

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 as determined by the facility  
administrator, 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 medication assisted substance use disorder treatment.**  
"Assessment for medication assisted substance use

2.2 disorder treatment" means an assessment conducted by a qualified healthcare professional medical provider/prescriber using standardized healthcare tools related to a history of substance use, intoxication, and/or withdrawal as well as a history of previously receiving medication assisted treatment to determine medically appropriate care for addiction medication needs. This assessment is separate and distinct from the substance use screening required in part 2911.5800, subpart 6B.

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

2.4 Subp. 7. [See repealer.]

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 [Repealed, 38 SR 523]

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

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

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

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

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

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

2.18 Subp. 23. [See repealer.]

2.19 Subp. 24. [See repealer.]

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

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2.21 Subp. 26. **Custody personnel staff.** "Custody ~~personnel staff~~" means ~~those facility~~  
2.22 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. Xx. **Discharge Planning.** "Discharge planning" means the process of  
preparing an inmate for release by identifying the inmate's needs and establishing a  
plan to support the inmate's transition to the community in accordance with  
Minnesota Statutes, section 641.155.

3.5 Subp. 29. **Disciplinary segregation.** "Disciplinary segregation" means the status  
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~~  
the status assigned an inmate; or

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a postconfinement violation of state or federal law

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

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

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

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

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

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

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

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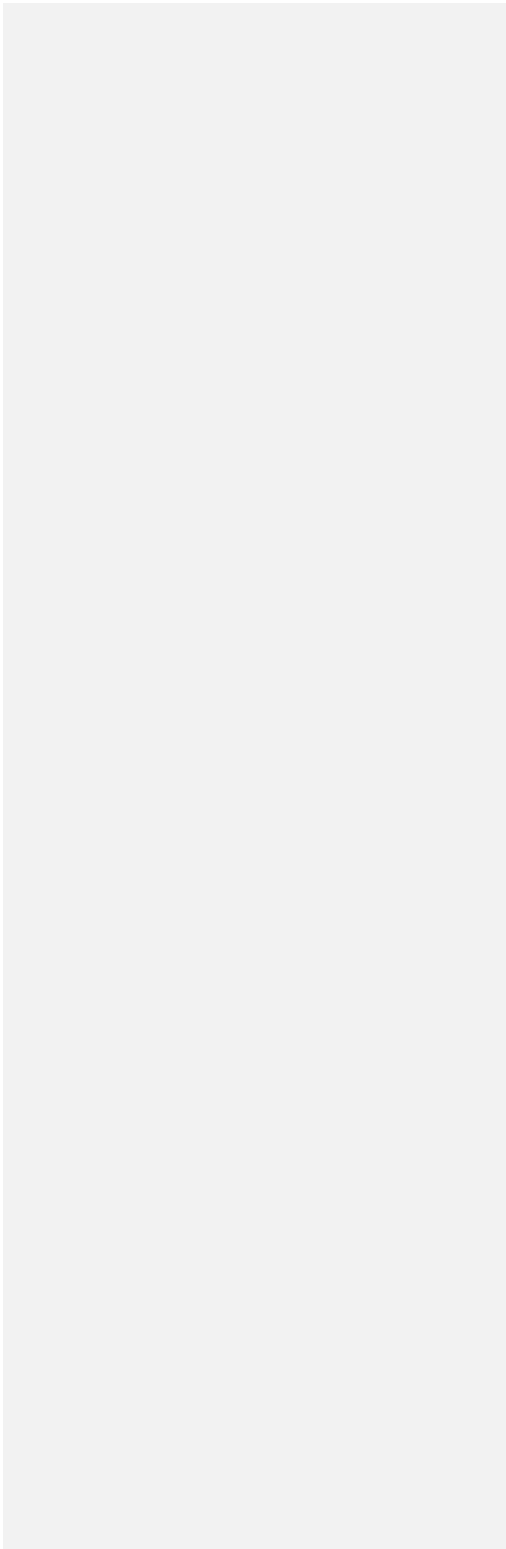
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3.22 designee.

3.23 *[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, including a psychiatric emergency under part 2911.5840.

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

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

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

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

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

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

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

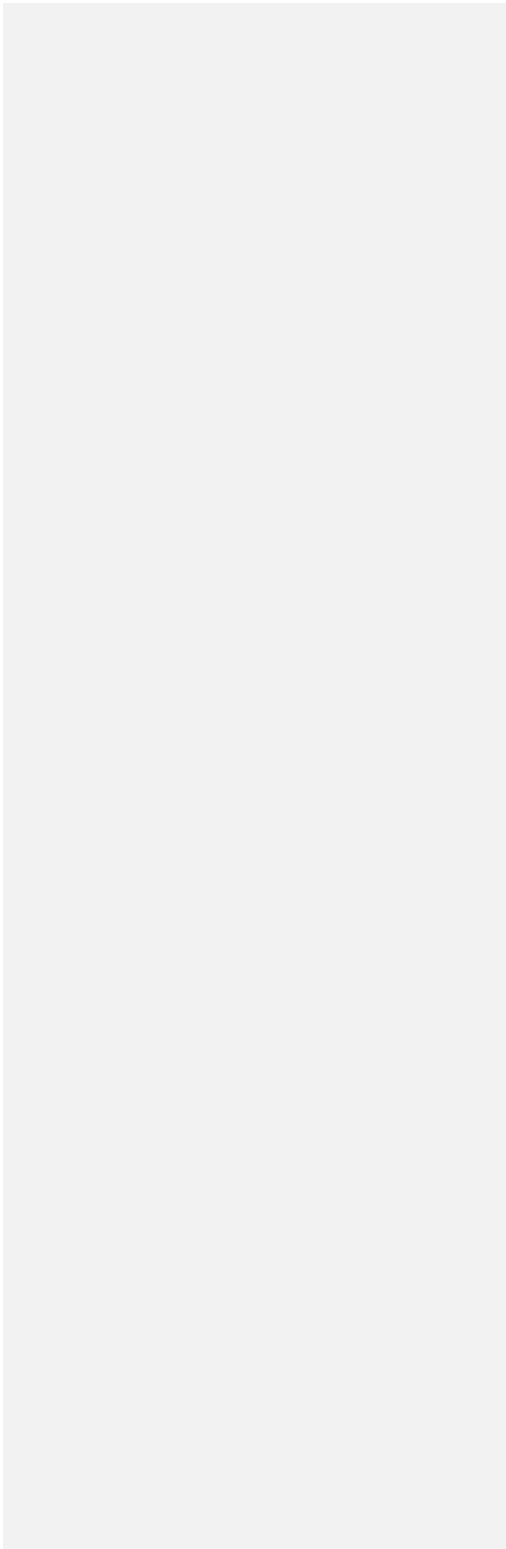
5.18 *[For text of subpart 56b, see Minnesota Rules]*

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

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

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

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



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

6.2 Subp. Xx. **Response to resistance.** "Response to resistance" means the skillful use of tactics and techniques identified and approved by the facility administrator in accordance with Minnesota Statutes, sections 241.88, 243.52, 609.06, and 609.066, intended to resolve a situation with the least amount of force that is reasonable under the totality of circumstances.

6.3  
6.4 Subp. 60. **Responsible physician practitioner.** "Responsible physician practitioner"  
6.5 means an individual a licensed:

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

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

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

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

6.13 Subp. Xx. **Security post.** "Security post" means a designated location or duty assignment with written instructions detailing the specific security responsibilities and duties of a particular post.

6.14  
6.15 Subp. 65a. **Segregation area.** "Segregation area" means an area of the facility separate  
6.16 from general population or individual cells within general population that house the  
following inmates individually:

6.17 A. inmates in administrative separation;

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

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

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

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

6.25 *[For text of subpart 66, see Minnesota Rules]*

6.26 Subp. 67. **Inmate with special needs inmate.** "Inmate with special needs inmate"  
6.27 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 programming.** "Substance use disorder  
programming"

7.13 means the assessment of an inmate for a substance use disorder and their programming  
needs, planning and providing on-site services, interventions, or recovery support  
programming, coordinating care with other on-site or external providers, and ongoing  
reassessment by health care personnel.

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section 245G.01, subdivision 24

7.14 Subp. 69. [See repealer.]

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

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

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

7.20 Subp. 70b. **Telehealth.** "Telehealth" has the meaning given in Minnesota Statutes  
7.21 2024, section 256B.0625, subdivision 3b, paragraph (e).

7.22 Subp. 70c. **Under the direction of.** "Under the direction of" refers to health-trained

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7.23 staff providing health care services according to a facility's policies and procedures and  
7.24 instructions from the health authority or other health care personnel.

7.25 *[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 publication in this part is incorporated  
8.12 by reference, is not subject to frequent change, and is available on the department's  
8.13 website.

8.14 Subp. 2. **DOC Portal Unusual Occurrences.** "DOC Portal Unusual Occurrences,"  
8.15 published by the Minnesota Department of Corrections (2025 and as subsequently amended as  
[required by legislative action](#)).

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Deleted: **Dietary Guidelines for Americans, 2020-2025.** "Dietary Guidelines for Americans, 2020-2025," published by U.S. Departments of Agriculture and Health and Human Services (December 2020 and as subsequently amended).  
Subp. 3.

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

9.1 **2911.0300 INTENDED FACILITY USE AND NONCONFORMANCE WITH RULES**  
9.2 **FACILITY SUPPORT PLANS.**

**Deleted:** <#>Subp. 5. **Standards for Health Services in Jails.** "Standards for Health Services in Jails," published by the National Commission on Correctional Health Care (2018 and as subsequently amended).¶

**Deleted:** **CORRECTIVE ACTION**

9.3 Subpart 1. **Intended use.**

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

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

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

9.14 D. The commissioner ~~shall~~ must assess a facility to determine compliance with  
9.15 applicable requirements under this chapter that apply to the facility's classification at the  
9.16 time of the facility's last inspection and other Minnesota Statutes related to minimum  
standards and conditions of confinement. In accordance with Minnesota Statutes, section  
241.021, subd. 1(a), the commissioner must grant or renew a license to a facility after  
assessing that it conforms to these minimum standards and conditions of confinement or is  
making satisfactory progress toward substantial conformity and the standards not being met do  
not impact the interests and well-being of the people in the facility.

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

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

10.2 Subp. 4. ~~Correction of deficiencies~~ Facility support plans. Sanctions for violation  
10.3 of mandatory rules are as follows.

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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.

A. As used in this part, a facility support plan is a collaborative document developed by the commissioner and a facility that identifies areas for improvement in accordance with the below procedures. An identified deficiency resulting in a facility support plan under this part does not automatically result in a finding of non-conformance and licensing action under Minnesota Statutes, section 241.021, subs. 1a-1c. A facility support plan is not a licensing

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action as defined in this subpart nor a deficiency finding.

10.23

10.24 B . The commissioner must issue a **facility support** plan to a facility administrator

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10.25 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 C. The facility support plan must:

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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 D. When the deficiency has been corrected, the facility administrator must submit

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11.10 to the commissioner documentation detailing the administrator's compliance with the

11.11 facility support plan. If the commissioner determines that the administrator has not remedied

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11.12 the deficiency, the facility is subject to a licensing action or an additional facility support

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11.13 plan.

11.14 E. For purposes of this subpart, "licensing action" means a correction order,

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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. **Variances, 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 30 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:

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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. The commissioner must review previously approved and unresolved variances at a facility's inspection by verifying the information required under subpart 1, item A.

**Deleted:** A facility administrator may request to renew a variance. A request must:  
¶  
(1) contain

**Deleted:** ; and

14.3 The variance must be renewed if the facility administrator:

**Deleted:** <#>(2) be submitted through the DOC Portal at least 30 days before the variance expires

- 14.4 (1) continues to satisfy the requirements under subpart 1, item B; and
- 14.5 (2) demonstrates compliance with the alternative measure, if any, taken when
- 14.6 the initial variance was granted or renewed.

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

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

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

**Deleted:** as follows:  
¶  
(1) the commissioner must not renew a variance if a renewal request is received less than 30 days before the variance expires; and  
¶  
(2) the commissioner must revoke or not renew a variance.

14.11 B. The commissioner must notify the facility administrator of the decision:  
14.12 (1) verbally at the time of the facility's inspection and document the finding in the department's inspection report; or  
14.13 (2) in writing through the DOC

14.14 Portal within 30 days of the decision.

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**Deleted:** commissioner's determination

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

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 hours of:

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

15.19 Subp. 4. Suspension limit. A suspension of rules because of an emergency declared by a  
facility administrator must not exceed seven days. ~~If needed, the facility administrator~~  
may request a variance to the rules under subpart 1.

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

Deleted: and the variance is necessary:¶

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

¶ B. when an emergency public safety issue has

15.22 Subp. 8. **Overcrowded facility plan.** ~~Whenever an overcrowded~~ A facility  
15.23 administrator must attempt to contract with other facilities to use available per diem bed  
15.24 space when a facility is overcrowded. If a facility condition occurs is overcrowded and the

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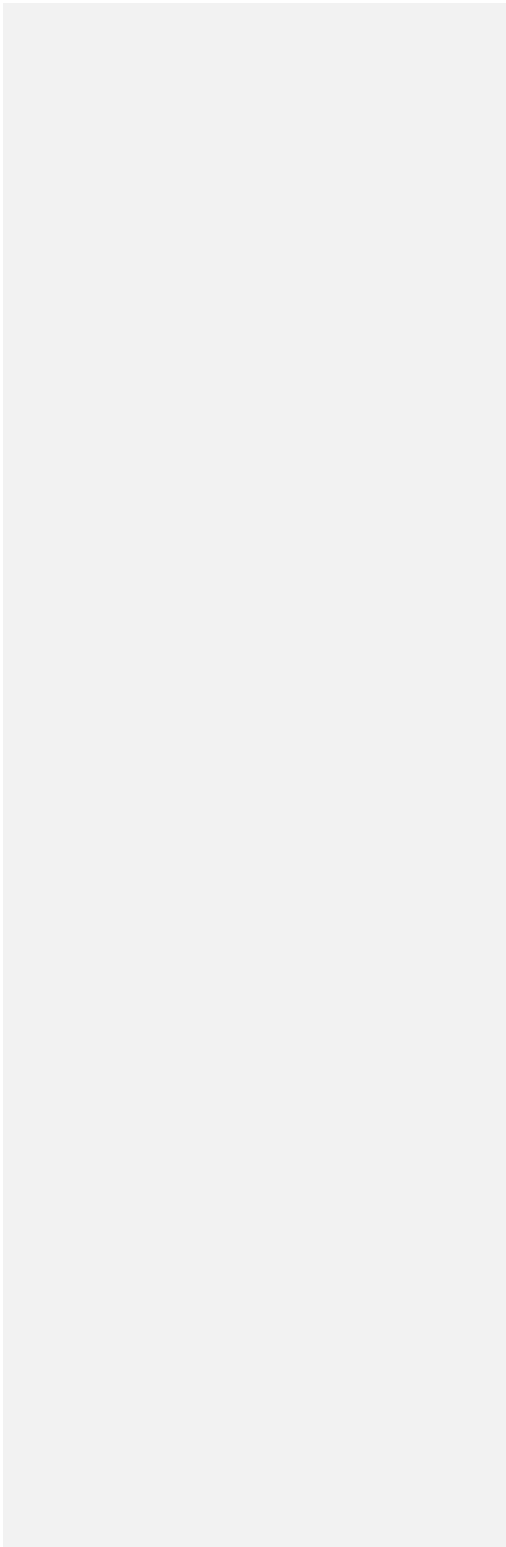
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15.25 conditions in subpart 7 exist, a facility ~~shall have~~ administrator must follow a written plan

15.26 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 facility support 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.

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

17.2 ~~D. (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,  
and, if applicable, revise it as appropriate to meet the facility's needs or refer it to the facility's  
governing body for consideration and funding.

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 its staffing analysis and this chapter, including the staffing ratios and staffing  
requirements under this part.

C. Nothing in this rule restricts the facility administrator from having a staffing plan allowing for  
shifting in supervision styles based on current population so long as it complies with  
minimum ratios under subpart 15.

**Deleted:** <#>C. At a facility's inspection, the commissioner must review the facility's staffing plan or changes to the plan. The commissioner must approve the plan or changes if the commissioner determines that the plan or changes:  
¶  
(1) comply with the staffing ratios and staffing requirements under this part;¶  
and¶  
¶  
(2) will not jeopardize the health, safety, or security of inmates or facility¶  
staff.¶  
¶  
D. If the commissioner disapproves a facility's staffing plan, the commissioner¶  
must notify the facility in writing.¶

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

18.2 **A. A facility administrator must conduct a staffing analysis if the facility**  
 18.3 **administrator has not conducted a staffing analysis that complies with this subpart before the**  
 18.4 **effective date of this rule. A**

18.4 **facility administrator conducting an initial staffing analysis must analyze:**

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

18.6 **(2) a 11 facility functions requiring assigned staff, including admission,**  
 18.7 **supervision, custody, programs, transportation and escorting inmates, and**  
 18.8 **support services including medical, food service, maintenance, and clerical;**

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

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

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

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

18.13 **(1) accounts for all security posts and facility functions required under this section;**

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

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

18.16 **D. If the commissioner determines the staffing analysis does not satisfy the requirements under item**  
 18.17 **C, the commissioner must notify the facility administrator in writing identifying the specific**  
 18.18 **requirement(s) under item C that are not satisfied. The facility administrator must revise and**  
 18.19 **resubmit the analysis within 60 days of receiving the notice.**

18.20 **E. The commissioner's review under item C is limited to the adequacy of the analysis as a planning**

**Deleted:** <#>(1) of the changes needed for approval under item C; and¶  
 ¶  
 ¶(2) that, if the changes are not made, the facility is subject to a licensing action¶  
 under part 2911.0300 to reduce the facility's approved bed capacity under part 2911.0330.¶

document and compliance with the minimum ratio requirements under subpart 15. The commissioner's review does not constitute approval or disapproval of the facility's staffing levels. The commissioner's review must not result in a requirement that the facility staff at a level beyond the minimum ratios under subpart 15 or staffing requirements under this section.

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

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

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

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

18.24 A. ~~In facilities that use the~~ If a facility uses a dispatcher or custody position as  
18.25 ~~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  
 19.10 whenever  
 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 ~~actively monitor behaviors and supervise inmates;~~

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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 or 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.** ~~C.~~ 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~~.

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

23.9  
23.10 D. Facilities using the override allowed in this subpart reduction must document:

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

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

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

23.18 Subp. 26. [See repealer.]

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

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

23.22 B. except when all of the staff member's security duties can be taken over by

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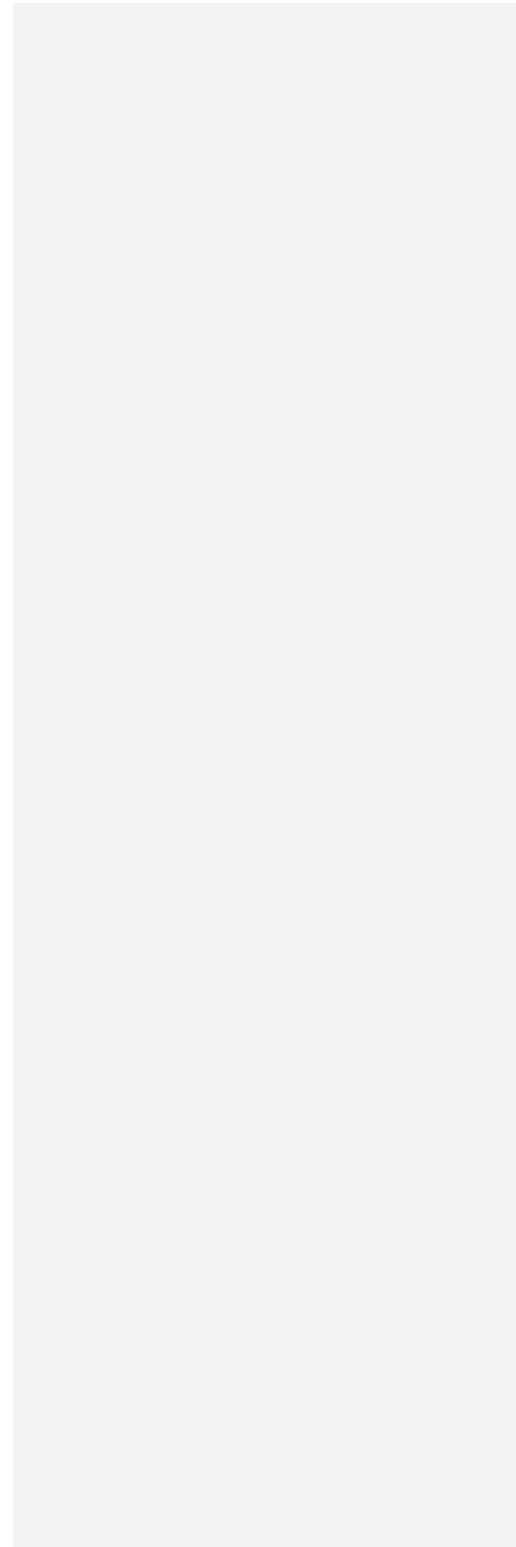
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23.23 another custody staff member or dispatch located within a secured area.

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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; and

24.6 (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) self-defense skills,~~  
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

**Deleted:** response-to-resistance regulations and tactics under part 2911.4950

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;

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

27.5 (5) mental health, including:

27.6 (a) recognizing signs and symptoms of:

27.7 i. a mental illness; and

27.8 ii. a developmental disability;

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

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

27.13 (6) recognizing signs and symptoms of substance  
27.14 use, substance withdrawal, and substance overdose;

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

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

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

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

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

**Deleted:** that may include the steps under¶  
the SAMHSA Opioid Overdose Prevention Toolkit,  
which is incorporated by reference¶  
under part 2911.0210...

**Deleted:** , including dehydration.

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, [except CPR if the regular training complies with the requirements under subpart](#)  
28.18 [3](#).

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, release, and ~~release~~ discharge planning;

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  Deleted: 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 [facility support](#) 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.

Deleted: corrective action

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~~ 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 parts 2911.3650 and 2911.3675 and 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, making an initial attempt to document emergency  
34.22 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]*

**Deleted:** the rule requirements applicable to

35.1 K. ~~initial classification of the inmate and assignment~~ determining classification  
35.2 and assigning the inmate a cell, group holding location, or housing unit;

Deleted: to

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~~ 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~~ release; and

Deleted: - discharge

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 assigning to a housing unit,

Deleted: admission

37.17 excluding 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 twice per shift with at least three hours in between attempts, to**  
38.6 **continue to make attempts to have an inmate**  
38.7 **complete the medical and mental health screenings under subpart 1.**

Deleted: every six hours

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~~ RELEASES.**

Deleted: DISCHARGES

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

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

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

38.16 **F. when applicable under part 2911.6800, subpart 3, provide the inmate with**  
39 **a supply of the inmate's medications.**

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

39.2 **2911.2560 DISCHARGE PLANNING.**

Deleted: Discharge planning: generally.

39.3 **Subpart 1.**

Deleted: <#>A. This subpart applies to all inmates except as provided under subpart 2.  
¶  
B. A facility administrator must develop and follow a policy and procedure for discharge planning. Upon an inmate's discharge, facility staff must:  
¶  
(1) provide the inmate with a list of local, state, or federal health care,  
transportation, employment, educational, and other community reentry resources; and  
¶  
(2) when applicable under part 2911.6800, subpart 3, provide the inmate with a supply of the inmate's medications.

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

Deleted: Subp. 2.

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. 2. Documenting refusal to participate in discharge planning.** If an inmate  
39.8 refuses to participate in discharge planning under this  
39.9 part, the facility administrator must document the refusal in the inmate's file.

Deleted: 3

Deleted: a discharge under part 2911.2550 or

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 [up to 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 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-in a segregation area, but shall not cannot  
 41.12 involve any more 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, property, or  
 41.14 the public,

**Deleted:** 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,;

**Deleted:** including any available alternatives to placement that were considered...

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

**Deleted:** every seven days

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 and health care under part 2911.2870  
42.5 when conducting the administrative review, including the process for initial notice of the placement in administrative separation to  
health care personnel;

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 weekly  
42.9 as a part of the administrative review process; and

Deleted: once every seven

Deleted: days

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; and

42.15 (2) any health, including mental health, or safety concerns and health  
42.16 improvements must be reviewed

as part of the administrative review process.

Deleted: ;

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Deleted: <#>(3) action must be taken and documented as needed to address the concerns¶ and health improvements.¶

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

42.19 Subp. 4b. **Housing-management plan.**

Deleted: Behavior

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

42.21 (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 ~~60~~  
43.6 consecutive days, a facility administrator, in consultation with health care personnel, must  
43.7 develop a ~~housing~~-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 any incentives for  
43.9 the inmate to demonstrate positive or safe behavior  
that can accelerate their return to general population.

43.10 C. The facility administrator must review the inmate's ~~housing~~-management plan  
43.11 at least ~~weekly~~ as part of the administrative review process. The facility  
43.12 administrator must:

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

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

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

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

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Deleted: behavior

Deleted: the following:  
¶ (1) any known inmate behavioral problems, including:  
¶ (a) the circumstances leading to being placed in administrative separation;  
¶ (b) staff safety concerns, including inmate assaultive behavior or escape;  
¶ concerns; and  
¶ (c) any documented mental health concerns; and  
¶ (2) ...

Deleted: behavior

Deleted: every seven days

44.1 Subp. 6. ~~[See repealer.]~~

44.2 Subp. 7. **Deprivation records.**

Deleted: 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 or as identified in documentation of the inmate's initial administrative separation  
44.7 placement, a report of the action ~~is~~ must be made and forwarded to the facility administrator  
44.8 ~~or designee, who must then determine whether the item or activity should continue to be~~  
deprived. The determination must be documented in an incident report or in the inmate's  
records.

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~~ and sets the limitations defined in subpart 2  
44.14 for specific behaviors, omissions, the  
major and minor facility rule violations, including any additional disciplinary segregation tiers  
as defined by the facility administrator;

Deleted: serious.

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

Deleted: serious.

Deleted: ,

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 if step-down management will be~~  
44.20 used for an inmate in disciplinary segregation, if offered at the facility.

Deleted: whether and when

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, including how the facility administrator:~~

44.24 ~~(1) provides initial notice of the placement in disciplinary segregation to health care personnel;~~

44.25 ~~(2) consults with health care personnel, as appropriate, when they provide mental health care under part 2911.2860 and health care under part 2911.2870; and~~

44.26 ~~(3) consults with health care personnel when conducting the review required in subpart 3a.~~

44.27 ~~An inmate on disciplinary segregation status must be separated from the general population.~~

45.1 An inmate must not be placed in disciplinary  
45.2 segregation longer than 60 consecutive days for a rule violation.

**Deleted:** Except as provided under item B, a

**Deleted:** facility is subject to the following limitations on placing an inmate in disciplinary segregation:

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

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

(3) for a serious violation, a

46.1  
46.2 **Subp. 3. Due process.**

**Deleted:** <#>B. A facility administrator may continue an inmate's placement beyond the limits under item A, subitems (2) and (3), if the facility administrator:

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

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

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

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

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

46.5 A- (1) published rules of conduct and penalties for violation of violating facility  
46.6 rules;

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

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

46.10 (4) the right to appeal.

46.11 B. (4) the An inmate may waive the right to a hearing in writing; and

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

46.14 D. the right to appeal;

46.15 **Subp. 3a. Review required.**

**Deleted:** <#>C. The following applies to all inmates in disciplinary segregation:

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

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

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

46.16 E. A. The status of an inmate placed on in disciplinary segregation for more than  
46.17 30 continuous days subsequent to after a disciplinary hearing shall must be reviewed,

46.18 approved, and documented by the facility administrator or designee at least once weekly 30

46.19 and Weekly, the facility administrator and, as applicable because of

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

**Deleted:** every

**Deleted:** seven days

**Deleted:** Every seven days

46.21 (1) the inmate's compliance with segregation area rules, including positive

03/11/26

REVISOR

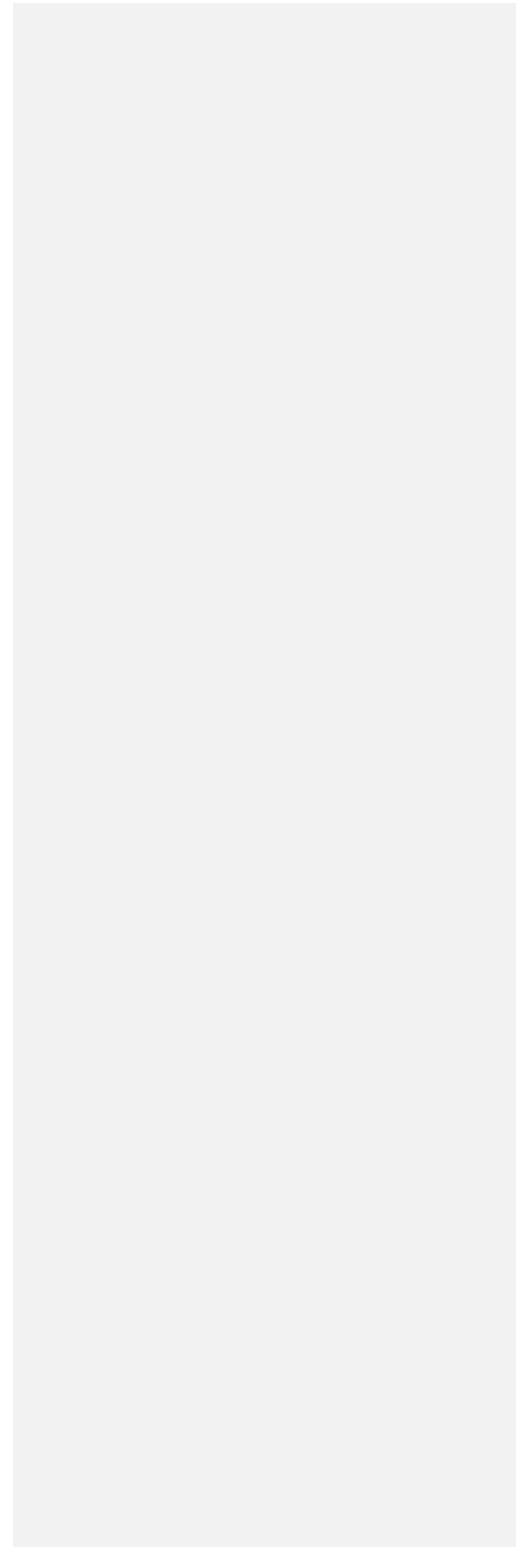
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46.22 and negative behaviors displayed:

2911.2850

47



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

47.2 (3) any signs or symptoms of improvement or deterioration in the inmate's physical or mental

Deleted: .

47.3 health, including suicidal ideation or self-harm and action taken to address them;

47.4 (4) whether the inmate's reason for placement has been resolved and the

Deleted: 3

47.5 inmate can safely transition to administrative separation or be returned to general population;

47.6 and

47.7 (5) whether referral for step-down management is appropriate, if offered at the facility.

Deleted: 4

47.8 B. The facility shall administrator must develop written and follow a policy, and

47.9 procedure, and practice that provides that inmates requires the facility administrator to visit

47.10 with an inmate in disciplinary segregation receive visits from the facility administrator or

47.11 designee at least weekly as a part of the disciplinary segregation review

Deleted: once every seven days

47.12 process;

47.13 Subp. 3b. **Timing for hearing.** F. An inmate placed in segregation for longer than 24 hours placed in segregation for an alleged

47.14 rule violation shall must have a disciplinary hearing within 72 hours of the placement, excluding holidays

47.15 and weekends, of segregation, exclusive of holidays and weekends, an alleged facility rule

47.16 violation that may result in disciplinary segregation according to the facility's discipline

47.17 plan:

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

47.19 B. unless documented cause can be shown for delays. Examples of causes for

47.20 delay are inmate requests for delay, or logistical impossibility, as in the case of mass

47.21 disturbances, and delay such as an inmate request for delay or logistical impossibility, as

47.22 in the case of a mass disturbance.

47.23 G. the facility administrator or designee can order immediate segregation when

47.24 it is necessary to protect the inmate or others. This action is reviewed and documented

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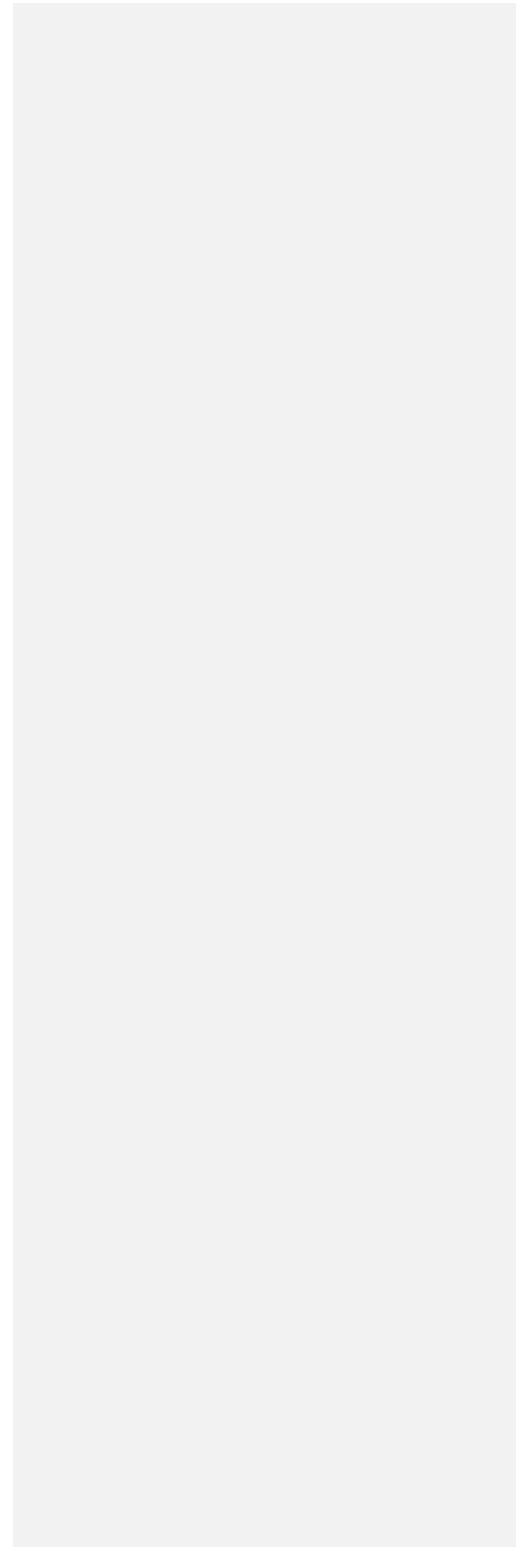
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47.25 ~~within three working days.~~

2911.2850

49



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 or as identified in the documentation of the inmate's  
initial disciplinary segregation placement, a report of the action ~~is~~ must be made and  
48.6 forwarded  
48.7 to the facility administrator, who must determine whether the item or activity should continue  
48.8 to be deprived. The determination must be documented in an incident report or the inmate's  
records.

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

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

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

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

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

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

48.19 Subp. 7. **Disciplinary records.**

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

48.24 B. A disciplinary ~~reports prepared by staff members~~ shall report must include the

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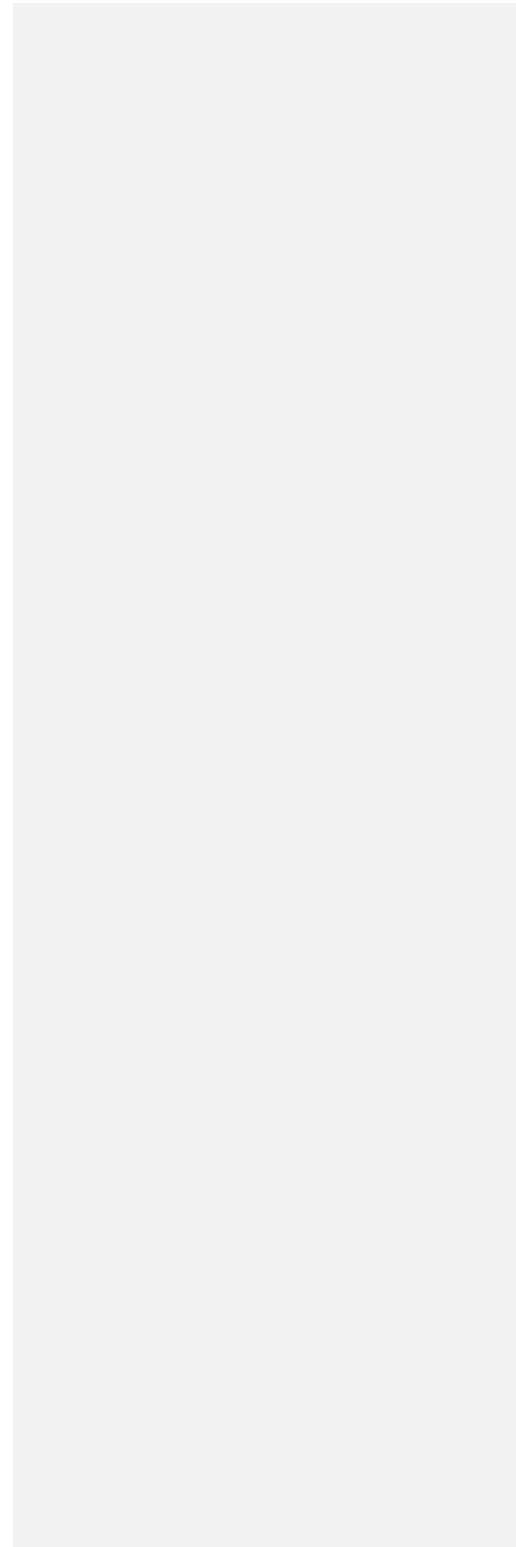
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48.24 following information:

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- 49.1 A- (1) the specific facility rules violated;
- 49.2 B- (2) evidence supporting the rule violation;
- 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- \_\_\_\_\_
- 49.6 E- (4) staff and inmate witnesses;
- 49.7 F- (5) disposition of any physical evidence;
- 49.8 G- (6) any immediate action taken, including the any response to resistance; and
- 49.9 H- (7) the reporting staff member's signature, and the date and time that the report
- 49.10 is made.

Deleted: a formal statement of the charge

Deleted: (4) unusual inmate behavior;

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Deleted: <#>Subp. 8. **Behavior-management plan.**

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

(1) any known inmate behavioral problems, including:

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

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

(c) any documented mental health concerns; and

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

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

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

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

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

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Deleted: visits

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50.1 \_\_\_\_\_

50.2 **2911.2860 MENTAL HEALTH SCREENING FOR INMATES IN**

50.3 **ADMINISTRATIVE**

50.4 **SEPARATION AND DISCIPLINARY SEGREGATION.**

50.4 **Subpart 1. Health screening.**

50.5 **A. At least weekly, health care personnel or health-trained staff must attempt to**

50.6 **visit with an**

50.7 **inmate, either in person or via telehealth, in a segregation area to screen for whether an**

50.8 **inmate needs mental health services.**

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

50.9 **(1) each visit and whether an inmate was referred to a mental health**

50.10 **professional for mental health care; or**

50.11 **(2) whether an inmate was unable or unwilling to visit with health care**

50.12 **personnel.**

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

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

50.16 B. If an inmate is in disciplinary segregation for longer than 30 consecutive days,  
50.17 they must receive an initial mental status exam and,

50.18 as clinically indicated.

**Deleted:** a mental health professional must conduct

**Deleted:** for the inmate

**Deleted:** if

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C. If an inmate is in disciplinary segregation for longer than 60 consecutive days, they must receive a mental status exam, and every 60 days thereafter.

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

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, health care personnel, or health-trained staff must  
 51.8 document all conducted screenings and mental status exams

51.9 and other care provided under this part and whether an inmate refused care, including

51.10 :

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

51.13 (2) any action that the mental health professional, health care personnel, or health-  
 51.14 trained staff have taken to address

51.15 any signs or symptoms of an inmate's deterioration.

51.16 **2911.2870 HEALTH CARE IN ADMINISTRATIVE SEPARATION AND**  
 51.17 **DISCIPLINARY SEGREGATION.**

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

51.20 **Subp. 2. Accommodations.**

A. If the administrative separation or disciplinary  
 51.21 segregation involves a change of cell or housing  
 51.22 unit, the facility must provide any existing  
 51.23 accommodations unless reviewed and modified in  
 51.24 accordance with part 2911.7100.

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

Deleted: custody

Deleted: Notification to health care personnel; health care review

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

Deleted: B.

Deleted: After being notified of an inmate's placement, health care personnel must:  
 (1) review the inmate's health record; and  
 (2) recommend to custody staff any accommodations that the inmate may require in administrative separation or disciplinary segregation.

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

Deleted: C

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  
52.15 major or minor that resulted in disciplinary segregation.

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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 use disorder programming.** A facility shall have administrator must  
develop

Deleted: abuse programs

52.19 and follow a written plan for addressing services the substance use disorder needs of inmate  
52.20 chemical dependency issues inmates. The plan must describe how the facility will:

Deleted: providing

Deleted: abuse

Deleted: programming

Deleted: for

52.21 A. identify inmates with substance use disorders through screening at admission;

52.22 B. connect inmates with available substance use disorder services, if offered, which may  
include on-site substance use disorder programming, contracted providers,  
telehealth services, or medication assisted substance use disorder treatment  
according to part 2911.5820; and

52.23 C. provide information to inmates about substance use disorder programming options.

[available in the community upon release.](#)

52.24 [D. Nothing in this subpart requires a facility to deliver or fund on-site substance use disorder programming.](#)

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

52.26 Subp. 7. **Recreation plan.** The facility administrator ~~or designee shall~~ must have a  
52.27 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  
 54.3 policy and procedure that provides for inmate visitation. ~~The policy shall be in writing and~~  
 54.4 include that includes offering at  
 54.5 least eight hours of weekly on-site visitation. The visitation must include either free video  
 54.6 or free in-person noncontact visitation. A facility may offer a combination of on- and off-site  
 54.7 visitation if a free visitation option is always offered. The policy and procedure must include  
 54.8 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 inmate shall inmate must be permitted a local or collect long-distance telephone call to a

Deleted: an  
 Deleted: inmate visiting

55.1 family member or significant other ~~during the admission.~~

Deleted: process according to part 2911.2525, subpart 1, item F...

55.2 **Subp. 4. Telephone access.**

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

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

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

55.12 **2911.3500 VOLUNTEERS.**

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

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

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

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

56.9 B. one washcloth;

56.10 C. one clean, fire-retardant mattress;

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~~  
when required;

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 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,  
except for deaths, which must be reported within 24 hours according to Minnesota Statutes,  
section 241.021, subdivision 1

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:

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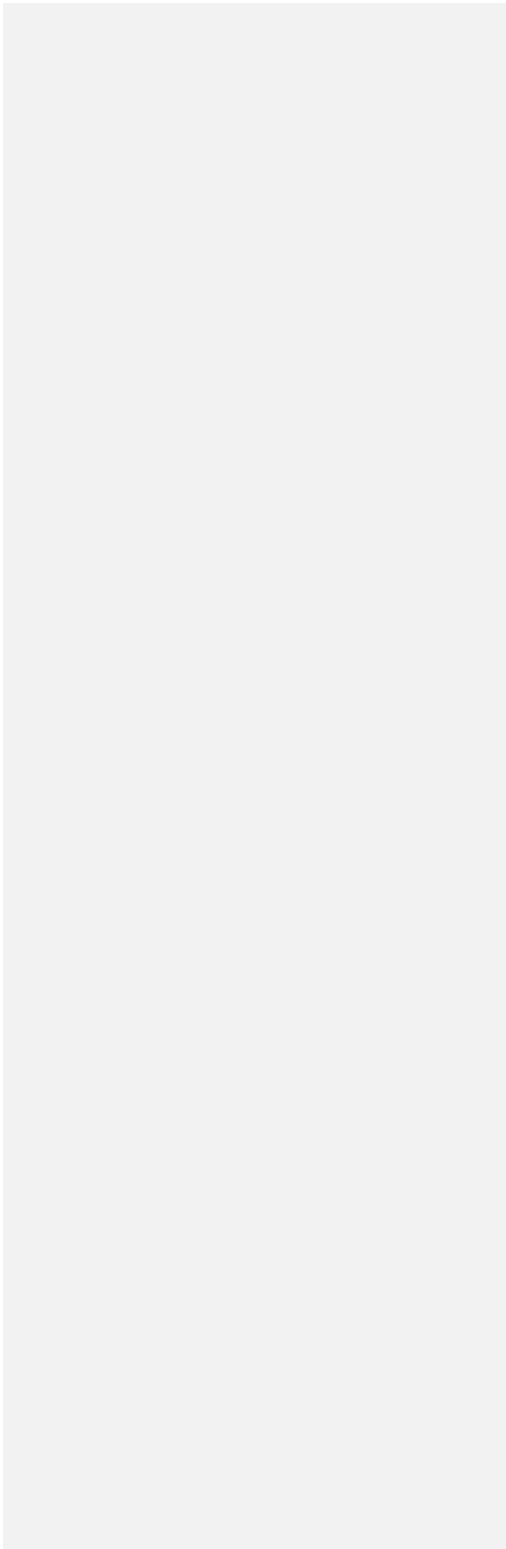
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57.23

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

2911.3700

58



- 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~~ when the facility  
administrator is made aware of a 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 the facility;

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

58.20 (a) from a secured facility; or

58.21 (b) from custody;

**Deleted:** a nonclinical setting, regardless of whether the facility has a clinical setting within.

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, except for incomplete  
tuberculosis testing so long as it is completed within the first 14 days of admission in  
accordance with Minnesota Statutes, section 144.445;

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;

Deleted: <#>(17) emergency medication administered under part 2911.6700, subpart 1b;¶

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

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60.3 ~~(18)~~ any other emergency or unusual occurrence listed on the DOC Portal as  
60.4 [required by legislative action.](#)

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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 [at the facility or if the facility administrator is made aware of](#)  
60.12 [an inmate's death outside the facility after removal from the facility for medical care](#)  
60.13 [stemming from an incident or need for medical care at the facility and that is consistent with](#)  
60.14 [Minnesota Statutes, section](#)

60.15 241.021, subdivision 8. When an inmate death occurs:

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

60.17 C. the department must be notified according to Minnesota Statutes, section  
60.18 241.021, subdivision 1 [and part 2911.3700, subpart 4;](#)

60.19 ~~C, D.~~ personal belongings shall ~~must~~ be handled in a responsible and legal manner  
60.20 responsibly and legally;

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

60.23 E, F. the facility administrator or designee shall ~~must~~ ensure observance of all  
60.24 pertinent laws and allow ~~appropriate state and local~~ investigating authorities full access to  
60.25 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 available to all facility staff, including  
 61.15 any employee assistance programming offered; and

61.16 (3) provides how to identify staff members who have experienced trauma or  
 61.17 stress due to a death, suicide attempt, or staff assault and any other emergency or unusual  
 61.18 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)~~

61.22 ~~any critical incident debriefing provided; and...~~

~~(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 sufficient  
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, grains, and other food that is required by the licensed dietician or  
nutritionist approved diets under part 2911.4000.

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]

**Deleted:** bread or cereal, and other food according to the Dietary Guidelines for Americans, which is incorporated by reference under part 2911.0210...

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 using the most recent nationally adopted version of  
Dietary Guidelines for Americans 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, cheese, or plant-based protein. The~~ Unless a meal variation is  
64.12 ~~being used under~~  
64.13 ~~subpart 3, a meal shall must represent no less than 20 at least 30 percent of the day's total~~  
~~nutrition requirements caloric intake.~~

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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 diets 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 religious beliefs  
65.24 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 not under the personal control and responsibility of staff members  
at least monthly monthly and initiate corrective action if needed.

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67.10 **2911.4950 RESPONSE TO RESISTANCE.**

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

67.12 A. The In accordance with Minnesota Statutes, sections 241.88, 243.52, 609.06,  
and 609.066, 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. **Security 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. The policy must address the frequency of inspection of equipment that  
is under the personal control and responsibility of staff members.

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~~ monthly to determine condition and expiration  
68.10 dates of the devices and equipment.

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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, including training requirements for non-custody staff who may be conducting  
well-being checks and responding to any observations made during well-being checks.

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 staff trained on  
69.12 well-being checks  
will stagger well-being checks:

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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 staff member trained on well-being checks may not use a recording or  
69.18 monitoring device in lieu

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69.18 of directly observing an inmate; and

69.19 B. a staff member trained on well-being checks must conduct a well-being check as  
69.20 defined in part 2911.0200, subpart 74 at a deliberate pace as appropriate for the physical cell  
design and location and activity of the inmate.

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

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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 ~~trained~~ staff member does not conduct ~~or document~~ a well-being check  
70.7 because of an

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70.8 emergency in the facility, the staff member must:

70.9 (1) as soon as possible but no later than the end of their shift, document the  
70.10 emergency themselves or by notifying a staff member of the emergency and requesting that  
70.11 they document the emergency for them, and explain the specific reason the well-being check  
70.12 was not conducted; and

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

70.14 B. After ~~notice is provided~~ under item A, ~~a~~ supervisor must review

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70.15 and approve the staff member's documentation within 72 hours.

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

70.19 **Subp. 7. Notifying health care personnel.** A facility's policy and procedure must  
70.20 specify when a well-being check requires custody staff to notify health care personnel ~~in~~  
70.21 accordance with part 2911.5800, subpart 8.

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an inmate requires health care services, including  
emergency care, and how notification is<sup>¶</sup>  
documented...

70.22 **Subp. 8. Audits required.**

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

70.26 B. At least every ~~six~~ months, a facility administrator must audit well-being  
70.27 checks of at least ten percent of the facility's custody staff or at least two custody staff  
70.28 2911.5010

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71.1 members, whichever is greater. The audited  
 71.2 well-being checks must include randomly reviewed well-being checks conducted on at least two  
 71.3 different days,  
 71.4 times, and staff shifts of the reviewed staff member.

**Deleted:** For each staff member being audited, a time block of at least four video hours of well-being checks must be randomly reviewed. ...

71.4 C. When auditing a well-being check, the facility administrator must:  
 71.5 (1) document the audit with the dates, times, and staff shifts of the audited  
 71.6 footage; and  
 71.7 (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 the facility has not completed the information collection required under

72.4 part 2911.2525, subpart 1, item A; and

72.5 B. when otherwise directed by health care personnel.

C. An inmate placed on more-frequent well-being checks under subpart 2, item A(4), may be discontinued after information collection is completed according to part 2911.2525, subpart 1, item A, and if the inmate does not meet any of the criteria in this subpart 2, items A(1)-(3).

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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.

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**Deleted:** B. Nothing prevents a facility administrator from keeping an inmate on

**Deleted:** more-frequent well-being checks after health care personnel determines that 30-minute

**Deleted:** well-being checks are warranted.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

77.14 ~~C. Disposition to:~~

77.15 (1) ~~general population;~~

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

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

77.18 (4) ~~other.~~

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

**Deleted:** listed in the Standards for Health Services in Jails, J-E-02, which is incorporated by reference under part 2911.0210, or

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 [substance use](#) screening results  
78.11 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 [medication assisted](#) substance use disorder treatment, notify  
78.14 health care

78.14 personnel for possible inmate referral for an assessment for [medication assisted](#) substance  
78.15 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,

Deleted: ;

80.21 and

Deleted: and

80.22 or

Deleted: C.

Deleted: 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 medication assisted substance use disorder  
treatment and how many

81.8 inmates received medication assisted substance use disorder treatment, if offered.

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 average daily population from the previous six months, 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]*

Deleted: design capacity

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, including Minnesota Statutes, section 253B.092  
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 and when health care personnel will assess an inmate's need for  
83.6 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 a transfer to a community-based provider to provide detoxification services  
83.19 or withdrawal management,

83.19 including a provider licensed under Minnesota Statutes,

83.20 chapter 245F or Minnesota Rules, parts 9530.6510 to 9530.6590. A community-based  
83.21 provider licensed under Minnesota Statutes, chapter 245F or Minnesota Rules, parts  
83.22 9530.6510 to 9530.6590 is responsible for the clinical

83.21 decision-making while treating the inmate within the provider's facility.

Deleted: with

Deleted: that is a withdrawal management program

Deleted: Except as provided under Minnesota Statutes, section 241.021, subdivision 4f, nothing under this part allows a community-based provider to supersede

Deleted: 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 medication assisted 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 \_\_\_\_\_  
 85.7 and

85.8 D. 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 MEDICATION ASSISTED SUBSTANCE USE DISORDER TREATMENT.**

85.18 **Subpart 1. Policy and procedure for medication assisted substance use disorder treatment; when**

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

85.22 A. specify how health care personnel will assess for substance use disorders and

**Deleted:** D. offer the inmate an opiate antagonist, if clinically indicated, and educate the

**Deleted:** inmate on its use upon discharge if provided;

**Deleted:** E

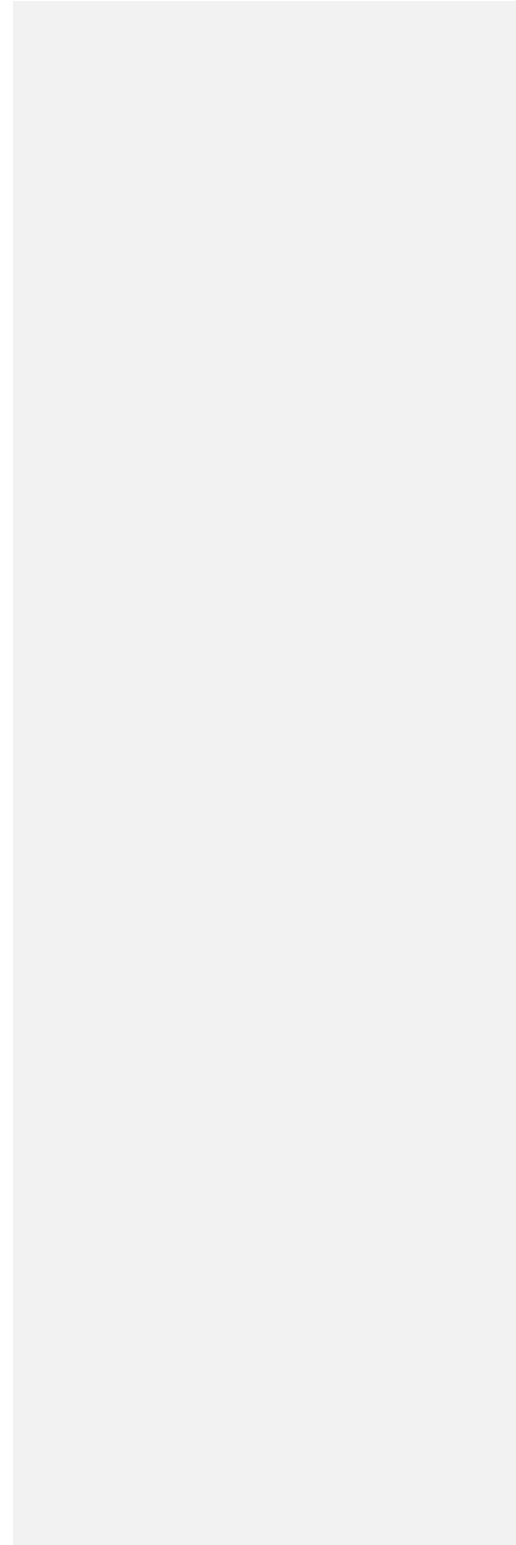
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85.23 provide [medication assisted](#) substance use disorder treatment;



86.1 B. specify a process for discontinuing medication assisted substance use disorder treatment for an

86.2 inmate if the inmate chooses to discontinue treatment;

86.3 C. require that information on any medication assisted substance use disorder treatment that an inmate

86.4 receives, including potential adverse reactions to medication taken for medication assisted 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 medication assisted substance use disorder treatment before admission.

86.10 Subp. 2. Medication assisted substance use disorder treatment; generally.

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86.11 A. Nothing under this part requires an inmate to receive medication assisted substance use disorder

86.12 treatment or prevents an inmate from discontinuing treatment. If an inmate chooses to

86.13 receive medication assisted substance use disorder treatment:

86.14 (1) all medical decisions must be made independently of the inmate's

Deleted: <#>(1) health care personnel must document any case notes for the inmate on the inmate's substance use disorder treatment;

86.15 classification; and

Deleted: 2

86.16 (2) an inmate's decision on their treatment must be made between only the

Deleted: 3

86.17 inmate and health care personnel or a community-based provider.

86.18 B. An inmate must not be denied medication assisted substance use disorder treatment;

Deleted: programming

86.19 (1) as a disciplinary measure; or

86.20 (2) if the inmate:

86.21 (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 medication assisted substance use disorder

87.3 treatment if the inmate's behavior threatens the safety or security of individuals

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87.4 in the facility, but medication for treatment of a substance use disorder must still be provided or offered:

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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 used to treat substance use may

Deleted: for

87.8 be changed or discontinued only according to part 2911.6800, subpart 2b.

Deleted: disorder treatment

87.9 Subp. 3. **Coordinating with community-based provider.** A facility administrator may coordinate with a community-based provider to provide medication assisted substance use disorder treatment,

87.10 including a provider that is an opioid treatment program under Minnesota Statutes, chapter 245G. Except as provided under Minnesota Statutes, section 241.021, subdivision 4f, nothing 87.11 under this part allows a community-based provider to supersede the clinical judgment of 87.12 health care personnel. 87.13 87.14

87.15 Subp. 4. **Continuity of care.** For an inmate who receives medication assisted 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) medication assisted 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 medication assisted substance use disorder treatment that the inmate received;

87.21 B. make a referral to a community-based provider for continued medication assisted substance use

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87.22 disorder treatment, if offered;

**Deleted:** 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 medication assisted substance use disorder treatment upon  
88.8 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 the facility's  
88.12 resources allow, and educate the  
88.13 inmate on its use upon discharge, if provided; and

88.14 G. provide the inmate with any other information required under part 2911.2560.

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

88.16 A. any inmate case notes for medication assisted substance use disorder treatment;

88.17 B. any limitations on an inmate's medication assisted substance use disorder  
88.18 treatment under subpart

88.19 2;

88.20 C. if applicable, the reason for an inmate discontinuing medication assisted  
88.21 substance use disorder

88.22 treatment;

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

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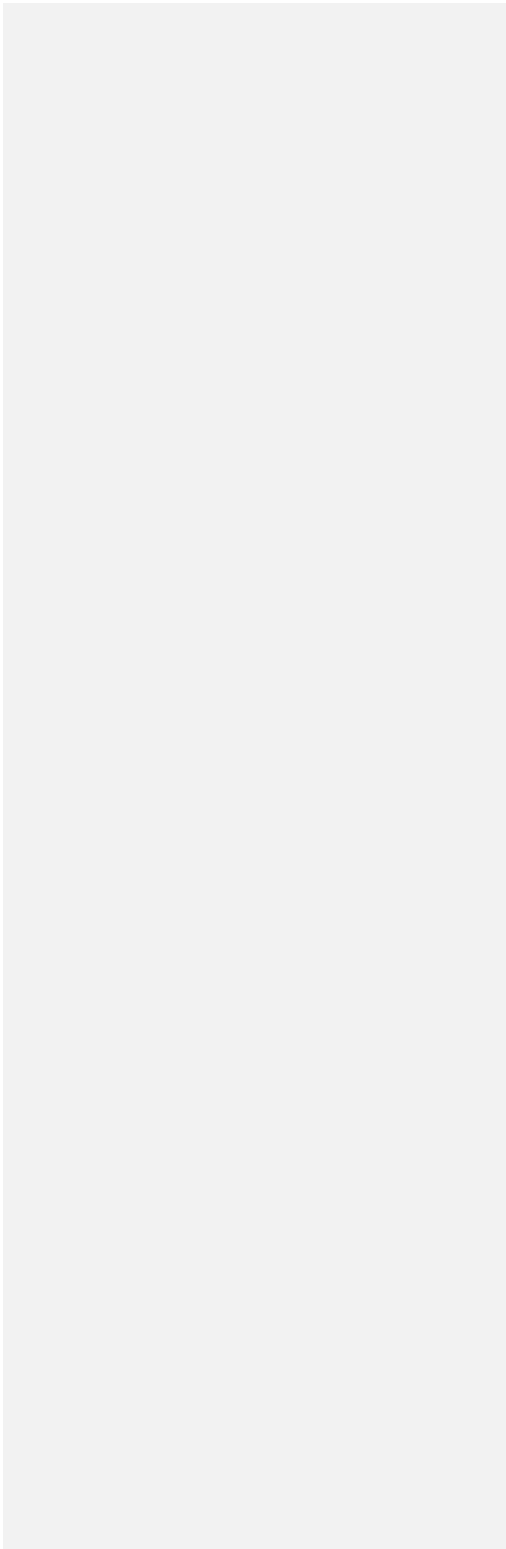
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88.22

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

2911.5820

91



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 or after the inmate experienced  
trauma or stress due to a death, suicide attempt, inmate assault, and any other emergency or  
unusual occurrence under part 2911.3700, subpart 4; 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, or  
90.6 part 2911.2860, subpart 2,

90.7 health care personnel must visit with an inmate who is referred under part 2911.5800, subpart  
90.8 6a. The visit must occur:

- 90.9 (1) within 14 days of referral; or
- 90.10 (2) sooner if the inmate's safety is at risk.

90.11 B. After visiting with an inmate, health care personnel must document any case  
90.12 notes for the inmate and, if clinically indicated, refer the inmate to a mental health  
90.13 professional for possible mental health care.

90.14 C. If health care personnel cannot visit with an inmate under this subpart, health  
90.15 care personnel must document and explain why.

90.16 **Subp. 4. Case notes and mental health care. After conducting a mental status exam**  
90.17 **under subpart 2, a mental health professional must:**

- 90.18 A. document any case notes for the inmate;
- 90.19 B. recommend and discuss any mental health care with the inmate in a language  
90.20 or in a manner that the inmate can attempt to understand;
- 90.21 C. if clinically indicated, refer the inmate to another mental health professional  
90.22 for additional mental health care; and

90.23 D. as needed for the inmate, make recommendations to custody staff on the inmate's  
90.24 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" is a medical  
92.17 emergency and means an  
92.18 acute disturbance in thought, behavior, mood, or social relationship that requires immediate  
92.19 intervention to protect an inmate or others from imminent harm.

92.20 **Subp. 2. Policy and procedure required.** A facility administrator must develop and  
92.21 follow a policy and procedure on psychiatric emergencies. At a minimum, the policy and  
92.22 procedure must:

92.23 A. detail that custody staff must notify health care personnel when they have reason  
92.24 to believe an inmate is  
92.25 experiencing a psychiatric emergency;

93.1 B. detail the immediate safety and security measures, including any response to resistance, available to custody staff to respond to an inmate experiencing a psychiatric emergency;

93.2 C. require that health care personnel determine whether the inmate is experiencing a psychiatric emergency and decide any medically necessary care as a result of a psychiatric emergency if one is established,

93.3 including whether to administer emergency medication under subpart 3;

93.4 D. state what custody staff must do if health care personnel are unavailable to

93.5 determine if an inmate is experiencing a psychiatric emergency and what medical care is necessary;

93.6 and

93.7 E. require custody staff to document any action taken in response to a psychiatric  
93.8 emergency.

93.10 **Subp. 3. Emergency medication.**

93.11 A. Health care personnel may administer emergency medication to an inmate in the event of a psychiatric emergency

93.12 according to Minnesota Statutes, section 253B.092 and part 2911.6700, subpart 1b.

93.13 B. If an inmate receives emergency medication, the inmate must receive  
93.14 more-frequent well-being checks in accordance with part 2911.5015.

93.15 **Subp. 4. Care at health care facility; returning to facility.** If an inmate is taken to  
93.16 a health care facility in response to a psychiatric emergency, the inmate must receive  
93.17 follow-up care, as determined medically necessary by health care personnel, upon returning  
93.18 to the inmate's facility.

Moved down [1]: <#>state what custody staff must do if health care personnel are unavailable to determine any needed emergency care.¶

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Deleted: <#>2911.5850 MENTAL HEALTH SUPPORT; TRAUMATIC EVENT.¶

Subpart 1. Mental health care; policy and procedure.¶

¶  
A. Mental health care must be offered to an inmate identified as having experienced¶  
trauma or stress due to a death, suicide attempt, inmate assault, and any other emergency¶  
or unusual occurrence under part 2911.3700, subpart 4, that is identified in a facility's policy¶  
and procedure under this part. A facility administrator must develop and follow a policy¶  
and procedure that.¶

¶  
(1) identifies the health care personnel responsible for providing mental health¶  
care under item B.¶

~~94.1 (1) one-on-one interventions;~~

~~94.2~~

~~95 (2) grieving groups; or~~

~~96~~

~~97 (3) another clinically appropriate service for mitigation and responding to trauma or stress.~~

**Deleted:** <#>(2) details when and how health care personnel must provide mental health care under this part; and¶

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

¶ B. At least one of the following mental health services must be offered.¶

94.11 **2911.6000 FIRST AID.**

94.12 Subpart 1. [Repealed, 38 SR 523]

94.13 Subp. 2. **First aid equipment.** Facility policy shall require that First aid kits are must

94.14 be available in designated areas of the facility.

94.15 Subp. 3. [Renumbered 2911.6200 subp. 1a]

**Deleted:** <#>Subp. 2. **Documentation.**¶

¶ A. Health care personnel must document whether mental health care was offered¶ to an inmate under this part and whether:¶

¶ (1) mental health care was provided; or¶

¶ (2) the inmate declined mental health care.¶

¶ B. If the inmate received care, health care personnel must document the care in¶ the inmate's health record.¶

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, including a psychiatric emergency, when an inmate does not have  
101.21 decision-making capacity, as defined  
101.22 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;

Deleted: and

102.1 C. provide direction for how health-trained staff will  
102.2 comply with Minnesota Statutes, section 253B.092,  
102.3 regarding the administration of neuroleptic  
102.4 medication; and

102.5 D. provide how facility staff will ensure that an inmate's Jarvis Order will be  
102.6 followed while the inmate is detained in the facility.

102.7 Subp. 1b. **Involuntary medication administration; emergency medication.**

102.8 A. This subpart applies to an inmate who is involuntarily medicated in the event of  
102.9 a medical emergency, which includes a psychiatric emergency defined in part  
102.10 2911.5840.

102.11 B. If an inmate without decision-making capacity, as defined under Minnesota  
102.12 Statutes, section 145C.01, subdivision 1b, receives emergency medication because of a  
102.13 medical emergency, health care personnel must document:

102.14 (1) why health care personnel declared a medical emergency;

102.15 (2) whether health care personnel attempted any less-restrictive measures to  
102.16 care for the inmate before declaring a medical emergency;

102.17 (3) the reason for the emergency medication and the order directing the  
102.18 medication administration;

102.19 (4) any force used by custody staff to ensure that the medication was safely  
102.20 administered; and

102.21 (5) any follow-up care after the medication was administered.

102.22 C. After an inmate receives emergency medication under this subpart, the inmate  
102.23 must be subject to more-frequent well-being checks under part 2911.5015 until health care  
102.24 personnel determines that the inmate's health or safety would not be jeopardized by returning  
102.25 to 30-minute well-being checks.

102.26 Subp. 2. [See repealer.]

102.27 Subp. 3. [See repealer.]

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- 102.23     Subp. 4. **Administering opiate antagonist.** Custody staff may administer an opiate  
102.24 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, in  
accordance with Minnesota Statutes, section 241.021, subdivision 4f and as directed  
by policy in accordance with part 2911.6400, 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;

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; or

104.21 (3) the health authority determines the physical or mental condition of the person creates a  
medical or mental health emergency requiring an immediate medication change based on  
circumstances that either exist or would be caused by the continuation of current  
medications.

104.22 C. The health authority is authorized to replace medication prescribed before  
104.23 admission with a nonbioequivalent drug for reasons unrelated to whether the prescribed  
104.24 medication is medically appropriate when the health authority:

Deleted: or

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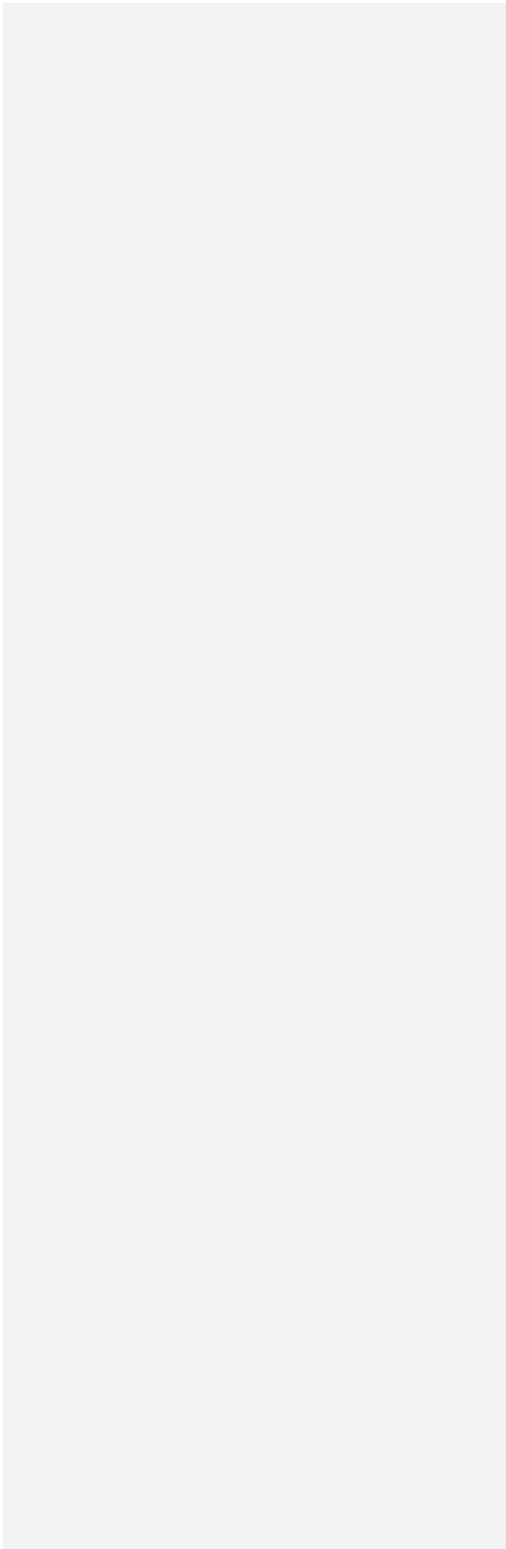
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104.25 (1) has determined that the new medication is at least as effective as the  
104.26 existing medication for the inmate's condition; and

2911.6800

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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 temporarily discontinue or change an inmate's  
105.18 prescription

105.18 medication if the conditions set forth in Minnesota Statutes, section 241.021, subd. 4f(3) exist  
105.19 where a medical or mental health emergency requires an immediate medication change to protect  
105.20 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.

**Deleted:** inmate's actions related to the medication  
endanger...

106.1 Subp. 3. ~~Prescribed~~ **Prescription medication upon transfer or release discharge.**

106.2 A. ~~Prescribed~~ 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.

	<u>Column A</u>	<u>Column B</u>
107.7		
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

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- 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 180 calendar days after publication in the State Register.

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