care, overall and disaggregated by treating facility, and then further disaggregated by serious and non-serious injuries;

(F) Total number of injuries confirmed by heath personnel that required hospital emergency care, overall and disaggregated by treating facility, and then further disaggregated by serious and non-serious injuries;

(G) Age of persons with injuries confirmed by health personnel, overall and disaggregated by treating facility, disaggregated by serious and non-serious injuries, and then re-aggregated by age group (i.e. adolescents ages 16 and 17, young adults ages 18 to 21, and adults ages 22 and over);

(H) Whether persons with injuries presented to health personnel received or refused treatment, grouped and totaled by "received treatment" or "refused treatment," and then further disaggregated by serious and non-serious injuries;

(I) Mean, median, minimum, and maximum time between the time of Department Supervisor notification and the time of initial medical evaluation for serious injuries, overall and disaggregated by treating facility;

(J) Types of serious injuries as defined by the Health Authority, grouped and totaled by serious injury type, overall and disaggregated by treating facility;

(K) Types of non-serious injuries, including head injuries, lacerations, and other, grouped and totaled by injury type, overall and disaggregated by specific command;

(L) Bodily location of injuries, grouped and totaled by bodily location, overall and disaggregated by specific command, and then further disaggregated by serious and non-serious injuries;

(M) Cause of injuries as reported by the injured person to Health Authority, including self-injury, grouped and totaled by reported cause of injury, overall and disaggregated by treating facility, and then further disaggregated by serious and non-serious injuries;

(N) Any other information deemed notable by the Agencies.

[(ii) Phase 2. Starting one year after the effective date of this rule, and continuing on the fourth Friday of every month thereafter for a period of one year, the Joint Monthly Injury Report shall also include the following information in a machine-readable format using both numerical values and percentages, for the previous month and for the year-to-date:]

([A]O) Locations within the commands where the serious injuries occurred, grouped and totaled by location, overall and disaggregated by specific command (i.e. facility, transportation, court);

([B]P) For serious injuries occurring in housing areas, the specific locations within the housing area where the injuries occurred, overall and disaggregated by specific command;

([C]Q) Total number of pending facility investigations for serious injuries reported in the previous month, overall and disaggregated by specific command;

([D]R) Total number of completed investigations for serious injuries reported in the previous month, overall and disaggregated by specific command;

([E]S) Cause of serious injuries, including self-injury, as recorded in the facility investigation, grouped and totaled by cause of injury, overall and disaggregated by specific command;

([F]T) Mean, median, minimum, and maximum time between time of Department Supervisor notification and completion of facility investigation for all serious injuries reported in the previous month, overall and disaggregated by specific command; and

([G]U) Whether incidents resulting in serious injuries were witnessed by the staff persons who completed the Injury-to-Inmate reports, grouped and totaled by "witnessed" or "not witnessed," overall and disaggregated by specific command.

([iii]ii) [Phase 3. Starting two years after the effective date of this rule, and continuing on the fourth Friday of every month thereafter, the] The Joint Monthly Injury Report shall also include all information required pursuant to 40 RCNY §§ [3-16(d)(2)(ii)(A) - (B), (D) - (G)] 3-14(d)(2)(i)(O)-(P), (R)(V) for serious and non-serious injuries, in a machine-readable format using both numerical values and percentages, for the previous month and the year-to-date.

(3) [Starting on the fourth Friday of September 2019, the] The Agencies shall provide the Board with a monthly data file with injury-level information corresponding to the data enumerated in the Joint Monthly Injury Report. This file shall also include all relevant identifying injury-level information (e.g., injury report number, Central Operations Desk/Use of Force report number, injury date, date of injury report, specific unit and housing area, housing area type, date investigation was closed, incarcerated person-identifiers, and witnessing-staff identifiers) for each injury reported. Each file shall be shared in an electronic, machine-readable format and shall be updated cumulatively from each prior data reporting period. The file shall be maintained as confidential by the Board.

(4) On at least an annual basis, [beginning on the first day of the sixth month after the effective date of this Rule,] the Department shall review all Joint Monthly Injury Reports submitted in the previous year pursuant to subdivision 40 RCNY § 3-16(d)(2). Within 60 days of each such annual review, the Department shall provide the Board with a written public report detailing:

(i) Steps taken in its review;

(ii) Findings, and any plans for corrective action; and

(iii) Status of corrective actions described in prior reports submitted over the past five years.

(5) [Starting on the fourth Friday of September 2019 and on] On the fourth Friday of every month [thereafter], the Health Authority shall provide the Board with a monthly public report on self-harm, including the following information in a machine-readable format using both numerical values and percentages, for the previous month and for the year-to-date:

(A) Total number of injuries reflecting self-harm, as determined by health care personnel, overall and disaggregated by serious and non-serious injuries;

(B) Injuries reflecting self-harm, disaggregated by age (adolescents ages 16 and 17, young adults ages 18 to 21, and adults ages 22 and older), and further disaggregated serious and non-serious injuries; and

(C) Injuries reflecting self-harm, disaggregated by housing type, and further disaggregated serious and non-serious injuries.

§ 60. Subdivision (k) of Section 6-27 of Title 40 of the Rules of the City of New York is amended to read as follows:

(k) Four- and five-point restraints shall not be used other than pursuant to 40 RCNY § [2-06] 2-07, governing the physical restraint of [persons] people in custody being observed or treated for mental or emotional [disorders] health issues.

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CERTIFICATION PURSUANT TO

CHARTER §1043(d)

RULE TITLE: Amendment of Rules Concerning Mental Health and Health Care

REFERENCE NUMBER: 25 RG 094

RULEMAKING AGENCY: Board of Correction

I certify that this office has reviewed the above-referenced proposed rule as required by section 1043(d) of the New York City Charter, and that the above-referenced proposed rule:

(i) is drafted so as to accomplish the purpose of the authorizing provisions of law;

(ii) is not in conflict with other applicable rules;

(iii) to the extent practicable and appropriate, is narrowly drawn to achieve its stated purpose; and

(iv) to the extent practicable and appropriate, contains a statement of basis and purpose that provides a clear explanation of the rule and the requirements imposed by the rule.

/s/ STEVEN GOULDEN Date: December 23, 2025
Senior Counsel

NEW YORK CITY MAYOR'S OFFICE OF OPERATIONS
253 BROADWAY, 10th FLOOR
NEW YORK, NY 10007
212-788-1400

CERTIFICATION / ANALYSIS
PURSUANT TO CHARTER SECTION 1043(d)

RULE TITLE: Amendment of Rules Concerning Mental Health and Health Care

REFERENCE NUMBER: BOC-9

RULEMAKING AGENCY: Board of Correction

I certify that this office has analyzed the proposed rule referenced above as required by Section 1043(d) of the New York City Charter, and that the proposed rule referenced above:

(i) Is understandable and written in plain language for the discrete regulated community or communities;

(ii) Minimizes compliance costs for the discrete regulated community or communities consistent with achieving the stated purpose of the rule; and

(iii) Does not provide a cure period because it does not establish a violation, modification of a violation, or modification of the penalties associated with a violation.

/s/ Francisco X. Navarro — *December 23, 2025*
Mayor's Office of Operations — Date