

**Department of Corrections**

**Proposed Permanent Rules Relating to Jail Facilities**

**2911.0100 INTRODUCTION.**

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

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

**2911.0200 DEFINITIONS.**

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

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

A. is prone to escape, is prone to assault staff or other inmates, poses a safety or security threat to other inmates or the facility, or likely to need ~~needs~~ protection from other inmates or protection from self, an inmate with a mental illness or a developmental disability who is in need of special care, or an inmate;

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

C. is on medical isolation or infirmary status.

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

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

2.1 Subp. 5b. **Assessment for substance use disorder.** "Assessment for substance use  
2.2 disorder" means a clinical assessment to determine medically appropriate care for substance  
2.3 use.

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

2.5 Subp. 7. [See repealer.]

2.6 Subp. 8. [Repealed, 38 SR 523]

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

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

2.10 Subp. 17. **Classification.** "Classification" means a process for determining the needs  
2.11 and security requirements of detained inmates ~~for whom confinement has been ordered~~ and  
2.12 for assigning the inmates to housing units and programs according to ~~their~~ a facility's  
2.13 resources and the inmates' needs ~~and existing resources.~~

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

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

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

2.19 Subp. 23. [See repealer.]

2.20 Subp. 24. [See repealer.]

2.21 *[For text of subpart 25, see Minnesota Rules]*

2.22 Subp. 26. **Custody personnel staff.** "Custody personnel staff" means ~~those~~ facility  
2.23 staff whose primary duty is ~~supervision of~~ supervising inmates.

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

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

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

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

3.8 B. before a hearing when segregating the inmate is determined to be necessary in  
3.9 order for a violation under item A to reasonably ensure the facility's security of the facility  
3.10 or the safety of inmates or staff.

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

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

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

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

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

3.20 Subp. 36. **Facility administrator.** "Facility administrator" means ~~the~~ an individual  
3.21 who has been delegated the responsibility and authority for ~~the administration and operation~~  
3.22 ~~of administering and operating a facility.~~ Facility administrator includes the administrator's  
3.23 designee.

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

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

4.6 Subp. 40. **Health care personnel.** "Health care personnel" means an individual whose  
4.7 ~~primary duty is to provide health services in accordance with their respective license. The~~  
4.8 ~~individual must be a RN, LPN, nurse practitioner, physician, or physician assistant. who is~~  
4.9 licensed, certified, or credentialed by a state, territory, or other licensing body to provide  
4.10 health care services:

4.11 A. in Minnesota; and

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

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

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

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

4.19 B. under the direction of the facility's health authority and a responsible  
4.20 practitioner.

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

4.22 Subp. 52. [See repealer.]

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

5.1       Subp. 54a. **Medical emergency.** "Medical emergency" means when an inmate requires  
5.2 emergency care.

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

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

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

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

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

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

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

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

5.18       Subp. 58a. **Prescription medication.** "Prescription medication" means a medication  
5.19 that is required by federal law to bear the following statement: "Caution: saying that federal  
5.20 law prohibits dispensing without or transferring the medication to a person who does not  
5.21 have a prescription for the medication."

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

5.23       Subp. 60. **Responsible physician practitioner.** "Responsible physician practitioner"  
5.24 means an individual a licensed:

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

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

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

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

6.8 Subp. 65a. **Segregation area.** "Segregation area" means an area of the facility separate  
6.9 from general population that houses the following inmates individually:

6.10 A. inmates in administrative separation;

6.11 B. inmates requiring either prehearing detention, administrative segregation status,  
6.12 or in either administrative separation or disciplinary segregation; or

6.13 C. inmates requiring lockdown time for disciplinary violations. This area is separate  
6.14 from the general population and houses inmates individually under part 2911.2850.

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

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

6.18 [For text of subpart 66, see Minnesota Rules]

6.19 Subp. 67. **Special needs inmate.** "Special needs inmate" means an inmate whose with  
6.20 a mental or physical condition that requires special handling and treatment by staff  
6.21 accommodations or arrangements that an inmate in general population would not normally  
6.22 receive.

7.1 Subp. 67a. **Step-down management.** "Step-down management" means facility  
7.2 procedures that support inmates in disciplinary segregation to transition back to general  
7.3 population.

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

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

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

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

7.11 Subp. 69. [See repealer.]

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

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

7.15 Subp. 70b. **Telehealth.** "Telehealth" has the meaning given in Minnesota Statutes  
7.16 2024, section 256B.0625, subdivision 3b, paragraph (e).

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

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

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

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

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

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

8.3 Subp. 75. **Withdrawal management.** "Withdrawal management" means medical care  
8.4 provided to individuals who are experiencing withdrawal symptoms because they have  
8.5 stopped using a substance or have reduced their substance use.

8.6 **2911.0210 INCORPORATIONS BY REFERENCE.**

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

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

8.13 Subp. 3. **DOC Portal Special Incidents.** "DOC Portal Special Incidents," published  
8.14 by the Minnesota Department of Corrections (2025 and as subsequently amended).

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

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



9.1 **2911.0300 INTENDED FACILITY USE AND ~~NONCONFORMANCE WITH RULES~~**  
9.2 **CORRECTIVE ACTION PLANS.**

9.3 Subpart 1. **Intended use.**

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

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

9.9 C. A Class II facility may house inmates serving an alternative sentence for a time  
9.10 not to exceed any limits ~~set by~~ under Minnesota Statutes. ~~A facility must be in compliance~~  
9.11 ~~with a rule part, subpart, or item as designated under subpart 5a in order to meet approval~~  
9.12 ~~requirements for continued operation unless the commissioner waives the part, subpart, or~~  
9.13 ~~item.~~

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

9.17 Subp. 2. **Nonconformance, Unsafe, unsanitary, or illegal conditions; restricted**  
9.18 **use.** ~~When conditions do not substantially conform or where~~ If specific conditions endanger  
9.19 the health, welfare, or safety of inmates or staff, the facility's use is ~~is~~ must be restricted  
9.20 pursuant ~~according to~~ Minnesota Statutes, section 241.021, ~~subdivision 1, or legal~~  
9.21 ~~proceedings to condemn the facility will be initiated pursuant to Minnesota Statutes, section~~  
9.22 ~~641.26 or 642.10.~~

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

9.24 Subp. 4. ~~Correction of deficiencies~~ **Corrective action plans.** ~~Sanctions for violation~~  
9.25 ~~of mandatory rules are as follows.~~

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

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

~~C. For a level three sanction, when compliance is not achieved within time lines ordered or action plans are not implemented as approved by the DOC, the facility inspector shall submit to the facility administrator and governing body a limited use agreement for review, signature, and return within a specified time.~~

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

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

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

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

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

B. The corrective action plan must:

- 11.1                   (1) be in writing;
- 11.2                   (2) identify all deficiencies;
- 11.3                   (3) detail what is required to remedy the deficiencies; and
- 11.4                   (4) provide a deadline to correct each deficiency.

11.5                   C. When the deficiency has been corrected, the facility administrator must submit  
11.6 to the commissioner documentation detailing the administrator's compliance with the  
11.7 corrective action plan. If the commissioner determines that the administrator has not remedied  
11.8 the deficiency, the facility is subject to a licensing action or an additional corrective action  
11.9 plan.

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

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

11.14                  Subp. 5a. [See repealer.]

11.15                  Subp. 6. [See repealer.]

11.16                  **2911.0310 FACILITY SELF-AUDIT.**

11.17                  A. A facility administrator must develop and follow a policy and procedure on  
11.18 the facility's self-audit process.

11.19                  B. At least annually, a facility administrator must conduct a self-audit to assess  
11.20 the facility's compliance with this chapter. A self-audit must be:

- 11.21                   (1) documented; and
- 11.22                   (2) conducted using department-provided checklists that reflect inspection  
11.23 and policy requirements under this chapter and Minnesota Statutes, section 241.021.

12.1 **2911.0330 APPROVED CAPACITY.**

12.2 Subpart 1. [Repealed, 38 SR 523]

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

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

12.7 **2911.0400 VARIANCES, EMERGENCIES, AND OVERCROWDED FACILITIES.**

12.8 Subpart 1. ~~Variances, generally~~ Requesting variance; commissioner evaluation.

12.9 A. The A facility administrator may apply for a variance from a requirement under  
12.10 this chapter by submitting a request through the DOC Portal. For each variance request, the  
12.11 facility administrator must:

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

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

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

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

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

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

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

~~B. Granting of a variance under this part for one facility shall~~ does not constitute  
a precedent for any other facility. ~~The granting and denial of variances shall be in writing~~  
~~and made within 30 days of the request for a variance~~ commissioner must grant or deny a  
variance through the DOC Portal within 60 days. The variance ~~shall~~ must be granted ~~by the~~  
~~commissioner~~ if, in the licensing procedure or enforcement of this chapter, all of the following  
are present:

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

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

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

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

~~E. (3) the facility will take substitute action as is necessary or available to comply~~  
facility's alternative measure, if proposed in the variance request, complies with the general  
purpose of this chapter to the fullest extent possible.

**Subp. 1a. Renewing variance.**

A. A facility administrator may request to renew a variance. A request must:

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

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

14.1 B. The commissioner must renew a variance if the facility administrator:

14.2 (1) continues to satisfy the requirements under subpart 1, item B; and

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

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

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

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

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

14.11 B. The commissioner must notify the facility administrator through the DOC  
14.12 Portal within 60 days of the commissioner's determination.

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

14.16 Subp. 2. Emergency ~~notification~~ declarations; notification and review.

14.17 A. ~~When~~ If a facility administrator declares an emergency, the applicable rules  
14.18 ~~may be suspended during the duration of the emergency.~~ the facility administrator or designee  
14.19 ~~shall~~ must notify the DOC in writing through the DOC Portal within 72 24 hours of:

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

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

15.1 B. When the commissioner is notified of an emergency under item A, the  
15.2 commissioner must review whether the suspended requirement:

15.3 (1) is related to the emergency; and

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

15.5 C. If the commissioner determines that the suspended requirement violates item  
15.6 B, subitem (1) or (2), the commissioner must:

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

15.8 (2) order the facility administrator to immediately lift the suspended  
15.9 requirement.

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

15.11 Subp. 8. **Overcrowded facility plan.** ~~Whenever an overcrowded~~ A facility  
15.12 administrator must attempt to contract with other facilities to use available per diem bed  
15.13 space when a facility is overcrowded. If a facility condition occurs is overcrowded and the  
15.14 conditions in subpart 7 exist, a facility shall have administrator must follow a written plan  
15.15 that requires the use of using available contract per diem bed space in DOC-approved  
15.16 facilities within a 125-mile radius. The plan shall require the following must include the  
15.17 requirements under items A to C.

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

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

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

16.1 **2911.0900 STAFFING REQUIREMENTS.**

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

16.3 ~~A. The A~~ facility administrator ~~shall prepare and retain~~ must develop and follow  
16.4 a written staffing plan;

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

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

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

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

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

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

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

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

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

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

16.18 ~~B. At least annually,~~ the facility administrator ~~or designee shall~~ must review the  
16.19 facility's staffing plan ~~at least once each year. The review shall be documented in written~~  
16.20 ~~form sufficient to indicate that staffing plans have been reviewed and revised as appropriate~~  
16.21 ~~to the facility's needs or referred to the facility's governing body for funding consideration.~~  
16.22 After reviewing the plan, the facility administrator must document:



17.1 ~~A facility with a design capacity of more than 60 beds must have a staffing analysis~~  
17.2 ~~and staffing plan approved by the commissioner of corrections. This staffing analysis shall~~  
17.3 ~~include all posts, functions, net annual work hours appropriate to each post, and total number~~  
17.4 ~~of employees to fill the identified posts and functions.~~

17.5 (1) the review; and

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

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

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

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

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

17.17 (1) of the changes needed to comply with item C; and

17.18 (2) that if the changes are not made, that the facility is subject to a licensing  
17.19 action under part 2911.0300 reducing the facility's approved capacity under parts 2911.0330  
17.20 to 2911.0370.

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

17.22 A. Within 90 days of the effective date of this rule, a facility administrator must  
17.23 conduct a staffing analysis if the facility administrator has not conducted a staffing analysis

before the effective date of this rule. A facility administrator conducting an initial staffing analysis must analyze:

(1) all security posts;

(2) facility functions;

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

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

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

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

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

Subp. 13. [Repealed, 38 SR 523]

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

~~A. In facilities that use the~~ If a facility uses a dispatcher or custody position as sole supervision under subpart 12, policy and procedures shall be implemented that assure a reasonable level of the facility administrator must develop a policy and procedure on security and backup resource assistance for the dispatcher or custody person ~~in circumstances that require emergency response assistance. The DOC shall review and approve the policy and procedures.~~ that at a minimum:

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

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

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

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

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

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

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

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

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

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

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

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

20.1 ~~A. B. Except as provided under subpart 12, a facility with a design capacity of 60~~  
20.2 ~~50 or fewer beds shall meet the staffing ratios in this item. For inmate supervision, the~~  
20.3 ~~overall facilitywide must have a minimum ratio of custody staff to inmates shall be for~~  
20.4 ~~inmate supervision of one custody officer staff member to 25 inmates. These staff must be~~  
20.5 ~~in the facility and on duty at all times and not involved in temporary duties outside of the~~  
20.6 ~~facility. Included in this ratio are all staff who are assigned and trained in the custody and~~  
20.7 ~~supervision of inmates as their primary duty. Staff not directly responsible for custody and~~  
20.8 ~~supervision of inmates such as administrative, supervisory, program, bailiff, or support staff~~  
20.9 ~~shall not be included in this ratio.~~

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

20.13 (1) 1 custody staff member to 60 inmates for direct supervision housing units  
20.14 with lockdown capability;

20.15 (2) 1 custody staff member to 48 inmates for direct supervision dormitories;

20.16 (3) 1 custody staff member to 40 inmates for indirect or podular inmate  
20.17 supervision; and

20.18 (4) 1 custody staff member to 25 inmates for linear housing areas.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22.1 ~~B. (2) sufficient staff present to provide for the booking of offenders without a~~  
22.2 ~~reduction in the safety or security of the facility and inmates; admissions without jeopardizing~~  
22.3 ~~the health, safety, or security of inmates or facility staff.~~

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

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

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

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

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

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

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

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

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

22.23 A. The ratio of custody staff to inmates under subpart 15 may be reduced  
22.24 proportionate to the facility's population decrease during those hours that inmates are released

23.1 from the facility for work release, educational release, community service, or sentencing to  
23.2 service activities.

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

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

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

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

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

23.14 Subp. 26. [See repealer.]

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

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

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

23.20 **2911.1000 TRAINING PLAN.**

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

23.22 A. A facility administrator ~~or designee shall~~ must:

24.1 (1) develop and ~~implement~~ follow a written training plan for ~~the orientation~~  
24.2 ~~of orienting~~ new ~~employees~~ staff and volunteers; and

24.3 (2) provide for ~~continuing in-service~~ annual training ~~programs~~ for all  
24.4 employees and volunteers.

24.5 B. All training plans shall must be documented and describe the training's  
24.6 curriculum, methods of instruction, and objectives. ~~In-service training plans shall be prepared~~  
24.7 ~~annually and shall provide documentation indicating that training for individual employees~~  
24.8 ~~has taken into consideration their length of service, position within the organization, and~~  
24.9 ~~previous training completed.~~

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

24.13 **2911.1200 CLERICAL AND SUPPORT EMPLOYEES STAFF WITH MINIMAL**  
24.14 **OR REGULAR OR DAILY INMATE CONTACT; TRAINING.**

24.15 Subpart 1. **Minimal inmate contact.** A facility ~~shall have~~ administrator must develop  
24.16 and follow a written policy and procedure that provides that all new ~~clerical and support~~  
24.17 ~~employees that support staff who~~ have minimal inmate contact receive at least 24 hours of  
24.18 orientation and training during their first year of employment. ~~Sixteen of these~~ Of the 24  
24.19 ~~hours are,~~ 16 hours must be completed before being independently assigned to a ~~particular~~  
24.20 ~~job. Persons in this category are given an additional 16 hours of training each subsequent~~  
24.21 ~~year of employment.~~

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

24.23 A. A facility shall have administrator must develop and follow a written policy  
24.24 and procedure that provides that all new ~~clerical and support employees~~ staff who have  
24.25 regular or daily inmate contact receive at least 40 hours of orientation and training during



their first year of employment. ~~These hours are to be completed before being independently assigned to a particular job. The employees are given an additional 16 hours of training each subsequent year of employment.~~

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

~~A.~~ (1) security procedures and regulations;

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

~~C.~~ (3) all applicable emergency procedures;

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

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

~~E. first aid.~~

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

### **2911.1300 CUSTODY STAFF; TRAINING.**

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

Subp. 2. **Required training before independent assignment.** ~~Forty of these hours are completed prior to being~~ Before a custody staff member may be independently assigned to a particular post. ~~All persons in this category are given an additional 16 hours of training~~

26.1 ~~each subsequent year. At a minimum, training completed before independent assignment~~  
26.2 ~~to a particular post shall include,~~ they must receive training on the following topics:

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

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

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

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

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

26.9 D. ~~vulnerable~~ identifying special-needs inmates;

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

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

26.14 M. ~~distribution of medications~~ admissions policy and procedure under part  
26.15 2911.2525, including medical and mental health screenings;

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

26.18 O. ~~blood-borne pathogens and communicable diseases;~~ administering first aid and  
26.19 CPR and medical training, under the direction of the health authority, with instruction in:

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

26.22 (2) administering opiate antagonists as allowed under statute;

27.1 (3) training on opioid emergency procedures that may include the steps under  
27.2 the SAMHSA Opioid Overdose Prevention Toolkit;

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

27.4 (5) mental health, including:

27.5 (a) recognizing signs and symptoms of a mental illness and a  
27.6 developmental disability;

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

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

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

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

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

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

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

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

27.19 (2) communicating with and responding to a suicidal inmate or an inmate  
27.20 with suicidal behaviors; and

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

28.1 Subp. 3. **Training for first aid and CPR.** All custody staff must be trained in first  
28.2 aid and CPR by a certified instructor teaching a certified training course. Custody staff need  
28.3 not be certified in first aid and CPR, but all custody staff must be retrained on first aid and  
28.4 CPR as required to continuously maintain the certification if they were certified.

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

28.8 A. well-being checks according to subpart 2, item C;

28.9 B. admissions;

28.10 C. response to resistance; and

28.11 D. medical training and training on suicide risk and prevention according to subpart  
28.12 2, items O and P.

28.13 **2911.1500 PROGRAM STAFF; TRAINING.**

28.14 Subpart 1. **Training required; training topics.** A facility ~~shall have~~ administrator  
28.15 must develop and follow a written policy and procedure that provides that the facility's  
28.16 program ~~personnel~~ staff receive at least 40 hours of orientation and training in the during  
28.17 their first year of employment, and at least 16 hours of training each year thereafter. This  
28.18 training must cover. At a minimum, the training must cover the following topics:

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

28.20 I. administering first aid and CPR.

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

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

29.1 **2911.1600 DESIGNATED TRAINING OFFICER.**

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

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

29.4 B. ~~maintenance of~~ each employee, maintaining legibly documented and accessible  
29.5 training records ~~in sufficient detail to allow inspector assessment of compliance with parts~~  
29.6 ~~2911.1200 to 2911.1700~~ on the employee's training topics and completed training hours  
29.7 and training records that describe each training; and

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

29.11 **2911.1900 POLICY AND PROCEDURE ~~MANUALS~~ MANUAL.**

29.12 Subpart 1. **Manual required.** A facility ~~shall have~~ administrator must develop and  
29.13 follow a written policy and procedure manual that is electronically available to staff and  
29.14 ~~relevant~~ state and local regulatory authorities and defines the ~~philosophy and~~ method for  
29.15 operating and maintaining the facility. ~~This~~ The manual ~~shall~~ must be made available to all  
29.16 ~~employees, reviewed annually, updated as needed, and staff trained accordingly.~~

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

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

29.20 K. medical and health care services, including medication, mental health, and  
29.21 substance use disorders;

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

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

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

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

Q. well-being checks; and

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

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

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

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

(2) the expectations for interacting with the public.

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

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

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

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

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

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

31.1 **2911.2100 ~~STORAGE AND PRESERVATION OF~~ STORING FACILITY AND**  
31.2 **INMATE RECORDS.**

31.3 Space ~~shall~~ must be provided for the safe storage of to securely store facility and inmate  
31.4 records no matter the record's format.

31.5 **2911.2200 ~~FILING AND DISPOSITION OF~~ MAINTAINING INMATE RECORDS.**

31.6 Inmate records ~~shall~~ must be ~~filed into individual folders or~~ maintained through  
31.7 ~~technology such as computerized record systems that permit an inmate's record to be~~ and  
31.8 readily ~~accessed at one source~~ accessible according to Minnesota Statutes, sections 15.17  
31.9 and 138.17.

31.10 **2911.2300 PRIVACY OF AND ACCESS TO INMATE RECORDS.**

31.11 Privacy of inmate records and inmate access to ~~factual, nonconfidential~~ public and  
31.12 private data in the inmate's personal files ~~shall be provided in conformity with state~~ are  
31.13 governed according to Minnesota Statutes, chapter 13, and other applicable law.

31.14 **2911.2400 DETENTION INFORMATION SYSTEM REQUIREMENTS; DOC**  
31.15 **PORTAL.**

31.16 Subpart 1. DOC Portal. The ~~A~~ facility administrator ~~shall~~ must designate a staff  
31.17 ~~person member~~ responsible for reporting of information on ~~persons detained or incarcerated~~  
31.18 inmates to the DOC ~~in a manner consistent with requirements in the DOC's Statewide~~  
31.19 ~~Supervision System, Detention Entry Guide (2010) and any amendments, which is~~  
31.20 ~~incorporated by reference, subject to frequent change, and available at the State Law Library,~~  
31.21 25 Rev. Dr. Martin Luther King Jr. Blvd., St. Paul, MN 55155 Portal.

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

32.1 **2911.2500 SEPARATION OF INMATES.**

32.2 Subpart 1. **General.** A combination of separate housing units inclusive of special  
32.3 management areas, general population, and minimum security areas and cells, dormitories,  
32.4 and dayroom spaces ~~shall~~ must be provided to ~~properly segregate~~ separate inmates ~~pursuant~~  
32.5 according to Minnesota Statutes, section 641.14.

32.6 The facility ~~shall~~ must provide for the separate housing of the following categories of  
32.7 inmates:

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

32.9 D. inmates requiring administrative ~~segregation~~ separation;

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

32.11 *[For text of subpart 2, see Minnesota Rules]*

32.12 **2911.2525 ADMISSIONS.**

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

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

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

32.20 (1) whether the inmate:

32.21 (a) had any suicidal comments or behaviors; or

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

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



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

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

33.4 B. ~~verification of~~ verifying court commitment papers or other legal documentation  
33.5 of detention. ~~Verification shall include checking, including verifying the inmate's admission~~  
33.6 ~~date of admission, duration of confinement, and specific charges or convictions against~~  
33.7 them;

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

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

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

33.13 (1) initial medical screening to include an assessment of the inmate's health  
33.14 status, including any medical or under part 2911.5800, subpart 6, including screening for  
33.15 substance use; and

33.16 (2) mental health needs screening;

33.17 F. ~~telephone calls made by the inmate during the booking and admission process~~  
33.18 ~~and prior to~~ allowing for an inmate to make a telephone call in accordance with part  
33.19 2911.3400, subparts 2 and 3:

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

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

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

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

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

34.5 J. interviewing to obtain the following identifying inmate data:

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

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

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

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

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

34.13 K. ~~initial classification of the inmate and assignment~~ determining classification  
34.14 and assigning the inmate to a housing unit;

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

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

34.18 N. documenting whether an inmate refused to:

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

34.20 (2) complete the admissions process.

34.21 Subp. 2. **Privacy Not public data.** Intake procedures ~~dealing with information~~  
34.22 ~~protected by~~ must comply with the Minnesota Government Data Practices Act, Minnesota

Statutes, chapter 13, ~~shall be conducted in a manner and location that assures the personal privacy of the inmate and the confidentiality of the transaction from unauthorized personnel.~~

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

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

Subp. 2c. Intake release of information.

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

B. The form must:

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

(2) be in a language or be presented in a manner that the inmate can attempt to understand.

C. An inmate's form must be maintained and must be updated if requested by the inmate.

Subp. 3. Orientation to rules and services information.

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

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

36.4           B. (2) documentation by requires an inmate to sign and date a statement that is  
36.5 signed and dated by the inmate attesting that the inmate completed orientation has read, or  
36.6 been read or presented, the orientation information in a language or manner that they could  
36.7 attempt to understand.

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

36.10           (1) visitation procedures;

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

36.13           (3) how to make medical requests;

36.14           (4) mail procedures;

36.15           (5) commissary procedures;

36.16           (6) how to receive items if indigent;

36.17           (7) that there is a grievance procedure;

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

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

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

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

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

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

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

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

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

37.9 **Subp. 5. Program options and activities.** An inmate shall be provided written  
37.10 information on program options and activities within 24 hours of admission, excluding  
37.11 weekends and holidays. A facility staff member shall review program options and activities  
37.12 with inmates who are unable to read, within 24 hours of admission, excluding weekends  
37.13 and holidays.

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

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

37.18 A. If an inmate is unable or unwilling to complete the admissions process, staff  
37.19 must attempt to have the inmate complete the admissions process according to the facility's  
37.20 policy and procedure under item B. Staff must document any follow-up attempts and why  
37.21 they were unable to complete the admissions process.

37.22 B. A facility administrator must develop and follow a policy and procedure on  
37.23 how often custody staff must attempt to complete the admissions process for an inmate who  
37.24 is unable or unwilling to complete the process. At a minimum, the policy and procedure

38.1 must require staff, at least every six hours, to continue to make attempts to have an inmate  
38.2 complete the medical and mental health screenings under subpart 1.

38.3 **2911.2550 RELEASES DISCHARGES.**

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

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

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

38.9 **2911.2560 DISCHARGE PLANNING.**

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

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

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

38.14 (1) provide the inmate with a list of local, state, and federal resources; and

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

38.17 Subp. 2. **Discharge planning; inmates with a serious and persistent mental illness.**

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

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

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

**2911.2700 INFORMATION TO INMATES.**

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

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

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

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

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

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

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

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

**2911.2790 ADMINISTRATIVE SEPARATION AND DISCIPLINARY  
SEGREGATION; PLACEMENT GENERALLY.**

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

A. of their gender identity;

B. they are pregnant or six weeks postpartum; or

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

**2911.2800 ADMINISTRATIVE SEPARATION.**

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

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

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

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

(2) consider any available alternatives to placement that could safely address the concern unless placement is needed because of a serious and immediate safety or security concern.

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



41.1 Subp. 2. **Separate and secure housing.** Administrative ~~segregation shall~~ separation  
41.2 must consist of separate and secure housing, but ~~shall not~~ cannot involve any more  
41.3 deprivation of ~~privileges~~ an item or activity, including programming, than is necessary to  
41.4 ~~obtain the objective of protecting~~ protect the inmate, other inmates, facility staff, or the  
41.5 public from serious and immediate harm.

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

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

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

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

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

41.16 D. when the facility administrator must consult with health care personnel when  
41.17 conducting the administrative review;

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

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

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

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

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

42.3 (2) any health or safety concerns and health improvements must be reviewed  
42.4 as part of the administrative review process; and

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

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

42.9 Subp. 4b. **Behavior-management plan.**

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

42.11 (1) requests placement in administrative separation;

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

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

42.16 B. If an inmate remains in administrative separation for more than seven  
42.17 consecutive days, a facility administrator, in consultation with health care personnel, must  
42.18 develop a behavior-management plan for the inmate, as applicable to the inmate's reason  
42.19 for placement in administrative separation. The plan must include at least the following:

42.20 (1) any inmate behavioral problems, including:

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

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

43.1 (c) any documented mental health concerns; and

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

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

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

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

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

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

43.12 Subp. 6. [See repealer.]

43.13 Subp. 7. **Deprivation report.**

43.14 A. ~~Written~~ The policy and procedure ~~shall~~ must provide that ~~whenever~~ when an  
43.15 inmate in administrative ~~segregation~~ separation is deprived of any ~~usually authorized~~ item  
43.16 or activity usually authorized under a facility's policy and procedure on administrative  
43.17 separation, a report of the action ~~is~~ must be made and forwarded to the facility administrator  
43.18 ~~or designee~~, who must then determine whether the item or activity should continue to be  
43.19 deprived. The determination must be documented.

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

43.21 **2911.2850 INMATE DISCIPLINE ~~PLAN~~; DISCIPLINARY SEGREGATION.**

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

44.1 A. ~~administrative~~ disciplinary sanctions for ~~specific behaviors, omissions, the~~  
44.2 serious, major, and minor facility rule violations;

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

44.5 C. ~~right to internal review, and the review process.~~ appeal process for an inmate  
44.6 found guilty of a facility rule violation; and

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

44.9 Subp. 2. **Disciplinary segregation.**

44.10 A. A facility administrator ~~or designee shall have and implement policies and~~  
44.11 ~~procedures~~ must develop and follow a policy and procedure for disciplinary segregation.  
44.12 ~~An inmate on disciplinary segregation status must be separated from the general population.~~  
44.13 Except as provided under item B, a facility is subject to the following limitations on placing  
44.14 an inmate in disciplinary segregation:

44.15 (1) for a minor violation, an inmate must not be placed in disciplinary  
44.16 segregation for more than ten consecutive days;

44.17 (2) for a major violation, an inmate must not be placed in disciplinary  
44.18 segregation for more than 30 consecutive days; and

44.19 (3) for a serious violation, an inmate must not be placed in disciplinary  
44.20 segregation for more than 60 consecutive days.

44.21 B. A facility administrator may continue an inmate's placement beyond the limits  
44.22 under item A, subitems (2) and (3), if the facility administrator:

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

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

45.3 (3) for a serious violation only, notifies the department that continued  
45.4 placement is needed.

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

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

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

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

45.12 **Subp. 3. Due process.**

45.13 A. Disciplinary segregation ~~shall~~ must be used only in accordance with due process  
45.14 to include at a ~~minimum~~ least:

45.15 ~~A.~~ (1) published rules of conduct and penalties for ~~violation of~~ violating facility  
45.16 rules;

45.17 ~~B.~~ (2) written notice of alleged violation of a facility rule;

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

45.20 (4) the right to appeal.

45.21 B. ~~(1) the~~ An inmate may waive the right to a hearing in writing; ~~and~~.

45.22 (2) A ~~written~~ documented record ~~is~~ must be made of the disciplinary hearing  
45.23 and sanctions or other actions taken as a result of the hearing;.

46.1 ~~D. the right to appeal;~~

46.2 Subp. 3a. Review required.

46.3 ~~E. A.~~ A. The status of an inmate placed ~~on~~ in disciplinary segregation ~~for more than~~  
46.4 ~~30 continuous days subsequent to~~ after a disciplinary hearing ~~shall~~ must be reviewed,  
46.5 approved, and documented by the facility administrator ~~or designee~~ at least ~~once~~ every ~~30~~  
46.6 ~~seven days, and.~~ Every seven days, the facility administrator and, as applicable because of  
46.7 any health concerns, health care personnel must review the following:

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

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

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

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

46.16 B. The facility ~~shall~~ administrator must develop written and follow a policy; and  
46.17 ~~procedure, and practice that provides that inmates~~ requires the facility administrator to visit  
46.18 with an inmate in disciplinary segregation ~~receive visits from the facility administrator or~~  
46.19 ~~designee~~ at least once every seven days as a part of the disciplinary segregation review  
46.20 process;.

46.21 Subp. 3b. Timing for hearing. ~~F.~~ An inmate placed in disciplinary segregation for  
46.22 an alleged facility rule violation ~~shall~~ must have a disciplinary hearing within 72 hours of  
46.23 segregation placement, exclusive of excluding holidays and weekends;.

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

47.1 B. unless documented cause can be shown for delays. Examples of causes for  
47.2 delay are inmate requests for delay, or logistical impossibility, as in the case of mass  
47.3 disturbances; and delay such as an inmate request for delay or logistical impossibility, as  
47.4 in the case of a mass disturbance.

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

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

47.9 A. A facility shall have written The policy, and procedure, and practice that  
47.10 provides must provide that whenever if an inmate in disciplinary segregation is deprived  
47.11 of any usually authorized item or activity usually authorized under the facility's policy and  
47.12 procedure on disciplinary segregation, a report of the action is must be made and forwarded  
47.13 to the facility administrator, who must determine whether the item or activity should continue  
47.14 to be deprived. The determination must be documented.

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

47.16 [For text of subpart 5, see Minnesota Rules]

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

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

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

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

Subp. 7. **Disciplinary records.**

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

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

A. (1) the specific facility rules violated;

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

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

D. (4) unusual inmate behavior;

E. (5) staff and inmate witnesses;

F. (6) disposition of any physical evidence;

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

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

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

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

(1) any inmate behavioral problems, including:



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

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

49.4 (c) any documented mental health concerns; and

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

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

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

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

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

49.14 **2911.2860 MENTAL HEALTH CARE FOR INMATES IN ADMINISTRATIVE**  
49.15 **SEPARATION AND DISCIPLINARY SEGREGATION.**

49.16 **Subpart 1. Health visits.**

49.17 A. At least every seven days, health care personnel must attempt to visit with an  
49.18 inmate, either in person or via telehealth, in a segregation area to determine whether an  
49.19 inmate needs mental health services.

49.20 B. Health care personnel must document:

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

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

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

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

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

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

50.14 Subp. 4. **Documentation required.**

50.15 A. A mental health professional must document all conducted mental status exams  
50.16 and other care provided under this part and whether an inmate refused care.

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

50.18 (1) whether they notified the facility administrator when required under  
50.19 subpart 3; and

50.20 (2) any action that health care personnel or custody staff have taken to address  
50.21 the inmate's signs or symptoms of deterioration.

51.1 **2911.2870 HEALTH CARE IN ADMINISTRATIVE SEPARATION AND**  
51.2 **DISCIPLINARY SEGREGATION.**

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

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

51.6 A. Custody staff must notify health care personnel within 24 hours of when an  
51.7 inmate is placed in administrative separation or disciplinary segregation.

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

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

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

51.12 C. All actions under this subpart must be documented.

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

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

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

51.19 **2911.2880 ANNUAL REPORTING ON ADMINISTRATIVE SEPARATION AND**  
51.20 **DISCIPLINARY SEGREGATION.**

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

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

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

**2911.3100 INMATE ACTIVITIES AND PROGRAMS.**

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

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

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

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

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

Policy and procedure ~~shall~~ must provide:

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

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

(1) security or safety considerations dictate otherwise; or

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

G. ~~discretionary~~ access by inmates on segregation status in administrative separation or disciplinary segregation to the same recreational facilities as other inmates unless security or safety considerations dictate otherwise or otherwise provided under parts

2911.2800 to 2911.2850. When inmates on segregation status are an inmate in administrative separation or disciplinary segregation is excluded from use of regular recreation facilities, the alternative area for exercise used shall must be documented in the facility's policy and procedure.

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

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

B. Any limitation must be documented.

**2911.3200 INMATE VISITATION.**

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

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

E. that all facilities schedule a minimum of eight visiting hours per week:

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

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

**2911.3400 TELEPHONE COMMUNICATION ACCESS.**

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

A. A facility shall have administrator must develop and follow a written policy and procedure under this part that provides for inmate access to a telephone. If a facility

54.1 uses other communication services, as defined under Minnesota Statutes, section 241.252,  
54.2 subdivision 6, the policy and procedure must include their use and restrictions.

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

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

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

54.12 Subp. 4. Telephone access.

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

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

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

54.22 **2911.3500 VOLUNTEERS.**

54.23 ~~When~~ If volunteers are used in facility programs, a ~~written~~ facility administrator must  
54.24 develop and follow a policy and procedure ~~shall provide that a staff member is responsible~~

55.1 ~~for coordinating the volunteer service program~~ that includes the training plan under part  
55.2 2911.1000. The policy includes and procedure must include the following elements:

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

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

55.6 (1) self-defense, if the volunteer will not be supervised by custody or program  
55.7 staff; and

55.8 (2) all applicable emergency procedures.

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

55.12 *[For text of item E, see Minnesota Rules]*

55.13 **2911.3650 INMATE UNIFORM ISSUE AND BEDDING ALLOWANCE.**

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

55.15 A. one bath towel;

55.16 B. one washcloth;

55.17 C. one clean, fire-retardant mattress;

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

55.20 E. blankets sufficient to provide comfort under existing temperature conditions;  
55.21 and

55.22 F. a pillow built into a mattress or one pillow and one pillow case, if applicable  
55.23 pillowcase.

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

56.2 **2911.3700 DISASTER PLAN; EMERGENCIES AND OR UNUSUAL**  
56.3 **OCCURRENCES.**

56.4 Subpart 1. **Emergency Disaster plan.**

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

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

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

56.11 ~~B.~~ (2) an emergency drill policy as follows:

56.12 ~~(1)~~ (a) at least annual drills must be conducted at all facility locations; and

56.13 ~~(2)~~ (b) drills ~~shall~~ must be conducted even when evacuation of extremely  
56.14 dangerous inmates ~~may~~ is not be included;

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

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

56.17 ~~E.~~ (5) a procedure for ~~evacuation of~~ promptly evacuating inmates from the facility;

56.18 and

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

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

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



57.1 Subp. 3. [See repealer.]

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

57.3 ~~A. Incidents of~~ Except for deaths, an ~~unusual or serious nature shall~~ emergency  
57.4 or unusual occurrence must be reported to the DOC Portal within ten days of the incident  
57.5 ~~in writing to the Department of Corrections in the format required by the department. The~~  
57.6 ~~reports shall~~ A report must include:

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

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

57.9 (3) the actions taken; and

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

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

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

57.14 ~~B.~~ (2) suicide;

57.15 ~~C.~~ (3) homicide;

57.16 ~~D.~~ (4) death, by means other than suicide or homicide;

57.17 ~~E.~~ (5) serious injury or illness ~~subsequent to detention~~ while detained, including  
57.18 incidents resulting in hospitalization for ~~medical~~ emergency care;

57.19 ~~F.~~ (6) hospitalization associated with mental health needs;

57.20 ~~G.~~ (7) ~~attempted~~ escape or attempted escape:

57.21 (a) from a secured facility; or

57.22 (b) while detained by the facility;

58.1 ~~H.~~ (8) incidents of fire requiring medical treatment of staff or inmates or a response  
58.2 by a local fire authority;

58.3 ~~I.~~ (9) riot;

58.4 ~~J.~~ (10) assaults of one inmate by another that result in ~~criminal charges or outside~~  
58.5 medical attention;

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

58.8 ~~L.~~ (12) ~~injury to inmates through response to resistance by staff controlling inmate~~  
58.9 ~~behavior~~ uses of force that result in substantial bodily harm, as defined under Minnesota  
58.10 Statutes, section 609.02, subdivision 7a;

58.11 ~~M.~~ (13) occurrences of infectious diseases and action taken ~~relative to same when~~  
58.12 ~~if a medical authority has determined~~ responsible practitioner or health authority determines  
58.13 that the inmate must be isolated from other inmates;

58.14 ~~N.~~ (14) reporting of all notices of intent to file litigation against the facility  
58.15 resulting from matters related to ~~the detention or incarceration of~~ detaining or incarcerating  
58.16 an inmate;

58.17 ~~O.~~ (15) sexual misconduct, ~~such as inmate on inmate, staff on inmate, and inmate~~  
58.18 ~~on staff; and~~

58.19 ~~P.~~ (16) ~~use of sexual materials, electronic media for sexual purposes, or both,~~  
58.20 restraining, according to Minnesota Statutes, section 241.88, an inmate who is pregnant or  
58.21 has given birth within the preceding three days;

58.22 (17) emergency medication administered under part 2911.6700, subpart 1a;

58.23 (18) an inmate hunger strike by refusing to eat nine consecutive meals and  
58.24 refusing to eat commissary food; and

59.1 (19) any other emergency or unusual occurrence listed on the DOC Portal  
59.2 Special Incidents.

59.3 ~~C. In the event of~~ If custody staff or health care personnel determine that there is  
59.4 an emergency such as injury or serious illness or injury where when death may be imminent,  
59.5 ~~individuals~~ facility staff must attempt to immediately notify emergency contacts designated  
59.6 by the inmate shall be notified. Permission for notification, if possible, shall must be obtained  
59.7 from the inmate according to part 2911.2525, subpart 2b.

59.8 Subp. 5. **Inmate death and death reviews.** A facility ~~shall have~~ administrator must  
59.9 develop and follow a written policy and procedure that specifies actions to be taken in the  
59.10 event of if an inmate death dies and that is consistent with Minnesota Statutes, section  
59.11 241.021, subdivision 8. When an inmate death occurs:

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

59.13 C. the department must be notified according to Minnesota Statutes, section  
59.14 241.021, subdivision 1;

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

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

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

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

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

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

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

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

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

(2) identifies the supportive services to be offered to all facility staff; and

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

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

(1) any critical incident debriefing provided; and

(2) whether supportive services were offered.

**2911.3800 ~~FOOD HANDLING PRACTICES~~ FOOD SERVICE.**

Food service shall must be provided according to Minnesota Department of Health rules state and local codes and ordinances, with all inspections and other orders documented and maintained.

61.1 **2911.3900 DIETARY ALLOWANCES.**

61.2 Subpart 1. ~~Generally~~ **Menu planning required.** ~~Nutritional needs of adult inmates,~~  
61.3 ~~and juvenile inmates housed in an adult facility, shall be met in accordance with inmate~~  
61.4 ~~needs or as ordered by a medical professional, and meet the dietary allowances contained~~  
61.5 ~~in this part which are based upon 2005 MyPyramid guidelines for a weekly 2,400 calories~~  
61.6 ~~per day and meeting the 2002 Dietary Reference Intakes.~~

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

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

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

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

61.13 (2) is offered a balanced diet approved by a licensed dietitian or nutritionist  
61.14 under Minnesota Statutes, sections 148.621 to 148.633:

61.15 (a) with documentation that the Dietary Reference Intakes under the  
61.16 Dietary Guidelines for Americans are met; and

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

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

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

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

61.22 (c) no more than 14 hours between meals except as provided under part  
61.23 2911.4100, subpart 2; or when absent from the facility when required by or allowed under  
61.24 law;

62.1 (4) who is pregnant is provided a diet when ordered by a facility's responsible  
62.2 practitioner or other health care personnel, including a diet according to part 2911.4200,  
62.3 subpart 4; and

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

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

62.8 C. Food served under this subpart must include servings of protein, dairy,  
62.9 vegetables, fruits, bread or cereal, and other food according to the Dietary Guidelines for  
62.10 Americans.

62.11 D. Food must not be used as punishment, and nutraloaf and other similar food  
62.12 substitutes may be used only for a safety or security reason on an individual case-by-case  
62.13 basis, with the reason documented. This item does not apply if an inmate is receiving only  
62.14 liquids for a documented health reason.

62.15 Subp. 2. [See repealer.]

62.16 Subp. 3. [See repealer.]

62.17 Subp. 4. [See repealer.]

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

62.19 Subp. 6. [See repealer.]

62.20 Subp. 7. [See repealer.]

62.21 Subp. 8. [See repealer.]

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

63.1 **2911.4000 ANNUAL FOOD SERVICE REVIEW.**

63.2 A facility's menu ~~content and cycle shall~~ and therapeutic and religious diets under parts  
63.3 2911.4200 and 2911.4300 must be approved and reviewed at least once annually by a  
63.4 ~~registered~~ licensed dietitian or nutritionist to ensure compliance with ~~part~~ parts 2911.3900  
63.5 to 2911.4300. The review and findings shall must be documented and on file.

63.6 **2911.4100 MEALS.**

63.7 Subpart 1. **Substantial evening meal.** ~~There shall not be more than 14 hours between~~  
63.8 ~~a substantial evening meal and breakfast. A substantial evening meal is classified as means~~  
63.9 ~~a serving of three or more menu items at one time to include a high-quality high-quality~~  
63.10 ~~protein such as meat, fish, eggs, or cheese. The~~ Unless a meal variation is being used under  
63.11 subpart 3, a meal shall must represent no less than 20 at least 30 percent of the day's total  
63.12 ~~nutrition requirements~~ caloric intake.

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

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

63.24 Subp. 4. [See repealer.]

**2911.4200 THERAPEUTIC NONRELIGIOUS DIETS.**

Subpart 1. **Medical diets.** ~~A facility housing inmates~~ An inmate in need of medically prescribed a therapeutic diets ~~shall~~ diet must have ~~documentary~~ documented evidence that the diets ~~are dietitian-approved and provided as~~ diet has been ordered by health services a responsible practitioner or other health care personnel. ~~A healthier general menu contributing to the management of chronic diseases may minimize the need for medical diets.~~

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

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

Subp. 4. **Pregnancy.** ~~A facility shall develop~~ must offer a diet that meets the increased calcium and calorie requirements of pregnant inmates. Pregnant inmates ~~shall~~ must be provided a substitution or supplements as ordered by ~~the medical professional or health services~~ a responsible practitioner or other health care personnel. ~~A pregnancy diet must be dietitian-approved and meet the nutritional guidelines under part 2911.3900.~~

**2911.4300 RELIGIOUS DIETS.**

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



**2911.4500 ~~SUPERVISION OF~~ SUPERVISING MEAL SERVING.**

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

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

**2911.4600 MENU RECORDS AND SUBSTITUTION.**

All menus ~~shall~~ must be planned, and dated, and ~~available~~ posted for food service staff to review at least one week in advance. ~~Notations shall be made of~~ A licensed dietitian or nutritionist must document any substitutions in the meals ~~actually~~ or meal variations served, and substitutions ~~shall~~ and meal variations must be of equal nutritional value.

**2911.4800 COMMISSARY.**

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

A. A facility with an approved capacity under parts 2911.0330 to 2911.0370 of more than 50 inmates ~~shall~~ must establish, maintain, and operate a commissary. ~~The~~ A facility ~~shall have~~ administrator must develop and follow a ~~written~~ policy and procedure ~~regarding on the~~ commissary ~~operation~~ that must allow an inmate to purchase approved items not furnished by the facility.

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

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

**Subp. 5. [See repealer.]**

**2911.4950 RESPONSE TO RESISTANCE.****Subpart 1. Policies and procedures.**

A. In accordance with Minnesota Statutes, section 243.52, a facility administrator or designee shall have written policies and procedures must develop and follow a policy and procedure to provide for response to resistance, including training on restraining pregnant women under Minnesota Statutes, section 241.88. All personnel Each staff member directly involved in the a response shall must submit a written reports report to the facility administrator or designee no later than the conclusion of the shift before the staff member's shift ends.

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

(1) is hospitalized; or

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

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

**2911.5000 POST ORDERS; AND FORMAL INMATE COUNT; ~~WELL-BEING CHECKS.~~****Subpart 1. Post orders ~~and accountability~~; policy and procedure required.**

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

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

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

67.2 Subp. 5. [See repealer.]

67.3 **2911.5010 WELL-BEING CHECKS.**

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

67.5 A. A facility administrator must develop and follow a policy and procedure  
67.6 requiring custody staff to conduct inmate well-being checks according to parts 2911.5010  
67.7 to 2911.5025.

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

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

67.12 Subp. 3. **Staggered checks.** A facility's policy and procedure under subpart 1 must  
67.13 state how custody staff will stagger well-being checks:

67.14 A. in time; and

67.15 B. in direction as applicable to the facility's physical design.

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

67.17 A. a custody staff member may not use a recording or monitoring device in lieu  
67.18 of directly observing an inmate; and

67.19 B. a custody staff member must stop when conducting a well-being check unless  
67.20 the custody staff member can verify that a cell or area is unoccupied.

67.21 Subp. 5. **Documentation.** Custody staff must document a well-being check:

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

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

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

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

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

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

68.9 B. After being notified under item A, the staff member's supervisor must review  
68.10 and approve the staff member's documentation within 72 hours.

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

68.14 Subp. 7. Notifying health care personnel. A facility's policy and procedure must  
68.15 specify when a well-being check requires custody staff to notify health care personnel that  
68.16 an inmate requires health care services, including emergency care.

68.17 Subp. 8. Audits required.

68.18 A. A facility administrator must develop and follow a policy and procedure on  
68.19 auditing well-being checks under parts 2911.5010 to 2911.5025.

68.20 B. At least every three months, a facility administrator must audit well-being  
68.21 checks of at least ten percent of the facility's custody staff or at least two custody staff  
68.22 members, whichever is greater. For each staff member being audited, a time block of at  
68.23 least four video hours of well-being checks must be randomly reviewed. The audited

69.1 well-being checks must include well-being checks conducted on at least two different days,  
69.2 times, and staff shifts.

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

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

69.6 (2) verify whether the well-being checks complied with parts 2911.5010 to  
69.7 2911.5025.

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

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

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

69.12 **2911.5015 MORE-FREQUENT WELL-BEING CHECKS; GENERALLY.**

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

69.15 Subp. 2. **More-frequent well-being checks.** A facility's policy and procedure under  
69.16 part 2911.5010, subpart 1, must specify when custody staff must conduct more-frequent  
69.17 well-being checks. A more-frequent well-being check must be conducted:

69.18 A. for an inmate:

69.19 (1) on suicide watch;

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

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

69.22 or

(4) who has not completed the medical and mental health screenings under part 2911.5800, subpart 6, after custody staff's initial attempt; and

B. when otherwise directed by health care personnel.

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

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

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

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

C. If health care personnel place an inmate on more-frequent well-being checks, health care personnel must notify custody staff of the placement and the reason for placement.

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

**Subp. 3. Continuing more-frequent well-being checks.**

A. An inmate must continue to be subject to more-frequent well-being checks until health care personnel determines that the inmate's health or safety would not be jeopardized if the inmate were subject to 30-minute well-being checks.

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

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

71.4        **2911.5025 WELL-BEING CHECKS; DOCUMENTATION REQUIRED.**

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

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

71.8            B. all notifications to health care personnel under parts 2911.5010, subpart 7, and  
71.9 2911.5020, subpart 1;

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

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

71.13        **2911.5800 ~~AVAILABILITY OF MEDICAL AND, DENTAL, AND MENTAL~~**  
71.14 **HEALTH RESOURCES.**

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

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

71.17            B. Under the direction of a the health authority, a facility ~~shall~~ administrator must  
71.18 develop and follow a ~~written~~ policy and procedure that provides for the delivery of delivering  
71.19 health care services, including medical, dental, and mental health services.

71.20            C. When on-site health care personnel are not present in a facility for 24  
71.21 consecutive hours, the facility must have a health-trained staff member present in the facility  
71.22 who can ensure access to health care for inmates under the direction of the health authority  
71.23 and a responsible practitioner.

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

72.4           A. list the telehealth services that the facility offers;

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

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

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

72.11           E. list the technology needed for providing telehealth services and who is  
72.12 responsible for obtaining and maintaining the technology; and

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

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

72.16           A. Medical, dental, and mental health matters involving clinical judgments are  
72.17 the sole province of the responsible physician, dentist, and psychiatrist or qualified  
72.18 psychologist respectively; however, applicable health care personnel.

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

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



73.1 Subp. 3. **Health care policy review.** ~~Facility policy shall ensure that~~ Each facility  
73.2 policy, procedure, and program in the for delivering health care delivery system is services  
73.3 must be reviewed and documented at least annually under the direction of the health authority  
73.4 and revised as necessary needed to reflect changes to policies, procedures, or programs.

73.5 Subp. 4. **Policy and procedure for emergency health care.** A facility ~~shall~~  
73.6 administrator must develop and follow a written policy and procedure that requires that the  
73.7 facility provide 24-hour emergency care availability as outlined in a written plan, which  
73.8 includes provisions for the following arrangements for emergency care. At a minimum, the  
73.9 policy and procedure must provide for:

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

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

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

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

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

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

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

73.22 Subp. 5. [See repealer.]

74.1 Subp. 6. **Medical screening.**

74.2 A. A facility ~~shall have~~ administrator must develop and follow a written policy  
74.3 and procedure that requires staff to conduct and document medical screening is performed  
74.4 and recorded by trained staff and mental health screenings under part 2911.2525 on all  
74.5 inmates on upon admission to the facility. The findings are to screening results must be  
74.6 recorded in a manner approved by documented under the direction of the health authority.  
74.7 The screening process ~~shall~~ must include procedures relating to:

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

74.9 ~~(1)~~ (a) current illness and health problems, including dental emergencies,  
74.10 and other infectious diseases;

74.11 (b) whether an inmate is pregnant;

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

74.14 ~~(3)~~ (d) substance use of alcohol and other drugs that include, including types  
74.15 of drugs substances used, mode of use, amounts used, frequency used, date or time of last  
74.16 use, and history of problems that may have occurred after ceasing stopping use, for example,  
74.17 convulsions;

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

74.20 ~~(4)~~ (f) past and present treatment or hospitalization for mental illness or  
74.21 attempted suicide current or past suicidal ideation;

74.22 ~~(5)~~ (g) other health problems listed in the Standards for Health Services in  
74.23 Jails, J-E-02, or designated by the health authority; and

(6) (h) signs and symptoms of active tuberculosis to include weight loss, night sweats, persistent cough lasting three weeks or longer, coughing up blood, ~~low-grade~~ low-grade fever, fatigue, chest pain, prior history of active tuberculosis disease, and results of previous tuberculin skin or blood testing; and

~~B.~~ (2) observations of:

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

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

~~C. Disposition to:~~

~~(1) general population;~~

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

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

~~(4) other.~~

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

Subp. 6a. Mental health screening.

A. An inmate's mental health screening under subpart 6 must be documented and conducted according to the applicable screening guidelines.

B. The facility's policy and procedure under subpart 6, item A, must detail when an inmate's mental health screening results require:

(1) health-trained staff to notify health care personnel of the screening results; and

76.1                   (2) health care personnel to:

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

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

76.5           Subp. 6b. **Substance use screening.** The facility's policy and procedure under subpart  
76.6 6, item A, must detail when an inmate's screening results require health-trained staff to:

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

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

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

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

76.17                   (1) be provided:

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

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

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

77.1 B. A health-care follow-up must be conducted by a responsible practitioner or  
77.2 other health care personnel. After conducting the health-care follow-up, the responsible  
77.3 practitioner or other health care personnel must:

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

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

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

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

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

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

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

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

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

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

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

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

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

78.7 Subp. 8a. **Health services for inmates who are pregnant or postpartum.** A facility  
78.8 administrator must develop and follow a policy and procedure that provides at least the  
78.9 following for an inmate who is pregnant or six weeks postpartum:

78.10 A. that prenatal care, including prenatal vitamins, and postpartum care is provided  
78.11 to an inmate who is pregnant or has given birth and, if applicable, according to Minnesota  
78.12 Statutes, section 241.89;

78.13 B. that any restraints used on a pregnant or postpartum inmate are governed  
78.14 according to Minnesota Statutes, section 241.88, when applicable; and

78.15 C. whether the facility will stock emergency delivery kits.

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

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

78.20 (1) the number of hospital visits, not including hospital visits reported under  
78.21 part 2911.3700, subpart 4;

78.22 (2) the number of mental status exams provided in the facility;

78.23 (3) how many inmates received withdrawal management; and

79.1 (4) the number of assessments for substance use disorder and how many  
79.2 inmates received substance use disorder treatment.

79.3 B. After conducting a quarterly review, the health authority must provide the data  
79.4 to the facility administrator in writing.

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

79.7 Subp. 9. **Sick call.** A facility ~~shall~~ administrator must develop and follow a written  
79.8 policy and procedure that requires a continuous response to health care requests and that  
79.9 sick call, conducted by a ~~physician~~ responsible practitioner or other health care personnel,  
79.10 is available to each inmate according to the facility's design capacity as follows:

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

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

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

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

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

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

79.23 A. Notwithstanding any other requirement under this chapter, examinations,  
79.24 treatments, and procedures, including sharing an inmate's health records, affected by informed

80.1 ~~consent~~ informed-consent standards governed by state or federal law ~~shall~~ must be observed  
80.2 for inmate care.

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

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

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

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

80.13 A. how health-care-related interactions between an inmate and health care  
80.14 personnel will be conducted to ensure the inmate's privacy of the transaction from  
80.15 unauthorized personnel;

80.16 B. which precautions will be taken to provide privacy when safety or security  
80.17 prevents normal adherence to privacy under item A; and

80.18 C. how custody staff will maintain an inmate's privacy when observing the  
80.19 health-care-related interaction.

80.20 **2911.5810 WITHDRAWAL MANAGEMENT FOR SUBSTANCE USE.**

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



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

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

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

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

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

81.14 Subp. 2. Coordinating with community-based provider. A facility administrator  
81.15 may coordinate with a community-based provider to provide withdrawal management,  
81.16 including a provider that is a withdrawal management program under Minnesota Statutes,  
81.17 chapter 245F. Except as provided under Minnesota Statutes, section 241.021, subdivision  
81.18 4f, nothing under this part allows a community-based provider to supersede the clinical  
81.19 judgment of health care personnel or the health authority.

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

81.21 A. Health-trained staff must monitor an inmate under the direction of the health  
81.22 authority and health care personnel. The monitoring instructions must be documented and  
81.23 must:

81.24 (1) be specific to the individual inmate;

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

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

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

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

82.10 (2) the frequency of monitoring.

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

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

82.14 (1) withdrawal management and substance use disorder treatment; and

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

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

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

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

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

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

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

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

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

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

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

**2911.5820 SUBSTANCE USE DISORDER TREATMENT.**

**Subpart 1. Policy and procedure for substance use disorder treatment; when required.** A facility administrator must develop and follow a policy and procedure on substance use disorder treatment if the facility offers treatment. At a minimum, the policy and procedure must:

A. specify how health care personnel will assess for substance use disorders and provide substance use disorder treatment;

B. specify a process for discontinuing substance use disorder treatment for an inmate if the inmate chooses to discontinue treatment;

C. require that information on any substance use disorder treatment that an inmate receives, including potential adverse reactions to medication taken for substance use disorder treatment, be communicated to the inmate in a language or be presented in a manner that they can attempt to understand; and

84.1 D. detail a process for ensuring an inmate's continuity of care in accordance with  
84.2 Minnesota Statutes, section 241.021, subdivision 4f, if the inmate has started receiving  
84.3 substance use disorder treatment before admission.

84.4 Subp. 2. Substance use disorder treatment; generally.

84.5 A. Nothing under this part requires an inmate to receive substance use disorder  
84.6 treatment or prevents an inmate from discontinuing treatment. If an inmate chooses to  
84.7 receive substance use disorder treatment:

84.8 (1) health care personnel must document any case notes for the inmate, if  
84.9 applicable, on the inmate's substance use disorder treatment;

84.10 (2) all medical decisions must be made independently of the inmate's  
84.11 classification; and

84.12 (3) an inmate's decision on their treatment must be made between only the  
84.13 inmate and health care personnel or a community-based provider.

84.14 B. An inmate must not be denied substance use disorder treatment programming:

84.15 (1) as a disciplinary measure; or

84.16 (2) if the inmate:

84.17 (a) has a positive drug screen; or

84.18 (b) is in administrative separation or disciplinary segregation.

84.19 C. A facility administrator may limit an inmate's access to substance use disorder  
84.20 programming if the inmate's behavior threatens the safety or security of individuals in the  
84.21 facility, but programming must still be provided or offered:

84.22 (1) at the inmate's cell door; or

84.23 (2) in the presence of custody staff.

85.1 D. An inmate's prescription medication for substance use disorder treatment may  
85.2 be changed or discontinued only according to part 2911.6800, subpart 2b.

85.3 Subp. 3. Coordinating with community-based provider. A facility administrator  
85.4 may coordinate with a community-based provider to provide substance use disorder treatment,  
85.5 including a provider that is an opioid treatment program under Minnesota Statutes, chapter  
85.6 245G. Except as provided under Minnesota Statutes, section 241.021, subdivision 4f, nothing  
85.7 under this part allows a community-based provider to supersede the clinical judgment of  
85.8 the health authority or health care personnel.

85.9 Subp. 4. Continuity of care. For an inmate who receives substance use disorder  
85.10 treatment while detained, the health authority or health care personnel must:

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

85.12 (1) substance use disorder treatment; and

85.13 (2) how to contact the facility to request medical information or medical  
85.14 records relating to any substance use disorder treatment that the inmate received;

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

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

85.20 D. provide the inmate with an injection of a federally approved long-acting  
85.21 injectable medication upon discharge if:

85.22 (1) clinically indicated;

85.23 (2) the inmate consents; and

85.24 (3) the facility's resources allow;

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

F. provide the inmate with any other information required under part 2911.2560.

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

A. any inmate case notes for substance use disorder treatment;

B. any limitations on an inmate's substance use disorder treatment under subpart 2;

C. if applicable, the reason for an inmate discontinuing substance use disorder treatment;

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

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

**2911.5830 MENTAL STATUS EXAM AND MENTAL HEALTH CARE.**

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

A. specify how health trained staff and health care personnel will screen for mental illness in accordance with this chapter;

B. detail how the facility will provide mental health care, including for an inmate in administrative separation or disciplinary segregation; and

C. specify when the following information must be provided to an inmate in a language or manner that they can attempt to understand:

(1) if available, psychoeducational resources; and

87.1 (2) information on any received mental health care, including potential adverse  
87.2 reactions to any prescription medication.

87.3 **Subp. 2. Mental status exam; when required.**

87.4 **A. A mental health professional must conduct a mental status exam for an inmate**  
87.5 **who is referred under part 2911.5800, subpart 6a. The exam must be conducted:**

87.6 **(1) within 14 days of referral; or**

87.7 **(2) sooner if the inmate's safety is at risk.**

87.8 **B. An inmate must receive an additional mental status exam when required by**  
87.9 **the facility's policy and procedure under subpart 1.**

87.10 **C. If a mental status exam cannot be conducted under this subpart, a mental health**  
87.11 **professional must document and explain why:**

87.12 **(1) they were unable to conduct a mental status exam; and**

87.13 **(2) if applicable, why a mental status exam could not be conducted within**  
87.14 **14 days of a referral.**

87.15 **Subp. 3. When mental health professional is unavailable.**

87.16 **A. If a mental health professional is unavailable, health care personnel must visit**  
87.17 **with an inmate who is referred under part 2911.5800, subpart 6a. The visit must occur:**

87.18 **(1) within 14 days of referral; or**

87.19 **(2) sooner if the inmate's safety is at risk.**

87.20 **B. After visiting with an inmate, health care personnel must document any case**  
87.21 **notes for the inmate and, if clinically indicated, refer the inmate to a mental health**  
87.22 **professional.**

88.1 C. If health care personnel cannot visit with an inmate under this subpart, health  
88.2 care personnel must document and explain why.

88.3 Subp. 4. Case notes and mental health care. After conducting a mental status exam  
88.4 under subpart 2, a mental health professional must:

88.5 A. document any case notes for the inmate;

88.6 B. recommend and discuss any mental health care with the inmate in a language  
88.7 or in a manner that the inmate can attempt to understand;

88.8 C. if clinically indicated, refer the inmate to another mental health professional  
88.9 for additional mental health care; and

88.10 D. as needed for the inmate, make recommendations to custody staff on the inmate's  
88.11 mental health management, classification, and ability to participate in programming.

88.12 Subp. 5. Access to mental health care; exceptions.

88.13 A. An inmate must not be denied mental health care:

88.14 (1) as a disciplinary measure; or

88.15 (2) if the inmate is in administrative separation or disciplinary segregation.

88.16 B. A facility administrator may limit an inmate's access to mental health care if  
88.17 the inmate's behavior threatens the safety or security of individuals in the facility, but care  
88.18 must still be provided or offered:

88.19 (1) at the inmate's cell door; or

88.20 (2) in the presence of custody staff.

88.21 C. Nothing under this part requires an inmate to accept mental health care or  
88.22 prevents an inmate from discontinuing care.



89.1        Subp. 6. **Telehealth services allowed.** Nothing under this part prevents a facility from  
89.2 providing mental health care using telehealth services in accordance with part 2911.5800,  
89.3 subpart 1a.

89.4        Subp. 7. **Coordinating with community-based provider.**

89.5            A. A facility administrator may coordinate with a community-based provider to  
89.6 provide mental health care.

89.7            B. A facility coordinating with a community-based provider is not required to  
89.8 transport an inmate for an in-person appointment for mental health care.

89.9        Subp. 8. **Continuity of care.** For an inmate who has received mental health care while  
89.10 detained, the health authority or health care personnel must:

89.11            A. allow access to information on or communicate with an inmate about mental  
89.12 health care;

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

89.16            C. provide the inmate with prescription medication according to part 2911.6800,  
89.17 subpart 3; and

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

89.19        Subp. 9. **Documentation.** The following items under this part must be documented:

89.20            A. all mental status exams received by an inmate and the reason for the inmate's  
89.21 mental status exam;

89.22            B. any limited inmate access to mental health care under subpart 5 and the reason  
89.23 for the limitation;

90.1 C. record or acknowledgment of any coordination with a community-based  
90.2 provider; and

90.3 D. all actions taken or information provided under subpart 8.

90.4 **2911.5840 PSYCHIATRIC EMERGENCY.**

90.5 Subpart 1. **Definition.** For purposes of this part, "psychiatric emergency" means an  
90.6 acute disturbance in thought, behavior, mood, or social relationship that requires immediate  
90.7 intervention to protect an inmate or others from imminent harm.

90.8 Subp. 2. **Policy and procedure required.** A facility administrator must develop and  
90.9 follow a policy and procedure on psychiatric emergencies. At a minimum, the policy and  
90.10 procedure must:

90.11 A. detail when custody staff must notify health care personnel when an inmate is  
90.12 experiencing a psychiatric emergency;

90.13 B. state what custody staff must do if health care personnel are unavailable to  
90.14 determine medically necessary care;

90.15 C. require that health care personnel or the health authority determines any  
90.16 medically necessary care, including whether to administer emergency medication under  
90.17 subpart 3; and

90.18 D. require facility staff to document any action taken to respond to a psychiatric  
90.19 emergency.

90.20 Subp. 3. **Emergency medication.** Health care personnel may administer emergency  
90.21 medication to an inmate, but:

90.22 A. health care personnel must document the emergency medication according to  
90.23 part 2911.6700, subpart 1b, item A; and

91.1 B. an inmate must receive more-frequent well-being checks in accordance with  
91.2 part 2911.6700, subpart 1b, item B.

91.3 Subp. 4. Care at health care facility; returning to facility. If an inmate is taken to  
91.4 a health care facility in response to a psychiatric emergency, the inmate must receive  
91.5 follow-up care, as determined medically necessary by the health authority or health care  
91.6 personnel, upon returning to the inmate's facility.

91.7 **2911.5850 MENTAL HEALTH SUPPORT; TRAUMATIC EVENT.**

91.8 Subpart 1. Mental health care; policy and procedure.

91.9 A. Mental health care must be offered to an inmate identified as having experienced  
91.10 trauma or stress due to a death, suicide attempt, inmate assault, and any other emergency  
91.11 or unusual occurrence under part 2911.3700, subpart 4, that is identified in a facility's policy  
91.12 and procedure under this part. A facility administrator must develop and follow a policy  
91.13 and procedure that:

91.14 (1) identifies the health care personnel responsible for providing mental health  
91.15 care under item B;

91.16 (2) details when and how health care personnel must provide mental health  
91.17 care under this part; and

91.18 (3) provides how to identify inmates as having experienced trauma or stress  
91.19 due to an emergency or unusual occurrence.

91.20 B. At least one of the following mental health services must be offered:

91.21 (1) one-on-one interventions;

91.22 (2) grieving groups; or

91.23 (3) another clinically appropriate service for mitigating and responding to  
91.24 trauma or stress.

92.1        Subp. 2. **Documentation.**

92.2            A. Health care personnel must document whether mental health care was offered  
92.3 to an inmate under this part and whether:

92.4            (1) mental health care was provided; or

92.5            (2) the inmate declined mental health care.

92.6            B. If the inmate received care, health care personnel must document the care in  
92.7 the inmate's health record.

92.8        **2911.6000 FIRST AID.**

92.9            Subpart 1. [Repealed, 38 SR 523]

92.10          Subp. 2. **First aid equipment.** ~~Facility policy shall require that~~ First aid kits ~~are~~ must  
92.11 be available in designated areas of the facility.

92.12          Subp. 3. [Renumbered 2911.6200 subp 1a]

92.13        **2911.6200 MEDICAL AND, DENTAL, AND MENTAL HEALTH RECORDS.**

92.14          Subpart 1. [Renumbered subp 1b]

92.15          Subp. 1a. **Medical and, dental, and mental health records.**

92.16            A. ~~A facility shall record complaints of illness or injury and actions taken. Medical~~  
92.17 ~~or, dental, and mental health~~ records ~~are~~ must be maintained ~~on inmates under~~ for an inmate  
92.18 receiving medical ~~or, dental, or mental health~~ care.

92.19            B. ~~Records shall~~ An inmate's health record must include:

92.20            (1) complaints of illness or injury and actions taken to address or treat the  
92.21 illness or injury;

92.22            A. ~~(2) the limitations and any known inmate~~ disabilities ~~of the inmate;~~

93.1 ~~B. (3) instructions for inmate care and any treatment;~~  
93.2 ~~C. (4) orders for medication, including stop any discontinue date;~~  
93.3 ~~D. (5) any special treatment or diet;~~  
93.4 ~~E. (6) any activity restriction; and~~  
93.5 ~~F. (7) times and dates when the inmate was seen by ~~medical~~ health care personnel,~~  
93.6 including by emergency medical services or other health care personnel not working in the  
93.7 facility; and  
93.8 (8) any other health-care-related information required under this chapter.

93.9 C. Medical and, dental, and mental health records ~~shall~~ must be available to staff  
93.10 for consultation in case of illness and for recording medication administration of ~~medications~~.

93.11 Subp. 1b. ~~**Release of information Consent forms.** release of information~~ Consent  
93.12 forms must comply with applicable federal and state regulations.

93.13 Subp. 2. **Data practices.** ~~The ~~medical~~ An inmate's health record file ~~shall~~ must be~~  
93.14 ~~maintained separately:~~

93.15 A. marked or otherwise distinguished from the inmate's file; and

93.16 B. maintained according to the Minnesota Government Data Practices Act,  
93.17 Minnesota Statutes, chapter 13.

93.18 Subp. 2a. **Medical sharing information.** ~~The responsible physician or health care~~  
93.19 ~~personnel shall share with the facility administrator information regarding an inmate's~~  
93.20 ~~medical management, security, and ability to participate in programs.~~ A facility administrator  
93.21 must develop and follow a policy and procedure for a responsible practitioner and other  
93.22 health care personnel to share with custody staff information on an inmate's:

93.23 A. medical, dental, and mental health management;

94.1 B. classification; and

94.2 C. ability to participate in programming.

94.3 Subp. 3. **Available information.** ~~Medical~~ An inmate's health record file information  
94.4 available to health-trained staff and custody ~~personnel shall minimally~~ staff must include,  
94.5 at a minimum, summary medical information provided by the health authority or health  
94.6 care personnel ~~that ensures sufficient detail~~ to allow health-trained staff ~~persons~~ or other  
94.7 custody ~~personnel~~ staff to ensure medical care of inmates in their custody in a manner  
94.8 consistent with that prescribed by ~~the~~ a responsible physician practitioner or other health  
94.9 care personnel.

94.10 *[For text of subparts 4 and 5, see Minnesota Rules]*

94.11 Subp. 6. **~~Transfer of~~ Transferring records.**

94.12 A. A facility ~~shall have~~ administrator must develop and follow a written policy  
94.13 and procedure ~~regarding the transfer of~~ on transferring health records and information that  
94.14 establishes the ~~following~~ requirements under this subpart. This subpart applies to:

94.15 (1) referrals or transfers between:

94.16 (a) facilities; and

94.17 (b) facilities and state correctional facilities; and

94.18 (2) referrals or transfers for medical, dental, or mental health services provided  
94.19 in a noncorrectional facility.

94.20 ~~A.~~ B. Summaries or copies of ~~the~~ an inmate's health record ~~are~~ must be sent to  
94.21 the facility to which the inmate is transferred or referred when the inmate is transferred or  
94.22 referred. ~~Upon the request and written authorization of the inmate, physicians or medical~~  
94.23 ~~facilities in the community shall be provided health record information; and~~

95.1 ~~B. C.~~ The facility administrator ~~or designee, which may include the responsible~~  
95.2 ~~physician, health care personnel, or health-trained staff~~ of the facility from which the inmate  
95.3 is being transferred, ~~shall~~ or referred must minimally share the inmate's information under  
95.4 subpart 2a with the facility administrator ~~of the facility~~ or noncorrectional facility designated  
95.5 to receive the inmate ~~information regarding the inmate's medical management, security,~~  
95.6 ~~and ability to participate in programs. In the absence of informed consent. If there are no~~  
95.7 informed-consent forms signed by the inmate involved, the information may be ~~provided~~  
95.8 ~~in summary manner~~ summarized to ensure a level of medical care consistent with the inmate's  
95.9 needs.

95.10 **2911.6400 ~~DELIVERY, SUPERVISION, AND CONTROL OF~~ DELIVERING,**  
95.11 **SUPERVISING, AND CONTROLLING MEDICATION.**

95.12 ~~In consultation with the health authority,~~ A facility administrator ~~shall have~~ must  
95.13 develop and follow a written policy and procedure for the secure storage, delivery,  
95.14 administration, and control of medication according to parts 2911.6500 to 2911.6800 and  
95.15 Minnesota Statutes, section 241.021, subdivision 4f.

95.16 **2911.6500 STORAGE.**

95.17 Subpart 1. **Locked area.** Medication ~~shall~~ must be stored in a locked area. The storage  
95.18 area ~~shall~~ must be kept locked when not in use by ~~authorized staff~~ health-trained staff or  
95.19 health care personnel.

95.20 Subp. 2. **Refrigeration.** Health-trained staff or health care personnel must refrigerate  
95.21 and secure medication requiring refrigeration ~~shall be refrigerated and secured and check~~  
95.22 the temperature ~~checked~~ daily. There must be separate refrigeration for medications only.

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

96.1 Subp. 4. **Medication.**

96.2 A. Consistent with parts 2911.5810 and 2911.5830, stock supplies of prescription  
96.3 medications may be maintained at the discretion and upon the approval of, if approved by  
96.4 the facility's health authority-, as follows:

96.5 (1) prescription medication ~~shall~~ must be kept in its original container, bearing  
96.6 the original label-; and

96.7 (2) poisons and medication intended for external use ~~shall~~ must be clearly  
96.8 marked.

96.9 B. A limited quantity of life-saving prescription medications as approved by the  
96.10 medical health authority may be maintained in emergency kits if the facility has health-trained  
96.11 staff or health care personnel who can administer the medications in the emergency kit.

96.12 Subp. 5. **Controlled Substances.** ~~There shall be~~ A facility administrator must develop  
96.13 and follow a procedure for maximum security storage of and accountability for ~~controlled~~  
96.14 substances.

96.15 Subp. 6. **Needles and other medical sharps.** ~~There shall be~~ A written facility  
96.16 administrator must develop and follow a policy and procedure for the health-trained staff  
96.17 and health care personnel to control and disposal dispose of medical sharps and supplies.  
96.18 Medical sharps and supplies when used or stored in inmate housing areas shall must be  
96.19 accounted for and secured in a locked area.

96.20 **2911.6600 MEDICATION DELIVERY.**

96.21 Subpart 1. **Delivering medication.** A health-trained staff person delivering trained  
96.22 according to subparts 2 and 3 must deliver medication to an inmate ~~must do so~~ under the  
96.23 direction of the ~~responsible~~ health authority or health care personnel.



97.1 Subp. 2. **Training.** Only ~~persons~~ health-trained staff who have received training  
97.2 appropriate to ~~this assignment~~ delivering medication according to this part may deliver  
97.3 medication.

97.4 Subp. 3. **Refresher training.** At least annually, a ~~nonmedical~~ health-trained staff  
97.5 person delivering medication shall must receive refresher training a minimum of once every  
97.6 three years under the direction of the health authority.

97.7 *[For text of subpart 4, see Minnesota Rules]*

97.8 Subp. 5. **Recording deliveries.** ~~A person responsible for delivering~~ A health-trained  
97.9 staff person must:

97.10 A. deliver medications shall do so according to orders, under the direction of the  
97.11 health authority or health care personnel; and

97.12 B. record the delivery of medications in a manner approved by the health care  
97.13 authority under the direction of the health authority.

97.14 Subp. 6. ~~**Deliveries by health-trained staff**~~ **Self-administering**  
97.15 **medication.** ~~Medication shall be delivered to an inmate by health-trained staff. An inmate~~  
97.16 ~~shall administer~~ must self-administer the inmate's medication, including injectable  
97.17 medication, under staff supervision direct supervision of health-trained staff or health care  
97.18 personnel. If an inmate is physically unable to self-administer their medication, health care  
97.19 personnel must administer the medication.

97.20 Subp. 7. **Identification procedures.** ~~There shall be a written~~ Health-trained staff must  
97.21 follow a policy and procedure for the identification of the recipient of identifying an inmate  
97.22 who is receiving the delivered medication. Health care personnel must be consulted when  
97.23 the policy and procedure is developed or updated.

97.24 *[For text of subpart 8, see Minnesota Rules]*

Subp. 9. **Reports on adverse reaction reports reactions and medication errors.** ~~There shall be procedures for~~ Health-trained staff must follow a policy and procedure to report any adverse reaction incidents or medication errors to the health authority or health care personnel. The adverse reaction to a drug ~~shall~~ and medication errors must be documented, and health-trained staff must document whether they reported the incident or error.

Subp. 10. **Refusal of prescribed Refusing prescription medications; documentation.** ~~There shall be procedures for~~

A. Health-trained staff must follow a policy and procedure to report an inmate's refusal of ~~prescribed~~ prescription medication to the ~~attending physician, responsible physician,~~ health authority or health care personnel. The refusal and any directives by the health authority or health care personnel shall must be documented.

B. Health-trained staff must document whether they reported the refusal.

Subp. 11. [See repealer.]

*[For text of subparts 12 and 13, see Minnesota Rules]*

Subp. 14. **Expiration of medication order.** Health-trained staff must notify health care personnel ~~shall be notified of an~~ impending expiration of a medication order so that it ~~can be determined~~ health care personnel or the health authority can determine whether ~~the~~ to continue or change the medication ~~should be continued or altered.~~ This subpart applies to an inmate who was prescribed medication before admission, to the extent consistent with Minnesota Statutes, section 241.021, subdivision 4f.

Subp. 15. **Nonprescription medication.** A facility's health authority is responsible for determining which over-the-counter nonprescription medication to make available ~~to~~ for inmates shall be approved by health care personnel. Delivery of nonprescription medication by custody staff ~~shall~~ must be documented.

99.1 [For text of subpart 16, see Minnesota Rules]

99.2 **2911.6700 ADMINISTRATION.**

99.3 Subpart 1. [See repealer.]

99.4 Subp. 1a. **Policy and procedure on voluntary and involuntary medication**

99.5 **administration.** A facility administrator must develop and follow a policy and procedure  
99.6 on voluntary and involuntary administration of neuroleptic, nonneuroleptic, and psychotropic  
99.7 medications to inmates. The policy and procedure must:

99.8 A. provide direction for health care personnel on administering medication in a  
99.9 medical emergency when an inmate does not have decision-making capacity, as defined  
99.10 under Minnesota Statutes, section 145C.01, subdivision 1b;

99.11 B. provide direction for and specify the medications that health-trained staff may  
99.12 administer; and

99.13 C. provide how facility staff will ensure that an inmate's Jarvis Order will be  
99.14 followed while the inmate is detained in the facility.

99.15 Subp. 1b. **Involuntary medication administration; emergency medication.**

99.16 A. This subpart applies to an inmate who is involuntarily medicated.

99.17 B. If an inmate without decision-making capacity, as defined under Minnesota  
99.18 Statutes, section 145C.01, subdivision 1b, receives emergency medication because of a  
99.19 medical emergency, health care personnel must document:

99.20 (1) why health care personnel declared a medical emergency;

99.21 (2) whether health care personnel attempted any less-restrictive measures to  
99.22 care for the inmate before declaring a medical emergency;

100.1 (3) the reason for the emergency medication and the order directing the  
100.2 medication administration;

100.3 (4) any force used by custody staff to ensure that the medication was safely  
100.4 administered; and

100.5 (5) any follow-up care after the medication was administered.

100.6 C. After an inmate receives emergency medication under this subpart, the inmate  
100.7 must be subject to more-frequent well-being checks under part 2911.5015 until health care  
100.8 personnel determines that the inmate's health or safety would not be jeopardized by returning  
100.9 to 30-minute well-being checks.

100.10 Subp. 2. [See repealer.]

100.11 Subp. 3. [See repealer.]

100.12 Subp. 4. **Administering opiate antagonist.** Custody staff may administer an opiate  
100.13 antagonist according to Minnesota Statutes, section 151.37, subdivision 12.

100.14 **2911.6800 MEDICATION CONTROL.**

100.15 Subpart 1. **Records.** Records of receipt, the quantity of the drugs, and the disposition  
100.16 of all prescription medications ~~shall~~ must be maintained ~~in detail to enable an accurate~~  
100.17 ~~accounting~~ in accordance with law.

100.18 Subp. 2. **Verifying prescription medications.**

100.19 A. An inmate's own supply of prescription medications brought into the facility  
100.20 ~~shall~~ must be verified ~~prior~~ according to this subpart before dispensing.

100.21 B. Within 24 hours of an inmate's admission, staff must attempt to verify that an  
100.22 inmate's prescription medication has been ordered by health care personnel legally authorized  
100.23 to prescribe according to their licensure. Staff must document whether they have verified  
100.24 an inmate's prescription medication.

101.1 C. If staff cannot verify an inmate's prescription medication within 24 hours of  
101.2 an inmate's admission, staff must:

101.3 (1) document why they were unable to verify the prescription medication  
101.4 within 24 hours of the inmate's admission;

101.5 (2) notify the health authority or health care personnel that they have not  
101.6 verified an inmate's prescription medication; and

101.7 (3) document that they have notified the health authority or health care  
101.8 personnel.

101.9 D. A facility administrator must develop and follow a policy and procedure on  
101.10 how often staff must attempt to verify an inmate's prescription medication. Any follow-up  
101.11 attempts must be documented.

101.12 Subp. 2a. **Prescription medication; continuity of care.** After an inmate's medication  
101.13 has been verified according to subpart 2, the inmate must receive any prescription medication  
101.14 prescribed before admission, in accordance with Minnesota Statutes, section 241.021,  
101.15 subdivision 4f.

101.16 Subp. 2b. **Discontinuing or changing prescription medication.**

101.17 A. If a facility's health authority determines that it is not clinically appropriate for  
101.18 an inmate to continue taking medication prescribed by the health authority, the health  
101.19 authority must:

101.20 (1) if clinically indicated, prescribe alternative prescription medication;

101.21 (2) if applicable, document why alternative prescription medication was  
101.22 prescribed; and

101.23 (3) explain, or have health care personnel explain, to the inmate in a language  
101.24 or manner that the inmate can attempt to understand:

102.1 (a) why the prescription medication has been discontinued; and  
102.2 (b) if applicable, why they are receiving alternative prescription  
102.3 medication.

102.4 B. Health care personnel may discontinue or change an inmate's prescription  
102.5 medication if the inmate's actions related to the medication endanger the health or safety of  
102.6 the inmate, other inmates, or facility staff.

102.7 C. This subpart applies to an inmate who was prescribed medication before  
102.8 admission, to the extent consistent with Minnesota Statutes, section 241.021, subdivision  
102.9 4f.

102.10 Subp. 3. ~~Prescribed~~ Prescription medication upon transfer or release discharge.

102.11 A. ~~Prescribed~~ If available in the facility, prescription medication shall must be  
102.12 given to an inmate or to the appropriate authority upon the inmate's transfer or release;  
102.13 discharge unless the attending physician health authority decides that in the medical interest  
102.14 of the inmate the medications should not be transferred or released with the inmate.

102.15 B. The action taken shall be documented health authority must document whether  
102.16 they authorized providing an inmate's prescription medication upon transfer or discharge  
102.17 or, if applicable, why they denied the prescription medication.

102.18 Subp. 4. ~~Destruction of~~ Destroying medication. ~~The destruction of~~ Health care  
102.19 personnel must destroy medication on expiration dates or when retention is no longer  
102.20 necessary or suitable ~~must be,~~ consistent with requirements of the Minnesota Pollution  
102.21 Control Agency.

102.22 **2911.7100 INMATES WITH SPECIAL NEEDS.**

102.23 Subpart 1. **Postadmission screening.** ~~The facility written~~ A facility administrator  
102.24 must develop and follow a policy and procedure shall require that requires postadmission

103.1 screening and referral for care of special needs inmates ~~with special needs, whose adaptation~~  
 103.2 ~~to the correctional environment is significantly impaired.~~

103.3 Subp. 2. [See repealer.]

103.4 [For text of subpart 3, see Minnesota Rules]

103.5 Subp. 4. **Care plan; when required.**

103.6 A. If clinically indicated by an inmate's special needs assessment under part  
 103.7 2911.2600, subpart 1, item I, a responsible practitioner or other health care personnel must:

103.8 (1) develop a written care plan for the inmate and discuss the care plan with  
 103.9 the inmate in a language or manner that they can attempt to understand; and

103.10 (2) communicate with custody staff any accommodations that the inmate may  
 103.11 require and document the accommodations in the inmate's file.

103.12 B. The care plan must be documented and placed in the inmate's health record.

103.13 **RENUMBERING INSTRUCTION.** The revisor of statutes shall renumber the provisions  
 103.14 of Minnesota Rules listed in column A as those listed in column B. The revisor of statutes  
 103.15 shall also make any necessary cross-reference changes consistent with the renumbering.

	<u>Column A</u>	<u>Column B</u>
103.16		
103.17	<u>2911.0200, subpart 3</u>	<u>2911.0200, subpart 5b</u>
103.18	<u>2911.0200, subpart 56a</u>	<u>2911.0200, subpart 56e</u>
103.19	<u>2911.0200, subpart 56b</u>	<u>2911.0200, subpart 56f</u>
103.20	<u>2911.0200, subpart 65c</u>	<u>2911.0200, subpart 65e</u>
103.21	<u>2911.0900, subpart 1</u>	<u>2911.0900, subpart 1b</u>

103.22 **TERM CHANGE.** The following terms are changed wherever they appear in Minnesota  
 103.23 Rules, chapter 2911, as follows:

103.24 A. "custody personnel" is changed to "custody staff";

- 104.1 B. "data privacy" is changed to "data practices";
- 104.2 C. "health care personnel" is changed to "health care staff";
- 104.3 D. "inmate" is changed to "incarcerated person"; and
- 104.4 E. "responsible physician" is changed to "responsible practitioner."
- 104.5 **REPEALER.** Minnesota Rules, parts 2911.0200, subparts 7, 23, 24, 52, and 69; 2911.0300,
- 104.6 subparts 5a and 6; 2911.0360; 2911.0370; 2911.0600; 2911.0700; 2911.0800; 2911.0900,
- 104.7 subpart 26; 2911.1350; 2911.1800; 2911.2800, subpart 6; 2911.3600, subpart 7; 2911.3700,
- 104.8 subpart 3; 2911.3900, subparts 2, 3, 4, 6, 7, and 8; 2911.4100, subpart 4; 2911.4800, subpart
- 104.9 5; 2911.5000, subpart 5; 2911.5800, subpart 5; 2911.6600, subpart 11; 2911.6700, subparts
- 104.10 1, 2, and 3; and 2911.7100, subpart 2, are repealed.
- 104.11 **EFFECTIVE DATE.** Minnesota Rules, parts 2911.0100 to 2911.7100, and the repealer
- 104.12 are effective 90 calendar days after publication in the State Register.