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Martha King, Executive Director
New York City Board of Correction

Re: Final Rule Regarding Injury Reporting

No. 2019 RG 010

Dear Ms. King :

Pursuant to New York City Charter § 1043 subd. c, the above-referenced rule has been reviewed and determined to be within the authority delegated by law to your agency.

Sincerely,

Steven L. Goulden

STEVEN GOULDEN
Senior Counsel
Division of Legal Counsel

cc: Kate McMahon (BOC)

NEW YORK CITY BOARD OF CORRECTION
Notice of Adoption of Rules

Notice is hereby given in accordance with section 1043(f) of the New York City Charter that the Board of Correction is adopting rules relating to patient confidentiality and injury tracking and injury reporting in jails and other facilities operated by the Department of Correction.

These rules are promulgated pursuant to sections 1043 and 626 of the New York City Charter.

On June 20, 2019, the Board of Correction held a public hearing on these rules at 22 Reade Street, New York, New York. On _____, the Board of Correction voted to approve these rules at a public meeting held at 125 Worth Street, New York, New York.

Statement of Basis and Purpose of Rules

The rule revisions amend the Health Care Minimum Standards adopted by the Board of Correction ("Board" or "BOC"), set forth in Chapter 3 of Title 40 of the Rules of the City of New York. Specifically, the revisions:

- Amend various provisions of Section 3-08 (Privacy and Confidentiality) of the Health Care Minimum Standards; and

- Add a new Section 3-16 (Inmate Injury Response) to the Health Care Minimum Standards.

The New York City Charter mandates that there shall be a Board of Correction, § 626(a), responsible for inspecting and visiting all institutions and facilities under the jurisdiction of DOC. § 626(c)(1). The Board has the "powers and duty" to conduct "evaluation of departmental performance." § 626(c)(4). Under § 626(e) of the Charter, the Board is authorized to establish minimum standards "for the care, custody, correction, treatment, supervision, and discipline of all persons held or confined under the jurisdiction of" DOC.

The Board promulgated Health Care Minimum Standards in 1991. These Standards seek to ensure patient care in the jails is consistent with legal requirements, accepted professional and community standards, and sound professional judgment and practice. This includes requiring the protection of confidential private health information of people in DOC's custody. To that end, these Standards promote the health and safety of people incarcerated in the City's jails and to further the Board's mandate under the City Charter.

In January 2019, the Board published a report titled "Serious Injury Reports in NYC Jails" ("Serious Injury Report"), which reviewed aggregate data on serious injuries to people in custody over time and summarized BOC staff's in-depth audit of three months of injury reports and investigations.[1] The Injury-to-Inmate form ("Injury Form") is the primary tool for documenting and investigating both serious and non-serious injuries in the jails. The Injury Form includes a section requiring NYC Health + Hospital's Correctional Health Services staff ("CHS") to enter the nature of the injury after CHS has conducted a medical evaluation of the injured person; once CHS enters this information, the Injury Form is transmitted back to DOC to investigate the circumstances of the injury and report its findings on the Form.

As noted in the Board's Report, when serious injuries occur in the jails, their consequences are severe and wide-ranging.[2] Serious injuries affect the short and long-term physical and mental health of individuals while incarcerated and can have a compounding negative impact on individuals' employment, education, housing, and general reintegration into the community.[3] The Report further states:

> The City must understand the rates, types, and circumstances related to serious injuries occurring in NYC jails in order to prevent them. Additionally, accurate reporting is necessary to maintain

[1] Serious Injury Report (p. 3); available at: https://www1.nyc.gov/assets/boc/downloads/pdf/Reports/BOC-Reports/2019.01.07%20-%20BOC%20Serious%20Injury%20Report%20-%20Final.pdf.

[2] Serious Injury Report (p. 3) (Ludwig, Ariel, et al., *Injury Surveillance in New York City Jails*, 102 Am J Public Health, 1108 (2012), available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3483942/.)

[3] *Id.*

> public accountability and trust in and engagement with government. When implemented, this report's recommendations will increase prevention of serious injuries to incarcerated people and promote problem-solving and transparency.[4]

The Serious Injury Report details significant inconsistencies and deficiencies in the reporting and investigation of serious injuries by DOC and CHS. The rules seek to:

(1) expressly allow CHS to share with DOC specific diagnoses related to injuries sustained by people while in DOC custody; and

(2) address the deficiencies identified in the Serious Injury Report by requiring DOC and CHS to comply with mutual data collection and reporting requirements concerning injuries to people while incarcerated in the City's jails.

Following is a descriptive summary of the rules.

Major Amendments

Section 1-01

Because individuals in DOC custody are people first and the circumstance of their incarceration is not their defining feature, the Board has made a commitment to employ person-first language in its Standards and general communications going forward. To this end, the Board is deleting all references to "Inmates" (with the exception of references to Injury-to-Inmate forms, which are identified by their title) in favor of person-first terms such as "people in custody."

Amendments to Rule § 3-08 (Privacy and Confidentiality)

Section 3-08(b)(2)

To avoid "dual loyalty" issues,[5] § 3-08(b)(2) prohibits health care personnel from conducting body cavity searches or strip searches of people in custody. A proposed amendment to subdivision (b)(2) sought to extend this prohibition to "forensic evaluations for criminal prosecution or investigatory purposes," with the exception of the Forensic Psychiatric Evaluation Clinics.[6] Because the Health Authority's dual loyalty concerns are broader than the proposed language and can only be fully addressed through further rulemaking, including amendments to other chapters of the Minimum Standards, § 3-08(b)(2) will remain in its current form and no additional language will be added at this time.

Section 3-08(c)(3)

The existing § 3-08(c)(3) enumerates the circumstances under which health care personnel may report a person in custody's health information to DOC without the person's written consent. However, the existing § 3-08(c)(3) states that "such information shall not include the specific diagnosis or the entire health record" of the person in custody.

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[4] *Id.*

[5] "Dual loyalty is an ethical dilemma commonly encountered by health care professionals caring for persons in custody. Dual loyalty may be defined as clinical role conflict between professional duties to a patient and obligations, express or implied, to the interests of a third party such as an employer, an insurer, or the state." Pont, Jörg et al., *Dual Loyalty in Prison Health Care*, 102 Am J Public Health, 475 (2012).

6 In 2018, Health + Hospitals consolidated the management of its four forensic psychiatric evaluation clinics under CHS in an effort to streamline the forensic psychiatric evaluation process and reduce the amount of time persons spend in jail custody awaiting a mental fitness evaluation.

In November 2013, the City's Department of Health and Mental Hygiene (DOHMH) (then the City's correctional Health Authority) first sought—and the Board approved—a variance from § 3-08(c)(3)'s prohibition on sharing specific diagnoses with DOC. Specifically, the variance permitted CHS to provide DOC with specific diagnoses related only to injuries sustained by persons in correctional custody. The reporting of diagnoses unrelated to an injury remained prohibited, as stated in the variance. The variance was renewed, primarily at six-month intervals, until February 12, 2019.

Under the new rule, CHS may explicitly share with DOC "specific diagnoses of injuries sustained by people while in custody … for the limited purpose of investigating injuries" (§ 3-08(c)(3)(ii)(A)), mooting the need for a variance to that effect.

Section 3-08(c)(4)

The existing §s 3-08(c)(4) of the current rules prohibits CHS from sharing individual's disease-specific information with DOC in cases where an individual has a communicable disease, mandating instead that CHS instruct DOC staff generally on proper precautions. Under the new rules, CHS may disclose certain individual communicable disease diagnoses when an exposure has occurred at the facility and it is absolutely necessary for CHS to engage in contact tracing to protect the health and safety of exposed individuals; when such disclosures are made, CHS will be required to inform the Board within 24 hours so that the Board can monitor how often and under what circumstances CHS is disclosing patient-identifying information in this context.

Section 3-08(c)(7)(i)

Existing § 3-08(c)(7)(i) states that when a person in custody is transferred from one correctional facility to another within DOC's custody, the person's "complete health record shall be transferred simultaneously." The amendment revises this requirement to state that the person's "complete health record shall be maintained and available in each location." This change is intended to bring the Standards in line with current Electronic Medical Record practices.

Proposed Rule § 3-16 (Injury Response)

Injury surveillance and data collection are important tools for identifying and protecting vulnerable patients and promoting public health in the jails.[7] Proposed Minimum Standard § 3-16 aims to address the inconsistencies and deficiencies identified in BOC's Serious Injury Report by requiring, among other things, that:

(1) DOC and CHS establish policies and procedures to address and prevent injuries to people in custody;

(2) DOC's injury investigations, including all supporting documentation such as Injury Forms, be completed in a prompt, thorough, accurate, and objective manner;

(3) DOC and CHS meet on a regular basis to review data on injuries;

(4) within one year of the effective date of the rule, DOC and CHS maintain a coordinated electronic tracking system for serious injuries, and within two years of the effective date of the rule, they maintain a coordinated electronic system for serious and non-serious injuries;

[7] Ross MacDonald, et al., *Operationalizing a Human Rights Agenda in Correctional Health*, 38 SGIM Forum 1, 12 (2015).

(5) commencing September 2019 and rolling out in three phases through late 2021, DOC and CHS release a joint, monthly public report of specified data on serious and non-serious injuries to people in custody;

(6) on at least an annual basis, DOC review all joint, public, monthly reports for the last year and provide the Board with a written public report of its findings and any corrective actions;

(7) commencing September 2019, CHS provide the Board with a monthly public report of specified data on self-harm.

For purposes of public reporting, the Board expects the joint, monthly public report on serious and non-serious injuries to employ the following or a similar format:

All data tables will be reported overall and separately for each DOC Facility/Command.

DOC & CHS Joint Report on Injuries Occurring in Custody
Reporting Period [MONTH], [YEAR]
[Date of Report]

Table 1

Total Number of Injury Reports Made	

Table 2

Number of Confirmed Injuries	**Number**	**Percent**	**Rate**
Serious Injuries			
Non-Serious Injuries			
Total		**100%**	

Table 3

Confirmed Injuries Requiring Urgent Care	**Serious**		**Non-Serious**		**All Injuries**	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**

Table 4

Confirmed Injuries Requiring Emergency Hospital Care	**Serious**		**Non-Serious**		**All Injuries**	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**

Table 5

Age of Patients with Confirmed Injuries	**Serious**			**Non-Serious**			**All Injuries**		
	16-17	**18-21**	**22+**	**16-17**	**18-21**	**22+**	**16-17**	**18-21**	**22+**

Table 6

Number of Injured Patients Who Received or Refused Care	Serious		Non-Serious		All Injuries	
	Received	Refused	Received	Refused	Received	Refused

Table 7

Time From DOC Supervisor Notification of Serious Injury to Initial Medical Evaluation	Number
Mean	
Media	
Min	
Max	

Table 8

Type of Serious Injury	Number	Percent
Laceration requiring sutures or staples		
Fracture		
Clinical nasal fracture		
Initial dislocation reduced in clinic or hospital		
Tendon Tear		
Amputation		
Structural Injury to Organ		
Post- Concussive syndrome or Head Injury requiring Imaging		
Blistering burn involving face of >9% of total body surface		
Total		**100%**

Table 9

Type of Non-Serious Injuries	Number	Percent
Head injury		
Laceration not requiring sutures or staples		
Other		
Total		**100%**

Table 10

Bodily Location Where Injuries Occurred	Serious	
	Number	Percent
Head/Face		
Arms/Hands		
Legs/Feet		
Torso		
Total		**100%**

Table 11

DOC Location Where Injuries Occurred	Serious	
	Number	Percent
Total		**100%**

Table 12

Specific DOC Location within Housing Areas Where Injuries Occurred	Serious	
	Number	Percent
Total		**100%**

Table 13

Cause of Injury as Reported by Patient to CHS	Serious		Non-Serious		All Injuries	
	Number	Percent	Number	Percent	Number	Percent
Attack by unknown assailant						
DOC UOF						
Door/gate closure						
inmate on inmate fight						
recreational						
self-injury						
use of restraints						
Other						
Total		**100%**		**100%**		**100%**

Table 14

Cause of Injury Determined by DOC Investigation	Serious		Non-Serious		All Injuries	
	Number	Percent	Number	Percent	Number	Percent
Total		**100%**		**100%**		**100%**

Table 15

Status of Injury Investigations for Injuries Reported in the Reporting Period (Pending vs. Completed)	Serious		Non-Serious		All Injuries	
	Number	Percent	Number	Percent	Number	Percent
Pending						
Completed						
Total		**100%**		**100%**		**100%**

Table 16

Time Between DOC Supervisor Staff Notification of Injury & Close of Investigation	Serious (n=)	Non-Serious (n=)	All Injuries (N=)
Mean			
Media			
Min			
Max			

Table 17

Whether Injuries Were Witnessed by Staff	Serious		Non-Serious		All Injuries	
	Number	Percent	Number	Percent	Number	Percent
At least one staff witness						
No staff witness						
Total		**100%**		**100%**		**100%**

The Board expects CHS's monthly public report on self-harm to employ the following or a similar format:

CHS Monthly Report on Self-Harm

Table 1

Number of Injuries Reflecting Self-Harm (as Determined by CHS Staff)	Number	Percent
Serious		
Non-Serious		
Total		**100%**

Table 2

Self-Harm by Patient Age	Serious		Non-Serious		All Injuries	
	Number	Percent	Number	Percent	Number	Percent
16-17						
18-21						
22+						
Total		**100%**		**100%**		**100%**

Table 3

Self-Harm by Housing Area Type	Serious		Non-Serious		All Injuries	
	Number	Percent	Number	Percent	Number	Percent
Totals		**100%**		**100%**		**100%**

The purpose of these new requirements is to improve DOC's and CHS's ability to address and prevent injuries to people in custody and strengthen the Board's oversight of the agencies' progress toward achieving these goals.

Authority

The Board's authority for these rules is found in section 1043 and 626 of the New York City Charter.

Rules

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

New material is underlined.
Deleted material is [bracketed.]

Section 1. Subdivision (a) of section 1-01 of Title 40 of the Rules of the City of New York is amended to read as follows:

a) Policy. [Prisoners] People in custody shall not be subject to discriminatory treatment based upon race, religion, nationality, sex, sexual orientation, gender, disability, age or political belief. The term ["prisoner"] "person in custody" means any person in the custody of the New York City Department of Correction ("the Department"). "Inmate" and "prisoner" both mean "person in custody" throughout this Title, and the Board will modernize to person-forward language in promulgating rules, so as to phase out the use of "inmate" and "prisoner". "Detainee" means any [prisoner] person in custody awaiting disposition of a criminal charge. "Sentenced prisoner" means any [prisoner] person in custody serving a sentence of up to one year in Department custody.

§ 2. Section 3-08 of Title 40 of the Rules of the City of New York is amended to read as follows:

§ 3-08 Privacy and Confidentiality.

(a) Policy. The Health Authority shall establish and implement written policies and procedures which recognize the rights of [inmates] people in custody to private and confidential treatment and consultations consistent with legal requirements, professional standards, and sound professional judgment and practice.

(b) Privacy.

(1) All consultations and evaluations between [inmates] people in custody and health care personnel will be confidential and private.

(i) C[c]orrectional personnel may be present during the delivery of health services when health care and correctional personnel determine that such action is necessary for the safety and/or security of any person.

(ii) C[c]orrectional personnel shall remain sufficiently distant from the place of health care encounters so that quiet conversations between [inmates] people in custody and health care personnel cannot be overheard. Every effort shall be made to maintain aural and, where possible, visual privacy during encounters between health care personnel and [inmates] people in custody.

(2) The Health Authority shall not conduct body cavity searches or strip searches.

(c) Confidentiality.

(1) Information obtained by health care personnel from [inmates] people in custody in the course of treatment or consultations shall be confidential except as provided in 40 RCNY § 3-03(b)(3)(iv) and 40 RCNY § 3-08(c)(3).

(i) A[a]ll professional standards and legal requirements pertaining to the physician-patient privilege apply.

(2) Active health records shall be maintained by health care personnel separately from the confinement record and shall be kept in a secure location.

(i) A[a]ccess to health records shall be controlled by the Health Authority.

(ii) H[h]ealth records shall not be released, communicated or otherwise made available to any person, except treatment personnel or as pursuant to a lawful court order, without the written authorization of the [inmates] person in custody, except in emergency situations described in 40 RCNY § 3-03(b)(3)(iv).

(3) Subject to applicable state and federal law, health care personnel may report a[n] [inmate's] person in custody's health information to [the chief correctional officer] correctional authorities without the written consent of the [inmates] person in custody only when such information is necessary[,] to provide appropriate health services [for] to the [inmate] person or to

protect the health and safety of the [inmate] person or others. Disclosures made under this section shall not include:

(i) The entire health record;

(ii) Specific diagnoses, with the following exceptions:

(A) specific diagnoses of injuries sustained by people while in custody may be shared with appropriate correctional personnel for the limited purposes of investigating and identifying trends related to injuries;

(B) When an exposure to a specific communicable disease other than a common sexually transmitted infection has occurred in a facility, the Health Authority may disclose an individual's communicable disease diagnosis to appropriate correctional personnel for the limited purpose of contact tracing, and only when disclosing the identity of the individual is absolutely necessary to protect the health and safety of potentially exposed persons. In all other cases involving persons in custody with communicable diseases, the correctional personnel shall be instructed by health care personnel on proper precautions needed to protect correctional personnel and others without being told disease-specific diagnoses for individuals. Disclosures of individuals' communicable disease diagnoses made pursuant to this provision shall be reported to the Board in writing within 24 hours.

[Such information shall not include the specific diagnosis or the entire health record, but where necessary may include the following:

(i) the inmate's dietary restrictions and modifications, if any;

(ii) known allergies and/or communicable diseases of the inmate, if any; and

(iii) health information concerning an inmate's ability to work, placement in punitive segregation isolation, or hospitalization needs.]

[(4) If an inmate has a communicable disease, the correctional authorities shall be instructed by health care personnel on proper precautions needed to protect correctional personnel and other inmates without being told disease-specific diagnoses for individual inmates.]

([5]4) Correctional personnel shall keep confidential any [inmate] health-related information or records of a person in custody that the officer receives from [forwarded to him by] health care personnel. Information received by correctional personnel pursuant to 40 RCNY § 3-08(c)(3)(ii) shall not be re-disclosed to anyone, including other correctional personnel.

([6]5) When a[n inmate] person in custody communicates health-related information to correctional personnel [in order] to obtain access to health services or treatment of a health condition, [then] correctional personnel shall keep such information [shall be kept] confidential [by correctional personnel]. [An inmate] People in custody need not disclose [his] their specific medical complaints to correction personnel [in order] to obtain medical assistance.

([7]6) [In order] To assure continuity of care and [to] avoid unnecessary duplication of tests and examinations, a[n inmate's] person in custody's health information shall be made available to health care personnel when that [inmate] person is transferred to another correctional or health care facility.

(i) When a[n inmate] person in custody is transferred from one correctional facility to another within the New York City Department of Correction, the [inmate's] person's complete health record shall be [transferred simultaneously] maintained and available in each location.

(ii) When a[n inmate] person in custody is transferred to or from a municipal hospital ward, a pertinent summary of the [inmate's] person's health record shall accompany the transfer.

(iii) When a[n inmate] person in custody is transferred to another correctional system, a record summary defined by the receiving and sending systems shall accompany the [inmate] person.

(iv) Complete health record information shall be transferred to specific and designated physicians outside the jurisdiction of the Department of Correction upon the request and written

authorization of the [inmate] person in custody for the release of such information. The release form must specify the information to be transferred.

(d) Experimentation.

(1) Biomedical, behavioral, pharmaceutical, and cosmetic research involving the use of any [inmate] person in [the] custody [of the New York City Department of Correction] shall be prohibited except where:

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

(ii) all ethical, medical and legal requirements regarding human research are satisfied; and

(iii) the research satisfies all standards of design, control and safety; and

(iv) the Health Authority has approved the proposed research, in writing. [has been approved in writing from the Health Authority.]

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

§ 3. Chapter 3 of Title 40 of the Rules of the City of New York is amended by adding new section 3-16, to read as follows:

§ 3-16 Injury Response.

(a) Policy. The Department of Correction and the Health Authority ("Agencies") shall establish 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 Agencies shall maintain a coordinated electronic injury tracking system for serious injuries, which for purposes of 40 RCNY § 3-16 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 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 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 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) 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) 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) Total number of pending facility investigations for serious injuries reported in the previous month, overall and disaggregated by specific command;

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

(E) 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) 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) 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) Phase 3. Starting two years after the effective date of this rule, and continuing on the fourth Friday of every month thereafter, the Joint Monthly Injury Report shall also include all information required pursuant to 40 RCNY §§ 3-16(d)(2)(ii)(A) - (B), (D) - (G) 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 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 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.