Department of Corrections

Adopted Permanent Rules Relating to Jail Facilities

2911.0100 INTRODUCTION.

[For text of items A and B, see Minnesota Rules]

C. This chapter does not apply to state correctional facilities under the commissioner's control.

2911.0200 DEFINITIONS.

Subpart 1. **Scope.** For purposes of this chapter, the terms defined in this part have the meanings given.

Subp. 2. **Administrative separation.** "Administrative separation" means when an inmate is separated from general population because ~~separation is the least restrictive alternative available and~~ the inmate:

A. is prone to escape, is prone to assault staff or other inmates, poses a safety or security threat to other inmates or the facility, or needs protection from other inmates or protection from self;

B. has been classified or identified as an inmate with special needs and must be separated for the inmate's health or safety; or

C. is on medical isolation or infirmary status.

[For text of subparts 3 to 5, see Minnesota Rules]

Subp. 5a. **Annual or annually.** Unless otherwise provided, "annual" or "annually" means every 12 months.

Subp. 5b. **Assessment for medication-assisted substance use disorder treatment.** "Assessment for medication-assisted substance use disorder treatment" means ~~a clinical~~ an assessment conducted by a medical provider or prescriber using standardized

health care tools related to a history of substance use, intoxication, and withdrawal and a history of previously receiving medication-assisted treatment to determine medically appropriate care for ~~substance use~~ addiction medication needs. This assessment is separate and distinct from the substance use screening required in part 2911.5800, subpart 6b.

[For text of subpart 6, see Minnesota Rules]

Subp. 7. [See repealer.]

Subp. 8. [Repealed, 38 SR 523]

Subp. 8a. **Care.** "Care" refers to providing health-related services and interventions necessary to address an inmate's identified medical, dental, and mental health needs.

[For text of subparts 9 to 16, see Minnesota Rules]

Subp. 17. **Classification.** "Classification" means a process for determining the needs and security requirements of detained inmates and for assigning the inmates to housing units and programs according to a facility's resources and the inmates' needs.

[For text of subparts 18 and 19, see Minnesota Rules]

Subp. 19a. **Community-based provider.** "Community-based provider" means an entity that provides treatment primarily in a noncorrectional setting to individuals with substance use disorders or mental illnesses.

[For text of subparts 20 to 22, see Minnesota Rules]

Subp. 23. [See repealer.]

Subp. 24. [See repealer.]

[For text of subpart 25, see Minnesota Rules]

Subp. 26. **Custody staff.** "Custody staff" means facility staff whose primary duty is supervising inmates.

Subp. 26a. **Daily or day.** Unless otherwise provided, "daily" or "day" means a calendar day.

[For text of ~~subparts~~ subpart 27 ~~and 28~~, see Minnesota Rules]

Subp. 28. **Department of Corrections, department, or DOC.** "Department of Corrections," "department," or "DOC" means the Minnesota Department of Corrections.

Subp. 28a. **Develop and follow.** "Develop and follow" means, with respect to a policy and procedure as required by Minnesota Statutes or this chapter, that the facility administrator creates the policy, implements the policy through training and appropriate compliance measures, and responds reasonably to apparent violations.

Subp. 28b. **Discharge planning.** "Discharge planning" means the process of preparing an inmate for release by identifying the inmate's needs and establishing a plan to support the inmate's transition to the community in accordance with Minnesota Statutes, section 641.155.

Subp. 29. **Disciplinary segregation.** "Disciplinary segregation" means when an inmate is segregated from general population:

A. after a hearing in which the inmate was found in violation of a facility rule ~~or a postconfinement violation of state or federal law~~; or

B. before a hearing for a violation under item A to ensure the facility's security or the safety of inmates or staff.

Subp. 29a. **DOC Portal.** "DOC Portal" means the department's detention information system under Minnesota Statutes, section 241.021, subdivision 1.

Subp. 29b. **Document.** "Document" means to record information in writing or electronically.

[For text of subparts 30 to 32, see Minnesota Rules]

Subp. 32a. **Emergency medication.** "Emergency medication" means psychotropic medication involuntarily given to an inmate to prevent immediate harm to the inmate or others.

[For text of subparts 33 to 35, see Minnesota Rules]

Subp. 36. **Facility administrator.** "Facility administrator" means an individual who has been delegated the responsibility and authority for administering and operating a facility. Facility administrator includes the administrator's designee.

[For text of subparts 37 to 38a, see Minnesota Rules]

Subp. 39. **Health authority.** "Health authority" means a person licensed to practice medicine that provides and coordinates health care services to and for inmates and has the final responsibility for making medical judgments.

Subp. 40. **Health care personnel.** "Health care personnel" means an individual who is licensed, certified, or credentialed by a state, territory, or other licensing body to provide health care services:

A. in Minnesota; and

B. within the scope and skills of the individual's health care profession.

Subp. 40a. **Health record.** "Health record" includes an inmate's medical, dental, and mental health records.

Subp. 41. **Health-trained staff.** "Health-trained staff" means a custody staff member who provides assistance to health care personnel:

A. according to the staff member's education, training, and experience; and

B. under the direction of the facility's health authority or other health care personnel.

[For text of subparts 42 to 51, see Minnesota Rules]

Subp. 52. [See repealer.]

[For text of subparts 53 and 54, see Minnesota Rules]

Subp. 54a. **Medical emergency.** "Medical emergency" means when an inmate requires emergency care including a psychiatric emergency under part 2911.5840.

Subp. 54b. **Medication-assisted substance use disorder treatment.** "Medication-assisted substance use disorder treatment" means the use of medications to treat a substance use disorder, including the assessment of an individual's clinical needs, the development of a medication plan, the provision and monitoring of medications, coordination with service providers when clinically indicated, and ongoing reassessment by health care personnel.

[For text of subpart 55, see Minnesota Rules]

Subp. 55a. **Mental health professional.** "Mental health professional" means an individual qualified to provide services under Minnesota Statutes, section 245I.04, subdivision 2, 4, 6, or 8.

Subp. 55b. **Mental illness.** "Mental illness" has the meaning given in Minnesota Statutes, section 245.462, subdivision 20, paragraph (a).

Subp. 55c. **Mental status exam.** "Mental status exam" means an exam conducted by a mental health professional or health care personnel trained in mental health to evaluate an inmate's mental capacity, which includes evaluating an inmate's cognition, mood, behavior, or perceptions or other clinically appropriate evaluations.

[For text of subpart 56, see Minnesota Rules]

Subp. 56a. **Overcrowded.** "Overcrowded" means when a facility's approved bed capacity is exceeded.

[For text of subpart 56b, see Minnesota Rules]

Subp. 56c. **Monthly.** "Monthly" means a calendar month.

Subp. 56d. **Opiate antagonist.** "Opiate antagonist" has the meaning given in Minnesota Statutes, section 604A.04, subdivision 1.

[For text of subparts 57 to 58, see Minnesota Rules]

Subp. 58a. **Prescription medication.** "Prescription medication" means a medication that is required by federal law to bear a statement saying that federal law prohibits dispensing or transferring the medication to a person who does not have a prescription for the medication.

Subp. 58b. **Response to resistance.** "Response to resistance" means de-escalation, use of force, and other tactics and techniques approved by the facility administrator to resolve a situation with reasonable force considering the totality of circumstances according to Minnesota Statutes, section 609.06, subdivision 1, and in accordance with other applicable laws and rules.

[For text of subpart 59, see Minnesota Rules]

Subp. 60. **Responsible practitioner.** "Responsible practitioner" means a licensed:

A. nurse practitioner, advanced practice registered nurse, or physician assistant who provides health care services to inmates; or

B. physician with final responsibility for making medical judgments.

Subp. 60a. **Resources.** "Resources" includes a facility's funding, staffing, and design.

[For text of subparts 61 to ~~65~~ 64, see Minnesota Rules]

Subp. 64a. **Security post.** "Security post" means a designated location or duty assignment with written instructions according to part 2911.5000, subpart 1, detailing the specific security responsibilities and duties of a particular post.

[For text of subpart 65, see Minnesota Rules]

Subp. 65a. **Segregation area.** "Segregation area" means an area of the facility separate from general population, or individual cells within general population, that houses the following inmates individually:

A. inmates in administrative separation;

B. inmates requiring prehearing detention in either administrative separation or disciplinary segregation; or

C. inmates requiring disciplinary segregation for disciplinary violations.

[For text of subparts 65b and 65c, see Minnesota Rules]

Subp. 65d. **Signature.** "Signature" includes an electronic signature, as defined under Minnesota Statutes, section 325L.02, paragraph (h).

[For text of subpart 66, see Minnesota Rules]

Subp. 67. **Inmate with special needs.** "Inmate with special needs" means an inmate with a mental or physical condition that requires accommodations or arrangements that an inmate in general population would not normally receive, including vulnerable adults as defined in Minnesota Statutes, section 626.5572.

~~Subp. 67a.~~ **~~Step-down management.~~** ~~"Step-down management" means facility procedures that support inmates in disciplinary segregation to transition out of disciplinary segregation.~~

[For text of subpart 68, see Minnesota Rules]

Subp. 68a. **Substance.** "Substance" has the meaning given in Minnesota Statutes, section 245G.01, subdivision 22.

Subp. 68b. **Substance use disorder.** "Substance use disorder" has the meaning given in Minnesota Statutes, section 245G.01, subdivision 23.

Subp. 68c. **Substance use disorder ~~treatment~~ services.** "Substance use disorder ~~treatment~~ services" ~~has the meaning given in Minnesota Statutes, section 245G.01, subdivision 24~~ means the assessment of an inmate for a substance use disorder and the inmate's service needs; planning and providing on-site services, interventions, or recovery support services; coordinating care with on-site or external providers; and ongoing reassessment by health care personnel.

Subp. 68d. **Suicide watch.** "Suicide watch" means a status assigned by custody staff or health care personnel to an inmate who is exhibiting signs and symptoms of suicidal behavior and who requires more frequent well-being checks under part 2911.5015.

Subp. 69. [See repealer.]

[For text of subpart 70, see Minnesota Rules]

Subp. 70a. **Support staff.** "Support staff" includes clerical, maintenance, food service, and contracted staff.

Subp. 70b. **Telehealth.** "Telehealth" has the meaning given in Minnesota Statutes 2024, section 256B.0625, subdivision 3b, paragraph (e).

Subp. 70c. **Under the direction of.** "Under the direction of" refers to health-trained staff providing health care services according to a facility's policies and procedures and instructions from the health authority or other health care personnel.

[For text of subparts 71 and 72, see Minnesota Rules]

Subp. 73. **Weekly.** "Weekly" means every seven days.

Subp. 74. **Well-being check.** "Well-being check" means when a custody staff member directly observes an inmate in the facility to:

A. ensure that the inmate is exhibiting signs of life; and

B. identify whether the inmate is experiencing visible or audible distress.

Subp. 75. **Withdrawal management.** "Withdrawal management" means medical care provided to inmates who are experiencing withdrawal symptoms or who are at high risk of developing withdrawal symptoms because they have stopped using a substance or have reduced their substance use.

2911.0210 INCORPORATIONS BY REFERENCE.

Subpart 1. **Incorporations; generally.** The publications in this part are incorporated by reference, are not subject to frequent change, and are available on the department's website.

Subp. 2. **Dietary Guidelines for Americans, 2020-2025.** "Dietary Guidelines for Americans, 2020-2025," published by U.S. Departments of Agriculture and Health and Human Services (December 2020 and as subsequently amended).

Subp. 3. **DOC Portal Unusual Occurrences.** "DOC Portal Unusual Occurrences," published by the Minnesota Department of Corrections (2025 and as subsequently amended as required by legislative action).

~~Subp. 4. **SAMHSA Opioid Overdose Prevention Toolkit.** "SAMHSA Opioid Overdose Prevention Toolkit: Five Essential Steps for First Responders," published by the Substance Abuse and Mental Health Services Administration (2018 and as subsequently amended).~~

~~Subp. 5. **Standards for Health Services in Jails.** "Standards for Health Services in Jails," published by the National Commission on Correctional Health Care (2018 and as subsequently amended).~~

2911.0300 INTENDED FACILITY USE AND ~~CORRECTIVE ACTION~~ FACILITY SUPPORT PLANS.

Subpart 1. **Intended use.**

A. A facility must be used only according to its classification, Class I to Class VI, as approved by the commissioner.

B. A Class I facility may be approved by the commissioner to house inmates serving alternative sentences for a time not to exceed any limits under Minnesota Statutes.

C. A Class II facility may house inmates serving an alternative sentence for a time not to exceed any limits under Minnesota Statutes.

D. The commissioner must assess a ~~facility based on~~ facility's compliance or substantial conformity with requirements under this chapter that apply to the facility's classification and other Minnesota Statutes establishing minimum standards and conditions of confinement in accordance with Minnesota Statutes, section 241.021, subdivision 1, paragraph (a). The commissioner's assessment is performed in consideration of the requirements and intent of the applicable laws, rules, or standards. A determination of substantial conformity is not precluded by minor deviations that, individually or collectively, do not affect compliance, safety, performance, or regulatory objectives.

E. A facility is not subject to licensing actions solely for failing to follow internal policies that exceed minimum standards set by Minnesota Statutes or rule requirements. A violation of a facility's policy alone does not mean the facility failed to develop and follow the policy.

Subp. 2. **Unsafe, unsanitary, or illegal conditions; restricted use.** If specific conditions endanger the security, safety, or health of inmates or staff, the facility's use must be restricted according to Minnesota Statutes, section 241.021.

[For text of subpart 3, see Minnesota Rules]

Subp. 4. ~~**Corrective action**~~ **Facility support plans.**

A. As used in this part, a facility support plan is a collaborative document developed by the commissioner, after consultation with the facility, that identifies areas for improvement in accordance with the following procedures. Implementation of a facility support plan under this part does not automatically result in a determination of nonconformance and licensing action under Minnesota Statutes, section 241.021, subdivisions 1a to 1c. A facility support plan is not a licensing action as defined in this subpart.

B. The commissioner must issue a ~~corrective action~~ facility support plan to a facility administrator if the commissioner determines that:

(1) the facility ~~has a deficiency that~~ does not meet the minimum standards under this chapter or Minnesota Statutes, section 241.021, subdivision 1; and

(2) the ~~deficiency does not meet the~~ standards ~~for a~~ to take licensing action are not met.

~~B.~~ C. The ~~corrective action~~ facility support plan must:

(1) be in writing;

(2) identify all deficiencies;

(3) detail what is required to remedy the deficiencies; and

(4) provide a deadline to correct each deficiency.

~~C.~~ D. When the ~~deficiency has~~ deficiencies identified in a facility support plan have been ~~corrected~~ remedied, the facility administrator must submit to the commissioner documentation detailing the administrator's compliance with the ~~corrective action~~ facility support plan. If the commissioner determines that ~~the administrator has not remedied the deficiency, the facility is subject to a licensing action or an additional corrective action plan~~ deficiencies have not been remedied, the facility support plan remains in place, and the

facility is only subject to licensing action if the criteria under Minnesota Statutes, section 241.021, subdivisions 1a to 1c, are met.

~~D.~~ E. For purposes of this subpart, "licensing action" means a correction order, conditional license order, license revocation order, or temporary license suspension imposed under Minnesota Statutes, section 241.021, subdivisions 1a to 1c.

Subp. 5. [Repealed, 38 SR 523]

Subp. 5a. [See repealer.]

Subp. 6. [See repealer.]

2911.0310 FACILITY SELF-AUDIT.

A. ~~A facility administrator must develop and follow a policy and procedure on the facility's self-audit process.~~ If the commissioner identifies areas for improvement during an inspection, the commissioner must notify the facility within 60 days of any areas that require self-auditing.

B. If directed under item A, at least annually, a facility administrator must conduct a self-audit to evaluate the facility's ~~compliance with this chapter~~ progress in addressing areas for improvement identified by the commissioner in its most recent inspection. A self-audit must be:

(1) documented; and

(2) conducted using sections of the department-provided checklists ~~of the~~ related to the identified inspection findings and associated inspection and policy requirements under this chapter and Minnesota Statutes.

2911.0330 APPROVED CAPACITY.

Subpart 1. [Repealed, 38 SR 523]

Subp. 2. **Approved bed capacity.** Approved bed capacity, excluding holding areas and beds designed for disciplinary segregation or administrative separation, must be based on the following criteria:

[For text of items A to D, see Minnesota Rules]

2911.0400 VARIANCES, EMERGENCIES, AND OVERCROWDED FACILITIES.

Subpart 1. **Requesting variance; commissioner evaluation.**

A. A facility administrator may apply for a variance by submitting a request through the DOC Portal. For each variance request, a facility administrator must:

(1) cite the rule part for which a variance is sought;

(2) explain why the variance is being requested, including why the facility administrator cannot comply with the cited rule requirement;

(3) specify the length of time for which the variance is being sought;

(4) explain why or how the variance will not jeopardize the detention of inmates or the health, safety, security, or well-being of inmates or facility staff and:

(a) if a variance is being requested because of financial hardship, explain why or how the variance will alleviate financial hardship; and

(b) explain why or how the variance will not leave the interests and well-being of inmates or facility staff unprotected; and

(5) state the alternative measure, if any, that the facility administrator proposes to follow to comply with the intent of this chapter.

B. Granting a variance for one facility does not constitute a precedent for any other facility. The commissioner must grant or deny a variance through the DOC Portal within ~~60~~ 30 days of receiving all required information under item A. The variance must

be granted in accordance with Minnesota Statutes, section 14.055, subdivision 3, or if, in the licensing procedure or enforcement of this chapter, all the following are present:

(1) requiring a facility to comply with the rule part cited in the variance request will result in undue financial hardship, jeopardize the detention of inmates, or jeopardize the health, safety, security, or well-being of the inmates or facility staff;

(2) granting the variance will not leave the interests and well-being of the inmates or facility staff unprotected; and

(3) the facility's alternative measure, if proposed in the variance request, complies with the purpose of this chapter to the fullest extent possible.

Subp. 1a. **Renewing variance.** ~~A. A facility administrator may request to renew a variance. A request must:~~ The commissioner must review previously approved and unresolved variances at a facility's inspection by verifying

~~(1)~~ ~~contain~~ the information required under subpart 1, item A~~; and~~.

~~(2) be submitted through the DOC Portal at least 30 days before the variance expires.~~

~~B.~~ The ~~commissioner~~ variance must ~~renew a variance~~ be renewed if the facility administrator:

A. ~~(1)~~ continues to satisfy the requirements under subpart 1, item B; and

B. ~~(2)~~ demonstrates compliance with the alternative measure, if any, taken when the initial variance was granted or renewed.

Subp. 1b. **Revoking or not renewing variance.**

A. The commissioner must revoke or not renew a variance ~~as follows:~~

~~(1) the commissioner must not renew a variance if a renewal request is received less than 30 days before the variance expires; and~~

~~(2) the commissioner must revoke or not renew a variance~~ if the commissioner determines that the requirements under subpart 1, item B, are not being met.

B. The commissioner must notify the facility administrator of the decision:

(1) verbally at the time of the facility's inspection and document the finding in the department's inspection report; or

(2) in writing through the DOC Portal within ~~60~~ 30 days of the commissioner's ~~determination~~ decision.

~~Subp. 1c. **Commissioner decision is final.** The commissioner's decision to grant, deny, revoke, or not renew a variance is final and not subject to appeal under the contested case provisions of Minnesota Statutes, chapter 14.~~

Subp. 2. **Emergency declarations; notification and review.**

A. If a facility administrator declares an emergency, the facility administrator must notify the DOC through the DOC Portal within ~~24~~ 72 hours of:

(1) the emergency; and

(2) any requirement in this chapter that the facility is unable to comply with because of the emergency and why the facility cannot comply.

B. When the commissioner is notified of an emergency under item A, the commissioner must review whether the requirement under item A, subitem (2):

(1) is related to the emergency; and

(2) jeopardizes the health, safety, and security of inmates or facility staff.

C. If the commissioner determines that the suspended requirement is not related to the emergency or jeopardizes the health, safety, and security of inmates or facility staff, the commissioner must:

(1) notify the facility administrator in writing of the violation; and

(2) order the facility administrator to immediately comply with the suspended requirement.

[For text of subpart 3, see Minnesota Rules]

Subp. 4. **Suspension limit.** A suspension of rules because of an emergency declared by a facility administrator ~~or a designee shall~~ must not exceed seven days ~~unless the~~. If needed, the facility administrator ~~obtains the approval of the commissioner of corrections for~~ may request a variance to the rules ~~and the variance is necessary:~~ under subpart 1.

~~A. for the protection of the health, security, safety, detention, or well-being of the staff or the inmates detained or confined in the institution where the emergency exists; or~~

~~B. when an emergency public safety issue has occurred.~~

[For text of subparts ~~3~~ 5 to 7, see Minnesota Rules]

Subp. 8. **Overcrowded facility plan.** A facility administrator must ~~attempt to contract with other facilities to use available per diem~~ develop a plan to utilize bed space ~~when a~~ at a DOC-approved facility within a 125-mile radius when a facility is overcrowded~~. If a facility is overcrowded~~ and the conditions in subpart 7 exist~~, a facility administrator must follow a written plan that requires using available contract per diem bed space~~. The plan must include the requirements under items A to C.

A. Unless otherwise provided by a ~~corrective action~~ facility support plan or licensing action under part 2911.0300, the facility administrator may exceed approved bed capacity under part 2911.0330 only if no space is available for contract per diem usage.

[For text of items B and C, see Minnesota Rules]

[For text of subpart 9, see Minnesota Rules]

2911.0900 STAFFING REQUIREMENTS.

Subpart 1. **Staffing plan and staffing analysis required; review.**

A. A facility administrator must develop and follow a written staffing plan that meets the requirements under this part and identifies:

(1) staff assignments for:

(a) facility administration and supervision;

(b) facility programs including exercise and recreation;

(c) inmate admission, supervision, and custody;

(d) support services including medical, food service, maintenance, and clerical; and

(e) other facility-relevant functions such as escorting and transporting inmates;

(2) the days that the assignments are filled;

(3) the hours that the assignments are covered; and

(4) any deviations from the plan during weekends, holidays, or other foreseeable schedule disruptions.

B. At least annually, the facility administrator must review the facility's staffing plan and revise it to meet the facility's needs or refer it to the facility's governing body for consideration and funding. After reviewing the plan, the facility administrator must document:

(1) the review; and

(2) whether the facility administrator has revised the plan as needed to comply with its staffing analysis and this chapter, including the staffing ratios and staffing requirements under this part.

~~C. At a facility's inspection, the commissioner must review the facility's staffing plan or changes to the plan. The commissioner must approve the plan or changes if the commissioner determines that the plan or changes:~~

~~(1) comply with the staffing ratios and staffing requirements under this part; and~~

~~(2) will not jeopardize the health, safety, or security of inmates or facility staff.~~

~~D. If the commissioner disapproves a facility's staffing plan, the commissioner must notify the facility in writing:~~

~~(1) of the changes needed for approval under item C; and~~

~~(2) that, if the changes are not made, the facility is subject to a licensing action under part 2911.0300 to reduce the facility's approved bed capacity under part 2911.0330.~~

C. Nothing in this rule restricts the facility administrator from having a staffing plan allowing for shifting between the supervision styles listed in subpart 15, item A, based on current population if the staffing plan complies with minimum ratios under subpart 15.

Subp. 1a. **Staffing analysis required.**

A. A facility administrator must conduct a staffing analysis if the facility administrator has not conducted a staffing analysis before the effective date of this rule. A facility administrator conducting an initial staffing analysis must analyze:

(1) all security posts, including whether they meet the minimum staffing ratios in subpart 15;

(2) all facility functions that require assigned staff, including admission, supervision, custody, programs, transporting and escorting inmates, and support services including medical, food service, maintenance, and clerical;

(3) the net annual work hours appropriate to each security post and function, accounting for leave, training, and other scheduled absences; and

(4) the total number of staff positions needed to fill the identified security posts and facility functions on a continuous basis.

B. For all facilities, a facility administrator must review the facility's staffing analysis at least annually to determine if any changes are needed to the staffing plan under subpart 1.

C. A facility administrator must submit the staffing analysis to the commissioner. The commissioner must review the analysis to confirm whether it:

(1) accounts for all security posts and facility functions required under this part;

(2) documents the operational basis for each staffing determination, including the area to be covered, the number of inmates to be supervised, and any applicable requirements under this part; and

(3) reflects staffing levels that comply with the minimum ratios required under subpart 15 and staffing requirements under this part.

D. If the commissioner determines the staffing analysis does not satisfy the requirements under item C, the commissioner must notify the facility administrator in writing identifying each requirement under item C that is not satisfied. The facility administrator must revise and resubmit the analysis within 60 days of receiving the notice.

E. The commissioner's review under item C is limited to the adequacy of the analysis as a planning document and compliance with the minimum ratio requirements under subpart 15. The commissioner's review does not constitute approval or disapproval of the facility's staffing levels. The commissioner's review must not result in a requirement that the facility provide staff at a level beyond the minimum ratios under subpart 15 or staffing requirements under this part.

[For text of subparts 2 to 11, see Minnesota Rules]

Subp. 12. **Sole supervision; assistance for dispatcher or custody staff member.** If a facility uses a dispatcher or custody position as sole supervision, the dispatcher or custody staff member must be assisted on duty by another custody staff member ~~when~~ whenever the facility's inmate population exceeds five.

Subp. 13. [Repealed, 38 SR 523]

Subp. 14. **Sole supervision; backup resource assistance.**

A. If a facility uses a dispatcher or custody position under subpart 12, the facility administrator must develop a policy and procedure on security and backup resource assistance for the dispatcher or custody person that at a minimum:

(1) requires a dispatcher or custody staff member to always carry a two-way communication device with a man-down feature;

(2) states when the dispatcher or custody staff member must conduct a check-in with backup resource assistance and requires the check-ins to be documented;

(3) describes how the facility will transfer an inmate to another facility ~~when~~ whenever the facility's inmate population exceeds five and backup resource assistance is unavailable;

(4) identifies how the facility will ensure staffing to support the dispatcher or custody staff member in an emergency; and

(5) provides how backup resource assistance will enter the facility if the dispatcher or custody staff member becomes incapacitated.

B. The two-way communication device under item A must be monitored by the backup resource assistance.

C. At least annually, the facility administrator must review the policy and procedure to determine if any changes are needed to the facility's staffing plan under subpart 1.

Subp. 15. **Ratio of custody staff to inmates.**

A. For purposes of this subpart, the following terms have the meanings given:

(1) "direct supervision" means a supervision style in which custody staff posted inside a housing unit ~~continuously~~ actively monitor behaviors and supervise inmates;

(2) "linear" means a supervision style in which custody staff supervise inmates by patrolling corridors arranged alongside cells; and

(3) "podular" means a supervision style in which custody staff supervise inmates through a control center or staff post in the center of the facility with cells, dayrooms, or program areas surrounding the perimeter in a circular or pie-shaped layout with direct sight lines into the units.

B. Except as provided under subpart 12, a facility with a design capacity of 50 or fewer beds must have a minimum ratio for inmate supervision of one custody staff member to 25 inmates.

C. A facility with a design capacity of 51 or more beds must have a minimum ratio for inmate supervision as follows:

(1) 1 custody staff member to 60 inmates for direct supervision housing units with lockdown capability;

(2) 1 custody staff member to 48 inmates for direct supervision dormitories;

(3) 1 custody staff member to 40 inmates for indirect or podular inmate supervision; and

(4) 1 custody staff member to 25 inmates for linear housing areas.

D. When calculating the staffing ratios under items B and C:

(1) custody staff must be present in the facility, must be ~~at~~ fulfilling the responsibilities of their assigned posts, must be on duty at all times, and must not be involved in temporary duties outside the facility;

(2) the following staff are not included in the ratios under item C:

(a) custody staff responsible for escort and admissions under subpart 17, item A, subitems (1) and (2);

(b) custody staff whose primary duty is supervising inmates outside of housing units; and

(c) custody staff responsible for external transportation or court security under subpart 17c; and

(3) override reduction under subpart 23 applies except as provided under subpart 23, item B.

Subp. 16. [Repealed, 38 SR 523]

Subp. 17. **Escort and admission staff.**

A. Class I to Class VI facility custody staff responsible for escort and admissions must be provided as follows:

(1) escort staff to ensure that:

(a) inmates have access to staff, programs, activities, and both health care and non-health-care services; and

(b) the facility's safety and security is not compromised; and

(2) staff to provide for admissions without jeopardizing the health, safety, or security of inmates or facility staff.

B. As part of the written staffing plan and annual review under subpart 1, a facility administrator must determine and document whether the facility will need more admissions staff under item A, subitem (2).

C. For purposes of this subpart, "escort staff" includes rover or movement staff or other custody staff responsible for escorting inmates within or from a facility.

Subp. 17a. **Multifloor jails.** In Class I to Class VI facilities with multifloor jails, custody staff must be posted on each floor occupied by inmates. For purposes of this subpart, a floor does not include a mezzanine.

Subp. 17b. **Post orders.** In Class I to Class VI facilities, there must be staff to complete duties listed in post orders under part 2911.5000, subpart 1.

Subp. 17c. **External transportation and court security.** Class I to Class VI facility custody staff must not be used for externally transporting inmates or for court security if the level of inmate supervision, inmate admission, programs, or internal inmate movement would:

A. be reduced below the facility's minimum staffing ratios under its staffing plan; or

B. jeopardize the health, safety, or security of inmates or facility staff.

[For text of subparts 18 to 22, see Minnesota Rules]

Subp. 23. **Reduced staffing ratio; custody staff override.**

A. The ratio of custody staff to inmates under subpart 15 may be reduced proportionate to the facility's population decrease during hours that inmates are released from the facility for work release, educational release, community service, or sentencing to service activities.

B. No override reduction is allowed in a facility using a custody staff member or dispatcher as sole supervision or a facility using staffing patterns that employ one dispatcher and one custody staff member.

C. The ratio of custody staff to inmates under subpart 15, item C, subitem (1), may be reduced to one custody staff member to 120 inmates for any single direct supervision housing unit with lockdown capability during scheduled lockdown periods as described in the facility staffing plan when inmates are secured in cells.

~~C.~~ D. Facilities using override reduction must document:

(1) the number of inmates in the facility on an hourly basis and those under the facility's jurisdiction that are temporarily released from the facility for work release, education release, community service, or sentencing to service programs; and

(2) the number of available custody staff for the population housed in the facility on an hourly basis.

[For text of subparts 24 and 25, see Minnesota Rules]

Subp. 26. [See repealer.]

Subp. 27. **Control center.** A facility's control center must be staffed with at least one custody staff member or dispatcher at all times:

A. unless the facility is using sole supervision under subpart 12; or

B. except when all of the staff member's security duties can be taken over by another custody staff member or dispatch located within a secured area.

2911.1000 TRAINING PLAN.

Subpart 1. **Training plan required; documentation.**

A. A facility administrator must:

(1) develop and follow a written training plan for orienting new staff and volunteers; and

(2) provide for annual training for all employees and volunteers.

B. All training plans must be documented and describe the training's curriculum, methods of instruction, and objectives.

Subp. 2. **Annual training according to job assignment.** All facility employees must complete annual training hours that are relevant to their assigned job duties and according to parts 2911.1200 to 2911.1500.

2911.1200 SUPPORT STAFF WITH MINIMAL OR REGULAR INMATE CONTACT; TRAINING.

Subpart 1. **Minimal inmate contact.** A facility administrator must develop and follow a policy and procedure that provides that all support staff who have minimal inmate contact receive at least 24 hours of orientation and training during their first year of employment. Of the 24 hours, 16 hours must be completed before being independently assigned to a job.

Subp. 2. **Regular or daily inmate contact.**

A. A facility administrator must develop and follow a policy and procedure that provides that all support staff who have regular or daily inmate contact receive at least 40 hours of orientation and training during their first year of employment.

B. For staff who have regular or daily in-person contact with an inmate, staff must be trained on at least the following topics before being independently assigned to a job:

(1) security procedures and regulations;

(2) rights and responsibilities of inmates;

(3) all applicable emergency procedures;

(4) interpersonal relations and communication skills; and

(5) ~~response-to-resistance regulations and tactics under part 2911.4950~~ self-defense skills, including training on security equipment, that are necessary for staff members to perform their job duties.

Subp. 3. **Annual training.** Staff under this part must complete 16 hours of annual training after the first year of employment and every year thereafter.

2911.1300 CUSTODY STAFF; TRAINING.

Subpart 1. **Policy and procedure required; initial training.** A facility administrator must develop and follow a policy and procedure that requires all custody staff to receive at least 120 hours of orientation and training during their first year of employment.

Subp. 2. **Required training before independent assignment.** Before a custody staff member may be independently assigned to a post, they must receive training on the following topics:

[For text of items A and B, see Minnesota Rules]

C. well-being checks, including training on the facility's policy and procedure on well-being checks, in accordance with parts 2911.5010 to 2911.5025;

D. identifying special-needs inmates;

E. response-to-resistance regulations and tactics under part 2911.4950, including training on security equipment and, consistent with Minnesota Statutes, section 241.88, pregnancy restraints;

[For text of items F to L, see Minnesota Rules]

M. admissions policy and procedure under part 2911.2525, including medical and mental health screenings;

N. the facility's policy and procedure manual under part 2911.1900;

O. in cooperation with the health authority, administering first aid and CPR according to subpart 3, unless a custody staff member trained in CPR is working the same shift in the facility, in which case the new custody staff member must complete first aid and CPR training within their first year of employment, and medical training with instruction in:

(1) recognizing signs and symptoms of illness and what to do in a medical emergency;

(2) administering opiate antagonists as allowed under statute if available for use in the facility;

(3) ~~training on~~ opioid emergency procedures ~~that may include the steps under the SAMHSA Opioid Overdose Prevention Toolkit, which is incorporated by reference under part 2911.0210~~;

(4) obtaining medical assistance for an inmate's medical needs;

(5) mental health, including:

(a) recognizing signs and symptoms of:

i. a mental illness; and

ii. a developmental disability;

(b) communicating with inmates who have signs or symptoms of a mental illness or a developmental disability; and

(c) communication between custody staff and health care personnel on an inmate's mental health management;

(6) recognizing signs and symptoms~~, including dehydration,~~ of substance use, substance withdrawal, and substance overdose;

(7) procedures for inmate transfers to health care facilities;

(8) distributing medications, if part of a staff member's job duties; and

(9) blood-borne pathogens and communicable diseases; and

P. instruction on suicide risk, suicide prevention, and procedures for suicide intervention, including:

(1) identifying warning signs and symptoms of suicidal behavior;

(2) communicating with and responding to a suicidal inmate or an inmate with suicidal behavior; and

(3) communication between custody staff and health care personnel about an inmate's suicidal behavior.

Subp. 3. **Training for first aid and CPR.** All custody staff must be trained in first aid and CPR by a certified instructor teaching a certified training course. Custody staff do not need to be certified in first aid and CPR, provided they receive regular training on first aid and CPR by a certified instructor teaching a certified training course in accordance with certification standards.

Subp. 4. **Annual training.** After the first year of employment and every year thereafter, custody staff must receive at least 20 hours of annual training, which must include at least the following topics:

A. well-being checks;

B. admissions;

C. response to resistance; and

D. medical training and training on suicide risk and prevention under subpart 2, items O and P, except CPR if the regular training complies with the requirements under subpart 3.

2911.1500 PROGRAM STAFF; TRAINING.

Subpart 1. **Training required; training topics.** A facility administrator must develop and follow a policy and procedure that provides that the facility's program staff receive at least 40 hours of orientation and training during their first year of employment. At a minimum, the training must cover the following topics:

[For text of items A to H, see Minnesota Rules]

I. administering first aid and CPR.

Subp. 2. **Annual training.** Staff under this part must complete 16 hours of annual training after the first year of employment and every year thereafter.

Subp. 3. **Training for first aid and CPR.** Part 2911.1300, subpart 3, on training for first aid and CPR applies to program staff under this part.

2911.1600 DESIGNATED TRAINING OFFICER.

A facility must have a designated training officer responsible for maintaining:

A. training plans under part 2911.1000;

B. training records in an organized, retrievable format that is legibly documented and accessible for all employees and includes at least the following information for each employee:

(1) training topics;

(2) completed training hours; and

(3) training records that describe each training; and

C. documenting requirements for waivers of training based on equivalent training received before employment or demonstrated competency through proficiency testing.

2911.1900 POLICY AND PROCEDURE MANUAL.

Subpart 1. **Manual required.**

A. A facility administrator must develop and follow a written policy and procedure manual that is electronically available to staff and state and local regulatory authorities and defines the method for operating and maintaining the facility.

B. Policies and procedures must be maintained according to Minnesota Statutes, chapter 13.

Subp. 2. **Minimum requirements.** The manual must include the following policies and procedures:

[For text of items A to M, see Minnesota Rules]

N. admissions, orientation, classification, property control, release, and discharge planning;

O. inmate activities, programs, and services;

P. a written suicide prevention, intervention, and follow-up plan;

Q. well-being checks; and

R. any other policy and procedure required under this chapter.

Subp. 3. **Code-of-conduct policy required.** ~~A.~~ A facility administrator must develop and follow a written code-of-conduct policy for facility staff to follow while working in the facility. At a minimum, the policy and procedure must explain:

A. ~~(1)~~ what conduct is expected of all staff and the consequences for violating the policy; and

B. ~~(2)~~ the expectations for interacting with the public.

~~B. All facility staff must be trained on the policy annually.~~

Subp. 4. **Required manual review; staff training.**

A. A facility administrator must review the policy and procedure manual at least annually. The review must be documented to indicate that the policies and procedures have been reviewed and amended to reflect any facility changes to the policies and procedures.

B. For each policy manual amendment or addition, all affected facility staff must:

(1) acknowledge in writing the amendment or addition; and

(2) be trained on the amendment or addition as needed for the staff member to comply with their job duties under this chapter.

2911.2100 STORING FACILITY AND INMATE RECORDS.

A. Space must be provided to securely store facility and inmate records no matter the record's format.

B. A facility administrator must not knowingly withhold relevant records or give false or misleading records to the commissioner in connection with:

(1) an inspection;

(2) a review of an emergency or unusual occurrence;

(3) a ~~corrective action~~ facility support plan or licensing action under part 2911.0300 or Minnesota Statutes, section 241.021;

(4) complaints or grievances; or

(5) any commissioner action needed to review a facility's compliance under this chapter or Minnesota Statutes.

2911.2200 MAINTAINING INMATE RECORDS.

Inmate records must be maintained and readily accessible according to Minnesota Statutes, sections 15.17 and 138.17.

2911.2300 PRIVACY OF AND ACCESS TO INMATE RECORDS.

Privacy of inmate records and inmate access to public and private data in the inmate's personal files are governed according to Minnesota Statutes, chapter 13, and other applicable law.

2911.2400 DETENTION INFORMATION SYSTEM; DOC PORTAL.

Subpart 1. **DOC Portal.** A facility administrator must designate a staff member responsible for reporting information on inmates to the DOC Portal.

Subp. 2. **Daily reporting.** Unless otherwise provided by law, detention information must be reported to the DOC Portal in an accurate manner daily.

2911.2500 SEPARATING INMATES.

Subpart 1. **Separating inmates; when required.** A combination of separate housing units inclusive of special management areas, general population, and minimum security areas and cells, dormitories, and dayroom spaces must be provided to separate inmates according to Minnesota Statutes, section 641.14.

The facility must provide for the separate housing of the following categories of inmates:

[For text of items A to C, see Minnesota Rules]

D. inmates requiring administrative separation;

[For text of items E to G, see Minnesota Rules]

[For text of subpart 2, see Minnesota Rules]

2911.2525 ADMISSIONS.

Subpart 1. **Policy and procedure required.** A facility administrator must develop and follow a policy and procedure on admission to include, at a minimum:

A. requiring custody staff to request and document at least the following information from an inmate's arresting officer or person transporting the inmate:

(1) whether the inmate:

(a) had any suicidal comments or behaviors; or

(b) has self-reported or suspected substance use;

(2) whether the inmate has any injuries or health care concerns;

(3) whether the inmate refused medical care before admission; and

(4) whether the inmate received medical clearance from a hospital or other health care facility before admission.

B. verifying court commitment papers or other legal documentation of detention, including verifying the inmate's admission date, duration of confinement, and charges or convictions against them;

C. searching an inmate and their possessions;

D. inventorying and storing the inmate's personal property according to subpart 4;

E. within two hours of admission, making an initial attempt to document and conduct the:

(1) medical screening under part 2911.5800, subpart 6; and

(2) mental health screening;

F. allowing for an inmate to make a telephone call in accordance with part 2911.3400, subparts 2 and 3;

G. within 24 hours of admission, allowing inmate access to shower and hair cleansing;

H. issuing bedding, clothing, and personal hygiene items according to ~~the rule requirements applicable to~~ parts 2911.3650 and 2911.3675 and the inmate's anticipated length of stay;

I. photographing and fingerprinting, including noting identifying marks or unusual characteristics such as birthmarks or tattoos;

J. interviewing to obtain the following identifying inmate data:

(1) name and aliases;

(2) current or last known address;

[For text of subitems (3) to (9), see Minnesota Rules]

(10) within two hours of admission, making an initial attempt to document emergency contact information, including the contact's name, relation, address, and telephone number; and

[For text of subitem (11), see Minnesota Rules]

K. determining classification and assigning the inmate ~~to~~ a cell, group holding location, or housing unit;

L. assigning an inmate a booking number;

M. if available, obtaining an inmate's Social Security number, driver's license number, or state identification number; and

N. documenting whether an inmate refused to:

(1) sign a document or provide information required under this part; or

(2) complete the admissions process.

Subp. 2. **Not public data.** Intake procedures must comply with the Minnesota Government Data Practices Act, Minnesota Statutes, chapter 13.

Subp. 2a. **Data privacy.** An inmate admitted to a facility shall be advised of rights under Minnesota data privacy statutes with respect to information gathered by the facility and to whom the information will be disseminated. [Renumbered from part 2911.2700, subpart 4.]

Subp. 2b. **Official charge, legal basis for detention.** An inmate admitted to a facility shall be advised of the official charge or legal basis for detention and confinement. [Renumbered from part 2911.2700, subpart 3.]

Subp. 2c. **Intake release of information.**

A. Within two hours of an inmate's admission, staff must provide the inmate with an intake release of information form in accordance with Minnesota Statutes, section 241.021, subdivision 7, that complies with applicable state and federal law.

B. An inmate's form must be maintained until the inmate is released from custody and must be updated if requested by the inmate.

Subp. 3. **Orientation information.**

A. A facility administrator must develop and follow a policy and procedure that:

(1) provides a method for all inmates during the admission process to receive orientation information in a language or manner that an inmate can attempt to understand; and

(2) requires an inmate to sign and date a statement attesting that the inmate has read, or been read or presented, the orientation information in a language or manner that they could attempt to understand.

B. Custody staff must provide or present at least the following summary information from the facility's inmate handbook under part 2911.2700, subpart 1:

(1) visitation procedures;

(2) telephone procedures, including procedures for calling an attorney or another legal representative;

(3) how to make medical requests;

(4) mail procedures;

(5) commissary procedures;

(6) how to receive items if indigent;

(7) that there is a grievance procedure;

(8) that there are disciplinary consequences for not following the inmate handbook or a facility rule;

(9) how to file a complaint with the department; and

(10) how to obtain or locate a copy of the inmate handbook.

Subp. 4. **Inmate personal property.** A facility administrator must develop and follow a policy and procedure that:

A. provides for the itemized inventory and secure storage of an inmate's personal property upon admission, including money and other valuables;

B. specifies any personal property that an inmate may possess in the facility; and

C. provides that the inmate must:

(1) sign a receipt for all property held until ~~discharge~~ release; and

(2) be explained that they can request and receive a copy of the inventory record.

Subp. 5. **Program options and activities.** An inmate shall be provided written information on program options and activities within 24 hours of ~~admission~~ being assigned to a housing unit, excluding weekends and holidays. A facility staff member shall review program options and activities with inmates who are unable to read, within 24 hours of admission, excluding weekends and holidays.

A Class I facility is exempt from this requirement with the exception of those approved by the commissioner to house inmates serving alternative sentences. [Renumbered from part 2911.2700, subpart 2.]

Subp. 6. **When inmate is unable or unwilling to complete the admissions process.**

A. A facility administrator must develop and follow a policy and procedure on how often custody staff must attempt to complete the admissions process for an inmate who is unable or unwilling to complete the process. At a minimum, the policy and procedure must require staff, ~~at least~~ every six hours, to continue to make attempts to have an inmate complete the medical and mental health screenings under subpart 1.

B. Staff must document any follow-up attempts on attempting to complete the admissions process, including the medical and mental health screenings, and why they were unable to complete the admissions process and the medical and mental health screenings.

2911.2550 ~~DISCHARGES~~ RELEASES.

Subpart 1. **~~Discharge~~ Releases procedures.** A facility administrator must develop and follow a policy and procedure for ~~discharging~~ releasing inmates that includes, at a minimum, the following:

[For text of items A ~~to D~~ and B, see Minnesota Rules]

C. return of stored property with a receipt for the inmate to sign, unless the property is held for authorized investigation or litigation; ~~and~~

D. arrangements for completion of any pending action, such as grievances, or claims for damaged or lost possessions~~.~~; and

E. offering the inmate a list of local, state, or federal health care, transportation, employment, educational, crisis, and other community reentry resources; and

F. when applicable under part 2911.6800, subpart 3, providing the inmate with a supply of the inmate's medications.

[For text of subparts 2 and 3, see Minnesota Rules]

2911.2560 DISCHARGE PLANNING.

~~Subpart 1. **Discharge planning; generally.**~~

~~A. This subpart applies to all inmates except as provided under subpart 2.~~

~~B. A facility administrator must develop and follow a policy and procedure for discharge planning. Upon an inmate's discharge, facility staff must:~~

~~(1) provide the inmate with a list of local, state, or federal health care, transportation, employment, educational, and other community reentry resources; and~~

~~(2) when applicable under part 2911.6800, subpart 3, provide the inmate with a supply of the inmate's medications.~~

~~Subp. 2.~~ Subpart 1. **Discharge planning; inmates with a serious and persistent mental illness.**

A. This subpart applies to all inmates with a serious and persistent mental illness in accordance with Minnesota Statutes, section 641.155, subdivision 2.

B. A facility administrator must develop and follow a policy and procedure on complying with the discharge requirements under Minnesota Statutes, section 641.155, subdivision 2.

Subp. ~~3~~ 2. **Documenting refusal to participate in discharge planning.** If an inmate refuses to participate in ~~a discharge under part 2911.2550 or~~ discharge planning under this part, the facility administrator must document the refusal in the inmate's file.

2911.2700 INFORMATION TO INMATES.

Subpart 1. **Inmate handbook.** Copies of all facility policies~~, procedures,~~ and rules relating to an inmate's rights, duties, and responsibilities must be made available to all inmates in a language or be presented in a manner that each inmate can attempt to understand.

Subp. 1a. **Inmates with special needs or disabilities.** Information under subpart 1 must be made available in a manner accessible to inmates with special needs or disabilities, including those that are hearing impaired, visually impaired, or unable to speak. Subpart 1b, item B, applies to inmates under this subpart.

Subp. 1b. **Non-English-speaking inmates.**

A. Information required under subpart 1 must be available in English. A facility administrator must develop and follow procedures to address the language barriers of non-English-speaking inmates and to provide them the information under subpart 1.

B. Policies and procedures must ensure, to the extent practical, that an inmate who is unable to speak English is provided with the information under part 2911.2525,

subparts 2 to 5, within 24 hours of admission to the facility in a manner that is accessible to the inmate.

Subp. 2. [Renumbered part 2911.2525, subp 5]

Subp. 3. [Renumbered part 2911.2525, subp 2b]

Subp. 4. [Renumbered part 2911.2525, subp 2a]

2911.2790 ADMINISTRATIVE SEPARATION AND DISCIPLINARY SEGREGATION; PLACEMENT GENERALLY.

An inmate must not be placed in administrative separation or disciplinary segregation solely because:

A. of their gender identity;

B. they are pregnant or up to six weeks postpartum; or

C. of a known diagnosis of a serious and persistent mental illness or a known developmental disability.

2911.2800 ADMINISTRATIVE SEPARATION.

Subpart 1. **Policy and procedure on administrative separation required.**

A. A facility administrator must develop and follow a policy and procedure for administrative separation.

B. Unless there is a serious and immediate safety or security concern, nothing in this chapter allows an inmate to automatically be placed in administrative separation. Each decision by a facility administrator to place an inmate in administrative separation must:

(1) be made on a case-by-case basis; and

(2) ~~consider~~ be made only after the facility administrator has considered and, when applicable, exhausted any available alternatives to placement that could safely address

the reason for placement unless placement is needed because of a serious and immediate safety or security concern.

C. An inmate must not remain in administrative separation any longer than necessary to address the reason for placement.

Subp. 2. **Separate and secure housing.** Administrative separation must consist of separate and secure housing in a segregation area but cannot involve any more deprivation of an item or activity, including programming, than is necessary to protect the inmate, other inmates, facility staff, property, or the public ~~from serious and immediate harm~~.

Subp. 3. [Repealed, 38 SR 523]

Subp. 4. **Policy requirements.** The policy and procedure must provide:

A. that the reason for placing an inmate in administrative separation is documented and communicated to the inmate~~, including any available alternatives to placement that were considered~~;

B. that the facility administrator reviews the status of inmates in administrative separation at least ~~every seven days~~ weekly, documents whether continued placement is needed, and communicates the decision to the inmate;

C. how the facility administrator determines whether a more-frequent review of an inmate's status is needed;

D. how the facility administrator provides health care personnel with the initial notice of placement in administrative separation and consults with health care personnel ~~when providing~~ conducting mental health ~~care~~ screening under part 2911.2860 ~~when conducting the administrative review~~ and health care under part 2911.2870;

E. that the administrative review is documented and placed in the inmate's file;

F. that the inmate in administrative separation is visited by the facility administrator at least ~~once every seven days~~ weekly as a part of the administrative review process;

G. that the review process that is used to release an inmate from administrative separation is specified; and

H. that for all inmates placed in administrative separation, the following applies:

(1) any known inmate health or safety concerns and any observed signs of health improvements, if applicable to the reason for placement, must be documented; and

(2) any health, including mental health, or safety concerns and health improvements must be reviewed as part of the administrative review process~~; and~~.

~~(3) action must be taken and documented as needed to address the concerns and health improvements.~~

Subp. 4a. **Requesting review of status.** An inmate may request that a facility administrator review the inmate's initial placement in administrative separation.

Subp. 4b. ~~**Behavior-management**~~ **Housing-management plan.**

A. This subpart does not apply to an inmate who:

(1) requests placement in administrative separation;

(2) is placed in administrative separation for protective custody or because of a safety or security threat such as gang or criminal activity; or

(3) is placed in administrative separation for medical isolation or infirmary status.

B. If an inmate remains in administrative separation for more than ~~seven~~ 60 consecutive days, a facility administrator, in consultation with health care personnel, must develop a ~~behavior-management~~ housing-management plan for the inmate, as applicable

to the inmate's reason for placement in administrative separation. The plan must at least include ~~at least the following:~~

~~(1) any known inmate behavioral problems, including:~~

~~(a) the circumstances leading to being placed in administrative separation;~~

~~(b) staff safety concerns, including inmate assaultive behavior or escape concerns; and~~

~~(c) any documented mental health concerns; and~~

~~(2)~~ any incentives for the inmate to demonstrate positive or safe behavior that can accelerate their return to general population.

C. The facility administrator must review the inmate's ~~behavior-management~~ housing-management plan at least ~~every seven days~~ weekly as part of the administrative review process. The facility administrator must:

(1) evaluate the inmate's behavior and progress in the plan;

(2) determine whether the plan should be amended; and

(3) evaluate the inmate's progress toward transitioning out of administrative separation, if applicable to the inmate's reason for placement.

Subp. 5. [Repealed, 38 SR 523]

Subp. 6. [See repealer.]

Subp. 7. **Deprivation ~~report~~ records.**

A. The policy and procedure must provide that when an inmate in administrative separation is deprived of any item or activity usually authorized under a facility's policy and procedure on administrative separation or as identified in documentation of the inmate's initial administrative separation placement, a report of the action must be made and forwarded

to the facility administrator, who must then determine whether the item or activity should continue to be deprived. The determination must be documented in an incident report or in the inmate's records.

B. This subpart does not apply if an inmate is on suicide watch.

2911.2850 INMATE DISCIPLINE; DISCIPLINARY SEGREGATION.

Subpart 1. **Plan.** A facility administrator must develop and follow a written inmate discipline plan that explains the:

A. disciplinary sanctions and sets the limitations defined in subpart 2 for serious, major, and minor facility rule violations including any additional disciplinary segregation tiers as defined by the facility administrator;

B. hearing process for handling ~~serious,~~ major~~,~~ and minor facility rule violations; and

C. appeal process for an inmate found guilty of a facility rule violation~~; and~~.

~~D. process for determining whether and when step-down management will be used for an inmate in disciplinary segregation.~~

Subp. 2. **Disciplinary segregation.**

A. A facility administrator must develop and follow a policy and procedure for disciplinary segregation~~. Except as provided under item B, a facility is subject to the following limitations on placing an inmate in disciplinary segregation~~, including how the facility administrator:

(1) ~~for a minor violation, an inmate must not be placed in disciplinary segregation longer than ten consecutive days~~ provides initial notice of the placement in disciplinary segregation to health care personnel;

(2) ~~for a major violation, an inmate must not be placed in disciplinary segregation longer than 30 consecutive days~~ consults with health care personnel when health care personnel provide mental health screening under part 2911.2860 and health care under part 2911.2870; and

(3) ~~for a serious violation, an inmate must not be placed in disciplinary segregation longer than 60 consecutive days~~ consults with health care personnel when conducting the review required in subpart 3b.

B. ~~A facility administrator may continue an inmate's placement beyond the limits under item A, subitems (2) and (3), if the facility administrator:~~ The maximum placement for disciplinary segregation is 60 consecutive days for one behavioral or disciplinary incident, regardless of the number of rule violations.

~~(1) determines and documents that continued placement is needed because the inmate continues to pose a safety or security threat to other inmates or facility staff;~~

~~(2) documents that there are no available alternatives to continued placement in disciplinary segregation;~~

~~(3) consults with health care personnel providing health care services under part 2911.2860; and~~

~~(4) for a serious violation only, notifies the department that continued placement is needed.~~

~~C. The following applies to all inmates in disciplinary segregation:~~

~~(1) any known inmate health or safety concerns and any observed signs of health improvements must be documented;~~

~~(2) any health or safety concerns and health improvements must be reviewed as part of the administrative review process under subpart 3a; and~~

~~(3) action must be taken and documented as needed to address the concerns and health improvements.~~

Subp. 3. **Due process.**

A. Disciplinary segregation must be used only in accordance with due process to include at least:

(1) published rules of conduct and penalties for violating facility rules;

(2) written notice of alleged violation of a facility rule;

(3) the right to be heard by an impartial hearing officer uninvolved in the underlying incident and to present evidence in defense; and

(4) the right to appeal.

B. An inmate may waive the right to a hearing in writing. A documented record must be made of the disciplinary hearing and sanctions or other actions taken as a result of the hearing.

~~Subp. 3a.~~ **~~Review required.~~**

~~A. The status of an inmate placed in disciplinary segregation after a disciplinary hearing must be reviewed, approved, and documented by the facility administrator at least every seven days. Every seven days, the facility administrator and, as applicable because of any health concerns, health care personnel must review the following:~~

~~(1) the inmate's compliance with segregation area rules, including positive and negative behaviors displayed;~~

~~(2) any signs or symptoms of deterioration in the inmate's physical or mental health, including suicidal ideation or self-harm;~~

~~(3) whether the inmate's reason for placement has been resolved and the inmate can safely transition to administrative separation or be returned to general population; and~~

~~(4) whether referral for step-down management is appropriate.~~

~~B. The facility administrator must develop and follow a policy and procedure that requires the facility administrator to visit with an inmate in disciplinary segregation at least once every seven days as a part of the disciplinary segregation review process.~~

Subp. ~~3b~~ 3a. **Timing for hearing.** An inmate placed in segregation for an alleged facility rule violation must ~~have~~ be afforded a disciplinary hearing within 72 hours, excluding holidays and weekends, ~~of an~~ if the alleged facility rule violation ~~that~~ may result in disciplinary segregation for more than 24 hours according to the facility's discipline plan:

A. unless the inmate waived their right to a hearing; or

B. unless documented cause can be shown for delay such as an inmate request for delay or logistical impossibility, as in the case of a mass disturbance.

Subp. 3b. **Review required.**

A. The status of an inmate placed in disciplinary segregation after a disciplinary hearing must be reviewed, approved, and documented by the facility administrator at least weekly. Weekly, the facility administrator and, if health concerns exist, health care personnel must review the following:

(1) the inmate's compliance with segregation area rules, including positive and negative behaviors displayed;

(2) any health or safety concerns and action taken to address the concerns;

(3) any signs or symptoms of improvement or deterioration in the inmate's physical or mental health, including suicidal ideation or self-harm and action taken to address them; and

(4) whether the inmate's reason for placement has been resolved and the inmate can safely transition to administrative separation or be returned to general population.

B. When an inmate has repeated disciplinary rule violations that result in continued placement in disciplinary segregation, the facility administrator must identify and clearly communicate the specific expectations and steps the inmate must meet to transition to administrative separation or be returned to general population.

C. The facility administrator must develop and follow a policy and procedure that requires the facility administrator to visit with an inmate in disciplinary segregation at least weekly as a part of the disciplinary segregation review process.

Subp. 4. **Other limitations on disciplinary actions.**

A. The policy and procedure must provide that if an inmate in disciplinary segregation is deprived of any item or activity usually authorized under the facility's policy and procedure on disciplinary segregation or as identified in the documentation of the inmate's initial disciplinary segregation placement, a report of the action must be made and forwarded to the facility administrator, who must determine whether the item or activity should continue to be deprived. The determination must be documented in an incident report or the inmate's records.

B. This subpart does not apply if an inmate is on suicide watch.

[For text of subpart 5, see Minnesota Rules]

Subp. 6. **Removing clothing and bedding.** The policy and procedure must provide for removing clothing and bedding from an inmate as follows:

A. clothing and bedding must be removed from an inmate only if the inmate's behavior threatens the health, safety, or security of self, other persons, or property, and, when appropriate, alternative clothing and bedding must be issued;

[For text of items B and C, see Minnesota Rules]

D. the review under item C must be documented.

Subp. 7. **Disciplinary records.**

A. The policy and procedure must provide that, for rule violations that result in disciplinary segregation, a staff member must prepare a disciplinary report and forward it to the designated supervisor.

B. A disciplinary report must include:

(1) the specific facility rules violated;

(2) ~~a formal statement of the charge~~ evidence supporting the rule violation;

(3) an explanation of the event, including who was involved, what transpired, and the event's time and location;

~~(4) unusual inmate behavior;~~

~~(5)~~ (4) staff and inmate witnesses;

~~(6)~~ (5) disposition of any physical evidence;

~~(7)~~ (6) any immediate action taken, including any response to resistance; and

~~(8)~~ (7) the reporting staff member's signature, and the date and time that the report is made.

~~Subp. 8.~~ **~~Behavior-management plan.~~**

~~A. If an inmate remains in disciplinary segregation longer than the limits under subpart 2, item A, a facility administrator, in consultation with health care personnel, must develop a behavior-management plan for the inmate, as applicable to the inmate's reason for placement in disciplinary segregation. The plan must include at least the following:~~

~~(1) any known inmate behavioral problems, including:~~

~~(a) the circumstances leading to being placed in disciplinary segregation;~~

~~(b) staff safety concerns, including inmate assaultive behavior or escape concerns; and~~

~~(c) any documented mental health concerns; and~~

~~(2) any incentives for the inmate to demonstrate positive or safe behavior that can accelerate their return to administrative separation or general population.~~

~~B. The facility administrator must review the inmate's behavior-management plan at least every seven days as part of the administrative review process. The facility administrator must:~~

~~(1) evaluate the inmate's behavior and progress in the plan;~~

~~(2) determine whether the plan should be amended; and~~

~~(3) evaluate the inmate's progress toward transitioning out of disciplinary segregation, if applicable to the inmate's reason for placement.~~

2911.2860 MENTAL HEALTH ~~CARE~~ SCREENING FOR INMATES IN ADMINISTRATIVE SEPARATION AND DISCIPLINARY SEGREGATION.

Subpart 1. **Mental health ~~visits~~ screening.**

A. At least ~~every seven days~~ weekly, health care personnel or health-trained staff must attempt to visit with an inmate, either in person or via telehealth, in a segregation area to ~~determine~~ screen for whether an inmate needs mental health services.

B. Health care personnel or health-trained staff must document:

(1) each visit and whether an inmate was referred to a mental health professional for mental health care; or

(2) whether an inmate was unable or unwilling to visit with health care personnel.

Subp. 2. **Mental status exam.**

A. An inmate in administrative separation must receive a mental status exam as clinically indicated.

B. If an inmate is in disciplinary segregation for longer than 30 consecutive days, ~~a mental health professional must conduct~~ they must receive an initial mental status exam ~~for the inmate~~ and~~, if~~ as clinically indicated~~, at least every seven days thereafter~~.

C. If an inmate is in disciplinary segregation for longer than 60 consecutive days, they must receive an initial mental status exam no later than the 61st day of segregation, if one has not already been given under item B, and every 60 days thereafter.

D. If a mental health professional or health care personnel trained to administer mental status exams is unavailable, health care personnel must visit with an inmate, document any case notes, and if clinically indicated, refer the inmate to a mental health professional in accordance with part 2911.5830, subpart 3.

Subp. 3. **Staff observation; notification required.** A facility's policy and procedure on administrative separation and disciplinary segregation must specify when health care personnel and custody staff must notify the facility administrator that an inmate's physical or mental health exhibits signs or symptoms of deterioration, including suicidal ideation or self-harm.

Subp. 4. **Documentation required.** ~~A.~~ A mental health professional, health care personnel, or health-trained staff must document all conducted screenings and mental status exams and other care provided under this part and whether an inmate refused care~~.~~, including:

~~B. Health care personnel and custody staff must document:~~

A. ~~(1)~~ whether they notified the facility administrator when required under subpart 3; and

B. ~~(2)~~ any action that a mental health professional, health care personnel, or ~~custody~~ health-trained staff have taken to address any signs or symptoms of an inmate's deterioration.

2911.2870 HEALTH CARE IN ADMINISTRATIVE SEPARATION AND DISCIPLINARY SEGREGATION.

Subpart 1. **Health care.** An inmate in administrative separation or disciplinary segregation is entitled to the same health care that inmates in general population receive.

Subp. 2. ~~**Notification to health care personnel; health care review**~~ **Accommodations.**

A. ~~Custody staff must notify health care personnel within 24 hours after an inmate is placed in administrative separation or disciplinary segregation.~~ If the administrative separation or disciplinary segregation involves a change of cell or housing unit, the facility must provide any existing accommodations as required under part 2911.7100.

~~B. After being notified of an inmate's placement, health care personnel must:~~

~~(1) review the inmate's health record; and~~

~~(2) recommend to custody staff any accommodations that the inmate may require in administrative separation or disciplinary segregation.~~

~~C.~~ B. All actions under this subpart must be documented.

Subp. 3. **Health and well-being.**

A. Custody staff must ensure that an inmate in administrative separation or disciplinary segregation is hygienic and that they receive food, water, and exercise to ensure their health and well-being.

B. Custody staff must document any inmate noncompliance toward maintaining the inmate's health and well-being under this subpart.

2911.2880 ANNUAL REPORTING ON ADMINISTRATIVE SEPARATION AND DISCIPLINARY SEGREGATION.

A facility administrator must annually report the following data on administrative separation and disciplinary segregation to the commissioner through the DOC Portal:

A. the number of inmates placed in administrative separation and disciplinary segregation during the past calendar year; and

B. the number of primary disciplinary violations for each category of serious, major, or minor that resulted in disciplinary segregation.

2911.3100 INMATE ACTIVITIES AND PROGRAMS.

[For text of subparts 1 to 4, see Minnesota Rules]

Subp. 5. **Substance ~~abuse programs~~ use disorder services.**

A. A facility administrator must develop and follow a written plan for ~~providing~~ addressing the substance ~~abuse programming for~~ use disorder needs of inmates. The plan must describe how the facility will:

(1) identify inmates with substance use disorders through screening at admission;

(2) connect inmates with available substance use disorder services, when offered, which may include on-site substance use disorder services, contracted providers, telehealth services, or medication-assisted substance use disorder treatment according to part 2911.5820; and

(3) provide information to inmates about substance use disorder services options available in the community upon release.

B. Nothing in this subpart requires a facility to deliver or fund on-site substance use disorder services.

[For text of subpart 6, see Minnesota Rules]

Subp. 7. **Recreation plan.** The facility administrator must have a plan providing opportunities for physical exercise and recreational activities for all inmates consistent with the facility's classification and design. Class I facilities are exempt from this requirement.

The plan must include policies and procedures necessary to protect the facility's security and the welfare of inmates.

Policy and procedure must provide:

[For text of items A to E, see Minnesota Rules]

F. inmates in administrative separation or disciplinary segregation with at least one hour a day, seven days a week, of exercise outside of the inmates' cells unless:

(1) security or safety considerations dictate otherwise; or

(2) otherwise provided under parts 2911.2800 to 2911.2850; and

G. access by inmates in administrative separation or disciplinary segregation to the same recreational facilities as other inmates unless security or safety considerations dictate otherwise or otherwise provided under parts 2911.2800 to 2911.2850. When an inmate in administrative separation or disciplinary segregation is excluded from use of regular recreation facilities, the alternative area for exercise used must be documented in the facility's policy and procedure.

Subp. 8. **Limiting access to programming.**

A. A facility administrator may limit an inmate's access to activities and programs under this part if the inmate's behavior threatens the safety or security of individuals in the facility.

B. Any limitation must be documented.

2911.3200 INMATE VISITATION.

A facility administrator must develop and follow ~~an inmate visiting~~ a policy and procedure that provides for inmate visitation that includes offering at least eight hours of weekly on-site visitation. The visitation must include either free video or free in-person noncontact visitation. A facility may offer a combination of on- and off-site visitation if a free visitation option is always offered. The policy and procedure must include the following:

[For text of items A to D, see Minnesota Rules]

E. that all facilities schedule:

[For text of subitems (1) and (2), see Minnesota Rules]

[For text of items F to M, see Minnesota Rules]

2911.3400 COMMUNICATION ACCESS.

Subpart 1. **Policy and procedure required.**

A. A facility administrator must develop and follow a policy and procedure that provides for inmate access to a telephone. If a facility uses other communication services, as defined under Minnesota Statutes, section 241.252, subdivision 6, the policy and procedure must include their use and any restrictions.

B. Unless provided by any other law to the contrary, a telephone call under this part includes voice communications, as defined under Minnesota Statutes, section 241.252, subdivision 6.

Subp. 2. **Attorney consultation.** Attorney-client telephone consultation must be allowed in a manner consistent with Minnesota Statutes, section 481.10.

Subp. 3. **Access on admission or placement into housing unit.** A newly admitted inmate must be permitted a local or collect long-distance telephone call to a family member or significant other ~~according to part 2911.2525, subpart 1, item F~~.

Subp. 4. **Telephone access.**

A. An inmate must be allowed telephone access or access to other communication services to maintain contact with family members or significant others. Nonlegal calls may be made at the inmate's expense, except for calls that must be provided free of charge under Minnesota Statutes, section 641.15, subdivision 2.

B. Nonlegal telephone conversations may be monitored and recorded.

Subp. 5. **Denied communication access.** If an inmate is denied access to a telephone or other communication services, custody staff must document why access was denied.

2911.3500 VOLUNTEERS.

If volunteers are used in facility programs, a facility administrator must develop and follow a policy and procedure that includes the training plan under part 2911.1000. The policy and procedure must include the following elements:

[For text of items A and B, see Minnesota Rules]

C. an orientation training program that is appropriate to the nature of a volunteer's assignment and includes at least the following:

(1) security precautions for working in a secure facility; and

(2) all applicable emergency procedures.

D. a requirement that volunteers agree in writing to follow all facility rules, policies, and procedures, with emphasis on security and privacy of information; and

[For text of item E, see Minnesota Rules]

2911.3650 INMATE UNIFORM ISSUE AND BEDDING ALLOWANCE.

Subpart 1. **Bedding and linen.** An inmate admitted to a facility must be issued:

A. one bath towel;

B. one washcloth;

C. one clean, fire-retardant mattress;

D. at least one blanket and one bedding item to cover the mattress; and

E. a pillow built into a mattress or one pillow and one pillowcase.

[For text of subparts 2 to 4, see Minnesota Rules]

2911.3700 DISASTER PLAN; EMERGENCIES OR UNUSUAL OCCURRENCES.

Subpart 1. **Disaster plan.**

A. A facility administrator must develop and follow a written disaster plan. The plan must include policies and procedures designed to protect the public by securely detaining inmates who represent a danger to the community or to themselves when the entire facility must be evacuated.

B. The disaster plan must include:

(1) the location of alarms and firefighting equipment;

(2) an emergency drill policy requiring:

(a) at least annual drills that must be conducted at all facilities; and

(b) drills that must be conducted even when evacuation of extremely dangerous inmates is not included;

(3) specific assignments and tasks for staff;

(4) persons and local emergency departments to be notified; and

~~(5) a procedure for promptly evacuating inmates from the facility; and~~

~~(6)~~ (5) arrangements for temporarily confining inmates.

Subp. 2. **Quarterly review of emergency procedures.** A facility administrator must review emergency procedures at least once every three months, which must include:

[For text of items A to F, see Minnesota Rules]

Subp. 3. [See repealer.]

Subp. 4. **Reporting emergencies or unusual occurrences.**

A. ~~Except for deaths,~~ An emergency or unusual occurrence must be reported to the DOC Portal within ten days of the incident, except for deaths, which must be reported within 24 hours according to Minnesota Statutes, section 241.021, subdivision 1. A report must include:

(1) the names of individuals involved, including staff and inmates;

(2) the nature of the emergency or unusual occurrence;

(3) the actions taken; and

(4) the date and time of the emergency or unusual occurrence.

B. An emergency or unusual occurrence that must be reported includes:

(1) attempted suicide;

(2) suicide;

(3) homicide;

(4) death by means other than suicide or homicide, including when the facility administrator is made aware of a death that occurred outside the facility while the inmate was receiving medical care stemming from an incident or need for medical care at the facility that occurred while the individual was detained or confined in the facility;

(5) serious illness, including emergency care for mental health care, that requires emergency care outside the facility;

(6) serious injury, including any injury to an inmate that requires the inmate to be hospitalized or receive care that could not be provided by health care personnel in ~~a nonclinical setting, regardless of whether the facility has a clinical setting within~~ the facility;

(7) escape or attempted escape:

(a) from a secured facility; or

(b) from custody, except for court-ordered furloughs;

(8) incidents of fire requiring medical treatment of staff or inmates or a response by a local fire authority;

(9) riot, meaning a disturbance by three or more inmates acting together by intentional act or threat of violence to person or property;

(10) assaults of one inmate by another that result in outside medical attention;

(11) assaults of staff by inmates that result in criminal charges or outside medical attention, whichever occurs first;

(12) uses of force that result in substantial bodily harm, as defined under Minnesota Statutes, section 609.02, subdivision 7a;

(13) occurrences of infectious diseases and action taken if the health authority or other health care personnel determines that the inmate must be isolated from other inmates, except for incomplete tuberculosis testing as long as it is completed within the first 14 days of admission in accordance with Minnesota Statutes, section 144.445;

(14) reporting of all notices of intent to file litigation against the facility resulting from matters related to detaining or incarcerating an inmate;

(15) sexual misconduct;

(16) restraining, according to Minnesota Statutes, section 241.88, an inmate who is pregnant or has given birth within the preceding three days;

~~(17) emergency medication administered under part 2911.6700, subpart 1b;~~

~~(18)~~ (17) an inmate refusing to consume food or fluids for more than nine consecutive meals; and

~~(19)~~ (18) any other emergency or unusual occurrence required by legislative action to be listed on the DOC Portal.

C. If custody staff or health care personnel determine that there is an emergency such as serious injury or illness when death may be imminent, facility staff must attempt to immediately notify emergency contacts designated by the inmate. Permission for notification, if possible, must be obtained from the inmate according to part 2911.2525, subpart 2c.

Subp. 5. **Inmate death and death reviews.** A facility administrator must develop and follow a policy and procedure that specifies actions to be taken if an inmate dies at the facility or if the facility administrator is made aware of an inmate's death outside the facility after removal from the facility for medical care stemming from an incident or need for medical care at the facility and that is consistent with Minnesota Statutes, section 241.021, subdivision 8. When an inmate death occurs:

[For text of items A and B, see Minnesota Rules]

C. the department must be notified according to subpart 4 and Minnesota Statutes, section 241.021, subdivision 1;

D. personal belongings must be handled responsibly and legally;

E. records of a deceased inmate must be retained for a period specified by county policy;

F. the facility administrator must ensure observance of all pertinent laws and allow state and local investigating authorities full access to all facts surrounding the death; and

G. if the death involves a vulnerable adult, notification procedures must be followed in a manner consistent with Minnesota Statutes, section 626.557.

[For text of subparts 6 and 7, see Minnesota Rules]

Subp. 8. **Critical incident debriefing.**

A. Critical incident debriefing must be offered to a staff member identified as having experienced trauma or stress due to a death, suicide attempt, staff assault, and any other emergency or unusual occurrence under subpart 4 that is identified in a facility's policy and procedure under this part.

B. A facility administrator must develop and follow a policy and procedure on critical incident debriefing that at a minimum:

(1) describes a time frame and structure for providing critical incident debriefing;

(2) identifies the supportive services ~~to be offered~~ available to all facility staff, including any employee assistance programming offered; and

(3) provides how to identify staff members who have experienced trauma or stress due to a death, suicide attempt, or staff assault and any other emergency or unusual occurrence identified in the facility's policy and procedure.

~~C. A staff member identified as having experienced trauma or stress under this subpart must be offered critical incident debriefing. For each identified staff member, a facility administrator must document:~~

~~(1) any critical incident debriefing provided; and~~

~~(2) whether supportive services were offered.~~

2911.3800 FOOD SERVICE.

Food service must be provided according to state and local codes and ordinances, with all health and food-handling inspections and other orders documented and maintained.

2911.3900 DIETARY ALLOWANCES.

Subpart 1. **Menu planning required.**

A. A facility must have menu planning to ensure that an inmate:

(1) is offered a balanced diet:

(a) approved by a licensed dietitian or nutritionist under Minnesota Statutes, sections 148.621 to 148.633; ~~and~~

(b) consisting of foods and beverages that are intended for human consumption; and

(c) using the most recent nationally adopted version of Dietary Guidelines for Americans;

(2) except as provided under part 2911.4100, subpart 3, is offered at least three meals daily served at regular times with:

(a) at least one meal that is a hot entree;

(b) a substantial evening meal under part 2911.4100, subpart 1; and

(c) no more than 14 hours between meals except as provided under part 2911.4100, subpart 2, or when absent from the facility when required by or allowed under law;

(3) who is pregnant or lactating is offered a diet:

(a) according to part 2911.4200, subpart 4; and

(b) as ordered by the health authority or other health care personnel; and

(4) if applicable, is offered a diet according to part 2911.4300 that does not conflict with the inmate's religious dietary law.

B. If an inmate's religious dietary request under item A, subitem (5), cannot be accommodated, staff must document why.

C. Food served under this subpart must include servings of protein, dairy, vegetables, fruits, ~~bread or cereal, and other food according to the Dietary Guidelines for Americans, which is incorporated by reference under part 2911.0210~~ grains, and other food that is required by the licensed dietitian or nutritionist-approved diets under part 2911.4000.

Subp. 2. [See repealer.]

Subp. 3. [See repealer.]

Subp. 4. [See repealer.]

Subp. 5. [Repealed, 38 SR 523]

Subp. 6. [See repealer.]

Subp. 7. [See repealer.]

Subp. 8. [See repealer.]

Subp. 9. [Repealed, 38 SR 523]

2911.4000 ANNUAL FOOD SERVICE REVIEW.

A facility's menu and ~~therapeutic~~ nonreligious and religious diets under parts 2911.4200 and 2911.4300 must be approved and reviewed at least annually by a licensed dietitian or nutritionist to ensure compliance with parts 2911.3900 to 2911.4300 and 2911.4600. The review and findings must be documented.

2911.4100 MEALS.

Subpart 1. **Substantial evening meal.** A substantial evening meal means a serving of three or more menu items at one time to include a high-quality protein such as meat, fish,

eggs, ~~or~~ cheese, or plant-based protein. Unless a meal variation is being used under subpart 3, a meal must represent at least 30 percent of the day's caloric intake.

Subp. 2. **Snack.** If a nourishing snack is provided at bedtime, up to 16 hours may elapse between the substantial evening meal and breakfast. A nourishing snack means a combination of two or more food items from two of the following foods: protein, dairy, vegetables, fruits, and bread or cereal.

Subp. 3. **Meal variations.** Meal variations may be allowed based on weekend and holiday food service demands.

Subp. 4. [See repealer.]

2911.4200 NONRELIGIOUS DIETS.

Subpart 1. **Medical diets.** An inmate in need of a ~~therapeutic~~ nonreligious diet must have documented evidence that the diet has been ordered by the health authority or other health care personnel.

Subp. 2. **Food-allergy diets.** An allergy diet must be provided to an inmate as medically necessary.

Subp. 3. **Vegetarian or vegan diets.** A facility may offer vegetarian or vegan diets.

Subp. 4. **Pregnancy.** A facility must offer a diet that meets the increased calcium and calorie requirements of pregnant or lactating inmates. Pregnant or lactating inmates must be provided a substitution or supplements as ordered by the health authority or other health care personnel.

2911.4300 RELIGIOUS DIETS.

A facility must offer special diets or meal accommodations for inmates whose sincerely held religious beliefs require adherence to certain dietary practices. A facility administrator

must consult with a licensed dietitian or nutritionist when creating a religious diet and must document the consultation.

2911.4400 USING FOOD IN OR AS DISCIPLINE IS PROHIBITED.

Food must not be withheld or used as discipline. Facilities must not provide different menus for segregation areas for purpose of discipline.

2911.4500 SUPERVISING MEAL SERVING.

Subpart 1. **Staff supervision.** Meals must be served under direct staff supervision.

Subp. 2. **Policy and procedure required.** The policy and procedure on health concerns under part 2911.5800, subpart 8, must state when and how custody staff must communicate an inmate's food and liquids refusal and associated health concerns to health care personnel.

2911.4600 MENU RECORDS AND SUBSTITUTION.

All menus must be planned and dated, and posted for food service staff to review at least one week in advance. Food service staff or custody staff must document any substitutions in the meals or meal variations served, and substitutions and meal variations must be of equal nutritional value.

2911.4800 COMMISSARY.

Subpart 1. **List of approved commissary items.**

A. A facility with an approved bed capacity under part 2911.0330 of more than 50 inmates must establish, maintain, and operate a commissary. A facility administrator must develop and follow a policy and procedure on the commissary that must allow an inmate to purchase approved items not furnished by the facility.

B. Class I facilities are exempt from this part.

[For text of subparts 2 to 4, see Minnesota Rules]

Subp. 5. [See repealer.]

2911.4900 SECURITY INSPECTION.

A facility administrator must develop and follow a policy and procedure to require inspection of the perimeter security, all areas within the secure perimeter, and equipment not under the personal control and responsibility of staff members at least ~~weekly~~ monthly and initiate corrective action if needed.

2911.4950 RESPONSE TO RESISTANCE.

Subpart 1. **Policies and procedures.**

A. In accordance with Minnesota Statutes, ~~section~~ sections 241.88, 243.52, 609.06, and 609.066, a facility administrator must develop and follow a policy and procedure to provide for response to resistance, including training on restraining an inmate known to be pregnant or who has given birth within the preceding three days in accordance with Minnesota Statutes, section 241.88. Each staff member directly involved in a response must submit a written report to the facility administrator before the staff member's shift ends.

B. A report may be delayed if a staff member:

(1) is hospitalized; or

(2) as defined under Minnesota Statutes, section 609.02, sustains bodily harm, substantial bodily harm, or great bodily harm.

[For text of subparts 2 and 3, see Minnesota Rules]

Subp. 4. **Security equipment.**

A. The ~~issue, storage, inspection, and use of~~ facility administrator must develop and follow a policy and procedure for how security equipment, chemical agents, impact devices, electronic control devices, and other security devices ~~must be governed by policy and procedure~~ are used, issued, stored, and inspected. The policy must address the frequency

of inspection of equipment that is under the personal control and responsibility of staff members.

B. All unissued security devices and equipment must be:

(1) stored in a secure, readily accessible depository located outside inmate housing and activity areas; and

(2) inventoried at least ~~weekly~~ monthly to determine condition and expiration dates of the devices and equipment.

[For text of subparts 5 to 7, see Minnesota Rules]

2911.5000 POST ORDERS AND FORMAL INMATE COUNT.

Subpart 1. **Post orders; policy and procedure required.**

A. A facility administrator must annually review written orders for every security post and update the orders if necessary to reflect changes in facility policies and procedures.

B. The facility administrator must develop and follow a policy and procedure requiring custody staff to read, sign, and date applicable post orders at least annually or as needed for new posts or revisions.

[For text of subparts 2 to 4, see Minnesota Rules]

Subp. 5. [See repealer.]

2911.5010 WELL-BEING CHECKS.

Subpart 1. **Policy and procedure required.**

A. A facility administrator must develop and follow a policy and procedure requiring custody staff, and trained noncustody staff who may be conducting well-being checks and responding to any observations made during well-being checks, to conduct inmate well-being checks according to parts 2911.5010 to 2911.5025.

B. Unless the context indicates otherwise, "well-being check" includes a more-frequent well-being check defined under part 2911.5015, subpart 1.

Subp. 2. **Frequency.** A well-being check must be conducted at least once every 30 minutes.

Subp. 3. **Staggered checks.**

A. A facility's policy and procedure under subpart 1 must state how ~~custody~~ staff trained on well-being checks will stagger well-being checks:

(1) in time; and

(2) in direction as applicable to the facility's physical design.

B. This subpart does not apply to more-frequent well-being checks.

Subp. 4. **Manner.** The following requirements apply to well-being checks:

A. a ~~custody~~ staff member trained on well-being checks may not use a recording or monitoring device in lieu of directly observing an inmate; and

B. a ~~custody~~ staff member trained on well-being checks must ~~stop when conducting~~ conduct a well-being check as defined in part 2911.0200, subpart 74, ~~unless the custody staff member can verify that a cell or area is unoccupied by inmates~~ at a deliberate pace as appropriate for the physical cell design and location and activity of the inmate.

Subp. 5. **Documentation.** ~~Custody~~ Staff trained on well-being checks must document a well-being check:

A. immediately after conducting the well-being check or immediately upon returning to the staff member's post; and

B. using a uniform procedure according to the facility's policy and procedure under subpart 1.

Subp. 6. **Missed well-being check because of facility emergency.**

A. If a ~~custody~~ trained staff member does not conduct or document a well-being check because of an emergency in the facility, the staff member must:

(1) as soon as possible but no later than the end of their shift, document the emergency themselves or notify another staff member of the emergency and request that the other staff member document the emergency, and explain the specific reason the well-being check was not conducted; and

(2) notify the staff member's supervisor.

B. After ~~being notified~~ notice is provided under item A, ~~the staff member's~~ a supervisor must review and approve the staff member's documentation within 72 hours.

C. Notwithstanding parts 2911.5010 to 2911.5025, a missed well-being check is not a deficiency under part 2911.0300, subpart 4, if the emergency and missed well-being check are documented and approved according to this subpart.

Subp. 7. **Notifying health care personnel.** A facility's policy and procedure must specify when a well-being check requires custody staff to notify health care personnel ~~that an inmate requires health care services, including emergency care, and how notification is documented~~ in accordance with part 2911.5800, subpart 8.

Subp. 8. **Audits required.**

A. A facility administrator must develop and follow a policy and procedure on auditing well-being checks under parts 2911.5010 to 2911.5025 and how to conduct audits required under this subpart.

B. At least every ~~three~~ six months, a facility administrator must audit well-being checks of at least ten percent of the facility's custody staff or at least two custody staff members, whichever is greater. ~~For each staff member being audited, a time block of at~~

~~least four video hours of well-being checks must be randomly reviewed.~~ The audited well-being checks must include randomly reviewed well-being checks conducted on at least two different days, times, and staff shifts of the reviewed staff member.

C. When auditing a well-being check, the facility administrator must:

(1) document the audit with the dates, times, and staff shifts of the audited footage; and

(2) verify whether the well-being checks complied with parts 2911.5010 to 2911.5025.

D. If a well-being check did not comply with parts 2911.5010 to 2911.5025, the facility administrator must:

(1) document the reason for the noncompliance; and

(2) take and document any action needed to address the noncompliance.

2911.5015 MORE-FREQUENT WELL-BEING CHECKS; GENERALLY.

Subpart 1. **Definition.** For purposes of parts 2911.5010 to 2911.5025, "more-frequent well-being checks" means conducting a well-being check at least every 15 minutes.

Subp. 2. **More-frequent well-being checks.**

A. A facility's policy and procedure under part 2911.5010, subpart 1, must specify when custody staff must conduct more-frequent well-being checks:

~~A.~~ (1) for an inmate:

~~(1)~~ (a) on suicide watch;

~~(2)~~ (b) who is exhibiting signs or symptoms of mental deterioration or self-harm;

~~(3)~~ (c) who is exhibiting signs or symptoms of withdrawal from substance use; or

~~(4)~~ (d) ~~who~~ for whom the facility has not completed the ~~medical and mental health screenings~~ information collection required under part ~~2911.5800~~ 2911.2525, subpart ~~6~~ 1, ~~after custody staff's initial attempt~~ item A; and

~~B.~~ (2) when otherwise directed by health care personnel.

B. An inmate placed on more-frequent well-being checks under item A, subitem (1), unit (d), may be discontinued after information collection is completed according to part 2911.2525, subpart 1, item A, and if the inmate does not meet any of the criteria in item A, subitem (1), units (a) to (c).

2911.5020 MORE-FREQUENT WELL-BEING CHECKS; EVALUATION AND CARE PLAN.

Subpart 1. **Notifying health care personnel for evaluation.**

A. Custody staff must place an inmate on more-frequent well-being checks when required under part 2911.5015, subpart 2. Upon placing an inmate on more-frequent well-being checks, custody staff must notify health care personnel of the placement and the reason for placement, unless health care personnel directed the placement. If health care personnel place an inmate on more-frequent well-being checks, health care personnel must notify custody staff of the placement and the reason for placement.

B. After being notified or directing placement, health care personnel must evaluate whether the inmate should remain on more-frequent well-being checks.

Subp. 2. **Care plan.** If clinically indicated, health care personnel must develop a care plan for an inmate on more-frequent well-being checks.

Subp. 3. **Continuing more-frequent well-being checks.** ~~A.~~ An inmate must continue to be subject to more-frequent well-being checks until health care personnel determines that

the inmate's health or safety would not be jeopardized if the inmate were subject to 30-minute well-being checks.

~~B. Nothing prevents a facility administrator from keeping an inmate on more-frequent well-being checks after health care personnel determines that 30-minute well-being checks are warranted.~~

Subp. 4. **Renewed placement.** An inmate must be subject to more-frequent well-being checks if the inmate's reason for placement reoccurs, and subparts 1 to 3 apply to renewed placement under this subdivision.

2911.5025 WELL-BEING CHECKS; DOCUMENTATION REQUIRED.

In addition to the documentation requirements under parts 2911.5010 to 2911.5020, the following items under parts 2911.5010 to 2911.5020 must be documented:

A. the reason for placing an inmate on more-frequent well-being checks;

B. all notifications to custody staff or health care personnel under parts 2911.5010, subpart 7, and 2911.5020, subpart 1;

C. all determinations by health care personnel on whether to continue or discontinue more-frequent well-being checks; and

D. any inmate care plans under part 2911.5020, subpart 2.

2911.5800 MEDICAL, DENTAL, AND MENTAL HEALTH RESOURCES.

Subpart 1. **Availability of resources.**

A. Each facility must have or contract with a health authority.

B. In cooperation with the health authority, a facility administrator must develop and follow a policy and procedure that provides for delivering health care services, including medical, dental, and mental health services.

C. When health care personnel are not present in a facility for 24 consecutive hours, the facility must have a health-trained staff member present in the facility who can ensure access to health care for inmates under the direction of the health authority and other health care personnel.

Subp. 1a. **Telehealth.** If a facility provides telehealth services, the facility administrator must develop and follow a policy and procedure for providing telehealth services. At a minimum, the policy and procedure must:

A. list the telehealth services that the facility offers;

B. identify any training that facility staff may need in order to comply with the facility's policy and procedure;

C. require that an inmate is educated on using telehealth technology before the inmate's telehealth appointment;

D. require a telehealth visit to be documented and the documentation placed in the inmate's health record;

E. list the technology needed for providing telehealth services; and

F. ensure that the technology is maintained and securely stored.

Subp. 2. **Responsibility for clinical judgments; policy and procedure; security regulations.**

A. Medical, dental, and mental health matters involving clinical judgments are the sole province of the applicable health care personnel.

B. Security regulations applicable to facility personnel apply to all health care personnel.

Subp. 2a. **Health care policies and procedures.** All health-care-related policies and procedures under this chapter must be developed in consultation with a facility's health authority.

Subp. 3. **Health care policy review.** Each facility policy, procedure, and program for delivering health care services must be reviewed and documented at least annually in cooperation with the health authority and revised as needed to reflect changes to policies, procedures, or programs.

Subp. 4. **Policy and procedure for emergency care.** A facility administrator must develop and follow a policy and procedure for emergency care. At a minimum, the policy and procedure must provide for:

A. 24-hour emergency care and 24-hour on-site first aid and CPR;

B. emergency evacuation of an inmate from the facility;

C. using ~~an~~ emergency medical vehicle services, available on a 24-hour basis;

D. using one or more designated emergency rooms or other health care facilities;

E. emergency on-call physician, mental health services, and dental services when an emergency health facility is not located in an adjacent county;

F. security procedures for the transfer of an inmate when appropriate for emergency care; and

G. a plan, including contact information, for contacting on-call health care personnel, emergency medical services, and other community emergency contacts.

Subp. 5. [See repealer.]

Subp. 6. **Medical screening.**

A. A facility administrator must develop and follow a policy and procedure that requires staff to conduct and document medical and mental health screenings on all inmates upon admission according to part 2911.2525. The screening results must be documented under the direction of the health authority. The screening process must include procedures relating to:

(1) inquiry into:

(a) current illness and health problems, including dental emergencies, and infectious diseases;

(b) whether an inmate is pregnant or has given birth in the past six months;

(c) medication taken, possessed, or prescribed and special health requirements for which the medication was prescribed, if any;

(d) substance use, including types of substances used, mode of use, amounts used, frequency used, date or time of last use, and history of problems that may have occurred after stopping use;

(e) mental illness, using a screen approved by the department under Minnesota Statutes, section 641.15, subdivision 3a;

(f) current or past suicidal ideation;

(g) other health problems ~~listed in the Standards for Health Services in Jails, J-E-02, which is incorporated by reference under part 2911.0210, or~~ designated by the health authority; and

(h) signs and symptoms of active tuberculosis to include weight loss, night sweats, persistent cough lasting three weeks or longer, coughing up blood, low-grade

fever, fatigue, chest pain, prior history of active tuberculosis disease, and results of previous tuberculin skin or blood testing; and

(2) observations of:

(a) behavior that includes state of consciousness, mental status, appearance, conduct, tremor, and sweating; and

(b) body deformities, scars, body piercings, bruises, lesions, and jaundice.

B. An inmate's medical and mental health screenings under this subpart may be conducted by either health-trained staff or health care personnel.

Subp. 6a. **Mental health screening.** The facility's policy and procedure under subpart 6, item A, must detail under what circumstances an inmate's mental health screening results require:

A. health-trained staff to notify health care personnel of the screening results; and

B. health care personnel to:

(1) refer the inmate to see a mental health professional for a mental status exam under part 2911.5830, subpart 2; or

(2) visit with an inmate under part 2911.5830, subpart 3.

Subp. 6b. **Substance use screening.** The facility's policy and procedure under subpart 6, item A, must detail under what circumstances an inmate's substance use screening results require health-trained staff to:

A. notify health care personnel of the screening results; or

B. if the facility offers medication-assisted substance use disorder treatment, notify health care personnel for possible inmate referral for an assessment for medication-assisted substance use disorder under part 2911.5820.

Subp. 7. **Health care follow-up.**

A. A facility administrator must develop and follow a policy and procedure on health care follow-ups. Except as provided under parts 2911.5810 to 2911.5830, an inmate's health care follow-up must be documented and at a minimum:

(1) be provided:

(a) within 14 days of an inmate's admission; or

(b) sooner than 14 days if the inmate presents with a chronic or persistent medical condition or requires emergency care; and

(2) be provided in response to an inmate's medical and mental health needs identified in the medical and mental health screenings under subpart 6, including providing any needed prescription medication in accordance with this chapter.

B. A health-care follow-up must be conducted by health care personnel. After conducting the health-care follow-up, health care personnel must:

(1) develop a care plan if a care plan is medically necessary;

(2) communicate with the inmate on their care in a language or manner that the inmate can attempt to understand; and

(3) communicate the inmate's health care needs to custody staff in accordance with part 2911.6200, subpart 2a.

Subp. 8. **Health concerns.**

A. A facility administrator must develop and follow a policy and procedure that requires that an inmate's health concerns are acted on by health-trained staff daily or more frequently if needed to address the health concerns, followed by triage and care by health care personnel if needed. At a minimum, the policy and procedure must:

(1) state how an inmate or custody staff can communicate the inmate's health concerns to other custody staff and to health care personnel;

(2) when health care needs cannot be deferred, require custody staff to notify on-call health care personnel or emergency medical services of:

(a) an inmate's emergency health care needs; or

(b) an inmate's unexpected medical, dental, or mental health care needs; and

(3) specify when health-trained staff must take and document vital signs and:

(a) communicate the vital signs to health care personnel; and

(b) document that the vital signs were communicated to health care personnel.

B. Nothing in this subpart overrides a staff member's duty to report under Minnesota Statutes, section 243.52, subdivision 3.

Subp. 8a. **Health services for inmates who are pregnant or postpartum.** A facility administrator must develop and follow a policy and procedure that:

A. provides for a process to test inmates who can become pregnant, if under 50 years of age, for pregnancy on or before day 14 of incarceration, unless the inmate refuses the test according to Minnesota Statutes, section 241.89; and

B. provides at least the following for an inmate who is pregnant or up to six months postpartum:

(1) prenatal care, including prenatal vitamins, and postpartum care if applicable, according to Minnesota Statutes, section 241.89;

(2) that any restraints used on a pregnant or postpartum inmate are governed according to Minnesota Statutes, section 241.88, when applicable; and

(3) a plan for pregnant inmates who show signs of active labor or miscarriage~~;~~ ~~and~~.

~~C. states whether the facility will stock emergency delivery kits.~~

Subp. 8b. **Quarterly health reviews required.**

A. A facility administrator must develop and follow a policy and procedure for the health authority to conduct a health review every three months. The health authority or other health care personnel must collect the following data:

(1) the number of mental status exams provided;

(2) how many inmates received withdrawal management; and

(3) the number of assessments for medication-assisted substance use disorder treatment and how many inmates received medication-assisted substance use disorder treatment, when offered.

B. After conducting a quarterly review, the health authority or other health care personnel must provide the data to the facility administrator in writing.

C. If a health authority or other health care personnel is unable to provide the data, the facility administrator must document why the data cannot be provided.

Subp. 9. **Sick call.** A facility administrator must develop and follow a policy and procedure that requires a continuous response to health care requests and that sick call, conducted by health care personnel, is available to each inmate according to the facility's ~~design capacity~~ average daily population from the previous six months as follows:

A. in facilities with fewer than 60 inmates, sick call is held at least once per week;

B. in facilities of 60 to 200 inmates, sick call is held at least three days per week;

C. in facilities of over 200 inmates, sick call is held at least five days per week; and

[For text of item D, see Minnesota Rules]

Subp. 10. **Infirmary.** Inmates of different genders may be housed in separate rooms in a common infirmary area. Direct staff supervision of the infirmary must be provided at all times when inmates of different genders are in the infirmary.

Subp. 11. **Informed consent.**

A. Notwithstanding any other requirement under this chapter, examinations, treatments, and procedures, including sharing an inmate's health records, affected by informed-consent standards governed by state or federal law must be observed for inmate care.

B. The informed consent of an inmate's parent, guardian, or legal custodian must be obtained when required by law.

C. If care must be provided against an inmate's will, the care must be provided according to law ~~and~~, including under part 2911.6700, subpart 1b, and Minnesota Statutes, section 253B.092.

Subp. 12. **Emergency medical vehicle services.** ~~An~~ Emergency medical vehicle services must be available on a 24-hour-a-day basis, but an emergency medical vehicle need not be used when custody staff can safely transport an inmate under the direction of the health authority.

Subp. 13. **Privacy of care.** A facility administrator must develop and follow a policy and procedure on privacy of care for inmate health care that provides at least the following:

A. how health-care-related interactions between an inmate and health care personnel will be conducted to ensure the inmate's privacy; and

B. what precautions will be taken to provide privacy when safety or security prevents normal adherence to privacy under item A.

2911.5810 WITHDRAWAL MANAGEMENT FOR SUBSTANCE USE.

Subpart 1. **Policy and procedure required for withdrawal management.** A facility administrator must develop and follow a policy and procedure on withdrawal management. At a minimum, the policy and procedure must:

A. specify how and when health care personnel will assess an inmate's need for withdrawal management;

B. state when an inmate's screening or assessment results require staff to provide withdrawal management;

C. specify how health-trained staff and health care personnel will screen for and provide withdrawal management, including for an inmate who is pregnant;

D. state where an inmate will be transferred when health care personnel determines that the inmate requires a higher level of care than what the facility can provide; and

E. require that information on any care for withdrawal management that an inmate is receiving, including potential adverse reactions to medication taken for withdrawal management, is communicated to the inmate in a language or presented in a manner that they can attempt to understand.

Subp. 2. **Coordinating with community-based provider.** A facility administrator may coordinate ~~with~~ a transfer to a community-based provider of detoxification services to provide withdrawal management, including a provider ~~that is a withdrawal management program~~ licensed under parts 9530.6510 to 9530.6590 or Minnesota Statutes, chapter 245F.

~~Except as provided under Minnesota Statutes, section 241.021, subdivision 4f, nothing under this part allows a community-based provider to supersede~~ A community-based provider licensed under parts 9530.6510 to 9530.6590 or Minnesota Statutes, chapter 245F, is responsible for the clinical ~~judgment of health care personnel~~ decision-making while treating the inmate within the provider's facility.

Subp. 3. **Ongoing monitoring required for withdrawal management.**

A. Health-trained staff must monitor an inmate who requires withdrawal management under the direction of the health authority and other health care personnel. The monitoring instructions must be documented and must:

(1) be specific to the individual inmate;

(2) describe what withdrawal signs or symptoms that staff should monitor and how often; and

(3) state when staff must contact health care personnel or seek emergency care for the inmate.

B. If a facility does not have a dedicated housing unit for withdrawal management, custody staff or health care personnel, or both, must document all inmates who are being monitored for risk of withdrawal and all inmates who are receiving withdrawal management. At a minimum for each inmate, staff must document:

(1) the substance for which monitoring is being conducted; and

(2) the frequency of monitoring.

Subp. 4. **Continuity of care.** For an inmate who receives withdrawal management while detained, facility staff must:

A. provide the inmate information on or communicate to the inmate about:

(1) withdrawal management and medication-assisted substance use disorder treatment; and

(2) how to contact the facility after discharge to request medical information or medical records relating to any withdrawal management that the inmate received;

B. if requested by the inmate at discharge, provide the inmate a list of the inmate's prescription medications, including frequency, amount, and last date of use, or if the information is unavailable, tell the inmate how to receive this information after discharge;

C. when applicable under part 2911.6800, subpart 3, provide the inmate with a supply of the inmate's medications; and

~~D. offer the inmate an opiate antagonist, if clinically indicated, and educate the inmate on its use upon discharge if provided; and~~

~~E.~~ D. provide the inmate with any other information required under part 2911.2560.

Subp. 5. **Documentation.** The following items under this part must be documented:

A. case notes for any withdrawal management provided to an inmate;

B. why an inmate who was referred for withdrawal management did not receive it;

C. if an inmate was transferred to a health care facility for withdrawal management;

D. record or acknowledgment of any coordination with a community-based provider; and

E. all completed actions or information provided under subpart 4.

2911.5820 MEDICATION-ASSISTED SUBSTANCE USE DISORDER TREATMENT.

Subpart 1. **Policy and procedure for medication-assisted substance use disorder treatment; when required.** In cooperation with the health authority, a facility administrator

must develop and follow a policy and procedure on medication-assisted substance use disorder treatment if the facility offers the treatment, including how referrals are made for any treatment offered by community-based providers within the facility. At a minimum, the policy and procedure must:

A. specify ~~how~~ that health care personnel will assess for substance use disorders and provide medication-assisted substance use disorder treatment;

B. ~~specify a process for~~ require that information about discontinuing medication-assisted substance use disorder treatment ~~for~~ be provided to an inmate ~~if the~~ participating in treatment along with information about how the health authority or inmate ~~chooses~~ may choose to discontinue treatment;

C. require that information provided by the facility or health care personnel on any medication-assisted substance use disorder treatment that an inmate receives, including potential adverse reactions to medication taken for medication-assisted substance use disorder treatment, be communicated to the inmate in a language or be presented in a manner that they can attempt to understand; and

D. detail how a facility's process ~~for ensuring an inmate's~~ includes collaboration with health care personnel to ensure continuity of care is provided to an inmate in accordance with Minnesota Statutes, section 241.021, subdivision 4f, if the inmate has been prescribed medication for medication-assisted substance use disorder treatment before admission.

Subp. 2. **Medication-assisted substance use disorder treatment; generally.**

A. Nothing under this part requires an inmate to receive medication-assisted substance use disorder treatment or prevents an inmate from discontinuing treatment. If an inmate chooses to receive medication-assisted substance use disorder treatment:

~~(1) health care personnel must document any case notes for the inmate on the inmate's substance use disorder treatment;~~

~~(2)~~ (1) all medical decisions must be made independently of the inmate's classification; and

~~(3)~~ (2) an inmate's decision on their treatment must be made between only the inmate and health care personnel or a community-based provider.

B. An inmate must not be denied medication-assisted substance use disorder treatment ~~programming~~:

(1) as a disciplinary measure; or

(2) if the inmate:

(a) has a positive drug screen; or

(b) is in administrative separation or disciplinary segregation.

C. A facility administrator may limit an inmate's access to medication-assisted substance use disorder treatment ~~programming~~ if the inmate's behavior threatens the safety or security of individuals in the facility, but ~~programming~~ medication for treatment of a substance use disorder must still be provided or offered:

(1) at the inmate's cell door; or

(2) in the presence of custody staff.

D. An inmate's prescription medication ~~for~~ used to treat substance use disorder ~~treatment~~ may be changed or discontinued only according to part 2911.6800, subpart 2b.

Subp. 3. **Coordinating with community-based provider.** A facility administrator may coordinate with a community-based provider to provide medication-assisted substance use disorder treatment, including a provider that is an opioid treatment program under Minnesota Statutes, chapter 245G. Except as provided under Minnesota Statutes, section 241.021, subdivision 4f, nothing under this part allows a community-based provider to supersede the clinical judgment of health care personnel.

Subp. 4. **Continuity of care.** For an inmate who receives medication-assisted substance use disorder treatment while detained, health care personnel must:

A. provide the inmate information on or communicate to the inmate about:

(1) medication-assisted substance use disorder treatment; and

(2) how to contact the facility after discharge to request medical information or medical records relating to any medication-assisted substance use disorder treatment that the inmate received;

B. make a referral to a community-based provider for continued medication-assisted substance use disorder treatment, ~~if available~~ when offered;

C. if requested by the inmate at discharge, provide the inmate a list of the inmate's prescription medications, including frequency, amount, and last date of use, or if the information is unavailable, tell the inmate how to receive the information after discharge;

D. when applicable under part 2911.6800, subpart 3, provide the inmate with a supply of the inmate's medications;

E. provide the inmate with an injection of a federally approved long-acting injectable medication for medication-assisted substance use disorder treatment upon discharge if:

(1) clinically indicated;

(2) the inmate consents; and

(3) the facility's resources allow;

F. offer the inmate an opiate antagonist, if clinically indicated and the facility's resources allow, and educate the inmate on its use upon discharge, if provided; and

G. provide the inmate with any other information required under part 2911.2560.

Subp. 5. **Documentation.** The following items under this part must be documented:

A. any inmate case notes for medication-assisted substance use disorder treatment;

B. any limitations on an inmate's medication-assisted substance use disorder treatment under subpart 2;

C. if applicable, the reason for an inmate discontinuing medication-assisted substance use disorder treatment;

D. record or acknowledgment of any coordination with a community-based provider; and

E. all completed discharge actions or provided information under subpart 4.

2911.5830 MENTAL STATUS EXAM AND MENTAL HEALTH CARE.

Subpart 1. **Policy and procedure required for mental health care.** A facility administrator must develop and follow a policy and procedure on mental health care. At a minimum, the policy and procedure must:

A. specify how health-trained staff and health care personnel will screen for mental illness in accordance with this chapter;

B. detail how the facility will provide mental health care, including for an inmate in administrative separation or disciplinary segregation or after the inmate experienced trauma or stress due to a death, suicide attempt, inmate assault, or any other emergency or unusual occurrence under part 2911.3700, subpart 4; and

C. specify when the following information must be provided to an inmate in a language or manner that they can attempt to understand:

(1) if available in the facility, psychoeducational resources; and

(2) information on any received mental health care, including potential adverse reactions to any prescription medication.

Subp. 2. **Mental status exam; when required.**

A. Except as provided under subpart 3, a mental health professional must conduct a mental status exam for an inmate who is referred under part 2911.5800, subpart 6a. The exam must be conducted:

(1) within 14 days of referral; or

(2) sooner if the inmate's safety is at risk.

B. An inmate must receive an additional mental status exam when required by the facility's policy and procedure under subpart 1.

C. If a mental status exam cannot be conducted under this subpart, health care personnel must document and explain why:

(1) they were unable to conduct a mental status exam; and

(2) if applicable, why a mental status exam could not be conducted within 14 days of a referral.

Subp. 3. **When mental health professional is unavailable.**

A. If a mental health professional is unavailable according to subpart 2, item A, or part 2911.2860, subpart 2, health care personnel must visit with an inmate who is referred under part 2911.5800, subpart 6a. The visit must occur:

(1) within 14 days of referral; or

(2) sooner if the inmate's safety is at risk.

B. After visiting with an inmate, health care personnel must document any case notes for the inmate and, if clinically indicated, refer the inmate to a mental health professional for possible mental health care.

C. If health care personnel cannot visit with an inmate under this subpart, health care personnel must document and explain why.

Subp. 4. **Case notes and mental health care.** After conducting a mental status exam under subpart 2, a mental health professional must:

A. document any case notes for the inmate;

B. recommend and discuss any mental health care with the inmate in a language or in a manner that the inmate can attempt to understand;

C. if clinically indicated, refer the inmate to another mental health professional for additional mental health care; and

D. as needed for the inmate, make recommendations to custody staff on the inmate's mental health management, classification, and ability to participate in programming.

Subp. 5. **Access to mental health care; exceptions.**

A. An inmate must not be denied mental health care, including:

(1) as a disciplinary measure; or

(2) if the inmate is in administrative separation or disciplinary segregation.

B. A facility administrator may limit an inmate's access to mental health care if the inmate's behavior threatens the safety or security of individuals in the facility, but care must still be provided or offered:

(1) at the inmate's cell door; or

(2) in the presence of custody staff.

C. Nothing under this part requires an inmate to accept mental health care or prevents an inmate from discontinuing care.

Subp. 6. **Telehealth services allowed.** Nothing under this part prevents a facility from providing mental health care using telehealth services in accordance with part 2911.5800, subpart 1a.

Subp. 7. **Continuity of care.** For an inmate who has received mental health care while detained, health care personnel must:

A. allow access to information on or communicate with an inmate about mental health care;

B. provide information on or communicate to the inmate about how to contact the facility after discharge to request medical information or medical records relating to any mental health care that the inmate received;

C. if requested by the inmate, provide a list of the inmate's prescription medications, including frequency, amount, and last date of use, or if the information is unavailable, tell the inmate how to receive the information after discharge;

D. when applicable under part 2911.6800, subpart 3, provide the inmate with prescription medication; and

E. provide the inmate with any other information required under part 2911.2560.

Subp. 8. **Documentation.** The following items under this part must be documented:

A. all mental status exams received by an inmate and the reason for the inmate's mental status exam;

B. any limited inmate access to mental health care under subpart 5 and the reason for the limitation;

C. record or acknowledgment of any coordination with a community-based provider; and

D. all actions taken or information provided under subpart 7.

2911.5840 PSYCHIATRIC EMERGENCY.

Subpart 1. **Definition.** For purposes of this part, "psychiatric emergency" is a medical emergency and means an acute disturbance in thought, behavior, mood, or social relationship that requires immediate intervention to protect an inmate or others from imminent harm.

Subp. 2. **Policy and procedure required.** A facility administrator must develop and follow a policy and procedure on psychiatric emergencies. At a minimum, the policy and procedure must:

A. detail that custody staff must notify health care personnel when they have reason to believe an inmate is experiencing a psychiatric emergency;

B. ~~state what custody staff must do if health care personnel are unavailable to determine any needed emergency care~~ detail the immediate safety and security measures, including any response to resistance, available to custody staff to respond to an inmate experiencing a psychiatric emergency;

C. require that health care personnel ~~determines~~ determine whether the inmate is experiencing a psychiatric emergency and determine any medically necessary care as a result of the psychiatric emergency if one is established, including whether to administer emergency medication under subpart 3; ~~and~~

D. state what custody staff must do if health care personnel are unavailable to determine if an inmate is experiencing a psychiatric emergency and what medical care is necessary; and

~~D.~~ E. require ~~facility~~ custody staff to document any action taken ~~to respond~~ in response to a psychiatric emergency.

Subp. 3. **Emergency medication.**

A. Health care personnel may administer emergency medication to an inmate in the event of a psychiatric emergency according to part 2911.6700, subpart 1b, ~~item A~~ and Minnesota Statutes, section 253B.092.

B. If an inmate receives emergency medication, the inmate must receive more-frequent well-being checks in accordance with part ~~2911.6700, subpart 1b, item C~~ 2911.5015.

Subp. 4. **Care at health care facility; returning to facility.** If an inmate is taken to a health care facility in response to a psychiatric emergency, the inmate must receive follow-up care, as determined medically necessary by health care personnel, upon returning to the inmate's facility.

~~2911.5850 MENTAL HEALTH SUPPORT; TRAUMATIC EVENT.~~

~~Subpart 1.~~ **~~Mental health care; policy and procedure.~~**

~~A. Mental health care must be offered to an inmate identified as having experienced trauma or stress due to a death, suicide attempt, inmate assault, and any other emergency or unusual occurrence under part 2911.3700, subpart 4, that is identified in a facility's policy and procedure under this part. A facility administrator must develop and follow a policy and procedure that:~~

~~(1) identifies the health care personnel responsible for providing mental health care under item B;~~

~~(2) details when and how health care personnel must provide mental health care under this part; and~~

~~(3) provides how to identify inmates as having experienced trauma or stress due to a death, suicide attempt, or inmate staff assault and any other emergency or unusual occurrence identified in the facility's policy and procedure.~~

~~B. At least one of the following mental health services must be offered:~~

~~(1) one-on-one interventions;~~

~~(2) grieving groups; or~~

~~(3) another clinically appropriate service for mitigating and responding to trauma or stress.~~

~~Subp. 2. **Documentation.**~~

~~A. Health care personnel must document whether mental health care was offered to an inmate under this part and whether:~~

~~(1) mental health care was provided; or~~

~~(2) the inmate declined mental health care.~~

~~B. If the inmate received care, health care personnel must document the care in the inmate's health record.~~

2911.6000 FIRST AID.

Subpart 1. [Repealed, 38 SR 523]

Subp. 2. **First aid equipment.** First aid kits must be available in designated areas of the facility.

Subp. 3. [Renumbered 2911.6200 subp 1a]

2911.6200 MEDICAL, DENTAL, AND MENTAL HEALTH RECORDS.

Subpart 1. [Renumbered subp 1b]

Subp. 1a. **Medical, dental, and mental health records.**

A. Medical, dental, and mental health records must be maintained for an inmate receiving medical, dental, or mental health care.

B. An inmate's health record must include:

(1) complaints of illness or injury and actions taken to address or treat the illness or injury;

(2) any known inmate disabilities;

(3) instructions for inmate care and any treatment;

(4) orders for medication, including any discontinue date;

(5) any special treatment or diet;

(6) any activity restriction;

(7) times and dates when the inmate was seen by health care personnel, including by emergency medical services or other health care personnel not working in the facility; and

(8) any other health-care-related information required under this chapter.

C. Medical, dental, and mental health records must be available to staff for consultation in case of illness and for recording medication administration.

Subp. 1b. **Consent forms.** Consent forms must comply with applicable federal and state regulations.

Subp. 2. **Data practices.** An inmate's health record must be:

A. marked or otherwise distinguished from the inmate's file; and

B. maintained according to the Minnesota Government Data Practices Act, Minnesota Statutes, chapter 13.

Subp. 2a. **Medical sharing.** A facility administrator must develop and follow a policy and procedure for a responsible practitioner and other health care personnel to share with custody staff information on an inmate's:

A. medical, dental, and mental health management;

B. classification; and

C. ability to participate in programming.

Subp. 3. **Available information.** An inmate's health record information available to health-trained staff and custody staff must include, at a minimum, summary medical information provided by the health authority or other health care personnel to allow health-trained staff or other custody staff to ensure medical care of inmates in their custody in a manner consistent with that prescribed by a responsible practitioner or other health care personnel.

[For text of subparts 4 and 5, see Minnesota Rules]

Subp. 6. **Transferring records.**

A. A facility administrator must develop and follow a policy and procedure on transferring health records and information that establishes the requirements under this subpart. This subpart applies to:

(1) referrals or transfers between:

(a) facilities; and

(b) facilities and state correctional facilities; and

(2) referrals or transfers for medical, dental, or mental health services provided in a noncorrectional facility.

B. Summaries or copies of an inmate's health record must be sent to the facility to which the inmate is transferred or referred when the inmate is transferred or referred.

C. The facility administrator of the facility from which the inmate is being transferred or referred must minimally share the inmate's information under subpart 2a with the facility administrator or noncorrectional facility designated to receive the inmate. If there are no informed-consent forms signed by the inmate involved, the information may be summarized to ensure a level of medical care consistent with the inmate's needs.

2911.6400 DELIVERING, SUPERVISING, AND CONTROLLING MEDICATION.

A facility administrator must develop and follow a policy and procedure for the secure storage, delivery, administration, and control of medication according to parts 2911.6500 to 2911.6800 and Minnesota Statutes, section 241.021, subdivision 4f.

2911.6500 MEDICATION STORAGE.

Subpart 1. **Locked area.** Medication must be stored in a locked area. The storage area must be kept locked when not in use by health-trained staff or health care personnel.

Subp. 2. **Refrigeration.** Health-trained staff or health care personnel must refrigerate and secure medication requiring refrigeration and check the temperature daily. There must be separate refrigeration for medications only.

[For text of subpart 3, see Minnesota Rules]

Subp. 4. **Medication.**

A. Stock supplies of prescription medications may be maintained, if approved by the facility's health authority, as follows:

(1) prescription medication must be kept in its original container, bearing the original label; and

(2) poisons and medication intended for external use must be clearly marked.

B. A limited quantity of life-saving prescription medications as approved by the health authority may be maintained in emergency kits if the facility has health-trained staff or health care personnel who can administer the medications in the emergency kit.

Subp. 5. **Substances.** A facility administrator must develop and follow a procedure for maximum security storage of and accountability for substances.

Subp. 6. **Needles and other medical sharps.** A facility administrator must develop and follow a policy and procedure for health-trained staff and health care personnel to control and dispose of medical sharps and supplies. Medical sharps and supplies must be accounted for and secured in a locked area.

2911.6600 MEDICATION DELIVERY.

Subpart 1. **Delivering medication.** A health-trained staff member trained according to subparts 2 and 3 must deliver medication to an inmate under the direction of the health authority or other health care personnel.

Subp. 2. **Training.** Only health-trained staff who have received training appropriate to delivering medication according to this part may deliver medication.

Subp. 3. **Refresher training.** At least annually, a health-trained staff member delivering medication must receive refresher training in cooperation with the health authority.

[For text of subpart 4, see Minnesota Rules]

Subp. 5. **Recording deliveries.** A health-trained staff member must record the delivery of medications under the direction of the health authority or other health care personnel.

Subp. 6. **Self-administering medication.**

A. Except as provided under item B, an inmate must self-administer the inmate's medication, including injectable medication, under direct supervision of health-trained staff or health care personnel.

B. Direct supervision is not required when an inmate is self-administering topical medications and eye or ear drops.

Subp. 7. **Identification procedures.** Health-trained staff must follow a policy and procedure for identifying an inmate who is receiving the delivered medication. Health care personnel must be consulted when the policy and procedure is developed or updated.

[For text of subpart 8, see Minnesota Rules]

Subp. 9. **Reports on adverse reactions and medication errors.**

A. Health-trained staff must follow a policy and procedure to report any adverse reaction incidents or medication errors to health care personnel.

B. The adverse reaction to a drug and medication errors must be documented, and health-trained staff must document whether they reported the incident or error.

Subp. 10. **Refusing prescription medications; documentation.**

A. Health-trained staff must follow a policy and procedure to report an inmate's refusal of prescription medication to health care personnel. The refusal and any directives by health care personnel must be documented.

B. Health-trained staff must document whether they reported the refusal.

Subp. 11. [See repealer.]

[For text of subparts 12 and 13, see Minnesota Rules]

Subp. 14. **Expiration of medication order.** Health-trained staff must notify health care personnel of an impending expiration of a medication order so that health care personnel can determine whether to continue or change the medication. This subpart applies to an inmate who was prescribed medication before admission, to the extent consistent with Minnesota Statutes, section 241.021, subdivision 4f.

Subp. 15. **Nonprescription medication.** A facility's health authority is responsible for determining which over-the-counter nonprescription medication to make available for inmates.

[For text of subpart 16, see Minnesota Rules]

2911.6700 MEDICATION ADMINISTRATION.

Subpart 1. [See repealer.]

Subp. 1a. **Policy and procedure on voluntary and involuntary medication administration.** A facility administrator must develop and follow a policy and procedure on voluntary and involuntary administration of neuroleptic, nonneuroleptic, and psychotropic medications to inmates. The policy and procedure must:

A. ~~provide direction for~~ defer to or rely on the clinical policies and professional judgment of health care personnel ~~on~~ when administering medication in a medical emergency, including a psychiatric emergency, when an inmate does not have decision-making capacity, as defined under Minnesota Statutes, section 145C.01, subdivision 1b;

B. must provide direction for and specify the medications that health-trained staff may administer; ~~and~~

C. must provide direction for how health-trained staff will comply with Minnesota Statutes, section 253B.092, regarding the administration of neuroleptic medication; and

~~C.~~ D. must provide how facility staff will ensure that an inmate's Jarvis Order will be followed while the inmate is detained in the facility.

Subp. 1b. **Involuntary medication administration; emergency medication.**

A. This subpart applies to an inmate who is involuntarily medicated in the event of a medical emergency, which includes a psychiatric emergency defined in part 2911.5840.

B. If an inmate without decision-making capacity, as defined under Minnesota Statutes, section 145C.01, subdivision 1b, receives emergency medication because of a medical emergency, health care personnel must document:

(1) why health care personnel declared a medical emergency;

(2) whether health care personnel attempted any less-restrictive measures to care for the inmate before declaring a medical emergency;

(3) the reason for the emergency medication and the order directing the medication administration;

(4) any force used by custody staff to ensure that the medication was safely administered; and

(5) any follow-up care after the medication was administered.

C. After an inmate receives emergency medication under this subpart, the inmate must be subject to more-frequent well-being checks under part 2911.5015 until health care personnel determines that the inmate's health or safety would not be jeopardized by returning to 30-minute well-being checks.

Subp. 2. [See repealer.]

Subp. 3. [See repealer.]

Subp. 4. **Administering opiate antagonist.** Custody staff may administer an opiate antagonist according to Minnesota Statutes, section 151.37, subdivision 12.

2911.6800 MEDICATION CONTROL.

Subpart 1. **Records.** Records of receipt, the quantity of the drugs, and the disposition of all prescription medications must be maintained in detail to enable an accurate accounting.

Subp. 1a. ~~**Definition**~~ **Definitions.** For purposes of this part~~,~~:

A. "bioequivalent medication" means where two or more drugs with identical active ingredients or two different dosage forms of the same drug possess similar bioavailability and produce the same effect at the site of physiological activity~~.~~: and

B. "licensed health care professional" means the health authority or a licensed health care professional as defined under Minnesota Statutes, section 241.021, subdivision 4f, paragraph (c).

Subp. 2. **Verifying prescription medications.**

A. An inmate's own supply of prescription medications brought into the facility must be verified according to this subpart before dispensing.

B. Within 24 hours of an inmate's admission, staff must attempt to verify, in accordance with Minnesota Statutes, section 241.021, subdivision 4f, and as directed by policy in accordance with part 2911.6400 that an inmate's prescription medication has been ordered by ~~health care personnel legally authorized to prescribe the medication in accordance with their licensure~~ a licensed health care professional. After verifying an inmate's prescription medication, staff must document the verification.

C. If staff cannot verify an inmate's prescription medication within 24 hours of an inmate's admission, staff must:

(1) document why they were unable to verify the prescription medication within 24 hours of the inmate's admission;

(2) notify the health authority or health care personnel that they have not verified an inmate's prescription medication; and

(3) document the notification to the health authority or health care personnel and record any response, if received, from the health authority after the initial notification.

D. A facility administrator must develop and follow a policy and procedure on how often staff must attempt to verify an inmate's prescription medication. Any follow-up attempts must be documented.

Subp. 2a. **Prescription medication; continuity of care.** After an inmate's medication has been verified according to subpart 2, the inmate must receive any prescription medication prescribed before admission, in accordance with Minnesota Statutes, section 241.021, subdivision 4f. ~~The facility's health authority~~ A licensed health care professional may substitute a brand-name prescription medication with a bioequivalent generic medication without obtaining the inmate's written consent or contacting the prescribing provider.

Subp. 2b. **Discontinuing or changing prescription medication.**

A. If a ~~facility health authority~~ licensed health care professional wishes to discontinue a medication prescribed before an inmate was admitted or replace the medication with a different medication in accordance with Minnesota Statutes, section 241.021, subdivision 4f, the ~~health authority~~ licensed health care professional must first ~~seek written~~ provide notice to the inmate and document any consent or objection from the inmate.

B. If the inmate declines or is unable to provide written consent, the ~~health authority~~ licensed health care professional may only discontinue the medication prescribed before admission if the ~~health authority~~ licensed health care professional determines the

prescription medication is not medically appropriate for the inmate based on their medical condition or status and:

(1) the ~~health authority~~ licensed health care professional first consults with the prescribing provider; ~~or~~

(2) the ~~health authority~~ licensed health care professional has made at least two unsuccessful attempts, using different methods of communication if available, to contact the prescribing provider~~.~~; or

(3) the licensed health care professional determines that the physical or mental condition of the person creates a medical or mental health emergency requiring an immediate medication change based on circumstances that either exist or would be caused by the continuation of current medications.

C. The ~~health authority~~ licensed health care professional is authorized to replace medication prescribed before admission with a nonbioequivalent drug for reasons unrelated to whether the prescribed medication is medically appropriate when the ~~health authority~~ licensed health care professional:

(1) has determined that the new medication is at least as effective as the existing medication for the inmate's condition; and

(2) has obtained approval for the change from the prescribing provider of the original medication; or

(3) has made at least two unsuccessful attempts, using different methods of communication if available, to contact the prescribing provider and has allowed at least ~~seven days~~ 72 hours for the provider to object to the proposed change in medication.

D. If a ~~facility's health authority~~ licensed health care professional determines that it is not clinically appropriate for an inmate to continue taking medication prescribed by

the ~~health authority~~ prescribing provider, the ~~health authority~~ licensed health care professional must:

(1) if clinically indicated, prescribe alternative prescription medication;

(2) as applicable, document why alternative prescription medication was discontinued or prescribed; and

(3) explain, or have health care personnel explain, to the inmate in a language or manner that the inmate can attempt to understand:

(a) why the prescription medication has been discontinued; and

(b) if applicable, why the inmate is receiving alternative prescription medication.

E. ~~Health care personnel~~ The licensed health care professional may ~~discontinue or change~~ temporarily stop dispensing an inmate's prescription medication if the ~~inmate's actions related to the medication endanger~~ conditions set forth in Minnesota Statutes, section 241.021, subdivision 4f, paragraph (b), clause (3), exist where a medical or mental health emergency requires an immediate medication change to protect the health or safety of the inmate, other inmates, or facility staff.

F. This subpart applies to an inmate who was prescribed medication before admission, to the extent consistent with Minnesota Statutes, section 241.021, subdivision 4f.

Subp. 3. **Prescription medication upon transfer or discharge.**

A. If available in the facility, prescription medication must be given to an inmate or to the appropriate authority upon the inmate's transfer or ~~discharge~~ release unless the ~~health authority~~ licensed health care professional decides that in the medical interest of the inmate the medications should not be transferred or released with the inmate.

B. The ~~health authority~~ licensed health care professional must document whether they authorized providing an inmate's prescription medication upon transfer or ~~discharge~~ release or, if applicable, why they denied the prescription medication.

Subp. 4. **Destroying medication.** Health care personnel must destroy medication on expiration dates or when retention is no longer necessary or suitable, consistent with requirements of the Minnesota Pollution Control Agency.

2911.7100 INMATES WITH SPECIAL NEEDS.

Subpart 1. **Postadmission screening.** A facility administrator must develop and follow a policy and procedure that requires postadmission screening and referral for care of an inmate with special needs.

Subp. 2. [See repealer.]

[For text of subpart 3, see Minnesota Rules]

Subp. 4. **Care plan; when required.**

A. If clinically indicated by an inmate's special needs assessment under part 2911.2600, subpart 1, item I, a responsible practitioner or other health care personnel must:

(1) develop a written care plan for the inmate and discuss the care plan with the inmate in a language or manner that they can attempt to understand; and

(2) communicate with custody staff any accommodations that the inmate may require and document the accommodations in the inmate's file.

B. The care plan must be documented and placed in the inmate's health record.

RENUMBERING INSTRUCTION. The revisor of statutes shall renumber the provisions of Minnesota Rules listed in column A as those listed in column B. The revisor of statutes shall also make any necessary cross-reference changes consistent with the renumbering.

Column A	Column B
2911.0200, subpart 3	2911.0200, subpart 5c
2911.0200, subpart 56a	2911.0200, subpart 56e
2911.0200, subpart 56b	2911.0200, subpart 56f
2911.0200, subpart 65c	2911.0200, subpart 65e
2911.0900, subpart 1	2911.0900, subpart 1b

TERM CHANGE. The following terms are changed wherever they appear in Minnesota Rules, chapter 2911, as follows:

A. "custody personnel" is changed to "custody staff";

B. "data privacy" is changed to "data practices";

C. "health care personnel" is changed to "health care staff";

D. "inmate" is changed to "incarcerated person"; and

E. "responsible physician" is changed to "responsible practitioner."

REPEALER. Minnesota Rules, parts 2911.0200, subparts 7, 23, 24, 52, and 69; 2911.0300, subparts 5a and 6; 2911.0360; 2911.0370; 2911.0600; 2911.0700; 2911.0800; 2911.0900, subpart 26; 2911.1350; 2911.1800; 2911.2800, subpart 6; 2911.3600, subpart 7; 2911.3700, subpart 3; 2911.3900, subparts 2, 3, 4, 6, 7, and 8; 2911.4100, subpart 4; 2911.4800, subpart 5; 2911.5000, subpart 5; 2911.5800, subpart 5; 2911.6600, subpart 11; 2911.6700, subparts 1, 2, and 3; and 2911.7100, subpart 2, are repealed.

EFFECTIVE DATE. Minnesota Rules, parts 2911.0100 to 2911.7100, and the repealer are effective ~~90~~ 180 calendar days after publication in the State Register.