

Office of the Revisor of Statutes

Administrative Rules



TITLE: Proposed Permanent Rules Relating to Jail Facilities

AGENCY: Department of Corrections

REVISOR ID: R-4445C

MINNESOTA RULES: Chapter 2911

INCORPORATIONS BY REFERENCE:

Part 2911.0210, subpart 2: "Dietary Guidelines for Americans, 2020-2025," published by U.S. Departments of Agriculture and Health and Human Services (December 2020 and as subsequently amended), is not subject to frequent change and is available on the Department of Corrections website.

Part 2911.0210, subpart 3: "DOC Portal Unusual Occurrences," published by the Minnesota Department of Corrections (2025 and as subsequently amended), is not subject to frequent change and is available on the Department of Corrections website.

Part 2911.0210, subpart 4: "SAMHSA Opioid Overdose Prevention Toolkit: Five Essential Steps for First Responders," published by the Substance Abuse and Mental Health Services Administration (2018 and as subsequently amended), is not subject to frequent change and is available on the Department of Corrections website.

Part 2911.0210, subpart 5: "Standards for Health Services in Jails," published by the National Commission on Correctional Health Care (2018 and as subsequently amended), is not subject to frequent change and is available on the Department of Corrections website.

The attached rules are approved for
publication in the State Register

A handwritten signature in cursive script, appearing to read "Vanessa Hofman".

Vanessa Hofman
Assistant Revisor

1.1 **Department of Corrections**

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

1.3 **2911.0100 INTRODUCTION.**

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

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

1.7 **2911.0200 DEFINITIONS.**

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

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

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

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

1.19 C. is on medical isolation or infirmary status.

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

1.21 Subp. 5a. **Annual or annually.** Unless otherwise provided, "annual" or "annually"
1.22 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, dental, 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 responsible physician or health care
4.17 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 or other health care
4.20 personnel.

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 subpart 56, see Minnesota Rules]*

5.14 Subp. 56a. **Overcrowded facility.** "Overcrowded facility" means a ~~condition~~ when
5.15 ~~the~~ a facility's approved bed capacity is exceeded.

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

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

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

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

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

6.1 [For text of subpart 59, see Minnesota Rules]

6.2 Subp. 60. **Responsible ~~physieian~~ practitioner.** "Responsible ~~physieian~~ practitioner"
6.3 means ~~an individual~~ a licensed:

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

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

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

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

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

6.13 A. inmates in administrative separation;

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

6.16 C. lockdown time inmates requiring disciplinary segregation for disciplinary
6.17 violations. This area is separate from the general population and houses inmates individually.

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

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

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

6.22 Subp. 67. **Inmate with special needs inmate.** "Inmate with special needs inmate"
6.23 means an inmate ~~whose~~ with a mental or physical condition that requires ~~special handling~~

7.1 ~~and treatment by staff~~ accommodations or arrangements that an inmate in general population
7.2 would not normally receive, including vulnerable adults as defined in Minnesota Statutes,
7.3 section 626.5572.

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

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

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

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

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

7.14 Subp. 69. [See repealer.]

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

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

7.18 Subp. 70b. **Telehealth.** "Telehealth" has the meaning given in Minnesota Statutes
7.19 2024, section 256B.0625, subdivision 3b, paragraph (e).

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

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

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

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

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

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

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

8.10 **2911.0210 INCORPORATIONS BY REFERENCE.**

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

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

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

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

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

9.4 **2911.0300 INTENDED FACILITY USE AND NONCONFORMANCE WITH RULES**
 9.5 **CORRECTIVE ACTION PLANS.**

9.6 Subpart 1. **Intended use.**

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

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

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

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

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

10.1 [For text of subpart 3, see Minnesota Rules]

10.2 Subp. 4. ~~Correction of deficiencies~~ Corrective action plans. Sanctions for violation
10.3 of mandatory rules are as follows:

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

10.7 B. For a level two sanction, the facility inspector shall issue a written compliance
10.8 order to the facility administrator and governing body that requires submission of a written
10.9 plan of action inclusive of time lines for correction of any deficiency allowed more than
10.10 180 days for correction. The DOC shall grant or deny approval of the action plan in writing
10.11 within 30 days of receiving the action plan.

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

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

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

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

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

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

11.4 B. The corrective action plan must:

11.5 (1) be in writing;

11.6 (2) identify all deficiencies;

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

11.8 (4) provide a deadline to correct each deficiency.

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

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

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

11.18 Subp. 5a. [See repealer.]

11.19 Subp. 6. [See repealer.]

11.20 **2911.0310 FACILITY SELF-AUDIT.**

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

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

12.3 (1) documented; and

12.4 (2) conducted using department-provided checklists of the inspection and
 12.5 policy requirements under this chapter and Minnesota Statutes.

12.6 **2911.0330 APPROVED CAPACITY.**

12.7 Subpart 1. [Repealed, 38 SR 523]

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

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

12.12 **2911.0400 VARIANCES, EMERGENCIES, AND OVERCROWDED FACILITIES.**

12.13 Subpart 1. ~~Variiances, generally~~ Requesting variance; commissioner evaluation.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

15.10 (1) is related to the emergency; and

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

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

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

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

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

15.19 Subp. 8. **Overcrowded facility plan.** ~~Whenever an overerowed~~ A facility
 15.20 administrator must attempt to contract with other facilities to use available per diem bed
 15.21 space when a facility is overcrowded. If a facility ~~condition occurs~~ is overcrowded and the
 15.22 conditions in subpart 7 exist, a facility ~~shall have~~ administrator must follow a written plan
 15.23 that requires ~~the use of~~ using available contract per diem bed space ~~in DOC-approved~~

16.1 ~~facilities within a 125-mile radius. The plan shall require the following~~ must include the
 16.2 requirements under items A to C.

16.3 A. Unless otherwise provided by a corrective action plan or licensing action under
 16.4 part 2911.0300, the facility administrator may exceed approved bed capacity established
 16.5 under ~~parts~~ part 2911.0330 ~~to 2911.0370~~ only when if no space is available for contract per
 16.6 diem usage ~~within 125 miles.~~

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

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

16.9 **2911.0900 STAFFING REQUIREMENTS.**

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

16.11 A. The A facility administrator ~~shall prepare and retain~~ must develop and follow
 16.12 a written staffing plan.

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

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

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

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

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

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

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

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

17.1 ~~€. (3) the hours of the day that the assignments are covered; and~~

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

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

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

17.13 (1) the review; and

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

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

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

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

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

- 18.1 (1) of the changes needed for approval under item C; and
 18.2 (2) that, if the changes are not made, the facility is subject to a licensing action
 18.3 under part 2911.0300 to reduce the facility's approved bed capacity under part 2911.0330.

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

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

- 18.8 (1) all security posts;
 18.9 (2) facility functions;
 18.10 (3) net annual work hours appropriate to each security post; and
 18.11 (4) total number of staff needed to fill the identified posts and functions.

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

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

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

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

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

- 18.22 A. ~~In facilities that use the~~ If a facility uses a dispatcher or custody position as
 18.23 sole supervision under subpart 12, ~~policy and procedures shall be implemented that assure~~

19.1 ~~a reasonable level of the facility administrator must develop a policy and procedure on~~
19.2 ~~security and backup resource assistance for the dispatcher or custody person in circumstances~~
19.3 ~~that require emergency response assistance. The DOC shall review and approve the policy~~
19.4 ~~and procedures. that at a minimum:~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20.19 (1) 1 custody staff member to 60 inmates for direct supervision housing units
20.20 with lockdown capability;

20.21 (2) 1 custody staff member to 48 inmates for direct supervision dormitories;

20.22 (3) 1 custody staff member to 40 inmates for indirect or podular inmate
20.23 supervision; and

20.24 (4) 1 custody staff member to 25 inmates for linear housing areas.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23.6 B. No override reduction is allowed in ~~any~~ a facility using a custody staff ~~person~~
23.7 member or dispatcher as sole supervision or ~~facilities~~ a facility using staffing patterns that
23.8 employ one dispatcher and one custody staff ~~person~~ member.

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

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

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

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

23.17 Subp. 26. [See repealer.]

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

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

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

24.1 **2911.1000 TRAINING PLAN.**24.2 **Subpart 1. Training plan required; documentation.**24.3 **A.** A facility administrator ~~or designee shall~~ must:24.4 (1) develop and ~~implement~~ follow a written training plan for ~~the orientation~~
24.5 ~~of orienting~~ new employees staff and volunteers; and24.6 (2) provide for ~~continuing in-service~~ annual training ~~programs~~ for all
24.7 employees and volunteers.24.8 **B.** All training plans ~~shall~~ must be documented and describe the training's
24.9 curriculum, methods of instruction, and objectives. ~~In-service training plans shall be prepared~~
24.10 ~~annually and shall provide documentation indicating that training for individual employees~~
24.11 ~~has taken into consideration their length of service, position within the organization, and~~
24.12 ~~previous training completed.~~24.13 **Subp. 2. Annual training according to job assignment.** All facility employees must
24.14 complete annual training hours that are relevant to their assigned job duties and according
24.15 to parts 2911.1200 to 2911.1500.24.16 **2911.1200 CLERICAL AND SUPPORT EMPLOYEES STAFF WITH MINIMAL**
24.17 **OR REGULAR OR DAILY INMATE CONTACT; TRAINING.**24.18 **Subpart 1. Minimal inmate contact.** A facility ~~shall have~~ administrator must develop
24.19 and follow a written policy and procedure that provides that all ~~new clerical and support~~
24.20 ~~employees that~~ support staff who have minimal inmate contact receive at least 24 hours of
24.21 orientation and training during their first year of employment. ~~Sixteen of these~~ Of the 24
24.22 ~~hours are,~~ 16 hours must be completed before being independently assigned to a ~~particular~~
24.23 ~~job. Persons in this category are given an additional 16 hours of training each subsequent~~
24.24 ~~year of employment.~~

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

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

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

25.11 A. (1) security procedures and regulations;

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

25.13 C. (3) all applicable emergency procedures;

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

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

25.18 E. first aid.

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

25.21 **2911.1300 CUSTODY STAFF; TRAINING.**

25.22 Subpart 1. **Policy and procedure required; initial training.** A facility ~~shall have~~
25.23 administrator must develop and follow a written policy and procedure that ~~provides that~~

26.1 requires all custody staff to receive at least 120 hours of orientation and training during the
 26.2 their first year of employment.

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

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

26.9 ~~C. signs of suicide risk and suicide precautions;~~ well-being checks, including
 26.10 training on the facility's policy and procedure on well-being checks;

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

26.12 ~~E. response to resistance~~ response-to-resistance regulations and tactics under part
 26.13 2911.4950, including training on security equipment and, consistent with Minnesota Statutes,
 26.14 section 241.88, pregnancy restraints;

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

26.16 ~~M. distribution of medications~~ admissions policy and procedure under part
 26.17 2911.2525, including medical and mental health screenings;

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

26.20 ~~O. blood-borne pathogens and communicable diseases.~~ in cooperation with the
 26.21 health authority, administering first aid and CPR according to subpart 3 and medical training
 26.22 with instruction in:

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

- 27.1 (2) administering opiate antagonists as allowed under statute if available for
27.2 use in the facility;
- 27.3 (3) training on opioid emergency procedures that may include the steps under
27.4 the SAMHSA Opioid Overdose Prevention Toolkit, which is incorporated by reference
27.5 under part 2911.0210;
- 27.6 (4) obtaining medical assistance for an inmate's medical needs;
- 27.7 (5) mental health, including:
- 27.8 (a) recognizing signs and symptoms of:
- 27.9 i. a mental illness; and
- 27.10 ii. a developmental disability;
- 27.11 (b) communicating with inmates who have signs or symptoms of a mental
27.12 illness or a developmental disability; and
- 27.13 (c) communication between custody staff and health care personnel on
27.14 an inmate's mental health management;
- 27.15 (6) recognizing signs and symptoms, including dehydration, of substance
27.16 use, substance withdrawal, and substance overdose;
- 27.17 (7) procedures for inmate transfers to health care facilities;
- 27.18 (8) distributing medications, if part of a staff member's job duties; and
- 27.19 (9) blood-borne pathogens and communicable diseases; and
- 27.20 P. instruction on suicide risk, suicide prevention, and procedures for suicide
27.21 intervention, including:
- 27.22 (1) identifying warning signs and symptoms of suicidal behavior;

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

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

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

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

28.13 A. **well-being checks;**

28.14 B. **admissions;**

28.15 C. **response to resistance; and**

28.16 D. **medical training and training on suicide risk and prevention under subpart 2,**
28.17 **items O and P.**

28.18 **2911.1500 PROGRAM STAFF; TRAINING.**

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

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

29.1 I. administering first aid and CPR.

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

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

29.6 **2911.1600 DESIGNATED TRAINING OFFICER.**

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

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

29.9 B. ~~maintenance of training records in sufficient detail to allow inspector assessment~~
 29.10 ~~of compliance with parts 2911.1200 to 2911.1700~~ training records in an organized, retrievable
 29.11 format that is legibly documented and accessible for all employees and includes at least the
 29.12 following information for each employee:

29.13 (1) training topics;

29.14 (2) completed training hours; and

29.15 (3) training records that describe each training; and

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

29.19 **2911.1900 POLICY AND PROCEDURE ~~MANUALS~~ MANUAL.**

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

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

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

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

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

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

30.7 Q. well-being checks; and

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

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

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

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

30.15 (2) the expectations for interacting with the public.

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

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

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

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

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

31.2 (2) be trained on the amendment or addition as needed for the staff member

31.3 to comply with their job duties under this chapter.

31.4 **2911.2100 STORAGE AND PRESERVATION OF STORING FACILITY AND**
 31.5 **INMATE RECORDS.**

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

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

31.10 (1) an inspection;

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

31.12 (3) a corrective action plan or licensing action under part 2911.0300 or
 31.13 Minnesota Statutes, section 241.021;

31.14 (4) complaints or grievances; or

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

31.17 **2911.2200 FILING AND DISPOSITION OF MAINTAINING INMATE RECORDS.**

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

32.1 **2911.2300 PRIVACY OF AND ACCESS TO INMATE RECORDS.**

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

32.5 **2911.2400 DETENTION INFORMATION SYSTEM REQUIREMENTS; DOC**
 32.6 **PORTAL.**

32.7 Subpart 1. DOC Portal. ~~The~~ A facility administrator ~~shall~~ must designate a staff
 32.8 ~~person member~~ responsible for reporting of information on ~~persons detained or incarcerated~~
 32.9 inmates to the DOC ~~in a manner consistent with requirements in the DOC's Statewide~~
 32.10 Supervision System, Detention Entry Guide (2010) and any amendments, which is
 32.11 incorporated by reference, subject to frequent change, and available at the State Law Library,
 32.12 25 Rev. Dr. Martin Luther King Jr. Blvd., St. Paul, MN 55155 Portal.

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

32.16 **2911.2500 ~~SEPARATION OF~~ SEPARATING INMATES.**

32.17 Subpart 1. ~~General~~ Separating inmates; when required. A combination of separate
 32.18 housing units inclusive of special management areas, general population, and minimum
 32.19 security areas and cells, dormitories, and dayroom spaces ~~shall~~ must be provided to ~~properly~~
 32.20 ~~segregate~~ separate inmates ~~pursuant~~ according to Minnesota Statutes, section 641.14.

32.21 The facility ~~shall~~ must provide for the separate housing of the following categories of
 32.22 inmates:

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

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

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

33.1 [For text of subpart 2, see Minnesota Rules]

33.2 **2911.2525 ADMISSIONS.**

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

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

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

33.11 (1) whether the inmate:

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

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

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

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

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

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

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

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

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

34.5 (1) ~~initial medical screening to include an assessment of the inmate's health~~
34.6 ~~status, including any medical or~~ under part 2911.5800, subpart 6; and

34.7 (2) mental health needs screening;

34.8 F. ~~telephone calls made by the inmate during the booking and admission process~~
34.9 ~~and prior to assignment to other housing areas;~~ allowing for an inmate to make a telephone
34.10 call in accordance with part 2911.3400, subparts 2 and 3;

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

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

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

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

34.18 (1) name and aliases of person;

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

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

34.21 (10) within two hours of admission, emergency contact information, including
34.22 the contact's name, relation, address, and telephone number; and

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

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

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

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

35.6 N. documenting whether an inmate refused to:

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

35.8 (2) complete the admissions process.

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

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

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

35.20 Subp. 2c. Intake release of information.

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

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

36.3 Subp. 3. **Orientation ~~to rules and services~~ information.**

36.4 A. A facility ~~shall~~ administrator must develop and follow a ~~written~~ policy and

36.5 procedure that ~~provides~~:

36.6 A. (1) ~~provides~~ a method for all ~~newly admitted~~ inmates during the admission

36.7 process to receive orientation information in a language or manner ~~the inmates~~ that an inmate

36.8 can attempt to understand; and

36.9 B. (2) ~~documentation by~~ requires an inmate to sign and date a statement ~~that is~~

36.10 signed and dated by the inmate attesting that the inmate ~~completed orientation~~ has read, or

36.11 been read or presented, the orientation information in a language or manner that they could

36.12 attempt to understand.

36.13 B. Custody staff must provide or present at least the following summary

36.14 information from the facility's inmate handbook under part 2911.2700, subpart 1:

36.15 (1) visitation procedures;

36.16 (2) telephone procedures, including procedures for calling an attorney or

36.17 another legal representative;

36.18 (3) how to make medical requests;

36.19 (4) mail procedures;

36.20 (5) commissary procedures;

36.21 (6) how to receive items if indigent;

36.22 (7) that there is a grievance procedure;

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

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

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

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

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

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

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

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

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

37.15 Subp. 5. Program options and activities. An inmate shall be provided written
37.16 information on program options and activities within 24 hours of admission, excluding
37.17 weekends and holidays. A facility staff member shall review program options and activities
37.18 with inmates who are unable to read, within 24 hours of admission, excluding weekends
37.19 and holidays.

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

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

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

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

38.10 **2911.2550 RELEASES DISCHARGES.**

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

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

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

38.16 **2911.2560 DISCHARGE PLANNING.**

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

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

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

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

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

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

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

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

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

39.10 **2911.2700 INFORMATION TO INMATES.**

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

39.17 Subp. 1a. **Inmates with special needs or disabilities.** Information will under subpart
 39.18 1 must be made available to disabled in a manner accessible to inmates with special needs
 39.19 or disabilities, including those that are hearing impaired, visually impaired, or unable to
 39.20 speak in a form that is accessible to them. Subpart 1b, item B, applies to inmates under this
 39.21 subpart.

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

39.23 A. Information required under this subpart shall 1 must be available in English.
 39.24 ~~There shall be~~ A facility administrator must develop and follow procedures in place to

40.1 address the language barriers of non-English-speaking inmates and to provide them the
 40.2 information under subpart 1.

40.3 B. Policy Policies and procedures ~~shall~~ must ensure, to the extent practical, that
 40.4 ~~inmates who are~~ an inmate who is unable to speak English ~~are~~ is provided with the
 40.5 information ~~outlined in this part~~ under part 2911.2525, subparts 2 to 5, within 24 hours of
 40.6 admission to the facility in a ~~form~~ manner that is accessible to the inmate.

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

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

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

40.10 **2911.2790 ADMINISTRATIVE SEPARATION AND DISCIPLINARY**
 40.11 **SEGREGATION; PLACEMENT GENERALLY.**

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

40.14 A. of their gender identity;

40.15 B. they are pregnant or six weeks postpartum; or

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

40.18 **2911.2800 ADMINISTRATIVE SEGREGATION SEPARATION.**

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

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

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

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

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

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

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

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

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

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

41.21 B. that the facility administrator reviews the status of inmates in administrative
41.22 ~~segregation is reviewed~~ separation at least every seven days. These policies shall provide;
41.23 documents whether continued placement is needed, and communicates the decision to the
41.24 inmate;

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

42.3 D. how the facility administrator consults with health care personnel when
42.4 providing mental health care under part 2911.2860 when conducting the administrative
42.5 review;

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

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

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

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

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

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

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

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

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

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

42.23 (1) requests placement in administrative separation;

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

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

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

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

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

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

43.13 (c) any documented mental health concerns; and

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

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

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

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

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

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

44.1 Subp. 6. [See repealer.]

44.2 Subp. 7. **Deprivation report.**

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

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

44.10 **2911.2850 INMATE DISCIPLINE PLAN; DISCIPLINARY SEGREGATION.**

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

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

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

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

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

44.21 Subp. 2. **Disciplinary segregation.**

44.22 A. A facility administrator ~~or designee shall have and implement policies and~~
 44.23 ~~procedures~~ must develop and follow a policy and procedure for disciplinary segregation.
 44.24 ~~An inmate on disciplinary segregation status must be separated from the general population.~~

45.1 Except as provided under item B, a facility is subject to the following limitations on placing
45.2 an inmate in disciplinary segregation:

45.3 (1) for a minor violation, an inmate must not be placed in disciplinary
45.4 segregation longer than ten consecutive days;

45.5 (2) for a major violation, an inmate must not be placed in disciplinary
45.6 segregation longer than 30 consecutive days; and

45.7 (3) for a serious violation, an inmate must not be placed in disciplinary
45.8 segregation longer than 60 consecutive days.

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

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

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

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

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

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

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

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

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

46.3 **Subp. 3. Due process.**

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

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

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

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

46.11 (4) the right to appeal.

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

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

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

46.16 **Subp. 3a. Review required.**

46.17 E. A. The status of an inmate placed ~~on~~ in disciplinary segregation ~~for more than~~

46.18 30 ~~continuous~~ days ~~subsequent to~~ after a disciplinary hearing ~~shall~~ must be reviewed,

46.19 approved, and documented by the facility administrator ~~or designee~~ at least ~~once~~ every 30

46.20 seven days; ~~and.~~ Every seven days, the facility administrator and, as applicable because of

46.21 any health concerns, health care personnel must review the following:

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

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

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

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

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

47.12 Subp. 3b. **Timing for hearing.** F. An inmate placed in segregation for an alleged
47.13 rule violation shall must have a disciplinary hearing within 72 hours, excluding holidays
47.14 and weekends, of segregation, exclusive of holidays and weekends, an alleged facility rule
47.15 violation that may result in disciplinary segregation according to the facility's discipline
47.16 plan:

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

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

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

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

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

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

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

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

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

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

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

48.18 Subp. 7. **Disciplinary records.**

48.19 A. A facility shall have written The policy and procedure, that provides must
48.20 provide that, when for rule violations require formal resolution, that result in disciplinary
48.21 segregation, a staff members member must prepare a disciplinary report and forward it to
48.22 the designated supervisor.

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

- 49.1 A. (1) the specific facility rules violated;
- 49.2 B. (2) a formal statement of the charge;
- 49.3 C. (3) an explanation of the event, ~~which should include~~ including who was
49.4 involved, what transpired, and the event's time and location of the occurrence;
- 49.5 D. (4) unusual inmate behavior;
- 49.6 E. (5) staff and inmate witnesses;
- 49.7 F. (6) disposition of any physical evidence;
- 49.8 G. (7) any immediate action taken, including the any response to resistance; and
- 49.9 H. (8) the reporting staff member's signature, and the date and time that the report
49.10 is made.

49.11 Subp. 8. Behavior-management plan.

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

- 49.16 (1) any known inmate behavioral problems, including:
- 49.17 (a) the circumstances leading to being placed in disciplinary segregation;
- 49.18 (b) staff safety concerns, including inmate assaultive behavior or escape
49.19 concerns; and
- 49.20 (c) any documented mental health concerns; and
- 49.21 (2) any incentives for the inmate to demonstrate positive or safe behavior
49.22 that can accelerate their return to administrative separation or general population.

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

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

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

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

50.8 **2911.2860 MENTAL HEALTH CARE FOR INMATES IN ADMINISTRATIVE**
50.9 **SEPARATION AND DISCIPLINARY SEGREGATION.**

50.10 Subpart 1. Health visits.

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

50.14 B. Health care personnel must document:

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

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

50.19 Subp. 2. Mental status exam.

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

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

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

51.6 Subp. 4. **Documentation required.**

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

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

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

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

51.14 **2911.2870 HEALTH CARE IN ADMINISTRATIVE SEPARATION AND**
51.15 **DISCIPLINARY SEGREGATION.**

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

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

51.19 A. Custody staff must notify health care personnel within 24 hours after an inmate
51.20 is placed in administrative separation or disciplinary segregation.

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

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

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

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

52.2 Subp. 3. Health and well-being.

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

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

52.8 **2911.2880 ANNUAL REPORTING ON ADMINISTRATIVE SEPARATION AND**
 52.9 **DISCIPLINARY SEGREGATION.**

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

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

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

52.16 **2911.3100 INMATE ACTIVITIES AND PROGRAMS.**

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

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

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

52.22 **Subp. 7. Recreation plan.** The facility administrator ~~or designee shall~~ must have a
 52.23 plan providing opportunities for physical exercise and recreational activities for all inmates

53.1 consistent with the facility's classification and design. Class I facilities are exempt from this
53.2 requirement.

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

53.5 Policy and procedure ~~shall~~ must provide:

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

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

53.9 (1) security or safety considerations dictate otherwise; or

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

53.11 G. ~~discretionary~~ access by inmates ~~on segregation status~~ in administrative
53.12 separation or disciplinary segregation to the same recreational facilities as other inmates
53.13 unless security or safety considerations dictate otherwise or otherwise provided under parts
53.14 2911.2800 to 2911.2850. When ~~inmates on segregation status are~~ an inmate in administrative
53.15 separation or disciplinary segregation is excluded from use of regular recreation facilities,
53.16 the alternative area for exercise used ~~shall~~ must be documented in the facility's policy and
53.17 procedure.

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

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

53.22 B. Any limitation must be documented.

54.1 **2911.3200 INMATE VISITATION.**

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

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

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

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

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

54.12 **2911.3400 ~~TELEPHONE~~ COMMUNICATION ACCESS.**54.13 **Subpart 1. Policy and procedure required.**

54.14 A. A facility ~~shall have~~ administrator must develop and follow a ~~written~~ policy
 54.15 and procedure that provides for inmate access to a telephone. If a facility uses other
 54.16 communication services, as defined under Minnesota Statutes, section 241.252, subdivision
 54.17 6, the policy and procedure must include their use and any restrictions.

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

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

54.23 Subp. 3. Access on admission or placement into housing unit. A newly admitted
 54.24 ~~inmates shall~~ inmate must be permitted a local or collect long-distance telephone call to a

55.1 family member or significant other ~~during the admission process~~ according to part 2911.2525,
 55.2 subpart 1, item F.

55.3 Subp. 4. Telephone access.

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

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

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

55.13 **2911.3500 VOLUNTEERS.**

55.14 ~~When~~ If volunteers are used in facility programs, a ~~written~~ facility administrator must
 55.15 develop and follow a policy and procedure ~~shall provide that a staff member is responsible~~
 55.16 for coordinating the volunteer service program that includes the training plan under part
 55.17 2911.1000. The policy ~~includes~~ and procedure must include the following elements:

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

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

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

55.22 (2) all applicable emergency procedures.

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

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

56.5 **2911.3650 INMATE UNIFORM ISSUE AND BEDDING ALLOWANCE.**

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

56.8 A. one bath towel;₂

56.9 B. one washcloth;₂

56.10 C. one clean, fire-retardant mattress;₂

56.11 D. ~~two sheets or one sheet and a clean mattress cover, blankets sufficient to provide~~
 56.12 ~~comfort under existing temperature conditions~~ at least one blanket and one bedding item to
 56.13 cover the mattress; and

56.14 E. a pillow built into a mattress or one pillow and one ~~pillow case, if applicable~~
 56.15 pillowcase.

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

56.17 **2911.3700 DISASTER PLAN; EMERGENCIES AND OR UNUSUAL**
 56.18 **OCCURRENCES.**

56.19 Subpart 1. **Emergency Disaster plan.**

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

- 57.1 B. The disaster plan ~~shall also~~ must include:
- 57.2 A. (1) the location of alarms and fire fighting firefighting equipment;
- 57.3 B. (2) an emergency drill policy as follows requiring:
- 57.4 (1) (a) at least annual drills that must be conducted at all facility locations
- 57.5 facilities; and
- 57.6 (2) (b) drills shall that must be conducted even when evacuation of extremely
- 57.7 dangerous inmates may is not be included;
- 57.8 C. (3) specific assignments and tasks for personnel staff;
- 57.9 D. (4) persons and local emergency departments to be notified;
- 57.10 E. (5) a procedure for evacuation of promptly evacuating inmates from the facility;
- 57.11 and
- 57.12 F. (6) arrangements for temporary confinement of temporarily confining inmates.

57.13 Subp. 2. **Quarterly review of emergency procedures.** ~~There shall be~~ A facility

57.14 administrator must review of emergency procedures at least once every three months. The

57.15 review shall, which must include:

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

57.17 Subp. 3. [See repealer.]

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

57.19 A. Incidents of Except for deaths, an unusual or serious nature shall emergency

57.20 or unusual occurrence must be reported to the DOC Portal within ten days of the incident

57.21 in writing to the Department of Corrections in the format required by the department. The

57.22 reports shall A report must include:

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

- 58.1 (2) the nature of the emergency or unusual occurrence;
58.2 (3) the actions taken; and
58.3 (4) the date and time of the emergency or unusual occurrence.

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

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

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

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

58.9 ~~D. (4) death, by means other than suicide or homicide, including death that~~
58.10 occurred outside the facility while the inmate was receiving medical care stemming from
58.11 an incident or need for medical care at the facility that occurred while the individual was
58.12 detained or confined in the facility;

58.13 ~~E. (5) serious injury or illness subsequent to detention, including incidents~~
58.14 resulting in hospitalization for medical care emergency care for mental health care, that
58.15 requires emergency care outside the facility;

58.16 ~~F. (6) hospitalization associated with mental health needs~~ serious injury, including
58.17 any injury to an inmate that requires the inmate to be hospitalized or receive care that could
58.18 not be provided by health care personnel in a nonclinical setting, regardless of whether the
58.19 facility has a clinical setting within the facility;

58.20 ~~G. (7) attempted escape or attempted escape;~~

58.21 (a) from a secured facility; or

58.22 (b) from custody;

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

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

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

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

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

59.12 ~~M. (13)~~ occurrences of infectious diseases and action taken ~~relative to same when~~
59.13 ~~a medical authority has determined~~ if the health authority or other health care personnel
59.14 determines that the inmate must be isolated from other inmates;

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

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

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

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

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

60.3 (19) any other emergency or unusual occurrence listed on the DOC Portal.

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

60.9 Subp. 5. **Inmate death and death reviews.** A facility ~~shall have~~ administrator must
 60.10 develop and follow a ~~written~~ policy and procedure that specifies actions to be taken ~~in the~~
 60.11 ~~event of~~ if an inmate ~~death~~ dies and that is consistent with Minnesota Statutes, section
 60.12 241.021, subdivision 8. When an inmate death occurs:

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

60.14 C. ~~the~~ department must be notified according to Minnesota Statutes, section
 60.15 241.021, subdivision 1;

60.16 ~~E. D.~~ personal belongings ~~shall~~ must be handled ~~in a responsible and legal manner~~
 60.17 responsibly and legally;

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

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

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

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

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

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

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

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

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

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

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

61.21 (1) any critical incident debriefing provided; and

61.22 (2) whether supportive services were offered.

62.1 **2911.3800 ~~FOOD HANDLING PRACTICES~~ SERVICE.**

62.2 Food service ~~shall~~ must be provided according to ~~Minnesota Department of Health~~
62.3 ~~rules~~ state and local codes and ordinances, with all health and food-handling inspections
62.4 and other orders documented and maintained.

62.5 **2911.3900 DIETARY ALLOWANCES.**

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

62.11 A. A facility ~~governed by this chapter shall~~ must have menu planning ~~suffieient~~
62.12 ~~to provide each inmate the specified food servings per day contained in subparts 2 to 7.~~
62.13 ensure that an inmate:

62.14 (1) is offered a balanced diet:

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

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

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

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

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

63.1 (c) no more than 14 hours between meals except as provided under part
63.2 2911.4100, subpart 2, or when absent from the facility when required by or allowed under
63.3 law;

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

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

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

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

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

63.11 C. Food served under this subpart must include servings of protein, dairy,
63.12 vegetables, fruits, bread or cereal, and other food according to the Dietary Guidelines for
63.13 Americans, which is incorporated by reference under part 2911.0210.

63.14 Subp. 2. [See repealer.]

63.15 Subp. 3. [See repealer.]

63.16 Subp. 4. [See repealer.]

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

63.18 Subp. 6. [See repealer.]

63.19 Subp. 7. [See repealer.]

63.20 Subp. 8. [See repealer.]

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

64.1 **2911.4000 ANNUAL FOOD SERVICE REVIEW.**

64.2 A facility's menu ~~content and cycle shall~~ and therapeutic and religious diets under parts
64.3 2911.4200 and 2911.4300 must be approved and reviewed at least ~~once~~ annually by a
64.4 ~~registered~~ licensed dietitian or nutritionist to ensure compliance with ~~part~~ parts 2911.3900
64.5 to 2911.4300 and 2911.4600. The review and findings ~~shall~~ must be documented ~~and on~~
64.6 file.

64.7 **2911.4100 MEALS.**

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

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

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

64.25 Subp. 4. [See repealer.]

65.1 **2911.4200 THERAPEUTIC NONRELIGIOUS DIETS.**

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

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

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

65.15 Subp. 4. **Pregnancy.** ~~A facility shall develop~~ must offer a diet that meets the increased
65.16 calcium and calorie requirements of pregnant or lactating inmates. Pregnant or lactating
65.17 inmates shall must be provided a substitution or supplements as ordered by ~~the medical~~
65.18 ~~professional or health services~~ the health authority or other health care personnel. ~~A~~
65.19 ~~pregnancy diet must be dietitian-approved and meet the nutritional guidelines under part~~
65.20 ~~2911.3900.~~

65.21 **2911.4300 RELIGIOUS DIETS.**

65.22 A facility shall ~~have a written policy and procedure that provides for~~ must offer special
65.23 diets or meal accommodations for inmates whose religious sincerely held beliefs require
65.24 adherence to religious certain dietary laws practices. ~~Creation of religious diets shall involve~~
65.25 ~~a dietitian and strive to meet the nutritional guidelines under part 2911.3900~~ A facility

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

66.3 **2911.4400 ~~USE OF~~ USING FOOD IN OR AS DISCIPLINE IS PROHIBITED.**

66.4 Food ~~shall~~ must not be withheld or used as punishment discipline. Facilities must not
66.5 provide different menus for segregation areas for purpose of discipline.

66.6 **2911.4500 ~~SUPERVISION OF~~ SUPERVISING MEAL SERVING.**

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

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

66.12 **2911.4600 MENU RECORDS AND SUBSTITUTION.**

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

66.17 **2911.4800 COMMISSARY.**

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

66.20 A. A facility with an approved bed capacity under part 2911.0330 of more than
66.21 50 inmates shall must establish, maintain, and operate a commissary. ~~The~~ A facility ~~shall~~
66.22 have administrator must develop and follow a written policy and procedure regarding on
66.23 the commissary operation that must allow an inmate to purchase approved items not furnished
66.24 by the facility.

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

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

67.4 Subp. 5. [See repealer.]

67.5 **2911.4900 SECURITY INSPECTION.**

67.6 The A facility shall have administrator must develop and follow a written policy and
67.7 procedure to require the facility administrator or designee to inspect all areas within the
67.8 security perimeter, and inspection of the perimeter security, all areas within the secure
67.9 perimeter, and equipment at least monthly weekly and initiate corrective action if needed.

67.10 **2911.4950 RESPONSE TO RESISTANCE.**

67.11 Subpart 1. **Policies and procedures.**

67.12 A. The In accordance with Minnesota Statutes, section 243.52, a facility
67.13 administrator or designee shall have written policies and procedures must develop and
67.14 follow a policy and procedure to provide for response to resistance, including training on
67.15 restraining an inmate known to be pregnant or who has given birth within the preceding
67.16 three days in accordance with Minnesota Statutes, section 241.88. All personnel Each staff
67.17 member directly involved in the a response shall must submit a written reports report to the
67.18 facility administrator or designee no later than the conclusion of the shift before the staff
67.19 member's shift ends.

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

67.22 (1) is hospitalized; or

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

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

68.2 Subp. 4. **Equipment.**

68.3 A. The issue, storage, inspection, and use of chemical agents, impact devices,
68.4 electronic control devices, and other security devices ~~shall~~ must be governed by ~~written~~
68.5 policy and procedure.

68.6 B. All unissued security devices and equipment ~~shall~~ must be:

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

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

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

68.12 **2911.5000 POST ORDERS; AND FORMAL INMATE COUNT; WELL-BEING**
68.13 **CHECKS.**

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

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

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

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

68.23 Subp. 5. [See repealer.]

69.1 **2911.5010 WELL-BEING CHECKS.**

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

69.3 **A. A facility administrator must develop and follow a policy and procedure**
69.4 **requiring custody staff to conduct inmate well-being checks according to parts 2911.5010**
69.5 **to 2911.5025.**

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

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

69.10 **Subp. 3. Staggered checks.**

69.11 **A. A facility's policy and procedure under subpart 1 must state how custody staff**
69.12 **will stagger well-being checks:**

69.13 **(1) in time; and**

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

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

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

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

69.19 **B. a custody staff member must stop when conducting a well-being check as**
69.20 **defined in part 2911.0200, subpart 74, unless the custody staff member can verify that a**
69.21 **cell or area is unoccupied by inmates.**

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

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

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

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

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

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

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

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

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

70.16 **Subp. 7. Notifying health care personnel.** A facility's policy and procedure must
70.17 specify when a well-being check requires custody staff to notify health care personnel that
70.18 an inmate requires health care services, including emergency care, and how notification is
70.19 documented.

70.20 **Subp. 8. Audits required.**

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

70.23 B. At least every three months, a facility administrator must audit well-being
70.24 checks of at least ten percent of the facility's custody staff or at least two custody staff

71.1 members, whichever is greater. For each staff member being audited, a time block of at
71.2 least four video hours of well-being checks must be randomly reviewed. The audited
71.3 well-being checks must include well-being checks conducted on at least two different days,
71.4 times, and staff shifts.

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

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

71.8 (2) verify whether the well-being checks complied with parts 2911.5010 to
71.9 2911.5025.

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

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

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

71.14 **2911.5015 MORE-FREQUENT WELL-BEING CHECKS; GENERALLY.**

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

71.17 Subp. 2. **More-frequent well-being checks.** A facility's policy and procedure under
71.18 part 2911.5010, subpart 1, must specify when custody staff must conduct more-frequent
71.19 well-being checks:

71.20 A. for an inmate:

71.21 (1) on suicide watch;

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

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

72.2 or

72.3 (4) who has not completed the medical and mental health screenings under

72.4 part 2911.5800, subpart 6, after custody staff's initial attempt; and

72.5 B. when otherwise directed by health care personnel.

72.6 **2911.5020 MORE-FREQUENT WELL-BEING CHECKS; EVALUATION AND**

72.7 **CARE PLAN.**

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

72.9 A. Custody staff must place an inmate on more-frequent well-being checks when

72.10 required under part 2911.5015, subpart 2. Upon placing an inmate on more-frequent

72.11 well-being checks, custody staff must notify health care personnel of the placement and the

72.12 reason for placement, unless health care personnel directed the placement. If health care

72.13 personnel place an inmate on more-frequent well-being checks, health care personnel must

72.14 notify custody staff of the placement and the reason for placement.

72.15 B. After being notified or directing placement, health care personnel must evaluate

72.16 whether the inmate should remain on more-frequent well-being checks.

72.17 Subp. 2. Care plan. If clinically indicated, health care personnel must develop a care

72.18 plan for an inmate on more-frequent well-being checks.

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

72.20 A. An inmate must continue to be subject to more-frequent well-being checks

72.21 until health care personnel determines that the inmate's health or safety would not be

72.22 jeopardized if the inmate were subject to 30-minute well-being checks.

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

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

73.7 **2911.5025 WELL-BEING CHECKS; DOCUMENTATION REQUIRED.**

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

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

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

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

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

73.16 **2911.5800 AVAILABILITY OF MEDICAL AND, DENTAL, AND MENTAL**
 73.17 **HEALTH RESOURCES.**

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

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

73.20 B. ~~Under the direction of a~~ In cooperation with the health authority, a facility ~~shall~~
 73.21 administrator must develop and follow a ~~written~~ policy and procedure that provides for the
 73.22 ~~delivery of~~ delivering health care services, including medical, dental, and mental health
 73.23 services.

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

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

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

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

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

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

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

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

74.17 Subp. 2. ~~Health-care~~ **Responsibility for clinical judgments; policy and procedure;**
74.18 **security regulations.**

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

74.22 B. Security regulations applicable to facility personnel ~~also~~ apply to all health
74.23 care personnel.

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

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

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

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

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

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

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

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

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

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

76.3 Subp. 5. [See repealer.]

76.4 Subp. 6. **Medical screening.**

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

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

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

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

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

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

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

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

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

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

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

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

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

77.15 ~~C. Disposition to:~~

77.16 ~~(1) general population;~~

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

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

77.19 ~~(4) other.~~

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

78.1 Subp. 6a. **Mental health screening.** The facility's policy and procedure under subpart
78.2 6, item A, must detail under what circumstances an inmate's mental health screening results
78.3 require:

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

78.5 B. health care personnel to:

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

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

78.9 Subp. 6b. **Substance use screening.** The facility's policy and procedure under subpart
78.10 6, item A, must detail under what circumstances an inmate's screening results require
78.11 health-trained staff to:

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

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

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

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

78.22 (1) be provided:

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

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

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

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

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

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

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

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

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

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

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

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

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

80.2 and

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

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

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

80.6 personnel.

80.7 B. Nothing in this subpart overrides a staff member's duty to report under

80.8 Minnesota Statutes, section 243.52, subdivision 3.

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

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

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

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

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

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

80.21 and

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

81.1 Subp. 8b. Quarterly health reviews required.

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

81.5 (1) the number of mental status exams provided;

81.6 (2) how many inmates received withdrawal management; and

81.7 (3) the number of assessments for substance use disorder and how many
81.8 inmates received substance use disorder treatment.

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

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

81.13 Subp. 9. **Sick call.** A facility ~~shall~~ administrator must develop and follow a written
81.14 policy and procedure that requires a continuous response to health care requests and that
81.15 sick call, conducted by a physician or other health care personnel, is available to each inmate
81.16 according to the facility's design capacity as follows:

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

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

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

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

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

82.5 Subp. 11. **Examinations** Informed consent.

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

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

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

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

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

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

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

83.1 **2911.5810 WITHDRAWAL MANAGEMENT FOR SUBSTANCE USE.**

83.2 **Subpart 1. Policy and procedure required for withdrawal management.** A facility
83.3 administrator must develop and follow a policy and procedure on withdrawal management.

83.4 At a minimum, the policy and procedure must:

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

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

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

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

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

83.17 **Subp. 2. Coordinating with community-based provider.** A facility administrator
83.18 may coordinate with a community-based provider to provide withdrawal management,
83.19 including a provider that is a withdrawal management program under Minnesota Statutes,
83.20 chapter 245F. Except as provided under Minnesota Statutes, section 241.021, subdivision
83.21 4f, nothing under this part allows a community-based provider to supersede the clinical
83.22 judgment of health care personnel.

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

84.2 A. Health-trained staff must monitor an inmate who requires withdrawal
84.3 management under the direction of the health authority and other health care personnel.

84.4 The monitoring instructions must be documented and must:

84.5 (1) be specific to the individual inmate;

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

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

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

84.13 At a minimum for each inmate, staff must document:

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

84.15 (2) the frequency of monitoring.

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

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

84.19 (1) withdrawal management and substance use disorder treatment; and

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

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

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

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

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

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

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

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

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

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

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

85.17 **2911.5820 SUBSTANCE USE DISORDER TREATMENT.**

85.18 Subpart 1. **Policy and procedure for substance use disorder treatment; when**
85.19 **required.** A facility administrator must develop and follow a policy and procedure on
85.20 substance use disorder treatment if the facility offers the treatment. At a minimum, the
85.21 policy and procedure must:

85.22 A. specify how health care personnel will assess for substance use disorders and
85.23 provide substance use disorder treatment;

86.1 B. specify a process for discontinuing substance use disorder treatment for an
86.2 inmate if the inmate chooses to discontinue treatment;

86.3 C. require that information on any substance use disorder treatment that an inmate
86.4 receives, including potential adverse reactions to medication taken for substance use disorder
86.5 treatment, be communicated to the inmate in a language or be presented in a manner that
86.6 they can attempt to understand; and

86.7 D. detail a process for ensuring an inmate's continuity of care in accordance with
86.8 Minnesota Statutes, section 241.021, subdivision 4f, if the inmate has been prescribed
86.9 medication for substance use disorder treatment before admission.

86.10 Subp. 2. Substance use disorder treatment; generally.

86.11 A. Nothing under this part requires an inmate to receive substance use disorder
86.12 treatment or prevents an inmate from discontinuing treatment. If an inmate chooses to
86.13 receive substance use disorder treatment:

86.14 (1) health care personnel must document any case notes for the inmate on
86.15 the inmate's substance use disorder treatment;

86.16 (2) all medical decisions must be made independently of the inmate's
86.17 classification; and

86.18 (3) an inmate's decision on their treatment must be made between only the
86.19 inmate and health care personnel or a community-based provider.

86.20 B. An inmate must not be denied substance use disorder treatment programming:

86.21 (1) as a disciplinary measure; or

86.22 (2) if the inmate:

86.23 (a) has a positive drug screen; or

87.1 (b) is in administrative separation or disciplinary segregation.

87.2 C. A facility administrator may limit an inmate's access to substance use disorder
87.3 treatment programming if the inmate's behavior threatens the safety or security of individuals
87.4 in the facility, but programming must still be provided or offered:

87.5 (1) at the inmate's cell door; or

87.6 (2) in the presence of custody staff.

87.7 D. An inmate's prescription medication for substance use disorder treatment may
87.8 be changed or discontinued only according to part 2911.6800, subpart 2b.

87.9 Subp. 3. **Coordinating with community-based provider.** A facility administrator
87.10 may coordinate with a community-based provider to provide substance use disorder treatment,
87.11 including a provider that is an opioid treatment program under Minnesota Statutes, chapter
87.12 245G. Except as provided under Minnesota Statutes, section 241.021, subdivision 4f, nothing
87.13 under this part allows a community-based provider to supersede the clinical judgment of
87.14 health care personnel.

87.15 Subp. 4. **Continuity of care.** For an inmate who receives substance use disorder
87.16 treatment while detained, health care personnel must:

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

87.18 (1) substance use disorder treatment; and

87.19 (2) how to contact the facility after discharge to request medical information
87.20 or medical records relating to any substance use disorder treatment that the inmate received;

87.21 B. make a referral to a community-based provider for continued substance use
87.22 disorder treatment, if available;

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

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

88.6 E. provide the inmate with an injection of a federally approved long-acting
88.7 injectable medication for substance use disorder treatment upon discharge if:

88.8 (1) clinically indicated;

88.9 (2) the inmate consents; and

88.10 (3) the facility's resources allow;

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

88.13 G. provide the inmate with any other information required under part 2911.2560.

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

88.15 A. any inmate case notes for substance use disorder treatment;

88.16 B. any limitations on an inmate's substance use disorder treatment under subpart
88.17 2;

88.18 C. if applicable, the reason for an inmate discontinuing substance use disorder
88.19 treatment;

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

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

89.1 **2911.5830 MENTAL STATUS EXAM AND MENTAL HEALTH CARE.**

89.2 **Subpart 1. Policy and procedure required for mental health care.** A facility
89.3 administrator must develop and follow a policy and procedure on mental health care. At a
89.4 minimum, the policy and procedure must:

89.5 A. specify how health-trained staff and health care personnel will screen for mental
89.6 illness in accordance with this chapter;

89.7 B. detail how the facility will provide mental health care, including for an inmate
89.8 in administrative separation or disciplinary segregation; and

89.9 C. specify when the following information must be provided to an inmate in a
89.10 language or manner that they can attempt to understand:

89.11 (1) if available in the facility, psychoeducational resources; and

89.12 (2) information on any received mental health care, including potential adverse
89.13 reactions to any prescription medication.

89.14 **Subp. 2. Mental status exam; when required.**

89.15 A. Except as provided under subpart 3, a mental health professional must conduct
89.16 a mental status exam for an inmate who is referred under part 2911.5800, subpart 6a. The
89.17 exam must be conducted:

89.18 (1) within 14 days of referral; or

89.19 (2) sooner if the inmate's safety is at risk.

89.20 B. An inmate must receive an additional mental status exam when required by
89.21 the facility's policy and procedure under subpart 1.

89.22 C. If a mental status exam cannot be conducted under this subpart, health care
89.23 personnel must document and explain why:

90.1 (1) they were unable to conduct a mental status exam; and

90.2 (2) if applicable, why a mental status exam could not be conducted within
90.3 14 days of a referral.

90.4 Subp. 3. **When mental health professional is unavailable.**

90.5 A. If a mental health professional is unavailable according to subpart 2, item A,
90.6 health care personnel must visit with an inmate who is referred under part 2911.5800, subpart
90.7 6a. The visit must occur:

90.8 (1) within 14 days of referral; or

90.9 (2) sooner if the inmate's safety is at risk.

90.10 B. After visiting with an inmate, health care personnel must document any case
90.11 notes for the inmate and, if clinically indicated, refer the inmate to a mental health
90.12 professional for possible mental health care.

90.13 C. If health care personnel cannot visit with an inmate under this subpart, health
90.14 care personnel must document and explain why.

90.15 Subp. 4. **Case notes and mental health care.** After conducting a mental status exam
90.16 under subpart 2, a mental health professional must:

90.17 A. document any case notes for the inmate;

90.18 B. recommend and discuss any mental health care with the inmate in a language
90.19 or in a manner that the inmate can attempt to understand;

90.20 C. if clinically indicated, refer the inmate to another mental health professional
90.21 for additional mental health care; and

90.22 D. as needed for the inmate, make recommendations to custody staff on the inmate's
90.23 mental health management, classification, and ability to participate in programming.

91.1 Subp. 5. Access to mental health care; exceptions.

91.2 A. An inmate must not be denied mental health care, including:

91.3 (1) as a disciplinary measure; or

91.4 (2) if the inmate is in administrative separation or disciplinary segregation.

91.5 B. A facility administrator may limit an inmate's access to mental health care if
91.6 the inmate's behavior threatens the safety or security of individuals in the facility, but care
91.7 must still be provided or offered:

91.8 (1) at the inmate's cell door; or

91.9 (2) in the presence of custody staff.

91.10 C. Nothing under this part requires an inmate to accept mental health care or
91.11 prevents an inmate from discontinuing care.

91.12 Subp. 6. Telehealth services allowed. Nothing under this part prevents a facility from
91.13 providing mental health care using telehealth services in accordance with part 2911.5800,
91.14 subpart 1a.

91.15 Subp. 7. Continuity of care. For an inmate who has received mental health care while
91.16 detained, health care personnel must:

91.17 A. allow access to information on or communicate with an inmate about mental
91.18 health care;

91.19 B. provide information on or communicate to the inmate about how to contact
91.20 the facility after discharge to request medical information or medical records relating to any
91.21 mental health care that the inmate received;

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

92.4 D. when applicable under part 2911.6800, subpart 3, provide the inmate with
92.5 prescription medication; and

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

92.7 **Subp. 8. Documentation.** The following items under this part must be documented:

92.8 A. all mental status exams received by an inmate and the reason for the inmate's
92.9 mental status exam;

92.10 B. any limited inmate access to mental health care under subpart 5 and the reason
92.11 for the limitation;

92.12 C. record or acknowledgment of any coordination with a community-based
92.13 provider; and

92.14 D. all actions taken or information provided under subpart 7.

92.15 **2911.5840 PSYCHIATRIC EMERGENCY.**

92.16 Subpart 1. Definition. For purposes of this part, "psychiatric emergency" means an
92.17 acute disturbance in thought, behavior, mood, or social relationship that requires immediate
92.18 intervention to protect an inmate or others from imminent harm.

92.19 Subp. 2. Policy and procedure required. A facility administrator must develop and
92.20 follow a policy and procedure on psychiatric emergencies. At a minimum, the policy and
92.21 procedure must:

92.22 A. detail that custody staff must notify health care personnel when an inmate is
92.23 experiencing a psychiatric emergency;

93.1 B. state what custody staff must do if health care personnel are unavailable to
93.2 determine any needed emergency care;

93.3 C. require that health care personnel determines any medically necessary care,
93.4 including whether to administer emergency medication under subpart 3; and

93.5 D. require facility staff to document any action taken to respond to a psychiatric
93.6 emergency.

93.7 **Subp. 3. Emergency medication.**

93.8 A. Health care personnel may administer emergency medication to an inmate
93.9 according to part 2911.6700, subpart 1b, item A.

93.10 B. If an inmate receives emergency medication, the inmate must receive
93.11 more-frequent well-being checks in accordance with part 2911.6700, subpart 1b, item C.

93.12 **Subp. 4. Care at health care facility; returning to facility.** If an inmate is taken to
93.13 a health care facility in response to a psychiatric emergency, the inmate must receive
93.14 follow-up care, as determined medically necessary by health care personnel, upon returning
93.15 to the inmate's facility.

93.16 **2911.5850 MENTAL HEALTH SUPPORT; TRAUMATIC EVENT.**

93.17 **Subpart 1. Mental health care; policy and procedure.**

93.18 A. Mental health care must be offered to an inmate identified as having experienced
93.19 trauma or stress due to a death, suicide attempt, inmate assault, and any other emergency
93.20 or unusual occurrence under part 2911.3700, subpart 4, that is identified in a facility's policy
93.21 and procedure under this part. A facility administrator must develop and follow a policy
93.22 and procedure that:

93.23 (1) identifies the health care personnel responsible for providing mental health
93.24 care under item B;

94.1 (2) details when and how health care personnel must provide mental health
94.2 care under this part; and

94.3 (3) provides how to identify inmates as having experienced trauma or stress
94.4 due to a death, suicide attempt, or inmate staff assault and any other emergency or unusual
94.5 occurrence identified in the facility's policy and procedure.

94.6 B. At least one of the following mental health services must be offered:

94.7 (1) one-on-one interventions;

94.8 (2) grieving groups; or

94.9 (3) another clinically appropriate service for mitigating and responding to
94.10 trauma or stress.

94.11 Subp. 2. **Documentation.**

94.12 A. Health care personnel must document whether mental health care was offered
94.13 to an inmate under this part and whether:

94.14 (1) mental health care was provided; or

94.15 (2) the inmate declined mental health care.

94.16 B. If the inmate received care, health care personnel must document the care in
94.17 the inmate's health record.

94.18 **2911.6000 FIRST AID.**

94.19 Subpart 1. [Repealed, 38 SR 523]

94.20 Subp. 2. **First aid equipment.** ~~Facility policy shall require that~~ First aid kits are must
94.21 be available in designated areas of the facility.

94.22 Subp. 3. [Renumbered 2911.6200 subp 1a]

95.1 **2911.6200 MEDICAL AND, DENTAL, AND MENTAL HEALTH RECORDS.**

95.2 Subpart 1. [Renumbered subp 1b]

95.3 Subp. 1a. **Medical and, dental, and mental health records.**

95.4 A. A facility shall record complaints of illness or injury and actions taken. Medical
 95.5 or, dental, and mental health records are must be maintained on inmates under for an inmate
 95.6 receiving medical or, dental, or mental health care.

95.7 B. Records shall An inmate's health record must include:

95.8 (1) complaints of illness or injury and actions taken to address or treat the
 95.9 illness or injury;

95.10 A. (2) the limitations and any known inmate disabilities of the inmate;

95.11 B. (3) instructions for inmate care and any treatment;

95.12 C. (4) orders for medication, including stop any discontinue date;

95.13 D. (5) any special treatment or diet;

95.14 E. (6) any activity restriction; and

95.15 F. (7) times and dates when the inmate was seen by medical health care personnel,
 95.16 including by emergency medical services or other health care personnel not working in the
 95.17 facility; and

95.18 (8) any other health-care-related information required under this chapter.

95.19 C. Medical and, dental, and mental health records shall must be available to staff
 95.20 for consultation in case of illness and for recording medication administration of medications.

95.21 Subp. 1b. **Release of information Consent forms.** ~~release of information~~ Consent
 95.22 forms must comply with applicable federal and state regulations.

96.1 Subp. 2. **Data practices.** ~~The medical~~ An inmate's health record file shall must be
96.2 maintained separately:

96.3 A. marked or otherwise distinguished from the inmate's file; and

96.4 B. maintained according to the Minnesota Government Data Practices Act,
96.5 Minnesota Statutes, chapter 13.

96.6 Subp. 2a. **Medical sharing information.** ~~The responsible physician or health care~~
96.7 ~~personnel shall share with the facility administrator information regarding an inmate's~~
96.8 ~~medical management, security, and ability to participate in programs.~~ A facility administrator
96.9 must develop and follow a policy and procedure for a responsible practitioner and other
96.10 health care personnel to share with custody staff information on an inmate's:

96.11 A. medical, dental, and mental health management;

96.12 B. classification; and

96.13 C. ability to participate in programming.

96.14 Subp. 3. **Available information.** ~~Medical~~ An inmate's health record file information
96.15 available to health-trained staff and custody ~~personnel shall minimally~~ staff must include,
96.16 at a minimum, summary medical information provided by the health authority or other
96.17 health care personnel ~~that ensures sufficient detail~~ to allow health-trained staff ~~persons~~ or
96.18 other custody ~~personnel~~ staff to ensure medical care of inmates in their custody in a manner
96.19 consistent with that prescribed by ~~the~~ a responsible physician practitioner or other health
96.20 care personnel.

96.21 *[For text of subparts 4 and 5, see Minnesota Rules]*

97.1 Subp. 6. ~~Transfer of~~ Transferring records.

97.2 A. A facility ~~shall have~~ administrator must develop and follow a written policy
97.3 and procedure regarding the transfer of on transferring health records and information that
97.4 establishes the following requirements under this subpart. This subpart applies to:

97.5 (1) referrals or transfers between:

97.6 (a) facilities; and

97.7 (b) facilities and state correctional facilities; and

97.8 (2) referrals or transfers for medical, dental, or mental health services provided
97.9 in a noncorrectional facility.

97.10 ~~A. B.~~ Summaries or copies of the an inmate's health record are must be sent to
97.11 the facility to which the inmate is transferred or referred when the inmate is transferred or
97.12 referred. Upon the request and written authorization of the inmate, physicians or medical
97.13 facilities in the community shall be provided health record information; and

97.14 ~~B. C.~~ The facility administrator or designee, which may include the responsible
97.15 physician, health care personnel, or health-trained staff of the facility from which the inmate
97.16 is being transferred, shall or referred must minimally share the inmate's information under
97.17 subpart 2a with the facility administrator of the facility or noncorrectional facility designated
97.18 to receive the inmate information regarding the inmate's medical management, security,
97.19 and ability to participate in programs. In the absence of informed consent. If there are no
97.20 informed-consent forms signed by the inmate involved, the information may be provided
97.21 in summary manner summarized to ensure a level of medical care consistent with the inmate's
97.22 needs.

98.1 **2911.6400 ~~DELIVERY, SUPERVISION, AND CONTROL OF DELIVERING,~~**
98.2 **SUPERVISING, AND CONTROLLING MEDICATION.**

98.3 ~~In consultation with the health authority,~~ A facility administrator ~~shall have~~ must
98.4 develop and follow a written policy and procedure for the secure storage, delivery,
98.5 administration, and control of medication according to parts 2911.6500 to 2911.6800 and
98.6 Minnesota Statutes, section 241.021, subdivision 4f.

98.7 **2911.6500 MEDICATION STORAGE.**

98.8 Subpart 1. **Locked area.** Medication ~~shall~~ must be stored in a locked area. The storage
98.9 area ~~shall~~ must be kept locked when not in use by ~~authorized staff~~ health-trained staff or
98.10 health care personnel.

98.11 Subp. 2. **Refrigeration.** Health-trained staff or health care personnel must refrigerate
98.12 and secure medication requiring refrigeration ~~shall be refrigerated and secured and check~~
98.13 the temperature ~~checked~~ daily. There must be separate refrigeration for medications only.

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

98.15 Subp. 4. **Medication.**

98.16 A. Stock supplies of prescription medications may be maintained ~~at the discretion~~
98.17 ~~and upon the approval of,~~ if approved by the facility's health authority, as follows:

98.18 (1) prescription medication ~~shall~~ must be kept in its original container, bearing
98.19 the original label; and

98.20 (2) poisons and medication intended for external use ~~shall~~ must be clearly
98.21 marked.

98.22 B. A limited quantity of life-saving prescription medications as approved by the
98.23 ~~medical~~ health authority may be maintained in emergency kits if the facility has health-trained
98.24 staff or health care personnel who can administer the medications in the emergency kit.

99.1 Subp. 5. **Controlled Substances.** ~~There shall be~~ A facility administrator must develop
 99.2 and follow a procedure for maximum security storage of and accountability for ~~controlled~~
 99.3 substances.

99.4 Subp. 6. **Needles and other medical sharps.** ~~There shall be~~ A ~~written~~ facility
 99.5 administrator must develop and follow a policy and procedure for the health-trained staff
 99.6 and health care personnel to control and disposal ~~dispose~~ of medical sharps and supplies.
 99.7 Medical sharps and supplies ~~when used or stored in inmate housing areas shall~~ must be
 99.8 accounted for and secured in a locked area.

99.9 **2911.6600 MEDICATION DELIVERY.**

99.10 Subpart 1. **Delivering medication.** A ~~person delivering~~ health-trained staff member
 99.11 trained according to subparts 2 and 3 must deliver medication to an inmate ~~must do so~~ under
 99.12 the direction of the ~~responsible~~ health authority or other health care personnel.

99.13 Subp. 2. **Training.** Only ~~persons~~ health-trained staff who have received training
 99.14 appropriate to ~~this assignment~~ delivering medication according to this part may deliver
 99.15 medication.

99.16 Subp. 3. **Refresher training.** At least annually, a nonmedical health-trained staff
 99.17 person member delivering medication ~~shall~~ must receive refresher training ~~a minimum of~~
 99.18 ~~once every three years~~ in cooperation with the health authority.

99.19 *[For text of subpart 4, see Minnesota Rules]*

99.20 Subp. 5. **Recording deliveries.** A ~~person responsible for delivering medications shall~~
 99.21 ~~do so according to orders, and~~ health-trained staff member must record the delivery of
 99.22 medications ~~in a manner approved by the health care authority~~ under the direction of the
 99.23 health authority or other health care personnel.

99.24 Subp. 6. **Deliveries by health-trained staff Self-administering**
 99.25 **medication.** Medication shall be delivered to an inmate by ~~health-trained staff.~~

100.1 A. Except as provided under item B, an inmate shall administer must
100.2 self-administer the inmate's medication, including injectable medication, under staff
100.3 supervision direct supervision of health-trained staff or health care personnel.

100.4 B. Direct supervision is not required when an inmate is self-administering topical
100.5 medications and eye or ear drops.

100.6 Subp. 7. **Identification procedures.** ~~There shall be a written~~ Health-trained staff must
100.7 follow a policy and procedure for the identification of the recipient of identifying an inmate
100.8 who is receiving the delivered medication. Health care personnel must be consulted when
100.9 the policy and procedure is developed or updated.

100.10 *[For text of subpart 8, see Minnesota Rules]*

100.11 Subp. 9. **Reports on adverse ~~reaction reports~~ reactions and medication**
100.12 **errors.** ~~There shall be procedures for~~

100.13 A. Health-trained staff must follow a policy and procedure to report any adverse
100.14 reaction incidents or medication errors to health care personnel.

100.15 B. The adverse reaction to a drug shall and medication errors must be documented,
100.16 and health-trained staff must document whether they reported the incident or error.

100.17 Subp. 10. **Refusal of prescribed Refusing prescription medications;**
100.18 **documentation.** ~~There shall be procedures for~~

100.19 A. Health-trained staff must follow a policy and procedure to report an inmate's
100.20 refusal of prescribed prescription medication to the attending physician, responsible
100.21 physician, or health care personnel. The refusal and any directives by the health care
100.22 personnel shall must be documented.

100.23 B. Health-trained staff must document whether they reported the refusal.

100.24 Subp. 11. [See repealer.]

101.1 [For text of subparts 12 and 13, see Minnesota Rules]

101.2 Subp. 14. **Expiration of medication order.** Health-trained staff must notify health
101.3 care personnel ~~shall be notified of an~~ impending expiration of a medication order so that it
101.4 ~~can be determined~~ health care personnel can determine whether ~~the~~ to continue or change
101.5 the medication ~~should be continued or altered~~. This subpart applies to an inmate who was
101.6 prescribed medication before admission, to the extent consistent with Minnesota Statutes,
101.7 section 241.021, subdivision 4f.

101.8 Subp. 15. **Nonprescription medication.** A facility's health authority is responsible
101.9 for determining which over-the-counter nonprescription medication to make available to
101.10 for inmates ~~shall be approved by health care personnel~~. Delivery of nonprescription
101.11 medication by custody staff ~~shall be documented~~.

101.12 [For text of subpart 16, see Minnesota Rules]

101.13 **2911.6700 MEDICATION ADMINISTRATION.**

101.14 Subpart 1. [See repealer.]

101.15 Subp. 1a. **Policy and procedure on voluntary and involuntary medication**
101.16 **administration.** A facility administrator must develop and follow a policy and procedure
101.17 on voluntary and involuntary administration of neuroleptic, nonneuroleptic, and psychotropic
101.18 medications to inmates. The policy and procedure must:

101.19 A. provide direction for health care personnel on administering medication in a
101.20 medical emergency when an inmate does not have decision-making capacity, as defined
101.21 under Minnesota Statutes, section 145C.01, subdivision 1b;

101.22 B. provide direction for and specify the medications that health-trained staff may
101.23 administer; and

102.1 C. provide how facility staff will ensure that an inmate's Jarvis Order will be
102.2 followed while the inmate is detained in the facility.

102.3 Subp. 1b. **Involuntary medication administration; emergency medication.**

102.4 A. This subpart applies to an inmate who is involuntarily medicated.

102.5 B. If an inmate without decision-making capacity, as defined under Minnesota
102.6 Statutes, section 145C.01, subdivision 1b, receives emergency medication because of a
102.7 medical emergency, health care personnel must document:

102.8 (1) why health care personnel declared a medical emergency;

102.9 (2) whether health care personnel attempted any less-restrictive measures to
102.10 care for the inmate before declaring a medical emergency;

102.11 (3) the reason for the emergency medication and the order directing the
102.12 medication administration;

102.13 (4) any force used by custody staff to ensure that the medication was safely
102.14 administered; and

102.15 (5) any follow-up care after the medication was administered.

102.16 C. After an inmate receives emergency medication under this subpart, the inmate
102.17 must be subject to more-frequent well-being checks under part 2911.5015 until health care
102.18 personnel determines that the inmate's health or safety would not be jeopardized by returning
102.19 to 30-minute well-being checks.

102.20 Subp. 2. [See repealer.]

102.21 Subp. 3. [See repealer.]

102.22 Subp. 4. **Administering opiate antagonist.** Custody staff may administer an opiate
102.23 antagonist according to Minnesota Statutes, section 151.37, subdivision 12.

103.1 **2911.6800 MEDICATION CONTROL.**

103.2 Subpart 1. **Records.** Records of receipt, the quantity of the drugs, and the disposition
103.3 of all prescription medications ~~shall~~ must be maintained in detail to enable an accurate
103.4 accounting.

103.5 Subp. 1a. **Definition.** For purposes of this part, "bioequivalent medication" means
103.6 where two or more drugs with identical active ingredients or two different dosage forms of
103.7 the same drug possess similar bioavailability and produce the same effect at the site of
103.8 physiological activity.

103.9 Subp. 2. **Verifying prescription medications.**

103.10 A. An inmate's own supply of prescription medications brought into the facility
103.11 ~~shall~~ must be verified ~~prior~~ according to this subpart before dispensing.

103.12 B. Within 24 hours of an inmate's admission, staff must attempt to verify that an
103.13 inmate's prescription medication has been ordered by health care personnel legally authorized
103.14 to prescribe the medication in accordance with their licensure. After verifying an inmate's
103.15 prescription medication, staff must document the verification.

103.16 C. If staff cannot verify an inmate's prescription medication within 24 hours of
103.17 an inmate's admission, staff must:

103.18 (1) document why they were unable to verify the prescription medication
103.19 within 24 hours of the inmate's admission;

103.20 (2) notify the health authority or health care personnel that they have not
103.21 verified an inmate's prescription medication; and

103.22 (3) document the notification to the health authority or health care personnel
103.23 and record any response, if received, from the health authority after the initial notification.

104.1 D. A facility administrator must develop and follow a policy and procedure on
104.2 how often staff must attempt to verify an inmate's prescription medication. Any follow-up
104.3 attempts must be documented.

104.4 Subp. 2a. **Prescription medication; continuity of care.** After an inmate's medication
104.5 has been verified according to subpart 2, the inmate must receive any prescription medication
104.6 prescribed before admission, in accordance with Minnesota Statutes, section 241.021,
104.7 subdivision 4f. The facility's health authority may substitute a brand-name prescription
104.8 medication with a bioequivalent generic medication without obtaining the inmate's written
104.9 consent or contacting the prescribing provider.

104.10 Subp. 2b. **Discontinuing or changing prescription medication.**

104.11 A. If a facility health authority wishes to discontinue a medication prescribed
104.12 before an inmate was admitted or replace the medication with a different medication, the
104.13 health authority must first seek written consent from the inmate.

104.14 B. If the inmate declines or is unable to provide written consent, the health
104.15 authority may only discontinue the medication prescribed before admission if the health
104.16 authority determines the prescription medication is not medically appropriate for the inmate
104.17 based on their medical condition or status and:

104.18 (1) the health authority first consults with the prescribing provider; or

104.19 (2) the health authority has made at least two unsuccessful attempts, using
104.20 different methods of communication if available, to contact the prescribing provider.

104.21 C. The health authority is authorized to replace medication prescribed before
104.22 admission with a nonbioequivalent drug for reasons unrelated to whether the prescribed
104.23 medication is medically appropriate when the health authority:

104.24 (1) has determined that the new medication is at least as effective as the
104.25 existing medication for the inmate's condition; and

105.1 (2) has obtained approval for the change from the prescribing provider of the
105.2 original medication; or

105.3 (3) has made at least two unsuccessful attempts, using different methods of
105.4 communication if available, to contact the prescribing provider and has allowed at least
105.5 seven days for the provider to object to the proposed change in medication.

105.6 D. If a facility's health authority determines that it is not clinically appropriate for
105.7 an inmate to continue taking medication prescribed by the health authority, the health
105.8 authority must:

105.9 (1) if clinically indicated, prescribe alternative prescription medication;

105.10 (2) as applicable, document why alternative prescription medication was
105.11 discontinued or prescribed; and

105.12 (3) explain, or have health care personnel explain, to the inmate in a language
105.13 or manner that the inmate can attempt to understand:

105.14 (a) why the prescription medication has been discontinued; and

105.15 (b) if applicable, why the inmate is receiving alternative prescription
105.16 medication.

105.17 E. Health care personnel may discontinue or change an inmate's prescription
105.18 medication if the inmate's actions related to the medication endanger the health or safety of
105.19 the inmate, other inmates, or facility staff.

105.20 F. This subpart applies to an inmate who was prescribed medication before
105.21 admission, to the extent consistent with Minnesota Statutes, section 241.021, subdivision
105.22 4f.

106.1 Subp. 3. ~~Prescribed~~ Prescription medication upon transfer or release discharge.

106.2 A. If available in the facility, prescription medication shall must be
106.3 given to an inmate or to the appropriate authority upon the inmate's transfer or release,
106.4 discharge unless the attending physician health authority decides that in the medical interest
106.5 of the inmate the medications should not be transferred or released with the inmate.

106.6 B. The action taken shall be documented health authority must document whether
106.7 they authorized providing an inmate's prescription medication upon transfer or discharge
106.8 or, if applicable, why they denied the prescription medication.

106.9 Subp. 4. ~~Destruction of~~ Destroying medication. ~~The destruction of~~ Health care
106.10 personnel must destroy medication on expiration dates or when retention is no longer
106.11 necessary or suitable ~~must be,~~ consistent with requirements of the Minnesota Pollution
106.12 Control Agency.

106.13 **2911.7100 INMATES WITH SPECIAL NEEDS.**

106.14 Subpart 1. **Postadmission screening.** ~~The facility written~~ A facility administrator
106.15 must develop and follow a policy and procedure shall require that requires postadmission
106.16 screening and referral for care of inmates with special needs, whose adaptation to the
106.17 ~~correctional environment is significantly impaired~~ an inmate with special needs.

106.18 Subp. 2. [See repealer.]

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

106.20 Subp. 4. Care plan; when required.

106.21 A. If clinically indicated by an inmate's special needs assessment under part
106.22 2911.2600, subpart 1, item I, a responsible practitioner or other health care personnel must:

106.23 (1) develop a written care plan for the inmate and discuss the care plan with
106.24 the inmate in a language or manner that they can attempt to understand; and

107.1 (2) communicate with custody staff any accommodations that the inmate may
 107.2 require and document the accommodations in the inmate's file.

107.3 B. The care plan must be documented and placed in the inmate's health record.

107.4 **RENUMBERING INSTRUCTION.** The revisor of statutes shall renumber the provisions
 107.5 of Minnesota Rules listed in column A as those listed in column B. The revisor of statutes
 107.6 shall also make any necessary cross-reference changes consistent with the renumbering.

107.7	<u>Column A</u>	<u>Column B</u>
107.8	<u>2911.0200, subpart 3</u>	<u>2911.0200, subpart 5c</u>
107.9	<u>2911.0200, subpart 56a</u>	<u>2911.0200, subpart 56e</u>
107.10	<u>2911.0200, subpart 56b</u>	<u>2911.0200, subpart 56f</u>
107.11	<u>2911.0200, subpart 65c</u>	<u>2911.0200, subpart 65e</u>
107.12	<u>2911.0900, subpart 1</u>	<u>2911.0900, subpart 1b</u>

107.13 **TERM CHANGE.** The following terms are changed wherever they appear in Minnesota
 107.14 Rules, chapter 2911, as follows:

107.15 A. "custody personnel" is changed to "custody staff";

107.16 B. "data privacy" is changed to "data practices";

107.17 C. "health care personnel" is changed to "health care staff";

107.18 D. "inmate" is changed to "incarcerated person"; and

107.19 E. "responsible physician" is changed to "responsible practitioner."

107.20 **REPEALER.** Minnesota Rules, parts 2911.0200, subparts 7, 23, 24, 52, and 69; 2911.0300,
 107.21 subparts 5a and 6; 2911.0360; 2911.0370; 2911.0600; 2911.0700; 2911.0800; 2911.0900,
 107.22 subpart 26; 2911.1350; 2911.1800; 2911.2800, subpart 6; 2911.3600, subpart 7; 2911.3700,
 107.23 subpart 3; 2911.3900, subparts 2, 3, 4, 6, 7, and 8; 2911.4100, subpart 4; 2911.4800, subpart

- 108.1 5; 2911.5000, subpart 5; 2911.5800, subpart 5; 2911.6600, subpart 11; 2911.6700, subparts
- 108.2 1, 2, and 3; and 2911.7100, subpart 2, are repealed.
- 108.3 **EFFECTIVE DATE.** Minnesota Rules, parts 2911.0100 to 2911.7100, and the repealer
- 108.4 are effective 90 calendar days after publication in the State Register.