

1.1 **Department of Corrections**

1.2 **Proposed Permanent Rules Relating to Jail Facilities**

1.3 **2911.0200 DEFINITIONS.**

1.4 Subpart 1. **Scope.** For ~~the purpose~~ purposes of this chapter, the ~~following~~ terms defined  
1.5 in this part have the meanings given them.

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

1.9 A. is prone to escape, is prone to assault staff or other inmates, or likely to need  
1.10 needs protection from other inmates or protection from self; an inmate with a mental illness  
1.11 or a developmental disability who is in need of special care, or an inmate;

1.12 B. has been classified as a special needs inmate and must be separated for the  
1.13 inmate's health or safety; or

1.14 C. is on medical isolation or infirmary status.

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

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

1.18 Subp. 5b. **Assessment for substance use disorder.** "Assessment for substance use  
1.19 disorder" means a clinical evaluation to determine the presence of a substance use disorder  
1.20 and whether federally approved medication for treating the substance use disorder is clinically  
1.21 indicated.

1.22 *[For text of subpart 6, see Minnesota Rules]*

1.23 Subp. 7. [See repealer.]

1.24 *[For text of subparts 8 to 16, see Minnesota Rules]*

2.1 Subp. 17. **Classification.** "Classification" means a process for determining the needs  
2.2 and security requirements of detained inmates for whom confinement has been ordered and  
2.3 for assigning the inmates to housing units and programs according to:

2.4 A. a facility's resources; and

2.5 B. ~~their~~ the inmates' needs and existing resources as determined by the medical  
2.6 screenings under part 2911.2525 or as needed because of a status change under part  
2.7 2911.2600, subpart 2.

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

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

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

2.13 Subp. 23. [See repealer.]

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

2.15 Subp. 26. **Custody personnel staff.** "Custody personnel staff" means those facility  
2.16 staff whose primary duty is supervision of supervising inmates.

2.17 Subp. 26a. **Daily or day.** Unless otherwise specified or required by law, "daily" or  
2.18 "day" means a calendar day.

2.19 *[For text of subparts 27 and 28, see Minnesota Rules]*

2.20 Subp. 29. **Disciplinary segregation.** "Disciplinary segregation" means the status  
2.21 assigned an inmate following when an inmate is segregated from general population:

2.22 A. after a hearing in which the inmate was found in violation of a facility rule or  
2.23 state or federal law or the status assigned an inmate; or

3.1 B. before a hearing ~~when segregating the inmate is determined to be necessary in~~  
3.2 ~~order to reasonably ensure the~~ facility's security of the facility.

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

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

3.7 *[For text of subparts 30 to 35, see Minnesota Rules]*

3.8 Subp. 36. **Facility administrator.** "Facility administrator" means ~~the~~ an individual  
3.9 who has been delegated the responsibility and authority for ~~the administration and operation~~  
3.10 ~~of administering and operating a facility.~~ Facility administrator includes the administrator's  
3.11 designee.

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

3.13 Subp. 39. **Health authority.** "Health authority" means ~~an individual or agency licensed~~  
3.14 ~~to practice medicine and provide~~ a person licensed to practice medicine that provides and  
3.15 coordinates health care services to ~~the inmate population of the facility or the physician at~~  
3.16 ~~an institution with final responsibility for decisions related to~~ and for inmates and has the  
3.17 final responsibility for making medical judgments.

3.18 Subp. 40. **Health care personnel.** "Health care personnel" means an individual ~~whose~~  
3.19 ~~primary duty is to provide health services in accordance with their respective license. The~~  
3.20 ~~individual must be a RN, LPN, nurse practitioner, physician, or physician assistant~~ who is  
3.21 licensed, certified, or credentialed by a state, territory, or other licensing body to provide  
3.22 health care services within the scope and skills of the individual's health care profession.

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

4.1 Subp. 41. **Health-trained staff person.** "Health-trained staff ~~person~~" means a ~~person~~  
4.2 custody staff member who provides assistance to ~~the~~ a responsible ~~physician~~ practitioner  
4.3 or other health care personnel ~~in keeping with the person's levels of:~~

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

4.5 B. under the direction of the facility's health authority and a responsible  
4.6 practitioner.

4.7 *[For text of subparts 42 and 43, see Minnesota Rules]*

4.8 Subp. 43a. **Incapacitated.** "Incapacitated" means when an inmate is impaired by a  
4.9 substance, by mental illness, or by physical illness or disability to the extent that personal  
4.10 decision-making is impossible.

4.11 *[For text of subparts 44 to 51, see Minnesota Rules]*

4.12 Subp. 52. [See repealer.]

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

4.14 Subp. 54a. **Medical emergency.** "Medical emergency" means when an inmate requires  
4.15 emergency care.

4.16 *[For text of subpart 55, see Minnesota Rules]*

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

4.20 *[For text of subparts 56 to 56b, see Minnesota Rules]*

4.21 Subp. 56c. **Monthly.** "Monthly" means every 30 days.

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

5.1 Subp. 58a. **Prescription medication.** "Prescription medication" means a medication  
5.2 that is required by federal law to bear ~~the following~~ a statement: "Caution: saying that federal  
5.3 law prohibits dispensing without or transferring the medication to a person who does not  
5.4 have a prescription for the medication."

5.5 *[For text of subpart 59, see Minnesota Rules]*

5.6 Subp. 60. **Responsible ~~physieian~~ practitioner.** "Responsible ~~physieian~~ practitioner"  
5.7 means ~~an individual~~ a licensed:

5.8 A. to practice medicine and provide health services to the inmate population of  
5.9 the facility nurse practitioner, advanced practice registered nurse, or physician assistant  
5.10 who provides health care services to inmates; or

5.11 B. the physician at an institution with final responsibility for decisions related to  
5.12 making medical judgments.

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

5.14 *[For text of subparts 61 to 66, see Minnesota Rules]*

5.15 Subp. 67. **Special needs inmate.** "Special needs inmate" means an inmate ~~whose~~  
5.16 ~~mental or physical condition requires special handling and treatment by staff~~ with a health  
5.17 condition that requires an individualized treatment plan for optimum care.

5.18 Subp. 67a. **Step-down management.** "Step-down management" means program  
5.19 procedures that support inmates in disciplinary segregation to transition back to general  
5.20 population.

5.21 *[For text of subpart 68, see Minnesota Rules]*

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

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

6.3 Subp. 68c. **Substance use disorder treatment.** "Substance use disorder treatment"  
6.4 has the meaning given in Minnesota Statutes, section 245G.01, subdivision 24.

6.5 Subp. 69. [See repealer.]

6.6 *[For text of subpart 70, see Minnesota Rules]*

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

6.9 Subp. 70b. **Weekly.** "Weekly" means every seven days.

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

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

6.14 Subp. 73. **Well-being check.** "Well-being check" means when a custody staff member  
6.15 stops and directly observes an inmate in the facility to:

6.16 A. ensure that the inmate is present and alive; and

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

6.18 Subp. 74. **Withdrawal management.** "Withdrawal management" means medical and  
6.19 psychological care, including federally approved medication, of individuals who are  
6.20 experiencing withdrawal symptoms because they have stopped using a substance or have  
6.21 reduced their substance use.

7.1 **2911.0210 INCORPORATIONS BY REFERENCE.**

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

7.5 Subp. 2. **Appropriate Use of Drug Testing in Clinical Addiction**  
7.6 **Medicine.** "Appropriate Use of Drug Testing in Clinical Addiction Medicine," published  
7.7 by the American Society of Addiction Medicine Board of Directors (April 5, 2017, and as  
7.8 subsequently amended).

7.9 Subp. 3. **Core Jail Standards.** "Core Jail Standards," published by the American  
7.10 Correctional Association (2010 and as subsequently amended).

7.11 Subp. 4. **Dietary Guidelines for Americans, 2020-2025.** "Dietary Guidelines for  
7.12 Americans, 2020-2025," published by U.S. Departments of Agriculture and Health and  
7.13 Human Services (December 2020 and as subsequently amended).

7.14 Subp. 5. **DOC Portal Special Incidents.** "DOC Portal Special Incidents," published  
7.15 by the Minnesota Department of Corrections (2024 and as subsequently amended).

7.16 Subp. 6. **Guidelines for Managing Substance Withdrawal in Jails.** "Guidelines for  
7.17 Managing Substance Withdrawal in Jails: A Tool for Local Government Officials, Jail  
7.18 Administrators, Correctional Officers, and Health Care Professionals," published by the  
7.19 Bureau of Justice Assistance and the National Institute of Corrections (June 2023 and as  
7.20 subsequently amended).

7.21 Subp. 7. **Jail-Based Medication-Assisted Treatment.** "Jail-Based Medication-Assisted  
7.22 Treatment: Promising Practices, Guidelines, and Resources for the Field," published by the  
7.23 National Sheriffs' Association and the National Commission on Correctional Health Care  
7.24 (October 2018 and as subsequently amended).

8.1 **Subp. 8. Principles of Drug Abuse Treatment for Criminal Justice**

8.2 **Populations.** "Principles of Drug Abuse Treatment for Criminal Justice Populations: A  
8.3 Research-Based Guide," published by the National Institute on Drug Abuse (April 2014  
8.4 and as subsequently amended).

8.5 **Subp. 9. SAMHSA Opioid Overdose Prevention Toolkit.** "SAMHSA Opioid  
8.6 Overdose Prevention Toolkit: Five Essential Steps for First Responders," published by the  
8.7 Substance Abuse and Mental Health Services Administration (2018 and as subsequently  
8.8 amended).

8.9 **Subp. 10. Standards for Health Services in Jails.** "Standards for Health Services in  
8.10 Jails," published by the National Commission on Correctional Health Care (2018 and as  
8.11 subsequently amended).

8.12 **Subp. 11. Use of Medication-Assisted Treatment for Opioid Use Disorder in**  
8.13 **Criminal Justice Settings.** "Use of Medication-Assisted Treatment for Opioid Use Disorder  
8.14 in Criminal Justice Settings," published by the Substance Abuse and Mental Health Services  
8.15 Administration (2019 and as subsequently amended).

8.16 **2911.0300 INTENDED USE AND NONCONFORMANCE WITH RULES**  
8.17 **CORRECTIVE ACTION PLANS.**

8.18 **Subpart 1. Intended use.**

8.19 **A.** A facility ~~shall~~ must be used only according to its classification, Class I to  
8.20 Class VI, as approved by the ~~Department of Corrections~~ commissioner.

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

8.24 **C.** A Class II facility may house inmates serving an alternative sentence for a time  
8.25 not to exceed any limits ~~set by~~ under Minnesota Statutes. ~~A facility must be in compliance~~



9.1 ~~with a rule part, subpart, or item as designated under subpart 5a in order to meet approval~~  
9.2 ~~requirements for continued operation unless the commissioner waives the part, subpart, or~~  
9.3 ~~item.~~

9.4 D. The commissioner ~~shall~~ must assess a facility based on compliance with ~~rules~~  
9.5 ~~applicable~~ requirements under this chapter that apply to the facility's classification ~~at the~~  
9.6 ~~time of the facility's last inspection.~~

9.7 Subp. 2. **Nonconformance, Unsafe, unsanitary, or illegal conditions; restricted**  
9.8 **use.** ~~When conditions do not substantially conform or where~~ If specific conditions endanger  
9.9 the health, welfare, or safety of inmates or staff, the facility's use ~~is~~ must be restricted  
9.10 ~~pursuant~~ according to Minnesota Statutes, section 241.021, subdivision 1, or legal  
9.11 ~~proceedings to condemn the facility will be initiated pursuant to Minnesota Statutes, section~~  
9.12 ~~641.26 or 642.10.~~

9.13 *[For text of subpart 3, see Minnesota Rules]*

9.14 Subp. 4. **Correction of deficiencies** **Corrective action plans.** ~~Sanctions for violation~~  
9.15 ~~of mandatory rules are as follows:~~

9.16 A. ~~For a level one sanction, the facility inspector shall issue a written compliance~~  
9.17 ~~order to the facility administrator and governing body for correction of deficiencies within~~  
9.18 ~~a specified time up to 180 days:~~

9.19 B. ~~For a level two sanction, the facility inspector shall issue a written compliance~~  
9.20 ~~order to the facility administrator and governing body that requires submission of a written~~  
9.21 ~~plan of action inclusive of time lines for correction of any deficiency allowed more than~~  
9.22 ~~180 days for correction. The DOC shall grant or deny approval of the action plan in writing~~  
9.23 ~~within 30 days of receiving the action plan.~~

9.24 C. ~~For a level three sanction, when compliance is not achieved within time lines~~  
9.25 ~~ordered or action plans are not implemented as approved by the DOC, the facility inspector~~

10.1 ~~shall submit to the facility administrator and governing body a limited use agreement for~~  
10.2 ~~review, signature, and return within a specified time.~~

10.3 ~~D. For a level four sanction, when compliance with the rules under subpart 5a,~~  
10.4 ~~item B, cannot be achieved because of serious life safety and physical plant deficiencies,~~  
10.5 ~~the commissioner shall specify a duration of time, known as the sunset authorization period,~~  
10.6 ~~after which the facility will no longer have the authority to operate.~~

10.7 ~~E. For a level five sanction, when level one to level four sanctions have not resulted~~  
10.8 ~~in correction of deficiencies, the commissioner shall exercise restricted use or condemnation~~  
10.9 ~~authority under subpart 2.~~

10.10 A. The commissioner must issue a corrective action plan to a facility administrator  
10.11 if the commissioner determines that:

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

10.14 (2) the deficiency does not meet the standards for a licensing action.

10.15 B. The corrective action plan must:

10.16 (1) be in writing;

10.17 (2) identify all deficiencies;

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

10.19 (4) provide a deadline to:

10.20 (a) correct each deficiency; and

10.21 (b) report to the commissioner progress toward correcting the deficiency.

10.22 C. When the deficiency has been corrected, the facility administrator must submit  
10.23 to the commissioner documentation detailing the administrator's compliance with the

11.1 corrective action plan. If the commissioner determines that the administrator has not remedied  
11.2 the deficiency, the facility is subject to a licensing action or an additional corrective action  
11.3 plan.

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

11.7 Subp. 5. [Repealed, 38 SR 523]

11.8 Subp. 5a. [See repealer.]

11.9 Subp. 6. [See repealer.]

11.10 **2911.0310 FACILITY SELF-AUDIT.**

11.11 **Subpart 1. Policy and procedure on self-audit required.**

11.12 A. A facility administrator must develop and follow a policy and procedure that  
11.13 details the facility's self-audit process. A self-audit must be:

11.14 (1) conducted to ensure the facility's compliance with this chapter;

11.15 (2) conducted annually;

11.16 (3) conducted using department-provided checklists that reflect inspection  
11.17 and policy requirements under this chapter and Minnesota Statutes, section 241.021; and

11.18 (4) documented and maintained for the commissioner to review upon request.

11.19 Subp. 2. **Requirements.** A facility's self-audit must demonstrate progress toward  
11.20 complying with any enforcement action taken under this chapter or Minnesota Statutes,  
11.21 section 241.021, subdivisions 1a to 1c.

12.1 **2911.0400 VARIANCES.**

12.2 Subpart 1. **Variances; generally.** ~~The A facility administrator may apply for a variance~~  
 12.3 ~~from a requirement under this chapter by submitting a request through the DOC Portal.~~

12.4 ~~Granting of a variance under this part for one facility shall~~ does not constitute a precedent  
 12.5 for any other facility. ~~The granting and denial of variances shall be in writing and made~~  
 12.6 ~~within 30 days of the request for a variance~~ commissioner must grant or deny a variance  
 12.7 through the DOC Portal. The variance ~~shall~~ must be granted by the commissioner if, in the  
 12.8 licensing procedure or enforcement of this chapter, all ~~of~~ the following are present:

12.9 A. requiring a ~~particular~~ facility to ~~strictly~~ comply with one or more ~~of the~~  
 12.10 ~~provisions~~ requirements will result in undue financial hardship or jeopardize the health,  
 12.11 safety, security, detention, or well-being of the inmates or facility staff;

12.12 ~~B. the facility is otherwise in substantial conformity with this chapter or is making~~  
 12.13 ~~satisfactory progress toward substantial conformity;~~

12.14 ~~C. granting the variance will not preclude the facility from making satisfactory~~  
 12.15 ~~progress toward substantial conformity with this chapter;~~

12.16 ~~D.~~ B. granting the variance will not leave the interests and well-being of the  
 12.17 inmates or facility staff unprotected; and

12.18 ~~E.~~ C. the facility will take substitute action as is necessary or available to comply  
 12.19 with the general purpose of this chapter to the fullest extent possible.

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

12.21 A. ~~When~~ If a facility administrator declares an emergency, ~~the applicable rules~~  
 12.22 ~~may be suspended during the duration of the emergency.~~ the facility administrator ~~or designee~~  
 12.23 ~~shall~~ must notify the DOC ~~in writing through the DOC Portal~~ within ~~72~~ 24 hours, excluding  
 12.24 holidays and weekends, of:

12.25 (1) of an ~~the~~ emergency ~~that results in the suspension of;~~ and

13.1 ~~(2) any rule under this chapter~~ (2) any requirement that the facility is unable to comply  
 13.2 with because of the emergency and why the facility cannot comply.

13.3 B. When the emergency ends, the commissioner must review:

13.4 (1) which requirement was suspended because of the emergency;

13.5 (2) whether the suspended requirement:

13.6 (a) was related to the emergency; and

13.7 (b) jeopardized the health, safety, and security of facility staff and  
 13.8 inmates; and

13.9 (3) whether an enforcement action under part 2911.0300, subpart 4, must be  
 13.10 taken because of any facility actions that were unrelated to the emergency or that jeopardized  
 13.11 the health, safety, and security of facility staff and inmates.

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

13.13 **Subp. 8. Overcrowded facility plan.** ~~Whenever an overerowed~~ A facility  
 13.14 administrator must attempt to contract with other facilities to use available per diem bed  
 13.15 space for when a facility is overcrowded. If a facility ~~condition occurs~~ is overcrowded and  
 13.16 the conditions in subpart 7 exist, a facility ~~shall have~~ administrator must follow a written  
 13.17 plan that requires ~~the use of~~ using available contract per diem bed space ~~in DOC-approved~~  
 13.18 facilities within a 125-mile radius. The plan ~~shall require the following~~ must include the  
 13.19 requirements under items A to C.

13.20 A. The facility administrator may exceed approved capacity established under  
 13.21 parts 2911.0330 to 2911.0370 only ~~when~~ if no space is available for contract per diem usage  
 13.22 within 125 miles.

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

13.24 [For text of subpart 9, see Minnesota Rules]

14.1 **2911.0900 STAFFING REQUIREMENTS.**14.2 Subpart 1. **Staffing plan and staffing analysis required; review.**

14.3 A. The A facility administrator ~~shall prepare and retain~~ must develop and follow  
14.4 a written staffing plan:

14.5 ~~The staffing plan shall identify~~ that meets the requirements under this part and identifies:

14.6 ~~A. (1) jail personnel~~ staff assignments for:

14.7 ~~(1) (a)~~ (a) facility administration and supervision;

14.8 ~~(2) (b)~~ (b) facility programs including exercise and recreation;

14.9 ~~(3) (c)~~ (c) inmate admission, ~~booking,~~ supervision, and custody;

14.10 ~~(4) (d)~~ (d) support services including medical, food service, maintenance, and  
14.11 clerical; and

14.12 ~~(5) (e)~~ (e) other ~~jail-relevant~~ facility-relevant functions such as ~~escort and~~  
14.13 ~~transportation of~~ escorting and transporting inmates;

14.14 ~~B. (2) the days of the week~~ that the assignments are filled;

14.15 ~~C. (3) the hours of the day~~ that the assignments are covered; and

14.16 ~~D. (4) any deviations from the plan with respect to~~ during weekends, holidays,  
14.17 or other ~~atypical situations must be considered~~ foreseeable schedule disruptions.

14.18 B. The facility administrator or designee shall must review the facility's staffing  
14.19 plan at least ~~once each year~~ annually, and the commissioner must approve the plan if the  
14.20 commissioner determines that the plan:

14.21 (1) complies with the staffing ratios and staffing requirements under this  
14.22 chapter; and

14.23 (2) will meet the needs of the population served by the facility.

15.1 C. After reviewing the plan, the facility administrator must document the review  
15.2 ~~shall be documented in written form sufficient to indicate that staffing plans have been~~  
15.3 ~~reviewed and whether the staffing plan has been revised as appropriate to comply with this~~  
15.4 ~~chapter and meet the facility's needs or referred to the facility's governing body for funding~~  
15.5 ~~consideration of the population served by the facility.~~

15.6 D. The commissioner-approved staffing plan must be available to the commissioner  
15.7 upon request, and the facility administrator must notify the commissioner through the DOC  
15.8 Portal of any changes to the staffing plan.

15.9 E. At least annually, a facility with a design capacity of more than 60 beds  
15.10 administrator must have conduct a staffing analysis and staffing plan approved by the  
15.11 commissioner of corrections. This The staffing analysis shall include must be conducted  
15.12 through the DOC Portal and must analyze:

15.13 (1) all posts;

15.14 (2) facility functions;

15.15 (3) net annual work hours appropriate to each post; and

15.16 (4) total number of employees staff to fill the identified posts and functions.

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

15.18 Subp. 12. ~~**Assistance for Dispatcher or custody staff person as sole supervision**~~  
15.19 ~~**prohibited.** In A facility that uses the cannot use a dispatcher or custody position as sole~~  
15.20 ~~inmate supervision, the dispatcher or custody staff person must be assisted on duty by~~  
15.21 ~~another custody staff person when the facility's inmate population exceeds five.~~

15.22 Subp. 13. [Repealed, 38 SR 523]

15.23 Subp. 14. [See repealer.]

16.1 Subp. 15. **Ratio of custody staff to inmates, reporting incidents, and responding**  
16.2 **to emergencies.**

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

16.4 (1) "direct supervision" means ensuring continuous direct contact between  
16.5 inmates and custody staff by posting a custody staff member inside each housing unit;

16.6 (2) "linear" means when cells are arranged along corridors and custody staff  
16.7 must patrol the corridors to supervise inmates; and

16.8 (3) "podular" means a design with a control center in the center of the facility,  
16.9 with cells, dayrooms, or program areas surrounding the perimeter in a circular or pie-shaped  
16.10 layout.

16.11 ~~A. B. A facility with a design capacity of 60 50 or fewer beds shall meet the~~  
16.12 ~~staffing ratios in this item. For inmate supervision, the overall facilitywide must have a~~  
16.13 ~~minimum ratio of custody staff to inmates shall be for inmate supervision of one custody~~  
16.14 ~~officer staff member to 25 inmates. These staff must be in the facility and on duty at all~~  
16.15 ~~times and not involved in temporary duties outside of the facility. Included in this ratio are~~  
16.16 ~~all staff who are assigned and trained in the custody and supervision of inmates as their~~  
16.17 ~~primary duty. Staff not directly responsible for custody and supervision of inmates such as~~  
16.18 ~~administrative, supervisory, program, bailiff, or support staff shall not be included in this~~  
16.19 ~~ratio.~~

16.20 ~~B. C. A facility with a design capacity of 60 51 or more beds shall meet the staffing~~  
16.21 ~~ratios in this item. For inmate supervision, the overall facilitywide must have a minimum~~  
16.22 ~~ratio or custody staff to inmates shall not be less than for inmate supervision as follows:~~

16.23 (1) 1 custody staff member to 60 inmates for direct supervision housing units  
16.24 with lockdown capability;

16.25 (2) 1 custody staff member to 48 inmates for direct supervision dormitories;



17.1 (3) 1 custody staff member to 40 inmates for indirect or podular inmate  
17.2 supervision; and

17.3 (4) 1 custody staff member to 25 inmates for linear housing areas.

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

17.5 (1) custody staff must be present in the facility, must be at their assigned  
17.6 posts, must be on duty at all times, and must not be involved in temporary duties outside  
17.7 the facility;

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

17.9 (a) custody staff under subpart 17, item A, subitems (1) and (2); and

17.10 (b) staff whose primary duty is not supervising inmates; and

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

17.13 ~~C. A facility administrator may apply for a specific variance from the staffing~~  
17.14 ~~requirements in this subpart from the commissioner. Consideration of this variance shall~~  
17.15 ~~require that supervision of inmates is accomplished in an appropriate manner and that the~~  
17.16 ~~safety and security of the facility, staff, and inmates are not compromised.~~

17.17 Subp. 16. [Repealed, 38 SR 523]

17.18 Subp. 17. **Escort, movement, or booking and admission staff.**

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

17.21 ~~A. (1) internal escort, rover, or movement officers in sufficient numbers as~~  
17.22 ~~determined in the approved staffing plan under this subpart~~ escort staff to ensure that:

18.1 (a) consistent with the facility's needs, inmates have access to staff,  
18.2 programs, activities, and both health care and non-health-care services; and ~~that~~

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

18.5 ~~B. (2) sufficient staff present to provide for the booking of offenders without a~~  
18.6 ~~reduction in the safety or security of the facility and inmates~~; admissions as follows:

18.7 (a) at least one admissions staff member per 2,000 admissions per year;  
18.8 and

18.9 (b) for facilities with fewer than 2,000 admissions per year, custody staff  
18.10 to meet the facility's needs.

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

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

18.16 Subp. 17a. Multifloor jails. C. In Class I to Class VI facilities with multifloor jails,  
18.17 custody staff must be posted on each floor occupied by inmates; and.

18.18 Subp. 17b. Post orders. D. sufficient numbers of In Class I to Class VI facilities,  
18.19 there must be staff to complete duties listed in post orders under part 2911.5000, subpart 1.

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

19.1 A. be reduced below ~~minimums afforded under~~ the facility's minimum staffing  
19.2 ratios under its staffing plan-; or

19.3 B. jeopardize the safety and security of inmates and facility staff.

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

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

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

19.10 B. No override reduction is allowed in any a facility ~~using a custody staff person~~  
19.11 ~~or dispatcher as sole supervision or facilities~~ using staffing patterns that employ only one  
19.12 dispatcher and one custody staff person.

19.13 C. Facilities using ~~the override allowed in this subpart~~ must document:

19.14 (1) the number of inmates in the facility on an hourly basis and those under  
19.15 ~~the facilities'~~ facility's jurisdiction that are temporarily released from the facility for work,  
19.16 education, community service, or sentencing to service programs. ~~The facility shall also~~  
19.17 ~~document; and~~ document; and

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

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

19.21 Subp. 26. [See repealer.]

19.22 Subp. 27. **Control center.** A facility's control center must be staffed with at least one  
19.23 custody staff member at all times except when all of the staff member's security duties can  
19.24 be taken over by another custody staff member or dispatch located within a secured area.

20.1 **2911.1000 TRAINING PLAN.**20.2 Subpart 1. Training plan required; documentation.20.3 A. A facility administrator ~~or designee shall~~ must:20.4 (1) develop and ~~implement~~ follow a written training plan for ~~the orientation~~  
20.5 ~~of orienting~~ new employees and volunteers; and20.6 (2) provide for ~~continuing in-service~~ annual training ~~programs~~ for all  
20.7 employees and volunteers.20.8 B. All training plans ~~shall~~ must be documented and describe the training's  
20.9 curriculum, methods of instruction, and objectives. ~~In-service training plans shall be prepared~~  
20.10 ~~annually and shall provide documentation indicating that training for individual employees~~  
20.11 ~~has taken into consideration their length of service, position within the organization, and~~  
20.12 ~~previous training completed.~~20.13 Subp. 2. Training according to job assignment. All facility employees must complete  
20.14 annual training hours that are relevant to their assigned job duties and according to parts  
20.15 2911.1200 to 2911.1500.20.16 **2911.1200 ~~CLERICAL AND SUPPORT EMPLOYEES~~ STAFF WITH MINIMAL**  
20.17 **OR REGULAR ~~OR DAILY~~ INMATE CONTACT; TRAINING.**20.18 Subpart 1. **Minimal inmate contact.** A facility ~~shall have~~ administrator must develop  
20.19 and follow a written policy and procedure that provides that all new ~~clerical and support~~  
20.20 ~~employees that~~ support staff who have minimal inmate contact receive at least 24 hours of  
20.21 orientation and training during their first year of employment. ~~Sixteen of these~~ Of the 24  
20.22 ~~hours are,~~ 16 hours must be completed before being independently assigned to a ~~particular~~  
20.23 ~~job. Persons in this category are given an additional 16 hours of training each subsequent~~  
20.24 ~~year of employment.~~

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

21.2 A. A facility ~~shall have~~ administrator must develop and follow a written policy  
21.3 and procedure that provides that all new clerical and support employees staff who have  
21.4 regular or daily inmate contact receive at least 40 hours of orientation and training during  
21.5 their first year of employment. ~~These hours are to be completed and~~ before being  
21.6 independently assigned to a particular job. ~~The employees are given an additional 16 hours~~  
21.7 of training each subsequent year of employment.

21.8 B. At a minimum, ~~this the~~ training covers the following areas must include the  
21.9 following topics:

21.10 A. (1) security procedures and regulations;

21.11 B. (2) rights and responsibilities of inmates;

21.12 C. (3) all applicable emergency procedures;

21.13 D. (4) interpersonal relations and communication skills; ~~and~~

21.14 E. (5) first aid; and

21.15 (6) response-to-resistance regulations and tactics under part 2911.4950,  
21.16 including training on security equipment, that are necessary for the staff to perform their  
21.17 job duties.

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

21.20 Subp. 4. **Contract staff included.** This part also applies to contract staff working in  
21.21 a facility.

22.1 **2911.1300 CUSTODY STAFF; TRAINING.**

22.2 Subpart 1. Policy and procedure required; initial training. A facility ~~shall have~~  
22.3 administrator must develop and follow a written policy and procedure that provides that  
22.4 requires all new custody staff to receive at least 120 hours of orientation and training during  
22.5 the their first year of employment.

22.6 Subp. 2. Required training before independent assignment. ~~Forty of these hours~~  
22.7 are completed prior to being Before a custody staff member is independently assigned to a  
22.8 particular post. All persons in this category are given an additional 16 hours of training each  
22.9 subsequent year. At a minimum, training completed before independent assignment to a  
22.10 particular post shall include, they must receive training on the following topics:

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

22.12 C. ~~signs of suicide risk and suicide precautions;~~ well-being checks, including  
22.13 training on:

22.14 (1) the facility's policy and procedure on well-being checks;

22.15 (2) documenting well-being checks using a uniform procedure; and

22.16 (3) when to notify health care personnel under part 2911.5010, subpart 4;

22.17 D. ~~vulnerable~~ identifying and assessing special-needs inmates;

22.18 E. ~~response to resistance~~ response-to-resistance regulations and tactics, including  
22.19 training on security equipment and, consistent with Minnesota Statutes, section 241.88,  
22.20 pregnancy restraints;

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

22.22 M. ~~distribution of medications~~ admissions policy and procedure under part  
22.23 2911.2525, including medical screenings;

23.1 N. ~~right to know~~ the facility's policy and procedure manual under part 2911.1900;  
23.2 ~~and~~

23.3 O. ~~blood-borne pathogens and communicable diseases.~~ medical training, under  
23.4 the direction of the health authority, with instruction in:

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

23.7 (2) certification for administering first aid and CPR;

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

23.9 (4) recognizing signs and symptoms of mental illness, developmental  
23.10 disability, and emotional disturbance;

23.11 (5) recognizing signs and symptoms of substance abuse, substance withdrawal,  
23.12 and substance overdose, including dehydration and administering naloxone;

23.13 (6) procedures for inmate transfers to medical facilities or other health care  
23.14 providers, or to other state and local correctional facilities;

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

23.16 (8) blood-borne pathogens and communicable diseases; and

23.17 P. training on suicide risk and suicide precautions, including:

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

23.19 (2) responding to a suicidal inmate;

23.20 (3) communication between custody staff and health care personnel;

23.21 (4) housing observation and procedures for suicide watch level; and

23.22 (5) follow-up monitoring of an inmate who has attempted suicide.

24.1 Subp. 3. **Recertifying for first aid and CPR.** All custody staff must be recertified  
 24.2 in first aid and CPR as required to continuously maintain the certification. The recertification  
 24.3 must be documented in writing and maintained according to this chapter.

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

24.6 A. well-being checks;

24.7 B. admissions;

24.8 C. response to resistance; and

24.9 D. medical training and training on suicide risk and precautions according to  
 24.10 subpart 2, items O and P.

24.11 **2911.1600 DESIGNATED TRAINING OFFICER.**

24.12 A facility ~~shall~~ must have a designated training officer responsible for:

24.13 A. ~~maintenance of~~ maintaining training plans ~~as required in~~ under part 2911.1000;

24.14 B. ~~maintenance of~~ for each employee, maintaining legibly documented and  
 24.15 accessible training records ~~in sufficient detail to allow inspector assessment of compliance~~  
 24.16 ~~with parts 2911.1200 to 2911.1700~~ on the employee's training topics and hours, on a  
 24.17 description of each training, and on the total number of completed training hours; and

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

24.21 **2911.1900 POLICY AND PROCEDURE ~~MANUALS~~ MANUAL.**

24.22 Subpart 1. **Manual required.** A facility ~~shall have~~ administrator must develop and  
 24.23 follow a written policy and procedure manual that is electronically available to staff and  
 24.24 ~~relevant~~ state and local regulatory authorities and defines the ~~philosophy and~~ method for



25.1 operating and maintaining the facility. ~~This~~ The manual shall must be made available to all  
25.2 employees, ~~reviewed annually, updated as needed,~~ and staff must be trained ~~accordingly~~  
25.3 on the manual annually.

25.4 Subp. 2. Minimum requirements. The manual shall must include, ~~at a minimum,~~  
25.5 the following ~~chapters~~ policies and procedures:

25.6 *[For text of items A to J, see Minnesota Rules]*

25.7 K. medical and health care services, including medication, mental health, and  
25.8 substance use disorders;

25.9 *[For text of items L and M, see Minnesota Rules]*

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

25.11 O. inmate activities, programs, and services; ~~and~~

25.12 P. a written suicide prevention and intervention plan;

25.13 Q. well-being checks; and

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

25.15 Subp. 3. Code-of-conduct policy required.

25.16 A. A facility administrator must develop and follow a written code-of-conduct  
25.17 policy that:

25.18 (1) explains what conduct is expected of all employees and the consequences  
25.19 for violating the policy;

25.20 (2) describes when outside employment or volunteer activities would  
25.21 constitute a conflict of interest; and

25.22 (3) explains the expectations for interacting with the public.

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

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

26.3 A. The A facility administrator or designee shall must review the policy and  
 26.4 procedure manuals manual at least once each year annually. The review shall must be  
 26.5 documented in written form sufficient to indicate that the policies and procedures have been  
 26.6 reviewed and amended as appropriate to reflect any facility changes to the policies and  
 26.7 procedures.

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

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

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

26.12 **2911.2100 STORAGE AND PRESERVATION OF STORING FACILITY AND**  
 26.13 **INMATE RECORDS.**

26.14 Space shall must be provided for the safe storage of to securely store facility and inmate  
 26.15 records, whether electronic or paper or both.

26.16 **2911.2200 FILING AND DISPOSITION OF MAINTAINING INMATE RECORDS.**

26.17 Inmate records shall must be filed into individual folders or maintained through  
 26.18 technology such as computerized record systems that permit an inmate's record to be and  
 26.19 readily accessed at one source accessible.

26.20 **2911.2300 PRIVACY OF AND ACCESS TO INMATE RECORDS.**

26.21 Privacy of inmate records and inmate access to factual, nonconfidential public and  
 26.22 private data in the inmate's personal files shall must be provided in conformity with state  
 26.23 Minnesota Statutes, chapter 13, and other applicable law.

27.1 **2911.2400 DETENTION INFORMATION SYSTEM REQUIREMENTS; DOC**  
 27.2 **PORTAL.**

27.3 Subpart 1. DOC Portal. The A facility administrator ~~shall~~ must designate a staff  
 27.4 ~~person member~~ responsible for reporting of information on ~~persons detained or incarcerated~~  
 27.5 inmates to the DOC in a manner consistent with requirements in the DOC's Statewide  
 27.6 Supervision System, Detention Entry Guide (2010) and any amendments, which is  
 27.7 incorporated by reference, subject to frequent change, and available at the State Law Library,  
 27.8 25 Rev. Dr. Martin Luther King Jr. Blvd., St. Paul, MN 55155 Portal.

27.9 Subp. 2. Daily reporting. Unless otherwise provided by law, detention information  
 27.10 ~~system reporting requirements shall be met in an accurate manner~~ must be reported to the  
 27.11 DOC Portal daily.

27.12 **2911.2525 ADMISSIONS.**

27.13 Subpart 1. Policies and procedures required. A facility ~~shall have written policies~~  
 27.14 ~~and procedures for processing new inmates to the facility~~ administrator must develop and  
 27.15 follow a policy and procedure on admission to include, at a minimum, ~~the following:~~

27.16 ~~A. obtaining and documenting available emergency medical information within~~  
 27.17 ~~two hours of admission;~~

27.18 ~~B. A. verification of~~ verifying court commitment papers or other legal  
 27.19 documentation of detention. ~~Verification shall include checking,~~ including verifying the  
 27.20 inmate's admission date of admission, duration of confinement, and specific charges or  
 27.21 convictions against them;

27.22 ~~C. B. a search of the~~ searching an inmate and ~~the inmate's~~ their possessions;

27.23 ~~D. C. inventory and storage of~~ inventorying and storing the inmate's personal  
 27.24 property according to subpart 4;

27.25 ~~E. D. within two hours of admission, conducting and documenting the:~~

28.1 (1) ~~initial~~ medical screening ~~to include an assessment of the inmate's health~~  
28.2 ~~status, including any medical or,~~ including screening for substance use disorder and, as  
28.3 applicable, substance withdrawal; and

28.4 (2) mental health needs screening, using a screen approved by the department  
28.5 under Minnesota Statutes, section 641.15, subdivision 3a;

28.6 ~~F. E. telephone calls made by the inmate during the booking and admission process~~  
28.7 ~~and prior to~~ allowing for an inmate to make a telephone call:

28.8 (1) before assignment to ~~other~~ a housing ~~areas~~ unit; or

28.9 (2) in a housing unit after being provided with a phone card;

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

28.12 ~~H. G. issue of issuing~~ bedding, clothing, and personal hygiene items according  
28.13 to the rule requirements applicable to the inmate's anticipated length of stay ~~of the inmate;~~

28.14 ~~I. H. photographing and fingerprinting, including notation of noting~~ identifying  
28.15 marks or unusual characteristics such as birthmarks or tattoos;

28.16 ~~J. I. interviewing to obtain the following identifying inmate data:~~

28.17 (1) name and aliases ~~of person;~~

28.18 (2) current or last known address, ~~or last known address;~~

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

28.20 (10) within two hours of admission, emergency contact and emergency  
28.21 medical information, including the contact's name, relation, address, and telephone number;  
28.22 and

29.1 (11) additional information concerning special custody requirements or special  
 29.2 needs;

29.3 ~~K. J. initial classification of the inmate and assignment~~ determining classification  
 29.4 and assigning the inmate to a housing unit;

29.5 ~~L. K. an assigned~~ assigning an inmate a booking number; and

29.6 ~~M. L. if available, obtaining an inmate's Social Security number, driver's license~~  
 29.7 number, or state identification number, if available.;

29.8 M. under the direction of a responsible practitioner or other health care personnel:

29.9 (1) identifying any inmate-possessed medication; and

29.10 (2) verifying an inmate's prescription medication:

29.11 (a) within 24 hours of the inmate's admission; or

29.12 (b) sooner than 24 hours if a responsible practitioner or other health care  
 29.13 personnel determine that not verifying the medication would jeopardize the inmate's health  
 29.14 or safety; and

29.15 N. documenting whether an inmate refused to sign a document under this subpart  
 29.16 or refused to complete the admissions process.

29.17 Subp. 2. ~~**Privacy Not public data.** Intake procedures dealing with information~~  
 29.18 ~~protected by~~ must comply with the Minnesota Government Data Practices Act, Minnesota  
 29.19 ~~Statutes, chapter 13, shall be conducted in a manner and location that assures the personal~~  
 29.20 ~~privacy of the inmate and the confidentiality of the transaction from unauthorized personnel.~~

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

30.1 Subp. 2b. Intake release of information.

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

30.5 B. A form must:

30.6 (1) specify an inmate's medical rights while in the facility; and

30.7 (2) be in a language and manner that the inmate can understand.

30.8 C. If staff cannot provide the form to an inmate upon admission because the inmate  
30.9 is incapacitated, noncompliant, or otherwise unable to understand the form, staff must  
30.10 continue to make attempts to provide the inmate with the form. Staff must document their  
30.11 follow-up attempts and why they were unable to provide the form upon the inmate's  
30.12 admission or after repeated follow-up attempts.

30.13 D. Only a responsible practitioner or licensed mental health professional can  
30.14 determine if an inmate is mentally incapacitated.

30.15 E. An inmate's form must be maintained and must be updated if requested by the  
30.16 inmate.

30.17 Subp. 3. Orientation ~~to rules and services~~ information.

30.18 A. A facility ~~shall~~ administrator must develop and follow a ~~written~~ policy and  
30.19 procedure that provides:

30.20 ~~A. (1) that provides~~ a method for all ~~newly admitted~~ inmates upon admission to  
30.21 receive orientation information in a manner that the inmates can understand; and

30.22 ~~B. (2) documentation by~~ that requires an inmate to sign and date a statement ~~that~~  
30.23 ~~is signed and dated by the inmate~~ attesting that the inmate ~~completed orientation~~ has read,  
30.24 ~~or been read or presented,~~ the orientation information and understands it.

31.1 B. A facility's orientation must include at least the following information from  
31.2 the facility's inmate handbook under part 2911.2700:

31.3 (1) visitation procedures;

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

31.6 (3) facility emergency procedures;

31.7 (4) how to make medical requests and requirements on informed consent,  
31.8 confidentiality, and privacy;

31.9 (5) mail procedures;

31.10 (6) facility programming;

31.11 (7) commissary;

31.12 (8) how to receive items if indigent;

31.13 (9) the grievance procedure;

31.14 (10) the disciplinary consequences for not following the orientation  
31.15 information, the inmate handbook, or any other facility rule;

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

31.17 (12) how to get or locate a copy of the handbook.

31.18 **Subp. 4. Inmate personal property.** A facility ~~shall have~~ administrator must develop  
31.19 and follow a written policy and procedure that:

31.20 A. provides for the itemized inventory and secure storage of ~~all~~ an inmate's personal  
31.21 property of a newly admitted inmate upon admission, including money and other valuables;

32.1 B. specifies any personal property that an inmate may retain in the inmate's  
32.2 ~~possession~~ possess in the facility; and

32.3 C. provides that the inmate ~~shall~~ must:

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

32.5 (2) receive a copy of the inventory record.

32.6 Subp. 5. Program options and activities. An inmate shall be provided written  
32.7 information on program options and activities within 24 hours of admission, excluding  
32.8 weekends and holidays. A facility staff member shall review program options and activities  
32.9 with inmates who are unable to read, within 24 hours of admission, excluding weekends  
32.10 and holidays.

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

32.14 Subp. 6. Official charge, legal basis for detention. An inmate admitted to a facility  
32.15 shall be advised of the official charge or legal basis for detention and confinement.  
32.16 [Renumbered from part 2911.2700, subpart 3.]

32.17 **2911.2550 ~~RELEASES~~ RELEASES DISCHARGES.**

32.18 Subpart 1. **Release Discharge procedures.** A facility ~~shall have written procedures~~  
32.19 administrator must develop and follow a policy and procedure for releasing discharging  
32.20 inmates that ~~include~~ includes, at a minimum, the following:

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

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



33.1 **2911.2560 MODEL DISCHARGE PLAN.**

33.2 Subpart 1. Policy and procedure required. A facility administrator must develop  
33.3 and follow a policy and procedure for complying with the model discharge plan under  
33.4 Minnesota Statutes, section 641.155, subdivision 1. The policy and procedure must provide  
33.5 at least the following:

33.6 A. list which staff must be involved in developing an inmate's discharge plan;

33.7 B. develop a discharge plan for an inmate who has been detained pretrial for 90  
33.8 or more days or has been sentenced to serve 90 or more days in jail;

33.9 C. specify which correctional agencies, local government units, or community  
33.10 groups that facility staff must attempt to consult with to help develop an inmate's discharge  
33.11 plan;

33.12 D. require health care personnel to discuss with an inmate the importance of health  
33.13 care follow-up and aftercare;

33.14 E. ask the inmate for their informed consent to share the inmate's health care  
33.15 record as necessary to schedule health care appointments or medical referrals;

33.16 F. complete an inmate's discharge plan and share the plan with the inmate, in a  
33.17 language and manner that the inmate can understand, no later than 14 days before the inmate's  
33.18 discharge date, if known;

33.19 G. provide an inmate a written copy of their discharge plan when discharged,  
33.20 including any medical information necessary to maintain their continuity of care such as  
33.21 medications, allergies, health care procedures, and test results;

33.22 H. according to part 2911.6800, subpart 3, provide the inmate with a supply of  
33.23 the inmate's medications;

33.24 I. maintain a copy of the inmate's discharge plan in the inmate's file; and

34.1 J. provide for any other duties necessary to comply with the model discharge plan.

34.2 Subp. 2. **Health authority and responsible practitioner.** All health-care-related  
34.3 elements of an inmate's discharge plan must be conducted under the direction of the facility's  
34.4 health authority and a responsible practitioner.

34.5 Subp. 3. **Class I and Class II facilities.** This part does not apply to Class I and Class  
34.6 II facilities except for a special needs inmate as follows:

34.7 A. under the direction of the health authority, staff must:

34.8 (1) provide the inmate a list of medical resources in the community in which  
34.9 they are discharged;

34.10 (2) ask the inmate for their informed consent to share the inmate's health care  
34.11 record as necessary to schedule health care appointments or medical referrals;

34.12 (3) if approved by the health authority, help arrange for an inmate's direct  
34.13 admission to a community hospital; and

34.14 (4) according to part 2911.6800, subpart 3, provide the inmate with a supply  
34.15 of the inmate's medications; and

34.16 B. document any actions taken under item A, maintain a copy of the actions in  
34.17 the inmate's file, and provide the inmate with medical information necessary to maintain  
34.18 their continuity of care such as medications, allergies, health care procedures, and test results.

34.19 Subp. 4. **Discharge plans for people with serious and persistent mental illnesses.** For  
34.20 an inmate entitled to a discharge plan under Minnesota Statutes, section 641.155, subdivision  
34.21 2, a facility administrator must refer the inmate to the county's human services department  
34.22 and maintain a copy of the inmate's discharge plan in the inmate's file.

35.1 Subp. 5. Documenting refusal to participate in discharge planning. If an inmate  
35.2 refuses to participate in discharge planning under this part, the facility administrator must  
35.3 document the refusal in the inmate's file.

35.4 **2911.2700 INFORMATION TO INMATES.**

35.5 Subpart 1. ~~Information made available to inmates~~ Inmate handbook. Copies of  
35.6 all facility policies, procedures, and rules governing conduct and disciplinary consequences;  
35.7 procedures for obtaining personal hygiene and commissary items; and policies governing  
35.8 visiting, correspondence, bathing, laundry, and clothing and bedding exchange shall relating  
35.9 to an inmate's rights, duties, and responsibilities must be made available to all inmates in a  
35.10 language and manner that each inmate can understand.

35.11 Subp. 1a. Inmates with disabilities. Information ~~will~~ under subpart 1 must be made  
35.12 available to disabled in a manner accessible to inmates with disabilities, including those  
35.13 that are hearing impaired, visually impaired, or unable to speak ~~in a form that is accessible~~  
35.14 ~~to them.~~

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

35.16 A. Information required under ~~this subpart shall~~ 1 must be available in English.  
35.17 ~~There shall be~~ A facility administrator must develop and follow procedures in place to  
35.18 address the language barriers of non-English-speaking inmates and to provide them the  
35.19 information under subpart 1.

35.20 B. Policy Policies and procedures ~~shall~~ must ensure, to the extent practical, that  
35.21 ~~inmates who are~~ an inmate who is unable to speak English ~~are~~ is provided with the  
35.22 ~~information outlined in this part~~ under part 2911.2525, subparts 2 to 6, within 24 hours of  
35.23 admission to the facility in a ~~form~~ manner that is accessible to the inmate.

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

35.25 Subp. 3. [Renumbered part 2911.2525, subp 6]

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

36.2 **2911.2790 ADMINISTRATIVE SEPARATION AND DISCIPLINARY**  
36.3 **SEGREGATION; WHEN PROHIBITED.**

36.4 Subpart 1. **Inmate with a serious and persistent mental illness or developmental**  
36.5 **disability.**

36.6 A. An inmate with a known diagnosis of a serious and persistent mental illness  
36.7 or developmental disability must not be placed in administrative separation or disciplinary  
36.8 segregation unless:

36.9 (1) a mental health professional or responsible practitioner determines that  
36.10 the placement is not contraindicated; or

36.11 (2) the inmate presents an immediate danger to others or self and a less  
36.12 restrictive alternative to administrative separation or disciplinary segregation is unavailable.

36.13 B. If facility staff learn that an inmate placed in administrative separation or  
36.14 disciplinary segregation has been diagnosed with a serious and persistent mental illness or  
36.15 developmental disability, the inmate must be immediately removed from administrative  
36.16 separation or disciplinary segregation, but no later than 24 hours, unless item A, subitem  
36.17 (1) or (2), applies.

36.18 C. The facility administrator must document why an inmate under this subpart  
36.19 was placed in or removed from administrative separation or disciplinary segregation,  
36.20 including the mental health professional's or responsible practitioner's determination under  
36.21 item A, subitem (1).

36.22 Subp. 2. **Inmate who is pregnant or postpartum.**

36.23 A. Unless an inmate presents an immediate danger to others or self, the inmate  
36.24 must not be placed in administrative separation or disciplinary segregation if they are known

37.1 to be pregnant or within six weeks postpartum. If an inmate is placed in administrative  
37.2 separation or disciplinary segregation, the placement must be:

37.3 (1) approved by the facility administrator in consultation with a responsible  
37.4 practitioner; and

37.5 (2) reviewed by the facility administrator every 24 hours, including holidays  
37.6 and weekends.

37.7 B. The facility administrator must review:

37.8 (1) the safety reason for placement;

37.9 (2) in consultation with a responsible practitioner, any medical risks for  
37.10 continuing the inmate's placement;

37.11 (3) whether any less-restrictive alternative was available or attempted; and

37.12 (4) the continued need for placement.

37.13 C. The facility administrator must document any review under item B and  
37.14 document why an inmate under this subpart was placed in or removed from administrative  
37.15 separation or disciplinary segregation.

37.16 D. Nothing under item A, subitem (1), infringes on the facility administrator's  
37.17 decision to place an inmate in administrative separation or disciplinary segregation.

37.18 Subp. 3. Gender identity.

37.19 A. An inmate must not be placed in administrative separation or disciplinary  
37.20 segregation solely because of their gender identity.

37.21 B. A facility administrator must document why an inmate under this subpart was  
37.22 placed in or removed from administrative separation or disciplinary segregation. The

38.1 documentation must explain how the placement or removal will protect the inmate's health  
 38.2 or safety.

38.3 **2911.2800 ADMINISTRATIVE SEGREGATION SEPARATION.**

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

38.5 A. Each A facility administrator or designee shall must develop and implement  
 38.6 policies follow a policy and procedures procedure for administrative segregation separation.

38.7 B. Unless there is an immediate safety or security concern, nothing in this chapter  
 38.8 allows an inmate to automatically be placed in administrative separation. Each decision to  
 38.9 place an inmate in administrative separation must be:

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

38.11 (2) documented by the facility administrator within three working days of  
 38.12 placement.

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

38.15 Subp. 2. **Separate and secure housing; privileges.** ~~Administrative segregation shall~~  
 38.16 separation must consist of separate and secure housing; but ~~shall not~~ cannot involve any  
 38.17 more deprivation of privileges, including programming, than is necessary to ~~obtain the~~  
 38.18 ~~objective of protecting~~ protect the inmate, facility staff, or the public.

38.19 Subp. 3. [Repealed, 38 SR 523]

38.20 Subp. 4. **Policy requirements.** ~~Written policy and procedure shall~~ The policy and  
 38.21 procedure must provide that the:

38.22 A. that the reason for placing an inmate in administrative separation is documented;

39.1 B. that the facility administrator reviews the status of inmates in administrative  
39.2 segregation is reviewed separation at least every seven days. These policies shall provide;  
39.3 and documents whether continued placement is needed;

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

39.6 D. when the facility administrator must consult with health care personnel when  
39.7 conducting the review;

39.8 ~~A. E.~~ that the review is documented and placed in the inmate's file;

39.9 ~~B. F.~~ that the inmate in administrative segregation receive visits from separation  
39.10 is visited by the facility administrator or designee a minimum of at least once every seven  
39.11 days as a part of the administrative review process; and

39.12 ~~C. G.~~ that the review process that is used to release an inmate from administrative  
39.13 ~~segregation~~ separation is specified; and

39.14 H. that custody staff maintain a log of all inmates in administrative separation  
39.15 and that:

39.16 (1) custody staff document in the log any inmate health or safety concerns;

39.17 (2) a custody staff supervisor reviews the log daily for any inmate health or  
39.18 safety concerns and any action needed to address the concerns; and

39.19 (3) the custody staff supervisor documents the review and any action taken  
39.20 under subitem (2).

39.21 Subp. 4a. **Requesting review of status.** In accordance with part 2911.2600, subpart  
39.22 2, an inmate may request that a facility administrator review the inmate's initial placement  
39.23 in administrative separation.

40.1 Subp. 4b. Behavior-management plan.

40.2 A. If an inmate remains in administrative separation for more than seven days, a  
40.3 facility administrator in consultation with health care personnel, must develop a  
40.4 behavior-management plan for the inmate, as applicable to the inmate's reason for placement  
40.5 in administrative separation, that includes at least the following:

40.6 (1) the inmate's behavioral problems, including:

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

40.8 (b) staff safety concerns, including inmate assaultive behavior or escape  
40.9 concerns;

40.10 (c) any documented mental health concerns; and

40.11 (d) any victimization concerns; and

40.12 (2) incentives for the inmate to demonstrate positive behavior that can  
40.13 accelerate their return to general population.

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

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

40.18 (2) determine whether the plan should be amended because of improved  
40.19 behavior; and

40.20 (3) assess the inmate's progress toward transitioning out of administrative  
40.21 separation.

40.22 Subp. 5. [Repealed, 38 SR 523]

40.23 Subp. 6. [See repealer.]



41.1 Subp. 7. **Deprivation report.** ~~Written~~ The policy and procedure shall ~~must~~ provide  
41.2 that ~~whenever~~ when an inmate in administrative segregation is deprived of any usually  
41.3 authorized item or activity, a report of the action ~~is~~ must be made and forwarded to the  
41.4 facility administrator ~~or designee~~, who must then approve the item or activity to be deprived.  
41.5 This subpart does not apply if an inmate is on suicide watch.

41.6 **2911.2850 INMATE DISCIPLINE PLAN.**

41.7 Subpart 1. **Plan.** A facility ~~shall have an~~ administrator must develop and follow a  
41.8 written inmate discipline plan that explains the:

41.9 A. administrative sanctions for specific behaviors, ~~omissions, the~~ and for refusing  
41.10 to follow facility policies, procedures, or rules;

41.11 B. administrative process for handling major and minor violations, ~~the~~;

41.12 C. right to internal review, ~~and the~~; and

41.13 D. review process.

41.14 Subp. 2. **Disciplinary segregation.**

41.15 A. A facility administrator ~~or designee shall have and implement policies and~~  
41.16 procedures must develop and follow a policy and procedure for disciplinary segregation.  
41.17 An inmate on disciplinary segregation status must be separated from the general population.  
41.18 An inmate must not be placed in disciplinary segregation for more than ten days for any  
41.19 one offense, nor more than 90 days total.

41.20 B. The policy and procedure must include step-down management. This item does  
41.21 not apply if a court has ordered an inmate in disciplinary segregation to be immediately  
41.22 discharged from the facility.

41.23 C. Custody staff must maintain a log of all inmates in disciplinary segregation,  
41.24 and:

42.1 (1) custody staff must document in the log any inmate health or safety  
42.2 concerns;

42.3 (2) a custody staff supervisor must review the log daily for any inmate health  
42.4 or safety concerns and any action needed to address the concerns; and

42.5 (3) the custody staff supervisor must document the review and any action  
42.6 taken under subitem (2).

42.7 Subp. 3. **Due process.** Disciplinary segregation ~~shall~~ must be used only in accordance  
42.8 with due process to include at ~~a minimum~~ least:

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

42.10 C. the right to be heard by an impartial hearing officer uninvolved in the underlying  
42.11 incident and to present evidence in defense and that:

42.12 (1) the inmate may waive the right to a hearing in writing; and

42.13 (2) a written record is made of the disciplinary hearing and sanctions or other  
42.14 actions taken as a result of the hearing; and

42.15 D. the right to appeal;

42.16 Subp. 3a. Review required.

42.17 ~~E. A.~~ A. The status of an inmate placed ~~on~~ in disciplinary segregation ~~for more than~~  
42.18 ~~30 continuous days subsequent to~~ after a disciplinary hearing ~~shall~~ must be reviewed,  
42.19 approved, and documented by the facility administrator ~~or designee~~ at least ~~once~~ every ~~30~~  
42.20 seven days, and. Every seven days, the facility administrator and, as applicable, a responsible  
42.21 practitioner must review the following:

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

43.1 (2) signs or symptoms of any deterioration in the inmate's physical or mental  
 43.2 health;

43.3 (3) whether the inmate's reason for placement has been resolved and the  
 43.4 inmate can safely be returned to general population; and

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

43.6 B. The facility ~~shall~~ administrator ~~must~~ develop ~~written~~ and follow a policy, and  
 43.7 procedure, and practice that provides that inmates an inmate in disciplinary segregation  
 43.8 ~~receive visits~~ receives a visit from the facility administrator or designee at least once every  
 43.9 seven days as a part of the disciplinary segregation review process;

43.10 Subp. 3b. **Disciplinary hearing required.** F. An inmate placed in segregation for an  
 43.11 alleged rule violation ~~shall~~ must have a disciplinary hearing within 72 hours of segregation,  
 43.12 ~~exclusive of~~ excluding holidays and weekends, unless documented cause can be shown for  
 43.13 delays. ~~Examples of causes for delay are inmate requests for delay, or logistical impossibility,~~  
 43.14 ~~as in the case of mass disturbances; and~~ such as inmate requests for delay, or logistical  
 43.15 impossibility, as in the case of mass disturbances.

43.16 G. ~~the facility administrator or designee can order immediate segregation when~~  
 43.17 ~~it is necessary to protect the inmate or others. This action is reviewed and documented~~  
 43.18 ~~within three working days.~~

43.19 Subp. 4. **Other limitations on disciplinary actions.** ~~A facility shall have written~~ The  
 43.20 policy, and procedure, and practice that provides must provide that ~~whenever~~ if an inmate  
 43.21 in disciplinary segregation is deprived of any usually authorized item or activity, a report  
 43.22 of the action ~~is~~ must be made and forwarded to the facility administrator, who must then  
 43.23 approve the item or activity to be deprived. This subpart does not apply if an inmate is on  
 43.24 suicide watch.

43.25 *[For text of subpart 5, see Minnesota Rules]*

44.1 Subp. 6. **Removing clothing and bedding.** ~~The facility administrator or designee~~  
44.2 ~~shall have a policy and procedure~~ must provide for removing clothing and bedding from an  
44.3 inmate. ~~The following shall be included~~ as follows:

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

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

44.8 D. the review ~~shall~~ under item C must be documented.

44.9 Subp. 7. **Disciplinary records.**

44.10 ~~A. A facility shall have written~~ The policy and procedure, that provides must  
44.11 provide that, when for major rule violations require formal resolution, a staff members  
44.12 member must prepare a disciplinary report and forward it to the designated supervisor.

44.13 ~~B. A disciplinary reports prepared by staff members shall~~ report must include ~~the~~  
44.14 following information:

44.15 ~~A.~~ (1) the specific rules violated;

44.16 ~~B.~~ (2) a formal statement of the charge;

44.17 ~~C.~~ (3) an explanation of the event, ~~which should include~~ including who was  
44.18 involved, what transpired, and the event's time and location ~~of the occurrence~~;

44.19 ~~D.~~ (4) unusual inmate behavior;

44.20 ~~E.~~ (5) staff and inmate witnesses;

44.21 ~~F.~~ (6) disposition of any physical evidence;

44.22 ~~G.~~ (7) any immediate action taken, including ~~the~~ any response to resistance; and

45.1 H. (8) the reporting staff member's signature, and the date and time that the report  
45.2 is made.

45.3 Subp. 8. Behavior-management plan.

45.4 A. If an inmate remains in disciplinary segregation for more than seven days, a  
45.5 facility administrator must develop a behavior-management plan for the inmate according  
45.6 to part 2911.2800, subpart 4b, item A.

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

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

45.11 (2) determine whether the plan should be amended because of improved  
45.12 behavior; and

45.13 (3) assess the inmate's progress toward transitioning out of disciplinary  
45.14 segregation.

45.15 **2911.2860 MENTAL HEALTH REVIEW FOR INMATES IN ADMINISTRATION**  
45.16 **SEPARATION AND DISCIPLINARY SEGREGATION.**

45.17 Subpart 1. Definition. For purposes of parts 2911.2860 to 2911.2870, "mental health  
45.18 assessment" has the meaning given in part 2911.5830, subpart 1.

45.19 Subp. 2. Sick call.

45.20 A. At least every seven days, a mental health professional must provide sick call,  
45.21 either in person or via telehealth under part 2911.5800, subpart 1a, in a segregation area to  
45.22 determine if an inmate needs mental health services.

45.23 B. The mental health professional must document each sick call and arrange for  
45.24 additional mental health services when clinically appropriate for an inmate.

46.1 Subp. 3. **Mental health assessment; disciplinary segregation.**

46.2 A. This subpart applies to inmates in disciplinary segregation.

46.3 B. If an inmate is in disciplinary segregation for longer than 30 days, a licensed  
46.4 mental health professional must conduct and document a mental health assessment for the  
46.5 inmate.

46.6 C. If an inmate has a documented mental health need in their health record, a  
46.7 licensed mental health professional must assess the inmate at least every 30 days. For all  
46.8 other inmates, an additional mental health assessment must be conducted as clinically  
46.9 indicated.

46.10 Subp. 4. **Where conducted.** When possible, a mental health assessment must be  
46.11 conducted outside of an inmate's cell and in a confidential area.

46.12 Subp. 5. **Staff observation; notification required.** Staff must immediately notify  
46.13 health care personnel and the on-duty custody staff supervisor:

46.14 A. if an inmate in segregation requests mental health services; or

46.15 B. when prescribed under the direction of the health authority or a responsible  
46.16 practitioner.

46.17 Subp. 6. **Documentation required.**

46.18 A. A mental health professional must document all conducted mental health  
46.19 assessments under this part.

46.20 B. Staff must document whether they notified health care personnel and the on-duty  
46.21 custody staff supervisor when required under subpart 5 and of any action taken.

47.1 **2911.2870 HEALTH CARE IN ADMINISTRATIVE SEPARATION AND**  
47.2 **DISCIPLINARY SEGREGATION.**

47.3 **Subpart 1. Health care.**

47.4 **A. An inmate in administrative separation or disciplinary segregation is entitled**  
47.5 **to health care that inmates in general population receive.**

47.6 **B. Consistent with part 2911.5800, subpart 9, sick call must be held in a segregation**  
47.7 **area or medical unit.**

47.8 **Subp. 2. Notification to health care personnel; health care review.**

47.9 **A. Health care personnel must:**

47.10 **(1) be notified when an inmate is placed in administrative separation or**  
47.11 **disciplinary segregation; and**

47.12 **(2) share an inmate's medical information with custody staff according to**  
47.13 **part 2911.6200, subpart 2a, noting the medical information on the unit log.**

47.14 **B. As a facility's resources allow, health care personnel must meet with an inmate,**  
47.15 **either in person or via telehealth, within 24 hours of the inmate's placement, but no later**  
47.16 **than seven days, to discuss the inmate's placement and whether the inmate has any health**  
47.17 **concerns related to the placement. If the inmate exhibits signs or symptoms of a mental**  
47.18 **illness, health care personnel must consult a mental health professional for any applicable**  
47.19 **treatment or to determine whether the inmate requires a mental health assessment.**

47.20 **C. Health care personnel must document:**

47.21 **(1) whether and when the meeting under item B was held;**

47.22 **(2) any inmate health concerns related to their placement; and**

47.23 **(3) whether the health care personnel consulted with a mental health**  
47.24 **professional.**

48.1 Subp. 3. **Privacy and confidentiality.** To the extent possible, any medical examinations  
48.2 or provided health care must comply with the privacy and confidentiality requirements  
48.3 under this chapter.

48.4 Subp. 4. **Health and well-being.**

48.5 A. Custody staff must ensure that:

48.6 (1) an inmate in administrative separation or disciplinary segregation is  
48.7 hygienic and clean and that they receive food, water, and exercise to ensure their health and  
48.8 well-being; and

48.9 (2) the segregation area housing units are maintained according to chapter  
48.10 2900.

48.11 B. Custody staff must document any inmate noncompliance toward maintaining  
48.12 the inmate's health and well-being under item A, subitem (1).

48.13 Subp. 5. **Human contact.** To the extent consistent with a facility's security, custody  
48.14 staff must attempt to arrange for an inmate in administrative separation or disciplinary  
48.15 segregation to interact with staff whose primary duty is not supervising inmates, such as  
48.16 educational staff, religious staff, or facility volunteers.

48.17 **2911.2880 ANNUAL REPORTING.**

48.18 A facility administrator must annually report the following data on administrative  
48.19 separation and disciplinary segregation to the commissioner:

48.20 A. the number of inmates placed in administrative separation and disciplinary  
48.21 segregation during the past year, including demographic data disaggregated by age, race,  
48.22 and gender;

48.23 B. the number of inmates referred for mental health care while in administrative  
48.24 separation or disciplinary segregation;



- 49.1 C. disciplinary sanctions by infraction;  
49.2 D. for administrative separation, the reason for separation; and  
49.3 E. the lengths of terms served in disciplinary segregation, including terms served  
49.4 consecutively.

49.5 **2911.3100 INMATE ACTIVITIES AND PROGRAMS.**

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

49.7 Subp. 5. **Substance abuse programs.** A facility ~~shall have~~ administrator must develop  
49.8 and follow a written plan for providing ~~services~~ substance abuse programming for ~~inmate~~  
49.9 ~~chemical dependency issues~~ inmates.

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

49.11 **2911.3200 INMATE VISITATION.**

49.12 ~~The A~~ facility administrator ~~or designee shall~~ must develop and ~~implement~~ follow an  
49.13 inmate visiting policy. ~~The policy shall be in writing and include~~ that includes at least eight  
49.14 hours of weekly on-site visitation, either free video or free in-person non-contact visitation.  
49.15 A facility may offer a combination of on- and off-site visitation if a free visitation option  
49.16 is always offered. The policy and procedure must include the following:

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

49.18 **2911.3400 ~~TELEPHONE~~ COMMUNICATION ACCESS.**

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

49.20 A. A facility ~~shall have~~ administrator must develop and follow a ~~written~~ policy  
49.21 and procedure under this part that provides for inmate access to a telephone. If a facility  
49.22 uses other communication services, as defined under Minnesota Statutes, section 241.252,  
49.23 subdivision 6, the policy and procedure must include their use and restrictions.

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

50.4 Subp. 2. Attorney consultation. ~~Attorney/client~~ Attorney-client telephone consultation  
50.5 ~~shall~~ must be allowed in a manner consistent with Minnesota Statutes, section 481.10.

50.6 Subp. 3. Access on admission or placement into housing unit. A newly admitted  
50.7 ~~inmates shall~~ inmate must be permitted a local or collect long-distance telephone call to a  
50.8 family member or significant other ~~during the admission process~~ according to part 2911.2525,  
50.9 subpart 1, item E.

50.10 Subp. 4. Telephone access.

50.11 A. Inmates shall An inmate must be allowed telephone access or access to other  
50.12 communication services to maintain contact with family members or significant others.  
50.13 Nonlegal calls may be made at the inmate's expense ~~of the inmate. The minimum time~~  
50.14 ~~allowed per call shall be ten minutes except where there are substantial reasons to justify~~  
50.15 limitations.

50.16 B. Nonlegal telephone conversations may be monitored and recorded.

50.17 Subp. 5. Denied communication access. ~~Reasons for denial of telephone~~ If an inmate  
50.18 is denied access shall be documented to a telephone or other communication services,  
50.19 custody staff must document why access was denied.

50.20 **2911.3500 VOLUNTEERS.**

50.21 ~~When~~ If volunteers are used in facility programs, a ~~written~~ facility administrator must  
50.22 develop and follow a policy and procedure shall provide that a staff member is responsible  
50.23 for coordinating the volunteer service program that includes the training plan under part  
50.24 2911.1000. The policy includes and procedure must include the following elements:

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

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

51.4 (1) self-defense;

51.5 (2) all applicable emergency procedures;

51.6 (3) interpersonal relations and communication skills; and

51.7 (4) first aid;

51.8 D. a requirement that volunteers agree in writing to ~~abide by~~ follow all facility  
51.9 ~~rules and~~ rules, policies, and procedures, with emphasis on security and confidentiality of  
51.10 information; and

51.11 [For text of item E, see Minnesota Rules]

51.12 **2911.3650 INMATE UNIFORM ISSUE AND BEDDING ALLOWANCE.**

51.13 Subpart 1. **Bedding and linen.** An inmate admitted to the facility ~~shall~~ must be issued:

51.14 A. one bath towel;

51.15 B. one washcloth;

51.16 C. one clean, fire-retardant mattress;

51.17 D. two sheets or, one sheet and a clean mattress cover, or blankets instead of  
51.18 sheets;

51.19 E. blankets sufficient to provide comfort under existing facility temperature  
51.20 conditions; and

51.21 F. a pillow built into a mattress or one pillow and one pillow case, if applicable  
51.22 pillowcase.

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

52.2 **2911.3700 DISASTER PLAN; EMERGENCIES AND OR UNUSUAL**  
 52.3 **OCCURRENCES.**

52.4 Subpart 1. **Emergency Disaster plan.**

52.5 A. A facility ~~shall have~~ administrator must develop and follow a written disaster  
 52.6 plan. The plan ~~shall~~ must include policies and procedures designed to protect the public by  
 52.7 securely detaining inmates who represent a danger to the community or to themselves when  
 52.8 the entire facility must be evacuated ~~in total~~.

52.9 B. The plan ~~shall also~~ must include:

52.10 ~~A.~~ (1) the location of alarms and ~~fire fighting~~ firefighting equipment;

52.11 ~~B.~~ (2) an emergency drill policy ~~as follows~~ that requires:

52.12 ~~(1)~~ (a) at least annual drills at all facility locations; and

52.13 ~~(2)~~ (b) drills ~~shall~~ to be conducted even when evacuation of extremely  
 52.14 dangerous inmates ~~may~~ must not be included;

52.15 ~~C.~~ (3) specific assignments and tasks for ~~personnel~~ staff;

52.16 ~~D.~~ (4) persons and local emergency departments to be notified;

52.17 ~~E.~~ (5) a procedure for ~~evacuation of~~ promptly evacuating inmates from an  
 52.18 emergency area; and

52.19 ~~F.~~ (6) arrangements for ~~temporary confinement of~~ temporarily confining inmates.

52.20 Subp. 2. **Quarterly review of emergency procedures.** ~~There shall be~~ A facility  
 52.21 administrator must review of emergency procedures at least once every three months. ~~The~~  
 52.22 ~~review shall,~~ which must include:

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

53.1 Subp. 3. [See repealer.]

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

53.3 A. Incidents of An unusual or serious nature shall emergency or unusual occurrence  
 53.4 must be reported to the DOC Portal within ten days of the incident in writing to the  
 53.5 Department of Corrections in the format required by the department. The reports shall A  
 53.6 report must include:

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

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

53.9 (3) the actions taken; and

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

53.11 B. Unusual occurrences requiring reporting to the DOC include such occurrences  
 53.12 as An emergency or unusual occurrence that must be reported includes:

53.13 ~~A. (1) attempted suicide;~~

53.14 ~~B. suicide;~~

53.15 ~~C. homicide;~~

53.16 ~~D. death, by means other than suicide or homicide;~~

53.17 ~~E. (2) serious injury or illness subsequent to detention while detained, including~~  
 53.18 ~~incidents resulting in hospitalization for medical emergency care;~~

53.19 ~~F. (3) hospitalization associated with mental health needs;~~

53.20 ~~G. (4) attempted escape or attempted escape:~~

53.21 (a) from a secured facility; or

53.22 (b) while detained by the facility;

54.1 ~~H. (5) incidents of fire requiring medical treatment of staff or inmates or a response~~  
54.2 ~~by a local fire authority;~~

54.3 ~~I. (6) riot;~~

54.4 ~~J. (7) assaults of one inmate by another that result in ~~criminal charges or~~ outside~~  
54.5 ~~medical attention;~~

54.6 ~~K. (8) assaults of staff by inmates that result in criminal charges or outside medical~~  
54.7 ~~attention;~~

54.8 ~~L. (9) injury to inmates through response to resistance by staff controlling inmate~~  
54.9 ~~behavior~~ uses of force, as provided under Minnesota Statutes, section 241.021, subdivision  
54.10 1;

54.11 ~~M. (10) occurrences of infectious diseases and action taken relative to same when~~  
54.12 ~~if a medical authority has determined~~ responsible practitioner determines that the inmate  
54.13 must be isolated from other inmates;

54.14 ~~N. (11) reporting of all notices of intent to file litigation against the facility~~  
54.15 ~~resulting from matters related to the detention or incarceration of~~ detaining or incarcerating  
54.16 an inmate;

54.17 ~~O. (12) sexual misconduct, such as inmate on inmate, staff on inmate, and inmate~~  
54.18 ~~on staff; and~~

54.19 ~~P. (13) use of sexual materials, electronic media for sexual purposes, or both,~~  
54.20 restraining, according to Minnesota Statutes, section 241.88, an inmate who is pregnant or  
54.21 has given birth within the preceding three days;

54.22 (14) emergency medication administered under part 2911.6700, subpart 1a;

54.23 (15) an inmate hunger strike by refusing to eat three consecutive meals and  
54.24 refusing to eat commissary food; and

55.1 (16) any other emergency or unusual occurrence listed on the DOC Portal  
55.2 Special Incidents.

55.3 C. ~~In the event of~~ If health care personnel determine that there is an emergency  
55.4 such as serious illness or injury where when death may be imminent, individuals emergency  
55.5 contacts designated by the inmate shall must be immediately notified. Permission for  
55.6 notification, if possible, shall must be obtained from the inmate according to part 2911.2525,  
55.7 subpart 2b.

55.8 Subp. 5. **Inmate death and death reviews.** A facility ~~shall have~~ administrator must  
55.9 develop and follow a written policy and procedure that specifies actions to be taken in the  
55.10 event of if an inmate death dies and that is consistent with Minnesota Statutes, section  
55.11 241.021, subdivision 8. When an inmate death occurs:

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

55.13 C. the department must be notified according to Minnesota Statutes, section  
55.14 241.021, subdivision 1;

55.15 ~~C. D.~~ D. personal belongings shall must be handled in a responsible and legal manner  
55.16 responsibly and legally;

55.17 ~~D. E.~~ E. records of a deceased inmate shall must be retained for a period of time  
55.18 specified by county policy;

55.19 ~~E. F.~~ F. the facility administrator or designee shall must ensure observance of all  
55.20 pertinent laws and allow appropriate state and local investigating authorities full access to  
55.21 all facts surrounding the death; and

55.22 F. G. in the event if the death involves a "vulnerable adult", notification procedures  
55.23 shall must be followed in a manner consistent with statutory requirements Minnesota Statutes,  
55.24 section 626.557.

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

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

56.3 A. For purposes of this subpart, "traumatic event" means a death, serious injury,  
56.4 or threatening situation that affects a staff member.

56.5 B. Staff identified as having experienced trauma or stress due to a traumatic event  
56.6 must be provided critical incident debriefing. A facility must offer supportive services for  
56.7 a critical incident debriefing that includes education on, prevention of, and mitigation of  
56.8 effects from a traumatic event for all identified staff. The services must be tailored to the  
56.9 type of critical incident, degree of staff involvement in the incident, and level of staff trauma.

56.10 C. A facility administrator must develop and follow a policy and procedure for  
56.11 critical incident debriefing that, at a minimum:

56.12 (1) describes staff responsibilities, the time frame, and the structure for a  
56.13 debriefing; and

56.14 (2) details supportive services for staff to be provided.

56.15 D. For every traumatic event in which staff experienced trauma or stress, a facility  
56.16 administrator must document whether critical incident debriefing was provided.

56.17 **2911.3800 ~~FOOD HANDLING~~ FOOD-HANDLING PRACTICES.**

56.18 Food service ~~shall~~ must be provided according to Minnesota Department of Health  
56.19 rules, chapter 4626.

56.20 **2911.3900 DIETARY ALLOWANCES.**

56.21 Subpart 1. ~~Generally~~ Menu planning required. ~~Nutritional needs of adult inmates,~~  
56.22 ~~and juvenile inmates housed in an adult facility, shall be met in accordance with inmate~~  
56.23 ~~needs or as ordered by a medical professional, and meet the dietary allowances contained~~



57.1 ~~in this part which are based upon 2005 MyPyramid guidelines for a weekly 2,400 calories~~  
57.2 ~~per day and meeting the 2002 Dietary Reference Intakes.~~

57.3 A. A facility ~~governed by this chapter shall~~ must have menu planning ~~sufficient~~  
57.4 ~~to provide each inmate the specified food servings per day contained in subparts 2 to 7;~~  
57.5 ensure that an inmate:

57.6 (1) receives at least the following calories per day:

57.7 (a) if female, at least 1,800 calories; and

57.8 (b) if male, at least 2,400 calories;

57.9 (2) is offered a balanced diet in accordance with the Dietary Guidelines for  
57.10 Americans:

57.11 (a) with documentation that the Dietary Reference Intakes are met for  
57.12 the adequate intakes or recommended dietary allowance of calcium, vitamins C and D,  
57.13 potassium, and fiber; and

57.14 (b) consisting of foods and beverages that are:

57.15 i. intended for human consumption; and

57.16 ii. approved by a licensed dietitian under Minnesota Statutes,  
57.17 sections 148.621 to 148.633;

57.18 (3) is fed daily at least three meals served at regular times with:

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

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

57.21 (c) no more than 14 hours between meals except as provided under part  
57.22 2911.4100, subpart 2; or when absent from the facility when required by or allowed under  
57.23 law;

58.1 (4) who is pregnant is provided a diet prescribed by a facility's responsible  
 58.2 practitioner, including a diet according to part 2911.4200, subpart 4; and

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

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

58.7 C. Food served under this subpart must include servings of protein, dairy,  
 58.8 vegetables, fruits, bread or cereal, and other food according to the Dietary Guidelines for  
 58.9 Americans. Nutraloaf and other similar food substitutes do not meet the requirement under  
 58.10 this item.

58.11 Subp. 2. [See repealer.]

58.12 Subp. 3. [See repealer.]

58.13 Subp. 4. [See repealer.]

58.14 Subp. 5. [Repealed, 38 SR 523]

58.15 Subp. 6. [See repealer.]

58.16 Subp. 7. [See repealer.]

58.17 Subp. 8. [See repealer.]

58.18 Subp. 9. [Repealed, 38 SR 523]

58.19 **2911.4000 ANNUAL FOOD SERVICE REVIEW.**

58.20 A facility's menu ~~content and cycle shall~~ must be reviewed at least ~~once~~ annually by a  
 58.21 ~~registered licensed dietitian or nutritionist~~ to ensure compliance with ~~part~~ parts 2911.3900  
 58.22 to 2911.4300. The review and findings ~~shall~~ must be documented ~~and on file~~.

59.1 **2911.4100 MEALS.**

59.2 Subpart 1. **Substantial evening meal.** ~~There shall not be more than 14 hours between~~  
59.3 ~~a substantial evening meal and breakfast.~~ A substantial evening meal is classified as means  
59.4 a serving of three or more menu items at one time to include a ~~high-quality~~ high-quality  
59.5 protein such as meat, fish, eggs, or cheese. The meal ~~shall~~ must represent no less than ~~20~~  
59.6 30 percent of the day's total nutrition requirements caloric intake.

59.7 Subp. 2. **Snack.** If a nourishing snack is provided at bedtime, up to 16 hours may  
59.8 elapse between the substantial evening meal and breakfast. A nourishing snack is classified  
59.9 as means a combination of two or more food items from two of ~~the four food groups, such~~  
59.10 ~~as cheese and crackers, or fresh fruit and cottage cheese~~ the following foods: protein, dairy,  
59.11 vegetables, fruits, and bread or cereal.

59.12 Subp. 3. **Three meals Meal variations.** ~~Where inmates are not routinely absent from~~  
59.13 ~~the facility for work or other purposes, at least three meals shall be made available at regular~~  
59.14 ~~times during each 24-hour period.~~ Meal variations may be allowed based on weekend and  
59.15 holiday food service demands provided basic nutritional goals are met. As an example, a  
59.16 facility may provide a brunch on Saturdays, Sundays, or holidays in lieu of separate breakfast  
59.17 and lunch meals if the variations comply with part 2911.3900.

59.18 Subp. 4. [See repealer.]

59.19 **2911.4200 THERAPEUTIC DIETS.**

59.20 Subpart 1. **Medical diets.** A facility housing inmates in need of medically prescribed  
59.21 therapeutic diets ~~shall~~ must have ~~documentary~~ documented evidence that the diets are  
59.22 ~~dietitian-approved by a licensed dietitian~~ and provided as ordered by ~~health services a~~  
59.23 responsible practitioner. ~~A healthier general menu contributing to the management of chronic~~  
59.24 ~~diseases may minimize the need for medical diets.~~

60.1 Subp. 2. **Food-allergy diets.** ~~The seven most common food allergies causing~~  
60.2 ~~anaphylactic reactions are foods such as: fish, shellfish, tree nuts, peanuts, soy, wheat, and~~  
60.3 ~~milk. A dietitian-approved~~ An allergy diet shall must be approved by a licensed dietitian  
60.4 and be provided as medically necessary and shall meet the nutritional guidelines under part  
60.5 2911.3900.

60.6 Subp. 3. **Vegetarian or vegan diets.** ~~A facility may provide reasonable animal protein~~  
60.7 ~~substitutions at meals for inmates requesting vegetarian or vegan diets. A vegetarian or~~  
60.8 ~~vegan diet must be dietitian-approved and meet the nutritional guidelines under part~~  
60.9 ~~2911.3900~~ approved by a licensed dietitian.

60.10 Subp. 4. **Pregnancy.** A facility shall must develop a diet that meets the increased  
60.11 calcium and calorie requirements of pregnant inmates and, if prescribed by a responsible  
60.12 practitioner, includes prenatal vitamins. Pregnant inmates shall must be provided a  
60.13 substitution or supplements as ordered by ~~the medical professional or health services~~ a  
60.14 responsible practitioner. A pregnancy diet must be ~~dietitian-approved and meet the nutritional~~  
60.15 ~~guidelines under part 2911.3900~~ approved by a licensed dietitian.

60.16 **2911.4300 RELIGIOUS DIETS.**

60.17 A facility ~~shall have~~ administrator must develop and follow a written policy and  
60.18 procedure that provides for special diets or meal accommodations for inmates whose religious  
60.19 beliefs require adherence to religious dietary laws. ~~Creation of religious diets shall involve~~  
60.20 ~~a dietitian and strive to meet the nutritional guidelines under part 2911.3900~~ A facility  
60.21 administrator must consult with a licensed dietitian when creating a religious diet.

60.22 **2911.4500 SUPERVISION OF SUPERVISING MEAL SERVING; POLICY AND**  
60.23 **PROCEDURE REQUIRED ON HEALTH CONCERNS.**

60.24 Subpart 1. Staff supervision. Meals shall must be served under ~~the~~ direct staff  
60.25 supervision of staff.

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

61.4 **2911.4600 MENU RECORDS AND SUBSTITUTION.**

61.5 All menus ~~shall~~ must be planned, ~~and~~ and dated, and ~~available~~ posted for food service staff  
61.6 to review at least one week in advance. ~~Notations shall be made of~~ A licensed dietitian must  
61.7 document any substitutions in the meals actually served, and substitutions shall be of equal  
61.8 nutritional value must comply with part 2911.3900.

61.9 **2911.4800 COMMISSARY.**

61.10 Subpart 1. **List of approved commissary items ~~to be purchased by staff member~~**  
61.11 **~~at local store.~~**

61.12 A. A facility with an approved capacity of more than 50 inmates shall ~~must~~  
61.13 establish, maintain, and operate a commissary. ~~The~~ A facility ~~shall have~~ administrator must  
61.14 develop and follow a written policy and procedure ~~regarding on the~~ commissary operation  
61.15 that must allow an inmate to purchase approved items not furnished by the facility.

61.16 B. Class I facilities are ~~not required to provide commissary services~~ exempt from  
61.17 this part.

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

61.19 Subp. 5. [See repealer.]

61.20 **2911.4950 RESPONSE TO RESISTANCE.**

61.21 Subpart 1. **Policies and procedures.**

61.22 A. ~~The~~ In accordance with Minnesota Statutes, section 243.52, a facility  
61.23 administrator ~~or designee shall have written policies and procedures~~ must develop and  
61.24 follow a policy and procedure to provide for response to resistance, including training on

62.1 restraining pregnant women under Minnesota Statutes, section 241.88. All personnel Each  
 62.2 staff member directly involved in ~~the~~ a response ~~shall~~ must submit a written reports report  
 62.3 to the facility administrator ~~or designee no later than the conclusion of the shift~~ before the  
 62.4 staff member's shift ends.

62.5 B. Submission of these reports A report may be delayed ~~when~~ if a staff member  
 62.6 ~~sustains serious injury, hospitalization, or both.:~~

62.7 (1) is hospitalized; or

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

62.10 *[For text of subparts 2 to 7, see Minnesota Rules]*

62.11 **2911.5000 POST ORDERS; AND FORMAL INMATE COUNT; WELL-BEING**  
 62.12 **CHECKS.**

62.13 Subpart 1. **Post orders ~~and accountability; policy and procedure required.~~**

62.14 A. There shall be A facility administrator must annually review written orders for  
 62.15 every security post ~~that are reviewed annually and updated~~ update the orders if necessary  
 62.16 to reflect changes in facility policies and procedures.

62.17 B. A written The facility administrator must develop and follow a policy and  
 62.18 procedure shall require that personnel requiring custody staff to read, sign, and date applicable  
 62.19 post orders at least annually; or as needed for new posts or revisions. Medium and large  
 62.20 facilities with multiple posts may need to conduct these reviews more often.

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

62.22 Subp. 5. [See repealer.]

63.1 **2911.5010 WELL-BEING CHECKS AND AUDITS.**

63.2 Subpart 1. Policy and procedure required. A facility administrator must develop  
63.3 and follow a policy and procedure requiring custody staff to conduct inmate well-being  
63.4 checks according to parts 2911.5010 to 2911.5020.

63.5 Subp. 2. Frequency; prohibitions; documentation.

63.6 A. A well-being check must be conducted at least once every 30 minutes.

63.7 Well-being checks must be staggered in time and direction.

63.8 B. A custody staff member may not use a recording or monitoring device to  
63.9 observe an inmate in lieu of a well-being check.

63.10 C. If an inmate's head and neck are covered, the custody staff member conducting  
63.11 the well-being check must have the inmate uncover their head and neck.

63.12 D. Custody staff must document all well-being checks using a uniform procedure,  
63.13 according to the facility's policy and procedure under subpart 1.

63.14 Subp. 3. Facility emergency.

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

63.17 (1) as soon as possible but no later than the end of their shift, document the  
63.18 emergency and explain why the well-being check was not conducted; and

63.19 (2) notify the staff member's supervisor.

63.20 B. The staff member's supervisor must review and approve the staff member's  
63.21 documentation within 72 hours, excluding holidays and weekends.

63.22 C. Notwithstanding parts 2911.5010 to 2911.5020, a missed well-being check  
63.23 under this subpart is not a deficiency under part 2911.0300, subpart 4, if the emergency and  
63.24 missed well-being check are documented and approved according to this subpart.

64.1 Subp. 4. **Notifying health care personnel.** A facility's policy and procedure must  
64.2 specify when a well-being check requires custody staff to notify health care personnel that  
64.3 an inmate requires health care services, including emergency care.

64.4 Subp. 5. **Audits required.**

64.5 A. A facility administrator must develop and follow a policy and procedure on  
64.6 auditing well-being checks under parts 2911.5010 to 2911.5020.

64.7 B. At least every three months, a facility administrator must audit well-being  
64.8 checks of at least ten percent of the facility's custody staff or at least two custody staff  
64.9 members, whichever is greater. For each staff member being audited, at least four video  
64.10 hours of well-being checks must be randomly reviewed. The audited well-being checks  
64.11 must include well-being checks conducted on at least two different days, times, and staff  
64.12 shifts.

64.13 C. The audits of well-being checks must be documented and verify that all  
64.14 well-being checks complied with parts 2911.5010 to 2911.5020. If a well-being check did  
64.15 not comply with parts 2911.5010 to 2911.5020, the facility administrator must:

64.16 (1) document the reason for the noncompliance; and

64.17 (2) take action to address the noncompliance and document the action taken.

64.18 **2911.5015 MORE-FREQUENT WELL-BEING CHECKS; GENERALLY.**

64.19 Subpart 1. **Definition.** For purposes of parts 2911.5010 to 2911.5020, "more-frequent  
64.20 well-being checks" means conducting a well-being check at least every 15 minutes.

64.21 Subp. 2. **More-frequent well-being checks.** A facility's policy and procedure under  
64.22 part 2911.5010, subpart 1, must detail when custody staff must conduct more-frequent  
64.23 well-being checks. At a minimum, custody staff must conduct more-frequent well-being  
64.24 checks:



- 65.1 A. for inmates on suicide watch;
- 65.2 B. for inmates undergoing withdrawal management and for inmates when required
- 65.3 under part 2911.5020, subpart 1;
- 65.4 C. as directed by health care personnel; and
- 65.5 D. otherwise according to the facility's policy and procedure.

65.6 Subp. 3. **Documentation required.** The following items under parts 2911.5015 to

65.7 2911.5020 must be documented:

- 65.8 A. if applicable, an inmate's symptoms necessitating more-frequent well-being
- 65.9 checks;
- 65.10 B. if applicable, when an inmate self-reports withdrawal symptoms;
- 65.11 C. all referrals for health assessments;
- 65.12 D. any conducted health assessments; and
- 65.13 E. the decision to place an inmate on more-frequent well-being checks.

65.14 **2911.5020 MORE-FREQUENT WELL-BEING CHECKS; INMATES**

65.15 **EXPERIENCING SUBSTANCE WITHDRAWAL.**

65.16 Subpart 1. **When required.** Custody staff must conduct more-frequent well-being

65.17 checks for an inmate experiencing substance withdrawal if the inmate:

- 65.18 A. self-reports being at risk for substance withdrawal or reports substance use
- 65.19 within the previous 72 hours; or
- 65.20 B. has one or more of the following symptoms:
- 65.21 (1) nausea or vomiting;
- 65.22 (2) tremors or agitation;

- 66.1           (3) auditory or visual hallucinations;  
66.2           (4) sweating, fever, fast pulse, or abnormal vital signs;  
66.3           (5) seizures;  
66.4           (6) confusion; or  
66.5           (7) any other symptom that indicates substance withdrawal, as determined  
66.6 by the facility's health authority or as listed in the Guidelines for Managing Substance  
66.7 Withdrawal in Jails.

66.8           Subp. 2. Referral for health assessment; worsening symptoms.

66.9           A. After being placed on more-frequent well-being checks for substance  
66.10 withdrawal, an inmate must be immediately referred for a health assessment, which must  
66.11 be conducted by a responsible practitioner.

66.12           B. If an inmate's symptoms worsen, custody staff must immediately notify a  
66.13 responsible practitioner or contact emergency medical services. Custody staff must document  
66.14 whether the notification under this item occurred.

66.15           Subp. 3. Continued well-being checks.

66.16           A. An inmate must continue to be subject to more-frequent well-being checks  
66.17 unless a responsible practitioner:

66.18           (1) conducts a health assessment; and

66.19           (2) determines that, notwithstanding the symptoms under subpart 1, item B,  
66.20 the inmate's health or safety would be protected if the inmate were not subject to  
66.21 more-frequent well-being checks.

67.1 B. An inmate must be subject to more-frequent well-being checks if the inmate's  
67.2 prior withdrawal symptoms return or new symptoms occur. The inmate must be immediately  
67.3 referred for a health assessment, even if one was previously conducted.

67.4 **2911.5800 ~~AVAILABILITY OF MEDICAL AND, DENTAL, AND MENTAL~~**  
67.5 **HEALTH RESOURCES.**

67.6 Subpart 1. **Availability of resources, ~~general.~~**

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

67.8 B. Under the direction of a the health authority, a facility ~~shall~~ administrator must

67.9 develop and follow a ~~written~~ policy and procedure that provides for ~~the delivery of~~ delivering

67.10 health care services, including medical, dental, and mental health services.

67.11 C. When on-site health care personnel are not present in a facility for 24

67.12 consecutive hours, the facility must have a health-trained staff member present in the facility

67.13 who can ensure access to health care for inmates under the direction of the health authority

67.14 and a responsible practitioner.

67.15 Subp. 1a. **Telehealth services.**

67.16 A. Telehealth services may be provided by a facility, but telehealth services:

67.17 (1) must not be used as a substitute for in-person emergency care; and

67.18 (2) may be used only under the direction of the health authority.

67.19 B. If a facility provides telehealth services, the facility administrator must develop

67.20 and follow a policy and procedure for providing telehealth services. The policy and procedure

67.21 must be reviewed and, the review documented, annually by both the health authority and

67.22 facility administrator. At a minimum, the policy and procedure must:

67.23 (1) list which telehealth services the facility offers;

68.1 (2) identify any training that facility staff may need in order to comply with  
68.2 the facility's policy and procedure;

68.3 (3) educate an inmate on using the telehealth services before the inmate's  
68.4 telehealth appointment;

68.5 (4) consistent with informed-consent requirements, require a responsible  
68.6 practitioner or other health care personnel to share an inmate's health record with the  
68.7 telehealth provider before the inmate's appointment;

68.8 (5) require a telehealth visit to be documented and the documentation placed  
68.9 in the inmate's health record;

68.10 (6) list the technology needed for providing telehealth services and who is  
68.11 responsible for obtaining and maintaining the technology; and

68.12 (7) ensure that the technology is secured and stored.

68.13 C. If a facility provides telehealth services, the facility administrator, in consultation  
68.14 with the health authority, must identify which facility policies and procedures must be  
68.15 amended to reflect the use of telehealth services.

68.16 Subp. 2. ~~Health care~~ **Responsibility for clinical judgments; policy and procedure;**  
68.17 **security regulations.**

68.18 A. Medical, dental, and mental health matters involving clinical judgments are  
68.19 the sole province of the a responsible ~~physician~~ practitioner, dentist, and ~~psychiatrist or~~  
68.20 qualified psychologist respectively; however, licensed mental health professional.

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

68.23 C. All health-care-related policies and procedures under this chapter must be  
68.24 developed under the direction of a facility's health authority.

69.1 Subp. 3. **Health care policy review.** ~~Facility policy shall ensure that~~ Each facility  
69.2 policy, procedure, and program in the for delivering health care delivery system is services  
69.3 must be reviewed and documented at least annually under the direction of the health authority  
69.4 and revised as necessary.

69.5 Subp. 4. **Policy and procedure for emergency health care.** A facility shall  
69.6 administrator must develop and follow a written policy and procedure that requires that the  
69.7 facility provide 24-hour emergency care availability as outlined in a written plan, which  
69.8 includes provisions for the following arrangements for emergency care. At a minimum, the  
69.9 policy and procedure must provide for:

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

69.11 ~~A.~~ B. emergency evacuation of the an inmate from within the facility;

69.12 ~~B.~~ C. use of using an emergency medical vehicle ambulance, available on a 24-hour  
69.13 basis;

69.14 ~~C.~~ D. use of using one or more designated hospital emergency rooms or other  
69.15 appropriate health care facilities;

69.16 ~~D.~~ E. emergency on-call physician, mental health services, and dental services  
69.17 when the an emergency health facility is not located in a nearby community an adjacent  
69.18 county; and

69.19 ~~E.~~ F. security procedures that provide for the immediate transfer of inmates an  
69.20 inmate when appropriate: for emergency care; and

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

69.23 Subp. 5. [See repealer.]

70.1 Subp. 6. **Medical screening.**

70.2 A. A facility shall have administrator must develop and follow a written policy  
70.3 and procedure that requires staff to conduct and document medical screening is performed  
70.4 and recorded by trained staff screenings under part 2911.2525 on all inmates on upon  
70.5 admission to the facility. The findings are to screening results must be recorded in a manner  
70.6 approved by documented under the direction of the health authority. The screening process  
70.7 shall must include procedures relating to:

70.8 ~~A.~~ (1) inquiry into:

70.9 (1) (a) current illness and health problems, including dental emergencies,  
70.10 and other infectious diseases;

70.11 (b) whether an inmate is pregnant;

70.12 (2) (c) medication taken and special health requirements;

70.13 (3) (d) substance use of alcohol and other drugs that include types of drugs  
70.14 used, mode of use, amounts used, frequency used, date or time of last use, and history of  
70.15 problems that may have occurred after ceasing use, for example, convulsions by using a  
70.16 standardized screening assessment under subpart 6a;

70.17 (e) current or past mental illness, including hospitalizations;

70.18 (4) (f) past and present treatment or hospitalization for mental illness or  
70.19 attempted suicide current or past suicidal ideation;

70.20 (5) (g) other health problems listed in the Standards for Health Services in  
70.21 Jails or designated by the health authority; and

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

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

71.3 B. (2) observations of:

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

71.6 ~~(2) (b) body deformities, trauma markings~~ scars, body piercings, bruises,  
71.7 lesions, and jaundice; and

71.8 (c) medical disposition in accordance with the Core Jail Standards.

71.9 C. ~~Disposition to:~~

71.10 ~~(1) general population;~~

71.11 ~~(2) general population and referral to appropriate health care service;~~

71.12 ~~(3) referral to appropriate health care service on an emergency basis; and~~

71.13 ~~(4) other.~~

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

71.16 Subp. 6a. Standardized screenings for substance use disorder and withdrawal  
71.17 management.

71.18 A. An inmate's screenings under this subpart must be documented and conducted:

71.19 (1) by a health-trained staff member or health care personnel according to  
71.20 the applicable screening guidelines; and

71.21 (2) under the direction of the health authority and a responsible practitioner.

72.1 B. When screening for substances under subpart 6, item A, subitem (1), unit (d),  
72.2 facility staff must use one of the following screening tools:

72.3 (1) the Alcohol, Smoking, Substance-Involved Screening Test;

72.4 (2) the Simple Screening Instrument;

72.5 (3) the Institute of Behavioral Research TCU Drug Screen 5; or

72.6 (4) any other screening tool for substance use disorder approved by a state  
72.7 or federal agency that oversees or regulates substance use disorders and treatment.

72.8 C. To screen an inmate for withdrawal management, one of the following screening  
72.9 tools must be used:

72.10 (1) the Clinical Opiate Withdrawal Scale;

72.11 (2) for alcohol withdrawal, the Clinical Institute Withdrawal Assessment of  
72.12 Alcohol Scale;

72.13 (3) the Objective Opiate Withdrawal Scale; or

72.14 (4) any other screening tool for withdrawal management approved by a state  
72.15 or federal agency that oversees or regulates substance use disorders and treatment.

72.16 D. The facility's policy and procedure under subpart 6, item A, must detail when  
72.17 an inmate's screening results under item B must require staff to:

72.18 (1) refer the inmate for an assessment for substance use disorder under part  
72.19 2911.5810; or

72.20 (2) screen for withdrawal management and refer the inmate for withdrawal  
72.21 management under part 2911.5810.



73.1 **Subp. 6b. Documenting screenings and prescription medication.**

73.2 A. If an inmate upon admission is incapacitated, noncompliant, or otherwise  
73.3 unable to complete the medical screenings under subparts 6 and 6a within two hours of  
73.4 admission, staff must continue to complete the screenings every two hours until the screenings  
73.5 are completed or as otherwise directed by the health authority. Staff must document their  
73.6 follow-up attempts and why they were unable to complete the screenings within two hours  
73.7 of the inmate's admission or after repeated follow-up attempts.

73.8 B. If staff cannot verify an inmate's prescription medication under part 2911.2525,  
73.9 subpart 1, item M, within 24 hours of an inmate's admission, staff must continue to make  
73.10 attempts to verify the prescription medication by communicating with a pharmacist or, if  
73.11 applicable under law, a pharmacy technician, or by another method under the direction of  
73.12 the health authority. Staff must document their follow-up attempts and why they were unable  
73.13 to verify the prescription medication within 24 hours of the inmate's admission or after  
73.14 repeated follow-up attempts.

73.15 C. Only a responsible practitioner or licensed mental health professional can  
73.16 determine if an inmate is mentally incapacitated.

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

73.18 A. A facility ~~shall~~ administrator must develop ~~written~~ and follow a policy and  
73.19 procedures that require that an inmate who presents with a chronic or persistent medical  
73.20 condition be provided with a health care follow-up. ~~procedure on health care follow-ups.~~  
73.21 Except as provided under parts 2911.5810 to 2911.5830, an inmate's health care follow-up  
73.22 must be documented and at a minimum:

73.23 (1) be provided:

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

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

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

74.6 B. A health-care follow-up must be conducted by a responsible practitioner or  
74.7 other health care personnel. After conducting the health-care follow-up, the responsible  
74.8 practitioner or other health care personnel must:

74.9 (1) develop a written plan to meet the inmate's health care needs while  
74.10 detained;

74.11 (2) provide the inmate a written copy of the plan; and

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

74.14 C. If an inmate has been diagnosed before admission, a responsible practitioner  
74.15 or other health care personnel must ensure the inmate's continuity of care under the direction  
74.16 of the health authority.

74.17 D. If necessitated by an inmate's health care follow-up, the inmate must be referred  
74.18 for an assessment for substance use disorder or a mental health assessment under parts  
74.19 2911.5810 to 2911.5830.

74.20 ~~Subp. 8. **Health complaints concerns.** A facility shall develop a written policy and~~  
74.21 ~~procedure that requires that inmates' health complaints are acted upon daily by health-trained~~  
74.22 ~~staff, followed by triage and treatment by health care personnel if indicated.~~

74.23 A. A facility administrator must develop and follow a policy and procedure that  
74.24 requires that an inmate's health concerns are acted on by health-trained staff daily or more

75.1 frequently if needed to address the health concerns, followed by triage and treatment by  
75.2 health care personnel if needed. At a minimum, the policy and procedure must:

75.3 (1) state how an inmate or observing staff can communicate the inmate's  
75.4 health concerns to a responsible practitioner or other health care personnel;

75.5 (2) when health care needs cannot be deferred, require custody staff to notify  
75.6 a responsible practitioner or other on-call health care personnel and emergency medical  
75.7 services of:

75.8 (a) an inmate's emergency health care needs related to an acute illness;  
75.9 or

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

75.11 (3) specify when to take and document vital signs and:

75.12 (a) provide for communicating the vital signs to a responsible practitioner  
75.13 or other health care personnel; and

75.14 (b) require staff to document that the medical information under this  
75.15 subitem was shared with a responsible practitioner or other health care personnel; and

75.16 (4) provide that, upon request, the inmate is told the name and, if any, specialty  
75.17 of the physician who is coordinating care.

75.18 B. An inmate may appeal a medical decision that they disagree with by requesting  
75.19 a second opinion from the health authority. For a facility that has only a single licensed  
75.20 physician, the facility may allow an inmate to appeal a medical decision through a telehealth  
75.21 appointment in lieu of transporting the inmate to the emergency room. Nothing in this item  
75.22 requires a health authority to delegate its medical decision-making authority under this  
75.23 chapter.

76.1 C. Nothing in this subpart overrides a staff person's duty to report under Minnesota  
76.2 Statutes, section 243.52, subdivision 3.

76.3 Subp. 8a. Health services for inmates who are pregnant. In accordance with  
76.4 Standards for Health Services in Jails, J-F-05, a facility must provide prenatal and postpartum  
76.5 care to an inmate who is pregnant or has given birth, and, if applicable, according to  
76.6 Minnesota Statutes, section 241.89.

76.7 Subp. 8b. Quarterly health reviews required.

76.8 A. A facility administrator must develop and follow a policy and procedure for  
76.9 the health authority to conduct a health review every three months. The health authority  
76.10 must collect the following data:

76.11 (1) the number and type of sick calls;

76.12 (2) the number of and reasons for hospital visits;

76.13 (3) the number of mental health assessments;

76.14 (4) the number of assessments for substance use disorder; and

76.15 (5) the number of inmates seen for any type of mental-health-related service  
76.16 or service related to substance use disorders.

76.17 B. After conducting a quarterly review, the health authority must provide the data  
76.18 to the facility administrator in writing, and the data must be available to the commissioner  
76.19 upon request.

76.20 C. If a health authority is unable to provide the data, the facility administrator  
76.21 must document why the data cannot be provided.

76.22 Subp. 9. Sick call. A facility shall administrator must develop and follow a written  
76.23 policy and procedure that requires a continuous response to health care requests and that

77.1 sick call, conducted by a ~~physician~~ responsible practitioner or other health care personnel,  
77.2 is available to each inmate according to the facility's design capacity as follows:

77.3 A. in ~~small facilities of less~~ with fewer than 60 inmates, sick call is held at least  
77.4 once per week ~~at a minimum~~;

77.5 B. in ~~medium-sized~~ facilities of 60 to 200 inmates, sick call is held at least three  
77.6 days per week;

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

77.9 *[For text of item D, see Minnesota Rules]*

77.10 Subp. 10. **Infirmary.** ~~Operation of an infirmary within a facility: male and female~~  
77.11 Inmates of different genders may be housed in separate rooms in a common infirmary area.  
77.12 Direct staff supervision of the infirmary must be provided at all times when ~~male and female~~  
77.13 inmates reside of different genders are in the infirmary.

77.14 Subp. 11. **~~Examinations~~ Informed consent.**

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

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

77.21 C. ~~Where~~ If health care treatment must be provided against an inmate's will, ~~it~~  
77.22 the treatment must be provided according to law and part 2911.6700, subpart 1a.

78.1 Subp. 12. **Ambulance services.** Ambulance services ~~shall~~ must be available on a  
78.2 24-hour-a-day basis except when custody staff can safely transport an inmate for  
78.3 nonemergency care under the direction of the health authority.

78.4 **2911.5810 CLINICAL MANAGEMENT OF SUBSTANCE USE DISORDERS AND**  
78.5 **OPIOID OVERDOSE EMERGENCY PROCEDURES.**

78.6 Subpart 1. **Health screenings and referral for substance use disorder treatment**  
78.7 **or withdrawal management.**

78.8 A. Health care personnel must assess an inmate for a substance use disorder if the  
78.9 inmate is referred for an assessment for substance use disorder:

78.10 (1) under part 2911.5800, subpart 6a; or

78.11 (2) for any other medical reason under this chapter.

78.12 B. An inmate referred under item A must be assessed within a clinically indicated  
78.13 time frame.

78.14 C. If an inmate cannot be assessed for a substance use disorder or for substance  
78.15 use disorder treatment according to this part, facility staff must:

78.16 (1) document why the inmate cannot be assessed; and

78.17 (2) attempt to have the inmate assessed by another medical provider according  
78.18 to the provider's policies and procedures.

78.19 D. Part 2911.5800, subpart 2, applies to the extent consistent with this part.

78.20 Subp. 2. **Assessing for substance use disorder treatment.** Under the direction of  
78.21 the health authority, health care personnel must assess and document whether an inmate  
78.22 requires substance use disorder treatment.

78.23 Subp. 3. **Substance use disorder treatment and withdrawal management; when**  
78.24 **required.** If an inmate is assessed as requiring substance use disorder treatment or screens

79.1 positive for withdrawal management, the inmate must be offered substance use disorder  
79.2 treatment or withdrawal management under this part, free of charge but consistent with  
79.3 Minnesota Statutes, section 641.15, subdivision 2.

79.4 **Subp. 4. Right to substance use disorder treatment and withdrawal management;**  
79.5 **when limited.**

79.6 A. An inmate must not be denied substance use disorder treatment or withdrawal  
79.7 management as a disciplinary measure or if they:

79.8 (1) have a positive drug screen; or

79.9 (2) are in administrative separation or disciplinary segregation.

79.10 B. Notwithstanding item A, a facility administrator may limit an inmate's access  
79.11 to substance use disorder treatment programming if:

79.12 (1) the inmate is in disciplinary segregation; and

79.13 (2) the inmate's behavior threatens the health or safety of individuals in the  
79.14 facility.

79.15 C. Nothing under this part requires an inmate to receive substance use disorder  
79.16 treatment or prevents an inmate from discontinuing treatment. If an inmate chooses to  
79.17 receive substance use disorder treatment:

79.18 (1) the inmate must receive an individualized treatment plan;

79.19 (2) all medical decisions must be made independent of the inmate's  
79.20 classification; and

79.21 (3) all treatment decisions are between only the inmate and health care  
79.22 personnel or a community-based provider.

80.1 Subp. 5. Policy and procedure required for substance use disorder treatment,  
80.2 withdrawal management, and opioid emergency procedures.

80.3 A. A facility administrator must develop and follow a policy and procedure on  
80.4 substance use disorder treatment, withdrawal management, and opioid emergency procedures.  
80.5 At a minimum, the policy and procedure must:

80.6 (1) specify how the facility will assess for substance use disorders, and  
80.7 substance use disorder treatment;

80.8 (2) detail how the facility will provide, as its resources allow, substance use  
80.9 disorder treatment; federally approved medication for treatment; withdrawal management,  
80.10 including ongoing pharmacotherapy; counseling; behavioral therapy; telehealth services;  
80.11 and reentry planning;

80.12 (3) if the facility won't provide the services under subitem (2), detail how the  
80.13 facility will coordinate with a community-based provider to provide the services under  
80.14 subitem (2);

80.15 (4) detail how the facility or community-based provider will provide services  
80.16 under subitem (2) to an inmate who is pregnant;

80.17 (5) list where, when, and how the treatment and withdrawal management will  
80.18 be provided;

80.19 (6) prescribe how the facility or community-based provider will test for  
80.20 substances to ensure appropriate medication dosage and to provide ongoing monitoring, in  
80.21 accordance with Appropriate Use of Drug Testing in Clinical Addiction Medicine and the  
80.22 Principles of Drug Abuse for Criminal Justice Populations, respectively, or another  
80.23 publication under part 2911.0210;

80.24 (7) prescribe:



- 81.1                   (a) how to monitor for withdrawal; and
- 81.2                   (b) when withdrawal management must be provided in a noncorrectional
- 81.3 setting;
- 81.4                   (8) require the following be provided to an inmate in a language and manner
- 81.5 that they can understand:
- 81.6                   (a) education on substance abuse and withdrawal management; and
- 81.7                   (b) information on any treatment, medication, counseling, or therapy
- 81.8 that the inmate is receiving, including potential adverse reactions to any prescription
- 81.9 medication;
- 81.10                  (9) ensure a process for clinically appropriate referral, as directed by a
- 81.11 responsible practitioner, when an inmate is:
- 81.12                   (a) transferred or referred to another facility; or
- 81.13                   (b) is discharged from the facility; and
- 81.14                  (10) include a plan for responding to an opioid overdose that, at a minimum,
- 81.15 contains the steps under the SAMHSA Opioid Overdose Prevention Toolkit.
- 81.16                  B. If a facility provides some of the services under item A, subitem (2), the facility
- 81.17 must still comply with this part for the services that it won't provide.
- 81.18                  C. At least annually, the facility administrator and health authority must review
- 81.19 the policy and procedure and:
- 81.20                   (1) document the review and any needed changes; and
- 81.21                   (2) train staff on any changes as needed to perform their job duties under this
- 81.22 chapter.

82.1 Subp. 6. Determining resources for substance use disorder treatment and  
82.2 withdrawal management.

82.3 A. A facility's health authority and facility administrator must determine if the  
82.4 facility has the resources to comply with subpart 5 as follows:

82.5 (1) the health authority must determine if the facility can provide substance  
82.6 use disorder treatment and withdrawal management, including whether inmates can receive  
82.7 federally approved medication for substance use disorder treatment:

82.8 (a) as prescribed by the Use of Medication-Assisted Treatment for Opioid  
82.9 Use Disorder in Criminal Justice Settings; or

82.10 (b) according to Jail-Based Medication-Assisted Treatment or Guidelines  
82.11 for Managing Substance Withdrawal in Jails: A Tool for Local Government Officials, Jail  
82.12 Administrators, Correctional Officers, and Health Care Professionals; and

82.13 (2) for purposes of subpart 8, the facility administrator must determine whether  
82.14 providing the services under subpart 5 would result in undue financial hardship or jeopardize  
82.15 the health, safety, security, detention, or well-being of inmates or facility staff.

82.16 B. Both determinations must be documented.

82.17 Subp. 7. Coordinating with community-based provider.

82.18 A. If a facility administrator coordinates with a community-based provider that  
82.19 is an opioid treatment program, the provider must comply with Minnesota Statutes, chapter  
82.20 245G.

82.21 B. If a facility administrator coordinates with a community-based provider that  
82.22 is a withdrawal management program, the provider must comply with Minnesota Statutes,  
82.23 chapter 245F.

83.1 C. A facility coordinating with a community-based provider under this part is not  
83.2 required to transport an inmate for an in-person appointment for withdrawal management  
83.3 or substance use disorder treatment.

83.4 **Subp. 8. Contracting with another facility.**

83.5 A. A facility may contract with another facility to provide substance use disorder  
83.6 treatment or withdrawal management under this part if:

83.7 (1) the facility cannot store the medications needed for substance use disorder  
83.8 treatment or withdrawal management according to Jail-Based Medication-Assisted Treatment  
83.9 or another publication under part 2911.0210;

83.10 (2) the facility's health authority and administrator determine that the facility  
83.11 does not have the resources to comply with this part; or

83.12 (3) there are no community-based providers available or willing to provide  
83.13 the services under this part.

83.14 B. If a facility administrator cannot contract with another facility to provide the  
83.15 services, the facility administrator must attempt to transfer any inmate who requires substance  
83.16 use disorder treatment or withdrawal management to another facility, or for withdrawal  
83.17 management only, to a noncorrectional setting.

83.18 **Subp. 9. Unable to provide or contract for substance use disorder treatment or**  
83.19 **withdrawal management.**

83.20 A. A facility administrator must document if the facility cannot provide substance  
83.21 use disorder treatment or withdrawal management, coordinate with a community-based  
83.22 provider, or contract with another facility. The facility administrator must:

83.23 (1) explain why the facility cannot comply with this part; and

84.1 (2) detail the steps that the facility administrator and health authority will  
84.2 take to ensure the health, safety, and well-being of inmates who require substance use  
84.3 disorder treatment or withdrawal management, including:

84.4 (a) whether the facility will attempt to transfer an inmate who needs  
84.5 substance use disorder treatment or withdrawal management to another facility or, for  
84.6 withdrawal management only, to a noncorrectional setting; and

84.7 (b) if the inmate cannot be transferred, developing a written plan to  
84.8 provide health care services for inmates who need substance use disorder treatment or  
84.9 withdrawal management.

84.10 B. If item A applies for a facility, at least annually, the facility administrator must  
84.11 document actions that they will take to provide substance use disorder treatment or  
84.12 withdrawal management, coordinate with a community-based provider, or contract with  
84.13 another facility.

84.14 Subp. 10. **Continuity of care.**

84.15 A. If an inmate upon admission is taking prescription medication for substance  
84.16 use disorder treatment or withdrawal management, the inmate must be allowed, without  
84.17 delay after the medication is verified, to continue taking the prescription medication.

84.18 B. A facility's health authority or the community-based provider providing  
84.19 substance use disorder treatment must coordinate with an inmate's prescribing physician,  
84.20 or other person responsible for prescribing the medication, to ensure the inmate's continuity  
84.21 of care.

84.22 Subp. 11. **Discontinuing care.** If the health authority determines that it is not clinically  
84.23 appropriate for the inmate to continue taking medication under subpart 10, health care  
84.24 personnel must:

85.1 A. taper the medication according to the Standards for Health Services in Jails,  
85.2 J-F-04;

85.3 B. ensure that the inmate is seen by a mental health professional within 24 hours  
85.4 of the health authority's decision to discontinue medication treatment;

85.5 C. document in writing why medication treatment is being discontinued;

85.6 D. if clinically indicated, develop a treatment plan to provide alternative  
85.7 prescription medication; and

85.8 E. tell the inmate both verbally and in writing why medication treatment is being  
85.9 discontinued.

85.10 Subp. 12. Ongoing monitoring required for withdrawal management.

85.11 A. Consistent with the Principles of Drug Abuse for Criminal Justice Populations,  
85.12 an inmate undergoing withdrawal management must be monitored by health care personnel  
85.13 or health-trained staff.

85.14 B. When health care personnel are not on-site in the facility, health-trained staff  
85.15 must monitor the inmate under the direction of the health authority or according to  
85.16 instructions from the community-based provider. The instructions must:

85.17 (1) be specific to the individual inmate; and

85.18 (2) describe what staff should monitor and how often, and when staff must  
85.19 contact health care personnel or seek emergency care.

85.20 C. If a facility does not have a dedicated housing unit for withdrawal management,  
85.21 facility staff must maintain a log of all inmates being monitored for risk of withdrawal and  
85.22 who are undergoing withdrawal management. At a minimum, the log must include for each  
85.23 inmate the substance for which monitoring is being conducted and the frequency of  
85.24 monitoring.

86.1 Subp. 13. Reentry.

86.2 A. Once an inmate begins receiving substance use disorder treatment, facility  
86.3 staff, or the community-based provider together with facility staff, must develop a reentry  
86.4 plan that:

86.5 (1) includes information on substance use disorder treatment, including  
86.6 medication, in the community;

86.7 (2) under the direction of the health authority, provides the inmate a copy of  
86.8 their prescription and any other documentation needed to ensure their continuity of care;

86.9 (3) if applicable, contact the inmate's medication prescriber about the inmate's  
86.10 medication usage, including frequency, amount, and last date of use;

86.11 (4) in accordance with law and under the direction of the health authority,  
86.12 allows the inmate to receive a supply of their medication for substance use disorder or a  
86.13 prescription for prepaid medication for substance use disorder;

86.14 (5) in accordance with law and if applicable to the inmate or the facility,  
86.15 provides the inmate with an injection of a federally approved long-acting injectable  
86.16 medication before discharge;

86.17 (6) as applicable, refers the inmate to an opioid treatment program,  
86.18 community-based provider, or health care provider in the geographical area that the inmate  
86.19 plans to reside in when discharged;

86.20 (7) connects the inmate with peer-support services, if available and the inmate  
86.21 consents;

86.22 (8) helps the inmate obtain health insurance if they are uninsured or reinstate  
86.23 medical coverage if eligible;

87.1 (9) if applicable, provides the inmate with naloxone and educates the inmate  
87.2 on its use; and

87.3 (10) includes any other information required under part 2911.2560.

87.4 B. If a complete reentry plan under item A cannot be provided, facility staff must:

87.5 (1) document why a complete reentry plan could not be provided; and

87.6 (2) develop a reentry plan for the inmate that includes the information under  
87.7 item A, subitems (1) to (5), (9), and (10).

87.8 Subp. 14. **Documentation.** The following items under this part must be documented:

87.9 A. all referrals for an assessment for substance use disorder;

87.10 B. all assessments for substance use disorder and substance use disorder treatment;

87.11 C. any coordination or contract with a community-based provider, another facility,  
87.12 or a noncorrectional facility;

87.13 D. the log of all inmates being monitored for risk of withdrawal and undergoing  
87.14 withdrawal management;

87.15 E. all inmate treatment plans;

87.16 F. each inmate's reentry plan; and

87.17 G. all other decisions, determinations, or actions required under this part.

87.18 **2911.5820 DETERMINING MENTAL HEALTH CARE.**

87.19 If an inmate is referred for mental health care under this chapter, health care personnel  
87.20 must determine whether to:

87.21 A. refer the inmate to a mental health professional to determine clinically  
87.22 appropriate care;

88.1 B. place the inmate on suicide watch; or

88.2 C. have the inmate transported to the emergency room.

88.3 **2911.5830 MENTAL HEALTH ASSESSMENT AND TREATMENT.**

88.4 Subpart 1. Definition. For purposes of parts 2911.5820 and 2911.5830, "mental health  
88.5 assessment" means:

88.6 A. a brief diagnostic assessment under Minnesota Statutes, section 245I.10,  
88.7 subdivisions 4 and 5; and

88.8 B. a standard diagnostic assessment under Minnesota Statutes, section 245I.10,  
88.9 subdivision 6.

88.10 Subp. 2. Assessment; when required; documentation.

88.11 A. A mental health professional must conduct a mental health assessment for an  
88.12 inmate if:

88.13 (1) the inmate is referred for an assessment under part 2911.5820; or

88.14 (2) the inmate asks for an assessment.

88.15 B. An inmate must receive a brief diagnostic assessment under item A:

88.16 (1) within 14 days; or

88.17 (2) sooner than 14 days if clinically indicated.

88.18 C. If a mental health professional determines it clinically necessary, an inmate  
88.19 must receive a standard diagnostic assessment.

88.20 D. If an inmate cannot be assessed under this subpart:

88.21 (1) a mental health professional must document and explain why they were  
88.22 unable to conduct a mental health assessment; and



89.1 (2) facility staff must attempt to have the inmate assessed by another medical  
89.2 provider according to the provider's policies and procedures.

89.3 F. Part 2911.5800, subpart 2, applies to the extent consistent with this subpart.

89.4 Subp. 3. Individualized treatment plan and treatment.

89.5 A. After a mental health assessment under subpart 2, a mental health professional  
89.6 must:

89.7 (1) as clinically indicated:

89.8 (a) develop an individualized treatment plan for the inmate;

89.9 (b) discuss the treatment plan with the inmate in a language and manner  
89.10 that they can understand; and

89.11 (c) provide the inmate a written copy of the plan; and

89.12 (2) provide treatment according to the treatment plan.

89.13 B. A mental health professional must conduct assessments and provide treatment  
89.14 consistent with Minnesota Statutes, chapter 245I.

89.15 Subp. 4. Right to mental health treatment; when limited.

89.16 A. An inmate must not be denied mental health treatment:

89.17 (1) as a disciplinary measure; or

89.18 (2) if the inmate is in administrative separation or disciplinary segregation.

89.19 B. Notwithstanding item A, a facility administrator may limit an inmate's access  
89.20 to mental health programming if:

89.21 (1) the inmate is in disciplinary segregation; and

90.1                   (2) the inmate's behavior threatens the health, safety, or welfare of individuals  
90.2 in the facility.

90.3                   C. Nothing under this part requires an inmate to receive mental health treatment  
90.4 or prevents an inmate from discontinuing treatment. If an inmate chooses to receive treatment,  
90.5 all treatment decisions made are between only the inmate and the mental health professional  
90.6 or other health care personnel. All medical decisions must be made independent of the  
90.7 inmate's classification.

90.8                   Subp. 5. **Telehealth services allowed.** Nothing under this part prevents a facility from  
90.9 providing assessments or treatment using telehealth services in accordance with part  
90.10 2911.5800, subpart 1a, and any other law.

90.11                   Subp. 6. **Policy and procedure required for mental health.**

90.12                   A. A facility administrator must develop and follow a policy and procedure on  
90.13 mental health assessments and treatment. At a minimum, the policy and procedure must:

90.14                   (1) specify how the facility will screen and assess for mental illness;

90.15                   (2) detail how the facility will provide mental health assessments and  
90.16 treatment, including treatment for mental health reviews under part 2911.2860 and for  
90.17 psychiatric emergencies under part 2911.5840;

90.18                   (3) if the facility will not provide the services under subitem (2), provide how  
90.19 the facility will coordinate with a community-based provider to provide mental health  
90.20 treatment;

90.21                   (4) list where, when, and how mental health treatment will be provided;

90.22                   (5) require the following information be provided to an inmate in a language  
90.23 and manner that they can understand:

90.24                   (a) if possible, psychoeducational resources; and

91.1 (b) information on any treatment, medication, counseling, or therapy  
91.2 that the inmate is receiving, including potential adverse reactions to any prescription  
91.3 medication; and

91.4 (6) ensure a process for clinically appropriate referral, as directed by a  
91.5 responsible practitioner and mental health professional, when an inmate is:

91.6 (a) transferred or referred to another facility; or

91.7 (b) is discharged from the facility.

91.8 B. At least annually, the facility administrator and health authority must review  
91.9 the policy and procedure and:

91.10 (1) document the review and any needed changes; and

91.11 (2) train staff on any changes as needed to perform their job duties under this  
91.12 chapter.

91.13 Subp. 7. **Determining resources for mental health treatment.** For purposes of  
91.14 subpart 10, a facility's health authority and facility administrator must determine whether  
91.15 the facility has the resources to comply with this part.

91.16 Subp. 8. **Coordinating with community-based provider.** If a facility administrator  
91.17 coordinates with a community-based provider, facility staff are not required to transport an  
91.18 inmate for an in-person appointment for mental health treatment.

91.19 Subp. 9. **Contracting with another facility.**

91.20 A. A facility administrator may contract with another facility to provide mental  
91.21 health treatment under this part if:

91.22 (1) the facility's health authority and administrator determine that the facility  
91.23 does not have the resources to comply with this part; and

92.1                   (2) there are no community-based providers available or willing to provide  
92.2 mental health treatment.

92.3                   B. If a facility administrator cannot contract with another facility to provide mental  
92.4 health treatment, the facility must attempt to transfer any inmate who requires mental health  
92.5 treatment to another facility.

92.6                   Subp. 10. Unable to provide or contract for mental health treatment.

92.7                   A. A facility administrator must document if the facility cannot provide mental  
92.8 health treatment under this part, coordinate with a community-based provider, or contract  
92.9 with another facility. The facility administrator must:

92.10                   (1) explain why the facility cannot comply with this part; and

92.11                   (2) detail the steps that the facility administrator and health authority will  
92.12 take to ensure the health, safety, and well-being of inmates who require mental health  
92.13 treatment, including:

92.14                   (a) whether the facility will attempt to transfer an inmate who needs  
92.15 mental health treatment to another facility; and

92.16                   (b) if the inmate cannot be transferred, developing a written plan to  
92.17 provide health care services for inmates who need mental health treatment.

92.18                   B. If item A applies for a facility, at least annually, the facility administrator, in  
92.19 consultation with the health authority, must document actions that they will take to provide  
92.20 mental health treatment, coordinate with a community-based provider, or contract with  
92.21 another facility.

93.1 Subp. 11. **Continuity of care for prescription medication.**

93.2 A. If an inmate upon admission is taking prescription medication for mental health  
93.3 treatment, the inmate must be allowed, without delay after the medication is verified, to  
93.4 continue taking the prescription medication.

93.5 B. A facility's health authority or the community-based provider providing mental  
93.6 health treatment must coordinate with an inmate's prescribing physician or other person  
93.7 responsible for prescribing the medication, if any, to ensure the inmate's continuity of care.

93.8 Subp. 12. **Discontinuing prescription medication.** If the health authority determines  
93.9 that it is not clinically appropriate for the inmate to continue taking medication under subpart  
93.10 11, health care personnel must:

93.11 A. ensure that the inmate is seen by a mental health professional within 24 hours  
93.12 of the health authority's decision to discontinue medication treatment;

93.13 B. if clinically indicated, develop a treatment plan to provide alternative  
93.14 prescription medication;

93.15 C. document in writing why medication treatment is being discontinued; and

93.16 D. tell the inmate both verbally and in writing why medication treatment is being  
93.17 discontinued.

93.18 Subp. 13. **Reentry.**

93.19 A. Once an inmate begins receiving mental health treatment, facility staff, or the  
93.20 community-based provider together with facility staff, must develop a reentry plan that:

93.21 (1) includes information on mental health treatment, including medication,  
93.22 available in the community;

93.23 (2) under the direction of the health authority, provides the inmate a copy of  
93.24 their prescription and any other documentation needed to ensure their continuity of care;

- 94.1                   (3) in accordance with law and under the direction of the health authority,  
94.2 allows the inmate to receive a supply of their medication or a prescription for prepaid  
94.3 medication;
- 94.4                   (4) as applicable, refers the inmate to a community-based provider or health  
94.5 care provider in the geographical area that the inmate plans to reside in when discharged;
- 94.6                   (5) connects the inmate with peer-support services, if available and the inmate  
94.7 consents;
- 94.8                   (6) helps the inmate obtain health insurance if they are uninsured or reinstate  
94.9 medical coverage if eligible; and
- 94.10                  (7) includes any other information required under part 2911.2560.
- 94.11                  B. If a complete reentry plan under item A cannot be provided, facility staff must:
- 94.12                   (1) document why facility staff could not provide a complete reentry plan;  
94.13 and
- 94.14                   (2) develop a reentry plan for the inmate that includes the information under  
94.15 item A, subitems (1) to (3) and (7):
- 94.16                  Subp. 14. **Documentation.** The following items under this part must be documented:
- 94.17                   A. referrals for mental health assessments;
- 94.18                   B. inmate requests for mental health assessments;
- 94.19                   C. conducted mental health assessments;
- 94.20                   D. any coordination or contract with a community-based provider or other facility;
- 94.21                   E. inmate treatment plans;
- 94.22                   F. each inmate's reentry plan; and

95.1 G. all other decisions, determinations, or actions required under this part.

95.2 **2911.5840 PSYCHIATRIC EMERGENCY.**

95.3 A. If facility staff believe that an inmate is undergoing a psychiatric emergency,  
95.4 a responsible practitioner or a licensed mental health professional must be immediately  
95.5 notified. If a responsible practitioner or a licensed mental health professional is available,  
95.6 staff must attempt to transfer the inmate to an emergency room only after:

95.7 (1) the responsible practitioner or licensed mental health professional has  
95.8 considered using less-restrictive measures to treat the inmate;

95.9 (2) if attempted, less-restrictive measures were unsuccessful; and

95.10 (3) the responsible practitioner or licensed mental health professional  
95.11 determines that the inmate:

95.12 (a) is in serious, immediate danger of injuring self or others; and

95.13 (b) may require emergency medication.

95.14 B. If a responsible practitioner or a licensed mental health professional is  
95.15 unavailable, facility staff must immediately call emergency medical services.

95.16 C. Consistent with part 2911.6700, subpart 1a, a responsible practitioner may  
95.17 administer a dose of emergency medication if the medication is needed to safely transport  
95.18 the inmate. The responsible practitioner must document in the inmate's health record why  
95.19 the emergency medication was needed.

95.20 D. If the inmate returns to the facility after receiving care at a health care facility,  
95.21 the inmate must be subject to more-frequent well-being checks under part 2911.5015 until  
95.22 the responsible practitioner determines that the inmate's health would not be jeopardized  
95.23 by returning to 30 minute well-being checks.

96.1 E. For purposes of this subpart, "psychiatric emergency" means an acute  
96.2 disturbance in thought, behavior, mood, or social relationship that requires immediate  
96.3 intervention to protect the inmate or others from imminent danger.

96.4 **2911.5850 MENTAL HEALTH SUPPORT; TRAUMATIC EVENT.**

96.5 **Subpart 1. Mental health services; policy and procedure.**

96.6 A. Mental health services must be provided to an inmate identified as having  
96.7 experienced trauma or stress due to an emergency or unusual occurrence. A facility  
96.8 administrator must develop and follow a policy and procedure that:

96.9 (1) identifies the health care personnel responsible for providing mental health  
96.10 services under item B;

96.11 (2) details when and how to provide mental health services;

96.12 (3) provides how to identify inmates as having experienced trauma or stress;  
96.13 and

96.14 (4) provides how to support individuals identified.

96.15 B. At least one of the following mental health services must be provided:

96.16 (1) one-on-one interventions;

96.17 (2) grieving groups; and

96.18 (3) other clinically appropriate services to mitigate and respond to stress.

96.19 Subp. 2. Documentation. Facility staff must document if mental health services were  
96.20 provided and, if an inmate received services, update the inmate's records.

96.21 Subp. 3. Mental health services are voluntary. Notwithstanding subpart 1, nothing  
96.22 in this part requires an inmate to receive mental health services.



97.1 **2911.6000 FIRST AID.**

97.2 Subpart 1. [Repealed, 38 SR 523]

97.3 Subp. 2. **First aid equipment.** ~~Facility policy shall require that~~ First aid kits ~~are~~ must  
97.4 be available in designated areas of the facility.

97.5 Subp. 3. [Renumbered 2911.6200 subp 1a]

97.6 **2911.6200 MEDICAL ~~AND~~, DENTAL, AND MENTAL HEALTH RECORDS.**

97.7 Subpart 1. [Renumbered subp 1b]

97.8 Subp. 1a. **Medical ~~and~~, dental, and mental health records.**97.9 ~~A. A facility shall record complaints of illness or injury and actions taken.~~ Medical  
97.10 ~~or,~~ dental, and mental health records are must be maintained ~~on inmates under~~ for an inmate  
97.11 receiving medical ~~or,~~ dental, or mental health care.97.12 ~~B. Records shall~~ An inmate's health record must include:97.13 (1) complaints of illness or injury and actions taken to address or treat the  
97.14 illness or injury;97.15 ~~A. (2) the limitations and~~ any disabilities ~~of the~~ that an inmate has;97.16 ~~B. (3) instructions for inmate care~~ and treatment;97.17 ~~C. (4) orders for medication,~~ including ~~stop~~ any discontinue date;97.18 ~~D. (5) any special treatment or diet;~~97.19 ~~E. (6) any activity restriction; and~~97.20 ~~F. (7) times and dates when the inmate was seen by~~ medical health care personnel,  
97.21 including by emergency medical services or other health care personnel not working in the  
97.22 facility; and

98.1 (8) any other information required under this chapter.

98.2 C. Medical and, dental, and mental health records shall ~~shall~~ must be available to staff  
98.3 for consultation in case of illness and for recording medication ~~administration of medications.~~

98.4 Subp. 1b. ~~Release of information~~ **Consent forms.** ~~release of information~~ Consent  
98.5 forms must comply with applicable federal and state regulations.

98.6 Subp. 2. **Data practices.**

98.7 A. The medical ~~An inmate's health~~ record file shall ~~shall~~ must be maintained separately  
98.8 and according to the Minnesota Government Data Practices Act, Minnesota Statutes, chapter  
98.9 13.

98.10 B. Medical records must be made available to the commissioner consistent with  
98.11 Minnesota Statutes, section 241.021, subdivision 1.

98.12 Subp. 2a. **Medical sharing information.** ~~The responsible physician or health care~~  
98.13 ~~personnel shall share with the facility administrator information regarding an inmate's~~  
98.14 ~~medical management, security, and ability to participate in programs.~~ A facility administrator  
98.15 must develop and follow a policy and procedure for a responsible practitioner and other  
98.16 health care personnel to share with custody staff information on an inmate's:

98.17 A. medical, dental, and mental health management;

98.18 B. classification; and

98.19 C. ability to participate in programming.

98.20 Subp. 3. **Available information.** ~~Medical~~ An inmate's health ~~record file~~ information  
98.21 available to health-trained staff and custody personnel shall ~~shall~~ staff must minimally include  
98.22 summary medical information provided by the health authority or health care personnel ~~that~~  
98.23 ~~ensures sufficient detail~~ to allow health-trained staff ~~persons~~ or other custody ~~personnel~~

99.1 staff to ensure medical care of inmates in their custody in a manner consistent with that  
99.2 prescribed by ~~the~~ a responsible physician practitioner or other health care personnel.

99.3 *[For text of subparts 4 and 5, see Minnesota Rules]*

99.4 Subp. 6. ~~Transfer of~~ Transferring records.

99.5 A. A facility ~~shall have~~ administrator must develop and follow a written policy  
99.6 and procedure regarding the transfer of on transferring health records and information that  
99.7 establishes the ~~following~~ requirements under this subpart. This subpart applies to:

99.8 (1) referrals or transfers between:

99.9 (a) facilities; and

99.10 (b) facilities and state correctional facilities; and

99.11 (2) referrals or transfers for medical, dental, or mental health services provided  
99.12 in a noncorrectional facility.

99.13 ~~A.~~ B. Summaries or copies of ~~the~~ an inmate's health record ~~are~~ must be sent to  
99.14 the facility to which the inmate is transferred or referred when the inmate is transferred or  
99.15 referred. Upon the request and written authorization of the inmate, physicians or medical  
99.16 facilities in the community shall be provided health record information; and

99.17 ~~B.~~ C. The facility administrator ~~or designee, which may include the responsible~~  
99.18 ~~physician, health care personnel, or health-trained staff~~ of the facility from which the inmate  
99.19 is being transferred, ~~shall~~ or referred must minimally share the inmate's information under  
99.20 subpart 2a with the facility administrator ~~of the facility~~ or noncorrectional facility designated  
99.21 to receive the inmate ~~information regarding the inmate's medical management, security,~~  
99.22 ~~and ability to participate in programs. In the absence of informed consent. If there are no~~  
99.23 informed-consent forms signed by the inmate involved, the information may be ~~provided~~

100.1 ~~in summary manner~~ summarized to ensure a level of medical care consistent with the inmate's  
100.2 needs.

100.3 **2911.6400 ~~DELIVERY, SUPERVISION, AND CONTROL OF DELIVERING,~~**  
100.4 **SUPERVISING, AND CONTROLLING MEDICATION.**

100.5 ~~In consultation with the health authority,~~ A facility administrator ~~shall have~~ must  
100.6 develop and follow a written policy and procedure for the secure storage, delivery,  
100.7 administration, and control of medication according to parts 2911.6500 to 2911.6800.

100.8 **2911.6500 STORAGE.**

100.9 Subpart 1. **Locked area.** Medication ~~shall~~ must be stored in a locked area. The storage  
100.10 area ~~shall~~ must be kept locked when not in use by ~~authorized staff~~ health-trained staff or  
100.11 health care personnel.

100.12 Subp. 2. **Refrigeration.** Health-trained staff or health care personnel must refrigerate  
100.13 and secure medication requiring refrigeration ~~shall be refrigerated and secured and check~~  
100.14 the temperature ~~checked~~ daily. There must be separate refrigeration for medications only.

100.15 *[For text of subpart 3, see Minnesota Rules]*

100.16 Subp. 4. **Medication.**

100.17 A. Consistent with parts 2911.5810 and 2911.5830, stock supplies of prescription  
100.18 medications may be maintained at the discretion and upon the approval of, if approved by  
100.19 the facility's health authority-, as follows:

100.20 (1) prescription medication ~~shall~~ must be kept in its original container, bearing  
100.21 the original label-; and

100.22 (2) poisons and medication intended for external use ~~shall~~ must be clearly  
100.23 marked.

101.1 B. A limited quantity of life-saving prescription medications as approved by the  
101.2 ~~medical~~ health authority may be maintained in emergency kits if the facility has health-trained  
101.3 staff or health care personnel who can administer the medications in the emergency kit.

101.4 Subp. 5. **Controlled Substances.** ~~There shall be~~ A facility administrator must develop  
101.5 and follow a procedure for maximum security storage of and accountability for ~~controlled~~  
101.6 substances, including substances under part 2911.5810.

101.7 Subp. 6. **Needles and other medical sharps.** ~~There shall be~~ A written facility  
101.8 administrator must develop and follow a policy and procedure for the health-trained staff  
101.9 and health care personnel to control and disposal ~~dispose~~ of medical sharps and supplies.  
101.10 Medical sharps and supplies when used or stored in inmate housing areas shall must be  
101.11 accounted for and secured in a locked area.

101.12 **2911.6600 MEDICATION DELIVERY.**

101.13 Subpart 1. **Delivering medication.** If trained according to subparts 2 and 3, a  
101.14 health-trained staff person delivering must deliver medication to an inmate ~~must do so~~ under  
101.15 the direction of the ~~responsible~~ health authority or health care personnel.

101.16 Subp. 2. **Training.** Only ~~persons~~ health-trained staff who have received training  
101.17 appropriate to ~~this assignment~~ delivering medication according to this part may deliver  
101.18 medication.

101.19 Subp. 3. **Refresher training.** A ~~nonmedical~~ health-trained staff person delivering  
101.20 medication ~~shall~~ must receive refresher training ~~a minimum of once every three years~~ at  
101.21 least annually.

101.22 *[For text of subpart 4, see Minnesota Rules]*

101.23 Subp. 5. **Recording deliveries.** ~~A person responsible for delivering~~ A health-trained  
101.24 staff person must:

102.1 A. deliver medications ~~shall do so according to orders,~~ under the direction of the  
102.2 health authority or health care personnel; and

102.3 B. record the delivery of medications ~~in a manner approved by the health care~~  
102.4 authority under the direction of the health authority.

102.5 Subp. 6. ~~Deliveries by health-trained staff~~ **Self-administering**  
102.6 **medication.** ~~Medication shall be delivered to an inmate by health-trained staff. An inmate~~  
102.7 ~~shall~~ must administer the inmate's medication under ~~staff supervision~~ direct supervision of  
102.8 health-trained staff or health care personnel.

102.9 Subp. 7. **Identification procedures.** ~~There shall be a written~~ Health-trained staff must  
102.10 follow a policy and procedure for the identification of the recipient of identifying an inmate  
102.11 who is receiving the delivered medication.

102.12 *[For text of subpart 8, see Minnesota Rules]*

102.13 Subp. 9. **Reports on adverse ~~reaction reports~~ reactions and medication**  
102.14 **errors.** ~~There shall be procedures for~~ Health-trained staff must follow a policy and procedure  
102.15 to report any adverse reaction incidents or medication errors to a responsible practitioner  
102.16 or other health care personnel. The adverse reaction to a drug ~~shall~~ and medication errors  
102.17 must be documented, and health-trained staff must document whether they reported the  
102.18 incident or error.

102.19 Subp. 10. ~~Refusal of prescribed~~ **Refusing prescription medications;**  
102.20 **documentation.** ~~There shall be procedures for~~

102.21 A. Health-trained staff must follow a policy and procedure to report an inmate's  
102.22 refusal of ~~prescribed~~ prescription medication to ~~the attending physician,~~ a responsible  
102.23 physician, practitioner or other health care personnel. The refusal and any directives by the  
102.24 responsible practitioner or other health care personnel ~~shall~~ must be documented.

103.1 B. Health-trained staff must document whether they reported the refusal. Health  
103.2 care personnel administering medication under parts 2911.5810 to 2911.5830 must document  
103.3 any medication refusal.

103.4 Subp. 11. ~~No Medication deprivation as punishment prohibited.~~ ~~An inmate shall~~  
103.5 Facility staff may not be deprived of deprive an inmate of medication as a means of  
103.6 punishment, but medication may be deprived if the inmate's action related to the medication  
103.7 endangers the health and safety of the inmate, other inmates, or facility staff.

103.8 *[For text of subparts 12 and 13, see Minnesota Rules]*

103.9 Subp. 14. **Expiration of medication order.** Health-trained staff must notify health  
103.10 care personnel shall be notified of an impending expiration of a medication order so that it  
103.11 ~~can be determined~~ health care personnel or the health authority can determine whether the  
103.12 to continue or alter the medication should be continued or altered.

103.13 Subp. 15. **Nonprescription medication.** A facility's health authority is responsible  
103.14 for determining which over-the-counter nonprescription medication to make available ~~to~~  
103.15 for inmates shall be approved by health care personnel. Delivery of nonprescription  
103.16 medication by custody staff ~~shall~~ must be documented.

103.17 *[For text of subpart 16, see Minnesota Rules]*

## 103.18 **2911.6700 ADMINISTRATION.**

103.19 Subpart 1. [See repealer.]

103.20 Subp. 1a. **Voluntary and involuntary medication administration.**

103.21 A. A facility administrator must develop and follow a policy and procedure on  
103.22 medication administration to inmates. The policy and procedure must:

104.1 (1) provide direction for health-trained staff and health care personnel on  
104.2 using medication on an incapacitated inmate, including naloxone, glucose tabs, nitroglycerin,  
104.3 and other noninjectable lifesaving medications;

104.4 (2) detail when and which staff can administer injectable medications, subject  
104.5 to subpart 2; and

104.6 (3) detail the voluntary and involuntary administration of neuroleptic,  
104.7 non-neuroleptic, and psychotropic medications.

104.8 B. When an inmate is subject to medication administration because of a medical  
104.9 emergency, staff must document:

104.10 (1) why a medical emergency was declared;

104.11 (2) whether any less-restrictive measures were attempted before a medical  
104.12 emergency was declared;

104.13 (3) the health authority's order directing the medication administration;

104.14 (4) any force used to ensure that the medication was safely administered; and

104.15 (5) any follow-up health care assessments after the medication was  
104.16 administered.

104.17 C. After an inmate receives emergency medication under this subpart, the inmate  
104.18 must be subject to more-frequent well-being checks under part 2911.5015 until the  
104.19 responsible practitioner determines that the inmate's health would not be jeopardized by  
104.20 returning to 30-minute well-being checks.

104.21 Subp. 2. **Injection and insulin.** Medication administered by injection must be given  
104.22 by health care personnel, but a diabetic inmate who is insulin-dependent ~~diabetic inmates~~  
104.23 ~~shall be permitted to~~ may self-administer insulin under direct supervision of health-trained  
104.24 staff supervision.



105.1 Subp. 3. [See repealer.]

105.2 Subp. 4. **Administering opiate antagonist.** Custody staff may administer an opiate  
105.3 antagonist according to Minnesota Statutes, section 151.37, subdivision 12.

105.4 **2911.6800 MEDICATION CONTROL.**

105.5 Subpart 1. **Records.** Records of receipt, the quantity of the drugs, and the disposition  
105.6 of all prescription medications ~~shall~~ must be maintained ~~in detail to enable an accurate~~  
105.7 ~~accounting~~ in accordance with law.

105.8 Subp. 2. **Verifying prescription medications.** An inmate's own supply of prescription  
105.9 medications brought into the facility ~~shall~~ must be verified ~~prior~~ according to part 2911.2525,  
105.10 subpart 1, item M, before dispensing.

105.11 Subp. 3. **~~Prescribed~~ Prescription medication upon transfer or release ~~discharge.~~**

105.12 A. ~~Prescribed~~ Prescription medication shall must be given to an inmate or to the  
105.13 appropriate authority upon the inmate's transfer or ~~release, discharge~~ unless the ~~attending~~  
105.14 ~~physician~~ health authority decides that in the medical interest of the inmate the medications  
105.15 should not be transferred or released with the inmate.

105.16 B. ~~The action taken shall be documented~~ health authority must document whether  
105.17 they authorized prescription medication or, if applicable, why they denied the prescription  
105.18 medication.

105.19 Subp. 4. **~~Destruction of~~ Destroying medication.** ~~The destruction of~~ Health care  
105.20 personnel must destroy medication on expiration dates or when retention is no longer  
105.21 necessary or suitable ~~must be,~~ consistent with requirements of the Minnesota Pollution  
105.22 Control Agency. Destroying any medication for substance use disorder treatment must  
105.23 comply with a facility's policies and procedures under part 2911.5810.

106.1 **2911.7100 INMATES WITH SPECIAL NEEDS.**

106.2 Subpart 1. **Postadmission screening.** ~~The facility written~~ A facility administrator  
106.3 must develop and follow a policy and procedure shall require that requires postadmission  
106.4 screening and referral for care of special needs inmates ~~with special needs, whose adaptation~~  
106.5 ~~to the correctional environment is significantly impaired.~~

106.6 Subp. 2. **Inmates with special needs.** For the purposes of this part, ~~an~~ a special needs  
106.7 inmate ~~with special needs shall include, but need not be limited to, those~~ includes an inmate:

106.8 A. with functional impairments, ~~those;~~

106.9 B. defined as mentally ill, ~~those;~~

106.10 C. defined as developmentally disabled, ~~those;~~

106.11 D. defined as mentally ill and dangerous to the public, ~~and those;~~

106.12 E. defined as individuals with disabilities. an individual with a disability; and

106.13 F. otherwise defined under part 2911.0200, subpart 67.

106.14 *[For text of subpart 3, see Minnesota Rules]*

106.15 Subp. 4. **Individualized treatment plan required.**

106.16 A. If clinically indicated by an inmate's special needs assessment under part  
106.17 2911.2600, subpart 1, item I, a responsible practitioner or other health care personnel must  
106.18 develop a written individualized treatment plan for the inmate as follows:

106.19 (1) develop an individual treatment plan for the inmate according to Standards  
106.20 for Health Services in Jails, J-F-01;

106.21 (2) discuss the treatment plan with the inmate in a language and manner that  
106.22 they can understand;

106.23 (3) provide the inmate a written copy of the plan; and

107.1 (4) provide treatment according to the treatment plan.

107.2 B. The treatment plan must be documented and placed in the inmate's file and  
 107.3 health record.

107.4 **RENUMBERING INSTRUCTION.** The revisor of statutes shall renumber the provisions  
 107.5 of Minnesota Rules, part 2911.0200, listed in column A as those listed in column B. The  
 107.6 revisor of statutes shall also make any necessary cross-reference changes consistent with  
 107.7 the renumbering.

	<u>Column A</u>	<u>Column B</u>
107.8		
107.9	<u>Subpart 3</u>	<u>Subpart 5b</u>
107.10	<u>Subpart 56a</u>	<u>Subpart 56d</u>
107.11	<u>Subpart 56b</u>	<u>Subpart 56e</u>

107.12 **TERM CHANGE.** The following terms are changed wherever they appear in Minnesota  
 107.13 Rules, chapter 2911, as follows:

107.14 A. "custody personnel" is changed to "custody staff";

107.15 B. "inmate" is changed to "incarcerated person"; and

107.16 C. "responsible physician" is changed to "responsible practitioner."

107.17 **REPEALER.** Minnesota Rules, parts 2911.0200, subparts 7, 23, 52, and 69; 2911.0300,  
 107.18 subparts 5a and 6; 2911.0370; 2911.0900, subparts 14 and 26; 2911.1350; 2911.2800,  
 107.19 subpart 6; 2911.3600, subpart 7; 2911.3700, subpart 3; 2911.3900, subparts 2, 3, 4, 6, 7,  
 107.20 and 8; 2911.4100, subpart 4; 2911.4800, subpart 5; 2911.5000, subpart 5; 2911.5800, subpart  
 107.21 5; and 2911.6700, subparts 1 and 3, are repealed.