



Montana State Prison Standard Operating Procedures Manual Table of Contents

MSP Procedure

MSP 1.1.6a Incident Reporting
MSP 1.1.8 Media Relations
MSP 1.1.10 MSP/MCE Tours
MSP 1.1.17 Prison Rape Elimination Act/PREA
MSP 1.2.10 Canteen
MSP 1.2.12 Inmate Welfare Account (D.S.)
MSP 1.2.18 Fleet Vehicle Management
MSP 1.3.16A Religious Volunteer Services
MSP 1.3.46 Employee Meal Breaks
MSP 1.3.100 Employee Recognition Program
MSP 1.3.102 Correctional Officer Post Assignments
MSP 2.1.1 MSP Maintenance
MSP 2.1.3 Land Use Restrictions
MSP 3.1.1 Management of the Security Program
MSP 3.1.2A Post Orders
MSP 3.1.3 MSP Logs and Record Keeping System
MSP 3.1.4 Perimeter Security
MSP 3.1.5 Entrance Procedures & Detainment of Non-Offenders
MSP 3.1.6 Control Center Operations
MSP 3.1.8 Use of Force and Restraints (D.S.)
MSP 3.1.8A Use of Chemical Agents & Oleoresin Capsicum
MSP 3.1.8B Taser Deployment
MSP 3.1.11 Inmate Movement Control (D.S.)
MSP 3.1.14 Tool Control (D.S.)
MSP 3.1.15 Security Inspections
MSP 3.1.17A Searches (D.S.)
MSP 3.1.17B Contraband Control (D.S.)
MSP 3.1.17C Body Scanners
MSP 3.1.20 Inmate Drug Testing Program
MSP 3.1.21 Inmate Count & Supervision
MSP 3.1.30 Funeral, Sick Bed Visits, Emergency Temporary Leave for MSP Inmates
MSP 3.1.33 Radio Communications
MSP 3.1.100 Supervision of Inmates
MSP 3.1.101 Inmate Driving Permits, Driver's Licenses, & State ID
MSP 3.1.104 Employee Identification (ID) Cards
MSP 3.1.107 Inmate ID Cards
MSP 3.2.1 Emergency Preparedness (D.S.)
MSP 3.2.10 Fire & Life Safety (D.S.)
MSP 3.2.12 Control and Use of Hazardous Materials
MSP 3.2.13 Safety Inspections (D.S.)
MSP 3.2.16 Post Trauma Response (previously 3.7.8)
MSP 3.2.20 Hazardous Materials Incidents
MSP 3.3.2 Inmate Access to Courts
MSP 3.3.4 Media Access to Inmates (D.S.)
MSP 3.3.5 Inmate / Staff Communication Methods
MSP 3.3.7 Inmate Access to Telephones
MSP 3.3.8 Inmate Visiting
MSP 3.3.10 Inmate Issued Computer Tablets
MSP 3.3.21 Inmate Video Visitation
MSP 3.4.1 Institutional Discipline

MSP Procedure

MSP 3.4.3 Tobacco Use Regulations
MSP 3.4.100 Pre-Hearing Confinement
MSP 3.4.102 Unit Rules
MSP 3.5.1 Restrictive Housing Operations and Step-Down Program
MSP 3.6.1 Executions
MSP 4.1.1 Inmate Admission Process
MSP 4.1.2 Inmate Reception & Orientation
MSP 4.1.3 Inmate Personal Property
MSP 4.1.3A Inmate Personal Property Inventory
MSP 4.2.1 Inmate Classification System
MSP 4.2.200 Special Management Inmates
MSP 4.2.202 Inmate Separation Needs
MSP 4.4.1 Inmate Hygiene, Clothing, & Linen Supplies
MSP Health Services Procedure Index
MSP HS A-02.0 Responsible Health Authority
MSP HS A-06.0 CQI Plan for Health Services
MSP HS A-09.0 Procedures in the Event of Inmate Death
MSP HS B-01.0 Healthy Lifestyle Promotion
MSP HS B-02.0 Infectious Disease Prevention and Control Program
MSP HS B-02.1 Respiratory Protection Program
MSP HS B-02.2 Bloodborne Pathogens
MSP HS B-02.4 Disease Prevention TB Control Plan
MSP HS B-02.5 Decontamination of Medical Equipment
MSP HS B-02.6 Community Acquired MRSA Control Plan
MSP HS B-02.7 Infirmary Food Service Sanitation
MSP HS B-02.8 Ectoparasite Control
MSP HS B-03.0 Clinical Preventive Services
MSP HS B-04.0 Medical Surveillance of Inmate Workers
MSP HS B-07.0 Patient Safety Clinical Error Reporting
MSP HS B-09.0 Staff Safety
MSP HS-C01.0 Credentials
MSP HS C-02.0 Clinical Performance Enhancement
MSP HS C-03.0 Orientation for Health Staff
MSP HS C-05.0 Medication Administration Training
MSP HS C-06.0 Inmate Workers
MSP HS C-07.0 Medical Staffing Plan
MSP HS D-01.0 Pharmaceutical Operations
MSP HS D-02.0 Discharge Medications
MSP HS D-02.1 Inmate Self Medication - KOP
MSP HS D-02.2 Disposal of Expired, Discontinued, or Damaged Narcotics
MSP HS D-02.3 Medication Box Self Administration System
MSP HS D-02.4 Medication Starter Doses
MSP HS D-02.5 Sterile Parenteral Products
MSP HS D-03.0 Clinical Space, Equipment, Supplies, & Reference Materials
MSP HS D-04.0 Diagnostic Services
MSP HS D-05.0 Medical Diets
MSP HS D-07.0 Emergency Medical Services
MSP HS D-07.1 Urgent/Emergent Response
MSP HS D-07.2 Crash Cart
MSP HS E-02.0 Intake Health Screening & Physical Assessment
MSP HS E-03.0 Transfer Clearance
MSP HS E-05.0 Mental Health Screening and Evaluation
MSP HS E-06.1 Initial Dental Treatment
MSP HS E-06.2 Emergency Dental Evaluation
MSP HS E-06.3 Non-Emergent Dental Treatment
MSP HS E-06.4 Periodontal Care
MSP HS E-06.5 Dental Prosthetic Services
MSP HS E-06.6 Outside Dental Consultation or Treatment
MSP HS E-06.7 Dental Services Review
MSP HS E-06.8 Dental Infection Control
MSP HS E-06.9 Dental Tool Control
MSP HS E-07.0 Non-Emergent Health Care Requests & Services

MSP Procedure

MSP HS E-08.0 Nursing Assessment Protocols and Procedures
MSP HS E-08.1 Wound Documentation With or Without Photography
MSP HS E-09.0 Continuity, Coordination, and Quality of Care During Incarceration
MSP HS E-10.0 Discharge Planning
MSP HS F-01.0 Chronic Disease Services
MSP HS F-01.1 Inmates with Special Health Needs
MSP HS F-02.0 Infirmary Level Care
MSP HS F-03.0 Mental Health Services
MSP HS F-04.0 Medically Supervised Withdrawal and Treatment
MSP HS F-06.0 PREA Mental Health Assessments
MSP HS F-07.0 Care for the Terminally Ill / End of Life Decision Making
MSP HS G-01.0 Mental Health Observation and Clinical Restraints
MSP HS G-02.0 Mental Health Evaluations of Inmates in Restrictive Housing
MSP HS G-03.0 Involuntary Psychotropic Medications
MSP HS G-03.1 Emergency Psychotropic Medications
MSP HS G-04.0 Forensic Information, Therapeutic Relationship, and Disciplinary Actions
MSP HS G-05.0 Informed Consent
MSP HS G-05.1 Right to Refuse Medical Treatment
MSP 4.5.63 Inmate Peer Mentor Program
MSP 4.5.100 Suicide Risk Management and Intervention
MSP 4.7.100 Interstate Compact Transfers
MSP 4.8.100 Contract Placement Bureau Operations
MSP 5.1.3 Inmate Community Work Programs & Projects
MSP 5.1.6 Wild Land Fire Crew
MSP 5.1.102 Inmate Participation in a Long-Term Work Program
MSP 5.1.104 Inmate Worker and Student Appreciation Day
MSP 5.3.1 Inmate Academic Education
MSP 5.3.2 Library Services
MSP 5.3.101 KMSP Closed Circuit Television
MSP 5.5.2 Inmate Organizations
MSP 5.5.3 Recreation Programs
MSP 5.5.4 Hobby Crafts Program
MSP 5.5.100 Food Sales and Inmate Handouts (D.S.)
MSP 5.5.101 Special Activities
MSP 5.5.103 Inmate Organization & Activity Sponsors
MSP 5.5.104 Inmate Housing Unit Representatives
MSP 5.6.1 Religious Programming

MSP Restricted Procedures

Certain procedures are restricted. If you have authorization, please click [here](#) to access the web links.



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 1.1.6a INCIDENT REPORTING
Effective Date:	September 4, 2001 Page 1 of 3 and no Attachments
Revision Date(s):	June 16, 2008, October 14, 2009, July 3, 2012, July 24, 2017, December 15, 2019, November 15, 2020
Reference(s):	DOC Policy 1.1.6
Signature:	/s/ Jim Salmonsens / Warden
Signature:	/s/ Gayle Butler / MCE Administrator

I. PURPOSE

To promptly document and report all incidents that may jeopardize or have the potential to jeopardize staff, inmates, visitors, operations, or the security of facility.

II. DEFINITIONS

Automated Notification System – An automated computer alert system with a set of standards and protocols used by Department of Corrections to report incidents that occur within applicable divisions, facilities and programs.

Incident – Any event, circumstance or behavior that could potentially jeopardize staff, inmates, or visitors or affect operations, safety or security or constitute a human rights violation.

Montana State Prison Command Post (MSP) – The location at Montana State Prison to which all Department divisions, facilities, and programs report Priority I incidents.

OMIS – Acronym for the Department's Offender Management Information System.

III. PROCEDURES

A. Documentation Requirements

1. Staff will document all observed incidents that may jeopardize staff, inmates, or visitors, or affect operations, safety, or security or constitute a human rights violation at MSP by filling out an incident report in the *OMIS 3.0 Production Corrections* Incident Management System. Staff will contact supervisory staff if they have a question(s) regarding the need to file an incident report.
2. Staff will complete all incident reports prior to end of their scheduled shift.
3. Incident reports will be maintained in the *OMIS 3.0 Production Corrections* Incident Management System.
4. All incident reports must be completed in a clear, concise, and accurate manner.
5. Issues related to Human Resources (HR) and interactions between personnel (such as complaints of harassment, discrimination, and hostile work environment) are confidential. Staff will report these incidents as outlined below:

- a. complaints and reports of harassment, discrimination, and hostile work environment should be reported directly and only to the (HR) department e.g., by hand delivering a printed incident report, email, or another method which will notify HR personnel of the complaint. If any complaint of harassment, discrimination, or hostile work environment pertains to behavior of a (HR) staff member, the reporting staff member will deliver the complaint to the Warden or designee.
- b. staff should include the names of all parties involved, the date(s), times, and location of the incident(s), and as much detail as possible in these reports; and
- c. although no specific form is required for filing a complaint with HR, *The Discrimination Complaint Form* is available online at cor.mt.gov/policy/forms

B. Reporting Requirements

1. All incident reports will be completed through the *OMIS 3.0 Production* Incident Management System. Handwritten reports will not be accepted by Command Post and will be required to be resubmitted in the appropriate format.
2. The process for submitting incident reports is as follows: (except as provided in A.5. relating to confidential report(s))
 - a. incident occurs
 - b. employee drafts report before concluding shift (or immediately after an incident report requested for an incident that was not immediately apparent that it needed to be reported)
 - c. employee prints a copy of their saved draft for their supervisor to review and sign.
 - 1) it is the responsibility of the supervisor reviewing the report(s) for accuracy completeness, and clarity, however, supervisors reviewing the report (s) for accuracy will not override or interfere with the writer's independent perception of the facts.
 - 2) it is the responsibility of the supervisor to return any report(s) lacking in accuracy, completeness, or clarity to the reporting officer. The supervisor will ensure the reporting officer is given instruction and the appropriate guidance needed for correcting and re-submitting the report(s);
 - d. the report (signed by the employee and their supervisor) is presented to Command Post staff for review and acceptance. Command Post will review report(s) for clarity and accuracy.
 - 1) Command Post may request an employee to correct something in their report or add missing information (without overriding or interfering with the writer's independent perception of the facts) prior to accepting the report.
 - e. employee returns to OMIS 3.0 and clicks submit for the report that was approved by their supervisor and Command Post
 - f. Command Post accepts report(s).
3. It is the Shift Commanders responsibility to determine the routing/distribution of each report and ensure copies are distributed accordingly:
4. Notifications made by the Shift Commander or Designee are as follows:
 - a. Priority I incidents response will consist of the following:

- 1) If an URGENT Priority I Incident occurs at MSP/MCE it is the responsibility of the Shift Commander or designee to immediately:
 - a) notify the Warden, Deputy Warden, MCE Administrator, Associate Wardens and Bureau Chiefs;
 - b) enter the Priority I incident into the automated alert system as outlined in *DOC Policy 1.1.6. Priority Incident Reporting And Acting Director*.
- b. Priority I incidents consist of the following:
 - 1) escape or serious escape attempts;
 - 2) use of force incidents resulting in discharge of a firearm and/or injury to employees, service providers, or offenders;
 - 3) inmate death;
 - 4) serious injury, life threatening accident, or illness requiring transportation off facility grounds;
 - 5) actual hostage action
 - 6) on-site violent act committed by an employee, on-site service provider, or visitor that may result in criminal charges;
 - 7) any incident that results in immediate public or media interest;
 - 8) serious assaults either inmate on inmate or inmate on staff resulting in injury;
 - 9) confirmed sexual assault by staff or offender
 - 10) medically advised reported or suspected illness from highly contagious diseases;
 - 11) significant property damage resulting from natural or man-made, public or inmate action;
 - 12) discovery of dangerous contraband; and
- a. equipment, communication system or security system malfunction resulting in disruption to facility or office operation. Priority II incidents consist of incidents that do not meet the criteria for Priority I.
- b. Priority II incidents response will consist of the following:
 - 1) incidents that do not meet the criteria for Priority I are categorized as Priority II and are reported through the established division, facility or program internal chain of command process; and
 - 2) in the event a designated authority within the chain of command analyzes the incident and reclassifies the incident as a Priority I, then the designated authority will follow the Priority I incidents response above.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Warden.

V. ATTACHMENTS

None



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure No.: MSP 1.1.8	Subject: MEDIA RELATIONS
Reference: DOC Policy No. 1.1.8	Page 1 of 4 plus one attachment
Effective Date: December 1, 1996	Revised: August 22, 2017
Signature / Title: /s/ Michael Fletcher / Warden	

I. PURPOSE

Montana State Prison will maintain positive and informative relationships with the public, the media, and other agencies with related functions. It will provide timely, complete, and accurate information on Department operations, accomplishments, critical incidents, and emergencies in compliance with all statutes that govern confidentiality and public information by balancing the public's right to know with the individual's right to privacy.

II. DEFINITIONS

Public Information Officer (PIO) – An official spokesperson designated by the administrator to provide day-to-day facility or program information to the public and news media.

News Media Representative – a qualified and properly identified representative of a newspaper, magazine, national/ international news service, and radio/ television station, or other individual seeking information for publication.

News Release – An official Department/MSP written statement distributed to the news media to inform the public and provide media coverage related to Department/MSP business.

Inmate – any person under the supervision of MSP.

News Media Plan – the written procedure that guides the PIO and/or designee in their day-to-day efforts to work effectively with the news media.

III. PROCEDURE

A. Media Relations/General Issues

1. The PIO will develop a media plan and a process for establishing and maintaining working relationships with the public and the news media.
2. When developing the media plan, the PIO will consult with the Department PIO to ensure that all plans are consistent.
3. The PIO will handle the day-to-day public and media relations duties of MSP, subject to the guidance and direction of the Warden, and in keeping with the Department and Governor's media plans.
4. The PIO must provide current and factual verbal and written information to the media; however, there may be times when the information that can be immediately released is limited due to confidentiality, necessary notification, safety, and security. In those cases, every effort will be made to provide the public and media with as much information as possible and to establish times when additional information may be available.

Procedure No.: MSP 1.1.8.	Subject: MEDIA RELATIONS
Effective Date: December 1, 1996	Page 2 of 4

B. Media Access to MSP

1. News media representatives may be approved to access MSP, its personnel, and inmates at reasonable times of the day and with proper notice. Final approval for access rests with the Warden or designee.
2. Media requests for authorization to enter MSP will be forwarded to the PIO.
3. Media persons requesting access to MSP will be required to pass security clearance requirements in accordance with *MSP Procedure 3.1.5, Entrance Procedures & Detainment of Non-Offenders*, and complete a *Media Access Information form* (attachment A).
4. The PIO will initiate criminal background checks on the person(s) requesting access, for security clearance. Only media persons who receive a security clearance may be allowed access to MSP.
5. Written requests by media to interview inmates must be processed in accordance with *DOC Policy 3.3.4, Media Access to Offenders*.

C. Media Spokesperson

1. The Warden and PIO are the authorized MSP spokespersons.
2. Staff will refer all media inquiries about official MSP business to the PIO or Warden. MSP staff will not comment to the news media unless specifically requested to do so by the Warden or the PIO.
3. MSP staff is not authorized to publish or release original printed materials developed by MSP or the Department without prior approval from the Warden or the Director.
4. MSP staff who wish to speak to the media as private citizens, not as representatives of the prison, must make those media contacts during off-duty hours, and must make it clear to the media that they are representing their own personal views, not those of MSP or the Department.

D. Media Calls/Inquiries

1. Media calls will be directed to the PIO, who will respond promptly, accurately, openly, and honestly. The following will be taken into consideration by the PIO or Warden when responding to inquiries from the media:
 - a. responses will be confined to providing information about the prison. Generally comments should not be made that pertain to official MSP activities, or operations and events at other department facilities/programs;
 - b. during an emergency, all public and media access to MSP may be limited. The Warden will instruct the PIO to periodically brief all media during emergencies. During emergency situations any media-briefing center must be established away from the location of tactical operations;
 - c. to maximize the flow of accurate and timely information about the prison, all requests for information will be answered, unless there is reason to question the legitimacy of the inquiry, an individual's right of privacy, or there are legitimate security issues; and
 - d. If the PIO has a question about releasing information to the press or public, the best course of action is to seek the advice of the Warden, Department PIO, or the Director's office. In cases where there may be a significant delay in responding to an inquiry, the PIO will explain the reasons for the delay and in the interim only provide information that can be released.

Procedure No.: MSP 1.1.8.	Subject: MEDIA RELATIONS
Effective Date: December 1, 1996	Page 3 of 4

E. Release of Information

1. Under normal circumstances, news media inquiries will be directed to and handled by the PIO. The following are some general guidelines relative to the release of information to the media and the public:
 - a. information about Non-restricted facility operations, policies, and procedures will only be released through the PIO or Warden;
 - b. the PIO is responsible for releasing information pertaining to MSP. The Department PIO may advise and assist the PIO in matters relating to national and international news media requests for access to, or information about a program. Any contact from a national or international news representative must be reported to the Department PIO as soon as possible. If a local reporter's inquiry involves an issue that is deemed controversial or impacts the Department, the Department PIO must be contacted as soon as possible;
 - c. MSP employees may not make official statements on behalf of the Montana State Prison unless authorized to do so by the PIO, Warden, or Department Director. Staff will refer all media inquiries about official MSP business to the PIO or Warden;
 - d. the PIO is responsible for notifying the media in the immediate area of news coverage about newsworthy incidents representing the complete range of prison operations and activities. The content of such notifications should be provided to the Department PIO on an as-needed basis, or in the event of an emergency, at the earliest possible opportunity; and
 - e. after normal duty hours, all media inquiries will be directed to the Shift Commander, who in turn will contact the PIO. If an inquiry pertains to an issue that may affect the entire prison, or generate significant media coverage, the PIO must contact the Warden and the Department PIO.

F. Typical Information Release Requirements

1. The PIO will provide accurate and complete information to the media on a regular basis. Efforts to inform the public (through a wide range of opportunities including but not limited to the media) about constructive correctional programs must be done on a routine basis in order for the public to be better informed about MSP activities.
2. Media requests for inmate information will be honored in a timely manner. Inmate information must be released in accordance with *DOC Policy 1.5.6, Offenders Records Access and Release*. If there is a question about the legitimacy of an inquiry or if there is an issue of confidentiality, requests should be referred to the Warden, Department PIO, or to Department Legal Counsel.
3. The identity of a deceased inmate will be withheld until next-of-kin have been notified, or 24 hours following death, whichever occurs first.
4. Information regarding psychiatric, medical, or juvenile criminal histories of inmates cannot be released under law.
5. Photographs of inmates may only be copied by news organizations when the Warden determines that there is no security risk involved.
6. Provided there is no direct threat to security, inmate interviews may only be authorized with written authorization by the inmate, and when appropriate, the inmate's attorney.
7. Media inquiries regarding staff must be referred to the Warden, who must consult with Department

Procedure No.: MSP 1.1.8.	Subject: MEDIA RELATIONS
Effective Date: December 1, 1996	Page 4 of 4

Legal office prior to releasing any information. Staff confidentiality is of utmost importance. Names of staff will not be included in news releases without staff consent.

8. Other information may be released to the news media at the discretion of the PIO. All news releases will be forwarded to the PIO for review.
9. In the event of an emergency the PIO will distribute releases to news organizations throughout the state.
10. The PIO will maintain a file of information released to the media. This file is available for review by media representatives who must schedule appointments to review these files during normal working hours.

G. News Clippings/ Videotaped News Coverage

1. When possible, the PIO should record radio or television news coverage involving MSP or the Department. The PIO should forward these recordings, and any newspaper clippings pertaining to MSP and Department activities, to the Department PIO.

H. Responsiveness to the Media

1. The Administration of MSP encourages a better public understanding of MSP program goals and operational procedures. This is accomplished, in part, as follows:
 - a. providing prompt, complete responses to all correspondence and other requests from the media;
 - b. participating in organizations and meetings that assure cooperation with other criminal justice agencies in information gathering, exchange, and standardization. This includes strategic and contingency planning at federal, state, and local levels;
 - c. providing access through structured tours in compliance with *MSP Procedure 1.1.10, MSP/MCE Tours*; and
 - d. meeting on a regular basis with media staff and editorial boards to address areas of mutual concern.

I. Film/ Movie Making Access to MSP

1. Inquiries about access to MSP by filmmakers, writers for non-news magazines, and others, will be directed to the Warden or PIO. Permission for access by these individuals will be considered on a case-by-case basis after consultation between the Warden and PIO, and discussion with the Department PIO. These inquiries are subject to policy and procedures regarding inmate confidentiality, and must attest to the credentials of the persons involved and the authenticity of the proposed project.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP PIO.

V. ATTACHMENT

Media Access Information Form

attachment A



MSP Media Access Information Form

Request for Access/Information

Media Person: _____ Affiliate of: _____

Called on: ____/____/____
(Date) (Time)

Regarding a Request For: _____

Does the story involve inmates? Yes No

If so, who? _____

Consent forms for inmate interviews?	Received:	Yes	No
Death sentenced inmate – Attorney consent form?	Received:	Yes	No

Does the story involve staff? Yes No

If so, who? _____

Photos/Film Footage being requested? Yes No

How much? Number of photos: _____ Film footage: _____

Requested duration of visit: _____

All equipment requesting to bring to MSP: _____

Number of Media Person(s) requesting to visit: _____

Name/position: _____ SS Number: _____ Age: _____ Gender: _____

Name/position: _____ SS Number: _____ Age: _____ Gender: _____

Name/position: _____ SS Number: _____ Age: _____ Gender: _____

Media Phone number: _____

Fax: _____



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 1.1.10 MSP/MCE TOURS	
Effective Date:	September 21, 2001	Page 1 of 5 and 6 Attachments
Revision Date(s):	May 13, 2009, August 22, 2017, February 19, 2020, October 15, 2021	
Reference(s):	DOC Policy 1.1.10	
Signature:	Jim Salmonsens / Warden	
Signature:	Gayle Butler/ MCE Administrator	

I. PURPOSE

To provide facility tours at Montana State Prison (MSP) and Montana Correctional Enterprises (MCE) to persons or groups with professional or academic interests while maintaining safety and security.

II. DEFINITIONS

Department Staff Family – for the purpose of this operational procedure includes the spouse, children, parents, siblings, foster children, foster parents, and/or grandchildren of DOC staff assigned to the MSP/MCE facility.

MCE Agricultural Tours – tours of MCE, outside of the fenced perimeter, such as the ranch, dairy and feedlot areas.

MSP/MCE Administrative Officer - An official designee designated by the administrator to provide facility or program information to the public.

III. PROCEDURES

A. Purpose of Tours

1. To familiarize legislators, judges, law enforcement, criminal justice personnel and other official visitors with the internal operations of Montana State Prison (MSP) and/or Montana Correctional Enterprises (MCE).
2. To provide an opportunity for selected victims of crime to observe the physical security of MSP to help alleviate any fears they may have associated with the secure whereabouts of inmates.
3. To provide family members of Department employees working at MSP/MCE and opportunity to observe the physical setting in which their family work.
4. To familiarize the media with facility operations, and to provide them with an opportunity to secure approved photographs and film footage for their files.
5. To provide tours for selected members of the general public and educational students who have an acceptable reason to observe the operations of MSP and/or MCE.
6. To familiarize selected community groups with the operations of MSP and /or MCE in order to promote community relations.

Subject: MSP/MCE TOURS

7. To provide MCE agricultural tours to students or other interested parties to observe MCE operations outside the fenced perimeter of MSP. Such tours may include school classes, FFA, 4H clubs, agricultural students, agricultural groups, etc. All tours of MCE agricultural programs must meet the supervision requirements as set forth in this operational procedure.
8. For the purpose of this operational procedure tours do not include vendors, Department employees, employees from other state agencies, other states corrections professionals, federal agencies or contracted facilities/individuals that have official business at MSP and/or MCE.
9. Parole Board and Sentence Review hearings are public meetings that may require consideration on a case-by-case basis by the Warden or designee.

B. Tour Requests

1. All written or verbal requests for tours of MSP/MCE must be forwarded to the MSP/MCE Administrative officer.
2. Upon receipt of a request the MSP/MCE Administrative officer will mail or fax a blank copy of an *MSP Tour Request Form* (attachment A), and *MSP Tour Agreement* (attachment D), and a copy of *MSP Visitor Rules* (attachment E), to the person requesting the tour with instruction to fill out the MSP Tour Request form and mail or fax it to the MSP/MCE Administrative officer at least 15 days prior to the tour.
3. If the MSP/MCE Administrative officer does not receive the completed request a minimum of 15 working days prior to the requested date of the tour, the tour may be denied, dependent of facility circumstances. Tour requests and criminal background checks that do not meet the advanced notice requirement are subject to the approval of the Warden/MCE Administrator or designee.
4. Tour requests for MCE agricultural tours or tours inside the single fenced perimeter of MCE operations will comply with the following additional steps:
 - a. the MSP Tour Request Form must be completed by the requesting person and given to the MCE Administrator or designee for approval/disapproval; and
 - b. if the tour is approved, the MSP Tour Request Form will forwarded to the MSP/MCE Administrative officer for processing. If tour request is disapproved, a copy of the request will be routed to the MSP/MCE Administrative officer and the requesting party will be notified..
5. Tour requests that will involve photographs or film footage must clearly state this on the tour request form along with the names of the person's authorized to carry and use such equipment. Prior to any photographs or film footage involving inmates the Inmate Interview/Photo Consent Form will be completed. The Warden/ MCE Administrator or designee will have final approval on all requests for photographs or film footage to be taken on tours.

C. Processing of Tour Requests

1. The MSP/MCE Administrative officer will proceed as follows:
 - a. initiate criminal background checks through NCIC on all persons listed on the Tour Requests form by filling out an *MSP Criminal Background Investigation form* (attachment C) for each participant.
 - b. MCE agricultural or MSP tour requests (outside of the fenced perimeter) security background checks through NCIC may not be required unless the tour will also involve operations inside

Subject: MSP/MCE TOURS

- of the fenced MSP perimeter. These forms must be forwarded to the AW of Security or designee at least five working days prior to the tour for approval or denial.
- c. the AW of Security or designee will forward a list of all persons approved for the tour to the MSP/MCE Administrative officer.
 - d. once the background checks are completed all written information will be shredded. No information from these checks will be released to anyone but the AW of Security or designee.
 - e. schedule experienced MSP or MCE staff to be the tour guide(s). Groups are limited to 15 persons per guide. Divided groups must tour separate areas simultaneously.
 - f. complete an *Authorization for Tour Form (attachment B)* using the list of approved persons and attach a copy of the tour request to the form.
 - g. forward the completed form (*attachment B*) to the AW of Security or designee for review., approval or denial of the tour
 - h. notify the person requesting the tour, by phone and/or in writing, of denial or approval.
 - i. if the tour is approved, the person requesting the tour will ensure copies of the *Tour Rules and Agreements (attachment D & E)* will be sent to all persons participating in the tour.
 - 1) each person participating in the tour will read the forms.
 - j. the Administrative officer will communicate the following to participants:
 - 1) directions to the facility
 - 2) required check in procedures; and
 - 3) who the tour guide(s) will be if other than the MSP/MCE
 - k. send a copy of the approved *Authorization for Tour form (attachment B)* to all affected areas (housing units, work areas, Shift Commander, Lobby Officer, Checkpoint, Tour Guide, etc.);
 - l. all MCE agricultural tours involving students under the age of 18 will require a *parent/guardian release form (see attachment F)*. Parent/guardian release form must be signed and returned prior to the tour; and
 - m. if a tour request is denied, an appeal may be requested. The Warden / MCE Administrator or designee will review the appeal and render a decision.
2. The Tour Guide(s) will proceed as follows:
- a. arrange to have another employee assist in the tour if they determine the tour plan does not provide adequate supervision.
 - b. chit out a handheld radio from Main Control.
 - c. meet the group at the front entrance Lobby Officer post or the MCE Accounting office depending on where the tour is to be given.
 - d. have each participant read and sign a *Tour Agreement form (attachment D)*, and a PREA acknowledgement form.
 - e. explain the entrance processing procedure to the group and assist the Lobby Officer or MCE staff member with the processing.
 - f. take the group into an area for a brief introduction. The available areas are as follows:
 - 1) visitors' entrance area.
 - 2) the Administration Building lobby.
 - 3) Warden's Conference Room (needs to be scheduled).
 - 4) or one of the two MCE conference rooms, if the tour is for MCE programs.
3. The introduction of the tour must cover guidelines for the tour and a brief overview of the agenda. This includes, but is not limited to:

- a. inform the group that in the event of an emergency, they will be escorted to the nearest safe zone to wait for further instructions from the Command Post. Remind them not to leave the group, and to stay with the guide(s) at all times.
 - b. arrange to have Department Heads or housing unit staff give a brief presentation when the tour is in their area if possible.
 - c. monitor and supervise tour members during the tour. Should an individual stray from the group, or fail to follow staff direction, the tour will be terminated and exit procedures will be implemented; and
 - d. upon completion of the tour, escort the tour group to the front entrance for exit processing.
4. The tour guide for MCE agricultural tours will follow the guidelines listed below:
- a. check out a handheld radio from the MCE Accounting office.
 - b. tour participants will meet at the MCE Accounting office to exchange their photo identification card with a visitor's ID badge. .
 - c. the tour guide or MCE staff member will ensure that all forms have been signed, including the tour agreement form and PREA acknowledgement form. For tours that include minors under the age of 18, the tour guide will ensure that the parental release form is provided.
 - d. perform check for adherence to property and clothing requirements.
 - e. explain the guidelines for the tour, tour agreement form and a brief overview of the agenda. The Warden/MCE Administrator or designee may meet briefly with the group at this time if he or she is not accompanying the tour.
 - f. inform the group that if an emergency situation arises, they will be escorted to the Ranch Office or other assigned safety zone as soon as cleared to do so by the Command Post. Remind them not to leave the tour group, and to stay with the tour guide(s) at all times.
 - g. clear the tour group through the MSP Check Point location.
 - h. arrange to have civilian staff give a brief presentation when the tour is in their area, when feasible.
 - i. monitor and supervise tour members during the tour. Should an individual stray from the group, or fail to follow staff direction, the tour may be suspended until that individual has been removed from the tour group.
 - j. assemble the tour group in a meeting room for a questions/answer period when the tour is complete (if time permits). The Warden/MCE Administrator, Program Director or their designee may elect to participate.
 - k. exchange the photo IDs for the visitor badges when the tour group is ready to leave. Ensure all participants on a tour and visitor badges are accounted for; and
 - l. ensure proper security procedures are executed prior to the touring group leaving MSP/MCE.
5. The Lobby Officer will ensure all exit and entrance procedures are followed in accordance with *MSP Procedure 3.1.5, Entrance Procedures & Detainment of Non-Offenders* and post orders. Questions involving unusual circumstances must be forwarded to the Shift Commander.

D. Restrictions/Requirements

1. There may be a limit to the number of tours offered per month due to operational needs. Larger group tours may be approved on a case-by-case basis, as approved by the Warden/MCE Administrator.
2. Bus/vehicle tours may be approved on a case-by-case basis and the tour will consist of the following:

Subject: MSP/MCE TOURS

- a. an experienced MSP/MCE staff member must accompany and directly supervise these tours.
 - b. there is no age restriction for bus/vehicle tours; and
 - c. the driver and tour group members must remain on the bus/vehicle from the time they are cleared for entry at Checkpoint until they are cleared for exit at Checkpoint.
3. Except as provided for Department staff family members (see section g. below), the following age restrictions apply to tours:
- a. double fenced compound – individuals must be 16 years of age or older.
 - b. single fenced compound – individuals must be sixth graders or older.
 - c. outside the fenced compound (including MCE agricultural tours) - individuals must be sixth graders or older.
 - d. all tour participants under the age of 18, regardless of the type of tour, must submit a signed *MSP/MCE Visitor Release form (attachment F)* prior to the final tour approval.
 - e. vehicular tours must be accompanied at all times by at least one MSP/MCE staff member per vehicle.
 - f. student or youth program tours will consist of the following:
 - 1) there must be one teacher/sponsor and one MSP/MCE staff member per 15 tour participants. At least one additional teacher/sponsor and one MSP/MCE staff member are required for tour groups with over 15 participants, as approved by the Warden / MCE Administrator.
 - 2) the MSP/MCE staff member(s) will ensure the tour group stays together at all times, and that no participant is left unattended; and
 - 3) contact with inmates will be limited to observation of performance of job duties or explanation of what is being done.
 - g. Department staff assigned to operations at the MSP/MCE facility may request authorization to tour family members under the age of 16 on a case-by-case basis, with the final approval authority being the Warden / MCE Administrator or designee.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP/MCE Administrative Officer

V. ATTACHMENTS

Tour Request Form	attachment A
Authorization for Tour form	attachment B
Background Investigation form	attachment C
Tour Agreement	attachment D
Visitor Rules	attachment E
MSP/MCE Visitor Release form (required for minor children)	attachment F



MONTANA STATE PRISON

Name of Tour Group/ Affiliation:

Requested Date of Tour:

Purpose of Tour:

Number of Participants (limit 15):

Participants: (all sections must be completed for approval)

- | | | |
|--|--|--|
| 1. Name:
Soc. Sec. No.:
Gender:
Date of Birth: / / | 2. Name:
Soc. Sec. No.:
Gender:
Date of Birth: / / | 3. Name:
Soc. Sec. No.:
Gender:
Date of Birth: / / |
| 4. Name:
Soc. Sec. No.:
Gender:
Date of Birth: / / | 5. Name:
Soc. Sec. No.:
Gender:
Date of Birth: / / | 6. Name:
Soc. Sec. No.:
Gender:
Date of Birth: / / |
| 7. Name:
Soc. Sec. No.:
Gender:
Date of Birth: / / | 8. Name:
Soc. Sec. No.:
Gender:
Date of Birth: / / | 9. Name:
Soc. Sec. No.:
Gender:
Date of Birth: / / |
| 10. Name:
Soc. Sec. No.:
Gender:
Date of Birth: / / | 11. Name:
Soc. Sec. No.:
Gender:
Date of Birth: / / | 12. Name:
Soc. Sec. No.:
Gender:
Date of Birth: / / |
| 13. Name:
Soc. Sec. No.:
Gender:
Date of Birth: / / | 14. Name:
Soc. Sec. No.:
Gender:
Date of Birth: / / | 15. Name:
Soc. Sec. No.:
Gender:
Date of Birth: / / |

Instructions:

The person organizing the tour must fill out the above sections and mail or fax it to the MSP Public Information Officer at least 15 days prior to the date of the tour.



MONTANA STATE PRISON AUTHORIZATION FOR TOUR

NAME OF TOUR GROUP:

LOCATION:

MSP

DATE OF TOUR:

TIME FRAME:

Start:

Finish:

TOUR PARTICIPANTS AND ADDRESSES:

BACKGROUND CHECKS COMPLETED BY:

Name and Title

APPROVED: Yes __ No __

ITINERARY: (include specific locations and times)

PURPOSE OF TOUR:

MSP/MCE Administrative Officer

Shift Commander

A.W. of Security/Designee

copies to: Warden
 MSP/MCE Administrative Officer
 Main Control
 MCE Administrator

Command Post Lobby Officer
Checkpoint AW of Security
Tour Locations (from Itinerary above)



MSP Criminal Background Investigation

Name: _____ Social Security Number: _____
 Last First Middle

_(M) Male _(F) Female

Date of Birth (month/day/year): _____

Reason for entering Montana State Prison:

Staff Requesting NCIC Check:

Space below is for Montana State Prison remarks:

Date: _____ CJIN Operator: _____
__ Approved __ Denied A.W. of Security/ (designee): _____ Date: _____



MONTANA STATE PRISON TOUR AGREEMENT

Your presence at Montana State Prison/ Montana Correctional Enterprises will be in accordance with *MSP 1.1.10, Montana State Prison Tours*. Please take a minute and read these rules and agreement before signing.

1. I will provide a state driver's identification card before admittance to Montana State Prison/Montana Correctional Enterprises. Media are also required to present official media business identification.
2. I will not bring onto Prison property anything which may constitute contraband either legal or illegal, pursuant to federal or state statute, rule or policy, including any firearm, dangerous weapon, implement of escape, explosive, alcoholic beverage, narcotic or any other item creating a threat to the safety, security, or management of the Prison. Tobacco or tobacco paraphernalia must be secured in a locked vehicle.
3. I will submit to a reasonable search (metal detector) and pat search of myself and equipment as considered necessary by Montana State Prison for entry into the prison.
4. I will be dressed in a manner that will not distract, disturb or be offensive to staff, inmates or other visitors. Please see the attached clothing requirements.
5. I will conduct myself in a lawful and orderly manner during my visit to Montana State Prison.
6. I will comply with all directives of correctional personnel while on prison property and will remain with the tour at all times.
7. I will not exchange written information with inmates while touring Montana State Prison.
8. I understand that potential risks exist in a correctional facility, and in the event of an emergency I will remain with the tour guide and wait further instructions.

By signing this agreement, I agree to comply with its conditions and understand that failure to abide by them will result in my removal from prison property. No one will be permitted on the tour without first having read and signed this form.

NAME (Please Print)

SIGNATURE

MSP/MCE REPRESENTATIVE (Witness)

/ /
DATE



VISITOR RULES

Notice to all prospective visitors of Montana State Prison (MSP) and Montana Correctional Enterprises (MCE).

To provide for the safety of guests at the prison, all visitors must receive prior written approval. Criminal background checks are required prior to clearance into the MSP single or double fenced perimeter.

All visitors are required to stop at the Checkpoint and identify themselves to the Checkpoint Officer, informing him of the reason for the visit and providing identification as requested. The Checkpoint Officer has the authority to search all vehicles and to deny entrance to prison property.

Visitors must park in the main "employee" parking lot located in front of the Administrative Building. For MCE agricultural tours visitors will park in the MCE Ranch office parking lot located in front of the log cabin building before the MSP Check Point location.

All personal items carried into the front entrance by visitors must be presented to the entrance post staff for approval to be brought into the secure compound. All items not allowed must be returned to, and secured in, the visitor's vehicle. These items must be kept to a minimum.

MSP/MCE does not have storage areas for personal items and is not responsible for items lost or stolen. Cameras and recording devices are not permitted inside the prison without proper written approval from the Warden, MCE Administrator, Security Major or designee. Cell phones are not permitted inside the prison compound.

Visitors must provide a photo ID such as a driver's license, student ID or media identification card as proof of identity at check-in. Students without IDs will be identified by the sponsor and matched to the visitor release form for minor children. The ID will be surrendered at check-in and replaced by a visitor's badge, which must be kept visible at all times.

Clothing requirements: Dress conservatively. This is an adult male facility. Tours usually require extensive outdoor walking, so please wear comfortable shoes as well as comfortable clothing.

The following clothing restrictions apply:

- No spandex tops or pants
- No leotards, or leggings
- No attire that resembles or reflects gang attire, i.e., colored bandanas that are associated with gang affiliation
- No mini-skirts, mini-dresses, shorts, skorts, or culottes (at or above the knee)
- No excessively baggy clothing
- No tube tops, tank tops, halter tops, sleeveless tops
- No transparent or see-through clothing
- No skin revealing shirts or dresses with skin revealing slits
- No clothing with designs that promote illegal drugs, alcohol, or sexual behavior
- No camouflage clothing
- Female visitors must wear a bra at all times; a slip must be worn with a dress
- All visitors must wear proper undergarments (bra, slip, underwear)

All visitors will be required to clear a metal detector and may be subject to pat-down searches in accordance with *MSP 3.1.17a Searches*.

Visitors are required to sign an Agreement form. This form indicates that visitors agree to comply with the rules of the prison and that failure to abide by the rules will result in the immediate cancellation of the visit, or tour, plus removal from prison property. A MSP or MCE employee must escort visitors throughout the prison.



MSP/MCE VISITOR RELEASE FORM

Required for Minor Children

I, _____, the parent or legal guardian of _____
(Print Name) (Name of child – Print Name)
do hereby give permission for my child to enter Montana State Prison (MSP) and or Montana Correctional Enterprises (MCE) property.

MSP houses, maximum, close (high) medium, and minimum (low) custody adult male inmates inside a secure perimeter, and assigns job to, and houses, some minimum (low) custody inmates in a variety of enterprises outside the secure perimeter.

As a parent or legal guardian, I understand the MSP/MCE staff will do everything possible to prevent any accidents. However, I fully understand that entry onto the MSP/MCE property involves inherent risks, regardless of all feasible safety measures that may be taken by MSP/MCE. In consideration of MSP/MCE's agreement to allow the above named child entry onto MSP/MCE property, I agree to accept responsibility for any loss, damage, or injury to this child that occurs during his/her visit to MSP/MCE, that is not the result of fraud, willful injury to a person or property, or the willful or negligent violation of a law by an inmate, trustee, employee or agent of MSP/MCE.

In the event it becomes necessary for MSP/MCE staff in charge to obtain emergency care for the above named child while at MSP/MCE, I agree to assume financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.

Parent or Guardian: _____ Date: _____
(Signature)

Address: _____

Telephone Number: _____



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 1.1.17 PRISON RAPE ELIMINATION ACT OF 2003 (PREA)
Effective Date:	July 08, 2014 Page 1 of 19 and 11 Attachments
Revision Date(s):	July 18, 2018, April 17, 2020, April 30, 2021, July 7, 2021
Reference(s):	DOC Policy 1.1.17
Signature:	/s/ Jim Salmonsens / Warden

I. PURPOSE

The Montana State Prison has zero tolerance relating to all forms of sexual abuse and sexual harassment in accordance with the standards set forth in the *Prison Rape Elimination Act of 2003*.

II. DEFINITIONS

Administrative Investigation – Any agency investigation that is not conducted for the purpose of law enforcement or criminal prosecution.

Administrator – The official, regardless of local title (division or facility administrator, bureau chief, warden, superintendent), ultimately responsible for the division, facility, or program operation and management.

Confidential – Information to be shared only by order of a court or with those whose official capacity dictates their absolute need to know.

Criminal Investigation – A formal investigation by a law enforcement agency having jurisdiction (LEAJ) or by a Department of Corrections criminal investigator to discover whether there is probable cause to believe that criminal conduct has occurred.

Criminal Investigator – A Department of Corrections investigator in the Office of Investigations with sworn Peace Officer authority established through a Memorandum of Understanding with the Montana Department of Justice, Division of Criminal Investigations.

Department Employee (Employee) – A person employed by the Department of Corrections who has attained permanent status or is eligible to attain permanent status, as provided in 2-18-601, MCA; volunteers, interns, temporary and short-term workers; this term does not include service providers.

Garrity Warning – Formal advisement given to an individual during an administrative investigation when potential for criminal charges may exist. Neither the individual's answers nor the fruits of those answers may be used against the individual in a subsequent or concurrent criminal prosecution.

Incarcerated Inmate – Any individual detained in a Department-owned, operated, or contracted facility that is sentenced or committed to Department of Corrections supervision.

Intersex – A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex-development.

Subject: PRISON RAPE ELIMINATION ACT (PREA)

Investigation – A formal fact-finding activity for the specific purpose of addressing complaints or allegations, incident(s) or report(s) of sexual abuse or sexual harassment of an offender. Investigations may include, but are not limited to interviews, surveillance, review of electronic and paper records, correspondence, and other information storage devices.

Investigator – The designated Department employee assigned to conduct official investigation(s) of a complaint(s), allegations(s), incident(s), or report(s) of sexual abuse or sexual harassment of an offender.

Law Enforcement Agency of Jurisdiction (LEAJ) – The government agency, i.e., sheriff's office or local police department, operating within their defined area of responsibility.

PREA Compliance Manager (PCM) – The facility position responsible to work with the PREA Coordinator in the administration and management of the facility PREA program, including but not limited to compliance, procedure development, staff training, inmate education, and records and statistical tracking.

PREA Coordinator – The Department position responsible for administration and management of the Department-wide PREA program including but not limited to compliance, policy and procedure development, staff training, inmate education, and records and statistical tracking.

Qualified Health Care Professionals – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for inmates, including contracted or fee-for-service professionals.

Qualified Mental Health Professionals – Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, licensed professional counselors and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of inmates.

Service Providers – This term includes contracted persons or other vendors providing service whose assignment is primarily on Department premises, e.g., facility or program office.

Sexual abuse of an inmate by another inmate – Sexual acts, sexual contact or any other intentional touching, either directly, through the clothing with an object of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation, in which the victim does not consent, is coerced by overt or implied threats of violence, or is unable to consent or refuse.

Sexual abuse of an inmate by an employee(s), volunteer(s) or service provider(s) – Sexual acts, sexual contact or any other intentional contact, either directly, through the clothing or with an object, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, any attempt, threat, or request by an employee or service provider to engage in these activities, any display by an employee or service provider of his or her uncovered genitals, buttocks, or breast in the presence of an inmate, or voyeurism by an employee or service provider, when these acts are unrelated to official duties or where the employee or service provider has the intent to abuse, arouse, or gratify sexual desire.

Sexual Harassment of an Inmate by Another Inmate – Repeated and unwelcomed:

- a) sexual advances.
- b) requests for sexual favors; or,
- c) verbal comments, gestures, or actions of a derogatory or offensive sexual nature.

Subject: PRISON RAPE ELIMINATION ACT (PREA)

Sexual Harassment of an Inmate by an Employee(s), Volunteer(s) or Service Provider(s) – Repeated verbal comments or gestures of a sexual nature to an inmate by an employee or service provider, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Substantiated – An event was investigated and determined to have occurred, based upon the preponderance of evidence.

Transgender – A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Unfounded – An event was determined not to have occurred.

Unsubstantiated – Evidence was insufficient to meet the preponderance of the evidence to make a final determination as to whether or not the event occurred.

Volunteer – Any person who has been approved to provide services for Department programs without compensation.

Voyeurism – An invasion of privacy of an inmate by an employee or service provider for reasons unrelated to official duties.

III. DEPARTMENT DIRECTIVES

A. General Requirements

1. MSP will comply with all applicable standards under *28 CFR Part 115, Prison Rape Elimination Act of 2003*. Documentation of compliance with all standards will be maintained by the facility in the reasonable department(s).
2. All staff will immediately respond to allegations of sexual abuse and sexual harassment.
3. Designated investigators will fully investigate reported incidents. Supervisors will pursue disciplinary action and refer for investigation those who violate the requirements set forth in this procedure.
4. The Warden, or designee, will assign a PREA Compliance Manager responsible for the following:
 - a. coordinating facility PREA-related activities with the PREA Coordinator;
 - b. ensuring facility compliance with all PREA standards;
 - c. ensuring facility compliance with PREA training requirements; and
 - d. tracking and reporting PREA allegations and statistics to the Department PREA Coordinator.

B. Prevention and Intervention

1. Employees must be alert to situations in which sexual abuse or sexual harassment might occur and be capable of identifying indicators of sexual abuse and sexual harassment.
2. Any new contract or contract renewal for the confinement of inmates will include the contract entity's obligation to adopt and comply with the PREA standards and a provision for the department to monitor the contract to ensure the contractor is complying with the PREA standards.

Subject: PRISON RAPE ELIMINATION ACT (PREA)

3. When planning any substantial expansion or modification of existing facilities, the facility and the department must consider the effect of the design, acquisition, expansion, or modification upon the facility's and department's ability to protect inmates from sexual abuse. The PCM must be notified at the beginning of any planning phase for expansion or modifications.
4. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility and department must consider how such technology may enhance the facility's and department's ability to protect inmates from sexual abuse. The PCM must be notified at the beginning of any planning phase for installing or updating technology.
5. The Warden in consultation with the PCM and any other staff deemed appropriate, will develop, document, and make best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. In circumstances where the staffing plan is not complied with, the facility will document and justify all deviations from the plan within the Command Post Daily Report and, on the staff schedule itself. The documentation will be retained within Command Post for a minimum of one-year for reference. Archived forms will be routed to property for storage to be kept for a minimum of 3 years.
6. The Warden, or designee, will review the staffing plan annually, in consultation with the PREA Coordinator, to assess and document whether adjustments are needed. The meeting will be documented, and notes kept by the PCM for future reference.
7. The Warden will require intermediate-level and higher-level staff to conduct random unannounced rounds to identify and deter employee or service provider sexual abuse and sexual harassment. These rounds must be documented in an unannounced rounds log and cover all shifts and all areas of the facility. Staff is prohibited from alerting others of the conduct of such rounds. The following positions are responsible for these rounds.
 - a. Warden
 - b. Associate Warden(s)
 - c. Captains
 - d. Lieutenants
 - e. Staff Sergeants
 - f. Program Manager(s) as selected by the Warden.
8. MSP will identify, assess, and manage inmates with special needs, including those who are potentially vulnerable or dangerous, to provide safe housing, adequate protection, and programmatic resources to meet their needs in accordance with *DOC Policy Special Needs Offenders* and *MSP Procedure 4.2.2 Special Needs Inmates*, and *MSP Procedure 4.2.1 Inmate Classification*.
9. Transgender and intersex inmates will be given the opportunity to shower separately from other inmates either through physical separation by separate shower stalls, or by time-phasing or scheduling of showers. Transgender or intersex inmates may send an *Offender/Staff Request* (OSR) to the Unit Manager, or Shift Commander requesting the accommodation. All inmate accommodations will be made through a collaborated effort by the Unit Manager and Shift Commander; and each accommodation will be done on a case by case basis.

Subject: PRISON RAPE ELIMINATION ACT (PREA)

10. Staff will follow *MSP 4.2.1 Inmate Classification* and will not place lesbian, gay, bisexual, intersex, or transgender inmates in dedicated units, or wings solely on the basis of such identification or status.
11. Victims of sexual abuse and inmates at high risk for sexual victimization will not be placed in segregated housing for protective purposes unless an assessment of all available alternatives has been made and a determination is made that there is no alternative means of separation. The assessment is completed by the Unit Management Team or Command Post if a member of the Unit Management Team is not on site at the time of the occurrence. If MSP cannot conduct such an assessment immediately, MSP may hold the inmate in segregated housing for up to 24 hours while completing the assessment. The facility will clearly document the basis for the facility's concern for the inmate's safety and the reason no alternative means of separation could be arranged on the ADR. MSP will review each inmate placed in segregated housing for protective purposes every 30 days in accordance with *MSP Procedure 4.2.1 Inmate Classification*.
12. Inmates placed in segregated housing for protective purposes will have access to programs, privileges, education, and work opportunities to the extent possible. If access is restricted, the facility will document what opportunities have been limited, the duration of the limitation and the reasons for such limitations in accordance with *MSP Procedure 4.2.1 Inmate Classification*.

C. Training

1. Prior to working with inmates, all employees with direct and/or incidental contact with inmates which includes visual, physical, or audio contact must receive documented PREA training. If an employee is unable to attend comprehensive PREA classroom training prior to contact with inmates, they must receive pre-service training in the form of reviewing the PREA policy and a PREA brochure and signing an acknowledgement form. The employee must then attend the next available classroom training. Human Resources will track these and ensure completion occurs as required.
2. Comprehensive classroom training and pre-service training will include, but is not limited to:
 - a. review of this procedure, *DOC Policy 1.1.17 PREA*, *DOC Policy 1.3.12 Staff Association and Conduct with Offenders*, appropriate site-specific procedures, and other applicable state or federal laws;
 - b. the agency's zero tolerance policy for sexual abuse and sexual harassment;
 - c. how employees and service providers fulfill their responsibilities under the MSP and department's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 - d. an inmate's right to be free from sexual abuse and sexual harassment;
 - e. inmate and employee rights to be free from retaliation for reporting sexual abuse and harassment.
 - f. the dynamics of sexual abuse and harassment in confinement;
 - g. common reactions of sexual harassment victims;
 - h. how to detect and respond to signs of threatened and actual sexual abuse;
 - i. how to avoid inappropriate relationships with inmates;
 - j. how to communicate effectively and professionally with inmates who might be lesbian, gay, bisexual, transgender, intersex (LGBTI) or gender nonconforming;

Subject: PRISON RAPE ELIMINATION ACT (PREA)

- k. how to comply with relevant laws related to mandatory reporting to sexual abuse to outside authorities.
 - l. MSP procedures on sharing confidential information; and
 - m. gender-specific information tailored to the gender of the inmates at MSP.
3. Each employee will attend refresher training in odd number years to cover the topics in C.2 above. In even number years, employees will receive refresher information on current sexual abuse and sexual harassment policies. MSP trainers will schedule and conduct this training in conjunction with the Department Professional Development Bureau. The Warden will ensure compliance by sending the notice for this training.
 4. All volunteers and service providers who have visual, physical, or audio contact with inmates will be trained at a minimum on the Department's zero tolerance policy and corresponding MSP Procedure concerning sexual abuse and harassment, prevention, detection, and response methods, and how to report such incidents. The level and type of training provided to volunteers and service providers will be based on the services they provide and the level of contact they have with inmates and could rise to the level of employee training referenced in C.2. above. Volunteers and service providers will sign a training acknowledgement form. The PCM will keep the documentation of this training.
 5. Medical and mental Health providers will receive additional, specialized training relevant to their roles in detecting and assessing signs of sexual abuse and sexual harassment, preservation of evidence and responding effectively to victims of sexual abuse and sexual harassment. The documentation of this training will be kept in the official employee training record and in the appropriate related department. Copies will be forwarded to the PCM.
 6. Employees who conduct sexual abuse investigations will receive additional training in conducting such investigations in confinement settings, to include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collections, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This training is conducted by the PREA Coordinator and DOC investigators, or designees.
 7. All training will be documented, through signature or electronic verification, showing acknowledgement that the employee, volunteer, or service provider received and understood the training. For comprehensive training, staff will use the Comprehensive *PREA Training Acknowledgement*.

D. Inmate Education

1. Within 72 hours of facility intake for inmates, employees will communicate to inmates, verbally and in writing:
 - a. information about the Department's zero tolerance of sexual abuse and sexual harassment.
 - b. how to report incidents or suspicions of abuse or harassment; and
 - c. this procedure, *DOC 1.3.12 Staff Association and Conduct with Offenders*, *DOC 3.3.3 Inmate Grievance Program*, and corresponding MSP Procedures.
 - d. documentation of this communication will be retained in the inmate's mini-file under the PREA section and scanned and uploaded into SharePoint.
2. Within 30 days of intake, MSP will provide education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free

Subject: PRISON RAPE ELIMINATION ACT (PREA)

from retaliation for reporting such incidents, and regarding facility procedures for reporting and responding to such incidents.

- a. this documentation is completed by the admissions staff, case manager(s), or designees.
 - b. documentation of this communication will be retained in the inmates mini-file under the PREA section and scanned and uploaded into SharePoint.
3. Inmates will receive education upon transfer from a different facility regarding any PREA-related policies and procedures of MSP that differ from those of the previous facility.
 - a. this documentation is completed by the admissions staff, case manager(s), or designees.
 - b. documentation of this communication will be retained in the inmates mini-file under the PREA section and scanned and uploaded into SharePoint.
 4. MSP must take appropriate steps to ensure inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Such steps will include access to interpreters and written materials provided in formats or through methods that ensure effective communication. The facility will provide the inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Utilization of the interpreter service will be offered as an option for these inmates if it meets their identified needs.
 5. MSP will maintain documentation of inmate participation in PREA education sessions and have inmates sign an acknowledgement form.
 6. MSP will ensure that PREA information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. Unit Managers are responsible for monthly checks in their units, and supervisors are responsible for monthly checks of the general building areas. The PCM is responsible for random checks to ensure compliance.

E. Screening for Risk of Victimization or Abusiveness

1. Risk assessment of all inmates using an objective screening instrument for victimization or or abusiveness will take place within 72 hours of intake into MSP.
 - a. this documentation is completed by the admissions staff, case manager(s), or designees.
 - b. documentation of this communication will be retained in the inmate's mini-file under the PREA section and scanned and uploaded into SharePoint.
2. Within 30 days of intake the facility will reassess the inmate's risk of victimization or abusiveness, taking into consideration any additional relevant information received by MSP since the initial screening.
 - a. this documentation is completed by the admissions staff, case manager(s), or designees.
 - b. documentation of this communication will be retained in the inmate's mini-file under the PREA section and scanned and uploaded into SharePoint.
3. MSP will conduct additional screening assessments when warranted based on any new information, referral, request, or incident of sexual abuse. The PCM will send a reminder notice when necessary to ensure the designated staff complete these tasks. Verification of completion will be submitted to the PCM to add to the official case record.

Subject: PRISON RAPE ELIMINATION ACT (PREA)

4. The PREA Risk Assessment will consider, at a minimum, the following criteria for risk of sexual victimization:
 - a. whether the inmate has a mental, physical, or developmental disability;
 - b. the age of the inmate;
 - c. the physical build of the inmate;
 - d. whether the inmate has previously been incarcerated;
 - e. whether the inmate's criminal history is exclusively nonviolent;
 - f. whether the inmate has prior convictions for sex offenses against an adult or child;
 - g. whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
 - h. whether the inmate has previously experienced sexual victimization; and
 - i. the inmate's own perception of vulnerability.
5. The screening will consider prior acts of sexual abuse, prior convictions for violent offences, and history of prior institutional violence or sexual abuse in assessing the inmate's risk for being sexual abusive.
6. Inmates will not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked during screening or reassessment.
7. When the risk assessment indicates an inmate has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in the community or in an institutional setting, the facility will ensure the inmate is offered a follow-up meeting with a qualified mental health professional within 14 days of the assessment. Risk Assessment and Mental Health Referral Form will be forwarded to the mental health department for notification. The sending party will also upload The Risk Assessment and Mental Health Referral into SharePoint. Mental Health personnel will complete the mental health section of the Risk Assessment and have the inmate sign. Completed forms will be uploaded into SharePoint. Documentation of this follow-up will be retained by the mental health department and verification of completion will be sent to the requesting staff member to be added to the mini-file.
8. Information from the risk assessment for victimization or abusiveness will be provided on a need to know basis to individuals who make housing, bed, work, education, and program assignments and used with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. This information will be uploaded into OMIS in the "Special Management Designation" section for reference when making such decisions and the risk assessment form will be kept in the inmate mini-file, in the PREA section.
9. Transgender and intersex inmates will be referred to the Department's Transgender and Intersex Inmate Placement Review Committee for review of the inmate's facility placement. When determining other housing and programming assignments for transgender and intersex inmates within the facility, MSP will consider on a case-by-case basis the placement's effect on the inmate's safety, whether the placement would present management or security problems, and whether such placement would likely endanger the safety of other inmates. These will be reviewed by the Warden or designee.
10. Placement and programming assignments for each transgender or intersex inmate will be reassessed at least twice a year to review any threats to safety experienced by the inmate. A

Subject: PRISON RAPE ELIMINATION ACT (PREA)

transgender or intersex inmate's own view with respect to his or her own safety will be given serious consideration. These are completed by the case manager as ordered by the PCM. Mental Health professionals will assist in this process if deemed appropriate.

F. Inmate Reporting

1. MSP will provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents.
2. MSP will provide at least one way for inmates to report abuse or harassment to a public or private entity that is not part of the department, and that is able to receive and immediately forward any reports from inmates of any sexual abuse or harassment to facility or department officials, allowing the inmate to remain anonymous upon request. The contact information for this agency will be made available to inmates through an educational pamphlet and posters.
3. Inmates who are victims of or have knowledge of sexual abuse or sexual harassment should immediately report the incident by one of the following methods:
 - a. report the incident to an employee or service provider verbally, in writing, anonymously or through a third party.
 - b. utilize the "locked box" formal grievance procedure in accordance with *MSP Procedure 3.3.3 Inmate Grievance Program*;
 - c. use the Department-approved external agency for confidential reporting; or
 - d. use the inmate phone system following the instructions on the phone to leave a message for a designated MSP employee.
4. Employees, volunteers and service providers will accept reports verbally, in writing, anonymously, and from third parties and will immediately document any verbal reports via the incident report form. These will be submitted immediately upon completion to Command Post.
5. Reports made in bad faith, which includes deliberately malicious reports by inmates or other parties, will result disciplinary action and/or criminal charges.

G. First Responder Duties

1. Upon learning of an allegation that an inmate was sexually abused, the first security staff to respond to the report will:
 - a. separate the alleged victim and alleged perpetrator;
 - b. preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in accordance with *DOC 3.1.28 Crime Scene and Physical Evidence Preservation*.
 - c. if the abuse allegedly occurred within a time period that allows for the collection of physical evidence, typically 72 hours, request that the alleged victim and ensure that the alleged abuser not take any actions that could destroy physical evidence such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Subject: PRISON RAPE ELIMINATION ACT (PREA)

2. If the first employee, volunteer or service provider to learn of an allegation that an inmate was sexually abused is not security staff, the employee, volunteer or service provider will request that the alleged victim not take any actions that could destroy physical evidence, take reasonable steps to ensure the victim's safety, and immediately notify security staff.
3. The Warden in conjunction with the PCM will maintain a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among employee and service provider first responders, medical and mental health practitioners, investigators, and facility leadership. The Coordinated Response Plan will be kept in Command Post for reference.

H. Employee and Service Provider Reporting

1. Employees, volunteers and service providers will report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the department; retaliation against inmates or employees who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Employees will complete an incident report in OMIS 3.0 following the process outlined in *MSP 1.1.6a Incident Reporting* and notify their supervisor. Volunteers and service providers who do not have access to OMIS 3.0 will immediately notify their supervisor and Command Post.
2. Any immediate threat to an inmate will be reported verbally to Command Post via phone or radio communication. Staff member will complete an incident report in OMIS and follow the process for approval prior to the end of his/her current shift.
3. Employees, volunteers, and service providers may privately report inmate sexual abuse or sexual harassment, if not an immediate threat, as follows: (staff must inform the individual that they are reporting to that they wish to make a private, confidential PREA report.)
 - a. hand delivering or emailing an incident report to the MSP PCM or MSP PREA Investigator.
 - b. call, email, send a letter or verbally report to the PREA Coordinator, the PCM, a PREA Investigator, DOC Criminal Investigator, or anyone in the Chain of Command.
 - c. sending an email to CORPREAReporting@mt.gov
 - d. the individual receiving the verbal notification, phone call, or email from an individual who wishes to make a private report is required to complete an incident report encompassing what was reported to them and submit it as outlined in *MSP 1.1.6a Incident Reporting*, while maintaining the confidentiality of the reporting party.
 - e. the reporting party's identity will only be shared with individuals who need to know to ensure appropriate response to, and investigation of the allegation.
4. If the alleged victim is under the age of 18, the administrator, or designee, must report the allegation to:
 - a. the Director or Deputy Director immediately upon receipt of the allegation; and
 - b. the Department of Public Health and Human Services in accordance with *41-3-201, MCA*.
5. If the alleged victim is at least 60 years old or is a person with a developmental disability, the administrator, or designee, must report the allegation to the Department of Public Health and Human Services in accordance with *52-3-811, MCA*.

Subject: PRISON RAPE ELIMINATION ACT (PREA)

6. Apart from reporting to designated supervisors or officials, employees, volunteers and service providers will not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.
7. Unless otherwise precluded by law, medical and mental health practitioners will report sexual abuse according to MSP procedure and will inform inmates of their duty to report, and the limitations of confidentiality, at the initiation of services.
8. Allegations that an inmate was sexually abused while at another facility must be reported by the Warden, or the PCM on the Warden's behalf if the Warden is absent from the facility, to the administrator of the facility where the abuse occurred as soon as possible but no later than 72 hours after the initial report. Notifications will be documented.
9. Potential criminal conduct will be reported to the Office of Investigations. The Office of Investigations will determine if they accept the case as criminal. Potential criminal conduct at Riverside Special Needs Unit will be reported to the Office of Investigations who will then contact the Jefferson County Sheriff's Office. If it is deemed criminal, an administrative case will be opened in conjunction with the criminal case. Emergent cases will be reported by Command Post at MSP and the supervisor at Riverside Special Needs Unit to the on-call investigator.
10. Sexual abuse or harassment by an employee, service provider, or inmate will be reported In accordance with *MSP 1.1.6a Incident Reporting*.
11. Reports of sexual abuse or sexual harassment by an employee, service provider, or inmate will be forwarded to the Office of Investigations, MSP PCM and the Department PREA Coordinator within one business day.
12. Any employee or service provider who fails to report an allegation, or coerces or threatens another person to submit inaccurate, incomplete, or untruthful information may face dismissal or other disciplinary action.

I. Retaliation Monitoring

1. MSP will not tolerate retaliation against inmates, employees, or other parties for reporting sexual abuse or sexual harassment or cooperating with an investigation. Individuals that retaliate against any inmate or witness are subject to disciplinary action.
2. Employees who report sexual abuse or sexual harassment of an inmate will not be subjected to retaliation by anyone within or outside of their chain of command in accordance with DOC Policy *1.3.2 Employee Performance and Conduct*.
3. If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department will take appropriate measures to protect that individual against retaliation MSP shall monitor all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations for retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring.
 - a. MSP Case Managers are responsible for retaliation monitoring of inmates;

Subject: PRISON RAPE ELIMINATION ACT (PREA)

- b. MSP Human Resources are responsible for retaliation monitoring of staff members.
4. MSP will employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
5. MSP will monitor, for at least 90 days, the conduct and treatment of inmates and employees who reported sexual abuse or sexual harassment and inmates who were reported to have suffered sexual abuse or sexual harassment to prevent retaliation. Monitoring will continue beyond 90 days if there is a continuing need. Monitoring will be completed by the case manager. These records will be submitted to the PCM and retained in the case file.
6. Monitoring will include reviewing any inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of employees. For inmates, monitoring will also include periodic status checks.
7. If an inmate is transferred from MSP to another Department facility during his or her monitoring, the PCM will notify the receiving facility of the inmate's monitoring status so the receiving facility may continue the monitoring for the remainder of the 90 days, or beyond if there is a continuing need.
8. MSP will act promptly to remedy any detected retaliation. The Warden, or designee will be notified of any allegations of retaliation. Appropriate action will be ordered to remedy any valid claims. Documentation of such action will be kept in the related case file.
9. MSP's obligation to monitor retaliation may be terminated if the allegation is determined to be unfounded. The PCM will notify the case manager in writing if this occurs.

J. Medical, Mental Health, and Victim Services

1. Medical and mental health services for victims will be consistent with the community level of care.
2. MSP will provide services to inmates alleged to be victims of sexual abuse or sexual harassment within a confinement setting. Services must be made available without financial cost to the victim and must include, at minimum:
 - a. access to medical examination and treatment to include follow up care and referrals;
 - b. mental health crisis intervention and treatment;
 - c. timely access to emergency contraception, STD prophylaxis, and all pregnancy related tests and services; and
 - d. access to victim advocate or rape crisis center that can offer emotional support services throughout the investigative process, or access to a qualified employee or service provider; contact information for those services will be available to staff and inmates, where applicable through brochures, posters, and the coordinated response plan.
3. Employees, volunteers and service providers will adhere to the following standards for examination of victims of sexual abuse or sexual harassment:

Subject: PRISON RAPE ELIMINATION ACT (PREA)

- a. if the victim refuses medical or mental health attention, document the refusal on the *Medical Treatment Refusal* form;
 - b. if reported within a time period which allows for collection of physical evidence, typically within 72 hours of the incident, and with the victim's permission, immediately transport the victim to a medical facility equipped with medical personnel certified as Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), or if none are available, to a medical facility with other qualified medical practitioners, to evaluate and treat sexual assault/rape victims; and
 - c. if reported more than 72 hours after the incident, and with the victim's permission, adhere to the following:
 - 1) refer the victim to appropriate health care providers responsible for treatment and follow up care for sexually transmitted or other communicable diseases who will complete a patient history, conduct an examination to document the extent of physical injury and determine whether referral to another medical facility is required; and
 - 2) upon request from Command Post, or DOC Investigations, transport the victim to a community medical facility for evidence collection.
4. Qualified mental health professionals will provide crisis intervention and ongoing services for victims of sexual abuse and sexual harassment and for other inmates affected.
 5. MSP will attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by qualified mental health professionals. Documentation of such attempts will be provided to the PCM for the case file.
 6. MSP will provide all inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations. MSP will enable reasonable communication between inmates and these organizations in as confidential a manner as possible. MSP will inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities.

K. Investigative Protocols

1. All reported incidents of sexual abuse and sexual harassment will be investigated promptly, thoroughly, and objectively. Criminal investigations will be conducted by the Department's Office of Investigations in accordance with *DOC Policy 3.1.19 Investigations*.
2. A Request for Investigation (RFI) for all allegations of sexual abuse and sexual harassment will be sent to the Office of Investigations, the PCM and the PREA Coordinator to initiate an investigation.
3. The Office of Investigations will forward requests for investigation that do not rise to the level of a criminal investigation to the PCM and/or the appropriate administrator, or designee, to open an administrative investigation.

Subject: PRISON RAPE ELIMINATION ACT (PREA)

4. All allegations of sexual abuse or sexual harassment that are criminally investigated will also be administratively investigated. The administrative investigation will begin when the Office of Investigations determines that the administrative investigation will not interfere with the criminal investigation.
5. Administrative investigators assigned to investigate employees will work in cooperation with the Office of Human Resources.
6. Investigations of inmate sexual abuse or sexual harassment of an inmate will be conducted by Department employees who have received specialized training in conducting sexual abuse and sexual harassment investigations in a confinement setting.
7. Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators will interview alleged victims, suspected perpetrators, and witnesses and will review prior complaints and reports of sexual abuse involving the suspected perpetrator.
8. When the quality of evidence appears to support criminal prosecution, compelled interviews will only be conducted after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
9. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as an inmate or employee.
10. Investigators will not use a standard higher than preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations.
11. Inmates who allege sexual abuse will not be required to submit to a polygraph examination as a condition for proceeding with the investigation of an allegation.
12. MSP will not rely on inmate interpreters for investigations regarding sexual abuse or sexual harassment except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties or the investigation of the inmates' allegations. Interpreter service information will be posted in Command Post.
13. Department employees are guaranteed constitutional and administrative protections; within the boundaries of those protections' employees will cooperate with any authorized investigation or inquiry and will relate fully and truthfully their knowledge of all issues pertaining to the alleged conduct under investigation. Material omissions or the provision of materially false information which the employee knows or suspects to be false will result in the employee being subject to the disciplinary action in accordance with *DOC Policy 1.3.2 Employee Performance and Conduct*.
14. Administrative investigators will issue *Interviewee Administrative Investigation Warning* to employees who are being interviewed as the subject of an investigation or witness to an investigation.
15. In cases of sexual abuse involving staff, the *Separation Order Pending Investigation* will be issued to the alleged staff member at the time of the allegation. *The Return to Work* –

Subject: PRISON RAPE ELIMINATION ACT (PREA)

Case Closed form will be given to the staff member at the end of the investigation when allegation is unfounded or unsubstantiated.

16. When a staff member reports an allegation involving another staff member, the administrative investigator assigned to the case will give the complainant the *Investigation Notice for Complaint*.
17. Information obtained during either a criminal or an administrative investigation may be jointly shared and utilized; however, a self-incriminating statement may not be utilized in a criminal investigation against an individual that has been provided with a Garrity Warning.
18. Administrators must provide investigators with unrestricted access to Department records including, but not limited to documents, electronic recordings; and correspondence materials relevant to the investigation.
19. Administrative investigators must conduct fair and objective investigations, exercise professionalism during an investigation, and conduct investigations in such a manner that information is kept confidential.
20. Administrative investigations will include an effort to determine whether employee actions or failures to act contributed to abuse.
21. All investigations will be documented in written report that includes a description of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
22. Investigative materials including, but are not limited to incident reports, statements, and investigative reports will be stored in a criminal or administrative investigative case file and be submitted to the PCA and the PREA Coordinator.
23. All administrative and criminal investigation written reports will be retained for as long as the alleged abuser is incarcerated or employed by MSP or the Department, plus five years.
24. Conduct that appears to be criminal will be referred to the Office of Investigations for prosecution.
25. The departure of the alleged abuser or victim from the employment or control of the facility or department will not provide a basis for terminating an investigation.
26. If an outside agency investigates sexual abuse, the facility will cooperate with outside investigators and will endeavor to remain informed about the progress of the investigation.

L. Reporting to Inmates

1. Following an investigation into an inmate's allegation of sexual abuse or sexual harassment at MSP, MSP will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The PCM will ensure the notice is hand delivered to the inmate.

Subject: PRISON RAPE ELIMINATION ACT (PREA)

2. Following an inmate's allegation that an employee or service provider has committed sexual abuse against the inmate, the PCM will inform the inmate, unless the allegation is unfounded, whenever:
 - a. the employee, volunteer or service provider is no longer posted within the inmate's unit;
 - b. the employee, volunteer or service provider is no longer employed at MSP;
 - c. MSP learns that the employee, volunteer or service provider has been indicted on a charge related to sexual abuse within the facility; or
 - d. MSP learns that the employee, volunteer or service provider has been convicted on a charge related to sexual abuse within the facility.
3. Following an inmate's allegation that he or she has been sexually abused by another inmate, the PCM will inform the alleged victim whenever:
 - a. MSP learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
 - b. MSP learns that the alleged abuser has been convicted on a charge related to sexual abuse within a facility.
4. All such notifications or attempted notifications will be documented.
5. MSP's obligation to report will terminate if the inmate is released from the department's custody.

M. Incident Reviews

1. MSP will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review will occur within thirty (30) days of the conclusion of the investigation. The PCM will schedule these reviews and coordinate the participation of all required parties.
2. The review team will include upper-management from MSP, MSP's PCM, line supervisors, investigators, qualified medical or mental health professionals, and other employees with direct involvement.
3. The review team will:
 - a. consider whether the allegation or investigation indicates a need to change policy or procedure to better prevent, detect or respond to sexual abuse;
 - b. consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI status or perceived status, STG affiliation or was motivated or caused by other group dynamics at the facility;
 - c. examine the area where the incident allegedly occurred to assess whether the physical barriers in the area may enable abuse;
 - d. assess the adequacy of staffing levels in that area during different shifts;
 - e. assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - f. prepare a report of its findings and any recommendations for improvement and submit the report to the facility administrator, the Department PREA Coordinator and facility PCM.
 - g. the findings will be kept with the case file associated to the incident.

Subject: PRISON RAPE ELIMINATION ACT (PREA)

4. The facility will implement the recommendations for improvement or document its reasons for not doing so.

N. Data Collection, Review, Storage, Publication and Destruction

1. MSP will collect and submit data in accordance with *DOC 1.1.17 PREA*, using a system established by the Department and as directed by the Department PREA Coordinator. Such data will be analyzed to determine possible corrective action or improvement.
2. MSP will collect accurate, uniform data for every allegation of sexual abuse at the facility using a standardized instrument and definitions set forth in this procedure.
3. The incident-based data collected will include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.
4. MSP's PCM will maintain records of all allegations, investigations, and Incident Review's and report such information to the Department PREA Coordinator. Upon request, the Department will provide all such data from the previous calendar year to the Department of Justice.
5. MSP will maintain sexual abuse data for at least 10 years after the date of its initial collection.

O. Sanctions

1. Employees will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for employees who have engaged in sexual abuse.
2. Disciplinary sanctions for violations of Department sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be commensurate with nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories.
3. All terminations for violations of Department sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.
4. Service providers or volunteers who engage in sexual abuse will be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Department will take appropriate remedial measures and will consider whether to prohibit further contact with inmates, in the case of any other violation of Department sexual abuse or sexual harassment policies by a service provider.
5. Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.
6. Sanctions will be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable

Subject: PRISON RAPE ELIMINATION ACT (PREA)

offenses by other inmates with similar histories.

7. The disciplinary process will consider whether an inmate's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.
8. MSP will decide on a case-by-case basis whether to require an inmate to participate in therapy, counseling, or another intervention designed to address and correct underlying reasons or motivations for abuse as a condition of access to programming or other benefits.
9. The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
10. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
11. An inmate may not engage in sexual acts, make sexual proposals, or threats or engage in indecent exposure pursuant to *DOC 3.4.2 Prohibited Acts*, and is subject to disciplinary action for violations. The facility may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

IV. CLOSING

Questions concerning this procedure should be directed to MSP's PREA Compliance Manager

V. REFERENCES

- A. 41-3-201, MCA; 45-5-501, MCA; 45-5-502, MCA; 45-5-503, MCA; 52-3-811, MCA
- B. 4-4281-1 through 4-4281-8; 2008 ACA Standards Supplement
- C. 28 CFR Part 115, Prison Rape Elimination Act of 2003
- D. DOC Policies 1.1.6 Priority Incident Reporting and Acting Director; 1.3.12 Staff Association and Conduct with Offenders; 1.3.13 Administrative Investigations; 1.5.5 Case Records Management; 1.8.1 Victim Services; 3.1.19 Investigations; 3.1.28 Crime Scene and Physical Evidence Preservation; 3.3.3 Inmate Grievance Program; 4.1.2 Inmate Reception and Orientation; 4.2.1 Inmate Classification System; 4.2.2 Special Needs Offenders
- E. *Garrity v. State of New Jersey*, 385 U.S. 493 (1967); *Gardner v. Broderick*, 392 U.S. 273 (1968); *Uniformed Sanitation Men Assoc., Inc. v. Commissioner of Sanitation of the City of New York*, 392 U.S. 280 (1968)
- F. P-F-06; *National Commission on Correctional Health Services in Prisons*, 2018
- G. MH-B-05; *National Commission on Correctional Mental Health Services in Correctional Facilities*, 2015

VI. ATTACHMENTS

Offender PREA Acknowledgement Form	Attachment A
Staff PREA Acknowledgement Form	Attachment B
Comprehensive PREA Training Acknowledgment	Attachment C
PREA Risk Assessment	Attachment D
PREA Sexual Incident Review	Attachment E

Subject: PRISON RAPE ELIMINATION ACT (PREA)

PREA Retaliation Monitoring Data Sheet (Monitoring Sheet)

Attachment F

PREA Annual Staffing Plan Review (Annual Review)

Attachment G

Request for Mental Health Services

Attachment H

MSP Patient Care Protocol

Attachment I

MSP Emergency Interview Questionnaire

Attachment J

Montana State Prison Refusal of Treatment

Attachment K



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 1.2.10 CANTEEN	
Effective Date:	August 18, 1997	Page 1 of 4 and no Attachments
Revision Date(s):	June 1, 2019, September 30, 2021	
Reference(s):	DOC Policy 1.2.10	
Signature:	/s/ Jim Salmonsens / Warden	
Signature:	/s/ Gayle Butler / MCE Administrator	

I. PURPOSE

To provide the framework under which the Montana Correctional Enterprises Canteen operation will function, and the methods used to coordinate the activities of the management and inmate workers.

II. DEFINITIONS

Canteen –The outlet for inmate purchase of approved products.

III. PROCEDURES

A. General Requirements

1. The canteen is to be managed as a business and has established the following goals for the most efficient and effective operation possible. The goals are as follows:
 - a. operate in a cost-effective operation possible;
 - b. maintain a profit margin sufficient enough to provide adequate inventory, cover the cost of all applicable overheads, and provide adequate positive cash flow;
 - c. provide the inmate population with access to personal hygiene items and other products at a reasonable cost as directed and approved by the Prison Issue Board and Montana Correctional Enterprises administration;
 - d. maintain strict accountability for inventory and fixed assets; and
 - e. maintain a high level of accountability and transparency using policies, procedures, and standard reporting formats.
2. Canteen lists will be published and distributed to all housing units on a monthly basis. The lists will include price, limits and descriptions for all products.
3. The delivery schedules are subject to approval of the Warden or designee.
4. Delivery delays due to lockdowns or emergency situations will be made up as soon as possible.
5. Inmate Canteen worker assignments must be established pursuant to *MCE Procedure 5.1.2, MCE Inmate Pay Plan*.
6. Net Canteen proceeds shall be deposited in the prison inmate welfare account.

7. Consistent with MCE practice, quarterly financial statements will be compiled and distributed to the appropriate parties.
8. Inventory control procedures must include the following:
 - a. all inventory shortages must be reflected in the profit and loss statement and may affect price increases and decreases; and
 - b. overages and shortages shall be documented for possible review. Significant losses (\$100) must be brought to the immediate attention of MCE Administration for review.

B. Canteen Products

1. Canteen sales are cash sales only. Inmate monies will be removed from their accounts prior to inmates receiving canteen products ordered. The following applies to inmate accounts:
 - a. credit will only be granted if an item is returned with prior approval; and
 - b. inmate Money Transfers will not be honored.
2. General population inmates are authorized to purchase a maximum of \$60.00 of canteen per week. The \$60.00 per week maximum does not include the purchase of electronics, digital music, hobby, religious and athletic shoes. Approved electronics are televisions, clock radios, razors, handheld game devices and MP3 players or AM/FM radios. Inmates are allowed only one of each of the items included in the electronics list and two pairs of athletic shoes or one pair athletic shoes and one pair of boots. Prior to a subsequent purchase of electronic items and athletic shoes, the old item must be discarded or sent out at the inmate's expense. The respective unit rules set forth the Canteen spending limit for inmates housed in the locked housing units and MDIU.
3. Canteen orders must be received one day prior to the established delivery dates (see monthly schedules).
4. If an inmate orders more items than he has eligible funds in his inmate account to pay for, he will receive only the items that can be paid with the available balance (i.e. if an inmate orders \$30 in canteen, and his balance shows he has \$20, he will only receive up to \$20 in canteen product).
5. If an inmate orders more than the allowable limit of items (either in quantity or dollar amount), he shall receive canteen items up to the limit. This includes the following:
 - a. if the monetary limit is set at \$50 per order, and an inmate orders \$60 in items, he will receive only \$50 in items; and
 - b. if the number limit for an item is set at two, and an inmate orders three of that item, he will only receive two of that item.
6. If an inmate places multiple orders that exceed the overall spending limit all orders will be credited back to his account and he will not receive canteen that week.
7. If an inmate places an order for canteen products, and received the exact items he ordered, he may not return any item for a credit. If an inmate receives an item that he did not order, or if the cost of the item that he received is substantially higher than the one that he ordered, that item can be returned unopened for credit. If clothing items are ordered and are not the correct size, those items can be returned for credit as long as the packaging is unopened and/or tags are still attached.
8. The ordering of televisions, clock radios, handheld game devices, razors and MP3 players or AM/FM radios is as follows:

- a. the cost will be deducted from the inmate's account at the time of purchase and will not be charged against the inmate's authorized order limit;
 - b. when the items are received from the supplier canteen staff will engrave them with the inmate's name, DOC#, and serial number before delivery to the inmate.
 - c. The electronics will be delivered to the inmate separately from the regular canteen order. It is the goal of the Canteen staff to deliver these products within one day of receipt from the supplier; and
9. The ordering of athletic shoes is as follows:
 - a. the items must be ordered on a separate canteen special order form;
 - b. the cost of athletic shoes will be deducted from the inmate's account at the time of purchase and will not be charged against the inmate's authorized order limit. When the athletic shoes are received, they will be delivered on the same day as the electronics; and
 - c. the inmate must try the shoes on in front of a staff member. If they fit, the inmate must sign for them. If the inmate refuses the shoes for being the wrong size, the staff will return them to the Canteen for a one-time reorder in the correct size.
10. The ordering of hobby items is as follows:
 - a. The items must be ordered on a separate canteen special order form; in stock hobby and Non-stock hobby must be ordered separately. All orders must be approved by hobby director before they can be processed.
 - b. Cost of in stock hobby will be deducted from the inmate's account at time of purchase and will not be charged against the inmate's authorized order limit.
 - c. Non-stock hobby orders will be ordered through vendor of inmate's choice and once the order arrives the cost of the order including shipping and handling as well as MCE fee will be deducted from inmates account and will not be charged against the inmates authorized order limit.
 - d. Non-stock hobby orders cannot be returned to canteen or to the vendor for credit at any time. If an inmate loses his hobby privilege it is still his responsibility to pay for any pending hobby orders.
11. The ordering of Medical Indigent is as follows:
 - a. The items must be ordered on a separate Indigent Special-order form.
 - b. You are only allowed to order from the Health and Medical Section of the current price sheet for the current housing and level at which you are located at.
 - c. For you to qualify to order you must be approved for that month's indigent status. If you are an approved "indigent inmate" then you qualify to order 10.00 worth of medical indigent items at no charge per the infirmary for that current month. MDIU inmates automatically qualify as indigent as long as they do not exceed the 15.00 indigent threshold.
 - d. If at the time that the order is processed, you have over the 15.00, regardless of whether you qualified as indigent at the beginning of the month, you will not receive "Medical Indigent Items".
12. The ordering of Religious items is as follows:
 - a. The items must be ordered on a separate canteen Special order form.
 - b. You are only allowed to order religious items for the designated religion that you are listed at.
 - c. You must kite canteen for the current price sheet, and they will verify which religious designation you are listed at and provide current price sheets for allowed religious items.

- d. The cost will be deducted from the inmate's account at the time of purchase and will not be charged against the inmate's authorized order limit;
13. Canteen deliveries must follow the following procedures:
- a. a staff member must pass the canteen items in the unit. Staff must not allow inmates to pass out canteen items;
 - b. the inmates must open, check, and verify his delivery in the presence of staff at the time of receipt;
 - c. the inmate must report discrepancies to staff immediately upon receipt;
 - d. if an inmate fails to open and check canteen orders in the presence of staff, and then later claims a discrepancy, no action will be taken;
 - e. canteen staff must receive notice of any discrepancies within 48 hours of the delivery, excluding weekends and holidays and those discrepancies need to be clearly noted with a legible staff signature on the picking slip; and
 - f. corrections if any, will be made and documented by the canteen staff the following workday. If the discrepancy does not have a staff signature that is legible no action will be taken.
14. Department staff may not purchase items from the Canteen.

IV. CLOSING

Questions concerning this procedure will be directed to the MCE Administrator.

V. ATTACHMENTS

None



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 1.2.12 INMATE WELFARE ACCOUNT	
Effective Date:	December 7, 1996	Page 1 of 5 and two Attachments
Revision Date(s):	August 16, 2007, August 22, 2017, October 15, 2019, September 15, 2020	
Reference(s):	DOC Policy 1.2.12	
Signature:	Jim Salmonsens / Interim Warden	
Signature:	Gayle Butler / MCE Administrator	

I. PURPOSE

Montana State Prison will maintain and manage facility accounts to enhance programs and services that directly impact inmates.

II. DEFINITIONS

Administrator – The official, regardless of local title (division or facility administrator, bureau chief, warden, superintendent), ultimately responsible for the division, facility or program operation and management.

Facility Funds – Funds within an inmate welfare account, funds may be reviewed by inmate representatives, and are utilized for the needs of inmates and inmate's families within a Department-owned or contracted facility.

Indigent Status – The status applied to an offender whose previous month's and current financial activity indicates that he or she has insufficient funds to purchase hygiene or legal supplies from the facility canteen.

Inmate Welfare Account (IWF) – the account in the state special revenue fund that is the repository for net proceeds from inmate canteen purchases and inmate telephone use, cash proceeds from the disposition of confiscated contraband, and any public money held for the needs of inmates and not otherwise allocated; also referred to as the Inmate Welfare Fund (IWF)

IWF Representative – Inmates approved by the facility administrator to represent the offender population.

Prison Issues Board (PID) – Administrators and staff from Department and contracted facilities and prisons who meet to discuss and coordinate the policy and operational functions of the facilities.

III. FACILITY FUNDS

A. General Requirements

1. Facility Funds are utilized for the needs of inmates and inmate's families including, but not limited to the following expenses:
 - a. purchase of facility-based services, supplies or equipment, fixtures for visiting rooms, inmate TV programming, or other inmate activities approved by a facility administrator, or designee,

Procedure No.: MSP 1.2.12	Subject: INMATE WELFARE ACCOUNT
Effective Date: September 15, 2020	Page 2 of 5

- including educational or library materials;
 - b. costs associated with providing assistance for inmates on indigent status in accordance with *DOC Policy 4.1.4 Indigent Status*;
 - c. costs associated with travel expenses for funeral or sick bed visits up to \$400 in accordance with *DOC Policy 3.1.30, Offender Escorted Leave*;
 - d. pay for inmate representatives will be in accordance with *DOC Policy 5.1.1 Inmate Assignments*.
2. Facility funds may not be used to provide services, supplies, or equipment that the Department or facility is obligated to provide for the health, welfare, security of inmates, or the general operation of the facility.
 3. Prior to approving the use of money from the IWF, request for monies must be submitted to the facility administrator or designee on a *Request for IWF Funding* in accordance with *DOC Policy 1.1.12 Inmate Welfare Accounts*.
 4. The facility administrator, or designee, may approve funding requests for less than \$2,499. Expenditures exceeding \$2,499 must be presented to the PIB with a completed *Request for IWF Funding*. The board will approve or deny the request by majority vote.
 5. Each facility administrator, or designee, must submit the *Inmate Welfare Estimated Budget Worksheet* at the spring PIB meeting to outline prospective IWF revenues and expenditures; the Budget should be developed with the input of inmate representatives.

IV. PROCEDURES

A. IWF Representatives

1. The purpose and scope of an IWF Representative is to:
 - a. represent the inmate population at meetings held by the MSP Administrative Management Team to make decisions concerning the expenditure of IWF monies;
 - b. encourage other unit inmates to adhere to rules, maintain clear conduct, cooperate with staff, and prepare for their transition within the facility and back into society; and
 - c. direct inmates to address their individual concerns by sending an OSR form to the appropriate staff member or going through the inmate grievance process.
2. IWF Representative duties and expectations are as follows:
 - a. disseminates correct and accurate information from their meetings/interactions with members of the MSP Administrative Management Team; and
 - b. interact with all staff and inmates in a respectful and considerate manner;
3. IWF Representative qualifications and criteria are as follows:
 - a. a history of good behavior, with a minimum of two years' clear conduct since their last major write-up;
 - b. have demonstrated good oral and written communication skills and the ability to interact well with staff and inmates; and
 - c. be in good standing with his Unit Management Team (UMT) and the MSP Administrative Management Team.
4. The selection of the IWF Representative is as follows:

Procedure No.: MSP 1.2.12	Subject: INMATE WELFARE ACCOUNT
Effective Date: September 15, 2020	Page 3 of 5

- a. when there is an opening for an IWF representative, the MSP Administrative Management Team will contact staff for a suggested replacement; and
 - b. the MSP Administrative Management Team will select two inmates to serve as the representatives for the IWF committee from those who are recommended. The general guidelines for representative are as follows:
 - 1) one will be from general population inmates housed in the low side and one will be from general population inmates housed in the high side; and
 - 2) an inmate housing unit representative (see *MSP Procedure 5.5.104, Inmate Housing Unit Representatives*) may be selected to serve as an IWF Representative, however he will not be allowed to serve in both capacities at the same time.
5. The terms for the IWF Representative are as follows:
 - a. each IWF Representative will serve a two-year term. The Management Team may allow consecutive terms, but the total term will not exceed four years;
 - b. if an IWF Representative resigns, transfers to another unit or institution, or is removed from the position for any reason, the MSP Administrative Management Team will contact staff for a suggested replacement;
 - c. the MSP Administrative Management Team may remove an IWF Representative from the position or have his term cancelled if the representative:
 - 1) fails to maintain a good disciplinary record with no major infractions;
 - 2) misuses or abuses the position;
 - 3) engages in any conduct or behavior that is determined to be inappropriate for an IWF Representative;
 - 4) exhibits an inability to interact or work appropriately with others; or
 - 5) engages in written or oral communications that are derogatory, accusatory, inappropriate, or have the potential to affect the security or orderly operation of the facility.
6. The IWF representatives will receive a monetary stipend from the IWF as outlined in *DOC 5.1.1 Inmate Assignments* while they serve in these positions.
7. The supplies of an IWF representative are as follows:
 - a. the IWF representatives will use loaner typewriters to prepare and complete the meeting forms; and
 - b. the IWF representatives will be issued typing paper and a portfolio binder that will only be used to keep the paperwork from the process. These items belong to the facility and will be purchased through the Warehouse.
8. IWF representatives will be allowed to keep 2 years of IWF associated paperwork from meetings.

B. IWF Committee Meetings

1. A designated member of the MSP Administrative Management Team will meet as necessary with the two inmate IWF representatives.
2. The designated MSP Administrative Management Team member will schedule the day, time, and location of the meeting, and notify the two inmate IWF representatives.

Procedure No.: MSP 1.2.12	Subject: INMATE WELFARE ACCOUNT
Effective Date: September 15, 2020	Page 4 of 5

3. Staff requesting IWF funds for inmate Special Activities, Family Days, Food Sales, etc. must first complete the required paperwork for the function (within the required timeframes) and then fill out a *Request for IWF Funding form* (attachment A). They must forward the completed form, with a copy of the required paperwork attached, to the designated MSP Administrative Management Team member who will review the form and paperwork for accuracy, proper processing, required timeframes, and required authorization/signatures. The designated MSP Administrative Management Team member will proceed with the forms as follows:
 - a. if the form and required paperwork have been properly processed, the MSP Administrative Management Team member will take to the meeting for scheduled signatures; and
 - b. if the form and required paperwork haven't been properly processed, the MSP Administrative Management Team member will send them back to the staff member who submitted them to correct the deficiencies. Only properly processed requests, submitted within the required timeframes, will be addressed at the IWF committee meetings.
4. The designated member of the MSP Administrative Management Team will use the *Request for IWF Funding forms* (attachment A) to fill in the "Object of Expenditure" section on the *MSP IWF Committee Meeting Expenditures form* (attachment B) that will be addressed at the IWF committee meetings.
5. Discussion at the meeting will be restricted to the funding topics on the form, and the topics must relate to funding issues that affect the entire inmate population.
6. The designated MSP Administrative Management Team member may invite additional staff to attend the meeting.
7. A designated member of the MSP Administrative Management Team will fill in the decision sections on the form and forward copies to the two representatives, the Warden, the Associate Wardens, the Unit Managers/UMT, and other departments. Copies will be sent to the UMT for posting on the unit bulletin board and the education video bulletin board.
8. A designated member of the MSP Administrative Management Team may set up monthly meetings between the high and low IWF representatives, and unit representatives.
9. If a funding topic isn't addressed at the meeting, or requires input from others, it will be tabled and addressed at the next meeting.
10. In the event the designated MSP Administrative Management Team member and the representatives are unable to reach an agreement on a funding issue, the matter will be forwarded to the Warden to make the final decision. When resolved the issue and response will be added to next expenditures form.
11. The designated MSP Administrative Management Team member and representative will establish and maintain a filing system to archive the topics addressed at every IWF committee meeting.

V. CLOSING

Questions concerning this operational procedure should be directed to the Warden, or designee.

Procedure No.: MSP 1.2.12	Subject: INMATE WELFARE ACCOUNT	
Effective Date: September 15, 2020		Page 5 of 5

VI. ATTACHMENT

Request for IWF Funding
MSP IWF Committee Meeting Expenditures form

attachment A
attachment B



Request for IWF Funding

Request _____

Facility _____

Sponsor _____ **Date** _____

Request Description _____

Amt. Requested \$ _____

Annual \$ _____

Monthly \$ _____

One Time \$ _____ **Total** \$ _____

Approved _____ **Denied** _____

Inmate Representatives _____ / _____ **Date** _____

Approved _____ **Denied** _____

Warden or designee* _____ **Date** _____

Accounting Office _____ **Date** _____

*Staff will forward all IWF requests to the Warden or designee.



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 1.2.18 FLEET VEHICLE OPERATION & MANAGEMENT	
Effective Date:	June 5, 2000	Page 1 of 5 and 6 Attachments
Revision Date(s):	August 22, 2017, November 1, 2019, September 15, 2020	
Reference(s):	DOC Policy 1.2.18	
Signature:	/s/Jim Salmons/Warden	
Signature:	/s/Gayle Butler/MCE Administrator	

I. PURPOSE

The purpose of this procedure is to ensure state owned or leased motor vehicles used by Montana State Prison (MSP) to include Montana Correctional Enterprises (MCE) and Riverside Special Needs Unit (RSNU) to conduct Department business, are maintained in accordance with Department Policy and MSP Procedure. It is imperative staff maintain a heightened level of safety awareness and responsible driving behavior which will reduce vehicle accidents, reduce personal injury and property loss claims. Vehicle maintenance and care is the responsibility of every person who operates a vehicle in the course of their job duties.

II. DEFINITIONS

Administrative Deadline – For the purpose of this procedure means taking a vehicle out of service due to its unsafe condition.

Employee – Means any person employed by and acting on behalf of the Department in any official capacity, temporarily or permanently, whether with or without compensation.

Fleet Manager – Means the Associate Warden designated by the Warden, and the Program Director designated by the MCE Division Administrator to administer their respective fleets of state-owned vehicles.

Maintenance Facility – Means the location where the state-owned vehicle is maintained and where the maintenance records and reports are compiled and available for audit purposes. The primary repair facility for MSP and MCE is Motor Vehicle Maintenance (MVM).

Motor Vehicle Maintenance (MVM) – The vehicle maintenance facility located on MSP grounds. that uses inmate labor to service most state-owned vehicles.

Motor Vehicle Maintenance Production Manager – responsible for the management, maintenance and repair of DOC, MSP and MCE vehicles and equipment along with other state agencies that utilize MVM for vehicle maintenance and repair work.

Vehicle – A passenger motor vehicle owned or leased by the state that is designed for travel on maintained public roads and subject to motor vehicle registration, the term includes passenger cars, vans, buses, and light duty trucks.

Wright Express (WEX) – The fuel card company selected by the State to fuel agency-owned and state-owned vehicles.

Procedure No.: MSP 1.2.18	Subject: FLEET VEHICLE OPERATION & MANAGEMENT
Effective Date: September 15, 2020	Page 2 of 5

III. GENERAL GUIDELINES

A. Authorized Vehicle Use

1. MSP and MCE employees use state owned vehicles or equipment, or who travel on behalf of the Department will follow requirements set forth in *DOC Policy 1.2.18 Fleet Vehicle Operation and Management*.
2. Staff who operate a vehicle must drive defensively, be courteous, and obey all traffic laws and regulations.

B. Vehicle Accident and Driver Reporting

1. MSP and MCE employees involved in an accident will follow requirements set forth in *DOC Policy 1.2.18 Fleet Vehicle Operation and Management*.
2. MSP and MCE employees will also contact Command Post and the appropriate Fleet Manager to notify them of the accident.
3. An MSP or MCE employee who is involved in a vehicle accident or becomes aware of damage or vandalism to a Department-owned vehicle or leased vehicle must complete and submit the *Report of Incident form* (Attachment E) to the appropriate Fleet Manager within 24 hours.
4. The Fleet Manager will send a copy of the *Report of Incident form* (Attachment E) to the MVM Production Manager within 48 hours for entry into the MVM database for agile assets repair. Agile assets is a record keeping system which records accurate labor, equipment, and material usage.
5. The MSP Warden or MCE Administrator will consult DOC Legal prior to filing any claims.

C. Permanent Vehicle Assignment

1. Permanent vehicle assignment shall only be allowed when doing so is clearly consistent with the mission and operational needs of MSP or MCE; and written justification for that assignment is filed with the Administrative Services Division. An employee may request a permanent vehicle assignment by completing and submitting the *Request for Vehicle Assignment* (Attachment B) to his or her supervisor.
 - a. if approved at the supervisory level, the supervisor shall forward the request form to the Warden / MCE Division Administrator. *Refer to DOC Policy 1.2.18 Fleet Vehicle Operation and Management*.
2. An MSP or MCE employee that is approved a permanent vehicle assignment to commute to and from a residence must meet requirements set forth in *DOC Policy 1.2.18 Fleet Vehicle Operations and Management*.

Procedure No.: MSP 1.2.18	Subject: FLEET VEHICLE OPERATION & MANAGEMENT
Effective Date: September 15, 2020	Page 3 of 5

D. Maintenance

1. MSP and MCE fleet assignment and management procedure has the following requirements:
 - a. MVM is the primary repair facility. MVM will maintain a database with all MSP and MCE vehicle and equipment information. The database will include vehicle or equipment description, a picture of the vehicle or equipment, the license plate number for the vehicle and equipment history to include maintenance and repair.
 - b. fleet managers will designate responsible parties to complete a *Vehicle Condition Report form* (Attachment G) on each vehicle to be returned to the MVM Production Manager by May 1 each year to evaluate the vehicle condition. Information from the vehicle condition report form will be inserted in the database vehicle history.
 - c. MVM Production Manager will distribute a vehicle and equipment report to the Fleet Manager at a monthly meeting.
 - d. periodically, and whenever changes in assignment, acquisitions, and disposal occur, it is the responsibility of the appropriate Fleet Manager to submit a corrected list to the MVM Production Manager to ensure accurate records are kept.
 - e. all maintenance and repair on vehicles and equipment will be completed at MVM. The Fleet Manager or designee will complete an *MVM Work Request* form (Attachment F) and submit to MVM with the vehicle or equipment that needs maintenance or repair.
 - f. if repair on a vehicle or equipment is completed after business hours or on weekends, the staff supervisor must fill out a *Report of Incident* (Attachment E) form stating what repairs were completed. The Report of Incident form must be submitted to the MVM Production Manager so the MVM database is updated and accurate.
2. Fleet Managers will review records of vehicles and equipment to establish accountability and to determine optimal fleet size and the most cost-effective methods. At a minimum annual review of fleet size and utilization shall be conducted.
3. MVM will maintain individual vehicle and equipment histories in a database which includes maintenance, repair costs per mile/hour, and operating costs per mile/hour and the following:
 - a. copies of vehicle logs, or a monthly mileage report, shall be submitted to MVM Production Manager to enable calculation of operational costs per mile/hour.
 - b. monthly fuel reports from dispensing operations shall be submitted to the appropriate fleet Manager; and
 - c. operational cost reports shall be provided by MVM Production Manager quarterly or upon request by the appropriate Fleet Manager.
4. The MVM Production Manager will provide vehicle maintenance use and repair agile asset reports upon request to Fleet Management Unit:
 - a. the Fleet Managers shall be furnished vehicle and equipment reports by the MVM Production Manager when a vehicle or equipment is serviced, and a *Safety Inspection form* (Attachment A) is completed. Written estimate of cost to repair damage or to return the item to safe operating condition shall be furnished upon request. Repairs for damages that are estimated at five hundred dollars (\$500) or more require the authorization of the Fleet Manager.
 - b. vehicles or equipment in unsafe operating condition shall be administrative deadline by the MVM Production Manager and the keys to these vehicles shall be secured by staff at MVM; and
 - c. administrative deadline vehicles and equipment shall not be operated until required repairs are performed, unless approved for limited use by the Warden or MCE Administrator.

Procedure No.: MSP 1.2.18	Subject: FLEET VEHICLE OPERATION & MANAGEMENT
Effective Date: September 15, 2020	Page 4 of 5

5. Establish a system to audit the maintenance and usage of the vehicles and equipment. Maintenance and condition of vehicles and equipment will be addressed in a monthly meeting with Fleet Managers and the MVM Production Manager.
6. Develop procedures for identifying vehicle and equipment additions, replacements, or disposal. Vehicle and equipment additions, replacements or disposal will be coordinated by Fleet Managers and MVM Production Manager. When a vehicle or equipment is added, it is the responsibility of the Fleet Managers to get the vehicle or equipment to MVM so a safety inspection can be completed, and the information added to the database. Vehicles will not be put into service until plates are on vehicle, insurance cards and fuel cards are in vehicle and keys have been registered with MSP Lock Shop.
7. Provide each vehicle with a Report of Incident form, to be completed by the staff operating the vehicle to record any incident that impacts the appearance or operation of the vehicle. This includes the following:
 - a. staff operating the vehicle shall complete and submit a Report of Incident form to report any problem(s) they note with the operation or appearance of the vehicle to the appropriate Fleet Manager.
 - b. Fleet Manager will submit a copy of form to MVM Production Manager for inclusion in vehicle historical file; and
 - c. Fleet Managers will provide a quarterly written report to the Warden and MCE Administrator, regarding the status of their respective division fleet.

E. Fueling Cards

1. Employees authorized to operate a state vehicle must read the *MOM Fuel Card Policy 1-0790.00* and sign the *DOC Fuel Card Use Employee Agreement* form (Attachment C) acknowledging responsibility for fuel card use.
2. A WEX fuel card will be assigned to each vehicle to be used by drivers when fueling a Department-owned vehicle.
3. Employees will immediately report fuel cards that are lost or stolen to Command Post and the appropriate Fleet Manager.

F. Bulk Fuel Tank Use

1. MSP staff, when on MSP property, will fuel MSP vehicles at the bulk fuel tank dispensary station.
2. MCE staff, when on MSP property, will fuel MCE vehicles utilizing the MCE gas truck. The MCE gas truck will fuel at the bulk fuel tank dispensary station.
3. Vehicle logbooks and monthly reports will be submitted to proper areas, MSP Warehouse or MCE Business Office for reconciliation.

IV. CLOSING

Procedure No.: MSP 1.2.18	Subject: FLEET VEHICLE OPERATION & MANAGEMENT
Effective Date: September 15, 2020	Page 5 of 5

Questions concerning this policy shall be directed to your immediate supervisor, Warden or MCE Division Administrator.

V. REFERENCES

- A. MOM Fuel Card Policy 1-0790.00*
- B. DOC Policy 1.2.18 Fleet Vehicle Operation and Management*
- C. 61-11-203, MCA*
- D. 61-5-103, MCA*
- E. 50-40-104, MCA, Montana Clean Indoor Act*
- F. ARM 2.6.205 and 61-11-203 MCA*

VI. ATTACHMENTS

MSP/MCE Motor Vehicle Safety Inspection	Attachment A
DOC Request for Vehicle Assignment	Attachment B
Fuel Card Use Employee Agreement	Attachment C
Personal Vehicle Use Authorization	Attachment D
Report of Incident	Attachment E
MVM Work Request	Attachment F
DOC Vehicle Condition Report	Attachment G



Montana Correctional Enterprises

MOTOR VEHICLE MAINTENANCE

A-Service and Safety Inspection



Serviced Date _____

MVM Technician _____

Vehicle / Equipment No. _____

VIN No. _____

MVM Work Order No. _____

Mileage / Hours _____

OK	Service Operation	Technician Notes
	Interior, Dash Lighting – RESET Oil Life. Check for “Engine Light” Gauges	
	Horn Operation	
	Heater and Defroster Operation, A/C Operation	
	Headlights, Side Markers, Turn Signals and Back-Up, Police Light Operation	
	Inspect Battery	
	Windshield Wiper Condition and Operation. Washer Fluid Level	
	Windshield and Windows Operation and Condition	
	Check All Mirrors and Vehicle Exterior	
	Condition of All Hoses - Check for Leaks	
	Radiator Cap and Coolant Level - Test (-40)	
	Air Filter Element	
	Fan Belts - Tighten and Check Condition & A/C Belt	
	Check PCV Valve	
	Transmission/Transfer Case – Check Fluid Level	
	Engine Oil and Filter Change	
	Differential Fluid Level	
	Front and Rear Suspension – Shocks, Bushings and Ball Joints, Springs	
	Inspect Front Steering, Tie Rods & Boots, Steering Gear, Steering Fluid	
	U-joints and Drive Line – Looseness and Condition, Lube All Zerk	
	Drive Axles, Seals, CV Axles & Boots. Check for Bearing/Hub Play	
	Engine and Transmission Mounts	
	Exhaust System - Condition and Leaks	
	Lubricate Chassis - Including Steering Joints/Linkage	
	Check Park Brake System	
	Tread Depth (in.) LF ____ RF ____ LR ____ RR ____ (Rotate if Necessary)	
	Brake Pad Depth (mm) LF ____ RF ____ LR ____ RR ____ Check Rotors	
	Tires – Inflate to Specs, Torque Lug Nuts to Specs, Check Spare and Jack	
	Lubricate Doors, Locks, Latches, Hinges	
	Install Service Reminder Sticker. Check Overall Operation of Vehicle	



Employee Assigned to the vehicle:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

A permanent vehicle assignment will be allowed only when doing so is clearly consistent with the Department's mission and the operational needs of the applicable division, facility, or program. In accordance with 2-17-425, MCA emergency response records must be submitted to the fleet management unit who will forward to the director for review every six months.

Date _____

Date



State of Montana
DEPARTMENT OF CORRECTIONS
FUEL CARD USE EMPLOYEE AGREEMENT

Dept of Corrections – State-owned Vehicles:

1. I have read, understand, and will comply with the Fuel Card Policy.
2. I understand I am required to use ethanol-blended gasoline when the manufacturer allows, and I am prohibited from using premium grade fuel unless required by the vehicle operations manual.
3. I agree to use the card for all fuel purchases unless obtained from a state-owned bulk site with a manual transaction process.
4. I will immediately notify the authorizing official if a card is lost or stolen or if my PIN is compromised.
5. I understand that I am required to comply with internal control procedures.
6. I agree not to share my Personal Identification Number (PIN) with any other person.
7. I understand I can only use the card for fuel and authorized vehicle maintenance purchases for state-owned vehicles.
8. If I misuse the card for personal purchases, I authorize the State to deduct from my salary or from other monies owed me, an amount equal to the total of the personal purchases. I also agree to allow the State to collect any amounts owed by me even if the State no longer employs me.
9. I understand improper use of this card may result in disciplinary actions, including termination of employment and criminal action.
10. I understand the State may terminate my card use privileges at any time for any reason.

State Motor Pool Leased Vehicles:

1. I have read, understand, and will comply with all vehicle use requirements listed in the State Motor Pool Lease Packet.
2. I understand that I am required to comply with internal control procedures as outlined by State Motor Pool or Department of Corrections (vehicle lease) as applicable.
3. In reference to the leased vehicle WEX Fuel Card, I have read, understand and will comply with the requirements as outlined above, as applicable.

Employee Signature

Authorizing Official's Signature

Employee Printed Name

Authorizing Official Printed Name

Employee ID#

Date

Date



State of Montana
DEPARTMENT OF CORRECTIONS
PERSONAL VEHICLE USE AUTHORIZATION

1) Person Traveling		2) Division/Facility	
3) Org Number	4) Supervisor Name and Title		
5) Justification for personal vehicle use			
6) Trip Itinerary (include dates)			
7) Estimated Trip Miles			
<p>If your department director or designated approving authority authorizes you to use your personal vehicle on state business, you must be reimbursed for mileage at the standard rate unless you meet one of the conditions listed below pursuant to MOM 1-0310.20. Employees requesting to use a personal vehicle for Department business on a regular basis must obtain annual written approval from their Division Administrator and the DOC Director.</p>			
8) Rate Requested	Standard Rate	High Rate (Must also check reason below)	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	
<p>Per MOM 1-0310.30 if requesting reimbursement at the high rate, check the item(s) which apply below:</p>			
<input type="checkbox"/>	1. A motor pool vehicle or other state-owned or leased vehicle is not available; or		
<input type="checkbox"/>	2. The use of a personal vehicle is considered to be in the best interest of the state.		
9) Signature of traveler		Title	Date
Approval to be Completed by Agency Authorized Personnel			
Approved	Rate Approved	<input type="checkbox"/> Standard <input type="checkbox"/> High	Not Approved
Authorized Agency Official	Title	Date	
<p>If the request is approved, the employee herein is granted authority to use a non-state vehicle in the conduct of official State business (in accordance with ARM 2.6.201 through ARM 2.6.214) within the basic confines of the itinerary and approximate total mileage noted above. Per RMTD insurance agreements, State employees are encouraged to use state-owned vehicles while enacting state business. State employees who use their personal vehicles for state business must rely on their personal insurance coverage.</p>			

**STATE OF MONTANA
RISK MANAGEMENT & TORT DEFENSE
DEPARTMENT OF ADMINISTRATION
PO BOX 200124 - HELENA, MT 59620-0124
(406) 444-2421 FAX (406) 444-2592**

REPORT OF INCIDENT

COMPLETE ONLY THE SECTION THAT APPLIES TO YOUR LOSS

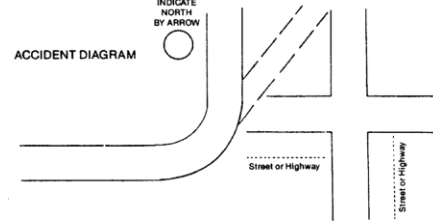
VEHICLE PERSONAL INJURY PROPERTY DAMAGE / OR LOSS

Reporting Person:		Job Title:	
Department:		Division:	Phone:
Date/Time of Incident:		Location of Incident:	

VEHICLE LOSS

ACCIDENT INFORMATION					
DATE OF ACCIDENT:					
TIME OF ACCIDENT:					
LOCATION OF ACCIDENT:					
VEHICLE TYPE:					
DRIVER NAME:					
WITNESS NAME:					
POLICE OFFICER:					
INSURANCE COMPANY:					
INVESTIGATOR:					
REPORT NUMBER:					
STATUS:					

Were Police Notified? Yes No		Police Department Name:	
Investigating Officer's Name:		Investigation Officers Phone Number:	
Were Citations Issued? No Yes STATE Vehicle Driver OTHER Vehicle Driver			
Weather Conditions: Clear? Rain? Snow? Other? Describe			
Roadway Conditions: Dry? Wet? Icy? Snow packed? Other? Describe			
Light Conditions: Daylight? Darkness? Dusk? Dawn? Other? Describe			
Vehicle Speed: STATE Vehicle?		OTHER Vehicle?	
License No:	Attachment No.	Attachment No.	
Est. Repair:	Est. Repair:	Est. Repair	

<p>Describe Accident/Incident in detail:</p> <p><i>(use blank paper for additional information)</i></p>	<p>Accident Diagram</p> <p>INDICATE NORTH BY ARROW</p>  <p>ACCIDENT DIAGRAM</p> <p>INDICATE NORTH BY ARROW</p> <p>Street or Highway</p> <p>Street or Highway</p>
--	--

Signature of Driver:	Date:
-----------------------------	--------------

STATE VEHICLE INFORMATION

Department Owning Vehicle:		Phone No.:
Drivers Name:		Phone No.:
For What Purpose was the Vehicle Being Used?		
Plate No:	VIN No:	Make/Model/Year:
Location Where Vehicle May Be Seen (Address)?		Equip. No.

OTHER VEHICLE INFORMATION						
Plate No:		VIN No:		Make/Model/Year:		
Owner Name:						
Address:					Phone No.:	
Driver Name:						
Address:					Phone No.:	
Insurance Co.:		Policy No.:			Phone No.:	
OCCUPANTS						
Name:	Address:		Age:	State Veh.	Other Veh.	Injured Y - N
WITNESSES						
Name:	Address:				Phone:	
PERSONAL INJURY						
Name of Injured:	Address:				Phone:	
Nature of Injury:						
Describe clearly how accident/injury occurred:						
<div>(use blank paper for additional information)</div>						
PROPERTY DAMAGE OR LOSS						
State Property Other						
Describe clearly how property damage occurred:						
<div>(use blank paper for additional information)</div>						
Property Description (Give make, model, serial number when applicable)						
<div>(use blank paper for additional information)</div>						
Date:	Reporting Person's Signature:					
Date:	Supervisor's Signature:					
Date:	Department Official's Signature:					



Please circle Your Choices

MVM Department Assigned

Please circle Your Choices

Services Requested

Description of Work Requested:

Agent Authorizing Work:
Phone Ext.:



State of Montana
DEPARTMENT OF CORRECTIONS
VEHICLE CONDITION REPORT

(Per DOC Policy 1.2.18, this form must be completed annually for each
Department-owned vehicle and/or upon request from the Fleet Management Unit (FMU)).

Vehicle license plate number: _____

Vehicle location (i.e. Facility or P&POffice): _____

Employee/Responsible Party assigned to vehicle: _____

VEHICLE INFORMATION:

Year: _____ Current odometer reading: _____

Make: _____ Model: _____ Engine size: _____

Check any of the following that apply:

☐ 4-wheel drive ☐ Air conditioning ☐ Automatic Transmission

Special equipment or accessories (e.g. two-way radio, cage, emergency lights, plow, etc.):

Date last PM 1 (every 5,000 miles) Service completed: _____

Date last PM 2 (every 30,000 miles or 24 months) Service completed: _____

Current Vehicle Use (e.g. post-office trips, offender/inmate transport, maintenance, etc.):

Overall condition of:

Vehicle Exterior (including body damage, scratches, dents, paint, and glass):

☐ Good ☐ Fair ☐ Poor

Vehicle Interior (including rips, tears, and stains):

☐ Good ☐ Fair ☐ Poor

Vehicle Operating Systems (including engine, transmission, starter, and suspension):

1. _____

2. _____

3. _____

Current/suggested repairs needed (please list in detail with estimated cost of each repair if known):

1. _____

2. _____

3. _____

Do you consider this vehicle safe to drive? ☐ Yes ☐ No

In your opinion, is it reasonable to keep this vehicle? ☐ Yes ☐ No

If no to either question above, please explain why and detail any pertinent information about the vehicle you think the FMU should be aware of (e.g. current problems or concerns with the vehicle, previous accidents, overall appearance, performance, missing parts, etc.):

Assigned Driver or Responsible Party/ Supervisor Signature: _____

Administrator Signature: _____

Fleet Management Unit (FMU) Signature: _____

FOR FMU USE ONLY

Approximate current value of vehicle: _____

Life expectancy of vehicle: _____

Current photos onfile: ☐ Yes ☐ No

Photo date: _____



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 1.3.16A RELIGIOUS VOLUNTEER SERVICES
Effective Date:	January 11, 2008 Page 1 of 3 and 3 Attachments
Revision Date(s):	February 16, 2017, August 22, 2017, October 6, 2017, December 15, 2019, September 30, 2020, March 15, 2021
Reference(s):	DOC Policy 1.3.16
Signature:	/s/ Jim Salmonsén /Warden

I. PURPOSE

To use volunteers and religious activity guests to help provide important religious services for the benefit of staff and inmates. Religious volunteers and activity guests will not perform duties that are normally performed by paid staff.

II. DEFINITIONS

Approved Religious Volunteer - A volunteer that provides religious services over an extended time frame.

Chaplain Service Volunteer-A faith group representative approved by the Warden or designee and endorsed by an approved faith group organization, who provides pastoral ministry upon completion of the full MSP pre-service training course.

Religious Activities Guest - A person that provides a specific function for a single religious event or within a limited time frame.

Religious Activity Coordinator - An individual designated to coordinate religious programming for offenders.

RAC - Acronym for Religious Activity Center

Volunteer - Any person who has been approved to provide services for Department programs without compensation.

III. PROCEDURES

A. Religious Activity Coordinator Responsibilities

1. Oversees the recruitment, screening, training, and supervision of all religious volunteers and activity guests and their activities.
2. Organizes, monitors, and manages the MSP religious volunteer program.

B. Applications

1. Volunteers must complete and return an *MSP Volunteer Application Form* (attachment A).
2. Religious activity guests must contact RAC staff at least ten business days in advance of the activity. RAC staff will interview the guest and record the information on the first page of an *MSP Volunteer Application Form* (attachment A).

C. Eligibility

1. Applicants must meet the following eligibility requirements and pass screening criteria to be approved pending training:
 - a. must be 18 years of age or older.
 - b. must pass a criminal background check.
 - 1) an applicant who is currently under supervision or is wanted for a criminal offense will not be selected as a volunteer recruit.
 - 2) an applicant previously under the care, custody, or supervision of the Department may be accepted as a volunteer, subject to the approval of the Warden, or designee.
 - c. an applicant who is the crime victim of an inmate incarcerated at MSP will not be selected as a volunteer recruit. If an immediate family member of the applicant is the crime victim of an inmate incarcerated at MSP the applicant will generally not be selected as a volunteer recruit.
 - d. applicants who are an immediate family member (spouse, parent, stepparent, sibling, step sibling, grandparent, step grandparent, child, or stepchild) of an offender that is in secure care under the supervision of the Department are ineligible.
 - e. applicants who are on the visiting list of an offender under the supervision of the Department are ineligible.

D. Training

1. The Religious Activity Coordinator will ensure each religious activity guest applicant who meets the eligibility requirements and passes the screening criteria receives, reviews, and acknowledges by signature an abbreviated training curriculum that outlines their expectations.
2. Approved volunteer applicants must meet the eligibility requirements and pass screening criteria to become a volunteer training recruit. A recruit must successfully complete the on-site MSP volunteer training curriculum before being certified as an Approved Volunteer. The training curriculum will include policies, procedures, and rules relevant to the effective function of a volunteer.
3. Chaplain Service Volunteers must meet eligibility requirements (including endorsement of their faith group organization), pass screening criteria, obtain written approval of the Warden or designee, and successfully complete the full pre-service training curriculum.
4. After successful completion of the required training volunteers must agree to abide by all policies, procedures, rules, obligations, and written responsibilities by signing a *Volunteer Service Agreement* (attachment B) and *Volunteer Training & Orientation Checklist* (attachment C) before being approved to provide a volunteer service.
5. Volunteers with direct and/or incidental contact with offenders must receive documented PREA training during volunteer orientation in accordance with *DOC 1.1.17 Prison Rape Elimination Act (PREA)*.
 - a. approved volunteers are required to complete PREA training annually to remain active.

E. Supervision

1. The Religious Activity Coordinator will ensure that each guest and volunteer is properly supervised.

Subject: RELIGIOUS VOLUNTEER SERVICES

2. Religious activity guests must have a staff member with them at all times.
3. The supervision required for each volunteer will be determined by the Associate Warden of Security in consultation with the Religious Activity Coordinator. Variables such as the work setting, inmate to volunteer ratio, inmate custody level, and officer availability will be considered.

F. Volunteer Transportation

1. Religious activity guests and volunteers may travel in, but not drive, Department or assigned government vehicles.
2. Under no circumstances will inmates be transported in anyone's personal vehicle.
3. On a case-by-case basis the Warden may authorize a religious volunteer in good standing to transport an inmate off facility property upon being paroled, discharged to a suspended sentence, or having fully discharged his sentence.

G. Termination

1. An individual religious volunteer, religious activity guest, or a volunteer program may be suspended at any time, by the Shift Commander or designee.
2. An individual religious volunteer or a volunteer program may be terminated at any time, by the Warden or designee. The Religious Activity Coordinator is responsible to inform affected religious volunteers of the termination and the reasons for it.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Religious Activity Coordinator.

V. ATTACHMENTS

MSP Volunteer Application Form
Volunteer Service Agreement
Volunteer Training & Orientation Checklist

Attachment A
Attachment B
Attachment C



MSP VOLUNTEER APPLICATION FORM

Name: _____ Date: ____/____/____

Date of Birth: ____-__-__ Gender: Female ☐ Male ☐

Social Security Number: _____

Residence:

Address: _____ Phone: _____
City: _____ State: ____ Zip Code: _____

Work: Email: _____ Mobile Phone: _____

Address: _____ Phone: _____
City: _____ State: ____ Zip Code: _____

Emergency Contact:

Name: _____
Address: _____ Phone: _____
City: _____ State: ____ Zip Code: _____

Have you ever been convicted of a felony or misdemeanor? Yes ☐ No ☐

If so please explain: _____

Are you related to an offender supervised by the Montana Department of Corrections? Yes ☐ No ☐

If so please list their name(s) and your relationship to them:

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

Are you visiting an offender supervised by the Montana Department of Corrections? Yes ☐ No ☐

If so please list their name(s) and your relationship to them:

Name: _____ Relationship: _____

Have you ever been the crime victim an inmate currently incarcerated at MSP? Yes ☐ No ☐

If so please list their name(s):

Name: _____
Name: _____

What is the volunteer position you requesting to fill at Montana State Prison?

(over)

If you are requesting to be a religious volunteer, please indicate which faith group by circling it from the list that follows:

Alcoholics Anonymous
Mennonite/Amish
Jehovah Witness
Prison Fellowship
Protestant
Wiccan
Other:

Bahai
Buddhist
Latter Day Saints
Seventh Day Adventist
Hindu
Judaism
Fresh Life

Baptist Bible
Christian Brotherhood
Native American
Catholic
Islam
Odinist

What qualifications and or certification do you have that would qualify to serve as a volunteer for the position you requested above? Please attach copies of any certification and the names of individuals we can contact to check on this information.

Are you willing to work with other volunteers serving in this capacity, if any? Yes ☒ No ☐

I am requesting consideration to become a volunteer at Montana State Prison (MSP). By my signature below I agree to attend all required training and follow all MSP policies, rules, and procedures if selected as a volunteer trainee. I understand that a full background check, including criminal background, will be conducted as part of the application screening procedure in accordance with the Privacy Act, Part 5, United States Code, Section 552a. I also understand that my person and vehicle are subject to search while on prison property.

Signature: _____

Date: / /



DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON VOLUNTEER SERVICE AGREEMENT

I, _____ (print name), do agree to the following conditions of providing volunteer religious services for Montana State Prison:

1. I agree to engage only in those assignments or activities that have been assigned or authorized by the Religious Activity Coordinator.
2. I will not present myself as a representative or paid employee of MSP or the Department.
3. I do not expect to receive monetary compensation for my services.
4. I agree to avoid undue familiarity with inmates. If an inmate has a problem that is beyond the scope of my volunteer duties, I will direct him to the appropriate staff. I will not pursue a relationship with an inmate that is outside my assigned responsibility.
5. I agree to bring nothing in or take anything out for any inmate except work materials that have been pre-approved by the Shift Commander and Religious Activity Coordinator.
6. I will not communicate in writing or electronically (phones, email, etc.) with inmates while not at the prison facility.
7. I will report without delay to the Religious Activity Coordinator or Shift Commander any condition, activity, or unusual behavior that may be unethical, illegal, dangerous or potentially dangerous.
8. I agree to meet attendance and performance requirements.
9. I understand that I am responsible, and therefore liable, for my own actions, and agree to use due care and caution when providing my services.
10. I agree not to report to MSP for my activities under the influence of alcohol or drugs.
11. I agree to engage in only those activities that have been assigned or authorized for me and that supplement, but do not supplant, the work of classified Department employees.
12. I understand that offenders under Department jurisdiction have been convicted of felony criminal activity, and that any offender I may have contact with may attempt to take unfair advantage of me. If taken hostage, I understand that the same rules apply to me as to any Department employee.

VOLUNTEER'S SIGNATURE

DATE



MSP RELIGIOUS VOLUNTEER TRAINING & ORIENTATION CHECKLIST

- ☒ DOC 1.1.17 Prison Rape Elimination Act of 2003 (PREA)
- ☒ MSP 5.6.1 Religious Programming
- ☐ MSP Guiding Principles
- ☒ Emergency Procedures (including staff and visitor count procedures)
- ☒ Hostage Survival Information
- ☒ MSP 1.3.41, Employee Dress, Uniform, & Hygiene
- ☒ DOC 3.4.2, Prohibited Acts
- ☒ MSP 3.4.3, Tobacco Use Regulations
- ☒ MSP 3.1.5, Entrance Procedures
- ☐ MSP 3.1.17b, Contraband Control
- ☒ MSP 3.1.13, Key Control
- ☐ MSP 3.1.14, Tool Control
- ☒ MSP 3.1.21, inmate Count & Supervision
- ☒ MSP 3.1.11, inmate Movement Control
- ☒ MSP 1.3.16A, Religious Volunteer Services
- ☒ DOC 1.3.16, Volunteer Services
- ☒ DOC 1.3.12 Staff Association & Conduct with Offenders

I have received orientation and training in the areas checked above and have had the opportunity to ask questions and/or address my concerns. I agree to abide by the policies, procedures, and regulations of MSP.

I understand that if I violate any standard of conduct my permission to enter the grounds of Montana State Prison may be suspended and/or terminated and I may be subject to a criminal investigation by law enforcement authorities.

NAME (PLEASE PRINT)

ORGANIZATION

SIGNATURE

 I I

DATE

PRINTED NAME OF TRAINER/FACILITATOR

SIGNATURE OF TRAINER/FACILITATOR



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 1.3.46 EMPLOYEE MEAL BREAKS	
Effective Date:	March 31, 2007	Page 1 of 4 and no Attachments
Revision Date(s):	August 22, 2017, March 18, 2020, August 31, 2021	
Reference(s):	DOC Policy 1.3.46	
Signature:	/s/ Jim Salmonsens / Warden	
Signature:	/s/ Gayle Butler/ MCE Administrator	

I. PURPOSE

Montana State Prison (MSP), Montana Correctional Enterprises (MCE), and Riverside Special Needs Unit (RSNU) provides employees with meal and rest breaks in accordance with state policy and state and federal labor laws. Employee breaks will be based on facility staffing patterns, operational needs, and security requirements.

II. DEFINITIONS

None

III. PROCEDURES

A. Eligibility

1. All facility staff not covered by a collective bargaining agreement, will receive a 30-minute paid meal period during their scheduled shift regardless of their established work schedule., eight, ten, or twelve-hour shift, as long as they remain on-site at the facility.
2. Facility staff includes all staff that work at the MSP/MCE/RSNU regardless of the Department division they work under.
3. Exceptions to eligible staff are the Warden and MCE Administrator.

B. Requirements and Restrictions

1. The employee must remain onsite at the facility to be paid for the meal period. An employee who leaves the facility for training, meetings, or to conduct personal business is not eligible for the paid meal period and must take appropriate accrued leave or work additional time to offset the time they took for the personal business, meal, or other breaks. The following are examples:

EXAMPLE: *Your scheduled workday is from 8 a.m. to 4 p.m., and, while you generally stay at the facility during your workday, your work group goes to town for lunch. As you are not taking your meal at the facility, all the time away needs either to be made up by working longer or through the*

Subject: EMPLOYEE MEAL BREAKS

use of accrued leave. If you spend an hour in town for lunch, you will need to work one hour longer or use an hour of accrued leave (or some combination thereof).

EXAMPLE: *Your scheduled workday is from 8 a.m. to 4 p.m., and, while you generally stay at the facility during your workday, you are attending an eight-hour training session at the DOC Training Center. As you are not on-site, and not taking your meal at the facility, whatever time you use for off-site meal or other breaks needs to be made up by working longer or through the use of accrued leave.*

EXAMPLE: *Your scheduled workday is from 8 a.m. to 4 p.m. and you have a meeting in Helena. You leave for the meeting in a state car at 8 a.m. There is an hour break taken for lunch during the meeting. You return home at 5 p.m. You are not on site at the facility therefore you will not be paid for the meal break. The total time you spend at the meeting and traveling to and from the meeting count toward time worked.*

2. While on a paid meal break, the employee must be available to respond to any incident in the facility and may be required to provide security or other duties.
3. If an employee is interrupted during their meal break to attend to facility business (emergent or non-emergent), they should take an alternate meal break for the time missed before the end of their regularly scheduled shift. If the employee doesn't take an alternate meal break before the end of their regularly scheduled shift, no matter what the reason, the employee can't request overtime for the missed meal break. The following is an example scenario:

EXAMPLE: *Your scheduled workday is from 8 a.m. to 4 p.m. You are in the middle of your meal break when the emergency siren goes off. You stop what you are doing and follow the emergency protocols. The emergency lasts until 2:00. Take your meal break between 2:00 and 4:00. If you don't take a meal break or the emergency lasts all day, and you don't get a meal break you can't put in for ½ hour of overtime for the missed meal break.*

4. Supervisors will schedule the meal break of each employee they supervise to ensure employee and facility needs are met. They will monitor their employee's time so as not to incur overtime due to meal breaks. However, the employee needs to take personal responsibility to take their meal break and work the appropriate hours. This includes the following example:

EXAMPLE: *Your scheduled workday is from 8 a.m. to 4 p.m. and today is the last day of your work week. You stay at your desk the whole day and do not take a meal break. You can't take a meal break from 4 to 4:30 and put in for ½ hour of overtime. Your supervisor will not approve overtime for this meal break.*

5. Employees who wish to extend their on-site meal break period may do so under the following conditions:
 - a. the alternative meal break may only be extended up to one hour.
 - b. the employee must receive prior approval from their immediate supervisor.

Subject: EMPLOYEE MEAL BREAKS

- c. the employee must stay on-site during the extended period; and
- d. the employee must either take the appropriate accrued leave or work additional time to offset the additional time they take.

EXAMPLE: *Your scheduled workday is from 8 a.m. to 4 p.m. You go to an on-site gym from 11:00 a.m. to 11:30 a.m. and then eat lunch on-site from 11:30 a.m. to 12:00 p.m. You would need to work an additional ½ hour or use accrued leave to cover the additional ½ hour.*

- 6. Supervisors will ensure that the workday hours of the staff they supervise are scheduled according to the services provided by each position and meet the needs of the facility, other staff, and inmates. Performance of job duties and facility needs will take precedence over the personal needs or wishes of the employee.
- 7. Staff are encouraged, but not required, to take their meal break in a designated facility meal or break area. This includes the following:
 - a. if a staff member takes their meal in a dining hall, they must do so during a scheduled mealtime and not take the meal out of the hall; and
 - b. if a staff member takes their meal break in another location, the location selected should not cause interference with other staff in completing their duties in an efficient, professional, and orderly manner.

EXAMPLE: *You decide to eat the facility provided lunch meal in the low side dining hall. You must take it sometime between 1015hrs and 1200hrs and eat it in the dining hall. You aren't allowed to fill a tray and take it to your office or work area to eat.*

EXAMPLE: *You go to an unoccupied conference room to eat your meal. People start coming in for a meeting. You need to immediately leave and finish the break somewhere else. In the future check with the person who schedules the room before you take your meal break there.*

EXAMPLE: *If one of your close friends is busy working, don't bring your lunch to their worksite and just start eating. You need to find a place where you aren't disrupting anyone trying to get their work done.*

- 8. The following requirements apply to rest/coffee breaks:
 - a. employees are allowed one fifteen-minute break per four hours worked when the break does not interfere with the accomplishment of assigned duties. When an eight-hour shift is completed, one break may be taken during the first half of the work period, and one break may be taken during the second half of the work period.
 - b. employees are not entitled to two fifteen minute "rest/coffee breaks" each shift but will be allowed to periodically interrupt their regular duties for restroom breaks or other personal needs.
 - c. employees are not entitled to additional compensation or time off for missed breaks.
 - d. breaks do not accumulate, may not extend meal breaks, nor be used to start late or leave early.
 - e. supervisors will monitor and review employee breaks.

IV. CLOSING

Provisions of this procedure not required by statute will be followed unless the provisions conflict with Collective Bargaining Agreements, which will take precedence to the extent possible.

Questions concerning this procedure should be directed to the MSP Human Resource office staff.

V. REFERENCES

DOC Policy 1.3.46
24.16.1006, ARM

VI. ATTACHMENTS

None



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 1.3.100 EMPLOYEE RECOGNITION PROGRAM	
Effective Date:	August 1, 2003	Page 1 of 4 and 2 Attachments
Revision Date(s):	April 18, 2006, June 16, 2008, August 23, 2017, May 15, 2020, May 31, 2021	
Reference(s):	DOC 1.1.3	
Signature:	/s/ Jim Salmonsens / Warden	
Signature:	Gayle Butler/ MCE Administrator	

I. PURPOSE

To recognize outstanding achievement and professionalism of Montana State Prison (MSP), Riverside Special Need Unit (RSNU), Montana Correctional Enterprises (MCE) and Clinical Services Division (CSD) employees, and the longevity of all MSP/RSNU/MCE/CSD employees who have completed five years of state service and five-year increments thereafter.

II. DEFINITIONS

Selection Committee – Three persons, one appointed by each Associate Warden and one from MSP Human resources, who review the nomination forms and select, by secret ballot, the recipients of the Employee of the Quarter and Employee of the Year awards.

III. PROCEDURES

A. Positive Action Report

1. A supervisor may commend an employee for action(s) or completion of job duties over and above normal expectations in the following categories by filling out a *Positive Action Report Form* (attachment A). Positive actions should include the following:
 - a. inspection results;
 - b. alertness for security;
 - c. attendance;
 - d. recruitment of new staff;
 - e. interactions with new staff;
 - f. interactions with the public;
 - g. volunteer for extra duty/overtime;
 - h. written documentation skills;
 - i. interpersonal communication skills;
 - j. response/follow-up to requests;
 - k. uniform appearance;
 - l. workstation appearance;
 - m. special act/duty;
 - n. response to life threatening situation;
 - o. time management; and
 - p. problem solving.

2. Completed reports will be submitted to the Warden or designee. If approved, the supervisor will present the employee with the report and a small gift in private or at a staff meeting.

B. Employee of the Quarter and Employee of the Year Program

1. The general consideration for employee of the quarter and year are as follows:
 - a. any staff member may nominate another staff member or group of staff members who meets the following criteria for an Employee of the Quarter award at any time. Nominations shall be made by filling out and submitting an *MSP Employee of the Quarter Nomination Form* (attachment A) to MSP Human Resources for review by the selection committee. The criteria that is looked at is as follows:
 - 1) accomplishes duties in an outstanding manner, setting an example for others to follow;
 - 2) demonstrates courage and competence in emergency situations;
 - 3) demonstrates initiative and skill in devising new or improved work methods and/or procedures, which promote higher efficiency within the institution;
 - 4) demonstrates near perfect job reliability (perfect or near perfect attendance);
 - 5) participates in program activities or non-mandatory training/education courses and special projects or additional duties;
 - 6) contributes to staff morale and promotes teamwork among his/her fellow employees;
 - 7) relates well with staff and inmates, and demonstrates poise and self-control in dealing with hostile inmates;
 - 8) demonstrates a thorough knowledge of institutional policies and procedures;
 - 9) contributes to the security of the institution, and has a wide variety of experience and knowledge of the various posts and operations of the prison; and
 - 10) demonstrates personal pride in his/her appearance.
 - b. employees who receive a positive action report during the quarter will automatically be nominated;
 - c. an employee is eligible for an Employee of the Quarter award only once a year unless unusual circumstances warrant;
 - d. the selection committee will not consider nominees who haven't completed the required probationary period unless exceptional performance warrants a nomination (i.e., actions of valor, instrumental in preventing escape or bodily injury to another staff member, etc.);
 - e. the selection committee will select one nominee from each of the following three categories to receive an Employee of the Quarter award:
 - 1) security;
 - 2) support; and
 - 3) management
 - f. in the event of a tie, all information regarding the tied nominations will be forwarded to the Warden, whose vote will act as the tiebreaker.
2. Employee of the Quarter will consist of the following:
 - a. the Employees of the Quarter program will be based on a calendar year. The quarters are as follows:
 - 1) January to March;

Subject: EMPLOYEE RECOGNITION PROGRAM

- 2) April to June;
 - 3) July to September; and
 - 4) October to December.
 - b. the selection committee will meet on the nearest working day after a quarter has elapsed. They will select recipients in each category for the Employee of the Quarter from those who received a positive action and those nominated during the previous quarter (i.e., in April the committee will review nominations submitted between January and March to select the April to June recipients of the award);
 - c. nominations for the present quarter will be reviewed again for the next two quarters, and then discarded. After that a new nomination form must be submitted;
 - d. the Employee of the Quarter in each category will:
 - 1) receive a certificate of appreciation/accomplishment signed by the Department Director. A copy will be placed in his/her personnel file;
 - 2) receive the use of a designated "Employee of the Quarter" parking space for three months;
 - 3) be recognized in a press release to the local paper, and/or posted on the Department social media site;
 - 4) receive a plaque;
 - 5) the current Employees of the Quarter will have their photographs posted in the Lobby area of the Wallace building; and
 - 6) be automatically nominated for the next Employee of the Year award program.
 - e. group award recipients will receive all of the above, except each person will not get a separate parking space. The group will divide the time so that each person has equal time to use the parking space.
3. Employee of the Year will consist of the following:
 - a. in August, the selection committee will select the Employee of the Year from the employee of the quarter recipients from the previous year;
 - b. the Employee of the Year will:
 - 1) receive a certificate of appreciation/accomplishment signed by the Department Director. A copy will be placed in his/her personnel file;
 - 2) receive the use of a designated "Employee of the Year" parking space for one year;
 - 3) be recognized in a press release sent to the local paper and/or posted on the the Department social media site;
 - 4) receive a plaque; and
 - 5) the current employee of the year will have a photo posted in the lobby area.

C. Service Recognition Program

1. The longevity awards program is as follows:
 - a. MSP/RSNU/MCE/CSD employees with 5, 10, 15, 20, 25, 30, etc., years of service will be awarded service pins. All state time will be recognized. Longevity will be determined based on the calendar year:
 - 1) employees with 5 and 10 years of service will be awarded an MSP service pin; and;
 - 2) employees with 15, 20, 25, 30, etc., years of service will be awarded a state service pin but may opt to receive a plaque or a gift of equal value in lieu of the

Subject: EMPLOYEE RECOGNITION PROGRAM

- pin.
- b. certificates of appreciation/accomplishment will also be awarded as follows:
 - 1) MSP/RSNU/MCE/CSD employees with 5, 10, 15 years of service will receive a certificate of appreciation/accomplishment signed by the Warden, MCE Administrator (if applicable), and the Department Director; and
 - 2) MSP/RSNU/MCE/CSD employees with 20, 25, and 30 years of service, etc., will be awarded a certification of appreciation/accomplishment signed by the Department Director, the Warden, the MCE Administrator, and the Governor.
2. The recognition ceremonies are as follows:
 - a. certificates, pins, plaques, and gift certificates for all MSP/RSNU/MCE/CSD staff will be passed out at the Employee Recognition Ceremony conducted during the annual Correctional Staff Appreciation Week;
 - b. a program containing “bios” for staff with 15 years or more will be handed out at the ceremony. These will be short, to the point and completed by the selection committee;
 - c. Correctional Officer week will be observed at the designated time period, but the years of service recognition will occur at the Employee Recognition Ceremony;
 - d. the Employee of the Year award will be bestowed during the Employee Recognition Ceremony; and
 - e. employees who have passed away during the last calendar year will be honored at the Employee Recognition Ceremony.
 3. Employee retirements will consist of the following:
 - a. MSP/RSNU/MCE/CSD will formally acknowledge the retirement of employees with 10 years of service or more;
 - b. a retiree wallboard with nameplates will be posted in the lobby area of the Wallace building. The nameplates will have the employee’s name and dates of service on them;
 - c. a retirement lunch with cake will be conducted at the Wallace building for retirees;
 - d. the Warden and MCE Administrator (as applicable) will be in attendance when possible. All retirees will be presented with a standard retirement plaque manufactured by MCE;
 - e. correctional officers with 10 years or more of service may receive a plaque with their badge affixed to it per established protocol; and
 - f. the retiree’s immediate supervisor will be responsible for coordination of the retirement acknowledgment and lunch arrangements.

IV. CLOSING

Questions concerning this procedure should be directed to MSP Human Resources

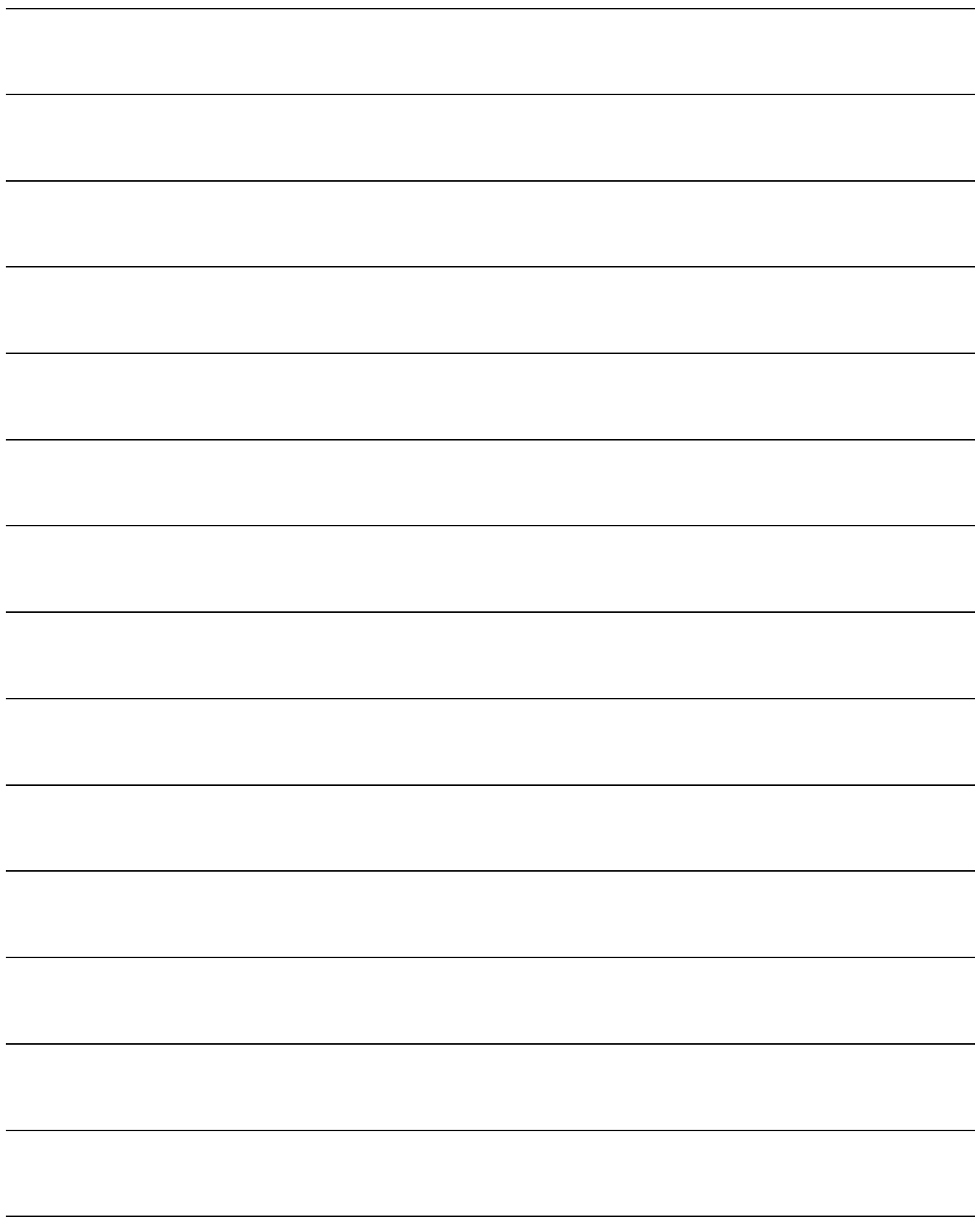
V. ATTACHMENTS

MSP/RSNU/MCE/CSD Employee Positive Action Report Form
MSP/RSNU/MCE/CSD Employee of the Quarter Nomination Form

attachment A
attachment B

[illegible]

MSP/RSNU/MCE/CSD EMPLOYEE OF THE QUARTER NOMINATION FORM



Name: _____ Signature: _____

Date: _____



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 1.3.102 CORRECTIONAL OFFICER POST ASSIGNMENTS
Effective Date:	July 14, 1997 Page 1 of 4 and no Attachments
Revision Date(s):	June 6, 2012, February 16, 2017, August 23, 2017, October 6, 2017, May 15, 2020, May 31, 2021
Reference(s):	DOC Policy 3.1.1
Signature:	/s/ Jim Salmonsens / Warden

I. PURPOSE

To outline the procedures for assigning correctional officers to their posts.

II. DEFINITIONS

Probationary Period - A trial period established by an agency when an employee is newly hired to state government into permanent or seasonal employment to assess the employee's abilities to perform job duties; to assess the employee's conduct on the job; and to determine if the employee should be retained beyond the probationary period and attain permanent employee status.

Unit Management Team (UMT)— The housing unit staff consisting of the Unit Manager, Case Manager(s), Sergeants, Security Technicians and Correctional Officers.

III. PROCEDURES

A. Probationary Status

1. Newly hired Correctional Officers (CO's) may be rotated on different shifts during the first six-months of the probationary period to provide them broad experience and in-depth training.
2. Command Post staff will assign CO's to one of the three regular shifts at the conclusion of their one-year probationary period. This includes the following:
 - a. the shift will be determined according to the needs of the institution, and the notification of what shift he or she have been assigned to will be provided in writing to the CO at least ten working days in advance of the scheduled change; and
 - b. after being assigned to their regular shift a CO may exercise his/her seniority rights in bidding for shift and days off.

B. Correctional Officer (CO) Scheduling – General Guidelines

1. The reasoning for the general guidelines is as follows:
 - a. to increase communication with CO staff, Unit Management Team (UMT) staff, and staff from various facility work areas by providing written documentation outlining how CO staff scheduling and post assignment are made. Facility need for security, order, and appropriate staffing are to be considered in making individual CO post assignments;
 - b. to provide CO's with consistency in post assignments;
 - c. to provide UMT staff "regular" staff in the housing units to assist them in conducting consistent daily operations and maintaining a level of knowledge and awareness of unit

Subject: CORRECTIONAL OFFICER POST ASSIGNMENTS

- inmates and housing operations. In addition, this will provide consistency in operations for inmates, improving overall facility security and safety;
- d. to give Command Post staff the discretion to schedule a CO's work week to a "regular" assigned post, while leaving days available for rotation/training in other posts;
 - e. to provide a means of rotating COs through the various posts within the facility, ensuring to the degree possible, they have experience in working all posts or areas;
 - f. to encourage CO staff to work with Command Post and UMT staff on potential locations for future scheduling when post rotation time periods occur, while enhancing and improving communication between all staff concerning CO scheduling issues;
 - g. to help ensure that the essential duty of all COs is for them to be able to work all posts within the facility, due to the fact that CO scheduling, training, post rotations, etc., all contribute to the attainment of this essential CO duty;
 - h. to ensure that a CO's gender will only be considered when specific, documented, bona fide, job-related criteria restrict a post assignment to a male or a female officer; and
 - i. to provide some advance notice to staff of post rotations and assignments.
2. Establishing CO Staff Scheduling is as follows:
- a. Command Post staff will work with UMT staff as needed to determine all housing unit post assignments. They will:
 - 1) consider requests from UMT staff; and
 - 2) adjust CO staff assignments as needed due to various issues within housing units or between staff members or as a result of employee's performance issues.
 - b. Command Post staff is responsible for scheduling CO's in a manner that is responsive to facility operational needs, taking into account the union contract, facility security, and public safety. This includes the following:
 - 1) at any time, based on facility need and emergencies, Command Post staff, in conjunction with UMT staff, have the authority to make the appropriate changes in CO staff post assignments; and
 - 2) CO staff should not assume that a post assignment cannot be changed or that they have a right to a specific post.
 - c. bid posts, such as Transportation, CSRT, Ranch Officers, etc., will remain as currently scheduled;
 - d. CO's may be assigned to the same housing unit for a 5-day period but assigned to different posts within the housing unit. For example, a CO may be assigned to work in a control cage for 3 days and as a floor officer for 2 days within the same housing unit (or any similar combination);
 - e. on all three shifts, on any given day of the week, there may be a number of unassigned or relief CO's on the schedule due to the overall facility CO relief factor, and the fact that some training on shift is built into the relief factor:
 - 1) training does not occur all days, and as a result the schedule will reflect some unassigned or extra relief CO staff;
 - 2) assigning these unassigned or extra relief COs to a specific post is not intended as a mechanism for authorization of Command Post staff to grant additional days off for CO staff, but rather as an additional pool or resource of CO's that can be used for any facility need; and
 - 3) these COs may be assigned to any post or any location within the facility at the discretion of Command Post staff as facility operations dictate.

Subject: CORRECTIONAL OFFICER POST ASSIGNMENTS

- f. The MSP administration and Command Post staff will identify posts/positions that are specialized in nature and will discuss and implement a procedure to determine how these posts will be filled. This includes the following:
 - 1) specialty or critical posts may have staff assigned to the same post for 5 consecutive days (includes posts such as visiting, property, construction, main control, single man, etc.) depending on the shift, facility need, coverage for cell extractions, etc.;
 - 2) for some shifts, such as 3rd shift, staffing is limited and staff assignments may be arranged so that Command Post staff are able to assign COs to work a particular post, but also re-assign them during the shift to be utilized as a member of a cell extraction team or to attend to other special needs for a period of time;
- g. CO Assignments to Restrictive Housing and Secure Adjustment Units are governed by the following provisions:
 - 1) probationary COs will not be assigned to a control room/cage post until there is documentation, they have satisfactorily completed the required training;
 - 2) during a COs first 6 months of employment, they can be assigned to a Restrictive Housing or Secure Adjustment Unit control room/cage post, but only if another CO is assigned to be present in the control cage with them at all times; and
 - 3) probationary COs will not be assigned to a floor officer post in Restrictive Housing or the Secure Adjustment unit unless the other COs assigned to that unit during that shift are more senior employees or have completed their probation.
- h. Command Post staff may assign a CO that has moved from one shift to another to a relief post until the existing schedule is adjusted;
- i. CO staff post assignments may be impacted by:
 - 1) overtime issues and union contract of selecting post when on overtime;
 - 2) facility emergencies or need;
 - 3) specialty skills; and/or
 - 4) staff vacation and various leave allowed.
- j. CO post assignment rotation consist of the following:
 - 1) a CO's post assignment rotation may occur any time after one year of being assigned to a post;
 - 2) post rotations may require some CO's to remain in a post assignment for longer than one year due to operational necessity;
 - 3) At no time will all CO's assigned to a housing unit or work area with more than one CO post be rotated to other posts at the same time;
 - 4) all posts that are not bid posts will be subject to post rotation. To the extent possible, when CO staff rotation occurs, the affected CO staff will be rotated to a unit with a different custody level or inmate programming opportunities in order to broaden the CO's experience within the facility and aid in professional development; and
 - 5) a CO may be subject to a post rotation before one year has elapsed due to assessment of the CO's performance, other facility issues, or circumstances that are clearly noted and documented.
- k. CO Regular Days Off (RDO) are as follows:
 - 1) Command Post staff will review CO staff RDO's to ensure that RDO's are balanced (to the extent possible) throughout the work week; and
 - 2) If a particular shift is unbalanced, Command Post staff will make the necessary adjustments to officer RDO's.
- l. Command Post staff will:

Subject: CORRECTIONAL OFFICER POST ASSIGNMENTS

- 1) ensure a complete two-week staffing projection is maintained, with adjustments made as situations arise throughout the week;
 - 2) ensure CO post assignments are maintained and consistent with authorized post;
 - 3) update changes to CO staffing projections and the daily CO staff schedule as quickly as possible;
 - 4) generate and maintain CO staffing schedules using the Intelli-Time® scheduling system. Ensure that any changes to the CO schedule are updated in real time on the Intelli-Time® system in regard to hours worked, time taken off for any reason (vacation, sick leave, military, etc.), or any other factor that would impact the schedule;
 - 5) identify and address CO staffing deficits to ensure the appropriate numbers of COs are scheduled to achieve the required CO staffing levels. This may include the use of overtime or mandatory overtime;
 - 6) make adjustments to CO post assignments, assign CO staff to overtime, and take the necessary steps to ensure the facility CO posts are covered on every shift;
 - 7) comply with requirements within the union contract in regard to CO's; and
 - 8) appropriately communicate and work with UMT and CO staff on issues raised regarding CO scheduling.
- m. Unit Management Team staff will:
- 1) appropriately communicate and work with CO and Command Post staff concerning CO scheduling and any issues or conflicts that may develop regarding the scheduling of CO staff in their unit;
 - 2) as CO staff rotate through housing units, or new CO staff assignments are made, provide the CO's with appropriate direction and training on daily housing unit operations, appropriate tool/equipment use, inmate custody levels, programming, etc.;
 - 3) ensure information concerning post orders, unit rules, contact numbers, etc. are readily accessible in the unit Sergeant's office for all staff working in the housing units;
 - 4) provide direct supervision of CO staff and work with individual CO's and Command Post staff concerning specific performance issues through training, corrective counseling, supervisory notes, and progressive discipline; and
 - 5) conduct housing unit briefings or meetings as needed, to ensure UMT and CO staff assigned to the various posts in the unit have the same information and direction.

IV. CLOSING

Questions concerning this operational procedure should be directed to the Associate Warden of Security

V. ATTACHMENTS

None



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 2.1.1 MSP MAINTENANCE
Effective Date:	March 3, 2003 Page 1 of 7 and no Attachments
Revision Date(s):	October 6, 2017, January 1, 2020, January 15, 2021
Reference(s):	DOC Policy 2.1.1
Signature:	/s/ Jim Salmonsens / Warden

I. PURPOSE

Outline the scheduled and necessary maintenance of the Montana state Prison (MSP) physical plant and its included systems.

II. DEFINITIONS

Air Compressor – equipment that supplies air pressure to pneumatic controls.

Air Dryer – equipment that removes moisture from compressed air before it is sent to a pneumatic control system.

Air Handler – equipment that supplies forced air into a building or other defined area.

Back Flow Preventer – a mechanical anti-contaminant device that allows water to flow in only one direction.

Blow Down – the discharge of steam and water to eliminate sludge buildup.

Disability – see DOC 3.3.15, Americans with Disabilities Act (ADA) Offender Accommodations, for the definition and an explanation of disability.

Exhaust Fan – equipment that evacuates air from a building or other defined area.

Man Door – a door that provides access to the interior of the boiler.

Preventative Maintenance (PM) – proactive maintenance of the physical plant, systems, and related equipment intended to prevent, rather than merely react to, malfunctions and other maintenance-related problems.

III. PROCEDURE

A. General Requirement

1. The MSP maintenance program organizes and schedules an orderly and systematic process to ensure that, at a minimum, all required emergent and preventative maintenance is conducted in the following areas:
 - a. heating, ventilation, and air-conditioning systems;
 - b. plumbing systems;
 - c. electrical systems;
 - d. fire and life safety systems;
 - e. security and emergency systems/equipment;

Subject: MSP MAINTENANCE

- f. general maintenance and sanitation;
 - g. deficiencies noted during scheduled inspections and
 - h. access for inmates with disabilities and compliance with relevant standards.
- 2. The MSP Maintenance Services Manager will assign individual preventative maintenance responsibilities.
- 3. The maintenance management team administers all maintenance at MSP and oversees day-to-day operations, scheduling, assignments, and review. They will conduct annual reviews of maintenance files to ensure that all equipment/systems are being properly maintained.
- 4. maintenance line staff are divided into two general groups:
 - a. crafts which includes the following:
 - 1) electricians;
 - 2) plumbers;
 - 3) carpenters;
 - 4) painters;
 - 5) millwrights;
 - 6) HVAC – Refrigeration
 - 7) Boilermaker
 - b. maintenance supervisors which include the following:
 - 1) custodial supervisors;
 - 2) electronics technician
 - 3) general maintenance staff.
- 5. The MSP Maintenance Services Manager will ensure each newly submitted work order and maintenance request is processed, checked for accuracy, and prioritized each workday. The necessary work will then be assigned to designated maintenance staff for follow up:
 - a. all maintenance inspections must be documented in logbooks and/or on forms that include the date of the inspection, the individual(s) performing the inspections, significant findings, and repairs to be made. This information will be forwarded to the Maintenance Services Manager to be maintained, and will serve as permanent records of inspections and repairs; and
 - b. equipment that affects human habitation will be a priority for frequent inspections and preventative maintenance.
- 6. Sanitation inspections and procedures will be conducted in accordance with DOC Policy 4.4.2, Facility Sanitation and Pest Control.

B. Preventative Maintenance

- 1. Preventative maintenance for heating, ventilation, and air conditioning (HVAC) is as follows:
 - a. air handlers; air conditioners; supply and return fans. The inspections are as follows:
 - 1) six-week inspections: the assigned maintenance inspector(s) will change air filters;
 - 2) monthly inspections: the assigned maintenance inspector(s) will:
 - a) check for proper operation;
 - b) replace and clean intake filters; and
 - c) check and adjust drive belts.
 - 3) annual inspections: the assigned maintenance inspector(s) will:
 - a) check for proper operation;

- b) replace and clean intake filters;
 - c) check and adjust drive belts;
 - d) lube drive motor bearings; and
 - e) wash and clean inside of unit.
- b. air compressors inspections are as follows:
 - 1) quarterly inspections: the assigned maintenance inspector(s) will:
 - a) check for proper operation;
 - b) replace intake filters;
 - c) check oil sump;
 - d) lift safety release valve;
 - e) check control circuit; and
 - f) wipe compressor unit down.
 - 2) annual inspections: the assigned maintenance inspector(s) will:
 - a) replace intake filters;
 - b) check oil sump;
 - c) lift safety release valve;
 - d) check control circuit;
 - e) wipe compressor unit down;
 - f) check for proper operation; and
 - g) drain and replace crankcase oil.
- c. air dryers' inspections are as follows:
 - 1) quarterly inspections: the assigned maintenance inspector(s) will:
 - a) check for proper operation;
 - b) clean condenser coils;
 - c) clean and replace oil separator and filter; and
 - d) wipe unit down.
 - 2) annual inspections: the assigned maintenance inspector(s) will:
 - a) check for proper operation;
 - b) clean condenser coils;
 - c) clean and replace oil separator and filter; and
 - d) wipe unit down.
- d. exhaust fans inspections are as follows:
 - 1) quarterly inspections: the assigned maintenance inspector(s) will:
 - a) turn fans on at the control panel downstairs, then go to the roof and check for proper operation;
 - b) inspect unit; and
 - c) clean unit.
 - 2) annual inspections: the assigned maintenance inspector(s) will:
 - a) turn fans on at the control panel downstairs, then go to the roof and check for proper operation;
 - b) inspect unit; and
 - c) clean unit.
- e. boiler inspections are as follows:
 - 1) daily inspections: the assigned maintenance inspector(s) will check the proper operation of the boiler;
 - 2) weekly inspections: the assigned maintenance inspector(s) will:
 - a) test fire safeties; and

- b) check for proper function of low-water cut-off, high fire, low gas pressure, and related systems.
 - 3) quarterly inspections: the assigned maintenance inspector(s) will:
 - a) open for inspection;
 - b) clean mud drum;
 - c) clean steam drum; and
 - d) test fire safeties.
 - 4) annual inspections: the assigned maintenance inspector(s) will:
 - a) lift safety valves in addition to procedures listed under daily, weekly, and monthly inspections; and
 - b) check for proper function of low-water cut-off, high fire, low gas pressures, and related systems.
 - f. expansion and condensate return tanks inspections are as follows:
 - 1) weekly inspections: the assigned maintenance inspector(s) will check water control levels; and
 - 2) monthly inspections: the assigned maintenance inspector will:
 - a) check water control levels; and
 - b) blow down bottom.
 - g. heat exchanger inspections are as follows:
 - 1) quarterly inspections: the assigned maintenance inspector(s) will:
 - a) check for leaks;
 - b) check thermometers for indication of leaking; and
 - c) de-scale if temperature lag is noted.
 - 2) annual inspections: (same as quarterly inspection procedure).
 - h. Furnace inspections are as follows:
 - 1) quarterly inspections: the assigned maintenance inspector(s) will observe for proper operation; and
 - 2) annual inspections: the assigned maintenance inspector(s) will:
 - a) observe for proper operation;
 - b) replace and clean filter element;
 - c) inspect and clean burner; and
 - d) check flue for obstruction.
2. Preventative maintenance for plumbing is as follows:
- a. water heaters inspections are as follows:
 - 1) daily inspections: the assigned maintenance inspector(s) will, during the heating season, check basement for leaks;
 - 2) weekly inspections: the assigned maintenance inspector(s) will check basement for leaks; and
 - 3) quarterly inspections: the assigned maintenance inspector(s) will:
 - a) observe for proper operation;
 - b) inspect for leaks;
 - c) check thermometers for indications of scaling; and
 - d) de-scale if temperature lag is evident.
 - b. wells inspections are as follows:
 - 1) weekly inspections: the assigned maintenance inspector(s) will:
 - a) check water pumps for proper operation;
 - b) grease pumps; and

- c) check automatic pump controls.
 - 2) the assigned maintenance inspector will chlorinate or decontaminate as needed.
 - c. back flow preventers, the assigned maintenance inspector(s) will test back flow devices annually;
 - d. sewage lagoons, the assigned maintenance inspector(s) will check for normal operation and check aerators daily.
3. Electrical preventative maintenance is as follows:
- a. the assigned maintenance inspector(s) will conduct random inspections of all electrical systems, and check for normal operation;
 - b. annually: the assigned maintenance inspector(s) will check the following items/areas on all distribution lines:
 - 1) conductors;
 - 2) insulators;
 - 3) cutout switches;
 - 4) condition of power poles; and
 - 5) guy wires.
4. Gate operations preventative maintenance is as follows:
- a. monthly inspections: the assigned maintenance inspector(s) will check for proper operation;
 - b. quarterly inspections: the assigned maintenance inspector(s) will:
 - 1) check for proper operation;
 - 2) check chain tension;
 - 3) check chain sprockets;
 - 4) check drive motors;
 - 5) check overhead tracks and rollers, and lube them as needed; and
 - 6) check gearbox oil levels.
5. Buildings; Offices; Housing Units: In addition to requiring all staff to conduct daily inspections of their assigned work areas/offices, and report all needed general maintenance, the following scheduled inspections of these areas will be conducted by assigned staff:
- a. weekly inspections: the assigned inspector(s) will inspect inmate living areas including:
 - 1) doors, windows, walls, floors, grilles, and other surfaces and barriers;
 - 2) lights;
 - 3) plumbing (for leaks, malfunctions, missing pipe insulation, and other problems); and
 - 4) removing obstructions in required accessible routes and clear floor space and other barriers to inmates with disabilities.
 - b. monthly inspections: the assigned inspector(s), in addition to inmate living areas, will inspect all other areas and buildings, including:
 - 1) doors, (including force required to open door if door is used independently by inmates), windows, walls, floors, grilles, and other surfaces and barriers;
 - 2) lights; and
 - 3) plumbing (for leaks, malfunctions, and other problems).
 - 4) ensuring that each classroom or other common area used by inmates has at least one accessible table or workstation of each type provided.
 - c. annual inspections: the assigned inspector(s) will inspect all walkways used by inmates to ensure that there are no changes in level greater than ¼”.
6. Walk-in Coolers:

- a. daily inspections: assigned staff will conduct daily inspections of walk-in coolers, log their temperatures, and check for any problems, submitting a maintenance work order for any necessary repairs or adjustments;
 - b. weekly inspections: the maintenance management team must verify that daily inspections are being conducted by assigned staff; and
 - c. quarterly inspections: the maintenance refrigeration technician will:
 - 1) check the defrost cycle.
 - 2) clean condenser coils.
 - 3) clean evaporator coils.
 - 4) check door seals.
7. Exhaust Hoods:
- a. monthly inspections: food service staff will inspect and clean the exhaust hood; and
 - b. annual inspections: assigned maintenance staff will:
 - 1) inspect and clean the ductwork;
 - 2) inspect and clean the fans, motors, and motor housings; and
 - 3) inspect and clean exhaust hoods.

C. Security and Life Safety Equipment/Systems:

1. Fire detection panel(s):
 - a. monthly inspections: the assigned maintenance inspector will:
 - 1) check fire detection panels throughout the MSP;
 - 2) clean dirty detector heads; and
 - 3) the equipment vendor will provide technical work on the system.
 - b. annual inspections: maintenance staff will inspect all fire detection panels.
2. Locks:
 - a. daily inspections: all staff will inspect locks as they use them, check for any problems, submitting a maintenance work order to Lock Shop staff for any necessary repairs or replacements; and
 - b. semi-annual Inspections: the assigned inspectors will:
 - 1) inspect door lock device in housing sections;
 - 2) inspect and adjust door position switches;
 - 3) check operation of deadlock function; and
 - 4) audit all locking devices.
3. Emergency Power Generators: emergency power generators will be tested according to manufacturer recommendations.
 - a. semi-weekly inspections twice each week during the heating season, assigned maintenance inspectors will:
 - 1) test fire all emergency power generators;
 - 2) check coolant, oil, and fuel levels;
 - 3) check batteries; and
 - 4) check block heaters.
 - b. weekly inspections: during the non-heating season, assigned maintenance inspectors will:
 - 1) test fire all emergency power generators;
 - 2) check coolant, oil, and fuel levels;

- 3) check batteries; and
- 4) check block heaters.
- 4. Perimeter Security Fence Protection System (FPS):
 - a. daily inspections: assigned maintenance staff will conduct an automated status check of the system each day. Discrepancies will be noted on a printout. A maintenance work order must be submitted for any necessary repairs; and
 - b. semi-annual inspections:
 - 1) assigned maintenance staff will check the following to ensure proper operation:
 - a) FPS sensitivity;
 - b) FPS rap count;
 - c) taut-wire systems will be checked for proper tension; and
 - d) microwave system will be checked for proper operation.

D. Vender Inspections

- 1. In addition to internal inspections, the following will be inspected by outside agencies or venders as required, due to technical expertise requirements, liability considerations, or possible conflict of interest.
 - a. boilers;
 - b. elevators;
 - c. fire suppression systems;
 - d. fire detection equipment;
 - e. fire safety inspections; and
 - f. food service.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Maintenance Services Manager.

V. ATTACHMENTS (none)



DEPARTMENT OF CORRECTIONS MONTANA STATE PRISON OPERATIONAL PROCEDURE

Procedure:	MSP 2.1.3 LAND USE RESTRICTIONS	
Effective Date:	August 20, 2001	Page 1 of 13 and 9 Attachments
Revision Date(s):	November 21, 2017, October 15, 2019, February 28, 2021	
Reference(s):	DOC Policy 2.1.3	
Signature:	/s/ Jim Salmonsens / Warden	
Signature:	/s/ Gayle Butler / MCE Administrator	

I. PURPOSE

To provide reasonable public access to Montana Correctional Enterprise (MCE) Ranch lands while addressing security responsibilities for the safe and orderly operation of the correctional facility and to outline the components related to the use of land at DOC Correctional Facilities in Deer Lodge.

II. DEFINITIONS

Archery Hunting - means hunting for big game with a hunting bow and arrow. Hunting bow shall be a longbow, recurve bow, compound bow or any combination of these designs that meet the requirements as outlined in the current FWP Hunting Regulations

Archery-Only Land Use Permit - a permit issued by MCE Ranch for hunters to archery hunt only on designated Ranch lands below the power line fence. This archery-only land use permit will be a laminated card available only through the MCE Administration Office.

Camping - living outdoors in tents, campers, shelters, or without shelters for recreational purposes.

DOC Correctional Facilities - the Department of Corrections (DOC) correctional facilities in Powell County that includes Montana State Prison (MSP) ranch lands administered by MCE.

Emergency Siren - the siren used by MSP to alert all persons in the immediate vicinity of activity at the facility, which will result in the lock down of the institution and all staff, inmates and visitors being accounted for.

Established Road - an established road that is used by the MCE Ranch operation.

Firearm – a weapon from which a bullet is discharged by an explosive, to include rifles, shotguns, muzzleloaders and handguns. Firearms must meet the criteria as outlined in the current FWP Hunting Regulations.

Montana Department of Fish, Wildlife and Parks (FWP) – the agency which administers all big game hunting activities within the State of Montana.

FWP Hunting Regulations - the current year's regulations governing hunting in the State of Montana.

Incapacitated – generally means a game animal that is wounded by an archery or firearm hunter and is unable to stand.

Subject: LAND USE RESTRICTIONS

Motorized Retrieval - retrieval of a big game animal using a motorized vehicle. Motorized retrieval does not include off highway vehicles (OHV) such as motorcycles, 3 or 4 wheelers.

MSP Check Point - the main entrance to the MSP/MCE facilities where all vehicle entry and exit occurs.

Off Road Travel - travel by motorized vehicle off established roads without the permission of MCE Administration.

Parking Lot - an area designated for the parking of vehicles when using MCE Ranch lands.

Power Line Fence - the fence that runs north-south adjacent to the power line, which is the general dividing line between archery-only areas and firearm use areas on MCE Ranch Lands.

MCE Ranch Land - the land administered by the MCE Ranch in Powell County. It does not include the acreage where the MSP facility or MCE Administration buildings are located, or any of the immediate surrounding lands.

School Trust Land - sections of state land designated as school trust property that is leased by the Department of Corrections.

Special Access Rifle Area – the Special Access Rifle Area offers rifle hunting opportunities in designated areas for elk inside the Archery-Only Area of the MCE Ranch.

III. PROCEDURES

A. General Requirements

1. MCE Administration will work with Fish Wildlife and Parks, MSP Administration, and the Public to balance land access, wildlife population needs, and facility security in all aspects of this procedure. MCE Administration reserves the right to open and close hunting access on all areas of MCE Ranch lands based on circumstances created by mother nature or wildlife management needs determined in conjunction with Montana Fish, Wildlife, and Parks.

B. MCE Ranch Archery-Only Land Use Permit Process

1. Hunters wishing to archery hunt on the MCE Ranch land below (east of) the power line fence are required to obtain an *MCE Archery Only Land Use Permit* (attachment B), hereinafter referred to as Land Use Permit, is as follows:
 - a. the legal description of the area of MCE Ranch land included in the archery-only area will be included in the *MCE Ranch Hunting Access Rules* (attachment A);
 - b. areas open to archery-only hunting will be marked with red signs designating “ARCHERY ONLY”;
 - c. a map (attachment C) designating the MCE Ranch land and archery-only area will be provided to hunters along with the rules and regulations; and
 - d. hunters in the archery-only area without a Land Use Permit are subject to a trespassing violation.
2. Hunters wishing to obtain a land use permit must apply in person to the MCE Ranch office or send a FAX with the following information:
 - a. driver's license;
 - b. valid year conservation license with evidence of Bow and Arrow endorsement;

Procedure No. 2.1.3	Chapter 2: Physical Plant	Page 3 of 13
Subject: LAND USE RESTRICTIONS		

- c. full legal name, date of birth, Social Security number, and driver's license number (for background check purposes);
 - d. an *MCE Archery Only Land Use Permit Application Form* (attachment D) must be completed and signed by the hunter. For hunters under 16 years of age, a parent or guardian will also be required to sign the form;
 - e. the land use permit form will be completed by an MCE employee based on all of the information listed in the *MCE Archery Only Land Use Permit Application Form* (attachment D). **The hunter requesting a land use permit will not be able to obtain the permit the same day, as a background check must be completed.** This background check will take a minimum of two days and no more than five days. A clear background check must be obtained prior to the issuance of the permit. The background check process will not begin until all of the required information is provided as is outlined in Section III, part A, and #2;
 - f. the land use permit can be picked up at the MCE Ranch office or at the MSP Check Point location when the process is completed.
 - g. any denied permits will have a clearly stated justification for denial.
3. The land use permit will be prepared by MCE. It will be accompanied by the rules and regulations and map of the archery-only area.
 4. Land use permits will be processed August 1st through December 15th each year for both Montana and out-of-state residents. The MCE Ranch office is open Monday through Friday, 8:00 a.m. to 4:00 p.m., not including state observed holidays.
 5. MCE Ranch address is 350 Conley Lake Road, Deer Lodge, MT 59722. Information regarding MSP 2.1.3, MCE Ranch Land Public Access is located on the Department of Corrections web page at <http://www.cor.mt.gov> or by contacting the MCE Ranch office at (406) 415-6296, Fax 406-415-6587. Information related to the land use permit process and use of MCE Ranch lands per this procedure will be made available to recreational users.
 6. MCE will track the number of hunting days and harvests to report to FWP.
 7. The land use permit will only be valid during the current hunting season and must be reapplied for on an annual basis.
 8. Hunters on MCE Ranch lands may be checked at any time by MSP or MCE staff for a current archery-only land use permit, conservation license, and big game licenses. Hunters not possessing the required information will be escorted off of MCE Ranch lands. Hunting without the required information may be grounds for permanent loss of archery-only land use permit.
 9. Blinds and decoys may be used, but hunters must take them with them at the end of their day. MSP and MCE are not responsible for theft or destruction of hunters' blinds, decoys, or other personal property.
 10. Portable tree stands are allowed but must be removed by the end of the hunting season.
 11. Hunters are not allowed to bring pets on prison property or to leave them in their vehicles.
 12. Drop-offs are allowed after hunters are cleared through MSP Check Point. The drop-off must be at a designated parking area only and done by a licensed hunter with MCE land use permit.
 13. Hunters are not allowed to cut "timber" on prison property.

C. Archery Hunting

1. Archery hunting may be allowed on MCE Ranch lands in designated areas. Archery hunting on MCE Ranch lands will consist of two zones divided by the power line fence.
2. Archery hunting above (west of) the power line fence must comply with the following:
 - a. a land use permit is not required;
 - b. archery hunters will not be required to access the hunting areas through the MSP Check Point location or park in the archery-only designated parking areas located below the power line fence;
 - c. if a hunter enters the area below (east of) the power line fence for any reason they are required to completely follow the procedures listed in section III, part B, and #2;
 - d. all members of a hunting party are liable for violations of the hunter or other person in their group who go below the power line fence with the intention of herding or pushing game animals to any location above (west of) the power line fence;
 - e. all archery hunting must be accessed by walk-in, motor-less bicycles, or horses. Bicycles left unattended must be secured with a bicycle lock; and
 - f. all archery hunting must follow the hunting seasons as listed in the current FWP Hunting Regulations.
3. Archery hunting is only allowed below (east of) the power line fence and hunters must comply with the following:
 - a. hunters are required to have a land use permit to enter and exit through the MSP Check Point location, and must carry their land use permit with them while on MCE lands;
 - b. hunters must park in the designated archery-only parking lots below (east of) the power line fence. There are no exceptions;
 - c. only persons who have a land use permit will be allowed to hunt or accompany hunters in the areas below the power line fence. Walk-a longs are not allowed unless the hunter is disabled. If a hunter is disabled and needs an escort, the escort permit will be issued through the MCE ranch office. The same procedure as hunter except does not need a hunting license to be an escort.
 - d. a licensed adult hunter with land use permit must accompany any hunter under the age of 16, who must also have a land use permit;
 - e. once a hunter is cleared through MSP Check Point, no scouting for game or stopping is allowed. Hunters must proceed to their designated parking area;
 - 1) all archery hunters must follow the rules outlined in the *MCE Ranch Hunting Access Rules* (attachment A) handed out with the land use permit. Hunters who violate a rule may lose their hunting privileges on MCE Ranch lands. A hunter may lose their land use permit for a one-year period for the first violation, depending on the severity of the violation; and
 - 2) repeat violations may result in permanent loss of land use permission; and
 - 3) rules and regulations are as follows:
 - a) archery hunters are not allowed to carry a firearm;
 - b) for your safety, please be aware that there may be bear and moose on the MCE ranch lands. Bear and moose hunting are not allowed in the archery-only area. Wolf hunting may be allowed with a valid license;
 - c) hunting is not allowed within the posted safety zones at Conley Lake, Ranch 2, Ranch 1, the Dairy, the Gun Range and around the MSP facility. These areas will be marked

Subject: LAND USE RESTRICTIONS

with orange signs designating “NO HUNTING AREA RESTRICTED” and/or by orange paint. At the MSP Treatment Center Parking Lot 1) the safety zone is within 100 yards of secure fence. At the gun range, the safety zone is everything inside the fenced area. At Parking Lot 2, hunting is restricted until you reach Taylor Bench (ridge) to the north;

- d) MCE or MSP reserves the right to close the area for archery hunting at any time. During a lockdown or emergency situation, no one will be allowed on prison property for any reason. Closure may result from drills, escapes, or other reasons determined by MCE/MSP administration. Advance notice may not be provided;
- e) hunters that are hunting below (east of) the power line fence may also hunt above (west of) the power line fence in the same day without moving their vehicle to another designated parking lot;
- f) MSP conducts an emergency siren test on the first Saturday of each month between the hours of 7:00 AM and 7:30 AM. During this test the siren will sound for a short period. Hunters using the property can disregard this short siren test. If a continuous siren sounds hunters must immediately return to their vehicle and report to the Checkpoint station;

D. Special Access Rifle Area

- 1. Montana Correctional Enterprises will work closely with Montana Fish, Wildlife and Parks to offer escorted rifle hunting opportunities in designated areas for elk inside the Archery-Only area of the Prison Ranch. (attachment I)

E. Parking Lots

- 1. Parking lots for hunters on MCE Ranch lands will be clearly designated and have the appropriate signs posted.
- 2. Parking lots for the archery-only areas below (east of) the power line fence are as follows:
 - a. parking lot #1 – MSP Treatment Center road just off the Conley Lake Road west of the Dairy;
 - b. parking lot #2 – just north of the corner on the main prison entrance road ¼ of a mile north of the Ranch 1 and MSP Check Point location;
 - parking lot #3 - to the right of the road going to Powell Reservoir, near the Ranch 7 entrance gate;
 - c. parking lot #4 - on the Ranch 2 road approximately half- way between the Powell Reservoir gate (near Ranch 7) and the county road near Ranch 2; and
 - d. hunters may travel between these parking lots and those identified in D.3. below (east of) the power line fence, after they check in again with the officer at the MSP Check Point location.
- 3. Parking lots for hunting above (west of) the power line fence during archery or firearm season are as follows:
 - a. Powell Creek Parking Lot; and
 - b. Elk Ridge Road Parking Lot.
- 4. Travel off established roads will not be allowed from the parking lots by any type of motorized vehicle. Off road travel will be reported to the Powell County Sheriff or FWP. First time violators may lose their ability to hunt on MCE Ranch lands for one year. Repeat violations may result in permanent loss of hunting privileges on MCE Ranch lands. A citation may be issued.

Procedure No. 2.1.3	Chapter 2: Physical Plant	Page 6 of 13
Subject: LAND USE RESTRICTIONS		

5. All vehicles in the parking lots must be locked and secured both above (west of) and below (east of) the power line fence.
6. Please note signage on Prison property that delineates articles that are considered contraband, including drugs, tobacco, alcohol and firearms.
7. Hunters using the parking lots are responsible for packing out all garbage.

F. Motorized Retrieval of Harvested Game

1. All hunters harvesting game animals must make every attempt to retrieve the game animal in the quickest time frame possible to prevent spoilage.
2. Recommended retrieval options include the use of game carts, dragging, backpacking or horses.
3. Motorized retrieval is allowed, under escort and through established procedures on MCE Ranch lands both above (west of) and below (east of) the power line fence. Motorized retrieval does not include off highway vehicles (OHV) such as motorcycles, 3 or 4 wheelers in either area.
4. Hunting is not allowed by persons involved in a motorized retrieval process.
5. Established roads will be identified on the MCE Ranch maps. Non-maintained roads that meet the definition of an established road per this procedure may be used for motorized retrieval and are noted on the MCE Ranch maps.
6. It is the responsibility of the hunter to have harvested game animals brought to the nearest established road prior to initiating any motorized retrieval. If the game animal is not to an established road when the motorized retrieval process is started, the hunter may lose the ability to use the motorized retrieval process.
7. To initiate the motorized retrieval, process the hunter must physically be at Checkpoint to notify the MSP Check Point officer. Depending on the time of day, the Check Point Officer will contact an MCE staff member or Command Post to identify a volunteer available to escort. The hunter(s) will remain at the MSP Check Point location until the identified escort has arrived. If it is determined that an escort is not available then the motorized retrieval process will not occur until an escort is available. Hunters will not be allowed in a state vehicle during a retrieval.
8. MSP/MCE will establish a mechanism for volunteers for the motorized retrieval process.
9. The hunter's vehicle must be used to retrieve the game animal after the vehicle has been cleared by the MSP Check Point to enter the MCE Ranch land. No one, including staff, is allowed to have firearms or ammunition of any type in the archery-only area during the retrieval process. All motorized retrieval, whether above (west of) or below (east of) the power line fence on MCE Ranch lands, must enter or exit through MSP Check Point. Normally only one hunter vehicle will be allowed in the motorized retrieval process
10. All motorized retrieval must access the shortest route determined by the escort while staying on established roads.
11. The retrieval escort will be responsible for filling out the "game harvest" logbook completely and legibly.

Procedure No. 2.1.3	Chapter 2: Physical Plant	Page 7 of 13
Subject: LAND USE RESTRICTIONS		

12. An informational meeting will be held for all volunteer escorts prior to the current hunting season.
13. All game animals will be checked for proper tagging at the pick-up site during retrieval, otherwise this will be done when the animal exits through the MSP Check Point location. FWP authorities will be notified of any violation.
14. Firearms that need to be secured during a motorized retrieval process must be secured off of MSP/MCE property.

G. Check in Process for Archery-Only Hunting Below (east of) the Power Line Fence and Motorized Retrieval

1. All archery hunters hunting below (east of) the power line fence must enter and exit through MSP Check Point.
2. Archery hunters must show their Land Use Permit to the officer at MSP Check Point. Each hunter in the hunting group will be required to leave their Driver's License or other form of picture identification (ID) at MSP Check Point while they are on MCE Ranch lands. All persons under the age of 16, who do not have a form of picture ID, will be listed on the logbook maintained at MSP Check Point.
3. All vehicles and persons going through MSP Check Point are subject to search.
4. Persons with unauthorized items will not be allowed hunting or other land use access.
5. All hunters must exit through the MSP Check Point. Driver's licenses or other forms of picture IDs will be returned at this time, and the officer will log each hunter out in the logbook.
6. Hunters violating the check in and check out procedures may be subject to loss of access privileges and archery-only land use permit as outlined in other sections of this procedure.
7. In the case of an emergency situation at the facility, the MSP Check Point Officer will account for all persons on MCE Ranch land utilizing a driver's license or other forms of picture IDs.
8. Check in and check out through the MSP Check Point location may take place two hours before sunrise and 2 hours after sunset. The sunrise and sunset hours are listed in the current FWP Hunting Regulations.

H. Logbook at MSP Check Point

1. The officer at the MSP Check Point is responsible for controlling traffic related to this procedure for Archery Only Land Use, Fishing, Gopher Hunting, Special Groups, or Other Authorized Land Use Activities (attachment E), which is separate from the normal MSP Check Point logbook. The officer or the hunter will complete the appropriate information in the logbook. If the hunter fills out the logbook, the officer will check for accuracy of the information.
2. The logbook must include:
 - a. the names of all hunters or persons using MCE lands;
 - b. the type of vehicle, license plate number;
 - c. archery-only land use permit numbers;
 - d. activity involved;

Procedure No. 2.1.3	Chapter 2: Physical Plant	Page 8 of 13
Subject: LAND USE RESTRICTIONS		

- e. check in and check out times; and
 - f. hunter parking lot locations, etc.
3. All persons in a vehicle will be logged in the logbook on separate lines.
 4. Harvested big game animals will be accounted for on the *MCE and FWP Game Harvest Information form* (attachment F) that meets the needs of FWP. This logbook is to be used for all motorized retrieval of game animals, whether above or below the power line and must be completed by the retrieval escort.
 5. Processing of hunters through MSP Check Point will not be a priority over the normal activity associated with this MSP security post.

I. Hunter Information/Complaints

1. Use of MCE Ranch lands is a privilege for the general public, and it is the responsibility of all users to report any violations, provide suggestions, or report other information.
2. Hunters or other persons using MCE Ranch lands wishing to file complaints or provide other information will be given an *MCE Hunting/Other MCE Ranch Land Use Comment or Incident Report Form* (attachment G) to fill out and complete at the Check Point location.
3. Based on the circumstances involved the officer at Check Point may contact the MCE Administrator or Shift Commander for further direction.
4. These forms will be routed to MCE Administration for review and necessary action.

J. Wounded/Incapacitated Game Retrieval

1. Hunters may harvest game animals they have wounded/incapacitated that have entered the restricted area below (east of) the power line fence using the following procedure:
 - a. the hunter must report to the MSP Check Point location and notify the officer of the situation regarding the wounded/incapacitated game animal and the location it was last seen in order to initiate game retrieval;
 - b. the procedures in Section F. Motorized Retrieval will be used for notifying an escort with the exception that MSP Check Point Officer will notify the Shift Commander that an escort for an incapacitated game animal will be taking place;
 - c. the weapon and ammunition will remain with the escort until it is time for the hunter to use them to complete the harvest of the wounded/incapacitated game animal. The weapon will be kept unloaded at all other times;
 - d. if the animal is located the escort will determine whether or not the game animal is incapacitated. Generally, the animal must be unable to stand to be rendered incapacitated;
 - e. if the escort determines the animal is incapacitated the escort will give the hunter the weapon and ammunition to harvest the animal;
 - f. the escort will take possession of the weapon and ammunition immediately following the harvest and will retain control until they arrive at MSP Check Point; and
 - g. local Fish, Wildlife and Parks (FWP) officials may be contacted as deemed necessary to provide assistance.

K. Injured persons

Procedure No. 2.1.3	Chapter 2: Physical Plant	Page 9 of 13
Subject: LAND USE RESTRICTIONS		

1. If any person is injured while using MCE Ranch lands and they cannot make it back to their vehicle at the designated parking lots, MSP/MCE may provide transportation or contact emergency personnel.

L. Camping

1. MCE Ranch lands may be utilized for camping only for authorized state or federal agencies or special groups as authorized by the MSP Warden and MCE Administrator.

M. Fishing

1. DOC employees working at the MSP Facility may be allowed to fish in designated MCE Ranch reservoirs or dams with prior approval.
2. Anyone requesting to utilize MCE reservoirs for fishing must possess a valid state of Montana fishing license.
3. Employees may bring guests that must be escorted at all times by the employee.
4. All fishing is catch and release only except for children (under the age of 14) and senior citizens (age 65 and over, or nursing home residents). A copy of the *MCE Ranch Dam and Reservoir Fishing Rules and Regulations* (attachment H), will be given to all users. The regulations outline the number of fish that can be kept by children and senior citizens.
5. Persons wishing to fish in MCE Ranch reservoirs should contact the MCE Administrator or Agriculture Director for prior approval. Authorized persons, except those who reside on MCE ranch lands, wishing to fish in designated MCE Ranch reservoirs must check in and out through MSP Check Point and fill out the logbook. Check in times for fishing are one hour before light and one hour after dark.
6. The MSP Check Point officer will notify the Shift Commander when persons enter the area for fishing prior to any vehicles or persons going to a fishing area.
7. Fishing must be by artificial flies and lures only. Barbless hooks are required.
8. Vehicles must be driven only to the parking areas designated for fishing. The parking areas will be designated with signs at the various MCE Ranch reservoirs and dams. There must be no vehicle travel other than on established roads to and from the fishing parking lots and MSP Check Point.
9. Motorized watercraft is prohibited on all MCE reservoirs or dams.
10. Special requests for fishing on MCE reservoirs for school districts, specialty groups or nursing homes will be subject to the approval on a case by case basis of the Warden and MCE Administrator.
11. Persons violating any of these procedures may lose their privilege to fish in MCE Ranch reservoirs or dams on a permanent basis.

N. Ground Squirrel (Gopher) Hunting

1. For varmint control, MSP and MCE employees with guests will be allowed to hunt gophers in designated areas. Weapons are restricted to .22 rim fire caliber rifles or archery equipment.

Subject: LAND USE RESTRICTIONS

Retired MSP or MCE staff may hunt gophers with special written approval from the MSP Warden and MCE Administrator.

2. All rifles must be kept unloaded and secured going to and from the gopher hunting locations and MSP Check Point. Ammunition must be secured away from the rifles at all times.
3. Shooting from a vehicle is strictly prohibited.
4. Designated hunting areas will generally be Taylor Bench, Ranch 7 and Ranch 2. The Agriculture Director may add additional areas.
5. MSP and MCE employees wishing to hunt gophers must obtain advance clearance regarding the number of persons, area, date and time for gophers to be hunted with the MCE Administrator or Agriculture Director or designee. The MCE Administrator or Agriculture Director or designee will notify the Shift Commander concerning the location, date, time, and the number of persons in the group.
6. Inmates must be kept out of the area for the time period involved.
7. Time periods will generally not exceed four hours but will be determined by the Agriculture Director in advance of the gopher hunting.
8. The Agriculture Director may limit the number of hunters in a given area due to Ranch work that needs completion, inmates working in the area, or due to the number of gopher hunters on a given day.
9. Authorized persons wishing to gopher hunt in designated MCE Ranch lands must check in and out through MSP Check Point. The check in and out procedures listed in sections F. and G. above will apply.
10. Generally, groups will not exceed four persons.
11. The MSP or MCE employee must escort the guests at all times.
12. Off road travel is prohibited.
13. Persons violating any of these procedures will lose their privilege to hunt on MCE Ranch lands on a permanent basis.
14. The general public is allowed to hunt gophers outside the designated archery only area boundaries with either archery-only or firearm equipment.

O. Emergency Siren Protocol

1. On the first Saturday of each month, a siren test is conducted between the hours of 7:00 a.m. and 7:30 a.m. This test of the siren lasts for a short duration. Hunters using the property may disregard this siren test.
2. When the emergency siren sounds continuously for a long duration all persons using MCE Ranch lands below (east of) the power line must immediately go to their vehicle at the parking lot, get in the vehicle, lock the vehicle and drive to the MSP Check Point. If inmates are encountered during this process, the officer at MSP Check Point should be given this information.

Procedure No. 2.1.3	Chapter 2: Physical Plant	Page 11 of 13
Subject: LAND USE RESTRICTIONS		

3. The officer at MSP Check Point will account for the persons in the vehicle and provide further instruction.
4. Persons who fail to report may lose their privileges to utilize MCE Ranch lands in the future.

P. Off Road Travel

1. Off road travel by any means on MCE Ranch lands is prohibited by all persons, without the approval of the MCE Administrator or Agriculture Director.
2. Persons in violation of this restriction are subject to a complaint filed with the Sheriff's Office and/or the Department of Fish, Wildlife, and Parks.

Q. Signs and Maps

1. Signs in parking lots, on fences, and in designated areas will be established in cooperation with MCE and FWP.
2. State trust lands will be clearly identified on the map provided to land users.
3. On a yearly basis, signs must be reviewed and replaced as needed.
4. A map of MCE Ranch lands will indicate the various boundaries for hunting and land controlled under this procedure.

R. Land Use for Non-Hunting Time Periods

1. Department staff is not authorized to travel to and from work on the Ranch 2 road.
2. Requests for use of the Conley Lake area or other MCE Ranch lands must be submitted in writing to the MCE Administrator or MCE Agriculture Director. The requests will be reviewed on a case by case basis and approved/disapproved by the MCE Administrator after discussion with the MSP Warden.

S. MSP Gun Range Use

1. Requests for use of the range must be made to the on-duty Shift Commander who will review the requests on a case by case basis and approve or disapprove. MSP and DOC scheduled activities at the MSP gun range takes precedent over any other use.
2. Authorized persons using the gun range will check in and out through MSP Check Point.
3. The red flag must be flown at all times when the gun range is in use. If the yellow flag is already present, Command Post must be contacted immediately, as that signifies there are crews working in the area.
4. All spent shells must be picked up at the time of at the time of gun range use.

T. Contraband

1. All persons and vehicles entering MSP and MCE Ranch lands and facilities are subject to search at any time.
2. It is a violation of state law, 45-7-307, M.C.A., to transfer or receive any illegal article or

Subject: LAND USE RESTRICTIONS

weapon to or from a prisoner. Transferring or receiving illegal articles or weapons to or from a prisoner in a state prison is a felony and is punishable by up to 20 years in a state prison. The following items are illegal articles:

- a. Weapons of any kind.
- b. Ammunition.
- c. Dangerous drugs, as defined in 50-32-101, M.C.A.
- d. Money (currency cash), checks, money orders, credit cards, debit cards, electronic teller cards.
- e. Tobacco products of any kind.

U. Liability

1. Members of the general public using MCE Ranch lands for recreational and hunting purposes assume liability of use. MCE, MSP and DOC do not assume liability for any acts caused by the general public or any member of the general public using MCE Ranch lands. Members of the general public will not hold the State liable for loss of use resulting from delays that are beyond the State's control, or from action required by the State to maintain security and order of the correctional facility.
2. The public will comply with the policies and procedures of the Montana State Prison facility.
3. All vehicles and persons entering the Montana State Prison facility or MCE lands are subject to search at any time.
4. The general public recognizes that they are utilizing lands administered by a correctional facility and that in the course of its operations the general public may come in contact with inmates. Members of the general public will avoid this contact to the extent possible and unavoidable contact should be minimal.

V. Winter Recreational Use

1. The general public will be allowed to snowshoe, sled ride and cross-country ski on MCE Ranch lands above (west of) the power line fence during the appropriate time of the year.
2. There will not be access to MCE land below (east of) the power line fence for recreational activities other than those previously outlined in this procedure.

W. Trapping

1. Trapping is allowed on MCE Ranch lands through a designated process which limits the number of trappers and the area that they trap.
2. Existing trappers will be allowed to continue their trapping in accordance with their written agreement with the MCE Ranch.
3. Persons wishing to get on the trapping list will contact the MCE Agriculture Director. If a vacancy is created by an existing trapper, then this list will be used on a first come first served basis to fill the trapping vacancy.
4. Trappers will check in with the Agriculture Director prior to going to their trapping location. The appropriate clearance will be made as needed.

Procedure No. 2.1.3	Chapter 2: Physical Plant	Page 13 of 13
Subject: LAND USE RESTRICTIONS		

5. Trappers will be allowed to use existing MCE Ranch roads to do their trapping. At no time will they have another person in the vehicle or assist in any hunting activity of any kind.
6. Trappers not adhering to the use of MCE Ranch lands will lose their privilege to trap on MCE Ranch lands.

X. Land Use Restrictions

1. During an emergency, MSP and MCE may issue an emergency proclamation limiting or closing access to MCE ranch lands for other than essential operations.
2. Emergencies include but are not limited to an escape, facility disturbance, high fire danger periods, and other natural disasters.
3. These proclamations may be issued in conjunction with the Department of Corrections, Department of Natural Resources and Conservation, Department of State Lands, and the Governor's Office.

IV. CLOSING

Questions concerning this operational procedure shall be addressed to the MCE Administrator or the MCE Agriculture Director.

V. ATTACHMENTS

MCE Ranch Hunting Access Rules	Attachment A
MCE Archery Only Land Use Permit	Attachment B
MCE Archery Only Boundaries and Land Map	Attachment C
MCE Archery Only Land Use Permit Application Form	Attachment D
MSP/MCE Logbook for Archery Only Land Use, Motorized Retrieval, Fishing, Gopher Hunting, Special Groups, or Other Authorized Land Use Activities	Attachment E
MCE and FWP Game Harvest Information	Attachment F
MCE Hunting/Other MCE Ranch Land Use Comment or Incident Report Form	Attachment G
MCE Ranch Dam and Reservoir Fishing Rules and Regulations	Attachment H
MCE Special Access Rifle Area Regulations	Attachment I



MONTANA CORRECTIONAL ENTERPRISES (MCE) RANCH HUNTING ACCESS RULES

(valid August 1, 2014 until revised or rescinded)
Located at the Department of Corrections, Correctional Facility in Deer Lodge, Montana
A portion of Deer/Elk Hunting District 212

RULES AND REGULATIONS – ARCHERY-ONLY AREA

1. The following MCE Ranch lands (located in Powell County) are open to hunting of big game only with Lawful Archery Equipment as outlined in the hunting regulations provided by Montana Dept. of Fish, Wildlife & Parks (FWP): Beginning at the junction of the Old Stage Road (county road) and Elk Ridge Road (Forest Service Road #5149) in Section 22, T8N, R10W and proceeding west along the Elk Ridge Road to the power line road (prison fence line) in the southeast ¼ of Section 22, T8N, R10W; then south along the power line road (prison fence line) to the southwest corner of the prison fence in Section 28, T7N, R10W; then east along the south boundary Section 28, T7N, R10W (prison fence line) to the southwest corner of Section 27, T7N, R10W; then south to the southwest corner of Section 34, T7N, R10W; then east to the southeast corner of Section 34, T7N R10W; then south to the southwest corner of Section 2, T6N, R10W; then east along the prison fence line to the Dempsey Lake Road (county road); then northeasterly along Dempsey Lake Road (prison fence line) to the southeast corner of Section 36 T7N R10W; then north along the prison fence line on east edge of Section 36 and 25, T7N, R10W to corner of the prison fence line in Section 25, T7N, R10W; then east along prison fence line in N2 Section 30, T7N, R9W to the corner of the prison fence line at Lake Hill Road (county road); then north approx. ½ mile along the east side of Sections 30 and 19, T7N, R9W to the corner of prison fence line on the eastern edge of Section 19, T7N, R9W; then follow the prison fence west and northerly in Sections 19 and 18 T7N R9W to the northeast corner of Section 18, T7N, R9W; then follow the prison fence east approx. ½ mile along the southern boundary of Section 8, T7N, R9W; then follow the prison fence north approx. ½ mile to the junction of the airport fence; then proceeding northwesterly, follow the fence bordering the airport, golf course, and National Guard Armory through sections 8, 5 and 6, T7N, R9W to the Old Stage Road (county road); then follow the Old Stage Road northwest through Sections 36, 26, and 22, T8N, R10W to the junction of the Elk Ridge Road (Forest Service Road #5149), the point of beginning.

2. A laminated archery-only land use permit is required for all hunting in the Archery-Only Area and is available at the MCE Ranch 1 Office building. Issuance of archery-only land use permits will start August 1st of each year and end December 15th of each year. The MCE Ranch office is open Monday through Friday, 8:00 A.M. to 4:00 P.M. for archery-only land use permits. The office is not open on state-observed holidays. Background checks are required and will take a minimum of 48 hours to process. Completed archery-only land use permits can be picked up at the Ranch 1 Office; or after normal working hours, on holidays and weekends, at MSP Check Point. Hunters without a permit are subject to a trespass violation.

3. All hunters must enter and exit the Archery-Only Area through the Montana State Prison (MSP) Check Point. The MSP Check Point officer will control traffic by means of a hunting/fishing/motorized retrieval/land use logbook. The officer will complete the appropriate information in the logbook and obtain the driver's license or other form of picture ID of all persons in the hunting party. Once cleared through MSP Check Point, no scouting for game or stopping is allowed. Hunters must proceed to their designated parking area. The driver's license (or other ID) will be returned when persons hunting on MCE Ranch lands exit the facility. Anyone found abusing this rule is subject to having his/her land use permit revoked.

4. Daily check in, for hunting, will begin 2 hours before sunrise and all hunters will be checked out no later than 2 hours after sunset. The sunrise and sunset hours are listed in FWP's current Deer-Elk-Antelope Hunting Regulations.

5. On Saturdays and Wednesdays during the general rifle season, Archery access will not be allowed between the Conley Lake Road and the Dempsey Creek Road before 12:00 noon while rifle hunting in the Archery Only Area is in progress.

6. NO FIREARMS, TOBACCO OR ALCOHOL are allowed on the Archery-Only Area. All vehicles entering MSP and MCE Ranch lands may be subject to search at any time. It is a felony and violation of state law, 45-7-307 MCA, to transfer or receive any illegal article or weapon to or from a prisoner in a state prison. The following items are illegal articles: weapons of any kind; ammunition; dangerous drugs; money, currency cash, checks, money orders, credit cards, debit cards, and electronic teller cards; and tobacco products of any kind.

7. All safety zones (No Hunting and No Trespassing) will be marked with red/orange paint or signs. At NO time are you allowed in these areas without permission from MCE Administration or MSP Command Post. Violators may be prosecuted and may lose their hunting privileges on prison property. At the Treasure State Correctional Training Center (Boot Camp-Parking Lot 1) the safety zone is everything inside of the jackleg fence. At the gun range, the safety zone is everything inside the fenced area. At Parking Lot 2, hunting is restricted until you reach Taylor Bench (ridge) to the north.

8. HUNTERS MUST PARK IN DESIGNATED PARKING AREAS ONLY: DO NOT PARK IN UNAUTHORIZED AREAS. Hunters are allowed to change parking lots but must check in again with the officer at the MSP Check Point. All parked vehicles must be secured with loose equipment locked in the vehicle. Drop-offs are allowed after hunters are cleared through MSP Check Point. The drop-off must be at a designated parking area only and done by a licensed hunter with an MCE archery-only permit.

9. No pets will be allowed to accompany hunters on the premises or in the hunter's vehicle. No walk-a-longs; only persons who have an archery-only land use permit will be able to hunt or accompany hunters in the areas below the power line fence.

10. All hunting will be conducted on foot or by motor-less bicycle. Bicycles left unattended must be secured with a bicycle lock.

11. Motorized game retrieval, under escort and through established procedure, is allowed in the Archery-Only Area. **Hunters must get their harvested animal to the nearest established road prior to requesting motorized retrieval.** To initiate the motorized retrieval, process the hunter must physically be at Checkpoint to notify the MSP Check Point officer. Hunters are advised that help with retrieval is a voluntary process and will occur only if staff is available. If staff is not available, the retrieval may have to wait until the following day. The retrieval escort will be responsible for filling out the "game harvest" logbook completely and legibly. Hunters are not allowed in a state vehicle during a retrieval. No one, including staff, is allowed to have firearms or ammunition of any type in the archery-only area during the retrieval process. No hunting is allowed during a motorized retrieval. Other retrieval options include game cart, dragging, backpack or horses. Off road vehicles are not allowed for motorized game retrieval.

12. All game animals will be checked for proper tagging at the pick-up site during a retrieval, otherwise this will be done when the animal exits through the MSP Check Point location. FWP authorities will be notified of any violation.

13. If a hunter is disabled and needs an escort, the escort will be issued a special disabled hunter escort permit through the MCE ranch office. The escort must be a licensed archery-only hunter and a background check will also be required.

14. No overnight camping is allowed, and no permanent structures such as tree stands, shelters, etc. are allowed. Portable tree stands are allowed. Tree stands must be removed before the end of the hunting season. Blinds and decoys are also allowed but must not be left overnight. MSP and MCE are not responsible for theft or destruction of stands or other personal property. Timber is not to be cut at any time on prison property.

15. Bow hunters may wear camouflage clothing in the Archery-Only Area during the general hunting season.

16. MCE and MSP reserve the right to close MCE Ranch lands to archery hunting at any time. During a lockdown situation, no one will be allowed on prison property for any reason.

17. In the event that a prison emergency occurs, the siren will sound continuously for a lengthy time. All hunters will immediately go to their vehicle at the parking area, get in the vehicle, lock the vehicle and drive to the MSP Check Point. The officer at MSP Check Point will account for the persons in the vehicle and provide instructions on what to do. EXCEPTION: On the last Saturday of each month, a siren test is conducted between the hours of 7:00 A.M. and 7:30 A.M. This is a short test of the siren. Hunters using the property can disregard this siren test.

18. The Prison Ranch 212-20 Deer B license (valid for either-sex, either-species deer) may be purchased annually beginning August 6th from the Region 2 FWP office (3201 Spurgin Rd., Missoula, MT 59804; phone 406-542-5500) or any FWP license provider. Limit is five (5) 212-20 licenses per hunter per year, and these licenses are not valid outside the Prison Ranch Archery-Only Area.

19. For your safety, please be aware that there may be black bear sows with cubs, as well as a cow moose with calves on the prison ranch. All big game animals may be hunted in the Prison Ranch's Archery-Only Area except for black bear and moose. Wolves may be hunted with a valid license.

RULES AND REGULATIONS – RIFLE AREA

1. MCE Ranch lands west and north of the above-described Archery-Only Area are open yearlong to recreational activities, including hunting of big game and upland game birds in accordance with current hunting regulations provided by FWP. Permission from the MCE Ranch office is not required to access this area. There are no weapons restrictions, except as provided in hunting regulations.

2. North of the Elk Ridge Parking Area, motorized vehicles are allowed on all currently established roadways on MCE land. South of the Elk Ridge Parking Area and west of the power line fence, motorized vehicle use is only allowed on roadways shown on the accompanying map for MCE land.

3. On Saturdays and Wednesdays during the general rifle season, the area between Elk Ridge Road and Dempsey Creek Road in the Prison Ranch Rifle Area will be closed to motorized travel before 12:00 noon while rifle hunting in the Archery Only Area is in progress.

4. Motorized game retrieval, under escort and through established procedure, is allowed in the area west of the power line fence and south of the Elk Ridge Parking Area. The procedures for motorized game retrieval are the same as those outlined above for the Archery-Only Area. Hunters with rifles or ammunition of any type in their vehicles are not allowed to enter the archery-only area at any time. Other retrieval options include game cart, dragging, backpack or horses.

5. Game animals that are wounded in the Rifle Area and cross into the Archery-only Area, may only be pursued (under escort and through established procedure) if deemed incapacitated (unable to stand). To initiate a wounded animal retrieval, hunters must notify the MSP Check Point officer.

6. Camping is allowed, except in designated parking areas and where posted otherwise. Camping is limited to 14 days during any 28-day period. Campers must clean the area before departing and leave minimal impacts. Weapons may not be left unattended in camps.

The complete procedure on MCE Ranch Land Public Access (MSP Operational Procedure 2.1.3) is available on the Montana Department of Corrections web page (<http://www.cor.mt.gov>) or from the MCE Ranch Office. Any questions pertaining to regulations governing hunting should be directed to the MCE Administrator or the Ranch Director at 406-415-6296

*Montana Correctional Enterprises
350 Conley Lake Road
Deer Lodge, MT 59722
Phone 406-415-6296
Fax 406-415-6587*



MCE ARCHERY ONLY LAND USE PERMIT

Hunter Name: _____ Permit #: _____

Address: _____

Telephone #: _____ Driver's License #: _____

Montana Fish, Wildlife & Parks ALS#: _____

Sex: _____ Weight: _____ Height: _____ Eyes: _____

Hair: _____ Date of Birth: _____ Permit Issued On: _____

Permit Time Period: _____

MCE Authorized Signature: _____

**THIS WILL BE ON A 3 ½" X 5" (OR SMALLER) LAMINATED CARD THAT WILL FIT
IN A SHIRT POCKET**

CARDS WILL BE COLOR CODED EACH YEAR.



MCE ARCHERY-ONLY BOUNDARIES AND LAND MAP

A map will be provided at the time of receipt of a MCE Ranch Archery-Only Land Use Permit. A map may also be obtained by stopping at the MCE Ranch Office or by calling (406) 415-6296



MCE ARCHERY ONLY LAND USE PERMIT FORM

Hunter Name: _____ Date of Permit Application: _____

Address: _____

Telephone #: _____ Driver's License #: _____

Date of Birth: _____ Social Security #: _____

Montana Fish, Wildlife & Parks ALS #: _____

Sex: _____ Weight: _____ Height: _____ Eyes: _____ Hair: _____

Knowledge of person(s) currently incarcerated at MSP or TSCTC (list names):

Required Items:

Copy of driver's license.

Copy of conservation license with bow and arrow endorsement

HUNTER ACKNOWLEDGEMENT:

The hunter assigned this permit acknowledges that he/she is using lands under the administration of MCE Ranch. Such lands are utilized as part of a correctional facility and have specific security requirements, which take precedent over any other activity, at the facility or the adjoining MCE Ranch lands. By signing this form the hunter agrees to abide by MSP operational Procedure 2.1.3 regarding Public Land Use of MCE Ranch lands, and the rules and regulations for archery hunting. The hunter will not hold MCE, MSP or DOC liable for any acts caused by the hunter or other members of the general public using MCE Ranch lands. The hunter is aware that they may come in contact with inmate workers performing duties for the MSP or MCE operations while hunting on MCE Ranch lands. The hunter understands that introduction of contraband onto the MCE Ranch lands or the MSP facility is a felony offense. Contraband includes but is not limited to firearms, weapons, drugs, alcohol and tobacco.

Printed Name of Hunter: _____

Signed Name of Hunter: _____ Date: _____

If the hunter is under the age of 16, this form must also be signed by a parent or legal guardian.

Parent or Legal Guardian: _____ Date: _____

Return to: Montana Correctional Enterprises, 350 Conley Lake Road, Deer Lodge, MT 59722

**MSP/MCE LOGBOOK FOR ARCHERY ONLY LAND USE, MOTORIZED
RETRIEVAL, FISHING, GOPHER HUNTING, SPECIAL GROUPS OR OTHER
AUTHORIZED LAND USE ACTIVITIES**

[illegible][illegible]

[illegible]



MONTANA CORRECTIONAL ENTERPRISES

Hunting/Other MCE Ranch Land Use Comment or Incident Report Form

Date and Time: _____

Place: _____

Printed Name of Person Completing Report: _____

Archery Only Land Use Permit # (if applicable): _____

Comment or Brief Summary of Incident: _____

Signature

cc: MCE Administrator MCE Ranch Director MSP Command Post MSP
Warden FWP Personnel (if appropriate)

Remarks or Follow-up: _____

Signature



MONTANA CORRECTIONAL ENTERPRISES (MCE) RANCH DAM AND RESERVOIR FISHING

RULES AND REGULATIONS:

1. Fishing is allowed in designated MCE Ranch reservoirs and dams for Department of Corrections (DOC) employees working at the DOC Correctional Facilities in Deer Lodge. Fishing will be allowed in Powell Reservoir, Conley Lake, Tin Cup Reservoir, Upper and Lower Taylor Reservoir. DOC employees may bring guests that must be escorted at all times by the DOC employee.
2. Persons wishing to fish in MCE Ranch reservoirs and dams should contact the MCE Administrator or Ranch Director for prior approval. Authorized persons wishing to fish must check in and out through MSP Check Point. The MSP Check Point officer will notify the Shift Commander when persons enter the area for fishing prior to any vehicles or persons going to a fishing area.
3. The MSP Check Point officer will control the traffic in and out of the MCE Ranch fishing areas by means of the hunting/fishing/motorized retrieval/land use logbook. The officer will complete the appropriate information in the logbook and obtain the driver's license or other form of picture ID of all persons in the fishing party. Drivers licenses or other forms of picture IDs will be returned when persons fishing on MCE Ranch lands exit the facility.
4. NO FIREARMS, TOBACCO OR ALCOHOL are allowed on prison property. All vehicles entering MSP and MCE Ranch lands may be subject to search at any time. It is a violation of state law, 45-7-307, M.C.A., to transfer or receive any illegal article or weapon to or from a prisoner. Transferring or receiving illegal articles or weapons to or from a prisoner in a state prison is a felony and is punishable by up to 20 years in a state prison. The following items are illegal articles: weapons of any kind; ammunition; dangerous drugs; money (currency cash, checks, money orders, credit cards, debit cards, electronic teller cards); and tobacco products of any kind.
5. ALL FISHERMEN MUST PARK IN DESIGNATED PARKING AREAS ONLY. DO NOT PARK IN UNAUTHORIZED AREAS. Parking areas at the MCE Ranch reservoirs and dams will be marked with signs. All parked vehicles will be secured with all loose equipment locked in the vehicle.
6. No overnight camping is allowed.
7. Check in times for fishing are one hour before light and one hour after dark.
8. All FWP fishing regulations must be adhered to. Periodic checks by the Game Warden may occur.
9. All fishing is catch and release only, except for children (under 14) and senior citizens (65 and over, or residents of a nursing home) who will follow FWP regulations on daily fish limits.
10. Fishing must be by artificial flies and lures only. Barbless hooks are required.
11. Motorized watercraft is prohibited from all MCE reservoirs and dams.
12. MCE and MSP reserve the right to close the MCE Ranch reservoirs at any time to fishing. Advance notice may not be given.
13. Any questions pertaining to the parking areas or regulations governing fishing should be directed to the MCE Administrator or the MCE Agriculture Director at 406-415-6296
14. In the event that an emergency occurs, the siren will sound. All fishermen will immediately go to their vehicle at the parking lot, get in the vehicle, lock the vehicle and drive to the MSP Check Point. The officer at MSP Check Point will account for the persons in the vehicle and provide instructions on what to do. EXCEPTION: On the first of each month, a siren test is conducted between the hours of 7:00 am and 7:30 am. Fishermen using the property can disregard this siren test.
15. A copy of the complete procedures on MCE Ranch Land Public Access (MSP Operational Procedure 2.1.3) is available on the Montana Department of Corrections web page (www.cor.mt.govstate.mt.us) and FWP web pages. A copy of the procedure is also available through the MCE Ranch Office.
16. Persons violating these procedures may lose their privilege to fish in MCE Ranch reservoirs and dams on a permanent basis.

Montana Correctional Enterprises
350 Conley Lake Road
Deer Lodge, Montana 59722
(406) 415-6296
Fax Number (406) 415-6587

Regulations for

Montana Correctional Enterprises (MCE) Ranch

Special Access Rifle Area

Access Days: Saturdays and Wednesdays during General Rifle Season

Deer/Elk Hunting District (HD) 212

GENERAL INFORMATION

The MCE Special Access Rifle Area offers rifle hunting opportunity in designated areas for elk inside the Archery-Only Area of the Prison Ranch.

PERMISSION REQUIREMENTS

Written permission will be awarded via a one-time random drawing held the first Thursday of October at the Deer Lodge Community Center. Permission will be granted to one youth hunter and one adult hunter for each of the access days. This opportunity is for cow elk hunting only. Therefore, only youth (ages 12-15) and adult hunters possessing a 212-00 elk B license are able to participate. Hunters will receive permission for one day only and the hunt will end at noon if hunters are unsuccessful. All hunters must be present to enter in the drawing. Successful hunters and hunting companions must submit to a background check. A photo ID is required for all background checks.

HOW TO GET THERE

From Main Street in Deer Lodge, head West on Milwaukee Ave/MT 272 for 3 miles. MT 272 turns into Conley Lake Rd. Continue on Conley Lake Rd. for another 0.3 miles to the MCE checkpoint.

REGULATIONS

1. Hunters are allowed one hunting rifle and one pack with essential hunting tools which will be searched before and after the hunt. Other than the above, NO FIREARMS, TOBACCO OR ALCOHOL are allowed on the Special Access Area. All vehicles entering MSP and MCE Ranch lands may be subject to search at any time. It is a felony and violation of state law, 45-7-307 MCA, to transfer or receive any illegal article or weapon to or from a prisoner in a state prison.
2. All hunters will be accompanied by MCE personnel at all times.
3. Youth hunters will need parent or legal guardian written consent for the drawing and be accompanied by a parent or legal guardian during the hunt.
4. All hunters must check in at the MCE checkpoint one hour before legal shooting time where they will meet their MCE escort.
5. Each hunter must carry their permission slip on them while hunting.
6. One non-hunting companion is allowed to accompany each hunter. Only the hunter is allowed to possess a firearm.
7. In order to help achieve elk management goals in HD 212, only youth (ages 12-15) and adult hunters possessing a 212-00 elk B license are able to participate in this opportunity.
8. Motorized retrieval is allowed but only with the permission of MCE personnel.

9. MCE reserves the right to end each hunt at any time in the event of an emergency or unsafe hunter behavior.
10. Failure to abide by the regulations for this BMA can result in a trespass violation under MCA 45-6-203 and/or a violation of FWP Department or Commission orders or rules under MCA 87-6-201.
11. All property south of Elk Ridge road, in the Prison Ranch Rifle Area will be closed to motorized travel until 12:00 noon on Wednesdays and Saturdays during the general rifle season. The Archery Only Area will be closed South of Conley Lake Road prior to 12:00 noon on Wednesdays and Saturdays during the general rifle season.

TO ENSURE YOUR FUTURE HUNTING PRIVILEGES ON THIS PROPERTY, PLEASE OBEY THESE REGULATIONS AND RESPECT PRIVATE PROPERTY.

REPORT VIOLATIONS: During office hours.

call R-2 FWP. During evenings, weekends or holidays, phone 1-800-TIP-MONT (1-800-847-6668) or 9-1-1.

[Prison Ranch—regs & map; 4-8-13 TR



Region 2 Office

3201 Spurgin Road, Missoula, MT 59804-3101

Phone 406-542-5500

(M-F, 8 A.M.-5 P.M., excluding holidays)



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure No.: MSP 3.1.1	Subject: MANAGEMENT OF THE SECURITY PROGRAM
Reference: DOC Policy No. 3.1.1	Page 1 of 2 and no attachments
Effective Date: November 15, 1999	Revision: August 23, 2017
Signature / Title: Michael Fletcher / Warden	

I. PURPOSE

To maintain a secure prison that ensures the safety of the public, provides a safe working environment for employees, and offers humane and safe living conditions for inmates.

II. DEFINITIONS

Associate Warden (AW) of Security – The person designated by the Warden to manage all MSP security operations.

III. PROCEDURES

A. Associate Warden of Security

1. The AW of Security will develop a security management plan to include the following:
 - a. a complete set of security related Department policies. The AW of Security is responsible for the maintenance of this information;
 - b. MSP operational procedures necessary to develop and facilitate security related Department policies; the AW of Security will maintain this information and the Warden will review and approve MSP operational procedures;
 - c. all applicable directives, memoranda, and other instructional materials to facilitate the implementation of security related Department policies and Montana State Prison (MSP) operational procedures;
 - d. a system of permanent logs to record and document searches, audits, and security inspections;
 - e. all necessary staff assignments, roster, and timekeeping records in accordance with Department policy;
 - f. copies of all security post orders. Current information will be readily available for employees assigned to posts in the form of post orders derived from security related Department policy and MSP operational procedures.
 - g. MSP operational procedures that outline a system of cell and other living quarter searches in accordance with *DOC Policy 3.1.15, Security Inspections*;
 - h. annual review of use of force, and other operational procedures related to inmate control, to evaluate effectiveness and staff accountability.
 - i. copies of all emergency plans. The AW of Security is responsible for the MSP emergency preparedness plans as specified in Department policies that regulate this area. annual training records on all emergency preparedness plans in accordance with Department policies.; and
 - j. documentation that no inmates or group of inmates will be given authority over other inmates, manage any facility program, or have any role in setting or developing any MSP procedures.

Procedure No. MSP 3.1.1	Subject: MANAGEMENT OF THE SECURITY PROGRAM
Effective Date: May 13, 2009	p.2 of 2

B. Staff Visibility

1. All staff will maintain regular and frequent visibility in all prison programs and units. Top level administrators will be available to inmates, line staff, and mid-level managers for regular and on-going communication.
2. The Warden and Associate Wardens will visit housing and activity areas a minimum of one-time weekly.
3. When staffing allows Command Post staff will tour the facility at least once each shift. Unoccupied areas may be toured once a week.
4. Written reports or logbooks will be used to document all such visits/tours. They will reflect observed deficiencies and recommended corrective action.

IV. CLOSING

Questions concerning this procedure will be directed to the Security Major.

V. ATTACHMENTS

None



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.1.2A POST ORDERS
Effective Date:	May 15, 2000 Page 1 of 3 and 2 Attachments
Revision Date(s):	November 20, 2001, May 13, 2009, August 21, 2017, November 1, 2019, November 6, 2019, October 30, 2020, April 30, 2021
Reference(s):	DOC Policy 3.1.2
Signature:	/s/ Jim Salmonsens /Warden

I. PURPOSE

To maintain current operational information at each security post, require all line and supervisory staff to review post orders to familiarize themselves with the day-to-day requirements of the posts, and ensure all staff are aware of all critical emergency information.

II. DEFINITIONS

Associate Warden (AW) of Security – The person designated by the Warden to manage all MSP security operations.

Post – An established work assignment within the facility that staff may be given for part of or an entire work shift, that includes duties and responsibilities related to a specific location within the facility.

Post Order Acknowledgment Form – A form signed by staff subsequent to reading the post order acknowledging understanding of the duties explained in the post order.

Post Order – A written description of the post duties and responsibilities assigned to staff.

III. PROCEDURES

A. General Information

1. The post orders for each security post will contain specific and general instructions for the operation of that post.
2. Post orders will be maintained in a computerized form and made available to staff in loose-leaf binders divided into the following sections. The post orders will contain the following:
 - a. a general section with information from MSP procedures and Department policies, memos, and other information; and
 - b. a post-specific section covering the chronological duties of the post, specifically advising staff of the major events that occur throughout each shift.
3. Each set of post orders will contain information specific to each shift worked on that post.
4. Staff are required to familiarize themselves and comply with the duties of any post to which they are assigned or supervise and review any changes in post orders as they are made. Review will consist of the following:

Subject: POST ORDERS

- a. staff assigned to a particular post must legibly sign and date the *Post Order Acknowledgment Form* (Attachment B) contained in the post orders daily to verify that they have read and understand the post orders.
 - b. staff assigned to a post on a regular basis will review post orders weekly and verify they have done so by legibly signing and dating the *Post Order Acknowledgment Form*.
 - c. supervisors are responsible for notifying line staff of any changes in post orders
5. Post orders will follow the standardized format of the *Standardized Post Orders Format* (Attachment A).
6. Each set of post orders must include the following categories as applicable:
 - a. duties and responsibilities.
 - b. inventory control;
 - c. key control;
 - d. use of force;
 - e. inmate movement;
 - f. traffic control in and around each post;
 - g. count procedures for staff and inmates;
 - h. escort procedures;
 - i. relief procedures;
 - j. incident reporting;
 - k. record keeping;
 - l. scheduled activities;
 - m. emergency procedures specific to the post;
 - n. general emergency procedures;
 - o. hazardous material control;
 - p. maintenance/repair requests; and
 - q. searches.
7. Each set of post orders will include the *Post Order Acknowledgment Form*.

B. Availability and Review

1. The AW of Security will maintain copies of all Post Orders and ensure they are available in Main Control.
2. The AW of Security or designee will ensure each post is equipped with a current, post specific set of Post Orders.
3. Staff will immediately report any missing post orders to their supervisor and complete an incident report in accordance with *MSP 1.1.16 Incident Reporting*. The AW of Security or designee will ensure post orders are replaced.
4. The Shift Commander, Staff Sergeant, Unit Manager or The Unit Sergeant is responsible for ensuring all new correctional officers read and understand the orders for the post to which they have been assigned.
5. Staff assuming a new post, or relieving a post, must review and legibly sign and date the *Post Order Acknowledgment Form*, and make an entry in the post logbook documenting this review.

Subject: POST ORDERS

6. At the beginning of shift change, rotating employees must read the post orders for all new posts that have been established. The shift supervisor is responsible for verifying that the applicable staff have read the post orders. Both the employee and supervisor must indicate that the employee has read and understood the post orders by dating and legibly signing the *Post Order Acknowledgment Form* provided in the post order manual.
7. Supervisors may give oral or written tests to staff concerning post orders for the post they are assigned. The supervisor will document such testing on the *Post Order Acknowledgment Form* by making a notation in the comment section. Supervisors will include name of staff member tested, employee identification number, supervisor conducting the test, along with date and type of test conducted, i.e., oral or written. Tests will be utilized for training purposes only.
8. Staff may submit written recommendations for changes in post orders to their supervisor. The supervisor will review these suggestions and submit them to the AW of Security for review and possible action.
9. Post orders will be reviewed annually and as post duties and responsibilities change.
10. Documentation supporting the record of changes and review for each post order will be maintained in the introduction of the post order binder.
11. Discontinued or changed post orders to include the *Post Order Acknowledgment Form* must be archived for a minimum of five years as outlined in *DOC Policy 3.1.2 and in accordance with DOC Policy 1.2.7 Inventory Records Management*.
12. Within 30 days of the implementation of any significant policy or procedural change, the AW of Security or designee must ensure that all necessary modifications are made to affected post orders.
13. No changes may be made in any post order without prior approval from the AW of Security.

C. Security

1. Post Orders are considered privileged and sensitive documents and must always be maintained in a secure manner. Under no circumstances will inmates or other unauthorized persons be allowed any type of access to any post order.

IV. CLOSING

Questions concerning this procedure will be directed to the immediate supervisor

V. ATTACHMENTS

Standardized Post Orders format
Post Order Acknowledgement Form

Attachment A
Attachment B

MONTANA DEPARTMENT OF CORRECTIONS	
POST ORDER	
FACILITY:	POST ORDER #:
POST TITLE/LOCATION:	
SHIFT:	
EFFECTIVE DATE:	REVIEW DATE:

1. CHAIN OF COMMAND

2. DUTIES AND RESPONSIBILITIES

General and specific duties for post, and brief statements referencing key policy areas relative to post:

3. CHRONOLOGICAL SEQUENCE OF DUTIES:

4. EMERGENCY PROCEDURES FOR THE POST

Task	Time	Initials
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

5. SPECIAL EQUIPMENT NEEDED FOR POST

(Examples)

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Telephone | |
| <input type="checkbox"/> Restraints | <input type="checkbox"/> Metal Detector | |
| <input type="checkbox"/> Log Book | <input type="checkbox"/> Safety Equipment | |
| <input type="checkbox"/> Other | | |

 Authorizing Signature

/

/

 Date



POST ORDER ACKNOWLEDGMENT FORM

I certify that I have read and fully understand the Post Orders, both general and specific for this post.

POST:

FACILITY:

STAFF NAME, TITLE, AND EMPLOYEE ID # (PRINT)	STAFF SIGNATURE & DATE	SUPERVISOR SIGNATURE (PRINT AND SIGN)
COMMENTS:		



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.1.3 MSP LOGS AND RECORD KEEPING SYSTEMS	
Effective Date:	August 1, 2000	Page 1 of 4 and no Attachments
Revision Date(s):	May 13, 2009, August 23, 2017, October 4, 2017, June 15, 2020, August 6, 2021	
Reference(s):	DOC Policy 3.1.3	
Signature:	/s/ Jim Salmonsens / Warden	

I. PURPOSE

To ensure Montana State Prison (MSP) to include Riverside Special Needs Unit, and Montana Correctional Enterprises (MCE) record entries in post logbooks in a standardized manner. It is imperative legible, and accurate records of activities and events (i.e., searches, inmate movement and activities, inmate count, security checks, visitors, emergencies, etc.) are recorded. Staff must chronologically record events/activities as they occur. Logbooks are legal records that can be subpoenaed.

II. DEFINITIONS

Cross-Gender – Supervision circumstances involving a supervisor (or correctional officer) and an inmate who are not of the same gender.

Logbook – The official record of daily activities in an assigned area.

Official Visitor(s) – Means a person that has official business at MSP, RSNU or MCE. These persons may include: state and federal government officials/employees, attorneys (does not include inmate retained attorneys or attorneys whose purpose is to meet with an inmate), members of the Judiciary, legislators, local, state, or federal law enforcement personnel, state or federal correctional/law enforcement personnel, DOC or MCE Advisory Committee members, untrained contract or part-time service providers, or other dignitaries recognized by the Warden/MCE Administrator or member of their management team.

PREA Cross-Gender Camera Viewing Logbook – The official record used to record cross-gender viewing/monitoring of cameras of safety and observation cells.

III. PROCEDURES

A. General Provisions

1. The Associate Warden of Security is responsible for maintaining a system to issue new logbooks and properly store completed logbooks.
2. Logbooks will be kept in a uniform and acceptable manner.
3. Command Post staff will order, store, and issue all new logbooks.
4. Staff will forward completed logbooks to the Command Post.

Subject: LOGS AND RECORD KEEPING SYSTEM

5. The Property Officer will catalogue, and store completed logbooks chronologically by month and year.
 - a. logbooks will be stored for at least five years on site. After which time it can be destroyed.
 - b. in the event the logbook is needed for evidence, it will be stored until it is released by Department of Corrections Legal, after which it may be destroyed.

B. Instructions

1. The following instructions apply to all shifts and all Correctional Officers and staff required to keep an official logbook of daily activities.
2. When a new logbook is issued by Command Post, the assigned staff person is responsible for clearly marking the cover of the logbook in the manner shown here:

<unit/post/work area name>

SECURITY OFFICE LOG

STARTED:	<month>	<day>	<year>	
ENDED:	<month>	<day>	<year>	

3. At the start of each shift, the staff member assigned to maintain the logbook will begin the log on the top line of a new page. The first entry will read:
 “Relieved _____ Shift, Unit Supervisor (i.e., Sergeant, Case Manager, or Unit Manager) _____, CO’s _____, _____ on duty.” (do not use nicknames).
4. Prior to departing the unit at the end of the shift, the Unit Manager or equivalent, Unit Sergeant or work area supervisor will check the logbook and ensure:
 - a. the log is in compliance with current procedure; and
 - a. all pertinent information is properly recorded; and
 - b. all entries are legible and complete; and
 - c. no inappropriate language or extraneous remarks are included.
 - d. if there are errors found in logbook, the Unit Manager or equivalent, Unit Sergeant or work area supervisor will immediately notify Command Post.
 - e. if no errors are found, the Unit Manager or equivalent, Unit Sergeant or work area supervisor will notate in the logbook the date and time the logbook was checked and sign the logbook.
 - 1) in the event a Unit Manager or equivalent, Unit Sergeant or work area supervisor is not available for a shift, the upcoming shift Sergeant or work area supervisor will ensure the logbook is checked;
 - 2) if there are errors in the logbook, Command Post will be immediately notified;
 - 3) if no errors are found the shift Sergeant will sign the logbook notating the date, and time the logbook was checked.

Subject: LOGS AND RECORD KEEPING SYSTEM

5. The only authorized method of correcting an error or inappropriate entry is to draw a single line through the incorrect entry, initial the correction, and continue with the correct entry. Staff will not use whiteout or try to erase the entry.
6. After making sure the log is in compliance with current procedure, the staff member responsible for maintaining the logbook for the shift will sign their name below the last entry across the bottom of the page.

C. Minimum Required Entries

1. Each unit, work area, and security post where inmates are present will have two logbooks. One logbook will record daily activity and inmate movement, a separate logbook will be maintained for all searches.
2. The minimum required entries for searches are as follows:
 - a. date (month/day/year) and time (24-hour clock) of each entry;
 - b. area or group searched (cell, dayroom, cube, work crew, visiting, etc.)
 - c. number of clothed searches conducted;
 - d. number of unclothed searches including inmate's full name and DOC number.
3. The minimum required daily activity and movement entries for units, work areas, and security posts are as follows:
 - a. date (month/day/year) and time (24-hour clock) of each entry in real time without undue delay;
 - 1) in the event a late entry is made, the only change from a real time entry will be the abbreviation LE (late entry) placed in the Date column of the logbook;
 - b. entries will be recorded legibly, accurately and concisely in chronological order.
 - c. names of all officers or staff assigned to the unit, work area, or security post;
 - d. record of every shift change or relief or assumption of duty;
 - e. inmate counts;
 - f. all scheduled events and inmate movement activity, including but not limited to:
 - 1) unit walkthroughs
 - 2) inspections;
 - 3) yard;
 - 4) gym;
 - 5) library (movement only);
 - 6) chow;
 - 7) hobby (movement only); and
 - 8) visiting (movement only).
 - g. any unusual or unscheduled event that occurs in the unit, work area, or security post such as fire drills and security, safety, and sanitation inspections.
 - h. the person assigned to maintain the logbook will log all staff "in" and "out" whenever they enter or exit the unit, work area, or security post for any reason;
 - i. official visitors will be logged "in" and "out, this will include activities of the official visitor, (i.e., eight legislators toured Restrictive Housing).
 - j. all entries will be made in black or red ink as follows:
 - 1) black will be used for all normal activities; and
 - 2) red will be used for all counts, inmate housing unit changes and emergency events such as: medical emergencies and evacuations not associated with drills, any unaccounted-for inmate(s) or staff member(s).
 - k. any missing pages in the logbook will immediately reported Command Post.

D. Specialized Records

1. In addition to logbooks, certain posts may require more specialized records or additional logbooks including but not limited to;
 - a. entrances to MSP, MCE, and RSNU may require additional records on visitors, vehicles, deliveries, contractors, etc, in accordance with *MSP Procedure 3.1.5 Entrance Procedures and Detainment of Non-Offenders*.
 - b. Restrictive Housing (RHU), Secure Adjustment Unit (SAU), and Infirmary control cage(s) require an additional logbook which will be used to log cross-gender camera monitoring/viewing of safety/observation cell(s).
 - 1) cross-gender staff camera monitoring/viewing of an inmate where the inmate may be viewed in a state of undress where viewing of breasts, buttocks, or genitalia is permissible in exigent circumstances (for example a staff member of the same sex is not available for that specific post) and must be documented in the logbook. Documentation will include staff members name, inmate's name and DOC #, reason for cross-gender viewing, as well as the start and end time of viewing/monitoring.
 - c. Command Post will have a logbook in which to document any cross-gender monitoring/viewing that may occur while an inmate is in a safety/suicide cell(s) in RHU and SAU.
 - d. PREA cross-gender camera viewing logbook will have a purple cover and purple pages to distinguish it from the regular area logbook.
 - e. control centers and armories, key control, tool control and property, and visiting in accordance with; *MSP 3.1.6 Control Center Operations*, *MSP 3.1.7 Emergency Equipment and Armory Operations*, *MSP 3.1.13 Key Control*, and *MSP 3.1.14 Tool Control*, *MSP 4.1.3 Inmate Personal Property*, and *MSP 3.3.8 Inmate Visiting*.

IV. CLOSING

Questions concerning this procedure will be directed to the immediate supervisor.

V. ATTACHMENTS

None



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.1.4 PERIMETER SECURITY	
Effective Date:	January 15, 2001	Page 1 of 2 and no Attachments
Revision Date(s):	August 21, 2017, November 15, 2020, April 30, 2021	
Reference(s):	DOC Policy 3.1.4	
Signature:	/s/ Jim Salmonsens / Warden	

I. PURPOSE

To ensure security measures are in place which enable Montana State Prison (MSP) to maintain a secure perimeter around facility compounds which will protect the public, staff, visitors, and inmates.

II. DEFINITIONS

Associate Warden (AW) of Security – The person designated by the Warden to manage all MSP security operations.

III. PROCEDURES

A. Responsibility

1. The AW of Security, AW of Operations and/or Maintenance Supervisor are jointly responsible for the maintenance and functioning of the MSP perimeter security system.

B. Security Measures

1. Barriers for MSP are as follows:
 - a. there must be a minimum of a 20-foot separation between the secure perimeter fences, and sufficient rolled and tape-type razor ribbon will be in place on all perimeter fences to deter penetration or mounting of these fences;
 - b. vegetation growth inside and outside the compounds and along the secure perimeter will be controlled through the use of weed killers, mowing, trimming, etc.;
 - c. to deter aircraft landing, the Warden may authorize the installation of "ground clutter" inside the fenced compounds in the form of trees, light standards, or high mast poles with cables strung between them and buildings;
 - d. the front and rear entrances of the secure compound will incorporate sally ports that are interlocked in such a way that only one of the two doors or gates can be opened at any time; and
 - e. in compounds with less secure perimeters, the Warden must ensure that adequate measures are in place to prevent unauthorized exit or entry.
2. Detection Systems are as follows:
 - a. the electronic intrusion detection system will be monitored in the control center or another continuously manned post.
3. The lighting at MSP is as follows:

Subject: PERIMETER SECURITY

- a. the secure perimeter and all adjacent areas will have adequate lighting sufficient to provide visibility of the secure perimeter and the facility's compounds under all reasonably foreseeable weather conditions;
 - b. the high-intensity, high-mast perimeter lighting must be connected to a generator backup system;
 - c. supplementary lighting may be instituted in the event of an emergency, or limited visibility weather conditions.
4. The patrols and surveillance at MSP are as follows:
 - a. the direct perimeter surveillance consists of vehicular patrol and tower posts;
 - b. these posts will be manned seven days a week, 24 hours a day, by armed staff. Selected posts may be left unmanned at designated times based on the security needs of the facility as determined by the AW of Security or the Shift Commander; -and
 - c. additional posts may be instituted in the event of an emergency, or limited visibility weather conditions, i.e., fog, snow, rain, or dust, etc., which affects the ability to see clearly.

IV. CLOSING

Questions concerning this procedure will be directed to the AW of Security.

V. ATTACHMENTS

None



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	3.1.5 ENTRANCE PROCEDURES & DETAINMENT OF NON-OFFENDERS	
Effective Date:	February 19, 2001	Page 1 of 19 and 11 Attachments
Revision Date(s):	June 10, 2002, July 25, 2012, June 1, 2019, August 15, 2020, June 15, 2021, December 15, 2021	
Reference(s):	DOC Policy 3.1.5	
Signature:	/s/ Jim Salmonsens /Warden	
Signature:	/s/ Gayle Butler /MCE Administrator	

I. PURPOSE

To maintain the integrity of facility security through a perimeter security system which includes effective entrance and exit procedures that allow passage of authorized persons, items and traffic in and out of Montana State Prison (MSP) facility and properties to include Riverside Special Needs Unit (RSNU). This includes the secure fenced perimeter, the Industries Compound, as well as the surrounding one-mile area of MCE Ranch property.

II. DEFINITIONS

Associate Warden of Security - The person designated by the Warden to manage MSP security operations.

Body Scan – A whole-body security screening device which utilizes low dose x-ray scanning in order to detect contraband, weapons and similar items, hidden on and inside a person's body.

Canine – A specially trained and certified canine used by the facility which is the property of Montana State Prison.

Canine Handler – A security staff member who works in collaboration with a specially trained canine.

Checkpoint – The location designated as the official initial entry and exit point to MSP/MCE property.

CJIN/NCIC – The acronym for: Criminal Justice Information Network/National Crime Information Center.

Construction Contractor – Any individuals employed by a private company that is contracted by the Department of Corrections or Department of Administration, Architecture and Engineering Division to work on construction projects at MSP/MCE.

Contractor – An individual employed by a private company that is contracted by the Department of Corrections. This may include nurses, mental health or medical professionals or other persons who contract with MSP/MCE or DOC to provide services.

DOC Staff – For the purposes of this operational procedure means Montana Department of Corrections employees whose permanent work locations are not at the MSP facility, and are not identified as DOC Staff Core Members.

DOC Staff Core Members - DOC staff who have completed the necessary staff training or obtained the appropriate approval to access any location within the MSP/MCE facility. These staff will have a picture chit assigned to them for the Staff Verification Board.

Entrance Badge – A badge given to visitors at the MSP/MCE facility, regardless of the type.

Industries Compound – The area which includes the MCE Industries, the MCE Vocational Education Program, and the MSP/MCE Maintenance operations within a fenced perimeter, which is adjacent to the secure fenced perimeter.

Inmate Visitor – An inmate's social visitors/family entering MSP/MCE property on designated visiting days or for other approved visits.

Mobile Device – Includes a laptop computer, tablet computer, cellphone, smartphone, smart watch, or any device that performs similar functions.

MSP/MCE Property - Property at the MSP/MCE facility in Deer Lodge which includes the main prison facility campus within the secure fenced perimeter, the Work and Reentry Center (WRC), Martz Diagnostic Intake Unit (MDIU) as well as the surrounding one-mile area of MCE Ranch land. The term also includes the Riverside Special Needs Unit (RSNU) in Boulder consisting of the prison facility campus within the secure fenced perimeter.

MSP/MCE/CSD Staff - For the purpose of this procedure means an MSP, MCE, CSD, Board of Pardons and Parole (BOPP) employee, BOPP Board member, or a DOC Staff Core Member. This will also include contract staff (such as nurses, dentists, mental health, etc.) that have attended an MSP training program and have been provided an MSP identification card and picture chit.

MSP/MCE/CSD Staff Family – For the purpose of this procedure means a member of an MSP/MCE/CSD staff member's family, including spouse, children, parents, siblings, grandchildren, foster children, and foster parents.

Official Visitor – Means a person that has official business at MSP MCE, CSD or, RSNU These persons may include: state and federal government officials/employees, attorneys (*does not include inmate retained attorneys or attorneys whose purpose is to meet with an inmate*), members of the Judiciary, legislators, local, state, or federal law enforcement personnel, state or federal correctional/law enforcement personnel, DOC or MCE Advisory Committee members, untrained contract or part-time service providers, or other dignitaries recognized as an official visitor by the Warden/MCE Administrator or a member of their management team.

Proper Personal Identification Card – A government issued identification card with an individual's photograph, physical description, and dates of issue and expiration, including, valid driver's licenses, DOC/MSP identification cards, or other agency identification cards.

Reasonable Suspicion – A conclusion drawn from specific, objective facts which would permit a reasonable and experienced correctional staff person to suspect that an individual or set of circumstances poses a threat to the security, or to the health, safety, and security of offenders, staff, visitors, contractors, or community members, including, but not limited to, committing, or conspiring or attempting to commit a crime or rule infraction.

Reasonable Suspicion Searches - The search of person, property, or area where there is a reasonable suspicion that a law or policy has been violated.

Secure Fenced Perimeter - For the purposes of this operational procedure refers to the double security fenced main perimeter surrounding the low security, high security, maximum security, and MDIU compounds.

Service Providers/Contractor – This term includes contracted persons or other vendors providing service whose assignment is primarily on Department premises, e.g., facility or program office.

Volunteer – A non-employee who has been approved by the Warden and/or the MCE Administrator to provide volunteer services for MSP or MCE, assisting with self-help groups, religious programs, and other organized inmate groups.

Vendor - For the purpose of this operational procedure means a person who is employed by a company that sells goods or services to MSP/MCE, including delivery persons, service or repair technicians, veterinarians, consultants, salespersons, cattle buyers, milk truck drivers, etc.

Visitor (other than Official Visitors) – Any person entering MSP/MCE property that is not a DOC staff member, vendor, construction contractor, official visitor, inmate visitor, or MSP/MCE/CSD staff family member. These persons may include legal visitors, volunteers, a member of a tour group, contractors (not including construction contractors), an employment applicant, or attendees or witnesses to public meetings or hearings.

III. PROCEDURES

A. General Provisions

1. The MSP/MCE property encompasses approximately 38,000 acres. The entrance procedure outlined here will cover the MSP/MCE property where it is possible to control movement into and out of the areas around the MSP facility.
2. The Check Point location is the main authorized entry and exit point. The entrance near Ranch 2 is for the use of MCE Ranch employees performing work duties and is not an authorized entry and exit point for staff. Staffing of entrances and exits will be sufficient to ensure proper supervision of all perimeter gates and the secure operation of these areas. At a minimum, all entrance posts, with the exception of Ranch 2, will be staffed to allow for direct identification and searches of all persons entering MSP/MCE.
3. The Wallace Building Lobby, the Rear-Guard Station, and the Change House are the pedestrian traffic control points for MSP.
4. Riverside Special Needs Unit – The Administrative Building entrance is the only approved pedestrian traffic control point for RSNU. The south gate is the only approved entrance into the facility for MSP, RSNU, and contractor vehicles. All entrance posts are supervised by RSNU staff.
5. Refer to the *Prohibited Items List (attachment D)* for items that are not allowed within the MSP/MCE Property and RSNU. The items on this list are not all inclusive, but any item that negatively impacts the security of the facility or staff's performance of their job duties is not allowed.
 - a. Prior to bringing a mobile device into MSP/MCE/RSNU, approval must be obtained by the Warden or designee. All mobile devices entering MSP/MCE/RSNU will be password protected at all times and never left

Subject: ENTRANCE PROCEDURES AND DETAINMENT OF NON-OFFENDERS

- unattended. Loss of any device will be immediately reported to Command Post.
- 1) mobile devices entering MSP/MCE/RSNU will be documented by entrance staff.
- b. off-site duty stations (i.e., hospital duty) are allowed personal cell phones with permission of the shift commander. No other mobile devices are allowed.
- c. MCE staff must have authorization from the MCE Administrator for use at the WRC and MCE ranch land. Refer to the *Prohibited Items List (Attachment D)* for further clarification.
- 1) A lock box has been provided to lock personal cell phones in across from main control in the Wallace Building.
- d. staff at RSNU are assigned lockers, personal cell phones will be stored and locked in the locker.
- 1) All cell phones must be locked with either a password, thumbprint, etc. to prevent cell phones from being accessed if lost or stolen.
- a) The lobby officer will issue a numbered key for a chit to the lock box.
- b) Staff must then sign in the log for the box issued along with the time, date and box issued.
- c) At the end of shift staff are required to remove items placed in the lock box, return the key and log the time. Failure to do so will result in progressive discipline.
- d) If a staff member is cleared by the Warden to possess a cell phone inside of the institution (this would include a smart watch) the staff member must have a blue cell phone authorization card signed by the Warden. If the staff member is cleared by the Warden to possess a cell phone inside the Wallace Building (this would include a smart watch), the staff member must have a white cell phone authorization card signed by the Warden. Main Control, Command Post, and the Lobby Officer will have an up-to-date list of staff members cleared for cell phones. If a name does not appear on the clearance list, then the staff member will not be allowed to enter the institution with a cell phone until the Warden authorizes its use in writing to the Command Post.
- e. Personal portable audio such as I Pods, MP3 players, (or other music devices that utilize a computer to upload or charge), CD players, video, DVD players, or gaming electronic entertainment devices are prohibited inside MSP/MCE Property, RSNU or off-site duty stations (i.e., hospital duty).
- f. Personal AM/FM radios are authorized in individual offices within MSP/MCE Property. Personal AM/FM radios are not authorized for use in communal areas (e.g., unit cages, break areas) without permission from a supervisor.
6. This operational procedure does not include the process outlining public use of MCE ranch lands for archery hunting, big game retrieval, or other authorized recreational activities. These are outlined in *MSP 2.1.3, Land Use Restrictions*.

Subject: ENTRANCE PROCEDURES AND DETAINMENT OF NON-OFFENDERS

7. Persons that enter MSP/MCE or RSNU facility property other than through the established entrance, or as approved in advance by MSP/MCE/CSD Administration, are subject to removal from the property and are subject to criminal charges.
8. A Command Post Lieutenant or higher in the chain of command are authorized to waive individual requirements of this operational procedure (i.e., background checks, advance notice, etc.) for unique or extenuating circumstances.
9. Any group that consists of more than five non-MSP/MCE/RSNU staff persons will be considered a tour group, as identified in *MSP 1.1.10, MSP/MCE Tours*.
10. All inmates allowed to move through MSP/MCE/RSNU entrances will be searched in accordance with procedure outlined in *MSP 3.1.17a, Searches*.
11. Inmate visitors on the approved Correspondence/Visiting List and visiting in the structured environment of established visiting rooms are subject to separate entrance criteria as outlined in *MSP 3.3.8, Inmate Visiting*.
12. All entrance and exit sally ports into the secure fenced perimeters at the MSP and RSNU will be operated in a manner that prevents both doors and gates from being open at the same time. These areas include Main Control, Tower I, Tower III, Tower IV, Guard Station, Change House, MDIU control room and the main entrance to RSNU. Manual override capability will be available at all of these locations for emergency situations. Any override requires authorization from the Shift Commander and an incident report must be submitted to the Command Post.
13. During emergency situations the Warden, Deputy Warden, Associate Warden of Security, or designee may stop all movement entering or exiting MSP and RSNU (this includes all staff, vendors, visitors, etc.) until the situation is resolved.

B. Advance Entrance Authorization and Background Check Procedures

1. At least 72 hours prior to an official visitor, contractor, and/or vendor being authorized to enter the secure fenced perimeter, an *Entrance Authorization form (attachment H)* must be completed and distributed. Exceptions to the 72 hours can be approved by the Associate Warden of Security, Warden or MCE Administrator. For contractors, and volunteers, a Criminal Background Check must be completed.
 - a. A DOC, MSP, RSNU or MCE staff member representing the department sponsoring the visit will complete the necessary authorization form based on discussion as needed with those wishing to enter the MSP/RSNU/MCE Property.
 - b. The staff member who initiates the *Entrance Authorization form (Attachment H)* will give it to an MSP/MCE CJIN/NCIC operator to conduct a criminal background check on the individuals listed as required.
 - c. Based upon the results of this check and the following criteria, all requests for admission into the secure fenced perimeter will be approved or disapproved by the Shift Commander. Individuals that have a criminal background check report that includes felonies or misdemeanors outlined in one and two below will be looked at on a case-by-case basis for approval or denial.

Subject: ENTRANCE PROCEDURES AND DETAINMENT OF NON-OFFENDERS

- 1) The individual(s) should have no Felony convictions in the past 5 years.
 - 2) The individual(s) should have no Misdemeanor convictions for violent, disorderly, domestic, or drug related charges in the past 3 years.
 - 3) The individual(s) should have no verifiable questionable criminal / administrative activity or associated information with regard to their character which causes concerns for facility security and staff and inmate safety.
 - 4) Additionally, contractors, volunteers and vendors who have contact with inmates shall not be approved if the following applies:
 - a) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
 - b) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
 - c) Has been civilly or administratively adjudicated to have engaged in the activity as described in “b)”.
 - d) The individual(s) must provide documentation regarding disposition of charges when requested by MSP/MCE officials.
 - d. Only certified MSP/MCE CJIN/NCIC staff operators, Command Post staff or higher will have access to the CJIN information.
 - e. Appropriate persons will be notified of approval or disapproval. Questions regarding disapproval must be directed to Command Post staff, the Associate Warden of Security, Warden, or MCE Administrator.
2. Official visitors, vendors, and contractors requesting authorization to enter the Industries Compound or MSP/RSNU/MCE areas outside the secure fenced perimeter are not required to undergo a criminal background check, however an *Entrance Authorization form (Attachment H)* is required for non-routine access to these designated areas. Background checks are required if they are going to have unsupervised contact with inmates. Contractors working on construction projects in these areas for an extended period of time may be required to pass a background check dependent on the project, level of staff supervision, and whether or not they will have contact with inmates in the work areas.

Note: Any members of the public attending public hearings or meetings at MSP such as Sentence Review board hearings or Prison Issues Board meetings, are not required to undergo background checks. The hearings or meetings will typically be in the Wallace Building and their movement may be restricted by the Warden or designee. They will be required to go through all other entrance procedures.

C. Security Identification Requirements for Entry and Exit & Entrance Badges

1. All persons over the age of 16 entering the MSP/RSNU/MCE property are required to provide a proper personal identification card. Anyone that cannot be properly identified by the Check Point Officer and/or Wallace Building Lobby Officer or Riverside Officer will not be allowed past these locations.

Subject: ENTRANCE PROCEDURES AND DETAINMENT OF NON-OFFENDERS

2. DOC, MSP, RSNU, and MCE staff will present their work issued ID to the Check Point Officer or entrance officer at RSNU upon entry and must wear this ID in a visible location on their person at all times while working on facility property (*see section C.3. below on the protocol for staff who don't have their work issued ID upon entry*).
3. MSP/RSNU/MCE staff family, official visitors, visitors, vendors, volunteers, and contractors entering MSP/MCE property may be required to exchange their personal identification card for an Entrance Badge (*see attachment J*) depending on the location they are at the facility to visit.
 - a. They must produce appropriate documentation or information about the nature of their business at MSP/RSNU/MCE or have been cleared in advance by an *Entrance Authorization form (Attachment H)* which will be available at the entrance points.
 - b. MSP Human Resources staff will submit a list with the names of prospective employees to the Shift Commander for entrance authorization no later than 24 hours prior to the scheduled interview. Command Post staff will provide a copy of this list will to the Check Point and Wallace Building Lobby Officer.
 - c. The Check Point Officer will contact the appropriate location for verification when a person(s) arrive at Check Point explaining they have an appointment and there is no *Entrance Authorization form* available to document the appointment.
 - d. The entrance staff at RSNU will contact the appropriate staff member or location to verify a person(s) appointment and there is no *Entrance Authorization form* available to document the appointment.
 - e. The respective entrance post officer will clear civilians exiting MSP/MCE property through Check Point, Main Control, Guard Station, or Lobby posts.
4. Entrance badges will be used as applicable for official visitors, visitors, vendors and contractors as outlined in this operational procedure.
5. Entrance badges (*see attachment J*) will be made and authorized through MDIU Admissions staff. The badges utilized will be as follows:
 - a. Inmate Visitor badges - designated by orange color and pre-numbered.
 - b. Official Visitor, Visitors, Staff Family, Vendor badges - designated by red with white background color and pre-numbered.
 - construction Contractor badges - designated by green with white background color and pre-numbered.
6. Entrance badges will only be issued out of the MCE Office, MSP Wallace Building, and the Rear-Guard Station (only for deliveries in the Industries Compound) and the main entrance at RSNU. Each location will have a predetermined number sequence of badges. The staff member designated to issue entrance badges at their post or work location will exchange the appropriate entrance badge for the person's personal identification card and will maintain a logbook at their work location noting the issue and return of all entrance badges under their control.

Subject: ENTRANCE PROCEDURES AND DETAINMENT OF NON-OFFENDERS

- a. MCE staff will issue entrance badges to those individuals that go to the Industries Compound, work areas outside of the secure fenced perimeter, the WRC to conduct MCE business.
 - b. The Wallace Building Lobby Officer will issue entrance badges to all visitors approved to enter the Wallace Building or inside the secure fenced perimeter.
 - c. Staff at the entrance to RSNU will issue entrance badges to all visitors approved to enter the Riverside main building or inside the secure fenced perimeter.
 - d. Persons who have business both within the MCE areas and inside the secured fenced perimeter will retain the entrance badge that was first assigned to them at the Wallace Building lobby or the MCE Ranch Office.
7. At no time will staff allow an inmate to handle an entrance badge or have access to stored entrance badges.

D. Check Point

1. All persons entering and exiting MSP/MCE property will come to a stop at Check Point and present their proper identification to the officer at Check Point for authorization to proceed.
2. The Check Point Officer will complete a visual cursory search of the vehicle's interior for contraband, unauthorized items, or unauthorized passengers.
3. The Check Point Officer will clear staff members to proceed to their work location after checking proper identification.
 - a. If an employee does not have their identification card, the Check Point Officer will call the Command Post for approval to allow entry.
 - 1) Upon entrance to the Wallace Building the employee will go to the Command Post to receive a temporary ID which will be light blue in color (*see attachment J*).
 - 2) Command Post staff will log the information regarding the lost ID and notify the person's supervisor that they have been issued a temporary ID.
 - 3) The employee will return the temporary ID to Command Post staff at the end of the day in which the ID was issued.
 - 4) Command Post staff will account for all temporary IDs at the end of the business day by reconciling the number of assigned temporary ID cards with the logbook entries.
 - 5) As needed, Command Post staff will follow up on missing ID cards with appropriate staff and/or their supervisor.
 - b. Staff who regularly require a temporary ID may be subject to discipline through their chain of command.
4. All non-staff members will provide proper identification and appropriate documentation of the nature of their business at the facility.
 - a. If applicable, the Check Point Officer will use the *Entrance Authorization form* for verification.
 - 1) If there is no *Entrance authorization form*, or the officer has questions, the officer will notify the appropriate work area or

Subject: ENTRANCE PROCEDURES AND DETAINMENT OF NON-OFFENDERS

Command Post staff for instructions. As necessary, the Check Point Officer will require the non-staff member(s) to wait at the Check Point until the nature of the business is verified and clearance is granted.

- 2) dependent on the nature of the business the person(s) are at the facility to conduct, the Check Point Officer will direct the individuals to the MCE Office (adjacent to Check Point), Wallace Building, MDIU, WRC, or one of the work areas outside of the secure fenced perimeter as outlined in the appropriate section below.
 - b. an *Entrance Authorization form* is not required for inmate visitors, delivery vehicle drivers, and DOC staff.
5. Service Providers/Volunteers and Contractor signoff requirements for PREA are as follows:
 - a. all service providers, volunteers and contractors must receive a PREA Brochure, unless they have already received one and have signed off on the Department of Corrections *PREA Acknowledgement form (Attachment G)*. Checkpoint officers will check the provided PREA Contractor/Volunteer Log to verify this information.
 - b. The checkpoint officer will direct the service providers, volunteers and contractors to pull their vehicles to the side of the road and give the service providers and contractors enough time to read the brochure.
 - c. The checkpoint officer will have the service providers, volunteers and contractors sign the Department of Corrections *PREA Acknowledgement form*.
 - d. Once the form is signed, the service providers, volunteers and contractors may proceed past checkpoint.
 - e. Checkpoint officers will update the current list of service providers and contractors by adding (please print) the appropriate information to the list of those who have already received a brochure and signed the *PREA Acknowledgement form*.
 - f. Checkpoint officers will place Department of Corrections PREA Acknowledgement forms in the padlocked box marked PREA Forms. An appointed person (currently a PREA staff member) will pick up the completed forms weekly. The PREA Compliance Manager or designee will also be responsible for maintaining the list of service providers, contractors, and volunteers who have already received a brochure and signed the *PREA Acknowledgement form*. If you need additional forms, contact the PREA Compliance Manager.
 - g. The list will be updated on a weekly basis.
6. Appropriate signage related to items not allowed on MSP/MCE property will be posted at the Check Point location.
7. The checkpoint officer is required to wear a fluorescent yellow vest between the hours of sunset and sunrise, or during inclement weather.

E. Weapons Storage for Law Enforcement Visitors

1. Under normal circumstances law enforcement personnel will not be allowed to bring a weapon or ammunition inside the secure fenced perimeter.

Subject: ENTRANCE PROCEDURES AND DETAINMENT OF NON-OFFENDERS

2. Law enforcement officers and Highway Patrol troopers who enter prison grounds to conduct business *where they are not going into an MSP/MCE building* will not be required to secure their weapons in the Check Point weapons lockbox. The Check Point Officer will caution the officers and troopers to take the necessary precautions regarding weapons as inmates may be in the vicinity.
3. Law enforcement or MSP Transportation officers transporting inmates to/from MDIU or Tower I sally port are required to leave their weapons and ammunitions in the weapons lockbox at the Check Point location. The Check Point Officer will follow the procedures as outlined in their post orders for depositing and withdrawing weapons in the weapons lockbox, including:
 - a. Activation of the weapons storage withdrawal lights.
 - b. Directing visiting law enforcement personnel on the proper procedure for depositing and withdrawing their weapons and/or ammunition from the weapons lockbox.
 - c. Not allowing officers access past the Check Point location until all weapons and ammunition are secured inside the weapons lockbox.
4. MSP staff may utilize either the Check Point or Tower I weapons lockboxes for storage of state issued duty weapons and ammunition, depending on the situation.
5. In emergency situations, the Check Point Officer will contact Command Post staff for additional direction regarding weapon and/or ammunition storage.
6. MSP, MCE, CSD and RSNU employees will not bring their personal weapons and ammunition onto MSP, MCE property or the RSNU. The exception is solely to use the weapons range located on the MCE Ranch lands. In this case, once the employee is finished using the range, the weapon must be removed from MSP/MCE property. The Warden or MCE Administrator may allow an exemption for MSP/MCE staff who live on site to store their personal weapons in their state provided housing.
7. RSNU has a weapon lock box located in front of the Administrative building entrance.

F. Detaining Non-Offenders

1. Under applicable state law, staff who are not sworn law enforcement officers do not have the authority to detain an individual against his or her will. The individual must be permitted to leave if he or she chooses.
2. In the event an individual is found to convey contraband, or is disruptive, entrance Staff will contact Command Post for further direction. The Shift Commander will Ensure a DOC Investigator is contacted. The Shift Commander will make the Determination as to whether to contact local law enforcement. An incident report will be completed documenting the incident.
3. If there is an incident or facts emerge to suggest a possible criminal violation has occurred, entrance staff will immediately notify Command Post. If possible, this notification will be made without alerting the individual(s) involved. The Shift Commander will ensure a DOC Investigator is immediately contacted. The Shift Commander will make the determination as to whether local law

enforcement is contacted. An incident report documenting the incident will be completed.

G. Outside of the Secure Perimeter

1. Official visitors, vendors, volunteer sand contractors going to an MSP/MCE location outside of the secure fenced perimeter will be cleared through Check Point by an MSP/MCE supervisor or an *Entrance Authorization form* to go to a designated location. Vendors going to work locations outside the secure fenced perimeter are not required to have an entrance badge. A staff member will meet the person(s) at the designated location and provide the appropriate escort and supervision.
2. Official visitors, vendors, volunteers, and contractors going into the Industries Compound or the WRC for MSP/MCE business will require an entrance badge, which will be issued by the MCE Office. Vendors making deliveries in the Industries Compound will be issued an entrance badge at the Rear-Guard Station before making the deliveries in the Industries Compound. An *Entrance Authorization form* or clearance by the MCE/MSP work area or Command Post is required.
3. Persons requiring an entrance badge will be cleared through Check Point by MCE staff and either escorted or met at the entrance to the Industries Compound, WRC or Dairy location.
4. Official visitors, vendors, and contractors who will be entering the Industries Compound or the Work and Re-entry Center for MCE business will be allowed to park their vehicles at the parking areas adjacent to these locations. Escorting staff must ensure that these vehicles are appropriately locked and secured.

H. Inside the Secure Fenced Perimeter, Work and Re-entry Center, and MDIU

1. The Check Point Officer will instruct official visitors, visitors, vendors, volunteers, or contractors who are at the facility for business inside the secured fenced perimeter to park their vehicles in the Wallace Building parking lot and proceed to the Wallace Building visitor entrance.
2. The Wallace Building Lobby Officer will process official visitors, visitors, vendors, volunteers, or contractors entering the secured fenced perimeter through the Wallace Building.
 - a. The Lobby Officer will issue entrance badges to visitors, official visitors, vendors, and contractors going into the secure fenced perimeter, WRC, and MDIU.
 - b. The Lobby Officer will check if the service provider, contractor, volunteer, or a facility visitor is on the PREA Volunteer/Contractor Log.
 - 1) If not in the log with a current completion date, a *PREA Acknowledgement form* must be filled out.
 - 2) A PREA Volunteer/Contractor Pamphlet will be provided to the individual to review.
 - 3) After reviewing the individual will complete the *PREA Acknowledgement form*.
 - 4) The Lobby Officer will collect the form; denote it in the PREA

Subject: ENTRANCE PROCEDURES AND DETAINMENT OF NON-OFFENDERS

- Volunteer/Contractor Log; and forward the original form to MSP PREA Compliance Manager for filing.
- c. After being processed in the lobby, designated staff will escort these individuals while they are at the facility.
 - 1) If the individuals need escort to the MDIU or Work and Re-entry Center staff will transport them in a state-owned vehicle.
 - 2) Depending on the need for specific vendor / contractor equipment or materials they may be authorized to drive and park their vehicles at other designated locations.
 3. DOC staff will check in with the Lobby Officer and have their DOC picture ID clearly visible.
 - a. Once cleared by the Lobby Officer, MSP/MCE/CSD staff will hang their issued picture chit on their designated hook on the Staff Verification Board and proceed to their work location.
 - b. DOC Staff Core members will identify themselves to the Lobby Officer as DOC employees. They will place their issued picture chit on their designated hook on the Staff Verification Board.
 - c. DOC employees who are not DOC Staff Core members will present their DOC identification card to the Lobby Officer, who will record their name in the logbook.
 - 1) The Lobby Officer will inform them to utilize their DOC identification card as identification.
 - 2) If these individuals are going to any location but the Wallace Building, a staff escort may be required.
 - 3) Any staff member going outside of the secure facility to MDIU, Unit F, WRC, etc. who requires a ride to their work location can wait inside or outside of the Wallace Building after placing their chit on the board.
 - d. The Lobby Officer will stamp the top of one hand of each visitor, vendor, or contractor with ultraviolet light reflecting ink (using stamps of a variable pattern) to help ensure that inmates do not leave the facility in disguise.
 - e. The Lobby and /or Main Control Officer will log every inmate that passes to and from the Lobby through the Main Control sally port in the appropriate logbook.
 - 1) The Main Control Officer will ensure that inmate workers allowed through Main Control into the Wallace Building for janitorial work have the appropriate picture ID card and work roster designations for clearance. Inmate maintenance workers will not be allowed in the processing area of the Wallace Building while staff or visitors are being processed by entrance officers.
 - 2) The Shift Commander is the only person who can authorize any other inmate traffic through Main Control.
 - f. Except for WRC and MDIU Unit staff, MSP/MCE employees who have offices or work locations outside of the fenced perimeter (Ranch, Dairy, Food Factory, Canteen, WRC, Warehouse, etc.) will check in at the MCE Ranch Office, hang their issued picture chit on the Staff Verification Board, and proceed to their work location. These staff members will not have a space/hook to hang their picture chit in the Lobby. MSP staff who go to an MCE or MCE ranch areas must leave their chit on the Staff Verification

- Board. If an emergency arises they should get their name on the nearest Staff Verification Sheet as quickly as possible.
- g. When entering or exiting the Industries Compound at the Rear Officer Station or the main prison compound through the lobby, these staff members will log in and out in the appropriate logbooks.
 - h. During the time that the Rear-Guard Station is not manned, the entries should be made into the Change house logbook.

I. Searches

1. Visitors, vendors, volunteers, and contractors entering MSP/MCE Property through the Wallace Building Lobby or Rear-Guard Station and RSNU main entrance will be subject to search.
2. MSP/MCE/CSD employees at Montana State Prison are subject to search. A log will be maintained of staff that have been subject to search. All persons must pass through the metal detector whether or not they have been selected for search. Pat searches will be conducted by the same sex as the person being searched.
3. RSNU employees at RSNU location are subject to search. A log will be maintained of staff that have been subjected to search together with date, time and location. Pat searches will be conducted by the same sex as the person being searched.
4. Visitors, vendors, contractors, and volunteers entering MSP/MCE property through the Wallace building may be required to submit to a body scan in accordance with *MSP 1.1.17c Body Scanners*.
5. MSP may use a trained and certified canine, and canine handler for drug detection in Accordance with *RD MSP 3.1.36 Canine Team Operations*.
6. Search procedures will be as follows at MSP:
 - a. Metal detector scan.
 - 1) If a person is unsuccessful in clearing the walk-through metal detector during their first pass through, the officer will require them to pass through it a second time.
 - 2) If the person is unsuccessful in clearing the walk-through metal detector during their second pass through, the officer may attempt to pinpoint the location of the questionable item(s) with a hand-held metal detector. The officer will then conduct a clothed body search on the individual to identify the questionable item(s). Clothed body searches will be conducted by the same sex as the person being searched. If the questionable item cannot be determined, the person will not be allowed access into the facility. Command post must be notified at this time and an incident report must be completed by the lobby officer or other staff conducting the search and turned into Command Post.
 - b. Search of the persons belongings, including all loose articles.
7. All briefcases, tote bags, food bags, etc. allowed by operational procedure are subject to search by the Lobby Officer.
 - a. Personal bags must be clear see-through and no larger than 16x16x8 inches.

8. MSP/RSNU/MCE staff are also subject to reasonable suspicion searches.
 - a. The level of the search will be determined by the probable threat, degree of suspicion, or court order. Unclothed body searches (strip searches) can only be authorized with a search warrant.
 - b. The Lobby Officer will ask for the employee's cooperation prior to any search, however, lack of cooperation does not mean that a search will not be conducted. Employees who refuse routine, random or reasonable suspicion searches will not be allowed access to the facility. The employee will be subject to disciplinary action for non-cooperation with searches.

J. Construction Contractor Entrance Badges

1. The designated MSP/MCE Construction Project Manager will coordinate the establishment and updates to the list of authorized contractors who are involved with construction projects. The Check Point Officer at MSP will require contractors who are involved with construction projects to exchange their personal identification card for a contractor's entrance badge at the Check Point. Entrance staff at RSNU will require contractors who are involved with construction projects to exchange their personal identification card for a contractor's entrance badge.
 - a. Contractor entrance badges will be of a standard type (*see attachment D*). The badges may include a photo of the contractor to aid in the identification process for projects that are longer in duration.
 - b. The designated MSP/MCE Construction Project Manager will develop, and update construction related information (including, but not limited to, an authorized contractors list, schedules, and timelines) and will forward copies of this information to Check Point, RSNU entrance staff, the Command Post, and assigned Construction Officers.
2. Contractors who are not involved with construction projects will be allowed access to the facility as outlined in other sections of this operational procedure.

K. Staff Family

1. MSP//MCE/CSD and RSNU staff family will be allowed access to the MSP/MCE property and RSNU and facilities as outlined in *MSP 1.1.10, MSP/MCE Tours*.
2. MSPMCE/CSD and RSNU Staff family entering either the outside or the inside of the secured fenced perimeter will not be required to have a background check.
3. They must be escorted at all times by an MSP/MCE/CSD or RSNU staff member.
4. Staff family going to locations outside of the secured fence perimeter will be cleared through Check Point by telephone contact with the Shift Commander and MCE Administrator, verifying the destination, staff escort person, and nature of business.
5. An Entrance Authorization form is required in advance of the visit for staff family entering the MSP/MCE property. All MSP/MCE/CSD staff family must be processed into the MSP/MCE Property by the Wallace Building Lobby Officer, or the RSNU main entrance staff member when at the RSNU Facility. MCE staff family member may be processed at the MCE Ranch Office.

L. Vehicular Sally ports: Tower I, Tower III, Tower IV, MDIU and Guard Station

1. The MDIU sally port is the primary entrance for traffic involving staff and inmate movement in and out of the MDIU compound. The sally port gates will be remotely activated by controls located in MDIU control cage when Tower III is not manned. The staff assigned this post must monitor all traffic through this sally port to determine the purpose for entry or exit. Under no circumstances are personal vehicles allowed into the sally port, nor are they allowed to park outside the sally port gates or drop off staff outside of the gates.
2. Tower I Sally port - the Tower I sally port is the primary entrance for traffic involving inmate transportation or emergency medical responders in and out of the secure perimeter of MSP. The sally port gates will be remotely activated by controls located in Tower I. To ensure a high level of security, the staff assigned this post must monitor all traffic through this sally port to determine the purpose for entry or exit.
3. The Rear-Guard Station is a secondary point of entry into MSP and is located at the east perimeter of the main facility compound. It is the primary vehicular entrance for the Industries Compound. Officers assigned to this post must process all incoming / outgoing vehicle and foot traffic as outlined in their specific post orders, but the following basic guidelines for entry and exit will also be followed:
 - a. Entry:
 - 1) Only those persons and vehicles and/or occupants that meet MSP requirements for entry and that have staff escort will be permitted to enter the sally port (between the gates).
 - 2) When non-staff persons arrive, the Tower Officer will ensure those requesting entry meet the requirements for non-staff entry into the secure perimeter before opening the sally port gates.
 - 3) The Tower Officer must receive clearance from the Shift Commander before allowing any vehicle to enter the secure perimeter through both sally port gates.
 - b. Departure: The Tower Officer will not allow any non-staff person to leave the secure perimeter through the sally port unless they have staff escort, and the staff escort has instructed the Tower Officer to allow exit.
4. For vehicles entering the Rear-Guard Station, officers will apply the following:
 - a. Stop all incoming vehicles between the sally port gates and instruct the occupant(s) to shut off the vehicle engine, remove the keys, exit the vehicle, and stand clear of the vehicle.
 - b. Ensure vendor vehicles have been cleared by an MSP/MCE supervisor prior to allowing them inside the gates of the Rear-Guard Station. Inmates from outside work crews may be authorized by their supervisors to enter the industries compound to deliver/pickup equipment at the MVM location or conduct other assigned duties.
 - c. Complete a detailed search of all authorized vehicles.
 - d. Conduct pat and/or random hand wand metal detector searches of all inmate occupants.
 - e. Review the cargo manifest of delivery vehicles to determine if any contraband may be on board meant for other destinations. If so, the delivery must be off-loaded to a secure location outside the perimeter under staff supervision or the delivery will be declined. For non-MSP/MCE staff,

- exchange the driver's identification card for an MSP visitor's badge (escort required). Obtain confirmation of destination from staff at the intended delivery point, and/or through other records of authorization maintained at the post. The arrival of the vehicle will be relayed by phone to staff at the destination point, which will provide an escort into the Industries Compound. No delivery vehicles will be allowed through the sally port without staff escort. Staff escorts will remain with the driver at all times while it is inside the Industries Compound or secure fenced perimeter.
- f. Authorized freight deliveries made inside the Industries Compound and the secure fenced perimeter will be off loaded as quickly as possible. During the loading or unloading of any cargo, the staff responsible for the freight will maintain constant supervision of the cargo area until the process is completed. At that time, the staff responsible for the freight will secure the cargo area.

M. Packages

1. Packages delivered to MSP/MCE and RSNU will be initially screened and checked at the MSP Warehouse or MCE Accounting office by appropriate staff prior to delivery to a work location inside or outside of the secure fenced perimeter. Officers manning the entrance posts will perform an additional search of these items when they enter the secure fenced perimeter or the Industries Compound.
2. Mail and small packages delivered by the postal service will be processed through the MSP Mail Room.
3. Inmates carrying tools, parts, raw materials or other items for work operations will be cleared by their MSP/MCE supervisors and searched by security staff prior to going into or out of the secure fenced perimeter.
4. Staff that wish to exchange gifts (holidays, birthdays, etc.) must use a gift bag and leave the items unwrapped.

N. Food Items

Staff wishing to bring food in for staff gatherings (birthdays, potlucks, etc.) inside the secure fenced perimeter must have written authorization from the Shift Commander.. Food items for normal individual lunch breaks are not subject to this pre-approval process but are subject to search procedures upon entry.

1. Food items brought in for an authorized event / function will be exclusive to staff consumption. They are not intended for staff / inmate socialization activities.
2. Preferably events / functions with food products brought in by staff should be held in the Large or Small Classroom in the Wallace Building (reserved in advance), but they may be held in the appropriate location within the work area either inside or outside of the secure fenced perimeter.
3. Food for events/functions at RSNU shall be kept in the staff break room.
4. It is the responsibility of the staff and supervisor of the area to ensure that appropriate cleanup and food disposal is completed at the end of the event / function.

5. On a case-by-case basis, food items may be approved for special inmate events.
6. Events / functions related to staff organized bake sales or raffles will be held in the Wallace Building or MCE Ranch Office, not inside the secure fenced perimeter.

O. Rear Guard Station – Change House - Tower I Inmate Traffic

1. On a case-by-case basis, the Rear-Guard Station, Tower I, or Change House officers may allow inmates who live at the WRC entry into the secure fenced perimeter through the gates/doors they operate at their respective posts.
 - a. Generally, the access through the Tower I gates will be for medical services at the Infirmary or pre-approved events at the RAC, BOP hearings area, or other designated locations.
 - b. Access into the secure perimeter through the Change House will be limited to events approved in advance.
2. Inmates living and /or working outside the secured fenced perimeter and entering the Industries Compound through the Rear-Guard Station will be authorized by the appropriate staff person through a telephone call or radio transmission to the Rear-Guard Station Officer to make deliveries, pick up items or deliver/pick up vehicles or equipment at MVM. The inmate will be identified by a picture identification card, and pat search conducted.
3. At no time will outside work crews (3 or more inmates) that live at the WRC enter the Industries Compound without being accompanied by a supervisor or cleared in advance for a specific purpose or project.
4. If an MSP/MCE Instructor or Supervisor is authorizing an inmate to take paperback books back to their unit for something that pertains to their work or education assignment, the books must be marked MSP or MCE property and should include an authorization form for each book. A *Magazine/Book Checkout form (Attachment B)* should be filled out for books that pertain to work or education assignments by the issuing department. Supervisors will carry the books through the change house and give them to the inmate once they arrive at the inmate's unit. Vocational Education students may have educational paperwork they are taking to and from their unit through the change house. The officers will look through the paperwork and folder to ensure that it does not contain unauthorized items. A list of approved materials allowed by inmates will be posted at the change house (*see Attachment A*)
5. Inmates who are awaiting transport to F-Unit are to stage at the Change House until the transporting staff arrive. The Guard Station Officer will call Change House and notify the officer when to send the inmate. Guard Station will suspend traffic while inmates are being secured and unsecured.

P. Records

Entrance post staff will maintain logbooks at each entrance post to enable staff to reconstruct all visitor traffic through that post/point.

1. Log entries will include date, name, and times in and out, department visited, and by whose authority the entry was granted.

Subject: ENTRANCE PROCEDURES AND DETAINMENT OF NON-OFFENDERS

2. This log will be in bound form and will be reviewed and initialed by supervisory staff when they visit the post.
3. The logbook will be reviewed on a random basis by Command Post staff or higher during routine security rounds of the facility.
4. The logbook will be forwarded to the Shift Commander when it's full.
5. Logbooks will be maintained and retained in accordance with *MSP 3.1.3, MSP Logs & Record Keeping System*.
6. Copies of *Entrance Authorization forms* are to be kept on file in Command Post for one month, after which they will be forwarded to the Property office for archive.

Q. Staffing

1. All access points will be staffed in accordance with the facility staffing pattern at the direction of the Shift Commander.
 - a. Main Lobby will be staffed from 24 hours a day 7 days a week.
 - b. Rear Guard Station will be staffed from 0600-2100 M-F.
 - c. Check Point will be staffed 24 hours a day 7 days a week.
 - d. Change house will be staffed from 0600-1730 7 days a week
2. A Staff Sergeant or higher authority will be present in the lobby during shift change. If a command post staff is not available to be present in the lobby, a senior officer or sergeant may be designated by command post to stand shift change.
3. When possible, additional staff will be assigned to the lobby during shift change and special events.

R. Parking

1. There are four authorized parking areas for MSP/MCE /CSD employees.
 - a. MCE Ranch Office
 - b. Wallace Building Parking Lot
 - c. Wallace Building Visitor Parking Lot (for overflow)
 - d. Unit F Parking Lot
 - e. RSNU parking lot in front of Administrative Building
2. Personal vehicles must remain locked and secure at all times when not in use. Items not permitted into the institution such as cell phones, tobacco products, etc. must be kept out of view.

S. Exiting MSP/MCE Property

1. All staff, vendors, and visitors will exit through the same location they entered. They will retrieve their picture chit or ID and ensure all state issued items have been properly stored or returned to the area of check-out before leaving the property for the day. No additional stops on the property are allowed prior to proceeding to check-point unless prior written authorization is provided by the Warden, MCE Administrator or Associate Warden of Security.

IV. CLOSING

Questions concerning this procedure will be directed to the Shift Commander.

V. ATTACHMENTS

MSP/MCE Authorized/Prohibited Items through Change House by Inmates	Attachment A
Magazine/Book Checkout Sheet	Attachment B
OHR Criminal Background Authorization	Attachment C
MSP/MCE Prohibited Items List	Attachment D
Montana Department of Corrections Contractor/Volunteer	
PREA Disclosure Form	Attachment E
Montana Department of Corrections Background Check for	
Contractors and Volunteers	Attachment F
Montana Department of Corrections Contractor/Volunteer	
PREA Acknowledgement Form	Attachment G
MSP/MCE Entrance Authorization Form	Attachment H
MSP/MCE Entrance Badge Categories for Secure Perimeter Entrance	Attachment I
MSP/MCE Entrance Badge Photos - Restricted	Attachment J
MSP Checkpoint Commercial Vehicle Log	Attachment K



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.1.6 CONTROL CENTER OPERATIONS
Effective Date:	February 19, 2001 Page 1 of 3 and no Attachments
Revision Date(s):	May 13, 2009, February 16, 2017, October 30, 2020
Reference(s):	DOC Policy 3.1.6
Signature:	Jim Salmonsens / Warden

I. PURPOSE

To ensure the control center at Montana State Prison operates in a manner that ensures the safety and security of staff, volunteers, visitors, and inmates.

II. DEFINITIONS

Control Center – The facility area, or non-centralized functional equivalent, that monitors and coordinates facility safety and security systems and supervises staff and offender movement.

Identification – For the purposes of this procedure means matching the photograph on an authorized employee picture ID to the person(s) seeking entrance to the Main Control.

Main Control – The security post controlling main access to the secure perimeter at Montana State Prison.

Post Order – Current operational procedures and policy information outlining the day-to-day requirements and critical emergency information for staff working a post.

III. PROCEDURES

A. Major responsibilities of Main Control staff

1. Will complete count records when the Communication and Movement Department is closed and ensure count records are forwarded for retention to the Communication and Movement Department.
2. Issue keys to appropriate employees and provide other key accountability functions as described in *MSP Procedure 3.1.13, Key Control*.
3. Issue emergency equipment.
4. Maintain inventories on all keys, equipment, and emergency equipment in Main Control.
5. Control all electronic security equipment (e.g. doors, grilles and gates) that are actuated from this post.
6. Monitor and maintain radios, telephones, intercoms and other communications systems as a supplement to direct staff supervision between Main Control and inmate housing compounds.
7. Conduct and log checks on all communication systems and emergency alarms.

Subject: CONTROL CENTER OPERATIONS

8. Record all appropriate information in the Main Control log.
9. Notify the Shift Commander of any emergencies.
10. Maintain a current list of all employees' telephone numbers.

B. Staffing

1. Main Control will be manned 24 hours a day by staff trained in the operation of the MSP Main Control.
2. The Shift Commander may assign additional staff to work in Main Control during peak activity, such as shift changes, counts, and facility emergencies. These additional staff must have completed on the job training/orientation or have had previous experience working the MSP Main Control post.

C. Access

1. Main Control officer(s) will limit access to those staff who have official duties in this post, and will not permit anyone into Main Control until:
 - a. positive identification is provided;
 - b. the purposes for which they are to be admitted is ascertained;
 - c. the Shift Commander has approved entry; and
 - d. no inmates are in the sally port or immediate vicinity of the sally port.

D. Movement Control

1. In most cases, Main Control staff will control movement through critical gates and doors.
2. The Main Control officer will close all gates, doors or grilles under the officer's control when authorized traffic is not passing through these areas. This includes the following:
 - a. only one sally port gate or door will be opened at a time; and
 - b. the Main Control officer will immediately notify the Shift Commander if there is a breakdown or malfunction with video and audio equipment. The Shift Commander will immediately contact maintenance staff to request repair.

E. Emergency Response

1. If a staff member identifies an emergency, they will immediately notify the Shift Commander of the emergency and gather and relay information in accordance with their post orders and emergency response procedures.

F. Training

1. Main Control operations will be a part of the initial training curricula, which includes on-the-job training assignments in Main Control and a thorough study of security procedures and Main Control's daily operations (as documented in the Main Control post orders).

G. Logs and Records

1. Main Control staff will maintain logs and records as outlined in *MSP Procedure 3.1.3, Logs and Record Keeping Systems*.

Subject: CONTROL CENTER OPERATIONS

2. Entries made will include, but are not limited to:
 - a. counts;
 - b. alarms (both tests and actual);
 - c. visitors;
 - d. key inventories;
 - e. equipment inventories;
 - f. equipment tests;
 - g. inmate movement;
 - h. staff assigned;
 - i. fire drills;
 - j. security inspections and or
 - k. any information which is deemed necessary by supervisory staff.

IV. CLOSING

Questions concerning this procedure will be directed to the immediate supervisor.

V. ATTACHMENTS (none)



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	3.1.8a USE OF CHEMICAL AGENTS & OLEORESIN CAPSICUM
Effective Date:	November 2, 1999 Page 1 of 5 and 2 Attachments
Revision Date(s):	November 25, 2005, May 13, 2009, August 7, 2017, March 24, 2020, July 15, 2021
Reference(s):	DOC Policy 3.1.8
Signature:	/s/ Jim Salmonsens / Warden

I. PURPOSE

To establish the procedures for the use of chemical and inflammatory agents that may be employed by trained staff to subdue an individual inmate or restore order among a disruptive group of inmates when lesser means of force are ineffective.

II. DEFINITIONS

Hexachloroethane (HC) - classified as a chemical obscurant, color code yellow.

Non-Flammable Propellant - a propellant or delivery system that will not enhance an open flame or cause a fire from a spark.

Oleoresin Capsicum (OC) - a derivative of Cayenne pepper that is classified as an inflammatory agent, commercial color code orange. Also known as pepper spray.

Orthochlorobenzalmalononitrile (CS) classified as a chemical lacrimator, color code blue.

Planned Use of Force – Use of force when time and circumstances allow the opportunity for advance planning, consultation, and approval by a higher-ranking staff member.

Positional asphyxiation – death as a result of body position that interferes with one's ability to breathe.

III. PROCEDURES

A. General

1. Chemical and inflammatory agents may be used to:
 - a. Prevent serious injury or loss of life.
 - b. Prevent or suppress riots or disturbances that may escalate in intensity.
 - c. Prevent extensive, willful destruction of State property.
 - d. Assist in controlling an acting out inmate.
2. If order cannot be restored by application of less forceful methods, chemical and inflammatory agents may be deployed against inmates in the form of aerosol, foam, canister, projectile, or engine-powered dispensers.
3. Chemical and inflammatory agents will be stored and controlled in accordance with the provisions of *DOC Policy* and *MSP Procedure 3.1.7, Emergency Equipment and Armory Operations and 3.1.8, Use of Force & Restraints*.

4. Purchase of CS, OC, and HC products must be approved by the Warden.
5. All aerosol OC products will be nonflammable in nature. Refer to *MSP 3.1.7, Emergency Equipment and Armory Operations*.

B. Training

1. Staff who use CS, OC, and HC must successfully complete an approved training program prior to using the product. Department certification standards do not require staff be subjected to a direct spray to the face.
2. Training must include, but is not limited to:
 - a. Tactical use of the product.
 - b. Effects of exposure to the product.
 - c. *MSP 3.1.8, Use of Force and Restraints* and the *DOC Control Continuum table*.
 - d. Decontamination procedures.

C. Types of Chemical and Inflammatory Agents

1. CS (Orthochlorobenzalmalononitrile) is a chemical agent classified as an irritant, color code blue.
 - a. the effects are as follows:
 - 1) CS causes copious tearing and burning sensations in the eyes, and a stinging or burning sensation of the skin, especially in moist areas; and
 - 2) CS is 75% psychological and 25% physiological.
 - b. authorization for use – (Planned Use of Force):
 - 1) the Warden or designee will typically be the person authorizing the use of CS in the prison; however, the Shift Commander may authorize the use of chemical agents in an emergency during which these individuals cannot be contacted quickly enough to obtain concurrence;
 - 2) when possible, staff will shut off the forced air ventilation system in the affected area to reduce the dispersal of chemical agents to unaffected portions of the building/area.
 - 3) the Shift Commander or designee will be present at the scene, and will make a final assessment of the situation before authorizing deployment of the CS;
 - 4) immediately, staff will give a verbal order to comply or surrender before deploying a chemical agent;
 - 5) only those staff trained in the use and deployment of chemical agents will be authorized to deploy the agent in an indoor application.
 - c. the decontamination/after-care procedures are as follows:
 - 1) fresh air, standing, facing in the wind while holding eyes open;
 - 2) flush face with cool water;
 - 3) avoid rubbing face or eyes or using soap;
 - 4) all individuals exposed to CS will be examined by medical staff as soon as practical. If there are any persistent symptoms of the agent, the individual's condition will be monitored until no further effects or symptoms remain; and

- 5) apply a 10% solution of Tide or Joy mixed in distilled water to floors, walls, and ceiling of affected areas. Leave the solution on the surface for ten minutes, then rinse it with tap water.
 - d. the administrative safeguards are as follows:
 - 1) the armorer or assistant armorer will only issue chemical agents from the Armory to authorized staff;
 - 2) chemical agents kept in the Command Post for emergency use will be issued to authorized staff on the order of the Shift Commander; and
 - 3) staff will videotape all incidents involving the use of chemical agents when possible.
 - e. the reporting requirements are as follows:
 - 1) when chemical and inflammatory agents are used under any circumstance in the prison, the Shift Commander will compile a complete report and forward it to the Associate Warden of Security; and
 - 2) the Shift Commander's report will include the following:
 - a) a completed *Use of Force Information Sheet (Attachment A)*, along with any incident reports from staff and witnesses involved in the initial episode in which chemical and inflammatory agents were used. Staff must file these reports with the Shift Commander prior to the end of the work shift in which the incident took place;
 - b) a report by the Shift Commander of the situation and the action taken prior to the use of chemical or inflammatory agents;
 - c) copies of reports filed by the medical staff as a follow up to the incident regarding treatment of staff and inmates;
 - d) copies of any disciplinary reports filed against the inmate(s) involved;
 - e) a notation regarding any referral to local law enforcement authorities for prosecution; and
 - f) copies of any tapes or photos of the incident or injuries sustained.
 - 3) the AW of Security or designee will ensure the *Use of Force Evaluation Report (Attachment B)* is completed.
 2. OC (Oleoresin Capsicum) is classified as an inflammatory agent and is color-coded orange:
 - a. the effects are as follows:
 - 1) closing of the eyelids;
 - 2) swelling of the lining of the throat;
 - 3) burning and swelling sensations to the mucous membranes;
 - 4) inflammation of the skin similar to a burn; and
 - 3) temporary loss of muscle coordination.
 - b. authorization for use:
 - 1) staff may use OC in the following situations:
 - a) where verbal direction is ineffective or inappropriate;
 - b) where passive resistance techniques have failed, and staff may have to use physical force to maintain control;
 - c) where the inmate has refused to come out of a locked building, cell, cube, room or vehicle; and

- d) other situations where training and experience may dictate the use of OC.
 - 2) the use of OC will be consistent with any applicable state or federal law, the guidelines of *MSP Procedure 3.1.8, Use of Force and Restraints*, and the manufacture's specific guidelines for usage; and
 - 3) Staff should be aware that in the event an inmate gets control of an OC dispenser unit, a sprayed staff member could be incapacitated for an extended length of time. Therefore, to prevent incapacitation of a staff member, staff may apply additional force if the inmate threatens to use or uses the OC on a staff member.
 - c. decontamination/after-care procedures are as follows:
 - 1) fresh air;
 - 2) free flowing cool water;
 - 3) soap and water are needed;
 - 4) do not use oil-based soap, salves, or creams on the skin for burning sensation;
 - 5) if the inmate is restrained, staff must maintain constant direct visual contact with the subject to avoid positional asphyxiation; and
 - 6) medical staff should see the inmate as soon as possible.
 - d. administrative safeguards are as follows:
 - 1) state issued hand-held dispensers may be kept in locked housing units if authorized by the Warden or designee;
 - 2) only individuals trained and authorized by the Warden will carry or use OC in the facility. Individual staff will not be permitted to carry or use in the facility any commercially available irritant or compound similar to those used by the prison for that purpose;
 - 3) where possible, staff will utilize protective gear when using OC;
 - 4) staff will videotape all incidents involving the use of OC when possible; and
 - 5) the Unit Supervisor may authorize immediate use of OC to prevent loss of life or serious bodily injury.
3. HC (Hexachloroethane) is a chemical agent classified as an obscurant and is color-coded yellow. The following is the procedure for HC:
- a. the effects are as follows:
 - 1) intensifies the effect of CS; and
 - 2) protective masks should be worn.
 - b. the use of HC is it creates a smoke envelope, so it can be used for concealment, to confuse and disorient, or to determine wind direction and velocity.
 - c. decontamination/after-care procedures are as follows:
 - 1) fresh Air; and
 - 2) flush face with cool water.

IV. CLOSING

Questions concerning this operational procedure will be directed to the AW of Security

V. ATTACHMENTS

Use of Force Information Sheet

Attachment A

Use of Force Evaluation Report

Attachment B



MONTANA DEPARTMENT OF CORRECTIONS USE OF FORCE INFORMATION SHEET

OFFENDER INFORMATION

Offender Name: _____ ID#: _____ Unit: _____ Custody: _____

Race Code: ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Hispanic ☐ Other (specify): _____

INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____ Place of Incident: _____

Name & Title of On-Scene Supervisor: _____

Type of Force Used ☐ Immediate ☐ Planned

Photographed? ☐ Yes ☐ No Videotaped? ☐ Yes ☐ No Processed as Evidence? ☐ Yes ☐ No

Administrator Notified? ☐ Yes ☐ No Name: _____ Date: ____/____/____ Time: _____ hrs.

Was OC or Taser use medically cleared? ☐ Yes ☐ No By: _____ Date: ____/____/____ Time: _____ hrs.

Was a medical staff person on-scene? ☐ Yes ☐ No
No Name: _____ Time: _____ hrs.

Was a post incident medical evaluation of offender completed? ☐ Yes ☐ No By: _____

Reporting Shift Supervisor: _____

<u>Level of Force Applied</u>		<u>Reason for Force</u>
<u>Active Counter Measure:</u> <input type="checkbox"/> Physical Force/Self Defense <input type="checkbox"/> Restraint Device <input type="checkbox"/> OC <input type="checkbox"/> Chemical Agent <input type="checkbox"/> Baton <input type="checkbox"/> Distraction Device <input type="checkbox"/> Kinetic Device <input type="checkbox"/> Conductive Energy Device (taser) <input type="checkbox"/> SIMS	<u>Deadly:</u> <input type="checkbox"/> Firearm <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Self-defense/defense of another <input type="checkbox"/> Maintenance of security <input type="checkbox"/> Prevention of a crime <input type="checkbox"/> Prevention of self-harm activity <input type="checkbox"/> Prevention of escape <input type="checkbox"/> Prevention of property destruction <input type="checkbox"/> Refusal of an order

<u>Names & Titles of All Staff Involved</u>	<u>Did they file a report?</u>	<u>Is their report attached?</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Name(s) and ID#(s) of Other Offenders Involved</u>	<u>Did they file a statement?</u>	<u>Is their statement attached?</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Name(s) of Victim(s) Involved</u>	<u>Did they file a statement?</u>	<u>Is their statement attached?</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



STATE OF MONTANA DEPARTMENT OF CORRECTIONS

USE OF FORCE EVALUATION REPORT

OFFENDER INFORMATION

Offender Name: _____ **DOC ID#:** _____ **Unit:** _____ **Custody:** _____
Race Code: ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Hispanic ☐ Other:

INCIDENT EVALUATION

Administrative Evaluation Committee:

Date Reviewed

Time Reviewed

/ /
/ /
/ /
/ /

hrs.
hrs.
hrs.
hrs.

Was the level and type of force properly identified and needed? If "No" comment:

☐ Yes ☐ No

Was the application of the control method used appropriate? If "No" comment:

☐ Yes ☐ No

Was there an opportunity for voluntary compliance? If "No" comment:

☐ Yes ☐ No

Was there proper use of protective gear? If "No" comment:

☐ Yes ☐ No

Was there proper and continuous use of the video camera in a planned use of force? If "No" comment:

☐ Yes ☐ No

Was the verbal content of the incident in regard to staff language appropriate? If "No" comment:

☐ Yes ☐ No

Documentation Reviewed:

- | | |
|---|--|
| <input type="checkbox"/> Video Tape | <input type="checkbox"/> Shift Supervisor's Report |
| <input type="checkbox"/> Photographs | <input type="checkbox"/> Medical Report |
| <input type="checkbox"/> On-Scene Supervisor's Report | <input type="checkbox"/> Staff Incident Reports |

This Evaluation Committee has determined:

- ☐ The action taken with respect to this use of force incident was reasonable and necessary.
- ☐ This situation needs further investigation and has been referred to the Department Investigator.
- ☐ A copy of this packet was sent to the Department Security Manager's Office for further review.

Reviewer Name: _____

Date: / /



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.1.8B TASER DEPLOYMENT
Effective Date:	November 25, 2005 Page 1 of 4 and 1 Attachments
Revision Date(s):	May 13, 2009, January 31, 2011, August 7, 2017, October 1, 2019, October 30, 2020
Reference(s):	DOC Policy 3.1.8
Signature:	/s/ Jim Salmonsens / Warden

I. PURPOSE

To restrict the use of Taser deployment to instances of justifiable self-defense, protection of others, protection of property, prevention of crime (including escape or riot), control of inmates who refuse to obey the facility rules, and/or to prevent serious injury to Department employees and/or inmates. Only the minimum amount of force necessary will be used to control an inmate or a situation in the facility.

II. DEFINITIONS

Armorer – A designated staff member who maintains the operation of the armory and makes authorized repairs to Department firearms within the parameters of their current certification.

CEW – acronym for Conducted Electrical Weapon

Deployment - the shooting of projectiles from a Taser CEW.

Discharge - triggering of a Taser CEW without a cartridge of projectiles attached. This will include “Drive Stun” techniques.

Drive Stun - the application of a Taser CEW to a person, without a cartridge of projectiles, by pushing the electrodes into large muscle groups and activating the trigger.

Use of Force Control Continuum – The application of progressive levels of force to gain control of an inmate, starting with passive counter measures up to and including deadly force. Use of force will be limited to the minimum amount of force necessary to control the situation.

III. PROCEDURES

A. Responsibilities

1. The AW of Security or designee or establishing the requirements contained within this operational procedure.
2. All personnel are responsible for complying with the requirements contained within this operational procedure.
3. AW of Security or designee is responsible for ensuring that personnel are properly trained in the use of a Taser before allowing them to carry and/or use this equipment. This consists of the following:
 - a. training will be conducted by staff instructor(s) certified through Taser International and MT

Subject: TASER DEPLOYMENT

- POST Council;
- b. instructors will utilize the current training curriculum for the Taser; and
 - c. exposure to the Taser will be optional for trainees and will not be required to successfully complete the training and receive certification. This includes the following:
 - 1) Trainees who volunteer to be exposed must read and sign a *Volunteer Warnings, Risks, Liability Release and Covenant Not to Sue form* (attachment A) before being exposed to the Taser;
 - 2) the optional exposure will only be fired by a certified instructor; and
 - 3) exposure will be limited to no more than three seconds in duration, measured via the exposure limiting capabilities built into the Taser device.
 4. Staff certified to use the Taser will be responsible for the constant control and safety of the Taser unit assigned to them.
 5. The Armorer or designee is responsible for performing inspections of the Taser units each month. Any batteries three years or older will be discarded or replaced. The Armorer or designee will also perform an annual function test including an inspection of the cartridges for their 5-year expiration date.

B. Procedural Guidelines

1. Issuance of Tasers is as follows:
 - a. Taser units will be secured in a locked and secure area when not in use;
 - b. Taser units will be issued only by the Armorer or designee. The designee will typically be the IPS supervisors or Shift Commander;
 - c. the Armorer or designee will only issue a Taser unit to employees currently certified to use the Taser CEW and approved by the Associate Warden (AW) of Security; and
 - d. each person issued a Taser shall be issued a minimum of two duty cartridges. Non-conductive cartridges are blue in color and must not be issued as a duty cartridge.
2. The deployment of a Taser is as follows:
 - a. the Taser may only be deployed/discharged as instructed and certified in training. It is not intended to replace firearms or self-defense techniques;
 - b. the Taser is listed in the Use of Force Continuum at the same level as OC and prior to impact munitions. The Taser may be used in place of OC based on the staff member's observations of the situation and what the staff member determines to be the safest and most effective option, given the circumstances. Staff must also be able to articulate the circumstances for their decision;
 - c. Taser deployment may be used to control non-compliant, dangerous, and or violent subjects when verbal commands have proved ineffective, it is anticipated the device will result in fewer serious injuries to staff and inmates, and appropriate control techniques as dictated in the Use of Force Continuum have been ineffective;
 - d. whenever possible, and the situation permits, a Taser will not be deployed or discharged without a supervisor present;
 - e. Tasers will not be used:
 - 1) on persons 75 years of age and older; and
 - 2) when flammables are present.
 - f. The Taser may be deployed out to 25 feet, but optimal range is 12 to 18 feet;
 - g. the Taser may be discharged on contact (drive stun) with the subject; and
 - h. when deployed, the primary consideration will be shot placement. The head, face, neck,

chest and groin will not be targeted areas. Large muscle groups will be the targeted areas.

C. Medical Considerations

1. Persons who have been subjected to a Taser shall be treated as follows:
 - a. after any use of the Taser on an inmate subject, the user must advise MSP clinical services staff of the exposure and seek a medical evaluation of the affected inmate. Once the inmate is under control, the Taser user shall advise MSP clinical services staff of the approximate time of exposure. If the probes penetrate the inmate's skin, they shall be removed by trained or medical staff, and then treated with a disinfectant to sterilize;
 - b. if the probes are embedded in soft tissue areas such as the head, neck, chest, face and groin, removal will be by medical staff only. Staff must ensure a sample probe is sent with the inmate to the hospital or infirmary to show to the medical staff treating the subject; and
 - c. MSP clinical services staff will not be utilized for exposures involving training volunteers, unless there is an emergency or accident. They may be utilized to deal with the initial care of accidental staff exposures.

CI. Reporting Requirements

1. Failure to report any deployment or discharge as outlined below when dealing with an inmate, whether intentional or accidental, will be treated as a possible criminal offense and regarded as willful, unprofessional conduct that will result in disciplinary action up to possible dismissal.
2. Reporting of a deployment is as follows:
 - a. the staff member responsible for the deployment or discharge will report the incident to the Shift Commander prior to the end of the shift in which the incident occurred as a Priority II incident using an Incident Report form. The report must include:
 - 1) an account of the events leading to the use of force;
 - 2) an accurate and precise description of the incident and reasons for employing force;
 - 3) a description of the weapons used and manner in which they were employed;
 - 4) a description of injuries suffered, if any, and the treatment given or received; and
 - 5) a list of all participants and witnesses.
 - b. Attending clinical services staff will submit a medical incident report to the Shift Commander for inclusion in the Use of Force Information Sheet.
 - c. If significant details were not provided in the initial report, the involved staff will submit any and all supplemental information and final reports to the Shift Commander within 72 hours of the incident.
 - d. The Shift Commander will prepare and submit to the AW of Security a Use of Force Information Sheet for any deployment or discharge, including a full description of incident details and supporting evidence not limited to:
 - 1) a copy of all incident reports compiled as a result of the incident;
 - 2) a copy of all medical reports where active counter measures or deadly force was used, even when there are no apparent injuries;
 - 3) any videotape or photographs relating to the incident; and
 - 4) a copy of any related inmate disciplinary infraction reports.
 - e. The AW of Security will maintain a log to document all use of force incidents and shall submit the log to the Warden in his monthly report.
 - f. The Armorer or designee will conduct verification of all reports through the Taser CEW software. A printout of the verification data will be attached to all use of force cover sheets.
 - g. The Warden or designee will evaluate the incident, materials, and reports on all Taser

Subject: TASER DEPLOYMENT

- deployments/discharges on the next working day by preparing a Use of Force Evaluation Report. The Warden will provide the information to the Department Director in his bi-monthly report.
- h. After completion of administrative review and investigation, the AW Security or designee will forward copies of all use of force incident information to:
 - 1) the Department Investigation Bureau Chief for review and filing; and
 - 2) the Department Professional Development Bureau Chief for review and potential training revisions.
 - i. Reports of all injuries are to be filed in the inmate's central file or the employee's personnel record.
3. Accidental Staff Exposures consists of the following:
- a. the staff member responsible for the deployment or discharge will report the incident to the Shift Commander prior to the end of the shift in which the incident occurred using an Incident Report form. The report must include:
 - 1) an account of the events leading to the deployment or discharge;
 - 2) an accurate and precise description of the incident and reasons for checking out the Taser device;
 - 3) a description of the manner in which the Taser was being employed;
 - 4) a description of injuries suffered, if any, and the treatment given or received; and
 - 5) a list of all participants and witnesses.
 - b. All staff participants and witnesses will report the incident to the Shift Commander prior to the end of the shift in which the incident occurred using an Incident Report form. The report must include:
 - 1) an account of the events leading to the deployment or discharge;
 - 2) an accurate and precise description of the incident and reasons for checking out the Taser device;
 - 3) a description of the manner in which the Taser was being employed;
 - 4) a description of injuries suffered, if any, and the treatment given or received; and
 - 5) a list of all participants and witnesses.

IV. CLOSING

Questions regarding this procedure can be directed to the facility Warden or AW of Security.

V. ATTACHMENTS

Volunteer Warnings, Risks, Liability Release and Covenant Not to Sue form attachment A

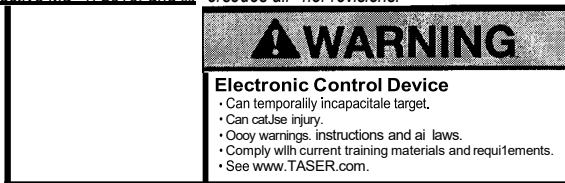
If TASER® electronic control device (ECO) Exposures are performed they must be performed by a TASER certified instructor¹ or an authorized TASER distributor (for non-US ECO demonstrations only). This document incorporates all current TASER ECO warnings by reference

All volunteers must read and sign this form PRIOR to any

TASER ECO Exposure.

11/11/11!a91Bif....IWWWJD .IH:ifr'!

Read, understand, and follow current TASER training, safety instructions, and warnings before experiencing a TASER ECO Exposure. (This document is effective Ma 1 2010 and su ersedes all rior revisions.



When lawfully used as directed, ECDs are designed in probe-deployment mode to temporarily incapacitate a person from a safer distance than some other force options, while reducing the likelihood of death or serious injury. Any use of force, physical exertion, capture, control, restraint, or incapacitation involves risks that a

XREP™ Training Rounds. Do not fire XREP Training Rounds at humans or animals. The XREP Training Round will cause penetration wounds resulting in death or serious injury. The XREP Training Round is intended solely for practice target shooting in order to gain familiarity with the flight profile of the XREP ECD.

Spotters. All persons taking a TASER ECO Exposure must be properly supported by spotters so they do not fall or must be lying down on a mat. Each spotter should hold an upper arm under the armpit, so that the person can be safely supported and lowered to the ground after being hit without twisting or putting undue stress on the arm or shoulder. If probes are deployed in lieu of attaching spent wires or alligator clips, then eye protection is required for both the spotters and the person being exposed. Provided that no probes are attached to the person's arms, there should be no electrical pulses flowing into the spotters and they can safely support the person being exposed without negative impact.

No Minors. Because of parental/guardian consent issues, no minor will be exposed to a TASER ECO as part of a training course, demonstration, or otherwise.

Unintentional Deployment Hazard. Unintentional ECO activation could result in death or serious injury to the User, force recipient, and others. Follow and comply with the following instructions to reduce the risk of unintentional Use, deployment, or activation.

Keep Body Parts away from Front of ECO or Cartridge. Keep your hands and body parts away from the front of the ECD and cartridge, unless instructed otherwise. A discharging ECO or cartridge could result in serious injury.

Avoid Static Electricity. Keep the cartridge away from sources of static electricity. Static electricity can cause the ECD or X26™ or M26™ cartridge to discharge unexpectedly, which could result in serious injury.

Beware of Electronic Equipment Interference. Interference from electronic transmission equipment in close proximity to the ECO could interfere with the proper operation of the ECD and cause the ECD to discharge. Keep the ECD at least several inches away from other electronic equipment. Place the ECD safety switch in the down (SAFE) position whenever it is immediately adjacent to electronic equipment (including transmitting radios and cell phones). Remember to place the ECD safety switch in the up (ARMED) position prior to attempting Use.

Hazardous Substances. The ECD contains components that contain chemicals known to the State of California and others to cause cancer and birth defects or

other reproductive harm. Do not disassemble.

Minimize Repeated, Continuous, or Simultaneous Exposures. Reasonable efforts should be made to minimize the number of ECO exposures. ECO Users should use the lowest number of ECO exposures that are objectively reasonable to accomplish lawful objectives and should reassess the subject's resistance level before initiating or continuing the exposure.

Sensitive Body Part Hazard. When possible, avoid intentionally targeting the ECD on sensitive areas of the body such as the head, throat, chest/breast, or known pre-existing injury areas without legal justification. The preferred target areas are the lower center mass (below chest) for front shots and below the neck area for back shots.

Incapacitation, Falling, and Startle Hazard. ECO Use may cause muscular contraction, Neuro Muscular Incapacitation ("NMI"), startling, and falling, which could result in death or serious injury.

Eye Injury Hazard. If a TASER probe, electrode, or electrical discharge contacts or comes into close proximity to an eye it could result in serious injury, including permanent vision loss. DO NOT intentionally aim an ECO at the eye of a person or animal without justification.

LASER light could result in serious eye injury. The ECD uses a LASER as a targeting aid. Avoid intentionally aiming the LASER at the eye of a person or animal without justification. NEVER aim the LASER at aircraft.

Fire and Explosion Hazard. ECO Use could result in a fire or explosion when flammable gases, fumes, vapors, or liquids are present.

Muscle Contraction or Strain-Related Injury. ECDs can cause strong or moderate muscle contractions that may result in physical exertion, athletic, or sport-type injury, including, but not limited to, injury such as hernia, rupture, dislocation, tear, or other injury to soft tissue, organ, muscle, tendon, ligament, nerve, bone, or joint. Fracture to bone, including compression fracture to vertebrae, may occur. These injuries may be more serious and more likely to occur in people with pre-existing injuries, conditions or special susceptibilities, which include but are not limited to, known or unknown: pregnancy; osteopenia; osteoporosis; spinal injury; or previous muscle, disc, ligament, joint, bone, or tendon damage or surgery. Such injuries may also occur when a person reacts to the ECD deployment or discharge by making a rapid movement.

Physiologic or Metabolic Effects. The ECD can produce physiologic or metabolic effects which include, but are not limited to, changes in: acidosis; adrenergic states; blood pressure; calcium, creatine kinase ("CK"); electrolytes (including potassium), heart rate and rhythm; lactic acid; myoglobin; pH; respiration; stress hormones or other biochemical neuromodulators (e.g., catecholamines). Reasonable effort should be made to minimize the number of ECO exposures and resulting physiologic and metabolic effects. In human studies of electrical discharge from a single ECO of up to 15 seconds, these effects on acidosis, CK, electrolytes, stress hormones, and vital signs have been comparable to or less than changes expected from physical exertion similar to struggling, resistance, fighting, fleeing, or from the application of some other force tools or techniques. Adverse physiologic or metabolic effects may increase risk of death or serious injury.

Higher Risk Populations. ECO Use on a pregnant, infirm, elderly, small child, or low body-mass index (BMI) person could increase the risk of death or serious injury. ECO Use has not been scientifically tested on these populations. The ECO should not be Used on members of these populations unless the situation justifies possible higher risk of death or serious injury.

Physiologically or Metabolically Compromised Persons. Law enforcement personnel are called upon to deal with individuals in crises that are often physiologically or metabolically compromised and may be susceptible to arrest-related death ("ARD"). The factors that may increase susceptibility for an ARD have not been fully characterized but may include: a hypersympathetic state, autonomic dysregulation, capture myopathy, hyperthermia, altered electrolytes, severe acidosis, cardiac arrest, drug or alcohol effects (toxic withdrawal, sensitization to arrhythmias, etc), alterations in brain function (agitated or excited delirium), cardiac disease, pulmonary disease, sickle cell disease, and other pathologic conditions. These risks may exist prior to, during, or after law enforcement intervention or ECO Use, and the subject may already be at risk of death or serious injury as a result of pre-existing conditions, individual

¹ A Certified TASER Instructor possesses and maintains a current TASER instructor certification for the specific product model they are teaching, demonstrating, or using and is required to be fully compliant with TASER's most current training requirements and materials.

**Volunteer Warnings, Risks, Liability Release
and Covenant Not to Sue**

susceptibility, or other factors. In a physiologically or metabolically compromised person any physiologic or metabolic change may cause or contribute to death or serious injury.

Neurocardiogenic Response (Fainting). A person may experience an exaggerated response to an ECD exposure, or threatened exposure, which may result in a person fainting or falling with possible secondary injury.

Seizure. Repetitive stimuli (e.g., flashing light or electrical stimuli) can induce seizure in some people. This risk may be increased in a person with a seizure history or if electrical stimuli pass through the head area. This may also result in a person falling with a possible secondary injury.

Stress and Pain. The ECD can cause temporary discomfort, pain, stress, panic, or startle which may be injurious to some people. Anticipation of ECD exposure can cause stress, trepidation, panic, startle, or fear, which may also be injurious to some people.

Probe or Electrode Injury or Infection Hazard. ECD Use may cause a mark, burn, scar, penetration, other skin, or tissue damage or infection. Provide First Aid and medical care as needed.

Scarring. Use of an ECD may cause irritation, puncture, mark, abrasion, rash, burn, keloid, or other scarring that may be permanent. This risk may be increased when using the M26 or X26 ECD in drive-stun mode with the cartridge removed or the X3 ECD in drive-stun mode due to the multiple sets of electrical contacts. The nature and severity of these effects depends on the area of exposure and method of application, individual susceptibility, and other circumstances surrounding ECD Use, exposure, and after care.

Penetration Injury. The TASER probe has a small dart point which may cause a penetration injury to a blood vessel or internal organ (including lung, bone, or nerve). The probe or dart point (which may detach) can also puncture or become embedded into a bone, organ, or tissue, which may require immediate medical attention, surgical removal, or may result in scarring, infection, or other serious injury.

Penetration Injury Care. Injury due to penetration of the probe or dart point into a blood vessel, organ, nerve, or bone may require medical attention. A probe, dart point, or barb embedded in a sensitive area such as the eye, the genital area, breast, neck, throat, or vascular structure may cause serious injury and may require special medical attention and further evaluation.

Probe Removal. Probe removal may cause injury. Leaving a probe in the body may result in pain or injury. Follow biohazard protocols for probe removal. In the case of embedment, organ or bone penetration, or probe, dart point, or barb detachment, immediate medical attention and possible surgical removal may be required.

Skin, Wound, or Infection Treatment. ECD Use may cause a skin irritation, puncture wound, abrasion, mark, rash, burn, keloid or other scar which may require medical attention and may be permanent. As with any injury of this type, infection or tetanus and resulting complications may occur in some circumstances.

Biohazards. Utilize appropriate biohazard protocols and personal protective equipment including Body Substance Isolation procedures, gloves, masks, and washing of hands and exposed areas as necessary. Follow appropriate biohazard, waste, and evidence protocols when dealing with biohazards.

Untethered Discharged Probe. In probe deployment, it is possible that a discharged probe that does not impact a subject or target may become untethered from the wire and travel a significant distance. A loose, untethered probe can cause serious injury.

If you have a condition or pre-existing injury that would be aggravated by muscle contractions, physical exertion, or stress, check the appropriate box below and notify the instructor prior to participating in the TASER ECD Exposure:

I have no injuries or known physical or mental conditions that could be aggravated by muscle contractions, physical exertion, stress, or exposure to the electrical discharge of TASER ECDs.

I have the following pre-existing physical or mental injuries or physical conditions that could be aggravated by TASER ECD Exposure:

I freely and voluntarily agree to be exposed to the electrical discharge of the TASER ECD under the following conditions:

**LIABILITY RELEASE, COVENANT NOT TO SUE
AND HOLD HARMLESS**

In consideration of receiving a TASER ECD Exposure, I acknowledge and agree as follows:

- 1) I understand that a TASER ECD Exposure results in strong muscle contractions, physical exertion, and stress and involves the risk of physical or other injury. I acknowledge that I have read the above Warnings and Risks and current TASER ECD warnings and with full knowledge of such risks, I voluntarily agree to experience a TASER ECD Exposure and I assume all risks, whether known or unknown, foreseen or unforeseen, inherent in the TASER ECD Exposure.
- 2) Intending that this form be legally binding upon me, my heirs, executors, administrators, and assigns, I hereby waive, release, and forever discharge the instructor, the TASER distributor, my agency and employer, TASER International, Inc. and all of its agents, directors and employees of and from any and all claims, demands, rights and causes of action of whatsoever kind and nature, arising from, and by reason of any and all known and unknown physical and mental injuries and consequences thereof, whether foreseen or unforeseen, suffered by me from any TASER ECD Exposure. I specifically waive any statutory rights I may have regarding the release of known or unknown claims.
- 3) I further agree that neither I nor my heirs, estate, personal representative, nor any other person or entity will ever institute any action, litigation or suit at law or in equity against the instructor, the TASER distributor, my agency and employer, TASER International, Inc. and all of its agents, directors and employees for any damages, costs, loss or injury arising out of any and all activities related to and including any TASER ECD Exposure.
- 4) I further agree to indemnify and save harmless the instructor, the TASER distributor, my agency and employer, TASER International, Inc. and all of its agents, directors and employees from all liability, loss, costs and obligation of any and every kind on account of or arising out of any injuries or losses incurred by me, however occurring, arising out of any and all activities relating to and including any TASER ECD Exposure.
- 5) In signing this form, I agree that I have read and understand this entire form. I affirm that I am competent to agree to, sign, and be bound by this form. I understand that it is a promise not to sue and a release and indemnity for all claims; I further understand that by signing this form I am giving up certain legal rights including the right to recover damages in case of injury; and I agree to abide by the terms and conditions of this form.
- 6) This release does not release any rights I may have under Workers' Compensation Laws. I waive any Workers' Compensation subrogation rights against TASER. I agree that any recoveries under Workers' Compensation Laws do not change, extend or enlarge the waivers and protections inherent in this agreement.

Date _____ Signed _____

Printed Name _____

Agency _____

Mail or fax a copy of this form to:

TASER International
17800 N. 85th St.
Scottsdale, AZ 85255
Fax: (480) 905-2027



MONTANA STATE PRISON OPERATIONAL PROCEDURE

Procedure:	MSP 3.1.8 USE OF FORCE AND RESTRAINTS
Effective Date:	09/29/2000 Page 1 of 10 with attachments
Revision Date(s):	12/01/2011; 11/15/2005; 05/13/2009; 03/11/2011; 08/03/2017; 06/15/2020; 07/15/2021; 05/20/2024
Reference(s):	<i>DOC 3.1.8</i>
Signature/Title:	/s/ Jim Anderson, Public Safety Division Chief

I. PURPOSE

To establish guidelines for the use of temporary restraints and the application of force to maintain safety and security at Montana State Prison including Riverside Special Needs Unit and Montana Correctional Enterprises. Use of force and restraints are only used when reasonable and essential to the degree necessary to control inmates, protect inmates, staff or the public or to restore order.

II. DEFINITIONS

Chemical Agent – such as orthochlorobenzalmalononitrile (CS), commonly known as tear gas. It is an irritant that may cause a burning sensation and tearing of the eyes and a burning irritation of the mucous membranes of the nose, mouth and throat resulting in profuse coughing, nasal mucus discharge, disorientation, and difficulty breathing.

Conductive Energy Device – Less than lethal weapon system that uses electrical current. These short bursts of high-voltage current cause neuromuscular incapacitation. Usually, short bursts are between 5 to 20 seconds, or as specified by the manufacturer.

Deadly Force – Force that may reasonably be expected to cause serious injury or death.

Disability – see *DOC 3.3.15 Americans with Disabilities Act Offender Accommodations*, for the definition and an explanation of disability.

Documentation – for purposes of this procedure, reports such as incident, medical evaluation, disciplinary infraction, and use of force information, or photographs and/or videotapes of an incident, including all information identifying relevant evidence.

Duty Officer- The Shift Commander who is scheduled to be on call for emergency call outs.

Escort Technique - actions to ensure appropriate moderate control of an inmate while moving them. These techniques can also be used in the event further control becomes necessary.

Expandable Baton – composed of a cylindrical outer shaft containing telescoping inner shafts that lock into each other when expanded.

Flex Cuffs - temporary restraints made of flexible material to be used during emergency situations or when other restraints are unavailable.

High-Ranking Staff Member – for the purpose of this procedure includes the Warden, Associate Wardens, Bureau Chiefs, Captains, Lieutenants and Staff Sergeants.

Immediate Use of Force – Use of force when time and circumstances do not permit advance planning, consultation, or approval by a high-ranking staff member.

Inflammatory Agent – a substance classified as an inflammatory agent that affects the mucous membranes and the upper respiratory system, such as Oleoresin Capsicum (OC), derived from the cayenne pepper plant. Also known as pepper spray.

Kinetic Stunning Device – a projectile(s) delivered to inflict blunt force designed to temporarily incapacitate. These devices may be delivered by use of firearms.

Mechanical Restraint – a device such as handcuffs, belly chains, and leg irons.

Non-Deadly Force – Physical force not intended nor reasonably expected to cause serious injury or death.

Passive Counter Measures – techniques/strategies used by staff to gain compliance/control of an inmate without forcible physical contact.

Physical Restraints – Physical techniques/strategies used by staff to gain compliance/control of an inmate with forcible physical contact to the extent needed to stop the aggression.

Planned Use of Force – the use of force when time and circumstances allow the opportunity for planning and consultation, and approval by a high-ranking staff member.

Qualified Mental Health Professional (QHMP) – Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, psychiatric nurse practitioners, licensed professional counselors, licensed clinical social workers, and others who, by virtue of their education, credentials, training, and experience, are permitted by law to evaluate and care for the mental health needs of patients, including Department staff and contracted or fee-for-service professionals. This definition excludes Mental Health Technicians.

Severe Mental Illness (SMI) – A substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory which significantly impairs judgment, behavior, or ability to cope with the basic demands of life. Intellectual disability, epilepsy, other developmental disability, alcohol or substance abuse, brief periods of intoxication, or criminal behavior do not, alone constitute severe mental illness. The individual must also have or have had within the past year exhibited signs and symptoms of a mental disorder. See *MCA 53-21-102*. Specific classifications of mental disorders are elaborated in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and are to be designated by a QMHP.

Show of Force – movement of appropriate staff and/or equipment/weapons to an incident site for the purpose of convincing an inmate(s) that adequate staff and measures are available and will be used to successfully resolve the situation.

Soft Restraints – restraints made of leather, nylon, canvas or other soft material.

Use of Force Control Continuum – the application of progressive levels of force to gain control of an inmate, starting with passive counter measures up to and including deadly force. Use of force will be limited to the minimum amount of force necessary to control the situation.

III. USE OF FORCE PROCEDURES

A. General

1. The use of force is authorized only as a last alternative, after all other reasonable efforts have failed to resolve a situation, or when the urgency of the situation does not allow for other non-force alternatives. Staff must only use the amount of force necessary to gain and maintain control of the situation with a minimum of harm to both staff and inmate.

2. Staff will only utilize authorized equipment when engaging in a situation requiring use of force.
3. Firearms are only permitted inside the prison with authorization from the Warden or designee.

B. Levels of Force

1. A Planned Use of Force can be used at any level in the use of force continuum. Prior to a planned use of force, a QMHP not involved in the conflict with the inmate, or another staff member trained in crisis intervention will attempt to de-escalate the conflict and eliminate the need to use force, particularly against an SMI inmate. However, a planned use of force may be implemented without the involvement of a QMHP or a person trained in crisis intervention if such person is not available onsite and circumstances dictate the emergent implementation of a planned use of force. Planned use of force incidents will be videotaped. In the event circumstances prevent video documentation, the shift supervisor will provide the reason video documentation was not used in the submitted *Attachment B: Department of Corrections Use of Force Information Sheet*. Staff involved in incidents requiring the planned use of physical force will utilize protective equipment. An example of planned use of force is a cell extraction.
2. Immediate Use of Force may be used by a staff member to respond to an emergency when there is no time to formulate a plan or notify an immediate supervisor, and the situation constitutes a serious threat to the safety of staff, public, inmates, or prison security.

C. The Continuum of Force

1. Staff are expected to know and be able to apply the proper level and type of force needed to maintain the safety and security of the facility. Force will not be used to punish, harass, coerce, or abuse inmates (*see Attachment A: Levels of Force*).
2. Passive Counter Measures are techniques used by staff to gain compliance/control of an inmate without forcible physical contact, such as:
 - a. communications;
 - b. involvement of a different staff member;
 - c. videotaping of the inmate(s); and
 - d. show of force.
3. Active Counter Measures:
 - a. Staff are justified to use active counter measures to:
 - 1) prevent escalation of unruly inmates;
 - 2) separate participants in a fight;
 - 3) defend staff, inmates, volunteers, contractors, visitors, civilians, or oneself;
 - 4) prevent crime;
 - 5) prevent escape;
 - 6) prevent damage to property that could result in loss of facility order or escape;
 - 7) maintain security;
 - 8) prevent or intercede in self-harm behavior; and
 - 9) move inmates who fail to comply with lawful orders where there is an immediate health or safety risk.
 - b. Staff are authorized to use the following active counter measures in an immediate use of force situation without prior approval:
 - 1) physical force;
 - 2) self-defense techniques;
 - 3) restraints;
 - 4) oleoresin capicum (OC);
 - 5) conductive energy devices; and
 - 6) expandable batons

- c. The following active counter measures may be used in an immediate or calculated use of force situation (only with the prior approval from the Shift Commander) or by a trained tactical group:
 - 1) chemical agents, and pepper ball:
 - a) the Warden or designee may authorize the use of chemical and/or inflammatory agents to control an inmate or group of inmates who cannot be controlled with a lesser means of force;
 - b) the provisions of *MSP 3.1.8a Use of Chemical Agents and Oleoresin Capsicum (OC)* will apply in such circumstances; and
 - c) in a planned use of force situation, medical information should be considered prior to using inflammatory or chemical agents if possible. This is done to determine whether the inmate has a disease or condition that would be seriously aggravated if the agent were used. This is not required if circumstances are such that immediate use is necessary.
 - 2) Kinetic stunning devices (SIMS):
 - a) less lethal munitions, such as rubber or wooden projectiles or beanbags, are an additional option for controlling violent situations when approved by the Warden or designee;
 - b) while these munitions do not expose the inmates involved to as great a risk of death or serious injury, they must be used in accordance with manufacturer's recommendations and must not be directed at the head; and
 - 3) only staff who have received proper training in the use of less lethal munitions may be authorized to use them. Kinetic stunning devices will be used in accordance with *MSP 3.1.31 Firearms*. water hoses:
 - a) the use of water hoses may be authorized when lesser degrees of force have failed to bring an incident under control; and
 - b) the decision to employ water hoses will be made only with the approval of the Warden or designee.
- 4. Deadly Use of Force
 - a. Staff are justified in the use of deadly force in accordance with 45-3-102, MCA, 45-3-104, MCA and 45-3-106, MCA if they reasonably believe that the force is necessary to prevent the commission of a forcible felony such as:
 - 1) to prevent death or serious injury of any person when no other means of resolving the situation is evident.
 - 2) to prevent escape, if the escape is actually in progress and cannot be reasonably prevented with a lesser degree of force.
 - 3) to protect property only when its damage or loss would facilitate escape, loss of life, or serious bodily injury.
 - 4) to suppress a riot when there is reason to believe that an inmate(s) poses an imminent threat of escape, death, or serious bodily injury.
 - 5) to prevent unauthorized persons or vehicles from attempting to breach the perimeter fence of the facility.
 - 6) to prevent an escape, the loss of life, or serious bodily injury to hostage(s) (civilians, staff or inmates) in hostage situations.
 - b. The following four conditions or elements are part of the decision-making process to determine whether the inmate's actions constitute the threat of imminent danger of death or serious bodily injury:
 - 1) **Ability or Apparent Ability** - Does the inmate possess the ability or the apparent ability to cause serious injury or death to you or a third party? Disparity in size, age, strength, gender, numbers, and the level of aggressiveness of the involved parties are all important factors when considering the element of ability.

- 2) **Opportunity** - The staff member must reasonably believe that the inmate(s) is within effective range and in a position to cause serious bodily injury or death to the staff member or a third party.
- 3) **Imminent Jeopardy** - The inmate must be acting in such a manner that a reasonable person would conclude that serious bodily injury or death is imminent.
- 4) **Exhaust all Reasonable Options** - The staff member should employ deadly force as a last resort when there is no reasonable alternative.
- c. Firearms are as follows:
 - 1) staff must successfully complete the approved training curriculum to carry and/or use firearms in the course of their duties:
 - a) MSP Certified Firearms Instructors will ensure applicable state regulations are applied in all training on all approved weapons; and
 - b) MSP Training Staff will maintain an up-to-date listing of all staff qualified to use weapons.
 - 2) if time and circumstances permit, staff must issue an audible warning before discharging a firearm.
 - 3) if aimed fire at an inmate is necessary, the intention is to stop;
 - 4) staff members who are fired upon by an inmate or non-offender may return fire but must take into account the safety of others who may be in the vicinity; staff using firearms should be aware of their surroundings.
 - 5) requirements for reporting when weapons have been discharged, as well as necessary training for all types of authorized weapons are outlined in *DOC 3.1.31 Firearms* and *MSP 3.1.31 Firearms*.

D. Follow-up

1. The following procedures will be utilized to ensure that inmates subjected to use of force techniques are not unduly injured, and to provide necessary treatment after inadvertent injuries:
 - a. after any use of force, the inmate will be offered medical services;
 - b. decontamination will be provided for those exposed to specific chemicals or inflammatory agents. in adequate means, that follow industry standards;
 - c. medical staff will offer treatment to injured staff and file a full report on the nature and extent of those injuries with the Warden; and
 - d. staff will have the option of seeing their personal medical provider.

E. Reporting Requirements

1. Failure to report as outlined below will be treated as a possible criminal offense and regarded as willful, unprofessional conduct that will result in disciplinary action up to possible dismissal.
2. The Shift Commander will immediately notify the Warden or designee when active counter measures or deadly force is used, including an accidental weapon discharge.
3. Involved staff will submit initial incident reports to the Shift Commander by end of the shift in which the incident occurred. The information surrounding the incident in the report must include, but is not limited to, the following:
 - a. an account of the event(s) leading to the use of force;
 - b. an accurate and precise description of the incident and reasons for employing force;
 - c. a description of the weapons or devices used, if any, and the manner in which they were employed;
 - d. a description of steps that were taken to de-escalate the situation prior to the decision to use force; see III.C.3.a.9) above.
 - e. a description of injuries suffered, if any, and the treatment given or received; and
 - f. a list of all participants and witnesses to the incident.

4. If significant details were not provided in the initial report, the involved staff will submit any and all supplemental information and final reports to the Shift Commander within 72 hours of the incident.
5. Attending medical staff will submit a medical report to the Shift Commander for inclusion in the *Attachment B: Use of Force Information Sheet*.
6. The Shift Commander will prepare an *Attachment B: Use of Force Information Sheet* that includes a full description of incident details and supporting evidence including, but not limited to:
 - a. a copy of all incident reports compiled as a result of the incident;
 - b. a copy of all medical reports where active counter measures or deadly force was used, even when there are no apparent injuries;
 - c. any videotape or photographs relating to the incident; and
 - d. a copy of any related inmate disciplinary infraction reports.
7. The Warden and/or designee(s) will evaluate the incident, materials, and reports on the next working day by preparing an *Attachment C: Use of Force Evaluation Report*. The Warden will provide the information to the Department's Director as requested.
8. The Associate Warden of Security will document all use of force incidents on the Security Program Monthly Report submitted to the Warden.
9. After completion of administrative review and investigation, the Associate Warden of Security or designee will forward copies of all use of force incident information to:
 - a. when appropriate, the Department Investigation Bureau Chief for review and filing; and
 - b. if needed, the facility training bureau for review and potential training revisions as requested by the subject matter experts.
10. Reports of all injuries are to be filed in the inmate's medical file and the employee's personnel record.

F. Allegations Against Staff

1. The Warden or designee will investigate all allegations of improper use of force and will process them pursuant to *DOC 1.3.12 Staff Association and Conduct with Offenders* and *DOC 3.1.19 Investigations*. In incidents where possible criminal acts are involved, the Investigation Bureau will be notified.

G. Restraints and Their Use

1. Staff must successfully complete the approved training curriculum to carry and/or use the following restraints and other nonlethal means of restraint in the course of their duties. Restraints are as follows:
 - a. handcuffs;
 - b. flex cuffs
 - c. leg irons;
 - d. belly chains;
 - e. black box security devices for handcuffs;
 - f. soft restraints;
 - g. lead rope; and
 - h. restraint chair;
2. Restraint equipment is used to:
 - a. prevent threats to security, escape, assault, suicide, or other circumstances approved by the Warden or designee;

- b. secure inmates exhibiting severe mental health symptoms when their actions pose a danger to themselves and/or others; and
 - c. control violent or disruptive inmates.
3. Staff will handcuff inmates behind their back unless a belly chain is applied or there is a valid Health Status Report (HSR).
 4. For inmates in general population units, the use of restraints to control behavior is authorized when there is a safety risk to the inmate or others.
 5. The use of restraints for inmates under escort outside the facility is outlined in *MSP 3.1.12 Inmate Escort and Transport*.

H. Clinical Restraints and Therapeutic Seclusion

1. Clinical restraints will be used only when an inmate is in imminent risk of significant violence or self-destructive behavior and no other less restrictive intervention is possible, or has failed; clinical Restraints will be used in accordance with *MSP Health Services Operational Procedure G-01.0 Mental Health Observation and Clinical Restraints*.

I. Training

1. MSP Training staff will provide training in the proper use, and necessary techniques, for each of the restraint devices employed at MSP, including the appropriate controls on the handling of handcuff keys.

IV. CLOSING

Questions about this operational procedure should be directed to the Associate Warden of Security

V. REFERENCES

MCA 45-3-102; 45-3-101; 45-3-106

Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5th Edition; 5-ACI-3A-16, 5-3A-4204, 5-3A-4206, 5-3D-4281

VI. ATTACHMENTS

Attachment A: Department of Corrections Levels of Response

Attachment B: Department of Corrections Use of Force Information Sheet

Attachment C: Department of Corrections Use of Force Evaluation Report



ATTACHMENT A: DEPARTMENT OF CORRECTIONS LEVELS OF RESPONSE

Officer Presence: The identification of authority by officers such as:

- Clean, well-kept uniform, badge, and other official markings
- Show of force by numerous officers or special response units
- Videotaping
- Movement of appropriate staff, equipment, and/or weapons to an incident site

Verbal Direction: Commands of direction toward an offender by a staff member.

- Verbal commands include any verbal direction given to an offender by an officer or other DOC staff member

Soft Empty-Hand Techniques: Techniques designed to control low levels of resistance, which include:

- Pressure point control techniques
- Joint Locks
- Pain Compliance techniques
- Distractionary striking techniques

Hard Empty-Hand Techniques: Techniques designed to control less lethal aggression/assaults against an officer/staff (e.g., advancing, challenging, punching, kicking, grabbing, etc.). They include:

- Defensive Counterstrikes
- Shoulder Pin Restraint
- Takedowns

Intermediate Weapons: The application of any weapon/object that is not part of the human body to control resistance or an assault and may include:

- Restraints
- Inflammatory Agents such as OC.
- Pepper ball
- Chemical Agents to include but not limited to streamers, foggers and blast dispersions.
- SIMS - includes bean bags, foam batons, neoprene stinger balls, etc. that can be fired from shotguns, 37mm or 40mm launchers, or hand delivered in grenade form.
- Impact weapons such as collapsible batons, riot batons, riot shields, etc.
- Conductive Energy Devices (Tasers/stun guns/stun shields)
- May also include emergency/improvised weapons such as flashlight, radio, etc.

Lethal Force: Any force used that is likely to result in serious bodily harm or the loss of human life. This may include:

- Use of a firearm
- Use of edged weapons
- Use of impact weapons to the head or neck
- May also include emergency/improvised weapons/techniques likely to cause serious bodily harm or the loss of human life

NOTE: Staff may enter the continuum at any level that represents a reasonable response to the perceived threat posed by the subject.



Offender Name: _____ **ID#:** _____ **Unit:** _____ **Custody:** _____

Race Code: ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Hispanic ☐ Other (specify): _____

Date of Incident: / / **Time of Incident:** hrs. **Place of Incident:** _____

Was a post incident medical evaluation of offender completed? ☐ Yes ☐ No **By?** _____

Names & Titles of All Staff Involved or Present	Did they file a report?	Is their report attached?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name(s) and ID#(s) of Other Offenders Involved	Did they file a statement?	Is their statement attached?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name(s) of Victim(s) Involved	Did they file a statement?	Is their statement attached?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



ATTACHMENT C: DEPARTMENT OF CORRECTIONS USE OF FORCE EVALUATION REPORT

OFFENDER INFORMATION

Offender Name: _____ **DOC ID#:** _____ **Unit:** _____ **Custody:** _____
Race Code: ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Hispanic ☐ Other:

INCIDENT EVALUATION

Administrative Evaluation Committee:	Date Reviewed	Time Reviewed
_____	/ /	hrs.
_____	/ /	hrs.
_____	/ /	hrs.
_____	/ /	hrs.

Was the level and type of force properly identified and needed? If "No" comment: ☐ Yes ☐ No

Was the application of the control method used appropriate? If "No" comment: ☐ Yes ☐ No

Was there an opportunity for voluntary compliance? If "No" comment: ☐ Yes ☐ No

Was there proper use of protective gear? If "No" comment: ☐ Yes ☐ No

Was there proper and continuous use of the video camera in a planned use of force? If "No" comment: ☐ Yes ☐ No

Did the staff use appropriate language? ☐ Yes ☐ No

Documentation Reviewed:

- | | |
|---|--|
| <input type="checkbox"/> Video Tape | <input type="checkbox"/> Shift Supervisor's Report |
| <input type="checkbox"/> Photographs | <input type="checkbox"/> Medical Report |
| <input type="checkbox"/> On-Scene Supervisor's Report | <input type="checkbox"/> Staff Incident Reports |

This Evaluation Committee has determined:

- ☐ The action taken with respect to this use of force incident was reasonable and necessary.
- ☐ This situation needs further investigation and has been referred to the Department Investigations unit.
- ☐ A copy of this packet was sent to the Department Investigations Bureau Chief for further review.

Reviewer Name: _____ **Date:** _____ / _____ / _____



DEPARTMENT OF CORRECTIONS MONTANA STATE PRISON OPERATIONAL PROCEDURE

Procedure:	MSP 3.1.11 INMATE MOVEMENT CONTROL	
Effective Date:	September 1, 2003	Page 1 of 7 and 1 Attachments
Revision Date(s):	July 1, 2004, November 22, 2004, April 26, 2017, July 1, 2018, September 15, 2021	
Reference(s):	DOC Policy 3.1.11	
Signature:	/s Jim Salmonsens/ Warden	
Signature:	/s Gayle Butler/ MCE Administrator	

I. PURPOSE

To establish a process for the safe and secure movement of inmates at Montana State Prison (MSP) and Montana Correctional Enterprises (MCE).

II. DEFINITIONS

Call-out/Hold-in List – A daily schedule authorizing staff to hold an inmate in the unit pending movement to an appointment/activity as listed.

Daily Activity Schedule – A written chronological schedule of all regularly scheduled daily inmate activities/movements.

General Supervision – Means staff must continually monitor the activities of an inmate or group of inmates and remain in the general area of the activities.

Individual Movement – Scheduled or non-scheduled movement of a single inmate to different but authorized areas.

Industries Compound Inmate Work Crew – Any inmate working assigned jobs inside the Industries single fenced perimeter.

Inside Inmate Work Crew – Inmates working assigned jobs inside the double fenced compound.

Movement – Scheduled or non-scheduled movement of groups of inmates usually to one selected or designated area (work, chow, yard, etc.) with or without escort.

Outside Inmate Work Crew – Inmates working outside the fenced perimeter.

Protective Custody – A non-punitive housing status for offenders who request removal from the general population or require protection for their safety and well-being.

Schedule Movement – Pre-approved individual or mass movement of inmates in accordance with the Movement Sheet, Daily Activity Schedule, Call-Out/Hold-In List, or Work Roster.

Unscheduled Movement – Individual or mass movement of inmates to different but authorized areas at other than designated times. This includes emergency movement in accordance with the MSP Emergency Response Plan.

Work and Reentry Center (WRC) – The housing unit located outside of the fenced compound where inmates live that have job assignments outside of the fence compound.

Work Roster – A daily list of inmates assigned to work crews that work outside the housing units.

III. PROCEDURE

A. General Requirements

1. All individual and group inmate movement from one location to another must be controlled by staff. These controls shall include inmate check-in/check-out procedures, a call-out/hold-in system, scheduled movements, radio/telephone communications, and a work roster. Between movements, all corridors, housing unit doors, and other traffic control points shall be locked.
2. Inmate movement will be regulated by these systems in coordination with the accountability provisions of *MSP Procedure 3.1.21, Inmate Count & Supervision*.
3. Inmates must go directly to and from an approved destination. Failure to do so will result in disciplinary action in accordance with *MSP Procedure 3.4.1, Institutional Discipline*.
4. When an inmate is sent from one location to another unescorted the sending staff member will announce the inmate's departure from their location via phone or radio. If the inmate does not arrive at his destination within 5 minutes the receiving staff member will notify Command Post immediately and notify the sending unit. Command Post will coordinate efforts to locate the inmate.
5. Staff will ensure Command Post is notified when escorting protective custody inmates.
 - a. institutional movement will be restricted to ensure protective custody inmate do not encounter other inmates throughout the escorting process or while at their destination.
6. All staff are responsible for observing and monitoring inmate movement. This includes questioning unescorted inmates about the movement they are engaged in and otherwise ensuring that inmates are following the procedures outlined in this policy. Staff must be especially alert to inmate movement that appears out of context with scheduled activities and this policy. Any suspicious activity shall be reported immediately to the inmate's housing unit staff.
7. Staff assigned to housing units, yards, shops, and program posts must review the Movement Sheet, the daily Call-Out/Hold-In List, Work Rosters, and the Daily Activity Schedule to verify proper authorization of all inmate movement.
8. All communication regarding inmate movement may be done by telephone or radio communication. This communication must be staff to staff. Messages regarding inmate movement cannot be left with an inmate.
9. Staff shall immediately report any unaccounted-for inmate to the Shift Commander and the inmate's housing unit staff.
10. Between movements, all corridors, housing unit doors, and other traffic control points should be secured.

B. Inmate Check-in/Check Out

Subject: INMATE MOVEMENT CONTROL

1. Unit staff must issue inmates their I.D. card and replace it with an appropriate assignment card on the I.D. board prior to authorizing the inmate to exit the unit.
2. The only time an inmate will leave the unit without his I.D. card is when going to meals, gym, and yard call. A count sheet will be used for movement control of gym and yard. Staff must highlight an inmate's name on the sheet when he leaves and place a check mark by the inmate's name when he returns to the unit. Inmates will be called to recreation by level or block. Inmates who will be at these locations during census checks must bring their ID cards.
3. Upon arrival at their destination inmates are required to turn in their ID card to the appropriate staff member.
4. Inmates must get their ID card before returning to their housing unit if they are not being escorted by staff.

C. Schedule Movement

1. Inmate Call-out/Hold-out will consist of the following:
 - a. the call-out/hold-in list is the primary system used to schedule inmate appointments. This system is based on a daily master listing of scheduled inmate appointments.
 - b. call-out/hold-in records must be maintained at the Communication and Movement office for 30 days to provide a general reference concerning inmate activities and locations.
 - c. regularly scheduled activities on the call-out/hold-in list include, but are not limited to, the following:
 - 1) attorney interviews.
 - 2) parole hearings.
 - 3) pre-parole school.
 - 4) disciplinary hearings.
 - 5) special activities (grievance, board, inmate council, recreation, etc.).
 - 6) medical/dental appointments.
 - 7) chaplain interviews.
 - 8) counseling appointments; and
 - 9) group attendance.
 - d. staff members who intend to meet with inmates must submit a list of the inmates they need to see to the designated staff member at least six hours prior to the close of the previous working day. Lists must be generated by a staff member, must be in the format determined by the designated staff member, and must include the following information for each inmate on the list:
 - 1) name and identification number.
 - 2) housing assignment.
 - 3) work assignment.
 - 4) destination for the appointment/activity.
 - 5) name of staff member holding in and calling out the inmate; and
 - 6) time the appointment/activity will begin and end.
 - e. the designated staff member shall compile these lists into the master daily call-out/hold-in list and forward it to Communication and Movement office staff who shall make and distribute copies as necessary prior to the beginning of the following workday. These copies will be available at the Main Control entrance and other common staff traffic points within the facility to ensure that appropriate staff receive them.

Subject: INMATE MOVEMENT CONTROL

- f. inmates must be in their respective housing unit prior to their scheduled appointment or will be held in until called and will only be allowed to move within the listed timeframe. If inmates are at a work assignment, it is the housing unit's responsibility to keep track of the call-out and have inmates sent back to their housing units prior to their scheduled appointments.
- g. the staff member requesting the call-out/hold-in shall call the housing unit to confirm the appointment and initiate movement to the designated area for the listed timeframe; and
- h. if circumstances arise that preclude the appointment, the staff member requesting the call-out/hold-in is responsible to release the inmate from call-out/hold-in or arrange for someone else to do so. Cancellation should be done by phone call to the unit and/or workplace.

D. Daily Activity Schedule

1. The Daily Activity Schedule lists general times for most routine inmate movements.
2. Anyone wishing to change a time for any activity on the Daily Activity Schedule must get written approval from an Associate Warden.
3. Inmates will generally be sent back to their housing units at the times listed on the schedule, however a supervisor may occasionally send an inmate back outside the scheduled time by notifying the unit.

E. Movement Sheet

1. The daily Movement Sheet lists internal and external inmate movement, such as discharges, paroles, pre-hearing confinements, housing unit changes, etc.
2. The daily Movement Sheet is maintained and distributed by the Communication and Movement office.
3. Entries on the daily Movement Sheet are generated through the processing of Admission/ Discharge Reports, Classification Reports and Job Assignment / Removal Forms.

F. Work Roster

1. A work roster program is used to control movement of various inmate work crews to and from work areas/locations and minimize the number of inmates being placed on the call-out/hold-in list.
2. The Communication and Movement office generates daily work rosters of all inmates assigned to each work crew.
3. Work crew supervisors shall pick up and return the inmates assigned to their work crews in accordance with procedures outlined below.

G. Inside Inmate Work Crews

1. Checking inmate workers out is as follows:
 - a. at the beginning of the workday, inmate work crew supervisors will pick up inmate workers at their respective units.

Subject: INMATE MOVEMENT CONTROL

- b. prior to signing the workers out on the work roster, the supervisor shall verify each inmate by visually confirming inmate and inmate ID card match. ID card and shall keep the ID cards with them during the day.
 - c. supervisors shall sign the work roster for each worker taken.
 - d. if an inmate worker does not show up for work call and does not have a verified reason to miss work, he may be subject to disciplinary action. If the supervisor feels disciplinary action is necessary, he/she shall cite the inmate using a Disciplinary Infraction Report.
 - e. if the supervisor wants the inmate to be sent to work when he is done with his call-out appointment, he/she must inform unit staff that he/she wants the worker sent to work when he is done with his appointment. Unit staff will send the inmate worker to his work site after notifying the work supervisor of the inmate's destination and shall make an entry in the unit logbook listing the inmate's name, his destination, and the name of the supervisor authorizing the release. Unit staff shall initial the work roster; and
 - f. whenever an inmate is sent to work without an escort, unit staff shall initial and log the time he went out by the inmate's name on the work roster.
2. Checking inmate workers in is as follows:
 - a. a supervisor may occasionally send an inmate to his housing unit during the workday by notifying unit staff. This shall be accomplished by following the procedures outlined in section C. "Unscheduled Movement" below.
 - b. at the end of the workday, or when the final inmate or group of inmates assigned to the crew are finished with their work, the supervisor must escort all remaining inmate workers to their housing unit. The supervisor shall go to each housing unit and sign the work roster verifying each inmate on his crew has been returned to the unit.
 - c. unit staff shall initial the work roster after the supervisor, verifying that each inmate the supervisor is signing in has returned; and
 - d. unit staff shall sign in every inmate worker who returns to the unit without escort throughout the day. Whenever an inmate returns to the unit from work without an escort, unit staff shall initial and log the time he arrives by the inmate's name on the work roster.

H. Industries Compound and Outside Inmate Work Crews:

1. Checking inmate workers out is as follows:
 - a. inmate work crew supervisors shall pick up inmate workers at their respective housing units.
 - b. prior to signing the workers out on the work roster the supervisor shall verify each inmate visually with their ID card. Supervisors will maintain ID cards during the workday for inmates inside of the compound. Inmates living at the WRC and working outside the compound will retain their ID card on their presence at all times when away from the WRC.
 - c. supervisors must sign the Work Roster sheet for each worker taken out.
 - d. if an inmate worker does not show up for work call and does not have a verified reason for doing so, he may be subject to disciplinary action. If the supervisor feels disciplinary action is necessary, he/she shall cite the inmate using a Disciplinary Infraction Report.
 - e. if a supervisor wants an inmate worker sent to work when he is done with his call-out appointment, he/she must inform unit staff that he/she wants the worker sent to the supervisor when he is done with his appointment. Unit staff shall send the inmate to his supervisor after notifying the supervisor and if applicable the Check Point officer (Ranch Office or Change House officer (for Industries Compound) of the inmate's destination and shall make an entry in the unit logbook, listing the inmate's name, his destination and the

Subject: INMATE MOVEMENT CONTROL

- name of the supervisor who authorized his release. Unit staff shall also enter their initials next to the inmate's name on the work roster; and
- f. whenever an inmate is sent to work without an escort, unit staff shall initial and log the time he went out by the inmate's name on the work roster.
2. Checking inmate workers in is as follows:
 - a. with prior radio or phone notification by the assigned supervisor, an inmate that works in the Industries compound may return from work through the Change House without his supervisor if there is a need for him to return to the unit or when his job assignment has been completed before day's end. Unit staff shall sign in inmate workers who return to the unit without escort throughout the day. Unit staff shall initial and log the time the inmate arrives by his name on the work roster.
 - b. with prior radio or phone notification by the assigned supervisor, an inmate that lives at the WRC may return from work without his supervisor.
 - c. at the end of the workday, or when the final inmate or group of inmates assigned to the crew are finished with their work, the supervisor must escort all remaining inmate workers to their housing unit. The supervisor will go to each housing unit, visually match ID cards to remaining inmates, and sign the work roster verifying each inmate on his crew has been returned to the unit.
 - d. unit staff shall initial the work roster after the supervisor verifying that each inmate the supervisor is signing in has returned.

I. Unscheduled Movement

1. Unscheduled movement must be kept to a minimum. Routine business must be handled after normal inmate work hours whenever possible.
2. All communication regarding inmate movement may be done by telephone or radio communication. This communication must be staff to staff. Messages regarding inmate movement cannot be left with an inmate.
3. Inmates must go directly to and from an approved destination. Failure to do so will result in disciplinary action in accordance with *MSP Procedure 3.4.1, Institutional Discipline*.
4. Staff shall immediately report any unaccounted inmate to the Shift Commander and the inmate's unit housing management team.
5. Staff should also make every effort to get inmates put on the Call-out/Hold-in sheet to alleviate unnecessary unscheduled movement.
6. Inmate movements that cannot be scheduled on the Call-out/Hold-In list, Work Roster, Movement Sheet, or Daily Activity Schedule shall be handled in the following manner:
 - a. unscheduled movement within the double fence perimeter:
 - 1) the staff member requesting the unscheduled movement must notify the inmate's housing unit staff of the request.
 - 2) if approved the sending area staff must notify the receiving area staff of the movement; and
 - 3) once the inmate arrives at the destination, that area staff must contact the area where the inmate was sent from to verify that the inmate arrived.
 - 4) if a staff member is escorting an inmate to an area where other staff are not present, the staff member must notify other unit staff or staff posted to that general area prior to the

Subject: INMATE MOVEMENT CONTROL

escort and upon return to the general area. If no other staff are present in the immediate area, then the escorting staff member must contact command post prior to the escort and upon return to the general area.

b. unscheduled movement from outside the double fence perimeter:

- 1) a staff member who wants to meet with an inmate must make the request to the inmate's housing unit staff.
- 2) housing unit staff shall contact the inmate's work supervisor, informing them to send the inmate back to the unit.
- 3) the work supervisor shall notify the inmate that he is to return to his housing unit. The supervisor must contact the Check Point officer if the inmate will be returning to the WRC through that location in route to the unit.
- 4) when the inmate arrives at the WRC unit staff shall contact the sending supervisor or work area and inform them that the inmate has arrived.
- 5) inmates called in for scheduled or unscheduled appointments will be eligible to return to their work assignments with proper notification to the work supervisor. If the work supervisor cannot be contacted, inmates will not be released back to the work assignment and
- 6) the same procedures will be used to send an inmate back to the work area:
 - a) unit staff notify the supervisor and Check Point officer, if applicable.
 - b) the supervisor contacts the WRC once the inmate arrives.

J. Escort, Restraint, and Observation Requirements

1. Movement outside of housing units from 0600 hours to 2200 hours is as follows:
 - a. general population inmates do not typically require escort, except at the beginning and end of the workday when work crews must be escorted by staff.
 - b. restrictive housing inmates may only leave the unit with the approval of the Shift Commander, must be restrained in belly chains and escorted. MDIU inmates must be escorted when they leave the unit; and
 - c. inmates going to restrictive housing must be handcuffed behind their back and escorted.
2. Movement outside of housing units from 2200 hours to 0600 hours is as follows:
 - a. low side general population inmates may leave the unit unescorted, on a check-out/check-in basis, and under general supervision, but only with the approval of the Shift Commander.
 - b. high side general population inmates may only leave the unit with the approval of the Shift Commander and must be escorted.
 - c. restricted housing inmates may only leave the unit with the approval of the Shift Commander, must be restrained in belly chains and escorted.
 - d. MDIU inmates must be escorted. Transportation procedure applies if leaving fenced perimeter and;
 - e. inmates going to restrictive housing must be handcuffed behind their back and escorted.
3. Cross-over forms with authorizing signatures of approval are necessary any time a general population high side inmate is escorted inside the low side compound and vice-versa, or when a WRC inmate is escorted inside the compound.

IV. CLOSING

Questions concerning this policy shall be directed to the Shift Commander.

V. ATTACHMENTS

Activity Schedule

attachment A

(sample) MSP HIGH SIDE DAILY ACTIVITY SCHEDULE

<u>0530>Stop all movement</u>	<u>0630>Resume</u>
<u>0600>Official Count</u>	
<u>0640>Close Unit III to Chow Hall</u>	<u>0700>Return</u>
<u>0650>Diabetics to Infirmary</u>	<u>0730>Complete</u>
<u>0710>Close Unit II to Chow Hall</u>	<u>0730>Return</u>
<u>0715>All units to Pill Pass at High Support</u>	<u>0800> Complete</u>
<u>0730>Close Unit I to Chow Hall</u>	<u>0750>Return</u>
<u>0730>Close Unit III Mental Health to Gym (Monday-Friday)</u>	<u>0830>Return</u>
<u>0730>Yard Workers to work</u>	<u>0915>Return</u>
<u>0800>Close Unit III Ad Seg to Yard</u>	<u>0930>Return</u>
<u>0800>School Students to High Support</u>	<u>1050>Return</u>
<u>0800>Laundry Workers to Laundry</u>	<u>1530>Return</u>
<u>0815>Voc-Ed Students to Laundry Building</u>	<u>1150>Return</u>
<u>0830>Close Unit II to Library (Monday & Wed.)</u>	<u>1015>Return</u>
<u>0830>Close Unit I to Library (Thursday)</u>	<u>1015>Return</u>
<u>0840>Close Unit III to Gym</u>	<u>0940>Return (seasonal)</u>
<u>0915>Stop all movement</u>	<u>0945>Resume</u>
<u>0930>Census Check</u>	
<u>0945>Yard Workers to work</u>	<u>1315>Return</u>
<u>0950>Close Unit I to Yard/Gym</u>	<u>1050>Return (seasonal)</u>
<u>1015>Reception to Chow Hall</u>	<u>1045>Return</u>
<u>1100>Laundry Workers to Chow Hall</u>	<u>1125>Return</u>
<u>1100>Close Unit III to Chow Hall</u>	<u>1135>Return</u>
<u>1115>Reception to Gym (Monday & Friday)</u>	<u>1215>Return</u>
<u>1135>Close Unit II to Chow Hall</u>	<u>1210>Return</u>
<u>1220>Close Unit I to Chow Hall</u>	<u>1250>Return</u>
<u>1250>School Students to High Support</u>	<u>1550>Return</u>
<u>1300>Voc-Ed Students to Laundry Building</u>	<u>1535>Return</u>
<u>1300>Wellness from all Units to Gym</u>	<u>1415>Return</u>
<u>1315>Close Unit III to Yard</u>	<u>1415>Return</u>
<u>1315>Stop all movement</u>	<u>1345>Resume</u>
<u>1330>Census Check</u>	

(over)

(sample) MSP HIGH SIDE DAILY ACTIVITY SCHEDULE (cont'd)

<u>1345>Close Unit I to Library (Monday)</u>	<u>1530>Return</u>
<u>1345>Close Unit III to Library (Tuesday & Friday)</u>	<u>1530>Return</u>
<u>1400>Yard Workers to work</u>	<u>1730>Return</u>
<u>1405>Close Unit III Ad Seg to Yard</u>	<u>1530>Return</u>
<u>1425>Close Unit II to Gym/Yard</u>	<u>1535>Return (seasonal)</u>
<u>1450>Reception to Chow Hall</u>	<u>1515>Return</u>
<u>1550>Diabetics to Infirmary</u>	<u>1700>Complete</u>
<u>1550>Close Unit III to Chow Hall</u>	<u>1625>Return</u>
<u>1630>Close Unit II to Chow Hall</u>	<u>1700>Return</u>
<u>1710>Close Unit I to Chow Hall</u>	<u>1740>Return</u>
<u>1730>Stop all movement</u>	<u>1820>Resume</u>
<u>1800>Official Count</u>	
<u>1820>Close Unit I to Gym/Yard</u>	<u>1930>Return</u>
<u>1830>Yard Workers to work</u>	<u>2030>Return</u>
<u>1830>Kitchen Closed. All workers back.</u>	
<u>1830>Forced Labor to Max</u>	<u>2020>Return</u>
<u>1840>Chapel to RAC (rotates)</u>	<u>2015>Return</u>
<u>1900>Close Unit II to Pill Pass at High Support</u>	<u>1920>Return</u>
<u>1920>Close Unit III to Pill Pass at High Support</u>	<u>1930>Return</u>
<u>1935>Close Unit I to Pill Pass at High Support</u>	<u>1950>Return</u>
<u>1935>Close Unit II to Gym</u>	<u>2025>Return</u>
<u>2030>Stop all movement</u>	
<u>2100>Official Count (standing)</u>	
<u>2200> Official Count</u>	
<u>2400>Official Count</u>	
<u>0200>Kitchen Workers to Kitchen</u>	
<u>0300>Official Count</u>	
<u>0330>Kitchen Workers to Kitchen</u>	
<u>0430>Kitchen Workers to Kitchen</u>	
<u>0445>Reception to Chow Hall</u>	<u>0520>Return</u>

(sample) MSP LOW SIDE DAILY ACTIVITY SCHEDULE

<u>0530>Stop all Movement</u>	<u>0630>Resume</u>
<u>0600>Official Count</u>	
<u>0635>MCE Workers to Chow</u>	<u>0650>Return</u>
<u>0640>All units to Pill Pass at Low Support</u>	<u>0730>Complete</u>
<u>0640>Diabetics to Infirmary</u>	<u>0715>Complete</u>
<u>0645>Library Workers to Library</u>	<u>.....>Return</u>
<u>0650>Units to Chow/Hall (rotates)</u>	<u>0725>Return</u>
<u>0720>Pipe crew workers to work</u>	<u>.....>Return</u>
<u>0730>Yard Workers to work</u>	<u>0915>Return</u>
<u>0745>Maintenance/Outside Crews to work</u>	<u>1500-1630>Return</u>
<u>0750>Students to School</u>	<u>1050>Return</u>
<u>0750>Library Workers to Library</u>	<u>.....>Return</u>
<u>0800>Chapel Worker to RAC</u>	<u>1100>Return</u>
<u>0900>Industry Kitchen Workers to Industries Chow Hall</u>	<u>1300>Return</u>
<u>0915>Stop all Movement</u>	<u>0945>Resume</u>
<u>0930>Census Check</u>	
<u>0945>Yard Workers to work</u>	<u>1045>Return</u>
<u>0955>All units to Wellness at Gym (Tuesday & Thurs.)</u>	<u>1055>Return</u>
<u>1015>Kitchen Workers to Chow Hall</u>	<u>1230>Return</u>
<u>1100>Units to Chow Hall (rotates)</u>	<u>1200>Return</u>
<u>1210>Chapel Worker to RAC</u>	<u>1600>Return</u>
<u>1215>Yard Workers to work</u>	<u>1315>Return</u>
<u>1240>All units to Wellness at Gym (Sun.)</u>	<u>1345>Return</u>
<u>1250>Students to School</u>	<u>1530>Return</u>
<u>1300>Gym Workers to Gym</u>	<u>1600>Return</u>
<u>1315>Stop all Movement</u>	<u>1345>Resume</u>
<u>1330>Census Check</u>	
<u>1400>Units A & D to Gym</u>	<u>1455>Return (except for callout)</u>
<u>1400>Unit A to Library (Mon., Tues., Thurs., & Fri.)</u>	<u>1445>Return</u>
<u>1430>Visits to Visiting Room (Wednesday-Sunday)</u>	<u>2025>Return</u>
<u>1445>Unit B to Library (Mon., Tues., Thurs., & Fri.)</u>	<u>1530>Return</u>

(over)

(sample) MSP LOW SIDE DAILY ACTIVITY SCHEDULE (cont'd)

<u>1500>Units B & C to Gym</u>	<u>1600>Return</u>
<u>1500>Kitchen Workers to Chow Hall</u>	<u>1830>Return</u>
<u>1600>Diabetics to Infirmary</u>	<u>1700>Return</u>
<u>1610>Units to Chow Hall (rotates)</u>	<u>1700>Chow Hall Closes</u>
<u>1630>Crews Change at Dairy</u>	
<u>1730>Stop all Movement</u>	<u>1830>Resume</u>
<u>1800>Official Count</u>	
<u>1830>Gym Workers to Gym</u>	<u>2020>Return</u>
<u>1830>Library Workers to Library</u>	<u>2020>Return</u>
<u>1830>Units B & WD to Hobby Shop</u>	<u>1900>Return</u>
<u>1840>Units A & D to Gym</u>	<u>1925>Return</u>
<u>1845>Yard workers w/ trash to Guard Station</u>	<u>1900>Return</u>
<u>1845>Units A, C & WD to Library (Mon., Tues., Thurs., & Fri.)</u>	<u>1915>Return</u>
<u>1905>Units C to Hobby Shop</u>	<u>1930>Return</u>
<u>1915>Units B, D & WD to Library (Mon., Tues., Thurs., & Fri.)</u>	<u>1945>Return</u>
<u>1915>All units to Pill Pass at Low Support</u>	<u>2025>Return</u>
<u>1930>Units B & C to Gym & Yard</u>	<u>2020>Return</u>
<u>1935>Unit D to Hobby Shop</u>	<u>2005>Return</u>
<u>2010>Unit A to Hobby Shop</u>	<u>2030>Return</u>
<u>2030>Stop all Movement</u>	
<u>2100>Official Count (standing)</u>	
<u>2200> Official Count</u>	
<u>2230>Kitchen Worker to Chow Hall</u>	<u>0520>Return</u>
<u>2230>Infirmary Workers to Infirmary</u>	<u>0250>Return</u>
<u>2400>Official Count</u>	
<u>0030>Command Post Worker to CP</u>	<u>0220>Return</u>
<u>0300>Official Count</u>	
<u>0415>FS Workers to Food Factory</u>	<u>1300>Return</u>
<u>0430>Kitchen Workers to Chow Hall</u>	<u>0730>Return</u>



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	3.1.14 TOOL CONTROL	
Effective Date:	February 1, 1997	Page 1 of 13 and 2 Attachments
Revision Date(s):	September 27, 2004, May 13, 2009, October 15, 2019, October 15, 2020	
Reference(s):	DOC Policy 3.1.14	
Signature:	/s/ Jim Salmonsens / Warden	
Signature:	/s/ Gayle Butler / MCE Administrator	

I. PURPOSE

To maintain all tools, knives, food service implements, medical needles, and syringes in a safe manner to reduce the risk that they are lost, damaged, or used for other than their intended purposes.

II. DEFINITIONS

Associate Warden of Security - The person designated by the Warden to manage all MSP security operations.

Class 1 “Restricted” Tool - A tool that may reasonably be considered or used to cause serious bodily harm, effect an immediate escape, or compromise security.

Class 2 “Hazardous” Tool - A tool that, without alteration, that may reasonably be considered or used to cause serious bodily harm.

Class 3 “Non-hazardous” Tool – A tool that may reasonably be considered or used to cause bodily harm.

Direct Supervision - For the purpose of this operational procedure, requires staff to supervise an inmate or a group of inmates by remaining in the immediate area and observing inmate movement and tool use to reduce the possibility that tools are not lost, damaged or used for other than their intended purpose.

DOC I.D. Number - The Department of Correction identification number that is assigned to all offenders in the system, formerly known as the offender A.O. number.

General Supervision - For the purpose of this operational procedure, requires staff to supervise an inmate or a group of inmates by remaining in the general area and observing inmate location and tool use on an hourly basis.

Minimum Supervision - For the purpose of this operational procedure, requires staff to supervise an inmate or a group of inmates by observing inmates’ location and tool use every three hours. The majority of inmate activities are performed independent of staff direction and observation.

Physical Tool Inventory - A physical matching of each tool in a tool storage area to the respective tool inventory list.

Restrictive Housing – A placement that requires an inmate to be confined to a cell at least 22 hours per day for the safe and secure operation of the facility.

Secure Perimeter - For the purposes of this operational procedure means the double and single fence.

Shadow Board - A board or cabinet used for tool storage with painted shadows in the shape of each tool to make missing tools immediately noticeable.

Spot Check – An inventory performed for the purpose of ensuring adherence to policy and procedure.

Staff use only tool - A tool that is deemed too dangerous for facility security to be handled by an inmate.

Sub-inventory List - A breakdown of the tool inventory list of an area or shop to individual inventories of tool boards or tool cribs.

Tool - Any device or instrument provided by MSP & MCE or a contractor that is used in the performance of work. This includes any device that is crafted from or is a modification of such devices or instruments.

Toolbox - A box used to transport tools.

Tool Chit - A metal or other durable tag that identifies on a shadow board that a tool is in use, out for repair, or otherwise not present, and /or who has checked it out.

Tool Crib - A stationary or mobile locked secure area used for tool control, storage, and issue.

Tool Inventory List - An electronic or hard copy list of tools in a particular area or shop.

Unit Management Team – The housing unit staff consisting of the Unit Manager, Case Manager(s) and Sergeants.

Visual Inspection – A visual inspection of a toolbox, shadow board, or tool storage area to account for the presence of all tools.

III. PROCEDURES

A. Responsibilities

1. The Associate Warden of Security is responsible for the overall operation of the tool control program but shares the responsibility for the day-to-day operation with the head of each department utilizing tools.
2. The Associate Warden of Security will appoint Tool Control Specialists who are responsible for tool inventories, tool marking, tool storage location, and tool security.
3. All employees are directly responsible for control of the tools in their particular work area.
4. Failure to follow tool control procedures by staff or inmates constitutes a serious security breach and may result in disciplinary action.

B. Tool Categories

1. A Tool Classification Committee comprised of the Associate Warden of Security, Tool Control Specialists, and appropriate department heads or designees will classify every tool in the facility into one of the four following categories. The tools listed are only

limited examples of the tools in each of the four categories. A complete listing of tools and their classification category is found in the Tool Inventory List or the Tool Control Specialists Master Inventory List.

a. **CLASS 1**

- 1) all metal cutting blades including diamond tipped bits, blades and wheels (if the cutting blade is left on the portable grinder motor then the assembly must be controlled).
- 2) fencing, lineman, and diagonal-cutting pliers over 6.5 inches in length.
- 3) bolt and cable cutters.
- 4) hacksaw blade (if the blade is left in the frame then the assembly is controlled).
- 5) channel locking pliers over 14 inches in length.
- 6) pipe wrenches over 14 inches in length.
- 7) ladders greater than 8 feet in length.

b. **CLASS 2**

- 1) all knives and scissors; screwdrivers with an overall length greater than 9 inches.
- 2) channel locking pliers 6 inches to 14 inches in length.
- 3) pipe wrenches 6 inches to 14 inches in length.
- 4) sledgehammers weighing more than 8 pounds.
- 5) ladders up to 8 feet long.

c. **CLASS 3**

- 1) hand-held wrenches; hammers; pliers without cutting capabilities.
- 2) socket sets and attachments.
- 3) screwdrivers 9 inches in length or less.
- 4) sledgehammers weighing 8 pounds or less.
- 5) hacksaw frame without blade.
- 6) shovels, Rakes, Pitchforks, etc.

d. **STAFF USE ONLY TOOLS**

These include, but are not limited to:

- 1) powder charged tools and charges.
- 2) lock installation kits, and lock picks.

Staff Use Only Tools will be stored in the Armory or other secure area and may not be handled by an inmate under any circumstance.

C. Tool Storage

1. Staff must secure/store all Class 1, 2, and 3 tools that are not in use inside the secure perimeter in a locked tool crib or secure tool room. Class 1 tools must be separated from Class 2 and 3 tools by a security type door.
2. Storage of tools outside the secure perimeter requires that Class 1 tools will be secured in a locked tool crib inside a secure tool room when not in use. Class 2 and Class 3 tools will be placed in secure areas on shadow boards or kept in toolboxes in a manner that maintains tool accountability.
3. Shadow Boards
 - a. staff must hang tools within tool cribs on shadow boards.

Subject: TOOL CONTROL

- b. only one tool may hang in front of each corresponding tool shadow.
- c. tools that are not adaptable to a shadow board must be stored in locked drawers, cabinets, chests, or rooms.
- e. anytime a tool is permanently removed from the shadow board, the existing shadow must be painted over with white paint.
 - 1) the location number will remain at the location to indicate that the tool has been permanently removed.
 - 2) the Tool Control Specialists will note on the tool inventory list that the corresponding location number doesn't currently have a tool assigned to it.
- f. Shadow boards will have the following shadow colors by tool class:
 - 1) Class 1 tools will be stored over a red shadow.
 - 2) Class 2 tools will be stored over a yellow shadow.
 - 3) Class 3 tools will be stored over a black shadow.
 - 4)
- 4. Staff will store ladders and lifts inside the secure perimeter in secured areas, and procedures will ensure that these items are secured from use in an unauthorized manner.
- 5. Staff will store ropes, cables, hoses and extension cords over 25 feet in length within the secure perimeter in a secure room when not in use, and they will be accounted for daily.
- 6. Tools within the single fenced perimeter:
 - a. the supervisor or designee must secure tool cribs and/or shadow boards with a supervisor's lock during all off-shift hours.
 - b. an inmate lock may be used to secure a tool crib or shadow board during normal working hours, (including lunch period) while the inmate is performing his job assignment. All inmate locks will be chitted out on a daily basis.
- 7. ***Staff Use Only Tools will be stored in the Armory or other secure area and may not be handled by an inmate under any circumstance.***

D. Tool Issue

- 1. MSP and MCE staff will primarily use a tool chit system for the issue of tools but may use a system of tool check out logs, tool chits, or combination of each.
 - a. when using a tool chit system, the staff member or inmates will place a chit on the corresponding hook that they removed the tool from on the shadow board. inmate tool chits will be distinguishable from staff and repair chits. Inmates may only possess tool chits at their assigned work area.
 - b. when using a tool check out log the staff member or inmates will record the date, tool number, person issuing the tool, the person being issued the tool, the time in, and time out.
- 2. Tools must be returned to their proper place on the shadow board immediately after use.
- 3. When tools are removed from inventory for repair purposes, staff will place a repair chit on the corresponding hook that the tool was from indicating it is out for repair.
- 4. The department head may authorize inmates to work inside a class 2 or 3 tool room for the purposes of issuing tools.

5. Cribs or toolboxes are to remain locked at all times unless removal or return of tool is occurring.

E. Supervision of Inmates Using Tools

1. For restrictive housing units, inmate unit workers will be limited to using only Class 3 tools, and then only under direct staff supervision and with pre-approval by both the Associate Warden of Security and Unit Manager. Maintenance inmate workers under direct supervision may utilize classes 1, 2 and 3 tools with pre-approval by Associate Warden of Security and Unit Manager.
2. Inmate Workers use of Class 1 tools in single fence perimeter requires direct supervision unless given written permission from Tool Control and the Associate Warden of Security.
3. Inmate worker use of Class 2 tools within the double fence perimeter requires direct staff supervision. Inmate worker use of Class 2 tools within the single fence compound requires general staff supervision.
4. Inmate worker use of Class 3 tools within the double and single fence compounds requires general staff supervision.
5. Inmate worker use of Class 1, 2, and 3 tools outside the double and single fence compounds requires minimum staff supervision.

F. Tool Quotas

1. The Associate Warden of Security and department heads will establish the number of tools to be stored in each tool storage area.
2. Department heads and work area supervisors will maintain and account for all tools in their areas.
3. Staff will keep only required tools, and, with periodic checks, the Department heads will determine if any tool is in excess of need.
4. All work area tools not used on a consistent basis will be transferred from the tool inventory to the Tool Control Specialists who will store the tool in a safe and secure area prior to disposal. The Tool Control Specialists will maintain record of the disposal of excess tools and originating work locations.
5. Extra cutting saw blades; knives, etc. will be kept in secure storage under the control of the Tool Control Specialists and issued as required.

G. Procurement and Receipt of Tools

1. Tools received by the facility, from any source, will be immediately delivered to the Main Warehouse or the MCE accounting office.
 - a. tools will be received by staff members only.
 - b. staff member will place received tools in a secure approved storage area.
 - c. the Warehouse and/or MCE accounting office supervisor will notify the Tool Control Specialists when they have received new tool shipments to be picked up.

Subject: TOOL CONTROL

- c. the Ranch and Dairy Managers may purchase a tool(s) in an emergency situation without notifying the Tool Control Specialists, because of the conflicting schedules. The Ranch and Dairy Managers must report the purchase of the tool(s) on the next working day to the Tool Control Specialists so that the inventory can be adjusted.
2. The Tool Control Specialists or designee will maintain an inventory of tools received and tools eliminated from inventory.
3. Tool purchase requests must follow the following procedure:
 - a. the requesting supervisor will fill out the tool purchase request and forward it to their Department Director or Manager for sign-off.
 - c. the request is delivered to the Tool Control Specialists for sign-off.
 - d. the request is routed to the Associate Warden of Security for sign-off if the tool is a new tool add.
 - e. the only exception is the Ranch/Dairy/Industries in emergency situations.
 - f. any tool adds must be classified at the time of order. The department director or manager will note the suggested tool classification on the form. This will be reviewed by the Tool Control Specialists and Associate Warden of Security for concurrence or discussion if differences exist. Resolution of differences regarding tool classification will be worked out between the Tool Control Specialists, Associate Warden of Security, and the appropriate Department director or manager.

H. Tool Inventory/Documentation

1. The Tool Control Specialists will maintain a complete inventory of all tools and their locations. This will include a tool inventory list prepared for each area in which tools are stored or used.
2. A complete set of tool inventory lists will be maintained in the office of the Tool Control Specialists and will be available at all times to staff. These tool inventory lists must be typed or computerized, signed by the supervisor and Tool Control Specialists, and kept in loose-leaf binders. The tool inventory lists will be current, filed and readily available for tool inventory and daily tool accountability.
3. Each tool storage area, including toolboxes and pouches, will have a current hard copy tool inventory list or sub-inventory list that will remain at or with each tool storage area.
4. In tool cribs that utilize shadow boards, the tool location number on the tool inventory list will match the corresponding tool location number on each shadow board to aid in inventory taking and visual inspection.
5. The Tool Control Specialists will reconcile the current inventories with the previous inventories taking Lost or Missing Tool Reports (*see attachment A*) and change-in-inventory notifications into consideration. Any discrepancies will be reported to the Associate Warden of Security. The Tool Control Specialists will initiate an investigation of any/all discrepancies. A copy of the results will be forwarded to the program director or department head and the Associate Warden of Security.

Subject: TOOL CONTROL

6. The Tool Control Specialists will combine all tool inventory lists into a master inventory list. A copy of the master inventory list will be forwarded to the Associate Warden of Security or designee. The master inventory list and copy will be maintained in an active file separately for one year and a dead file for three years.
7. Tool inventories will only be modified or changed by the Tool Control Specialists.

I. Tool Inventory Procedure

1. At the beginning and end of the workday, and prior to going to lunch, supervisors inside of the secure perimeter will conduct a visual inspection in their assigned work area to make sure that all tools are accounted for.
 - a. they will log the results in a Tool Inventory/Visual Inspection and Physical Inventory Logbook (*see attachment C for an example*).
 - b. when a staff member supervises multiple tool storage areas in a work area, they may make a combined entry in the logbook to record the results of their visual inspection. The entry should list the individual tool storage areas inspected.
 - c. photocopies of tool inventory logbook entries will be made available to the Tool Control Specialists upon request.
 - d. tool Inventory/Visual Inspection and Physical Inventory Logbook will be sent to the Tool Control Specialists when all pages in the logbook are completed.
2. For Class 1, 2 and 3 tools stored, outside the secure perimeter, in tool cribs or storage rooms, a visual inspection will be required every other day by supervisors. Inspections will be logged in the Tool Inventory/Visual Inspection and Physical Inventory Logbook.
3. Supervisors with tools stored in the supervisor's vehicle toolboxes will visually inspect the contents of the toolbox at the beginning or the end of the normal work shift at least twice a week. Refer to I. 2. above for documentation procedures.
4. The Tool Control Specialists will conduct random complete tool audits every six months, checking for proper inventories, markings, and storage of tools. The Tool Control Specialists will forward the audit report, with necessary comments and suggestions for improvements, to the work area supervisor and the Associate Warden of Security.
5. The Tool Control Specialists and available MSP staff will conduct random inspections of tool storage areas.

J. Food Service Tools

1. All food service tools must be classified.
2. All knives must be marked with the food service identification symbol and be consecutively numbered to facilitate inventory.
3. A chit exchange system will be used to issue tools.
4. Extra cutting saw blades; knives, etc. will be kept in secure storage under the control of the Tool Control Specialists and issued as required.

Subject: TOOL CONTROL

5. Food service knives must be used under direct supervision or attached to a lanyard. All knives will be accounted for at the end of each food service shift.
6. At shift change, both the relieving employee and the employee being relieved will inventory all tools.
 - a. this inventory will be noted on a control sheet and signed by both employees.
 - b. the control sheet will remain in the cabinet until the end of the day when all tools have been returned. It will then be signed by the food service employee and forwarded to the Food Service Manager, who will initial the form and file it for 30 days.
6. The Tool Control Specialists will check the food service tool cabinets randomly for inventory accuracy. A report of this inspection will be forwarded to the Associate Warden of Security and the Food Service Manager.
7. Missing tools will be reported according to the procedures outlined for other missing tools.
8. Food service staff will keep all yeast; poppy seed, nutmeg and cayenne pepper (as well as other cooking substances that may be used improperly by inmates) under lock and key. Food service staff will keep a perpetual inventory on all stocks of yeast and similarly controlled items. Yeast wrapping paper will be controlled by staff until disposed of outside the facility.
9. All knives and salad bar utensils must be attached to the appropriate table by a lanyard.
10. This operational procedure, in its entirety, applies to Food Service Department.

K. Medical Tools and Medications

1. Medical staff have the primary responsibility for needles, syringes, and controlled medications.
2. Because of their size and character, specifically designated medical department tools will not be marked, but will be kept in a locked storage area or container.
3. The Director of Nursing or designee will maintain an accurate, daily inventory of instruments such as scalpels and other tools.
4. Ordering and receiving of all instruments, controlled medications, needles and syringes will be through procedures that ensure that none of these items enter the facility without proper inventory and physical controls.
5. Needles and syringes:
 - a. only the minimum number of syringes and needles needed for the proper operation of the medical department will be available for daily use. They will be kept in a secure place until needed.
 - b. each shift supervisor will ensure that a daily perpetual inventory of all current-use needles and syringes (by size) is maintained.
 - c. these daily supplies will be replenished from bulk reserve stock supply as they are used, and the inventories adjusted accordingly.

Subject: TOOL CONTROL

- d. the bulk reserve stock of hypodermic needles and syringes will be kept in a locked, secure area, and an accurate and current inventory will be maintained and displayed.
 - e. inventory procedures while in bulk storage will involve joint monthly reconciliation of amounts on hand. This will be done by the Director of Nursing or designee and a Correctional Healthcare Services Technician (Infirmary Aide).
 - f. needles and syringes will be disposed of off site, using procedures approved by local health authorities. Interim storage while awaiting disposal will be in a secure container that is kept in a locked area accessible only to staff.
7. At a minimum, narcotics and other controlled drugs will be stored, dispensed and inventoried in compliance with state regulations.
 8. This operational procedure, in its entirety, applies to the Medical Department.

L. Tool Marking

1. All tools will be marked with an etching tool prior to issue and color coded according to tool classification. This marking will consist of a two- or three-letter code distinguishing the area to which the tool is assigned, and a numerical code keyed to the tool itself for identification purposes.
2. For visibility and classification awareness, all tools will be color-coded. They will have a band of paint at least one inch wide at the point of least wear. The following is a list of the class of tools and recommended colors:
 - a. **Class 1 - RED**
 - b. **Class 2 - YELLOW**
 - c. **Class 3 - GREEN**
 - d. **Staff Use Only Tools – PINK**
3. Tools that are too small to mark or that cannot be marked without damage, such as surgical instruments etc. or tools, will be inventoried and kept in locked storage when not in use.

M. Tool Exchange, Replacement, & Destruction

1. When a tool becomes unserviceable, worn out or broken and the work area supervisor requests a replacement, no change will be made in the inventory. The replacement tool will be given the same identifying number as the tool that is being removed from use.
2. When a tool requires replacement because it is broken or worn out, an MSP/MCE Tool Receipt for Broken, New or Tool to be Repaired form (*attachment B*) will be submitted to the Tool Control Specialists.
3. All broken, worn out, or excess tools will be taken to the Tool Control Specialists who will ensure they are disposed of as follows:
 - a. Broken or worn out tools - the Tool Control Specialists will dismantle or render them unsalvageable and take them to a local recycling center for disposal.
 - b. Excess tools:

Subject: TOOL CONTROL

The Tool Control Specialists will deliver serviceable excess tools that are of no use to MSP/MCE to the State Surplus in Helena.

- c. The Tool Control Specialists will document the disposal of all tools.
4. There will be no transferring of tools from one department to another without prior approval from the appropriate Department Head and the Tool Control Specialists. A supervisor may check out a tool from another department by using the chit exchange and/or logbook system.
5. All new/replacement tools will be immediately marked and documented by the Tool Control Specialists.

N. Lost Tools

The staff member responsible for the tool must make an immediate notification to the Shift Commander and the Tool Control Specialists. A completed incident report in OMIS must be submitted to Shift Commander and forwarded to Tool Control Specialists by the end of the day.

1. The responsible shop/crew supervisor will notify the Shift Commander and will confine the assigned inmates to their work area.
2. The shift supervisor will ensure that proper searches of inmates and the work area are completed prior to releasing the inmates from their work areas.
3. If the missing tool is a Class 1 tool or is deemed a major threat to the safe and orderly operation of the Institution, the Shift Commander has the authority, on a case-by-case basis, to have the entire crew strip-searched at the Change House prior to allowing the crew back inside the compound. In addition, the Shift Commander may direct the IPS team and whatever resources that are deemed necessary to conduct a search of the work location before allowing inmate workers back into the area.
4. If the missing tool is not located, appropriate inventories will be immediately adjusted to indicate the tool is missing.
5. The shop supervisor will fill out an incident report and submit it to Command Post who will ensure the Tool Control Specialists receive a copy. A copy will be forwarded to the Associate Warden of Security.
6. The Tool Control Specialists will complete an incident report and submit it through the appropriate chain of command, covering all action taken to locate the missing tool.
7. When a tool issued to an inmate or staff member becomes lost or missing the inmate or staff member may be subject to disciplinary action. Tool Control Specialist will forward documentation to the employee's supervisor for review if disciplinary action may be warranted based on the documentation received. If continued violations of the procedure are documented without evident action or improvement, the employee's chain of command will be notified.

O. Ramset Guns and Ammunition

Subject: TOOL CONTROL

1. Explosive-driven tools will be stored with their ammunition in the armory, or other secure area as deemed appropriate by the Associate Warden of Security. These tools will be issued to and used by employees only. Expended shells will be returned to the armory for accountability and disposal after use.

P. Contractor and Other Non-Institutional Tools

1. The Tool Control Specialists or designee will inspect and inventory all tools prior to being introduced into the fenced area of the facility by contractors or others and re-inspect and reconcile the inventory list prior to them exiting the facility. The inventory list may be presented in typed format to the entry control point to facilitate ease of reconciliation of tools/items present. All contractors inside the secure perimeter will be directly supervised at all times.
2. A correctional officer, or other assigned employee, will escort contract or other non-employee workers while in the facility. This is to help ensure that no tools are left behind, work activities are confined to the authorized area, and work is performed with proper security and safety precautions.
3. At departure, the inventory will be checked to ensure that all tools are present, and the entrance log will be marked.
4. Specialty tools, when needed, may be rented with notification of department head, Tool Control Specialists and the Associate Warden of Security. Notification will also be made to the Tool Control Specialists and Associate Warden of Security when the tools being rented are returned.
5. The Tool Control Specialists or designee will inspect and inventory all tools belonging to contractors working outside the secure perimeter for an extended period of time (A & E construction projects, etc.). The Tool Control Specialists will re-inspect and inventory these tools at the end of the construction period. Contractors will account for their tools on a daily basis. The Tool Control Specialists will periodically monitor contractor tool use and accountability outside the secure perimeter. Problems noted will be discussed with the Associate Warden of Security and the supervisor responsible for the construction project.
6. Contractors working outside the secure perimeter on a short-term basis will have the Tool Control Specialists or designee inspect the tools that will be used for classification and number of tools. The supervisor in the assigned work area will monitor tool use and ensure that the contractor accounts for all their tools on a daily basis. The Tool Control Specialists will periodically monitor contractor tool use and accountability outside the secure perimeter. Problems noted will be discussed with the Associate Warden of Security and the supervisor responsible for the construction project.

Q. Inmate Hobby Craft

1. Procedures for hobby accessories and materials are covered in *MSP/DOC 5.5.4, Hobby Crafts Program*.

R. Vehicles Coming Inside the Single Fenced Perimeter for Service

Subject: TOOL CONTROL

1. Vehicles with inmate accessible toolbox:
 - a. a hasp will be fitted to all toolboxes in vehicles with inmate access that will be entering the fenced compound.
 - b. during the inspection/search of the vehicle when it is entering the compound, the Guard Station officer will secure the toolbox and its contents by applying a lock to the hasp.
 - c. during the inspection/search of the vehicle when it is leaving the compound, the Guard Station officer will inspect the lock and toolbox.
 - 1) if the Guard Station officer determines the lock or toolbox hasn't been tampered with they will remove the lock.
 - 2) if the Guard Station officer determines the lock or toolbox has been tampered with they will inspect the contents of the toolbox and compare the inventory list with the actual tools to determine if any tools are missing.
 - 3) if a tool is missing the Guard Station officer will implement the procedures for lost tools as outlined in section III.N. above.
2. Supervisor vehicle toolboxes:
 - a. the Guard Station officer will place a security seal across or through the opening of the toolbox before it enters the compound.
 - b. the Guard Station officer will inspect the seal before the vehicle leaves the compound.
 - 1) if the Guard Station officer determines the seal hasn't been tampered with they will remove the seal and proceed with processing the vehicle.
 - 2) if the Guard Station officer determines this seal is broken, or appears to have been tampered with, they will inspect the contents of the toolbox and compare the inventory list with the actual tools to determine if any tools are missing.
if a tool is missing the Guard Station officer will implement the procedures for lost tools as outlined in section III.N. above.
3. There is no requirement for visual inspection a vehicle's toolbox while it is inside the compound as long as the toolbox remains secured or sealed in the above manner while it is inside the compound.

IV. CLOSING

Questions concerning this procedure will be directed to the Associate Warden of Security or designee.

V. ATTACHMENTS

Tool Request

attachment A

MSP/MCE Tool Inventory/Visual Inspection and Physical Inventory Logbook

attachment B



Tool Request

To: Tool Control Specialists

Date: ____/____/____

This form is a request for tools to be added, replaced or repaired. All tools that are ordered will be delivered to the Warehouse and brought to the Tool Control Specialists attention.

- ☐ **New Tool Add:** This paperwork is to be signed by the Associate Warden of Security, Tool Control Specialist and the Department Manager before the tool is ordered.
- ☐ **New Tool Replace:** Paperwork to be signed by Department Manager and the Tool Control Specialist before the tool is ordered. The Tool Control Specialist will replace tools on a 1 for 1 basis.
- ☐ **Tool Repair/Lease:** Paperwork to be signed by Department Manager and the Tool Control Specialist. A repair chit will be placed on the Shadow Board. The Daily Tool Log is to show that the tool is out for repair.

Description of Tool(s) Tool Control And if Replacing: What #?	Tool Location ie: Maint	Number of Tools	Crib Name	Tool Marking ie: M1

Tool repaired/Purchased by (Vendor): _____

RC _____

OE _____

Requested by: _____

Department Manager: _____

Associate Warden of Security: _____

Tool Control Specialist: _____



MSP 3.1.14, Tool Control



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.1.15 SECURITY INSPECTIONS	
Effective Date:	October 24, 2000	Page 1 of 3 and no Attachments
Revision Date(s):	July 13, 2009, September 15, 2020	
Reference(s):	DOC 3.1.15	
Signature:	/s/ Jim Salmonsens /Interim Warden	

I. PURPOSE

To maintain a system of physical plant inspections to ensure that inmates do not escape or otherwise compromise security.

II. DEFINITIONS (none)

III. PROCEDURES

The key to an effective security inspection program is identifying specific areas of responsibility for specific staff members to inspect on a strict timetable. The AW of Security is responsible for the overall management of this program. Inspections will be conducted each day, and in some cases, each shift. Every area of Montana State Prison will be covered by the system, including the perimeter. In developing the inspection program, the AW of Security will provide a clear description of the physical security features to be inspected. These must include, but are not limited to, a daily inspection of the following:

- Locks and related hardware (hinges, etc.)
- Doors and windows
- Bars and grille work
- Gratings, manhole covers and hatch plates
- Fences, fence fabric, fence hardware, fence wire, and electronic detection systems
- Ventilators and tunnel accesses
- Entrances
- Other equipment and security features

During these inspections, staff will be alert for changes in equipment or other features of the facility, accumulations of contraband, and conditions that would constitute a life safety or security hazard, such as blocked entrances, locks painted over, etc.

A. Main Control Center

Montana State Prison's main control center requires special security considerations. This post will be manned 24 hours a day. The following areas will be inspected on a daily basis:

- Security glazing and grille work
- Ventilation grilles
- Emergency lighting and power backup units

Procedure No.: MSP 3.1.15	Subject: SECURITY INSPECTIONS
Effective Date: September 15, 2020	p. 2 of 3

- Walls, floors, and ceilings
- Security vestibule entrance
- Doors
- Locks
- Roof access

B. Housing Units

1. Security inspections in housing units, such as recreation yards and rooms used by inmates require close attention and must be inspected at least once a shift.
2. Unit security inspections will be noted on the Unit Manager Monthly Report.
3. Restrictive Housing units require closer attention. All security hardware and recreation areas must be inspected before and after each recreation period.
4. Common areas will be inspected by Command Post, i.e., Low Gym, Low Support, High Gym, High Support and the Wallace Building. Inspections will be noted on the Command Post daily report.

C. Reporting

1. Reporting will include the use of specifically designed inspection forms for each area.
2. These forms will be completed by a pre-identified staff member given responsibility for the area (or a designated replacement in the event of leave or other absence) who will submit the completed form to the Shift Commander for review before the end of their shift.

D. Intervals for Inspection

1. All security features will be inspected weekly except as otherwise specified above.
2. In addition to filing the required inspection reports with the Shift Commander, all inspections and any findings will be noted in the unit or post logbook, or on the Daily Security Inspection Sheet.

E. Corrective Action

1. The staff member discovering a discrepancy during a security inspection will immediately initiate the required corrective action.
2. Repeat discrepancies that indicate a lack of proper remedial action must be noted on the inspection form and will be subject to follow-up by the Shift Commander, and, if necessary, the AW of Security or designee.

Procedure No.: MSP 3.1.15	Subject: SECURITY INSPECTIONS
Effective Date: September 15, 2020	p. 3 of 3

3. The Shift Commander who is responsible for reviewing the inspection forms will send a copy of all security inspection forms, which note discrepancies, to the AW of Security or designee for notification purposes.

F. Review

1. To ensure the program is operating effectively, the AW of Security or designee will review the security inspection forms compiled by the Shift Commanders at least weekly.

IV. CLOSING

Questions concerning this operational procedure will be directed to the AW of Security.

V. ATTACHMENTS (none)



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.1.17a SEARCHES	
Effective Date:	January 1, 1997	Page #1 of 10 and 1 Attachments
Revision Date(s):	May 10, 1999, September 30, 2003, May 13, 2009, January 9, 2015, August 9, 2017, January 1, 2020, August 6, 2021, December 15, 2021	
Reference(s):	DOC Policy 3.1.17	
Signature:	/s/ Jim Salmonsens / Warden	
Signature:	/s/ Gayle Butler / MCE Administrator	

I. PURPOSE

To control the introduction, fabrication, possession, and conveyance of contraband, prevent escapes, recover missing or stolen items, help maintain sanitation standards, and identify potential security, fire, and safety concerns and/or hazards.

II. DEFINITIONS

Body Cavity Search – A manual or instrument inspection of an inmate's anal cavity.

Body Scan – A whole-body security screening device which utilizes low dose x-ray scanning in order to detect contraband, weapons and similar items, hidden on and inside a person's body.

Canine – A specially trained and certified canine used by the facility which is the property of Montana State Prison (MSP).

Canine Handler – A security staff member who works in collaboration with a specially trained canine.

Canine Team – One handler with an assigned canine. Both handler and canine have been certified.

Cell Search – A complete search of an inmate housing assigned area and its contents, including inmate(s) if they are present at the time.

Clothed Body Search – The manual body search of an individual that requires the removal of outer clothing, e.g., coats, hats, gloves; emptying of pockets; and inspection of papers, bags, books or other carried items (also referred to as a pat search).

Common Area – Any area to which multiple inmates have simultaneous access.

Contraband – Any item possessed by an offender or found within the facility that is illegal by law, prohibited by policy or procedure, or unauthorized by those legally charged with the administration and operation of the facility.

For the purpose of this operational procedure contraband includes , but is not limited to:

1. Narcotics and/or controlled substances.
2. Weapons, firearms, or any instrument which if used could produce serious bodily injury.
3. Materials, instruments, and tools that could be used to affect an escape.

4. Any item listed in MSP disciplinary rule infraction #4102 (Possession or introduction of any firearm, weapon, ammunition, knife, sharpened instrument, items such as razor blades when they are not used as intended, Class-1 tool, to include keys and security equipment or key patterns)

Cross-gender - Supervision circumstance involving a supervisor (or correctional officer) and an inmate who are not the same gender

Disability – A Physical or mental impairment that substantially limits one or more of a person’s major life activities, a person who has a history of such an impairment or a person who is perceived by others as having such an impairment. See Americans with Disabilities Act of 1990 42 USC 12010, as amended.

Drug – All non-prescribed mood controlling substances, including such examples as alcohol, marijuana, cocaine, amphetamines, methamphetamines, barbiturates, benzodiazepine, opiates, and hallucinogens.

Exigent Circumstances – Any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order.

Intersex – A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Medical Practitioner – A health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A “qualified medical practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Predatory Inmate – A designation of an inmate who has a notable history of preying on others as reflected through intimidating, assaultive, aggressive, or violent acts.

Reasonable Suspicion – A conclusion drawn from specific, objective facts which would permit a reasonable and experienced correctional staff person to suspect that an individual or set of circumstances poses a threat to security, or to the health, safety, and security of offenders, staff, visitors, contractors, or community members, including, but not limited to, committing, or conspiring or attempting to commit a crime or rule infraction.

Reasonable Suspicion Search – The search of a person, property, or area when there is reasonable suspicion warranting the search.

Transgender – A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person’s assigned sex at birth.

Thermal Imaging – The technique of using the heat given off by an object to produce an image of it or locate it.

Unclothed Body Search – A visual inspection of an individual’s unclothed body and thorough search of the unworn clothing to detect concealed contraband (also referred to as a strip search).

Work Area Search – A complete search of all inmates, equipment, fixtures, and items in a work-site area.

III. PROCEDURES

A. General Search Requirements

1. Staff will wear protective gloves when searching any person or article, or the surface of any item, to lessen the possibility of becoming contaminated with blood or body fluids.
2. Staff must always be alert for needles or other sharps when conducting searches.
3. Staff will inform the inmate of any clothed or unclothed body search that is about to take place.
4. All searches will be conducted in a professional, non-discriminatory, and non-retaliatory manner, while recognizing privacy needs and avoiding unnecessary force, embarrassment, or indignity to the inmate being searched.
5. Frequent, unannounced searches of inmates, housing units, and other areas of the facility will be conducted, as often as necessary, to ensure the safety and security of the facility.
6. Staff will be provided training in area, cell, and inmate search procedures. New Staff who are participating in on-the-job training (OJT) should be supervised by a search-experienced or trained staff member when performing any search.
7. Staff will document all searches they conduct. At a minimum staff must make a logbook entry to document.
 - a. Each area or group search (cell, dayroom, cube, work crew, visiting, etc.) completed
 - b. Clothed searches will include the number of individual searches conducted.
 - c. Number of unclothed searches along with each inmate's full name and DOC number.
8. Inmates who have a disability that prevents the use of standard search methods will be afforded reasonable accommodations. Searches will be thorough and professional, with safety and security being the paramount concern. If a search requires removal of a health care appliance such as a prosthetic device during the course of a search (clothed or unclothed), the inmate will be afforded an appropriate accommodation such as a chair to sit in while the prosthetic is removed. All accommodations given will be documented in OMIS.

B. Restrictive Housing Searches

1. Staff should place greater emphasis on conducting random and routine searches of the person, property, cell, and living areas of inmates housed in Restrictive Housing.
2. Staff should conduct searches at a frequency which:
 - a. Makes it very difficult for inmates to store or traffic in contraband.
 - b. Increases the likelihood contraband will be discovered.
 - c. Discourages inmates from risking possession of contraband and
 - d. Ensures the safety and security of the facility.
3. Staff should conduct clothed body searches of each restrictive housing inmate prior to the inmate being moved from their living area to recreation, visiting, court, or other areas beyond the inmate's dayroom.
4. Staff should conduct clothed body searches of inmates designated as predatory on a daily basis.

5. Staff should also conduct unclothed body searches of all restrictive housing inmates and inmates designated as predatory at irregular time periods.

C. Clothed Body Searches

1. All inmates are subject to clothed body searches.
2. Clothed body searches of inmates may be conducted by staff of either gender.
3. Clothed body searches will be conducted by trained staff who have successfully demonstrated proper and approved search techniques. Clothed body searches include.
 - a. Running the hands along the fully clothed body of the inmate (will use bladed hand across chest).
 - b. Removal of coat, hat, and shoes.
 - c. A manual search of all belongings in the inmate's immediate possession.
 - d. Visual inspection of nasal passages, hands, hair, ears, and mouth.
4. Random clothed body searches will be conducted on inmates returning to the Work and Reentry Center (WRC) from any work assignment, done at a minimum of once a week. Clothed body searches at the WRC will be done by work supervisors and correctional officers.

D. Unclothed Body Searches

1. Cross-gender unclothed body searches will not be conducted except in exigent circumstances.
2. Staff are prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.
3. Staff of the same gender as the inmate will conduct unclothed body searches in a private area and based on a reasonable suspicion that the inmate is carrying contraband or other prohibited material. Exigent situations may require immediate unclothed body searches when necessary to protect staff, members of the public, contractors, volunteers, or visitors from immediate risk of harm.
4. Staff will conduct random unclothed body searches at the Work and Reentry Center (WRC) on inmates who return to the facility from daily community work assignments. Fire Crew inmates returning to the WRC from active fire duty calls and/or when they have been away from the facility overnight will receive unclothed body searched upon each return.
5. For all other inmates who leave the facility grounds, an unclothed body search will be conducted when the inmate returns to the facility.
6. Steps of conducting an unclothed body search are as follows:
 - a. Staff will wear gloves.
 - b. Staff will instruct the inmate to remove clothing one piece at a time.
 - c. Staff will inspect each piece of clothing, making sure to inspect and bend all seams; if no contraband is found, staff will place each piece of clothing in a pile.
 - d. Staff will not touch the inmates unclothed body.
 - e. Staff will visually search the body systematically from head, torso, to legs
 - f. Staff will instruct the inmate to run his hands through his hair.

- g. Staff will instruct the inmate to open his mouth, remove any false teeth, and lift his tongue, and then visually inspect his mouth, ears and nose.
- h. Staff will face the inmate and instruct him to lift his genitals. Staff will then visually inspect the area underneath.
- i. Staff will check the inmate's buttocks and instruct him to squat, spread his buttocks, and cough. Staff will then visually inspect his rectum for contraband.
- j. If the inmate has a bandage(s) which might conceal contraband staff will instruct the inmate to lift or remove it so the area underneath can be visually inspected. If the inmate objects medical staff should be consulted.
- k. Staff will instruct the inmate to remove any prosthetic devices for inspection.
- l. Casts should be inspected by use of the body scanner when possible
- m. Staff will return the clothing to the inmate and instruct him to dress.

F. Full Body Scan

1. Full body scans will be conducted in accordance with *MSP 1.1.17c Body Scanners*.

G. Body Cavity Search/Examination

1. Only the Warden is authorized to request a medical practitioner (who is not a facility medical practitioner) to conduct a body cavity search/examination on an MSP inmate and only when a full body scan is unable to be conducted; and
 - a. Only when there is reasonable suspicion to believe contraband will be found and the inmate has consented in writing to the search. If the inmate refuses to consent to the cavity search, Command Post will be contacted to request further instruction. Command Post will ensure DOC Legal is consulted.
2. Prior to conducting an instrument or surgical examination of an inmate's body cavities, including the use of an anal scope, the medical practitioner must have written authorization from the Warden.
3. The medical practitioner who conducts the body cavity search must:
 - a. Conduct the search in a private location with MSP security personnel observing.
 - b. Fully document the search and its results; and
 - c. Forward documentation and the written authorizations to MSP for placement in the files the facility utilizes to store and maintains written information concerning the inmate.
4. Security staff will maintain direct supervision of the inmate at all times and ensure the safe and proper handling of any contraband that is found.

H. Cell/Work Area Searches

1. Staff will conduct searches of cells and work areas on unannounced and irregular schedules to look for contraband.
2. When conducting cell/work area searches, staff members should remember the following:
 - a. Except as described in section III.K.3. of this procedure concerning the searching of Native American religious items, it is not necessary for an inmate to be present at the time his cell or property is searched.
 - b. Staff must document the results of all searches they conduct and complete the appropriate reports.

- c. Staff should conduct searches of cells and work areas in a systematic manner.
 - d. Staff will treat inmate personal property items with respect and will not willfully discard, damage, or misplace them when searching for contraband or conducting cell inspections; and
 - e. Housing unit staff will completely search/inspect housing unit cells between the time the inmate who was assigned to that cell leaves and the time it is assigned to another inmate. A Cell Check In/Out Card must be filled out and signed by the inspecting officer(s) and the inmate when he moves in and out of a cell.
3. For work areas outside the double and single fenced perimeter, the Shift Commander will notify the MCE Administrator, or appropriate program director, at least 15 minutes prior to a search/shakedown of that work area, to ensure that the supervisor or designee is available to participate in the shakedown. If the MCE Administrator or appropriate program director is not available, the shakedown can proceed with the authorization of the Shift Commander. This notification is not necessary for searches of inmate housing areas. The Shift Commander will forward copies of reports concerning searches of MCE work areas to the MCE Administrator in a timely manner.
4. Staff may perform unclothed body searches on inmates who are present when staff enter a cell, work, or activity area to perform a search before allowing them to exit the cell, work, or activity area. This includes the following:
 - a. If an unclothed body search is conducted, staff should ensure the privacy of the inmates, unless exigent or unusual circumstances prevail; and
 - b. After completion of any unclothed body searches all inmates will be directed away from the cell, work, or activity area, and secured in a safe and secure holding area.
5. Staff will take steps to minimize inmate traffic in the cell/area being searched to prevent inmate loitering.
6. Staff will conduct housing unit cell searches in a manner that:
 - a. Respect's inmate personal property items.
 - b. Handles inmate property items judiciously, using care not to willfully discard, break, or misplace items; and
 - c. Leaves the cell/area in an orderly manner consistent with the way it was found. This includes the following:
 - 1) Because bedding items (mattress, pillow, linens, and blankets) must be separated and individually searched, the items will be left on the bunks, but staff will not make the bed(s); and
 - 2) Because the items in the property containers or cell storage fixtures must be removed and individually searched, staff will place the items back in the containers or storage fixtures, but not exactly as found.
7. When searching legal paperwork on an inmate's person or in his cell, staff will search it for concealed contraband then scan (not read) it to ensure the legal materials belong to the inmate.
8. Inmates do not have to be present during a cell search.
9. Inmates are not allowed to loan, trade, sell, give, etc. their personal property items to anyone. If an inmate is found in the possession of another inmate's property item(s) staff will cite both the inmate who has the item(s) and the inmate who the item(s) belonged to for a disciplinary rule

infraction, and the item(s) will be seized as contraband and processed in accordance with *MSP 3.1.17B, Contraband Control*.

10. Staff will document all items seized from an inmate during a search of his person or cell on the appropriate disciplinary infraction report form (*see section K below*).
11. Housing unit supervisors will set up a cell search schedule that will ensure that each cell is shaken down monthly. This will be accomplished by ensuring that 1st and 2nd shift unit staff are instructed to shakedown an average of three cells per shift. Third shift staff will shakedown all other areas within the prison and housing units.

I. Visitor Searches

1. Facility staff will identify and search all visitors, volunteers, and vendors in accordance with *MSP 3.1.5 Entrance Procedures & Detainment of Non-Offenders, and MSP 1.1.17c Body Scanners*.

J. Canine Searches

1. Montana State Prison utilizes a trained and certified canine, and canine handler for drug detection.
2. Canine searches will be conducted in accordance with this procedure, and *RD MSP 3.1.36 Canine Team Operations*.

K. General Area Searches

1. The Associate Warden (AW) of Security will ensure a general search of all areas of the facility is conducted as necessary and on a routine basis. Written reports on these searches, describing the scope of the search, the results, and a list of all contraband found, will be filed with the AW of Security.
2. Staff assigned to visiting areas must conduct a thorough area search of all visiting areas immediately before and after visiting hours. Inmates will not be permitted in these areas until these searches are complete.
3. The AW of Security will ensure a general search of all perimeter areas of the facility is conducted as necessary and on a routine basis

L. Religious Items

1. Staff will treat all inmate religious items with respect and care; however, all religious items are subject to reasonable search procedures.
2. If contraband is found to be concealed within any religious item, the contraband and the religious item will be confiscated, and the inmate will be cited for a rule infraction on a disciplinary infraction report.
3. When staff encounter a medicine bag or the Ceremonial Sacred Pipe and wish to search it in performing their assigned duties, the medicine bag and pipe must only be visually, rather than manually, inspected and only when the designated owner is present. This includes the following:

- a. For medicine bags, the inspecting staff will ask the inmate to show them the property receipt and approval by the religious coordinator / advisor. The inmate will assist in a visual shakedown by showing the contents, demonstrating there is no contraband; and
- b. For the pipe, the inspecting staff will ask the carrier to open the bundle, lay out all the items, and break down the pipe. Because it is difficult to see in these areas without actually holding the pipe, the carrier must either blow through the pipe or run a pipe cleaner through the stem and bottom opening of the bowl to demonstrate there is no contraband in these places. If questions arise, the Religious Coordinator or a Religious Advisor should be contacted. Emergency situations may require staff to conduct a manual search of a medicine bag or pipe bundle when the designated owner is not present. This search requires authorization from the unit's Sergeant or Unit Manager.

M. Thermal Imaging

1. Thermal imaging surveillance is a passive and non-intrusive search which translates energy waves into a viewable image. Only staff who are trained and authorized by the AW of Security may utilize this device. Staff who utilize thermal imaging will check out the device from the armorer or designee.
2. Uses for thermal imaging include but are not limited to:
 - a. Search and rescue.
 - b. Fugitive search.
 - c. Perimeter surveillance.
 - d. Officer safety.
 - e. Structure searches.
 - f. Body searches for any contraband giving a heat signature.
 - g. Surface searches; and
 - h. Vehicle compartments.
3. An incident report will be completed whenever contraband is recovered due to usage of device.
4. Any calibration will be conducted in accordance with manufactures guidelines.

N. Drugs/Alcohol

1. Staff who find a substance suspected or known to be drugs or alcohol will not move the substance unless the area where the substance is found cannot reasonably be isolated from inmates.
2. If the area and these items can be isolated from inmates, staff will secure the area as a potential crime scene, immediately contact the Investigators office, and complete and forward a detailed incident report to the Shift Commander.
3. If the area and substance cannot be isolated from inmates, staff will correctly and completely fill out an evidence receipt/card/tag, attach it to the substance, and bring it to the Command Post. The time and date of when the substance passed from the control of one person to another must be clearly documented. The staff that found the items will complete a detailed incident report and submit it, with the substance, to the Shift Commander.

O. Processing Contraband

1. Staff will document non-dangerous / minor category contraband items seized during a search of an inmate's cell on a *Summary Action / Cell Search / Property Receipt form* (see attachment A). If the inmate is present during the search, staff will ask the inmate if he will accept the summary action (disposal of the contraband items).
 - a. If the inmate accepts the summary action, staff will have the inmate sign the form and give the inmate a copy. Staff will bring the paperwork and items to the Command Post to be stored in the disciplinary contraband disposal bin next to Tower 1 for disposal by disciplinary staff.
 - b. If the inmate doesn't accept the summary action, or isn't present when the contraband is seized, staff will cite the inmate for a minor rule infraction, attach the summary action form and the infraction report to the seized item(s), and bring the paperwork and items to the Command Post. Staff will make a copy of the infraction report, attach it to the contraband, draw the keys to the appropriate unit evidence storage bin near Tower 1, and put the items and copy of the report in the bin for processing by housing unit disciplinary staff. Staff will put the original infraction report in the appropriate unit mailbox in the Command Post. The following lists the disciplinary rule infractions that may apply:
 - 4302 Possession or displaying any material of an offensive nature including, but not limited to, sexually suggestive pictures, jokes, and posters.
 - 4304 Possession of expired blister pack.
 - 4305 Possession of property belonging to another person or the state government.
 - 4312 Taking items or food from the Food Service.
 - 4319 Possession of: excessive property, items altered from their original approved condition, non-dangerous unauthorized items, and/or accumulation of garbage (nuisance contraband).
 - c. Staff will leave a copy of the completed *Summary Action / Cell Search / Property Receipt form* in the inmate's cell as a written notice of what contraband items were removed from his cell.
2. Staff will document dangerous / major category contraband items seized from an inmate during a search of a person or cell by citing the inmate for a major rule infraction on a Disciplinary Rule Infraction report form. Staff will bring the completed disciplinary infraction report and items to the Command Post to draw the keys to store them in the disciplinary evidence storage area for processing by disciplinary staff. As the infraction report lists the contraband items that were seized, the inmate will be provided a copy of what items were taken when he is served the infraction report. The following lists the disciplinary rule infractions that may apply:
 - 4102 Possession or introduction of any firearm, weapon, ammunition, knife, sharpened instrument, items such as razor blades when they are not used as intended, Class-1 tool, to include keys and security equipment or key patterns
 - 4107 Possessing, introducing, or using any narcotic, narcotic paraphernalia, or illegal/unauthorized drug.
 - 4215 Possession of money or currency, unless specifically authorized.
 - 4218 Making, possessing, or using intoxicants.
 - 4219 Smoking/possession of any amount of tobacco or tobacco paraphernalia.
 - 4221 Possession of unauthorized clothing or identification.
 - 4222 Tattooing and/or possession of tattoo paraphernalia, including needles.
 - 4223 Smuggling/introduction or possession of unauthorized items into the institution.
 - 4224 Deliberate misuse of an authorized medication, including unauthorized possession of another individual's medication.

4225 Forming a Security Threat Group (STG) or participating in STG activities. This includes possessing or displaying any materials, symbols, colors or pictures of any identified STG or behaviors uniquely or clearly associated with a STG.

3. Crime related physical evidence is as follows:

a. When an item is seized from an inmate or the inmate's cell that may be utilized in criminal prosecution, the following procedure will be implemented. This is done to maintain a clear chain for evidence:

- 1) Staff must correctly and completely fill out an evidence receipt/card/tag and attach it to the evidence. The time and date of when evidence passed from the control of one person to another must be documented.
- 2) Once staff have completed tagging all physical evidence, they will bring it to the Shift Commander who will ensure it is appropriately secured. The Shift Commander will forward a copy of the infraction report to the Disciplinary Hearings Investigator for notification purposes.
- 3) When evidence is no longer needed, it will be disposed of in accordance with *DOC 3.1.16, Contraband Control*; and
- 4) Staff will not place wet or blood-soaked evidence in plastic bags. Paper bags must be utilized.

4. Staff will deliver contraband they find that has not been determined to belong to a person, or persons, to the Command Post with a copy of an incident report attached. The Shift Commander will ensure the contraband is appropriately secured pending final disposition.

P. Monitoring and Training

1. All staff will receive training in effective and proper search techniques, including methods of documentation. Training will be documented.
2. Supervisors will monitor search techniques and provide feedback and training to correct any deficiencies.

IV. CLOSING

Questions concerning this operational procedure will be directed to the AW of Security.

V. ATTACHMENTS

Summary Action / Cell Search / Property Receipt form

attachment A



STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☐ MWP ☐ CONTRACT FACILITY: _____

SUMMARY ACTION / CELL SEARCH / PROPERTY RECEIPT

Type of Property <input type="checkbox"/> Approved <input type="checkbox"/> Contraband	Source of Items <input type="checkbox"/> Room/Area Search <input type="checkbox"/> Pat/Strip Search	Date & Time	Storage Location Property <input type="checkbox"/> Evidence <input type="checkbox"/> Contraband Bin <input type="checkbox"/>	
Inmate Name: _____		ID# _____	Cell/Room #:	Housing Unit:
Inmate Name: _____		ID# _____		
Type of Infraction (if applicable):		Location of Search/Incident:		

Use a separate form for contraband and another for approved items. List only one item per line. Put in disposition code (from bottom of form) as needed.

Description, condition & reason property was removed	Owner's Name	Summary Action or Hearing?	Hearing Disposition

Officer: _____ Officer: _____ Inmate: _____ Inmate: _____

This Portion to be completed by Disciplinary Unit Only

Disposition Codes: R-returned to owner P-placed in Property Room E-Placed in Evidence Room
DES - Destroyed H-held for Investigation SAC-Summary Action Confiscation DON-donate
Date: _____ Disposition completed by Staff Member: _____

Copies to: 1. Property File 2. Inmate-upon confiscation 3. Inmate-upon final disposition 4. Housing Unit
[Chain of custody on back]



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.1.17b CONTRABAND CONTROL	
Effective Date:	February 19, 2001	Page 1 of 6 and no Attachments
Revision Date(s):	May 13, 2009, December 15, 2019, December 15, 2020, April 30, 2021, June 15, 2021, December 15, 2021	
Reference(s):	DOC Policy 3.1.17	
Signature:	/s/ Jim Salmonsens / Warden	
Signature:	/s/ Gayle Butler / MCE Administrator	

I. PURPOSE

To aid in the detection and deter the introduction, fabrication, possession, and conveyance of contraband at Montana State Prison (MSP), Riverside Special Needs Unit (RSNU), and Montana Correctional Enterprises (MCE).

II. DEFINITIONS:

Body Cavity Search – A manual or instrument inspection of an offender’s anal or vaginal body cavities.

Body Scan – A whole – body security screening device which utilizes low dose x-ray scanning in order to detect contraband, weapons and similar items, hidden on and inside a person’s body.

Canine Handler – A security staff member who works in collaboration with a specially trained canine.

Canine – A specially trained and certified canine used by the facility which is the property of Montana State Prison.

Canine Team – One handler with an assigned canine. Both handler and canine have been certified.

Clothed Body Search – The manual body search of an individual that requires the removal of outer clothing, e.g., coats, hats, gloves; emptying of pockets; and inspection of papers, bags, books, or other carried items (also referred to as a pat search).

Contraband – Any item possessed by an offender or found within the facility that is illegal by law, prohibited by policy or procedure, or unauthorized by those legally charged with the administration and operation of the facility.

For the purpose of this operational procedure contraband includes, but is not limited to:

1. Any item in the possession of an inmate that is not authorized for his retention.
2. Item(s) in excess of authorized quantities.
3. Any item in the possession of an inmate or found in his cell that has been altered from its original condition.
4. Any item being used or altered for a purpose other than what it was intended.
5. Narcotics and/or controlled substances.
6. Any item listed in MSP disciplinary rule infraction #4102 (possession of any firearm, weapon, ammunition, knife, sharpened instrument, items such as razor blades when they are not used as intended, Class-1 tool, to include keys and security equipment or key patterns).

Subject: CONTRABAND CONTROL

Dry Cell Procedures – Procedures for placing and observing an offender in a room or cell without plumbing fixtures or running water to intercept contraband inserted inside a body cavity in order to prevent transfer of contraband into the facility.

Drug – All non-prescribed mood controlling substances, including such examples as alcohol, marijuana, cocaine, amphetamines, methamphetamines, barbiturates, benzodiazepine, opiates, and hallucinogens.

Facility – A place, institution, building (or part thereof), set of buildings, structure, or area that is used for the confinement of offenders.

Unclothed Body Search – A visual inspection of an individual's unclothed body and thorough search of the unworn clothing to detect concealed contraband (also referred to as a strip search).

III. PROCEDURES

Control at the perimeter of MSP property is accomplished through the establishment of routine inspections of windows, fences, rooftops, and other areas where contraband may be directly introduced. These inspections include, but are not limited to, inspection of the areas and items described in *MSP 3.1.15, Security Inspections*. Searches at the entrance will be conducted in accordance with *MSP 3.1.5, Entrance Procedures & Detainment of Non-Offenders*.

A. General Searches

Procedures for general searches include the following elements:

1. Searches of individuals entering and leaving MSP, including search of persons, packages, and other items.
2. Searches of vehicles entering and leaving MSP, including but not limited to visitor, staff, vendor, construction, maintenance, and emergency equipment.
3. Inspections of packages and other non-vehicular items entering and leaving MSP, to include the use of x-ray and other electronic methods.
4. Use of walk-through and hand-held metal detectors including the full body scanner in accordance with *MSP 3.1.17c Body Scanners* to detect and deter the movement of contraband by pedestrian traffic.
5. Montana State Prison utilizes a trained and certified canine, and canine handler for drug detection. Canine searches will be conducted in accordance with *RD MSP 3.1.36 Canine Team Operations*.
6. Use of depository procedures for law enforcement weapons and ammunition in a secure gun locker outside the inmate traffic areas of the facility.
7. Searches of all areas and property within the perimeter of MSP, including but not limited to work areas, offices, lockers, outbuildings, etc.

B. Inmate Searches

Procedures for inmate searches include the following elements:

1. Use of clothed and unclothed body searches by staff; *in accordance with MSP Procedure 3.1.17a Searches*.

Subject: CONTRABAND CONTROL

2. Use of the full body scanner in accordance with *MSP Procedure 3.1.17c Body Scanners*.
3. Use of a trained and certified canine and canine handler in accordance with *RD MSP 3.1.36 Canine Team Operations*.
4. Use of body cavity searches and non-intrusive technologies, approved by the Warden, and conducted by a health care provider; in accordance with *MSP Procedure 3.1.17a Searches*.
5. Shakedowns in inmate housing units/areas carried out in accordance with established procedures.
6. Shakedowns in all common areas, including, but not limited to, all inmate program and work areas, such as the kitchens, dining halls, gymnasiums, visiting rooms, classrooms, corridors, day rooms, activity areas, and outside recreation areas.

C. Dry/Strip Cell Procedures

1. To enable staff to isolate contraband ingested, or inserted in body cavities, inmates are subject to dry/strip cell procedures in cells where the toilets cannot be flushed.

D. Intercepting Moving Contraband

1. Methods of intercepting moving weapons and other contraband include, but are not limited to, the use of fixed posts with metal detectors, random interception of inmate traffic (i.e., searching inmates entering and leaving activity areas), and shakedowns of moving materials (food carts, laundry carts, garbage, etc.)

E. Contraband Fabrication

1. Staff will be trained in methods of contraband fabrication and in procedures for control of raw materials and control of, and access to, tools by inmates. Particular attention will be paid to control of shears, grinders, and similar tools, in accordance with *MSP 3.1.14, Tool Control*.

F. Staff Contraband Issues

1. Investigations concerning contraband introduction by staff is addressed in *DOC 3.1.19 Investigations*. Probable cause standards and guidelines apply for staff searches, which will be conducted in compliance with *MSP 3.1.5 Entrance Procedures & Detainment of Non-Offenders*.

G. Introduction by Mail

1. Mail inspection procedures will address contraband control. For issues relating to the operation of the mailroom see *MSP 3.3.6, Inmate Mail*.

H. Introduction by Commercial Freight and Package Deliveries

1. Incoming packages and freight inspection procedures will address contraband control.

I. Disposition of Contraband

Subject: CONTRABAND CONTROL

Disposition of contraband is a critical function. It starts with documenting the discovery of the contraband item(s) by completing an infraction report / and or incident report as well as completing a *Summary Action / Cell Search / Property Receipt*. To maintain security and ensure that proper chain of evidence/custody procedures are followed, secure contraband storage areas outside the double fenced compounds are used to store seized items until it is determined whether or not they are to be used as evidence in a criminal proceeding, disposed of as a disciplinary sanction, or returned to the source. Under no circumstance will staff bring contraband items that have been removed from the double fence compound or Work and Reentry Center (WRC) back inside the double fence, or to the WRC, to conduct a disciplinary hearing. If the staff conducting a disciplinary hearing find it is necessary to view an item(s) that was seized from an inmate as a contraband item, they must go to the storage bin to view it, take photos of it, or make copy machine copies of it for the disciplinary hearing.

1. When the following types of items are seized, found, or collected by staff they must bring them to the Shift Commander, who will ensure they are forwarded to the Investigator's Office for processing and proper disposition in accordance with established evidence handling procedures.
 - a. Weapons, narcotics, alcohol, or other illegal items.
 - b. Property of escaped inmates.
 - c. Property of deceased inmates whose death was unattended.
 - d. Currency/money (bills and coins).
2. Contraband found in the possession of an inmate or cell or storage area assigned to an inmate:
 - a. Staff will document non-dangerous / minor category contraband items seized during a search of an inmate's cell on a *Summary Action / Cell Search / Property Receipt form*.

If the inmate is present during the search, staff will ask him if he will accept the summary action (disposing of the seized items).

 - 1) If the inmate accepts the summary action, staff will have him sign the form and give the inmate a copy. Staff will bring the paperwork and items to the Command Post, draw the keys to the disciplinary contraband disposal bin next to Tower 1, and place the items in the bin for disposal by disciplinary staff.
 - 2) If the inmate doesn't accept the summary action, or isn't present when the contraband is seized, staff will cite him for a minor rule infraction, attach the summary action form and the infraction report to the seized items, and bring the paperwork and items to the Command Post. Staff will make a copy of the infraction report, attach it to the contraband, draw the keys to the appropriate unit evidence storage bin near Tower 1, and put the items and copy of the report in the bin for processing by housing unit disciplinary staff. Staff will put the original infraction report in the appropriate unit mailbox in the Command Post.
 - b. Staff will bring major infraction contraband seized from an inmate for a disciplinary hearing along with the infraction report to the Shift Commander.
 - 1) The Shift Commander will ensure the staff member makes a copy of the infraction report, attaches it to the contraband, and places the items in the

Subject: CONTRABAND CONTROL

- disciplinary evidence storage room located in the hallway just outside the Command Post.
- 2) The MSP Disciplinary Hearings Investigator (DHI) will take a photo of the major infraction item(s), attach it to the infraction report, and send it to the Disciplinary Hearings Officer (DHO).
- c. If the inmate is found not guilty and will be getting the item(s) back, the person who conducted the hearing must retrieve the item(s) from the appropriate storage bin (minors) or disciplinary evidence room (majors) and get them back to the inmate. The staff member will deliver the item(s) to the inmate and have him sign a receipt. The staff member will forward the receipt to the property office.
 - d. If the inmate is found guilty, the staff member conducting the disciplinary hearing will enter a sanction to confiscate the seized item(s), and will:
 - 1) Minors: remove the appropriate items from the unit contraband bin, attach a copy of the hearing decision form to the items, and place the items in the contraband disposal bin near Tower 1.
 - 2) Majors: the DHO will send the DHI a copy of the Disciplinary Hearing Decision form. The DHI will remove the items from the evidence storage room, attach a copy of the hearing decision form to the items, and place them in the contraband disposal bin near Tower 1.
 - e. The DHI will monitor the contraband disposal bin and separate the disposable and non-disposable contraband items into separate containers. If the item is a state issued item (library books, medical issue, etc.) the DHI will return it to the appropriate department.
 - 1) Disposable confiscated contraband items:

As needed, the DHI will make arrangements with the Maintenance Supervisor to have a staff member bring a garbage truck to the front of the Wallace building. The DHI and truck driver will put the disposable contraband into the garbage truck to be crushed and taken directly to the city dump. A log entry of all destroyed containers by number will be signed by both the DHI and the staff truck driver. The DHI will forward all inventory forms/documentation for destroyed contraband to the property office for adjustments to the inmate property files and computer inventory system.
 - 2) Non-disposable confiscated contraband items:
 - a) The DHI will process most televisions for utilization in the TV loan program for eligible inmates.
 - b) all other non-disposable items will be donated to a local area charitable organization.
 - 3) The DHI will maintain documentation on the disposition of non-disposable contraband items, and forward copies to the property office, for adjustments to the inmate property files and computer inventory system.
3. a. Contraband found in common areas:
 - 1) Staff will document the discovery of contraband in common areas on an incident report and bring the report and contraband to the Shift Commander who will ensure these items are securely disposed of.

4. MDIU:

Subject: CONTRABAND CONTROL

- a. MDIU staff will bring contraband seized from an inmate for a disciplinary hearing along with the infraction report to the Shift Commander for processing as outlined in section I.2. above.
 - b. Unit staff must inventory the items that are not allowed for retention by new inmates. and all contraband found in commons areas, on an inventory form and forward it and the items to the MDIU Unit Manager or designee.
 - c. The MDIU Unit Manager or designee will place the items in numbered boxes in the contraband storage bin located in a secure location outside the unit.
 - d. When the bin is full, the Unit Manager or designee will contact the DHI, who will process the items as outlined in section 2.B. above.
5. Staff from the following areas/offices will maintain records concerning the disposition and destruction of contraband:
 - a. Property
 - b. Disciplinary
 - c. Housing Units
 - d. Records
 - e. Investigations

IV. CLOSING

Questions concerning this operational procedure will be directed to the AW of Security.

V. ATTACHMENTS

None



DEPARTMENT OF CORRECTIONS MONTANA STATE PRISON OPERATIONAL PROCEDURE

Procedure:	MSP 3.1.17C BODY SCANNERS	
Effective Date:	May 31, 2021	Page 1 of 6 and no Attachments
Revision Date(s):		
Reference(s):	DOC Policy 3.1.25 Body Scanners	
Signature:	/s/ Jim Salmonsens / Warden	

I. PURPOSE

To provide a safer and more secure environment at Montana State Prison (MSP) by detecting contraband in the possession of those in custody and by preventing the introduction of contraband into the secure facility.

II. DEFINITIONS

American National Standards Institute/Health Physics Society (ANSI/HPS) – An accredited standards developer that provides guidelines to manufacturers and system users on nonmedical radiation.

Body Scan – A whole-body security screening device which utilizes low dose x-ray scanning in order to detect contraband, weapons and similar items, hidden on and inside a person's body.

Clothed Body Search – The manual body search of an individual that requires the removal of outer clothing, e.g., coats, hats, gloves; emptying of pockets; and inspection of papers, bags, books or other carried items (also referred to as a pat search)

Contraband – Any item possessed by an offender or found within the facility that is illegal by law, prohibited by policy or procedure, or unauthorized by those legally charged with the administration and operation of the facility.

For the purpose of this operational procedure dangerous contraband consists of, but is not limited to:

1. Narcotics and/or controlled substances
2. Weapons, firearms, or any instrument which if used could produce serious bodily injury.
3. Materials, instruments, and tools that could be used to affect an escape.
4. Any item listed in MSP disciplinary rule infraction #4102.

For the purpose of this operational procedure Non-Dangerous Contraband consists of, but is not limited to, items not considered dangerous.

Cross-Gender – Supervision circumstance involving a supervisor (or correctional officer) and an inmate who are not the same gender.

Disability – See DOC 1.3.15, Americans with Disabilities Act (ADA) Offender Accommodations, for the definition and explanation of disability.

Dry Cell Procedures – Procedures for placing and observing an offender in a room or cell without

Procedure No.:	Chapter 3: Facility/Program Operations	Page 2 of 6
Subject: BODY SCANNERS		

plumbing fixtures or running water to intercept contraband inserted inside a body cavity in order to prevent transfer of contraband into the facility.

Exigent Circumstances – Any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order.

Inspection Zone – A well-defined (demonstrated by tape, paint, rope barrier, etc.,) area around the full-body scanner where no unauthorized individuals are granted access during the operation of the device. The purpose of the demarcation of the inspection zone is to control unnecessary exposure to radiation.

Intersex – A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Logbook – The official record of daily activities in an assigned area.

Operator – Any staff member associated with the operation of the full-body scanner whose responsibilities include at least one of the following; initiating or stopping the scan, verifying the system is operating correctly, providing information and instructions to the screened individuals, and controlling access to the inspection zone. This does not include other employees, such as individuals who may be remotely viewing the image results but are not directly responsible for other functions.

Reasonable Suspicion – A conclusion drawn from specific, objective facts which would permit a reasonable and experienced correctional staff person to suspect that an individual or set of circumstances poses a threat to security, or to the health, safety, and security of offenders, staff, visitors, contractors, or community members, including, but not limited to, committing, or conspiring or attempting to commit a crime or rule infraction.

Reasonable Suspicion Search – The search of person, property, or area where there is a reasonable suspicion warranting the search.

Transgender – A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Unclothed Body Search – A visual inspection of an individual's unclothed body and thorough search of the unworn clothing to detect concealed contraband (also referred to as a strip search).

III. Procedures

A. General Requirements

1. Staff will be trained to use the full-body scanner before they can operate and conduct full-body scans.
2. The Warden may approve the use of the body scanner for any purpose not explicitly outlined in this procedure. This approval must be in writing.

Procedure No.:	Chapter 3: Facility/Program Operations	Page 3 of 6
Subject: BODY SCANNERS		

3. The full-body scanner will only be used for legitimate interest pertaining to the safety and security of the institution and will not be used as a form of harassment, embarrassment, or punishment.
4. Full-body scans may be utilized in addition to, or instead of, a clothed or unclothed body search.
5. A logbook will be kept at each full-body-scanner and filled out in accordance with MSP 3.1.3 MSP Logs and Record Keeping Systems.
6. Cross-gender body scans are prohibited, except in exigent circumstances. Staff will ensure documentation of any exigent circumstances by making a notation in the logbook and completing an incident report. The Warden or designee must approve any cross-gender body scans in writing.
7. Cross-gender viewing of saved images is prohibited except during exigent circumstances for investigative purposes i.e., confirmation of contraband, etc. Cross-gender viewing of saved images will be documented.
8. Any inmate, visitor, contractor, or volunteer, where full-body scanner technology is available may be scanned if physically able to stand on the scanner. Those persons unable to be scanned due to physical limitations will be searched by other means to ensure contraband does not enter the facility.
 - a. an inmate may be scanned at any time with the approval of a supervisor.
 - b. contractors, volunteers may be scanned anytime if there is a reasonable suspicion contraband is being introduced into the facility.
9. If a technical error occurs during the scanning process, inmates, visitors, contractors or volunteers may be required to be rescanned until a proper image is captured.
10. The Department will ensure body scanner radiation exposure and limitations comply with the American National Standards Institute/Health Physics Society standards.
11. Inmates who are unable to physically stand independently will not be scanned in accordance with *DOC 3.3.15 Americans with Disabilities Act Offender Accommodations*.

B. Responsibilities

1. The AW of Security will ensure the location/relocation of full-body scanners are in compliance with radiation safety criteria and manufacture's recommendations and specifications, and is in compliance with Federal, State, and Local Regulations.
2. The AW of Security and at least one alternate are assigned "Administrator" level Privileges. Administrators can perform all functions of the body scanner.
3. The AW of Security will ensure when the body scanner(s) is not in use, it is secured and inaccessible to inmates and unauthorized persons.
4. The AW of Operations will ensure;
 - a. only qualified personnel will perform maintenance on the full-body scanners and any maintenance will be in accordance with manufactures specified instructions.

Procedure No.:	Chapter 3: Facility/Program Operations	Page 4 of 6
Subject: BODY SCANNERS		

- b. maintenance records will be properly and accurately maintained on site for the life of the system.

C. Training

1. Operators, administration, investigators, and any staff member with access to view or operate must have successfully completed training on the operation and use of the full-body scanner in accordance with manufacture recommendations and pass the test with a score of 80% or higher. The training will be the responsibility of the AW of Security. Staff will be required to maintain a current certification which includes mandatory annual training. All records of training will be maintained by the Department's Training Records Management Specialist. This training at minimum will include;
 - a. pre-operational checks, operation of the system;
 - b. subject positioning;
 - c. interpretation of images;
 - d. procedures to be followed if the system is damaged or malfunctions;
 - e. practical operational experience;
 - f. confidentiality
 - g. operator awareness of control of inspection zone.
2. Each individual associated with the operation of any full-body scanner will be provided radiation safety training prior to performing screenings.
3. Other individuals who work near the full-body scanner but are not directly associated with its operation, will be provided with basic radiation awareness training. This will be a simplified version of radiation safety training and include information pertinent to the system they will be working around.

D. Scanning Procedures for Inmates

1. Staff will ensure the necessary identifying information for inmates scanned is entered into the scanner console.
2. Each inmate will be instructed on the proper manner in which to enter the body scanner for scanning. No property shall be allowed in the scanner at the time of the scanning.
3. The operator will ensure that any bystander is outside of the inspection zone.
 - a. at no time will anyone other than the operator be allowed to view the monitor that displays the scanned images except in the event contraband is discovered and only in accordance with this procedure.
 - b. inmates will be allowed to view the image being used as evidence in a disciplinary hearing.
4. Scans will be conducted in a professional and courteous manner. At no time will derogatory comments, or jokes be made concerning any scan. Staff will not make any suggestive statements regarding medical conditions/issues or regarding physical stature.
5. The image shall only be viewed by authorized staff with a need to know and the results shall only be discussed with authorized personnel for official purposes only.

Procedure No.:	Chapter 3: Facility/Program Operations	Page 5 of 6
Subject: BODY SCANNERS		

7. In the event contraband is detected during the scanning process (an object is clearly identifiable as a weapon, drugs or other contraband) the following will be completed;
 - a. Command Post will be immediately notified
 - b. if a weapon or weapons have been detected, the weapon(s) shall be removed immediately from the inmate's possession. In cases of weapons being ingested or inserted into a body cavity, Command Post will consult medical staff.
 - c. if medical staff determine the contraband does not pose a life-threatening situation, the inmate will be escorted to a secure location free of sight of other inmates and asked to again remove the contraband if possible. If the inmate refuses to remove the contraband, the inmate may be placed in a dry cell.
 - d. a detailed incident will be completed.
 - c. Command Post will download the scanned image for further review and consideration in the disciplinary process.
 - 1). all items that are not illegal but are considered contraband will handled in accordance with *MSP 3.1.17b Contraband Control*.
8. In the event an inmate refuses a scan, Command Post will be immediately notified.
 - a. an unclothed body search will be conducted in the event of a refusal.
 - b. if the inmate refuses an unclothed body search, the inmate will placed in an isolation with one on one observation for 24 hours. Any time beyond 24 hours will have approval by the AW of Security.
9. When an inmate need to be scanned and has a prosthetic, scan the inmate with the prosthetic on. If the image doesn't clearly show the prosthetic, ask the inmate to remove the prosthetic and scan the prosthetic separately.

E. Scanning Procedures for Visitors

1. Weapons, alcohol, and/or narcotics are prohibited on MSP property. Violators are subject to criminal charges.
2. Visitors may be denied entry for refusing a full-body scan at the discretion of the AW of Security or designee.
4. All visitors are required to submit to a full-body scan. With the exception of:
 - a. those persons unable to stand independently on the scanner. Reasonable accommodations for visitors with disabilities will be made.
5. In the event contraband is detected during the scanning process (an object is clearly identifiable as a weapon, drugs or other contraband) the contraband will be confiscated and the visit will be terminated. Command Post will be notified. A detailed incident report will be submitted.
 - a. if the scan detects contraband in a body cavity, Command Post will be immediately notified for further direction. The Shift Commander will ensure a DOC Investigator is contacted and the Shift Commander will make the determination as to whether local law enforcement is contacted. A detailed incident report documenting the incident will be completed.

Procedure No.:	Chapter 3: Facility/Program Operations	Page 6 of 6
Subject: BODY SCANNERS		

- b. under applicable state law, staff who are not sworn law enforcement officers do not have the authority to detain an individual against his or her will. The individual must be permitted to leave if he or she chooses.
- c. visiting terminations, suspensions, or revocations will be handled in accordance with *MSP 3.3.8 Inmate Visiting*.

F. Scanning Procedures for Contractors, Vendors and Volunteers

- 1. Contractors, vendor and volunteer searches will be conducted in accordance with *MSP 3.1.5 Entrance Procedures and Detainment of Non-offenders*. In the event there is reasonable suspicion a, contractor, vendor, or volunteer is bringing contraband into the facility a full-body scan may be required.

G. Image Storage

- 1. Images are retained within the body scanner system will not be deleted. Once the system reaches the maximum number of stored images, the oldest image will automatically be deleted.
- 2. Images will not be stored in any other manner without written approval from the Warden or designee with the exception of DOC, PREA, or Administrative Investigators who may copy images for evidentiary purposes.
- 3. Only administrators, and investigators will have the ability to view archived images.

IV. CLOSING

Questions concerning this procedure should be directed to the Warden

V. ATTACHMENTS

None



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.1.20 INMATE DRUG TESTING PROGRAM
Effective Date:	September 21, 2001 Page 1 of 5 and 2 Attachments
Revision Date(s):	September 27, 2004, July 13, 2009, September 12, 2011, January 1, 2020, February 15, 2021, July 15, 2021
Reference(s):	DOC Policy 3.1.20
Signature:	/s/ Jim Salmonsens / Warden

I. PURPOSE

To conduct standardized drug tests of inmates to prevent their unauthorized possession and use of controlled or prohibited substances. This procedure is intended to supplement, not replace, other standard security practices by which unauthorized substances are detected and controlled.

II. DEFINITIONS

Cause - Any indication that an inmate may be using an unauthorized substance or any substance in an unauthorized manner. Such indication may be direct (observed by a staff person), hearsay (relayed through other individuals), circumstantial (perceived or suspected via reasonable inference), or self-admission.

Chain of Custody – For the purpose of this procedure means a chronological documentation or paper trail that records the sequence of custody, control, transfer, analysis, and disposition of evidence.

Drug - Any substance described in 50-32-101, MCA, or the use of any substance, taken through any means of administration, which alters the mood, the level of perception, or brain functioning. Such substances may range from prescribed medications to illegal substances, as well as alcohol and solvents.

Drug Testing – The chemical analysis of a body fluid, typically urine, using specialized equipment and techniques to identify the presence of a drug or drug metabolite collected from an individual.

Drug Testing Liaison (DTL) – A designated staff member selected by a division administrator to oversee and track the division's drug testing program for the Department.

Random sampling - Means the collection of urine samples from a selected inmate or group of inmates for urinalysis screening, without cause.

III. PROCEDURES

A. General

1. The drug testing procedures are in place to promote:
 - a. the safety and security of the public, staff, and inmates;
 - b. a drug free standard;

Subject: INMATE DRUG TESTING PROGRAM

- c. inmate accountability;
 - d. inmate self-admissions;
 - e. provides intervention, treatment, and recovery from drug/alcohol dependence;
 - f. successful community reintegration;
 - g. properly classify inmates who pose a risk to security and safety due to their use of alcohol or illegal/unauthorized substances;
 - h. reduce the traffic and use of alcohol or illegal/unauthorized substances by inmates.
2. Sergeants, Case Managers, treatment facilities, or higher ranked staff may authorize an Inmate to undergo a drug or alcohol test for the following:
 - a. as a condition of release to pre-release, parole, or intensive supervision;
 - b. as a condition of on-going CD treatment;
 - c. for cause;
 - d. after participating in any contact visit;
 - e. in the event of a work-related incident/accident;
 - f. to monitor those with a documented history of alcohol or illegal/unauthorized substances use.
 - g. when an inmate or an identified group of inmates (such as a housing unit cube or work crew) is suspected of using and/or trafficking alcohol or illegal/unauthorized substances.
3. Staff from each housing unit will conduct random drug tests on a minimum 5% of its average monthly population.
4. Each housing unit receives a monthly notification generated by OMIS which includes a random list of inmates that need to be tested for the month.
5. Staff will conduct drug tests on inmates in treatment programs in accordance with their treatment contracts or assessments.
6. All staff involved in alcohol and urine testing must receive proper training.

B. Breath Analysis Testing

1. If a staff member suspects an inmate of consuming alcohol, they will contact the Shift Commander.
2. The Shift Commander will ensure the suspected inmate is tested by a staff person with experience using the breath analysis test kit, following the instructions of the test kit manufacturer.
3. If the test results are positive, staff will cite the inmate for rule infraction *4107 – possessing, introducing, or using any narcotic, narcotic paraphernalia, or illegal/unauthorized drug* in accordance with *MSP 3.4.1 Institutional Discipline*.
4. If the inmate refuses to cooperate with the testing procedure, he will be cited for rule infraction *4206 - Refusing to provide any type of specimen or sample* in accordance with *MSP 3.4.1 Institutional Discipline*.
5. The Shift Commander will ensure each test is documented in the housing unit and Command Post logbook. The log entry will include the date and time of test, the

Subject: INMATE DRUG TESTING PROGRAM

tester and referring staff member's name, a brief statement describing the reason for the test, and the test results.

6. The staff person who performs the test will also complete the "Breath Testing" section on the *Drug/Alcohol Screening and Admission Form (attachment B)*. If the inmate admits to consuming alcohol the staff member will request the inmate fill in the admission portion of the form (*attachment B*).

C. Urine Specimen Collection

1. For the purposes of urine collection, staff will be the same gender as the offender.
2. Use a test-kit and *Laboratory Test Requisition Form* provided by the Department approved vendor.
3. Collect specimens in a private setting.
4. Observe the inmate's urine flow from body to collection cup to avert adulteration or substitution of urine.
5. Document the chain of custody for the sample at the point of collection to confirm the whereabouts of the evidence at all times.
6. Once a staff member orders an inmate to provide a urine specimen the staff member will keep the inmate under direct observation until he either confesses to illegal substance use or fully complies with the urine specimen collection procedure (*attachment A*)
 - a. if the inmate confesses to illegal substance use the staff member will request the inmate fill in the admission section on the *Drug/Alcohol Screening and Admission* form.
 - b. staff witnessing the inmate's confession will complete an incident report. The staff person having or taking the confession will cite the inmate for rule infraction 4107-*possessing, introducing, or using any narcotic, narcotic paraphernalia, or illegal/unauthorized drug* in accordance with *MSP 3.4.1 Institutional Discipline*.
 - c. if the inmate does not admit to use, he must fully comply with the specimen collection procedure, providing at least enough urine to the control line.
 - 1) if the inmate fails to provide enough urine for testing, or to cooperate with any step of the specimen collection procedure, staff will cite him for rule infraction 4206 – *Refusing to provide any type of specimen or sample* in accordance with *MSP 3.4.1 Institutional Discipline*. Staff collecting the specimen will still forward all collected urine for testing.
 - 2) if the inmate is complying with the collection procedure, but claims he is trying to urinate but can't, staff will have him drink 24 ounces of water and keep him under direct observation. If the inmate refuses to drink the water or does so and doesn't provide a urine specimen within two hours, staff will cite him for rule infraction 4206 – *Refusing to provide any type of specimen or sample* in accordance with *MSP 3.4.1 Institutional Discipline*.
7. Collecting and Securing Urine Specimens:
 - a. to collect a urine specimen staff and inmates are required to follow and comply with the collection procedures outlined on *Attachment A*.

Subject: INMATE DRUG TESTING PROGRAM

- b. if the temperature of the collected specimen is outside the normal parameters (between 90- and 100-degrees Fahrenheit) staff will cite the inmate for rule infraction 4206 – *Attempting to contaminate, pollute, alter, substitute, or destroy any specimen or sample.*
- c. as urine is a body fluid, staff must handle it using standard precautions (treat as if known to be infectious). Staff collecting urine specimens must wear exam gloves. The use of other personal protective equipment is optional.
- d. from collection to secure storage, specimens must remain under the observation of staff at all times.

D. Protocol for Urine Specimen Testing

1. Staff conducting the initial urine specimen testing must follow the test kit manufacturer's testing protocols and instructions.
2. If the specimen tests presumptive positive on the initial testing, the tester will:
 - a. send the collected specimen to a certified laboratory for confirmation.
 - b. complete the *Laboratory Test Requisition* form.
 - c. ensure the proper notation is entered in to OMIS as well as the tracking sheet.
 - d. once the requisition form is completed, take the specimen to Command Post, make an entry in the logbook and ensure the entry is signed off by a member of Command Post.
 - e. ensure the specimen is placed in the freezer and the freezer locked by a member of Command Post.
 - f. after securing the specimen, email the facility DTL advising there is a sample to be processed.
3. The facility DTL will ensure:
 - a. the sample is sent to the Department contracted laboratory for testing.
 - b. all paperwork is filled out accurately and correctly.
 - c. each sample is tracked.
4. If the certified laboratory confirms the specimen as testing positive the inmate will be cited for rule infraction 4107 – *Possessing, introducing, or using any narcotic, narcotic paraphernalia, or illegal/unauthorized drug* in accordance with *MSP 3.4.1 Institutional Discipline*.
5. The Unit Manager is responsible for ensuring the proper disciplinary report has been completed.

E. Consequences

1. A positive test will result in a classification review, which may include treatment referral(s), custody increase, non-compliant ratings, job assignment removal, etc.
2. Housing unit staff will refer an inmate who is found guilty of a rule infraction related to trafficking or abuse of drugs (illegal or prescribed) or other substances to the Specialized Treatment Unit for screening to determine his treatment program needs. Within 45 days of beginning any treatment program, the treatment program facilitator will have the inmate drug tested unannounced.

3. Disciplinary sanctions may be progressive for repeat offenses, and volunteering or treatment does not preclude disciplinary action.

IV. CLOSING

Questions concerning this procedure should be directed to the Warden.

V. ATTACHMENTS

MSP Procedures for Urine Specimen Collection
Drug/Alcohol Screening and Admission Form

Attachment A
Attachment B



MSP PROCEDURES FOR URINE SPECIMEN COLLECTION

If the inmate fails to provide enough urine (approximately one-half cup) for testing, or doesn't fully cooperate with the specimen collection procedure, the staff member will cite him for rule infraction 4206 - *Refusing to provide any type of specimen or sample. Attempting to contaminate, pollute, alter, substitute, or destroy any specimen or sample in accordance with MSP 3.4.1, Institutional Discipline.* Staff collecting the specimen will still forward all collected urine for testing.

A staff member will escort the inmate to a bathroom and proceed as follows:

1. The staff member will instruct the inmate to wash and dry his hands.
2. The staff member will instruct the inmate to lower his pants and briefs below his knees and raise his shirt(s) to his chest. The staff member will visually inspect the exposed areas of the inmate's body for anything the inmate might have concealed to alter the specimen.
3. If nothing is found, the staff member will provide the inmate a specimen cup with the inmate's name and ID number on it and instruct him to urinate into it.
4. The staff member will inform the inmate that he must deposit enough urine in the cup to fill it at least to the control line for an accurate reading. If the inmate fails to comply, disciplinary action may result. The staff member will stand in front and to the side of the inmate and observe him while he urinates into the specimen collection cup.
5. When the inmate is finished urinating into the collection cup the staff member will instruct him to put the lid securely on the specimen collection cup and place the tamper seal over the top of the cup and initial the seal. The inmate will then give the specimen to the staff member who will initial the seal as well.
6. The staff member will immediately note the temperature of the specimen (from the reading on the temperature strip).
7. The staff member will follow the manufacturer's recommend time frame before reading the results.
8. If there is a presumptive positive result, the staff member will complete the Laboratory Test Requisition Form and indicate what drug is to be tested on the GC/MS line. Staff will ensure the Inmate DOC #, collector name and date are filled in. The security seal will be placed on the cup and initialed.
9. The staff member will bring the specimen and completed Laboratory Test Requisition Form to the Command Post and notify the Shift Commander who will ensure the logbook is filled out and the sample is secured in the freezer.
10. The staff member will then enter the following information on the UA specimen log form:
 - Inmate's name and DOC ID number
 - Date
 - Time
 - Their own name
11. Command Post staff will then sign the log entry as correct.



DEPARTMENT OF CORRECTIONS

STATE OF MONTANA

Drug / Alcohol Screening and Admission Form

Offender Name: _____ DOC#: _____ Reporting Level: _____

Requesting Officer Name/Title: _____ Agency: _____ Date: _____

Offender Status: Conditional Release Parole, Probation ISP Pre-Release Treatment Incarcerated

Offender Cell/Housing Assignment: _____

Sample Taker's Checklist Initial each action

1. Direct vision maintained when sample was taken _____.
2. Offender placed lid & security tape on cup. _____
3. Offender initialed the tape. _____
4. Chain of evidence procedures followed. _____

Date and time sample was taken: _____ A.M. / P.M. _____

Person taking sample (Print): _____ Signature _____

Is this the initial drug screening for entry into program/facility or community supervision? Y N

Random test? Y N, if "N" what was the reason for testing? _____

Did offender admit to drug use prior to testing? Y N

Did offender admit to drug use after positive drug results were obtained? Y N

Was the specimen in any way tampered or altered by the offender during the collection? Y N

Chain of Evidence

1. Handling/Storage Date _____ Time _____ /Signature _____

2. Handling/Storage Date _____ Time _____ /Signature _____

3. Handling/Storage Date _____ Time _____ /Signature _____

4. Handling/Storage Date _____ Time _____ /Signature _____

Urine Testing:

	NEG	POS		NEG	POS
Marijuana (THC) -----{ } --{ } { }			Opiates (OPI) -----{ } --{ } { }		Sample Type: <u>Urine</u>
Cocaine (COC)-----{ } --{ } { }			Other _____ { } --{ } { }		Sample Destroyed { }
Methamphetamine (METH)- { } --{ } { }			Other _____ { } --{ } { }		Sample saved 30 day { }
Benzodiazepines (BZO) -----{ } --{ } { }			Drugs/Medication Prescribed: _____		

Urinalysis Tester(s): 1. _____ 2. _____

Tester's Comments: _____

I, _____, AO#: _____ understand that the statement(s) below may be used against me in a
(offender name)
revocation of my probation, parole, conditional release, or any disciplinary action.

I admit to using _____ Offenders Signature: _____ Date: _____
(Name of Substance(s) and dates used)

Breath Testing

{ } Negative { } Positive _____ BAC Random test? Y N, if "N" what was the reason for testing? _____

Did offender admit to alcohol use prior to testing? Y N

Did offender admit to alcohol use after positive alcohol results were obtained? Y N

Initial Response – please circle.

Formal Write-up --- Disciplinary Hearing --- Documented in Chronos --- Intervention Hearing --- Jail Sanction --- Disciplinary Report Treatment
(ordered/increased) --- Increase Reporting --- On-Site Hearing --- Pre-Hearing Confinement --- Relapse/Wait list Group.

Final Disposition – please circle.

Detention Time -- Dropped -- Re-Classified -- Reduced to a Minor -- Other: _____

(Referred to: Treatment, ISP sanction, ESP, Treatment groups, or Jail Time)



DEPARTMENT OF CORRECTIONS MONTANA STATE PRISON OPERATIONAL PROCEDURE

Procedure:	MSP 3.1.21 INMATE COUNT & SUPERVISION	
Effective Date:	August 11, 1997	Page 1 of 9 and 5 Attachments
Revision Date(s):	January 20, 2017, January 30, 2021	
Reference(s):	DOC Policy 3.1.21	
Signature:	/s/ Jim Salmonsens / Warden	

I. PURPOSE

Montana State Prison (MSP) will maintain safe and secure facility operations through a comprehensive inmate accountability system that includes scheduled and unscheduled physical counts, accurate record-keeping, and effective staff supervision.

II. DEFINITIONS

Aggregated Census Check – A scheduled check to verify that inmates are in the proper location during designated periods between official counts in which the area supervisor calls the housing unit(s) and gives a verbal report of the number of inmates counted.

Census Check – A count taken in housing units or other locations during periods between official counts to determine if inmates are in their assigned areas.

Cross Count – Two consecutive visual counts of each inmate by two officers to ensure count accuracy, typically conducted during the official count.

Disability – see DOC 3.3.15, Americans with Disabilities Act (ADA) Offender Accommodations, for the definition and an explanation of disability.

Emergency Count – An official, unscheduled count taken in an emergency situation, e.g., a disturbance or a suspected escape, to immediately account for each inmate.

Official Count – A periodic, scheduled daily count taken to account for each inmate in the facility.

Out Count – A count taken on inmates who are out of their housing units during an official count with the results tabulated into the official total.

Picture Count – A count that verifies inmate identities through direct comparison with their picture identification cards.

Stand-up Count – A count that requires inmates to stand at their cell doors or end of beds to demonstrate they are physically present and not deceiving the observer through the use of dummies or other simulations. Inmates with disabilities that affect their ability to stand may receive a reasonable accommodation pursuant to section III.L. below.

III. PROCEDURES

A. General Information

1. All inmates are subject to count procedures as outlined in this procedure. Inmates will not participate in the preparation, documentation, operation of the count process, or in the preparation of picture cards or other accountability or identification records.
2. Counts will not be conducted prior to the set count times with the exception of emergency counts.
3. The use of white out or correction tape on a count sheet is not allowed.
4. Staff will not preload block, cube, or unit totals prior to conducting unit counts.

B. Official Counts

1. Official Count consists of the following:
 - a. all inmates will be counted simultaneously during official counts;
 - b. all internal and external inmate movement will cease 30 minutes before a count begins and remain suspended until the total count is correct and clear, except for that required for life threatening emergencies that have been approved by the Shift Commander. Once the unit/area count has cleared, inmate movement inside the unit/work area is allowed. External inmate movement will not be allowed until the institutional count has cleared;
 - c. industries, construction, and delivery vehicles that cannot be easily searched must be parked and locked until count clears;
 - d. completed count sheets (attachments A, B, and D) must be submitted to the Classification Placement Office or Main Control no later than 30 minutes after an official count time;
 - e. at the beginning of the official count time is when the count commences; for example, the 1800 count will not be completed prior to 1800. The exception to this is emergency counts.
 - f. official count times are as follows:

OFFICIAL COUNT TIME	COUNT SHEET DUE
0500 hours	0530 hours
1800 hours	1830 hours
2100 hours	2130 hours
2400 hours	0030 hours
0300 hours	0330 hours
 - g. the 1800 and 2100 counts will be stand-up counts. Inmates with disabilities that affect their ability to stand may receive a reasonable accommodation pursuant to section III L. below.

C. Out Counts

1. Out counts (for inmates who must be counted in their work area/or inmates attending visitation during official count times) must have prior authorization from Command Post to allow out counts of inmates on certain Ranch and Dairy crews. These requests must be in writing and include a start and end date.
2. Requests for any out count must be submitted in writing no less than one hour before the

Subject: INMATE COUNT & SUPERVISION

official count time. The MCE Administrator my request authorization from the Shift Commander to allow out counts of inmates on certain Ranch and Dairy crews. These requests must be in writing and include a start and end date.

3. The procedure for out counts is as follows:
 - a. prior to an official count time, each out-count crew supervisor must prepare a count sheet (Attachment A), with the inmates listed by housing units;
 - b. the supervisor will announce the count. A buzzer or bell may be rung;
 - c. there will be no movement. All inmates are required to stay in their area until this process is completed. Any inmate who interferes with the count process will be cited for a major rule infraction by the supervisor;
 - d. the supervisor will then call the names of the inmates, and will match the inmate ID card to face, and place a check by the inmate's name if it matches;
 - e. if all inmates are accounted for, the supervisor will sign the completed count sheet, call each housing unit and apprise them of the names and total number of inmates they have, and immediately forward the count sheet to the Classification/Placement Office or Main Control; and
 - f. if an inmate is unaccounted for, or there are any other discrepancies, the supervisor must immediately notify Command Post. The Shift Commander will initiate the Emergency Count Procedure (section E).

D. Census Checks

1. All areas will adhere to the census check time – 0930 hours.
2. All inmate movement will cease at 0915 hours and remain suspended until 0945 hours. the only exceptions would be for that required for life threatening emergencies that have been approved by the Shift Commander.
3. A Shift Commander (or higher authority) will call for a random census check at least once a month. A random census check may be restricted to a single shop, work area or unit, although a facility wide random census check can be called for at the Shift Commander's discretion.
4. The procedure for the census check in work/program areas is as follows:
 - a. prior to the check time supervisors must prepare a census check sheet (attachment A) that lists the inmates by housing unit;
 - b. the supervisor will announce the check. A buzzer or bell may be rung;
 - c. there will be no movement. All inmates are required to stay in their area until this process is completed. Any inmate who interferes with the census check process will be cited for a major rule infraction by the supervisor.
 - d. the supervisor will then call the names of the inmates, and will match the ID card to face, and place a check by the inmate's name if it matches. Ranch crew supervisors will have a sheet with the assigned inmate worker's photos on it in place of the inmate ID card for matching purposes;
 - e. supervisors will maintain census check sheets in the work area for 7 days;
 - f. phone verification to the housing units is not required;
 - g. all staff will strictly adhere to the procedures in *MSP 3.1.11 Inmate Movement* for determination of inmate location. All staff will be held accountable for their

- adherence and enforcement of movement procedures and notifications;
- h. the Census Check will be recorded in logbooks for those areas that have them; and
- i. if an inmate is unaccounted for, or there are other discrepancies, the supervisor will immediately notify Command Post and the Shift Commander will initiate Emergency Count Procedures (section E).

E. Aggregated Census Check

1. All areas will adhere to the aggregated census check time -1330 hours.
2. All inmate movement will cease at 1300 hours and remain suspended until the check count is cleared by the Shift Commander. This consists of the following:
 - a. The Shift Commander will clear movement by radio transmission;
 - b. once unit/area check count has cleared, inmate movement inside the unit/work area is allowed;
 - c. outside work area supervisors (ranch, pipe crew, etc.) may allow resumption of inmate movement within their work area when they have completed their check; and
 - d. inmate traffic from area/building to area/building will only resume after the Shift Commander clears movement by a radio transmission. The only exceptions are:
 - 1) that required for life threatening emergency that has been approve by the Shift Commander; and
 - 2) inmate movement between designated points during the summer months when the MCE ranch crew is harvesting time sensitive crops or hauling materials to and from the Deer Lodge rail yard. The Shift Commander will be notified when this movement is occurring, and the supervisor must maintain communication with the affected security posts.
3. The procedure for the aggregated census check is as follows:
 - a. prior the check time, supervisors will prepare a census check sheet (attachment A) that lists the inmates by housing unit. Housing unit staff will conduct a check in accordance with section G;
 - b. the supervisor will announce the check. A buzzer or bell may be rung;
 - c. supervisors will stop all inmate movement and/or traffic. Supervisors must keep inmates they supervise in their respective area until the process is complete. Supervisors will cite any inmate who interferes with the census check process for a major rule infraction on a disciplinary infraction report;
 - d. the supervisor will call the names of the inmates, and will match ID card to face, and place a check by their name if it matches. Ranch crew supervisors will have a sheet with the assigned inmate worker's photos on it in place of the inmate ID card for matching purposes. If the inmate is unaccounted for, or there are other discrepancies, the supervisor must immediately notify Command Post, the Shift Commander will initiate Emergency Count Procedures (see section E).
 - e. the supervisor will call or radio their counts by inmate name to the housing units for aggregation;
 - f. unit staff will notify the Shift Commander when they determine the aggregate check is clear/correct. If an inmate is unaccounted for, or there are any other discrepancies unit staff will immediately notify Command Post, the Shift Commander will initiate Emergency Count Procedures (see section E).

- g. once all units report the aggregate check is clear, the Shift Commander will make a radio announcement clearing all facility movement;
- h. supervisors will maintain census check sheets in the work area for 7 days;
- i. aggregated census checks must be recorded in logbooks for those areas that have them; and
- j. all staff will strictly adhere to the procedures in *MSP 3.1.11 Inmate Movement* for determination of inmate location. All staff will be held accountable for adherence and enforcement of movement procedures and notifications.

F. Emergency Counts

1. The Shift Commander (or higher authority) is the only person authorized to initiate an emergency count.
2. When an emergency count is initiated, all inmates will return to their assigned housing units.
3. During emergency counts, inmates are required to stand at their door. Inmates with disabilities that affect their ability to stand may receive a reasonable accommodation pursuant to section III. L. below.
4. Once the count is complete the count will be called into the Classification/Placement Office or Main Control.
5. After the Shift Commander authorizes staff movement, a designated staff member must bring the official inmate count sheet(s) to the Classification/Placement Office or Main Control. The Shift Commander must not clear the emergency count until all staff, visitor, and inmate count sheets have been tabulated and verified.

G. Picture Counts

1. Picture counts will typically be used when a recount is needed or when discrepancies exist in other count results.
2. A random picture count will be conducted each month at the discretion of the Shift Commander. The random picture count may be limited to a single shop, work area or unit, or it may be facility wide at the discretion of the Shift Commander.
3. Staff conducting picture counts will verify the identity of each inmate through the use of the inmate ID picture card. Therefore, staff must regularly review all inmate ID picture cards to assure that they accurately portray the inmates. Inmate ID replacement will be done in accordance with *MSP 3.1.107 Inmate ID Cards*.

H. Unit Count/Census Check Procedures

1. Housing units must maintain a uniform housing unit inmate ID card tracking system in accordance with attachment E to ensure the location of all inmates assigned to their unit is known at any given time.
2. Hard copy count/census check sheets (see sample, attachment B) or electronic count/census check sheets available on the computer network "I" drive (see sample

Subject: INMATE COUNT & SUPERVISION

attachment D) will be used for official counts and census checks. Each space on the sheet indicates a bed in the housing unit.

3. Prior to count/census check time, and after the inmate movement has ceased, housing unit staff will prepare a count/census check sheet.
4. Staff preparing count/census check sheets must mark each space on the count sheet in one of the following ways:
 - a. electronic count/census check sheet preparation. This consists of the following:
 - 1) all inmate names will be annotated on the count sheet;
 - 2) if the bed is vacant write a zero in the empty space in red ink **-0-**;
 - 3) if the inmate is not on the unit count, but the bed is being held for the inmate (i.e. infirmary, hospital, detention, pre-hearing confinement, etc.) write his name and location in the empty space in red ink: **Smith – PHC**; and
 - 4) if the inmate is on an authorized out-count, write the inmates location in the space next to the inmate's name in black ink and highlight it: **Smith-FS**;
 - b. hard copy count/census check sheet preparation (if the computer is "down" or the electronic version is not available) is as follows:
 - 1) if the inmate is present in their assigned cell/bed leave the space blank;
 - 2) if a bed is vacant write zero (0) in the space in **red ink: -0-**;
 - 3) if the inmate is not on the unit count, but the bed is being held for the inmate (i.e., infirmary, hospital, detention, pre-hearing confinement, etc.) write the inmates name and location in the space in **red ink: Smith – PHC**; and
 - 4) if the inmate is on an authorized out-count, write the inmates name and location in the space in black ink: **Smith – FS**.
5. Inmates must be in or at their assigned cell during count/census check.
6. Housing unit staff must verify that each inmate is present by conducting a physical count/ check (visual inspection where skin and movement is seen) to verify the entries on the count/census check sheet. Staff conducting the physical count/census check will have the count/census check sheet with them. As each inmate is physically counted, the staff member conducting the physical count/census check will write in a check mark on the sheet by the inmate's name, verifying he is in the correct location. During the 1800 and 2100 stand-up counts housing unit staff will also verify that each inmate is present and in their assigned cell/room.
7. Housing unit staff will conduct cross counts (see definition) during official counts whenever two staff members are available to count.
8. The housing unit supervisor will sign the count/census check sheet after the count/check has been verified.
9. All counts and census checks must be recorded in the housing unit logbook.
10. Completed official count sheets will immediately be forwarded to the Classification/Placement Office or Main Control. Completed census check sheets will be maintained in the housing unit for 7 days.
11. All bed spaces located outside the secure perimeter will be listed on the Work Dorm

Count/census check sheet.

I. Count Records

1. Classification/Placement unit staff will maintain a master count tracking system in their office that will enable staff to determine the assignment of all MSP inmates at all times, and conduct an emergency count at any time.
2. Classification/Placement unit staff must be provided up-to-the-minute information Regarding all inmate housing moves, work assignment changes, admissions to the infirmary or hospital, commitments, releases, temporary releases, or any changes that affect inmate accountability.
3. Official count records will be sufficiently detailed and maintained so as to enable reconstruction of any count for up to 30-days after it was taken.
4. Classification/Placement unit staff or the Main Control officer will provide the Shift Commander with the official master count sheet (see sample, Attachment C) for each official count, specifying the total number of inmates assigned to each housing unit, all out out-count areas, and the official total facility count.
5. Classification/Placement Unit staff or the Main Control officer will assemble all official count sheets and the official master count sheet and deliver them to the Shift Commander. The Classification/Placement or Main Control officer and Shift Commander will review them for accuracy. Discrepancies must be corrected before the official count is cleared and the documents become part of the permanent record. When there are no discrepancies the Shift Commander will sign the official master count sheet and log the count into the Shift Commander's logbook.
6. In conjunction with the master inmate record system, Classification/Placement unit staff will maintain a master picture card system, which contains information on all inmates in the facility. Records will be maintained that identify bed or cell locations and contain a picture card or sheet on each inmate, so that the occupant of each cell, room or bed space can be positively identified.
7. The count information maintained by the Classification/Placement unit staff include:
 - a. the on-site counts;
 - b. the off-site count (furloughs, hospital admissions, temporary leaves, etc.); and
 - c. transfer counts (i.e., out-of-state transfers, count transfers, supervised release, Warm Springs transfers, etc.).
8. Other Department or contracted facilities (pre-release centers, private and regional prisons, etc.) must call the MSP Classification/Placement office every day and give them their official offender counts.

J. Transportation Counts

1. All staff transporting inmates during official count times must call their official count into the Shift Commander.
2. When large numbers of inmates are being transported, counts will be conducted to ensure

the proper number of inmates are in custody. Before groups of inmates are confined to seats in a vehicle, they must be placed in a line, and, as their names are called, pass by the Transportation officer stating their name and DOC ID number. The officer must identify them using a picture ID. Another count must be taken after all inmates are seated in the vehicle. Numerical counts will be repeated whenever the vehicle stops and again when the trip resumes.

K. System Check

1. On a random basis the Shift Commander or higher authority may initiate a system check on the count procedures in order to determine whether or not there are errors in the system.
2. These checks will consist of the following procedure:
 - a. prior to a count or census check, the Shift Commander will assign security officers to randomly take an inmate from an area and hold the inmate while the count or census check is being conducted; and
 - b. if the count or census check procedure is being conducted correctly the Shift Commander should get a call to report the missing inmate prior to completion of the count or census check.
 - 1) if the Shift Commander receives a call, the Shift Commander will inform the caller that the inmate is accounted for; and
 - 2) if the Shift Commander doesn't receive a call, the Shift Commander will instruct the security officers to escort the inmate to the area from which the inmate was taken pick up the completed count or census check sheet. The security officers will write an incident report based on the incident and information on the completed count or census check sheet, to the Shift Commander, Associate Warden of Security, Associate Warden of Housing, and Warden, who will initiate necessary corrective action.

L. Accommodations for Inmates with Disabilities

1. If an inmate is unable to participate in count as the result of a disability, a reasonable accommodation will be provided. Staff will not subject an inmate to discipline if the inmate participates in count in accordance with an approved accommodation. Examples of accommodations include, but shall not be limited to:
 - a. a chair for inmates who are unable to stand during count; and
 - b. any other reasonable accommodation.
2. All accommodations provided will be documented in OMIS.

IV. CLOSING

Questions concerning this procedure should be directed to the Shift Commander

V. ATTACHMENTS

MSP Count/Census Check Sheet for Inmates on Out-Count
MSP Unit Count/Census Check Sheet
MSP Official Master Count Sheet

Attachment A
Attachment B
Attachment C

Procedure No.: 3.1.21	Chapter 3: Facility/Program Operations	Page 9 of 9
Subject: INMATE COUNT & SUPERVISION		

Electronic MSP Unit Count/Census Sheet
MSP Housing Unit ID Card Tracking System Chart

Attachment D
Attachment E



SAMPLE – MSP COUNT/CENSUS CHECK SHEET FOR INMATES ON OUT-COUNT

Area of Count/Census Check: _____

	Inmate name (Last, First)	Inmate DOC ID Number	Housing Unit	Present (ç)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
			Total Inmates	

Date Count/Census Check taken:_____ Time Count/Census Check taken:_____

Count/Census Check performed by:_____



SAMPLE - MSP UNIT COUNT/CENSUS CHECK SHEET

UNIT: _____

DATE: _____

TIME: _____

TOTAL IN: _____

C.O.: _____

TOTAL OUT: _____

UNIT TOTAL: _____

SGT.: _____

LEVEL 1: _____

LEVEL 2: _____

LEVEL 3: _____

110
1U
1L
2U
2L
3U
3L
4U
4L
5U
5L
6
7
8
9
TOTAL IN :

120
1U
1L
2U
2L
3U
3L
4U
4L
5U
5L
6
7
8
9
TOTAL IN :

130
1U
1L
2U
2L
3U
3L
4U
4L
5U
5L
6
7
8
9
TOTAL IN :

140
1U
1L
2U
2L
3U
3L
4U
4L
5U
5L
6
7
8
9
TOTAL IN :

210
1U
1L
2U
2L
3U
3L
4U
4L
5U
5L
6
7
8
9
TOTAL IN :

220
1U
1L
2U
2L
3U
3L
4U
4L
5U
5L
6
7
8
9
TOTAL IN :

230
1U
1L
2U
2L
3U
3L
4U
4L
5U
5L
6
7
8
9
TOTAL IN :

240
1U
1L
2U
2L
3U
3L
4U
4L
5U
5L
6
7
8
9
TOTAL IN :

310
1U
1L
2U
2L
3U
3L
4U
4L
5U
5L
6
7
8
9
TOTAL IN :

320
1U
1L
2U
2L
3U
3L
4U
4L
5U
5L
6
7
8
9
TOTAL IN :

330
1U
1L
2U
2L
3U
3L
4U
4L
5U
5L
6
7
8
9
TOTAL IN :

340
1U
1L
2U
2L
3U
3L
4U
4L
5U
5L
6
7
8
9
TOTAL IN :



SAMPLE - MSP OFFICIAL MASTER COUNT SHEET

Date: ____ / ____ / ____ Time: _____

	RHU	SAU	HSU1	HSU2	INF	UA	UB	UC	UD	UF	MDI U	WRC	TOTAL
UNIT													
BOP													
CANNERY													
CANTEEN													
COOK CHILL													
DAIRY													
FENCE													
FURNITURE													
HI GYM													
HI KIT													
HI SUPPORT													
HI VISITING													
IND CLK													
INFIRMARY													
LAUNDRY													
LIBRARY													
LOW GYM													
LOW KIT													
LOW VISIT.													
MAINT													
MVM													
PRINT SHOP													
RAC													
RANCH													
SIGN SHOP													
TAG PLANT													
TELMKT													
UPHOLST													
WAREHSE													
TOTALS													



SAMPLE - ELECTRONIC MSP UNIT COUNT/CENSUS SHEET

UNIT B COUNT SHEET

Total In: 159

Smithy Date: 2-31-09

Total Out: 3

C/O Time: 1800 hrs.

Unit Total: 162

W.M. MOORE

Level 1: 54 Level 2: 52 Level 3: 53 C/S

110		
1U	HARRIS	✓
1L	ANDERSON	✓
2U	DAVIS	✓
2L	MARRERO	✓
3U	GIRGICH	✓
3L	BRISTER	✓
4U	MOORE	✓
4L	BENJAMIN	✓
5U	JOHNSON	✓
5L	SAGER	✓
6	SERFOSS	✓
7	GOSTNELL	✓
8	BULLCHILD	✓
9	HANTELMAN	✓
TOTAL IN :		14

120		
1U	ACHTER	✓
1L	JEAKINS	✓
2U	ALEXANDER	✓
2L	RUFF	✓
3U	CHRISTIANSON	✓
3L	BROWN	✓
4U	COWAN - FS	
4L	LAKEY	✓
5U	NOEL	✓
5L	BURCH	✓
6	MENSING	✓
7	HOWELL	✓
8	BROWN	✓
9	THODY	✓
TOTAL IN :		13

130		
1U	SHAY	✓
1L	WAGNER	✓
2U	BRAWT	✓
2L	ROBERTS	✓
3U	SHEA	✓
3L	HELTON	✓
4U	ROACH	✓
4L	BROWN	✓
5U	PHILLIPS	✓
5L	SAHINEN	✓
6	ROBINSON	✓
7	CASTRO	✓
8	THOMPSON	✓
9	RUNNING CRANE	✓
TOTAL IN :		14

140		
1U	BAKER	✓
1L	STOKES	✓
2U	JONES	✓
2L	WILLIAMS	✓
3U	ROBINSON	✓
3L	MOORE	✓
4U	WRIGHT	✓
4L	MALLOY	✓
5U	BARTLETT	✓
5L	WOOFER	✓
6	HENDERSON	✓
7	TAUSAN - INF	
8	WOODS	✓
9	JEWELL	✓
TOTAL IN :		13

210		
1U	ANDERSON	✓
1L	SCHADLER	✓
2U	CANFIELD	✓
2L	TAYLOR	✓
3U	HOULE	✓
3L	BAKER	✓
4U	BLAKE	✓
4L	DETONANCOUR	✓
5U	REDMOND	✓
5L	CASE	✓
6	THOMASON	✓
7	GUTIERREZ	✓
8	HANNI	✓
9	MERRILL	✓
TOTAL IN :		14

220		
1U	HEDAHL	✓
1L	LEAFTY	✓
2U	SHEPARD	✓
2L	LEOHNER	✓
3U	DRAKE	✓
3L	YATES	✓
4U	SPENCE	✓
4L	BRANDENBURG	✓
5U	EPLEY - DET	
5L	CARRETTE	✓
6	JONES	✓
7	HENDRICKSON	✓
8	BOSTON - INF	
9	LATRAY	✓
TOTAL IN :		12

230		
1U	MADDUX	✓
1L	ANKNEY	✓
2U	MARTIN	✓
2L	MCNEFF	✓
3U	HENDRICKSON	✓
3L	CONLEY	✓
4U	GODAT - FS	
4L	HANSEN	✓
5U	LUCERO	✓
5L	WILDISH	✓
6	MCDONALD	✓
7	SAMDERS	✓
8	PRICE	✓
9	ROMERO	✓
TOTAL IN :		13

240		
1U	HEARELL	✓
1L	BEEBER	✓
2U	KLING	✓
2L	SULLIVAN - PHC	
3U	MARQUEZ	✓
3L	HADTISON	✓
4U	LAPAGLIA	✓
4L	LEWIS	✓
5U	DRUGAN	✓
5L	HOSTETTER	✓
6	OSTER	✓
7	MECKLER	✓
8	SMITH	✓
9	RECTENWALD	✓
TOTAL IN :		13

310		
1U	MELLO	✓
1L	COURVILLE	✓
2U	HEMBD	✓
2L	METHVIN	✓
3U	HANSON	✓
3L	WILSON	✓
4U	ZINK	✓
4L	HUDSON	✓
5U	NELSON	✓
5L	ERB	✓
6	LOWRY	✓
7	HOFFMAN	✓
8	GRAVES	✓
9	BAILEY	✓
TOTAL IN :		14

320		
1U	TOME	✓
1L	PIETROWIAK	✓
2U	MARSHALL	✓
2L	LITTLEWOLF	✓
3U	WILES	✓
3L	NICHOLS	✓
4U	BATEMAN	✓
4L	GIFFORD	✓
5U	ARAGON	✓
5L	WRIGHT	✓
6	NEVINS	✓
7	KELLENBERGER	✓
8	DEMERS	✓
9	TROMP	✓
TOTAL IN :		14

330		
1U	LANGE	✓
1L	-0-	
2U	GUSTAFSON	✓
2L	-0-	
3U	STONE	✓
3L	LYNG	✓
4U	PARKER	✓
4L	SECRIST	✓
5U	DOGTAKINGGUN - FS	
5L	WATSON	✓
6	MORRISON	✓
7	COUNTS	✓
8	MCCLEVE	✓
9	KERN	✓
TOTAL IN :		11

340		
1U	THOMAS	✓
1L	BREIJO	✓
2U	GUNDERSON	✓
2L	MARCHINGTON	✓
3U	LOPEZ	✓
3L	SARSFIELD	✓
4U	TRIMBLE	✓
4L	DOZIER	✓
5U	KING	✓
5L	BABCOCK	✓
6	ROSS	✓
7	CROSS	✓
8	BRIAN	✓
9	BROOKS	✓
TOTAL IN :		14



MSP HOUSING UNIT ID CARD TRACKING SYSTEM CHART

Function	Color
Labor Pool	Green
High Kitchen Worker / Low Kitchen Worker (<i>inside double fence</i>)	White
Unit Worker / Infirmary Aide / Visiting Worker	Yellow
Yard crew / Recreation / Hobby / RAC Workers / Laundry (High Side) / Maintenance (<i>High Side</i>)	Pink
Construction / Maintenance (<i>Low Side</i>) / Canteen / Warehouse / Cannery / Ranch / Laundry (<i>Low Side</i>) / Dairy / Food Factory / Wallace Building Workers / Lumber Processing / Fire Crew / BOP / PCSO or other outside job assignments.	Blue
School / Voc Ed (<i>High Side</i>) / Library / Reading for the Blind / High & Low Support Worker	Orange
Print / Tag / MVM / Furniture / Upholstery / Laundry / Industries Dining / Voc Ed (<i>Low Side</i>)	Light Blue
Off Count: PHC / Detention / Empty Cell / Infirmary / Hospital / etc.	Red

This color (light blue) designates jobs positioned inside the single fenced compound. This color (blue) designates jobs positioned outside the fenced compound.

This color (red) is not used as a background card. It indicates temporary housing assignments (Emergencies) that affects the units count.

Doe	John
Last Name	First Name
DOCID#	37859
Labor Pool	#801
Job Assignment	Assignment #



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.1.30 FUNERAL, SICK BED VISITS, EMERGENCY TEMPORARY LEAVE FOR MSP INMATES	
Effective Date:	February 15, 2001	Page 1 of 4 and 4 Attachments
Revision Date(s):	November 15, 2020, April 30, 2021	
Reference(s):	DOC 3.1.30	
Sig:nature:	/s/ Jim Salmonsens/ Warden	

I. PURPOSE

The Warden may authorize inmates eligible under the guidelines of this procedure to leave Montana State Prison (MSP) to include Montana Correctional Enterprises (MCE) and Riverside Special Needs Unit (RSNU) in the custody of MSP staff, to attend only funeral and graveside services, make bedside visits to hospitalized members of the inmates immediate family, or for other emergencies. These leaves are for in-state visits only. Out-of-state visits are not permitted under any circumstances.

II. DEFINITIONS

Immediate Family Member-An offender's legal spouse, natural or adoptive parents and children, siblings, grandchildren, grandparents, corresponding in-law, person verified as being primarily responsible for raising the offender in the absence of a parent and any other member of the offender's household.

Serious Illness - For the purpose of this procedure, means the patient is not expected to live as verified by a licensed physician.

III. PROCEDURES

A. NOTIFICATION OF DEATH OR SERIOUS ILLNESS

1. When staff receive notification that an immediate family member of an inmate has either died or has a serious illness, a member of the UMT will be informed. The Unit Manager or designee will:
 - a. notify the inmate in person of the emergency situation and advise the inmate to contact the appropriate person, i.e., family member, friend, clergy, etc.
 - b. advise the inmate they may be eligible for a temporary leave to attend a funeral or make a sick bed visit.
 - c. advise the inmate that counseling is available. If the inmate requests counseling, mental health, or pastoral help, the Unit Manager or designee will ensure the proper department is notified of the request.
 - d. the Unit Manager or designee is responsible for notifying the Warden or designee via email once the notification has been made along with any other requests as listed in b or c above.

B. INMATE REQUEST FOR EMERGENCY TEMPORARY LEAVE

1. Inmates must request consideration for funeral leave or a sick bed visit from the UMT by providing the details of the leave (date, time, location hospital, funeral home, cemetery,

family member to contact, phone numbers, attending physician, etc.).

C. PROCESSING REQUEST FOR EMERGENCY TEMPORARY LEAVE

1. The Unit Manager or designee will designate a staff member to manage the case.
2. The staff member assigned the case will:
 - a. determine the custody level of the inmate (close custody, administrative segregation, medium 1, and restricted custody inmates are not eligible)
 - b. advise the inmate requests are subject to a case by case review, and inmates deemed to present too high of a security risk will be denied.
 - c. confirm the death or serious illness along with any tentative funeral arrangements and/or possibility of a sick bed visit with the attending physician. (documentation such as email or letter that is verified by a staff member). If there is no possibility of attendance, the request will be denied.
 - 1) determine if the inmate's family desires the inmate's presence. If the inmate's family does not want the inmate there, the request will be denied.
 - d. fill out the *Request for Emergency Temporary Leave form* (Attachment B) if the inmate is approved at that level.
 - e. contact law enforcement to ensure that advance notice is made of the pending leave and identify security and community concerns. If there are concerns along these lines, the request will be denied.
 - f. contact the Accounting Office to determine the estimated cost of the trip and funds available on the inmate's account.
 - 1) the inmate or family will be responsible for covering all costs of the trip.
 - 2) Inmate Welfare Funds may be used as a secondary funding source with prior approval.
 - 3) when adequate funding is not available, the request shall be denied.
 - g. contact the Shift Commander to determine the availability of escort officers. If officers are not available; the request will be denied.
 - h. obtain the signed approval or denial of the leave from the Unit Manager or designee after they consider the above information.
 - i. forward the partially complete *Request for Emergency Temporary Leave form* to the Warden's Administrative Assistant or review and recommendation if the request has been approved at the unit level.
3. The Warden's Administrative Assistant will:
 - a. contact the prosecuting county attorney to identify victim and prosecutorial concerns. If there are any concerns, the request will be denied.
 - b. determine if prior victim notification has been requested when the inmate leaves MSP. If so, the Warden's Administrative Assistant will notify the victim(s) directly.
 - c. forward the partially complete *Request for Emergency Temporary Leave form* to the Warden or designee if approved at this level.
4. The Warden or designee will approve or deny the request after consulting with the DOC Director or designee if it is deemed the inmate is a high-profile case or poses an unacceptable security risk.

Risk. Determination of ineligibility is based upon the following criteria;

- a. a documented criminal history that includes possession of contraband for escape or materials used to remove restraints;
 - b. unresolved felony warrants or detainers;
 - c. a documented prison history that includes possession of contraband for escape or materials used to remove restraints.
 - d. a documented history of physical assault against Department staff or law enforcement officer;
 - e. the inmate's presence in the community could threaten the safety of the inmate, staff, or general public;
 - f. the offender had a mental status evaluation by Department mental health staff that indicated that the leave would not be in the best interest of the inmate or of the inmate or of the public safety.
 - g. the inmate is close custody, medium I, restrictive custody or administrative segregation inmates in a high-risk category;
 - h. the inmate is currently in detention status, is pending discipline for a serious major rule violation, or has had two or more serious rule violations within the past six months;
 - i. the inmate has failed to demonstrate program compliance; or
 - j. the inmate is currently housed in a contract bed out-of-state, or has been transferred to another state through interstate compact.
5. Careful consideration will be given to all the inherent issues when determining the ramifications of granting emergency temporary leave for such inmates. If approved, the Warden or designee will forward the *Request for Emergency Temporary Leave form* to the Shift Commander.
6. The Shift Commander will:
 - a. comply with the procedures set forth in *Procedures for Protection of Escort Officers and Security of Inmate* (Attachment A)
 - b. list the names of the Escort Officers on the *Request for Emergency Temporary Leave form* and have the Escort Officers sign and date the form.
 - c. complete the *Coordination* and *Special Equipment Taken* sections of the *Request for Temporary Leave form*.
 - d. review, sign and date the *Itinerary* (Attachment C)
 - e. complete the *Temporary Leave Check-List* (Attachment D) while briefing the Escort Officers on all aspects of the trip.
7. The Escorted Officer will:
 - a. sign and date the *Request for Emergency Temporary Leave form*.
 - b. sign and date the *Temporary Leave Check-List*.
 - c. familiarize themselves with MSP 3.1.12 Inmate Escorted and Transported, this procedure and its attachments as well any DOC Policy/MSP Procedure as directed by the Shift Commander

IV. CLOSING

Questions concerning this procedure should be directed to the Warden

V. ATTACHMENTS

Procedures for Protection of Escort Officers and Security of Inmate

Attachment A

Request for emergency Temporary Leave
Itinerary
Temporary Leave Check-List

Attachment B
Attachment C
Attachment D



PROCEDURES FOR PROTECTION OF ESCORT OFFICERS AND SECURITY OF INMATE

fu order to provide for the protection of escorting officers, and the security of inmates while off Montana State Prison property during emergency temporary leave, the following procedures shall be adhered to. It is recommended that local law enforcement agencies providing transportation for inmates comply with the **intent** of this procedure:

1. Two officers shall be assigned to escort the inmate regardless of the inmate's custody level. When escorting more than one inmate, the directives set forth in MSP Procedure 3.1.12 Inmate Escort and Transport shall be followed.
2. The inmate shall be in belly chains at all times.
3. The inmate will be in prison issued attire and will not be allowed to wear civilian clothing.
4. Escort officers shall sign out a radio and/or cell phone. The radio/phone shall be carried by one of the officers **at all times**.
5. The assigned vehicle must be equipped with a high-band radio.
6. Escorting officers must be in full uniform.
7. One escort officer shall be armed with a prison issued firearm.
8. Only **unarmed** officers shall handle the inmate. The armed officer will position himself at proper and safe distance from the inmate at all times.
9. The Shift Commander will communicate with the local law enforcement agency involved. The communication shall inform that agency of the funeral/sick visit details (names, dates, times, places, radio call signs, ETA, etc.) and obtain the name of an officer to contact if needed, phone numbers, etc. This notification shall be documented in writing.
10. If an overnight stay is necessary, the inmate shall be housed in a local jail. The Shift Commander shall confirm these arrangements prior to the trip.

Escorting officers shall contact previously coordinated local law enforcement agencies to notify them that the inmate and escorting officers are in their jurisdiction. If a security problem arises, officers shall use the radio to request assistance from local law enforcement officers.



REQUEST FOR EMERGENCY TEMPORARY LEAVE

Inmate: _____
DOC ID Number: _____ Housing Unit _____
Custody Level: _____

Emergency temporary leave is requested for the following reason:

ESCORTS

SIGNATURE

DATE

_____	_____	_____
_____	_____	_____
_____	_____	_____

UNIT MANAGER

SIGNATURE

DATE

☐ Approved ☐ Denied

Unit Manager/Designee

WARDENS ADMINISTRATIVE ASSISTANT

☐ Approved ☐ Denied

Signature

Date

WARDEN/DESIGNEE

☐ Approved ☐ Denied

Signature

Date

COORDINATION: (Date, Time, Name(s), Agencies of Law Enforcement Informed):

SPECIAL EQUIPMENT TAKEN: _____

COMMENTS: _____

Copies to: Main Control Command Post Unit Control Records



ITINERARY

OFFENDER: _____

DATE: _ _ _ . / _ - - - / _ _

OFFICERS: _____

ACTIVITY	LOCATION	DATE	TIME	TO	PHONE (if available)

SHIFT COMMANDER

I *I*

DATE

Copies to: Main Control

Command Post

Unit Control

Records



TEMPORARY LEAVE CHECK-LIST

The Shift Commander shall ensure the following:

- ☐ 1. Escort Officers are in proper uniform.
- ☐ 2. radio, firearm and ammunition are issued and serviceable.
- ☐ 3. Vehicle is available and standing by.
- ☐ 4. Escort Officers have State credit card(s), cash advances, etc.
- ☐ 5. Appropriate restraints are issued.
- ☐ 6. Copy of itinerary is attached to Temporary Leave Request.
- ☐ 7. Escort Officers are familiar with MSP Procedure 3.1.30 - Funeral, Sick Bed Visits, Emergency Temporary Leave for MSP Inmates; and MSP Procedure 3.1.12- Inmate Escort and Transport.
- ☐ 8. Officers are aware of any special instructions.
- ☐ 9. Contact has been made with the local law enforcement agency involved, informing them of the funeral detail, names, dates, times, radio call signs, etc., and a reply was received from that law enforcement agency giving their call signs, name of officer contacted, phone numbers, etc.

DATE/TIME

ESCORTING OFFICER'S SIGNATURE

DATE/TIME

ESCORTING OFFICER'S SIGNATURE

DATE/TIME

SHIFT COMMANDER'S SIGNATURE



DEPARTMENT OF CORRECTIONS MONTANA STATE PRISON OPERATIONAL PROCEDURE

Procedure:	MSP 3.1.33 RADIO COMMUNICATIONS	
Effective Date:	November 20, 2001	Page 1 of 4 and 1 Attachment
Revision Date(s):	April 26, 2010, February 28, 2021	
Reference(s):	DOC Policy 3.1.33	
Signature:	/s/ Jim Salmonsens / Warden	
Signature:	/s/ Gayle Butler / MCE Administrator	

I. PURPOSE

To facilitate, control, and enhance effective internal and external communications throughout Montana State Prison (MSP), Montana Correctional Enterprises (MCE), and Riverside Special Needs Unit (RSNU) in accordance with the Federal Communications Commission, applicable State of Montana statutes, State of Montana Public Safety Communications Bureau and Department of Corrections Policy (DOC).

II. DEFINITIONS

Administrator – The official, regardless of local title (division or facility administrator, bureau chief, warden, superintendent), ultimately responsible for the division, facility or program operation and management.

Department Radio system Manager (DM) – The Department IT Communications Manager is responsible for oversight of the Department-wide radio communication system.

Emergency Preparedness Manager (EPM) – The contact responsible for oversight and coordination of all safety and emergency management phases throughout the Department.

Fleet Mapping Document – Documentation of which law enforcement agencies, mutual aid channels, and department trunked, and non-trunked channels and frequencies are programmed onto radios in each specific area of operation.

Radio System – A two-way communication radio system, which may include base, mobile and portable equipment capable of transmitting and receiving.

III. PROCEDURES

A. General Requirements

1. The personal safety and security of staff, inmates, and communities are dependent on MSP, MCE, and RSNU staff properly using established radio communication systems.
2. All staff will be appropriately trained and understand communication procedure, protocols and maintain serviceability and accountability of assigned communication systems.

3. Only staff who have been trained and certified by the Department-approved radio vendor or who received specialized training will provide maintenance or programming of radios. Approved vendors will provide maintenance and programming at the discretion of the DM.

B. Responsibilities

1. The Warden or designee is responsible for developing an internal standard operating procedure and a training sustainment plan for communication systems and will ensure these documents adhere to the minimum requirements set forth in DOC Policy. A copy of these documents will be provided to the Emergency Preparedness Manager (EPM).
2. The AW of Operations is responsible for the maintenance and inventory of the communication system and equipment.
3. Administrators will inventory radio equipment issued and maintained by their department.
4. MCE staff will use the Ranch Office as the primary location for communication and the Work and Re-entry Center as a secondary location.
5. The fleet mapping Document (attachment A) has been developed and will be utilized. The DM will be provided a copy of this document and any changes will be reported to the EPM.
6. MSP will use the Department of Corrections Logistical Support Plan (LSP) as a reference plan for maintaining radio system components.

C. Communications System Operations

1. Primary dispatch capabilities are located at the MSP Command Post.
2. During emergencies, a secondary command operation radio site shall be authorized by the warden or designee. This secondary site will be responsible for incident command only. Primary facility operations shall remain the responsibility of MSP Command Post.
3. Radio batteries will be maintained in a charged state and rotated as necessary.
4. All communication equipment will be tested prior to the beginning of each shift. Staff will immediately notify their supervisor and prepare and submit a communications equipment work order to the Lock Shop upon discovery of any defective or otherwise malfunctioning equipment.
5. Command Post will be notified of all facility emergencies.
6. The dispatch of all emergency response personnel, i.e., first responding security staff, CSRT, fire brigade, medical staff, will be coordinated by Command Post.
7. Staff will only use the radio for communications directly relating to facility operations.

Subject: RADIO COMMUNICATIONS

8. Staff will communicate over the radio using plain English only.
9. Staff will use military time for all radio communications.
10. Never transmit sensitive, or confidential information over the radio.
11. The use of profane or indecent language over the radio is prohibited.
12. Any transmission other than voice over the air is prohibited, this includes clicking the microphone.
13. Individual radio operators will use the individuals post or work location when transmitting;
 - a. call signs for security posts and support locations will be the name of the post or location (i.e., Tower 1, Alpha Unit, High Yard, Change House, Warehouse, etc.).
 - b. when initiating a radio transmission, the staff member must first identify the call sign of the post or location they are calling, and then identify their call sign.
Example: "Alpha Unit, Change House" means Change House is calling Alpha Unit.
 - c. once the transmission is initiated, the caller will wait for further acknowledgment prior to proceeding with information. The caller may repeat the radio transmission if the location fails to respond. If the call is unable to establish communication with the location, the caller will contact Command Post and advise the post/location is not responding.

D. Equipment

1. An adequate number of portable radios and recharging systems will be available.
2. Prior to entering the fenced perimeter, staff will obtain a radio from Main Control.
3. Personal two-way radios are strictly prohibited.
4. Trunked radio equipment is strictly prohibited within the secure areas of the facility for day to day operations with the exception of emergency response team operations, or unless authorized by the Warden or designee.
5. Command Post must have multiple channel capability to communicate with local external agencies.
6. The AW of Operations or designee will determine the protocols for the storage, programming, selection, and use of all radios and radio channels. The MCE Administrator will coordinate MCE radio activities with the AW of Operations.
7. Inmates are strictly prohibited from holding, operating, or installing any radio equipment.
8. Unaccounted for radios will be reported to Command Post immediately and an incident report will be completed. If the equipment is not accounted for within fifteen minutes of the initial report, the radio will be disabled.

Procedure No.: 3.1.33	Chapter 3: Facility/Program Operations	Page 4 of 4
Subject: RADIO COMMUNICATIONS		

IV. CLOSING

Questions concerning this procedure should be directed to the AW of Operations or the Emergency Preparedness Manager.

V. ATTACHMENTS

MSP Fleet Mapping Plan Outline

Attachment A

RESTRICTED DISTRIBUTION

MSP Fleet Mapping Plan

[illegible]



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.1.100 SUPERVISION OF INMATES	
Effective Date:	July 21, 1997	Page 1 of 5 and No Attachments
Revision Date(s):	August 8, 2003, September 15, 2020, June 10, 2021, August 6, 2021	
Reference(s):	DOC 3.1.21	
Signature:	/s/ Jim Salmonsens /Warden	
Signature:	/s/ Gayle Butler /MCE Administrator	

I. PURPOSE

All inmates at Montana State Prison (MSP) to include Montana Correctional Enterprises (MCE) and Riverside Special Needs Unit (RSNU) will be appropriately supervised by staff. Staff will model responsible behavior and hold inmates accountable for inappropriate behavior.

II. DEFINITIONS

Cross-Gender – Supervision circumstance involving a supervisor (or correctional officer) and an inmate who are not of the same gender.

Direct Supervision – For the purpose of this procedure means that staff must maintain constant visual observations of the activities of an inmate or group of inmates and remain in the immediate area of the activities. Being in a control room or cage does not satisfy the immediate area requirement of this definition.

Exigent Circumstances – Any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order.

General Supervision – For the purpose of this procedure means that staff must continually monitor the activities of an inmate or group of inmates and remain in the general area of the activities.

Logbook – The official record of daily activities in an assigned area.

PREA Cross-Gender Camera Viewing Logbook – The official record used to record cross-gender viewing/monitoring of cameras of safety and observation cells.

III. PROCEDURES

A. General Provisions

1. As the supervision and observation of inmates is critical to facility security, all staff must be alert to unusual incidents, changes in types of inmate interaction, and other signs of unusual activity in the facility. Staff must immediately report anything that would indicate the possibility that one of the following events has occurred or may occur;
 - a. escape
 - b. injury to a staff member or inmate
 - c. introduction of contraband
 - d. riot
 - e. disturbance

Subject: Supervision of Inmates

2. Staff surveillance of key locations is an important part of security, therefore, staff must be on duty in housing areas and other critical posts 24-hours-a-day to supervise, observe, and interact with inmates. Unit staff will be active in patrolling housing units. Staff will stay out of office areas to the greatest extent their duties allow and maintaining personal contact with inmates in the unit.
3. Staff will ensure inmates are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks.
4. Staff of the opposite gender will announce their presence when entering an inmate housing unit.
5. Inmate supervision and observation is a component of MSP's training program. All civilians (sponsors, volunteers, etc.) who are responsible for supervising or observing inmates in any capacity are required to attend the MSP orientation/training program prior to assuming those responsibilities. They will report any unusual incidents, suspicious and/or inappropriate activities or rule violations to the nearest staff member.
6. Inmates are expected to cooperate and comply with direction from all staff and designated civilian sponsors, volunteers, and supervisors.
7. All staff will report in writing (incident report) any unusual incidents, suspicious and/or inappropriate activities. Rule violations will be handled in accordance with *MSP 3.4.1 Institutional Discipline*.

B. Supervision and Observation Levels

1. Supervision of inmate(s) at work assignments;
 - a. work crew supervisors will supervise inmate workers on MSP/MCE property in accordance with the supervision requirements outlined in *MSP 3.1.14 Tool Control*.
 - b. when inmates are working off MSP/MCE property supervisors will supervise an inmate or a group of inmates by remaining in the immediate area and observing inmate movement unless a case-by-case exception has been approved by the Administrative Review Committee.
 - c. procedures for sending inmates to call outs are outlined in *MSP 3.1.11 Inmate Movement Control*.
 - d. check-out and check-in procedures for inmate work crews is outlined in *MSP 3.1.11 Inmate Movement Control*.
 - e. all staff present at the change house and rear-guard station are responsible for shakedowns and monitoring work crews being processed through those posts.
 - f. supervisors will not leave inmates unsupervised at the end of their shift. If overlapping supervision is not available, the supervisor responsible for checking inmates out will check the inmates in before leaving shift. An exception will be allowed for inmate dairy workers milking between 1700 hrs. and 2400 hrs. The following procedures will apply;
 - 1) a ranch/dairy supervisor will sign out the inmates working on this shift (which is usually limited to three inmate milkers and one feeder) following The normal checkout procedures.
 - 2) Work Dorm staff will perform random check(s) of the dairy work area and Account for the inmate workers during this period.

Subject: Supervision of Inmates

- 3) during this period, the staff conducting the count of inmates living at the dairy will count the inmates checked out to do the evening milking/feeding.
 - 4) when the night shift dairy supervisor comes on shift, a verification of the location of the inmates previously signed out for the evening dairy milking/feeding with Work Dorm officers.
 - 5) inmates checked out to do the evening milking/feeding will be in the appropriate locations or be subject to disciplinary action.
 - g. once inmates are signed out by their respective work supervisor, the supervisor is responsible for conducting inmate counts and census checks in accordance with the procedures outlined in *MSP 3.1.21 Inmate Counts*.
 - h. inmates will not be allowed to drive vehicles into the main prison compound. Supervisors will keep vehicle traffic through the Guard Station to a minimum during mass inmate movement.
 - i. workplace shakedowns will be conducted in accordance with *MSP 3.1.17a Searches*. Supervisors will also conduct random shakedowns of their workers and workplace.
 - j. the procedures outlined in *DOC Policy 5.1.3 Adult Offender in Work Programs/Projects* will be followed when an inmate is assigned to a job assignment off prison property.
 - k. the procedures outlined in *DOC Policy 5.1.6 Wildland Fire Suppression Crews* will be followed when an inmate is assigned to an MSP fire crew.
 - l. general rules for inmate workers who use state vehicles;
 - 1) inmate vehicle traffic will be regulated and monitored by work supervisors and custody staff.
 - 2) inmates are only allowed in state vehicles with two-way radios when accompanied by a staff supervisor.
 - 3) inmates driving/operating state vehicles or equipment must carry on their person a valid institutional driving permit. Supervisors may not authorize inmates to drive/operate state vehicles or equipment without this permit.
 - 4) if an inmate who is driving/operating state vehicles or equipment is stopped by staff the inmate must provide the permit, the name of his job supervisor, and nature of his business. The staff person will check with the Shift Commander, Work Crew Supervisor, or Unit Manager to verify what the inmate reported.
 - 5) no more than three inmates may ride together in a state vehicle without a staff Escort.
 - 6) inmates driving off prison property who drive on public highways and roads are required to have a current Montana driver's license in addition to an institutional driving permit.
 - a) staff will escort and maintain visual contact with the inmate operated vehicle at all times, except for vehicles driven by MCE inmate workers on the following roads:
 - county road bordering MSP/MCE property in Rach 2 area
 - county road on the Rock Creek/Elk Ridge road (access to prison property)
 - Railroad siding in Deer Lodge to prison property (the supervisor must notify Check Point when the MCE inmate workers are hauling grain from town)
 - b) the supervisor will notify Check Point by radio of their departure and destination and radio confirmation of their return.
2. When inmates from multiple custody levels are being supervised in the same location/area

Subject: Supervision of Inmates

(housing unit, yard, gym, library, school, visiting, etc.) they must be supervised at the level of the inmate with the highest custody level.

a. supervision of inmates who are not at their work assignments or confined to their cell or dayroom;

- 1) Restrictive Housing inmates
 - a) maximum – direct
 - b) administrative segregation – direct
 - c) temporary lockup or detention – direct
- 2) High Side inmates – general
- 3) Reception inmates – general
- 4) Low Side inmates – general
- 5) Work Dorm inmates – general
- 6) RSNU inmates – general

C. Cross-Gender Camera Monitoring/Viewing

1. Cross -gender staff monitoring of cameras focused on common areas that include inmate cells, is permissible, provided inmates are given the opportunity or instructed to change clothing or disrobe in designated areas not directly monitored by security cameras.
2. Cross-gender staff camera monitoring of an inmate in safety/observation cells where a safety concern exists, and the inmate may be viewed in a state of undress where viewing of breasts, buttocks, or genitalia is permissible in exigent circumstances, for example:
 - a. a staff member of the same sex is not available for that specific post (control cage, command post, infirmary).
3. Command Post will attempt to re-assign same gender officer to the control cages in RHU, SAU, and Infirmary when an inmate is moved to a safety/observation cell and a cross-gender officer is currently assigned to work the cage monitoring the cell. Command Post will attempt to assign same gender officers to the affected control cage while the cell is occupied by an inmate.
 - a. Command Post staff will document on the daily report actions taken to re-assign the same gender officer to the post.
4. Cross-gender viewing/monitoring of any camera will be notated in the PREA cross-gender viewing logbook.
 - a. notations will include name of staff member, inmate name, DOC #, reason for cross-gender viewing and start and end time of viewing/monitoring.
5. Command Post staff on duty viewing/monitoring inmates in safety/observation cells will:
 - a. document in the PREA cross-gender camera viewing logbook a cross-gender supervisory staff member is currently on duty and must monitor RHU and SAU safety/observation cells. Documentation will include name of staff member, inmates name, DOC #, reason reason for cross-gender viewing and start and end time of viewing/monitoring.
6. Cross-gender staff may not view video or recorded images of an inmate who is in a state of undress where viewing of breasts, buttocks, or genitalia is visible except in exigent circumstances for investigative purposes.
 - a. staff will ensure documentation of any exigent circumstances by making a notation in the PREA cross-gender viewing logbook.

D. Emergency Procedures

1. When the institutional emergency siren is sounded, no movement will be allowed unless authorized by Command Post.
2. Work crew supervisors will assist in any shakedowns of inmates returning to the secure compound in emergency situations. During these shakedowns the security officer is in charge.
3. Work crew supervisors will return to their work area after returning work crews to the secure compound. Work crew supervisors will secure all tools, equipment, and raw materials, and await further instructions.

IV. CLOSING

Questions concerning this procedure should be directed to the Warden.

V. ATTACHMENTS

None



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.1.101 INMATE DRIVING PERMITS, DRIVER'S LICENSES & STATE I.D.	
Effective Date:	October 5, 1998	Page 1 of 7 and 3 Attachments
Revision Date(s):	November 18, 2008, June 15, 2021	
Reference(s):	DOC Policy 5.2.1	
Signature:	/s/ Jim Salmonsens/ Warden	
Signature:	/s/ Gayle Butler/ MCE Administrator	

I. PURPOSE

To allow inmates with authorized facility driving permits to operate state vehicles and/or equipment and provide a mechanism for inmates to receive their State of Montana driver's license or a State of Montana identification card prior to their parole or discharge date.

II. DEFINITIONS

Department of Corrections identification card - a picture identification card, given to inmates upon their release or discharge from MSP that they can utilize to obtain a Montana State Identification Card and birth certificate.

State of Montana identification card - a picture identification card, issued to inmates in conjunction with the Motor Vehicle Division.

Unrestricted driving permit - a green colored driving permit issued to an inmate who has a valid Montana driver's license that authorizes him to drive motorized vehicles and self-propelled equipment.

Restricted driving permit – motorized vehicles and self-propelled equipment is a pink colored driving permit issued to an inmate that does not have a valid Montana driver's license, which authorizes him/her to drive motorized vehicles and self-propelled equipment for a designated period of time.

Restricted driving permit - self-propelled equipment only - a orange colored driving permit issued to an inmate who does not have valid Montana driver's license, authorizing him to operate only self-propelled equipment for a designated period of time.

Motorized vehicle - a passenger vehicle, medium or large truck.

Driver's License Coordinator (DLC) - the MCE staff member who oversees the MCE Driver Licensing and Permit Program and meets the DMV requirements to administer the Class D license written and drive skills tests.

Class D driver's license - a Montana or out-of-state driver's license that permits the license holder to legally drive any noncommercial vehicle under 26,000 pounds gross vehicle weight.

Commercial Driver's License (CDL) - an intrastate or interstate commercial driver's license that permits the license holder to legally operate a commercial vehicle in excess of 26,000 pounds gross vehicle weight. Specific CDL endorsements are required for certain types of commercial vehicles.

IV. PROCEDURES:

A. General Requirements:

1. Inmates are required to have a driving permit to operate motorized vehicles and self-propelled equipment, prior to operation.
2. Driving permits will only be issued to inmates who need driving privileges to perform their work assignment duties, as determined by their supervisor.
3. Inmates will drive defensively, be courteous, and obey all traffic laws and regulations.
4. Driving permits must be carried by the inmate at all times while operating motorized vehicles and self-propelled equipment.
5. Inmates who are approved for a restricted driving permit must agree, in writing, to begin the Montana Class D driver's license process.
6. Inmates who are obtaining a Montana driver's license, and are under the direct supervision of the DLC, are not required to have an Inmate Driving Permit.

B. MSP/MCE Inmate Driver Permit Information and Authorization Process:

1. When a work crew supervisor wants an inmate on their work crew to be issued an Inmate Driving Permit, they must complete *Section A* of an *MSP/MCE Inmate Driving Permit / License Request* form (*Attachment A*). The supervisor must document the justification for the permit request and both the inmate and supervisor must sign the form. The supervisor will then forward the form to the DLC.
2. The DLC will perform a National Driver Register (NDR) check and complete *Section B* of the *MSP/MCE Inmate Driving Permit / License Request* form (*Attachment A*) and will then forward the form to the Unit Management Team (UMT). The information entered in *Section B* will be used to determine the type of driving permit that may be issued, and any driving restrictions the inmate has. In addition, the DLC will provide:
 - a. results from the NDR check.
 - b. status of Montana driver's license, if applicable.
 - c. driver's license information, such as number, type of license, endorsements, and expiration date.
 - d. court order from sentencing judge, if applicable, restricting possession of a driver's license.
 - e. the DLC will assist inmates in developing an action plan to schedule payment of fines and fees and work on removing revocations so they can eventually obtain a valid Montana driver's license.
3. The Unit Management Team (UMT) will complete *Section C* of the *MSP/MCE Inmate Driving Permit / License Request* form (*Attachment A*) and forward it to the DLC within five working days of receipt. The UMT must document the following:
 - a. the inmate's custody level and all fence restrictions.
 - b. the inmate's escape history.
 - c. special circumstances or other applicable concerns.

4. The DLC will review the information provided by the UMT. If the permit is approved, the DLC will complete *Section E* of the *MSP/MCE Inmate Driving Permit / License Request form (Attachment A)* and finalize the process by entering the permit information into a database and making the appropriate permit.
5. The following lists examples of when driving permits may be issued:
 - a. if it is determined that an inmate has never driven or has not driven a vehicle for an excessive amount of years, the DLC will require an evaluation of the inmate's driving ability be conducted before a permit will be issued. The DLC will document the driving evaluation, and recommendations will be based on the evaluation.
 - b. an inmate with a valid Montana driver's license may be issued an *unrestricted driving permit*.
 - c. *restricted driving permits* may be issued when an inmate has:
 - a valid out-of-state driver's license.
 - an expired driver's license from any state.
 - a suspended or revoked driver's license with fines or fees due.
 - other driver record problems.
 - d. these out-of-state license(s) must be on file in the inmate's main records file and the inmate must inform the DLC of the particular circumstance.
6. Driving permits will not be issued to inmates who have a court order to not operate a motor vehicle while incarcerated.'
7. Inmates must have the forklift safety training endorsement box checked on their driving permit prior to being authorized to operate a forklift, regardless of the permit's color.
8. An inmate approved for a restricted permit, by signing the permit/license form, is agreeing to begin working on his driver record problems and work toward obtaining a Montana state driver's license as soon as possible. All inmates must meet this requirement to be issued a restricted permit.
9. The MCE Administrator or MSP Warden have the final approval/disapproval for an inmate driving permit request.

C. Inmate Driving Permit Maintenance and Renewals:

1. Maintenance
 - a. the DLC will maintain a database listing all inmate driving permits.
 - b. the DLC will send updated versions of the master listing to each living unit and work supervisor at the end of each month.
 - c. the DLC will maintain a record of each inmate driver request form and related information regarding payment of fees and fines, action taken on resolving driving issues, and any other applicable information.
 - d. the DLC will deduct fees and fines from inmate wages, when approved.

2. Driving Permit Renewals
 - a. renewals of inmate driving permits are not automatic. It is the responsibility of the work crew supervisor to submit a request for renewal to the DLC at least two weeks prior of the expiration date.
 - b. the DLC will use *Section E* of the *MSP/MCE Inmate Driving Permit / License Request form (Attachment A)* to document renewal information and then update the database.
 - c. the review of inmate driving permits must include checking the inmate's progress on their action plan which includes:
 1. paying his fines.
 2. clearing his driver record problems.
 - d. when an inmate is removed from his job assignment or is leaving the facility he must surrender his driving permit to work supervisor or housing unit staff. Work supervisor or housing unit staff will return the permit to the DLC who will update the records and destroy the permit.
 - e. inmates who have had their job assignments changed, and stay within the same fence restriction r, will not be required to forfeit their permit, but the new supervisor will contact the DLC who will update the database.

D. Inmate Driving Permit Seizure and Revocation:

1. If an inmate is involved in an accident, commits an unsafe/careless driving act, or is involved in an unauthorized driving activity, staff will seize his driving permit pending the outcome of an investigation and/or a disciplinary hearing.
2. If the seized permit is revoked unit staff will forward it to the DLC who will update the database.

E. Montana Driver's License Process (Class D license):

1. Before an inmate is assigned to a job that requires him to drive on public roads, UMT staff must contact the DLC who will perform a current NDR check and ensure a valid Montana driver's license is in the inmate's main Records file.
2. Inmates are encouraged to obtain a Montana Class D driver's license prior to parole or discharge. The inmate can initiate this process by following these procedures:
 - a. the requesting inmate must send an OSR to the DLC.)
 - b. the DLC will send the inmate the appropriate application;
 - c. the inmate will fill out the form and forward it to the DLC.
3. If a current NDR check is not on file the DLC will perform an NDR check.
4. The DLC will review and transfer the information from the application to an *MCE Inmate Driving Permit / License Request form (Attachment A)* and send the form to the UMT.
5. UMT staff will review the inmate's files and complete *Section C* of the *MSP/MCE Inmate Driving Permit / License Request form (Attachment A)*. In reviewing the inmate's file UMT staff will look for the following:
 - a. a double-fence restriction that restricts the inmate from going outside the double fence (the written and drive test are conducted outside the double fence).

- b. Other information they believe is pertinent to denying the request for the inmate to obtain his driver's license.
6. The DLC will check on the inmate's eligibility and costs involved in getting his license. If the inmate meets the eligibility requirements the DLC will provide the inmate with information on what he needs to do to obtain or reinstate their license and how much it will cost. All costs of license, renewals, fines, restitutions, judgments, etc., are the responsibility of the inmate.
7. MDIU and high-security inmates are excluded from obtaining a class D original license. Inmates at these locations can get a valid Montana state driver license renewed or replaced, or get a valid out-of-state license transferred, by sending an *OSR to the DLC*.
8. The DLC will assist approved inmates with information as needed.
 - a. the inmate will work with the DLC to obtain the necessary self-study materials and practice tests for the Class D license written and drive skills test.
 - b. the inmate must notify the DLC when he is ready to take the driver's examination and send an inmate money transfer made out to Montana Driver Services to pay the fees.
 - c. the DLC will administer the Montana driver's license exam and drive test on site for regular Class D Montana driver's license requests. The DLC will make arrangements for the Department of Justice Motor Vehicle Division (MVD) Driver's Examiner to come to the facility and take the necessary photographs and finish the paperwork to complete the process.
 - d. the DLC will process all driver's license requests in coordination with the MVD.
 - e. if the DLC receives the inmate's Montana driver's license from the MVD he/she must deliver it to the Records Department where it will be placed and kept in the Records file on the inmate. Inmates are not allowed to have a driver's license in their possession. The DLC will notify the inmate that their driver's license is in their Records file.
 - f. the DLC will deliver all driver's license documentation he/she receives (including proof of identity, Social Security card, and original receipts) to the Records Department where it will be placed and kept in the Records file on the inmate. No original documentation will be given to the inmate.
 - g. generally, the cost of the licensing process, including the lifting of a suspension, revocation fees, and any costs associated with the type of license being obtained are the responsibility of the inmate.

F. Commercial Truck Driver Training to obtain Commercial Driver's License (CDL) program requirements:

1. A minimum custody inmate residing at the WRC, and who also has a valid Montana state class D driver's license on file in the Records Department may be allowed to get it upgraded to a CDL.
2. Training, practice and testing must be directly supervised by an MCE staff instructor with a valid CDL.

3. Training, practice and testing for a CDL is done off site; therefore prior to escorting any inmate off prison property, the supervising MCE staff instructor must complete a *Temporary Leave Request for an Inmate to Train and Test for a CDL form (see Attachment B)*, containing the details on the upcoming training, practice and testing.

G. MSP/MCE Supervisor Responsibilities:

1. It is the responsibility of work crew supervisors to ensure that all inmates on their work crew who are allowed to operate motorized vehicles and self-propelled equipment have the proper driving permit.
2. Supervisors must continually monitor the operating condition and use of vehicles and/or equipment they assign to an inmate to complete his/her duties.
3. Supervisors must ensure that each inmate on their work crew who is allowed to operate equipment is properly trained on the use of the equipment before he/she is allowed to operate it. Supervisors must also have each inmate sign a copy of the MSP/MCE safety rules. A copy of the signed driving permit rules will be given to the inmate and another copy must be retained in the MCE inmate's master file.

H. Inmate Responsibilities:

1. Inmates assigned to operate a motorized vehicle or self-propelled equipment will ensure they are familiar with the proper operation of the vehicle and/or equipment.
2. If an inmate loses or misplaces his driving permit he must immediately report the loss to his supervisor. The fee for replacement of a lost driving permit is \$2.00.
3. Inmates must ensure they have a current issued driving permit in their possession at all times while operating a motorized vehicle or self-propelled equipment.

I. Identification Card Procedures:

1. Admissions staff make a facility inmate ID card for each inmate with the word **INMATE** printed on its face that facility staff utilize for inmate counts, movement procedures, and identifying the inmate throughout their stay at the facility (*see MSP 3.1.107, Inmate ID Cards*).
2. Admissions staff will also make a photo identification card for each inmate that does not have the word **INMATE** printed on it. This ID card will be kept in the Records file on the inmate and will be used as a primary document to obtain a Montana State ID card when the inmate is getting close to release, or if an inmate has to obtain a State ID on his own after he is released.
 - a. inmates will fill out an OSR and send it to the requesting a Montana state identification card.
 - b. the Department of Justice (DOJ) requires one primary form of identification and one secondary form of identification, or two primary forms of identification documents, in order to obtain a Montana state ID card. See *Attachment C* for primary and secondary forms of identification.

Primary forms of identification include:

 - 1) the inmate's Department of Corrections (DOC) identification card.

Procedure No.: 3.1.101	Chapter: 3 Facility/Program Operations	Page 7 of 7
Subject: Inmate Driving Permits, Driver's Licenses & State I.D.		

- 2) the inmate's Social Security card located in the Records file on the inmate. If the Records file doesn't contain the inmate's Social Security card, the DLC or designee will work with the Social Security Administration to apply for a replacement card.
- 3) a certified copy of the inmate's birth certificate.
- c. the DLC will work with inmates who are requesting identification cards to obtain all pertinent documentation.
 - 1) the DLC will review the inmate's Records file for the needed documentation.
 - 2) depending on the documentation found in the Records file, the DLC will assist the inmate in obtaining the needed documentation (Social Security cards and/or birth certificate).
 - 3) the DLC will make the proper arrangements for a Motor Vehicle Division (MVD) Driver Examiner to visit MSP once a month to take necessary photographs and complete the process for Montana state ID cards.
 - 4) every three months DOC Information Technology staff will generate a quarterly list of all inmates who will be parole eligible or have a discharge date within two years. The process will begin on these inmates by reviewing their main file in the Records Department for needed documentation. The process for a valid Montana driver's license or identification card will start with this list.
 - 5) if an inmate is scheduled to leave the facility within six months, the facility Institutional Probation and Parole Officer will determine that an inmate requires immediate attention. The process will begin immediately for these inmates. If an inmate does not obtain all needed documentation prior to release from the facility, a process is set up through the MVD so they can obtain an identification card directly after their release.
 - 6) the Montana state identification card is valid for a period of eight years.
 - 7) the Montana identification card will be placed in the inmate's Records file until release.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Warden or MCE Administrator.

V. ATTACHMENTS

MSP/MCE Driving Permit / License Request form	Attachment A
Temporary Leave Request for an Inmate to Train and Test for a CDL form	Attachment B
Primary and secondary forms of identification list	Attachment C



MSP/MCE Driving Permit / License Request

Section A To Be Completed by MSP/MCE Supervisor and Inmate				PLEASE PRINT		
DOC ID	Inmate's Name (Last, First, Middle)	Inmate's MSP Assignment	Unit	Request Date		
Request Justification						
NOTE: Any inmate issued an MSP/MCE Inmate Driving Permit must have — or be working toward obtaining — a valid state driver's license						
MSP/MCE Supervisor's Signature		Inmate's Signature				
REQUIRED ONLY FOR INMATE DRIVING PERMITS		REQUIRED ONLY FOR INMATE DRIVING PERMITS				
Section B ACIS and NDR Check To Be Completed by MCE Driver's License Coordinator				PLEASE PRINT		
INMATE'S STATUS AND DESCRIPTION	Date of Birth	Place of Birth	Race	Eye Color	Hair Color	Weight
	Height	Build	Parole Eligibility Date	Discharge Date	Unit	Custody
<input type="checkbox"/> No record found MT license number: _____			<input type="checkbox"/> MT license SuspendedLifts ____ / ____ / ____			
<input type="checkbox"/> MT license record only or MT ID card only			<input type="checkbox"/> MT license Revoked (must retest)			
<input type="checkbox"/> MT license Current Class (and Type): _____			<input type="checkbox"/> Reinstatement fee..... \$ _____			
<input type="checkbox"/> MT license Expired (must retest) Expiration Date: ____ / ____ / ____			<input type="checkbox"/> ACT and treatment			
<input type="checkbox"/> Motorcycle endorsement CDL endorsements: _____			<input type="checkbox"/> SR-22Lifts ____ / ____ / ____			
			<input type="checkbox"/> PDPS matches (list states): _____			
<input type="checkbox"/> MSP/MCE Unrestricted Driving Permit (Vehicles and Self-Propelled Equipment).....GREEN.....requires valid state driver's license						
<input type="checkbox"/> MSP/MCE Restricted Driving Permit (Vehicles and Self-Propelled Equipment).....RED.....must be working to obtain Montana driver's license						
<input type="checkbox"/> MSP/MCE Restricted Driving Permit(ONLY Self-Propelled Equipment).....GOLDENRODmust be working to obtain Montana driver's license						
MCE Driver License Coordinator's Signature		Date	Other			
			<input type="checkbox"/> Completed MCE Forklift Safety Training			
Section C To Be Completed by Inmate's Unit Management Team (UMT)				PLEASE PRINT		
<input type="checkbox"/> Single-Fence Approval (Industries Compound)		<input type="checkbox"/> Special Considerations or Justifications				
UMT Authorization		Unit Management Team Recommendation: PLEASE FORWARD TO MCE DRIVER'S LICENSE COORDINATOR				
<input type="checkbox"/> Approved						
<input type="checkbox"/> Disapprove						
Unit Management Team Signature		Unit Management Team Signature		Date		

c: Inmate's MCE driver's license file Other: _____

Section D Request Resolution If Necessary To Be Completed by TCS Bureau Chief

TCS Bureau Chief Review and Signature

Date

Comments

Section E MSP/MCE Inmate Driving Permit Information To Be Completed by MCE Driver's License Coordinator**MSP/MCE Inmate Driving Permit Information**Inmate's
Name:

DOC ID: Unit:

Job

Assignment: Requested By: Date:

- ☐ Unrestricted Permit (Vehicles and Equipment)
☐ Restricted Permit (Vehicles and Equipment)
☐ Restricted Permit (ONLY Self-Propelled Equip.)

RESTRICTIONS

- ☐ Only Inside Single-Fence Perimeter
☐ Other: _____

Permit Number: # _____

Permit Issue Date: ____/____/____

Permit Expiration Date: ____/____/____

MCE Authorized Signature

Date

Comments:

Type of Permit Renewed: ☐ **UNRESTRICTED** ☐ **RESTRICTED** ☐ **RESTRICTED (Equipment ONLY)**

Permit Number: Permit Expiration Date: Restrictions: _____

Permit Issue Date: MCE Authorized Signature: Date: _____

Comments: _____

Type of Permit Renewed: ☐ **UNRESTRICTED** ☐ **RESTRICTED** ☐ **RESTRICTED (Equipment ONLY)**

Permit Number: Permit Expiration Date: Restrictions: _____

Permit Issue Date: MCE Authorized Signature: Date: _____

Comments: _____

Type of Permit Renewed: ☐ **UNRESTRICTED** ☐ **RESTRICTED** ☐ **RESTRICTED (Equipment ONLY)**

Permit Number: Permit Expiration Date: Restrictions: _____

Permit Issue Date: MCE Authorized Signature: Date: _____

Comments: _____

: 04/07/2020



TEMPORARY LEAVE REQUEST

Montana Commercial Driver License (CDL)

Training and Testing

Inmate Name

DOC ID

Unit

I, _____, am requesting to escort and supervise the above-named inmates during temporary leave(s) off MSP/MCE property to complete Montana commercial driver license training and testing. No more than two inmates will test or practice at one time Practice and testing areas will include the state DOT shop, various roads in town, and the Interstate section known as the loop following the course set forth by the DMV. Prior notification will be sent to the Powell County Sheriff's Office. The following time period will apply for practice driving and testing:

Between 0800 & 1700 hrs. _____, 20_____, to _____, 20_____

Vehicles Used:

MCE Staff

Date

UMT Authorization

- ☐ Approved
☐ Disapproved

Unit Management Comments or Recommendation:

Unit Manager or designee

Date

Associate Warden or designee

Date

Comments:



PRIMARY AND SECONDARY FORMS OF IDENTIFICATION

PROOF OF IDENTITY (LEGAL NAME and AGE) includes AUTHORIZED PRESENCE

PRIMARY DOCUMENTS		A color photo driver license or ID card with color photo, not expired for more than four years, issued by: a state, territory or possession of the U.S.; the District of Columbia; the Commonwealth of Puerto Rico; a province or territory of Canada; or the Federal District of Mexico
		A current U.S. or Canadian-issued instruction or learner's driving permit, or receipt of driver license that contains a photo of the applicant and a DOB
	A	A certified copy of a birth certificate issued by a government bureau of vital statistics or board of health of a state, territory or possession of the U.S., the District of Columbia, or the commonwealth of Puerto Rico or a province or territory of Canada, or a report of a birth abroad of a U.S. Citizen issued by the US department of state or a US Embassy
	A	An original or certified copy of a birth certificate issued by a U.S. or Canadian jurisdiction
	A	A valid un-expired passport issued by the U.S. State Department or Canadian jurisdiction
		A valid, un-expired passport issued by a jurisdiction other than the U.S. or Canadian Government
	A	WITH an attached U.S. Immigration and Naturalization Service (INS) record of arrival and departure (form 1-94) (same name with an un-expired endorsement of the alien's nonimmigrant status) OR an unexpired resident alien I-551 stamp
		An emergency identification photo issued & certified by the driver licensing authority of a U.S. or Canadian jurisdiction that includes the applicant's name & DOB.
	A	A valid, unexpired certificate of naturalization (form N-550, N-570, N-578)
	A	A valid, unexpired certificate of citizenship (form N-560, N-561 N-645)
	A	A valid, unexpired Northern Mariana card (form-1-551) with "Northern Mariana" imprinted instead of "resident alien"
	A	A valid, unexpired American Indian card (form 1-551) with "American Indian" imprinted instead of "resident alien"
	A	A valid, unexpired U.S. Citizen identification card (form 1-179 or 1-197)
	A	A valid, unexpired Resident alien card (form 1-551)
	A	A valid, unexpired temporary resident identification card (form 1-688)
	A	A valid, unexpired U.S. re-entry permit (form 1-327)
	A	A valid, unexpired refugee travel document (form 1-571)
	A	A valid, unexpired employment authorization card (form-1-688A, 1-688B or 1-766)
	A	A valid, unexpired record of arrival and departure, stamped "refugee" (form1-94) without a valid passport but stamped "refugee" with a photo affixed.
	A	A digital id card issued to the applicant by a Federally recognized Native American Tribe whose reservation is located in MT, that contains a digitized image of the applicant, the applicant's DOB & tribal enrollment number.
		An un-expired U.S. Military identification card (form DD-2) (active duty, reserve or retired personnel or dependent of active duty personnel) that contains a color photo or digitized image of the applicant and the applicant's date of birth.
		A prison inmate identification card issued to the applicant by the Montana Dept of Corrections that contains a photo or digitized image of the applicant & the applicant's DOB & adult offender number.
SECONDARY DOCUMENTS		A second primary document.
		An original US social security card or a Canadian social insurance card
		A certified copy of a marriage certificate or license issued by a government jurisdiction
		A driver license or ID card (U.S. or Canadian) that has expired for more than one year, but not more than five years.
		A current U.S. or Canadian government jurisdiction employee photo identification card
		A U.S. or Canadian driver license or ID card that is current but does not have a color photograph
		A certified copy of a court order of judgment from a U.S. or Canadian court of competent jurisdiction containing the applicant's full legal name and date of birth
		Any INS document approved as a primary document but that is not expired for more than one year.
		A certified copy of a birth certificate issued by a jurisdiction other than by a state, territory, or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico or a province or territory of Canada.
		Certification of release of discharge issued by the U.S. Department of Defense (DD-214)
		A Medicare, Medicaid, or health insurance card with the applicant's name & individual Medicaid, Medicare or health insurance ID number.
		An un-expired, color photo firearm or concealed weapon permit issued by a chief of police in an organized, full-time police department of the county sheriff in a local jurisdiction within the U.S.
		A current pilot's license issued by the U.S. Department of Transportation, Federal Aviation Administration
		A certified copy of school records or a transcript containing the applicant's full name and date of birth and issued by an elementary, secondary of post-secondary school
		A certificate of completion of a Montana department-approved traffic or driver education course containing the applicant's name and date of birth.
		A current school photo identification card with the student's name and student ID number
		A certified copy, fax or photocopy of a certified copy of the birth certificate of the applicant's child, if the certificate lists the applicant's name and date of birth as parent

A = Accepted as proof of Authorized Presence



DEPARTMENT OF CORRECTIONS MONTANA STATE PRISON OPERATIONAL PROCEDURE

Procedure:	MSP 3.1.104 EMPLOYEE IDENTIFICATION (ID) CARDS	
Effective Date:	April 30, 2021	Page 1 of 3 and 3 Attachments
Revision Date(s):		
Reference(s):	DOC 1.3.41	
Signature:	/s/ Jim Salmonsens / Warden	

I. PURPOSE

To ensure all Montana State Prison (MSP), Riverside Special Needs Unit (RSNU) and Montana Correctional Enterprises (MCE) employees are issued an employee ID card, photo chit, or replacement ID card by outlining the process for obtaining ID Cards for newly hired employees and current employees. Employee ID cards contribute to the overall security of the facility.

II. DEFINITIONS

Admissions Staff – An individual who is employed by Montana State Prison and has authority to issue and produce staff ID cards.

CJIN – The acronym for Criminal Justice Information Network. CJIN provides operation support as the state link to the FBI's National Crime Information Center and the International Justice and Public Safety Network, and the Criminal Records and Identification Services Section (CRISS) which collects, stores and disseminates criminal records and fingerprint information, and addresses homeland security issues. CIB is also comprised of the Computer Internet Crimes Unit (CICU) and the Sexual or Violent Offender Registry (SVOR).

Employee – for the purposes of this procedure, a person employed directly by Montana State Prison (MSP), Montana Correctional Enterprises (MCE) or Riverside Special Needs Unit (RSNU).

III. PROCEDURES

A. General Requirements:

1. MSP, RSNU, and MCE ID cards will be produced, issued and controlled by the MSP Admissions Department.
2. At no time will an employee ID be produced without the proper written authorization from Human Resources (HR) or the Office of Staff Resources (OSR) and/or MSP training department.
3. All MSP, RSNU and MCE employees are required to wear their issued employee ID card in a conspicuous location on their outer clothing at all times while on MSP/MCE/RNSU property.
 - a. supervisors are responsible for ensuring employees wear their ID card as outlined in this procedure.
 - b. employees who fail to wear their ID card may be subject to disciplinary action.

Subject: Employee Identification (ID) Cards

4. Ranch and Maintenance Supervisors may keep their ID in a pocket. ID must be kept on their person at all times while out on the ranch or working on equipment where the ID could create a hazard. The ID will be attached to the clothing prior to entering the facility. The ID card will be kept as issued with no alterations.
5. All MSP, RSNU, and MCE identification cards will be replaced every 10 years or if the ID becomes worn out and information is not easily identifiable, information needs to be updated for example, picture, or job position.
 - a. any changes to legal name i.e., marriage or divorce will require an updated ID to reflect the name change.
 - b. staff will be required to provide official documentation of name changes to MSP HR who will then communicate with admissions for issuance of a new ID card.

B. Employee Identification Cards

1. Admissions staff process inmates from 0700 until 1700 hours. Staff should call to schedule a time with the Admissions Department by calling or emailing *CORMSPAAdmissions*.
2. Newly hired staff will be issued an employee ID card during New Employee Orientation (NEO).
3. Employee Identification Cards will contain the following information:
 - a. current photograph
 - b. employee name
 - c. position title
 - d. date of issue
 - e. warden's authorization
 - f. date of birth
 - g. height
 - h. weight
 - i. hair color
 - j. eye color
 - k. employee identification number
 - l. barcode
 - m. name of facility
4. Newly hired employees:
 - a. to issue a NEW employee an identification card, admissions staff will need the following information prior to issuance:
 - 1) completed employee demographic sheet (MSP training department staff) which lists personal information that will be needed to create an identification card.
 - 2) hiring memo from MSP Human Resources that stipulates the employees' official hiring date and position title.
 - 3) employee identification number that is assigned to the employee from SABHR's.
 - b. for employees that are required to hang a picture chit on the Wallace Building Staff board or the MCE Accounting Office.
 - 1) completed employee demographic sheet (MSP training staff)
 - 2) hiring memo (MSP Human Resources)
 - 3) completed and approved Staff Verification Board Request Form from Associate Warden of Security or designee authorizing admissions to issue a picture chit to the

employee.

5. Identification Card Replacement for existing employees:
 - a. copy of a completed incident report, signed by the staff members supervisor, authorizing the issuing of a new identification card.
6. Identification card changes due to position change for existing staff:
 - a. hire letter from MSP Human Resources stating the employees' new position
 - b. if picture chit required:
 - 1) signed and approved Staff Verification Board Request form from the Associate Warden of Security or their designee authorizing the employee the issuance of a picture chit.
7. Staff whose position requires CJIN access and needs fingerprinting:
 - a. signed approval form from the Associate Warden of Security or their designee authorizing the employee to have CJIN access.

C. Record Keeping

1. The Admissions Department will maintain a secure informational file system on all identification cards.
2. Admissions staff will ensure the employee demographic sheet is destroyed immediately upon entering the required information into OMIS 3 and LIVESCAN.
3. The file system will consist of the following:
 - a. current photograph
 - b. individuals name
 - c. position title
 - d. date issued
 - e. dates of re-issue or revision.
4. Employee data will be entered as "terminated" including the date of termination upon receiving notification, in writing or electronic form, from Human Resources.

IV. CLOSING

Questions concerning this procedure should be directed to the MSP Admissions Manager.

V. ATTACHMENTS

Employee ID Demographics
Staff NCIC Access Request
Staff Verification Board Request

Attachment A
Attachment B
Attachment C



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.1.107 INMATE ID CARDS	
Effective Date:	November 18, 2008	Page 1 of 3 and 1 Attachments
Revision Date(s):	October 15, 2020	
Reference(s):	DOC Policy 4.1.1	
Signature:	/s/ Jim Salmonsens / Warden	

I. PURPOSE

To maintain direct control and accountability over the Inmate Identification (ID) Cards made to identify inmates, which are utilized by staff to account for and control individual inmate movement.

II. DEFINITIONS

DOC ID Number – Means the Department of Corrections identification number assigned to each offender, previously referenced as the AO number.

Inmate – Any person under the supervision of Montana State Prison

III. PROCEDURES

A. Process for Producing and Replacing Inmate Identification (ID) Card

1. Admissions staff will produce an Identification Card (ID card) to identify each inmate at the time of the inmate's admission to MSP.
2. Each inmate identification card will include the inmate's:
 - a. full name.
 - b. DOC ID Number
 - c. current photograph.
 - d. date of birth.
 - e. height.
 - f. weight.
 - g. hair color.
 - h. eye color.
 - i. Warden's authorization
 - j. barcode
 - k. the word "Inmate" in red letters
3. Inmate ID Cards will be replaced every 5 years.
4. Admissions staff will deliver the ID cards to housing unit staff who will utilize them as outlined in *MSP 3.1.11, Inmate Movement Control* and *MSP 3.1.21, Inmate Counts*.
5. Unit staff will monitor the condition of the ID cards, ensuring they are kept in proper, usable condition and accurately identify the inmate. Unit staff will provide the Unit

Subject: INMATE ID CARDS

Manager or equivalent with a list of any ID's deemed in need of replacement and the reason the replacement is needed.

6. If an ID card needs replacement because of damage, defacement, loss, or updating inaccurate identification data (due to change in appearance, weight change, etc.) unit staff will contact Admissions Staff as provided in 7 below to obtain a replacement. Inmates will not be charged for replacement of their ID cards unless the inmate loses the card, alters, destroys, or damages the card or intentionally changes their appearance significantly by getting new tattoo's or changing their hair or facial hair that does not accurately reflect their current photo in OMIS. Replacement costs for inmate ID cards are as follows:
 - a. \$2.50 for the first replacement
 - b. \$5.00 for the second replacement and each one thereafter
7. Unit Managers, or designee will complete and send to Admissions staff, the *ID Request Form (Attachment A)* for replacement of an inmate's ID which includes the reason for the request, (i.e., damaged, lost, inaccurate)
 - a. the ID Request form will be emailed to *cormspadmissions@mt.gov*.
 - b. upon receipt of the new ID card, unit staff will forward the old ID card (if not lost) to admissions for proper disposal.
 - c. admissions staff will prioritize the production of replacements for cards that are lost or that need new photographs.

B. Inmate Exit Identification Card

1. Admissions staff will produce an exit ID card for each inmate at the time of the inmate's admission to MSP that may be used for identification purposes when the inmate leaves prison. Exit ID cards will be sent by Admissions staff to Records to be placed in the inmates file until the inmate is released.
2. If there are any changes to the identification data (i.e., new photo, weight change, etc.) a new inmate exit ID card will be produced. Admissions staff will forward the new inmate exit ID card to Records to replace the outdated exit ID card in the inmate's file.
3. Upon receipt of the new inmate exit ID, Records staff will forward the outdated exit ID card to admissions staff for proper disposal.
4. Each inmate's exit identification card will include the inmate's:
 - a. full name
 - b. Department of Corrections ID#
 - c. current photograph
 - d. issue date
 - e. Montana State Prison address
 - f. date of birth
 - g. sex
 - h. height
 - i. weight
 - j. hair color
 - k. Director's authorization
 - l. bar code

Procedure No.: 3.1.107	Chapter 3: Facility/Program Operations	Page 3 of 3
Subject: INMATE ID CARDS		

m. words "Identification card" in red letters

5. Inmates may also request to apply for a State of Montana's Driver's License or a State of Montana Identification Card in accordance with MSP 3.1.101 Inmate Driving Permits, Driver's License, & State ID.

IV. CLOSING:

Questions concerning this procedure will be directed to the AW of Security

V. ATTACHMENTS

ID Request Form

Attachment A



INMATE REPLACEMENT IDENTIFICATION CARD REQUEST FORM

Requesting Staff: _____ Housing Unit:

Date: Click to
select

Inmate Name _____ AO _____ Reason for new ID Choose an item.
Additional Information _____

Inmate Name _____ AO _____ Reason for new ID Choose an item.
Additional Information _____

Inmate Name _____ AO _____ Reason for new ID Choose an item.
Additional Information _____

Inmate Name _____ AO _____ Reason for new ID Choose an item.
Additional Information _____

Inmate Name _____ AO _____ Reason for new ID Choose an item.
Additional Information _____

Inmate Name _____ AO _____ Reason for new ID Choose an item.
Additional Information _____

Inmate Name _____ AO _____ Reason for new ID Choose an item.
Additional Information _____

Inmate Name _____ AO _____ Reason for new ID Choose an item.
Additional Information _____

Inmate Name _____ AO _____ Reason for new ID Choose an item.
Additional Information _____



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.2.1 EMERGENCY PREPAREDNESS
Effective Date:	November 1, 2000 Page 1 of 2 and No Attachments
Revision Date(s):	February 12, 2015, February 16, 2017, August 15, 2020
Reference(s):	DOC Policy 3.2.1
Signature:	/s/ Jim Salmonsens / Interim Warden

I. PURPOSE

It is the policy of Montana State Prison (MSP) to maintain a current and relevant Emergency Operations Plan (EOP) for continual preparedness to respond to all-hazard emergencies. The purpose of this procedure is to explain the linkage of a relevant EOP with Training and Exercises for improving emergency preparedness.

II. DEFINITIONS

Emergency Operations Plan (EOP) – An EOP is a key component of an emergency management program and includes basic information and procedures and actions to take related to an emergency. The EOP is a playbook that establishes authorities, organization structure, roles and functions performed during emergencies.

Emergency Preparedness Planning Manager (EPPM) – The contact responsible for oversight and coordination of all emergency management phases across the Department. The term Emergency Preparedness Manager (EPM) and Emergency Manager are synonymous with EPPM.

Training Exercise Plan (TEP) - The TEP is the foundation document guiding a successful exercise program. The TEP articulates overall exercise program priorities and outlines a schedule of training and exercise activities designed to meet those priorities.

III. PROCEDURES

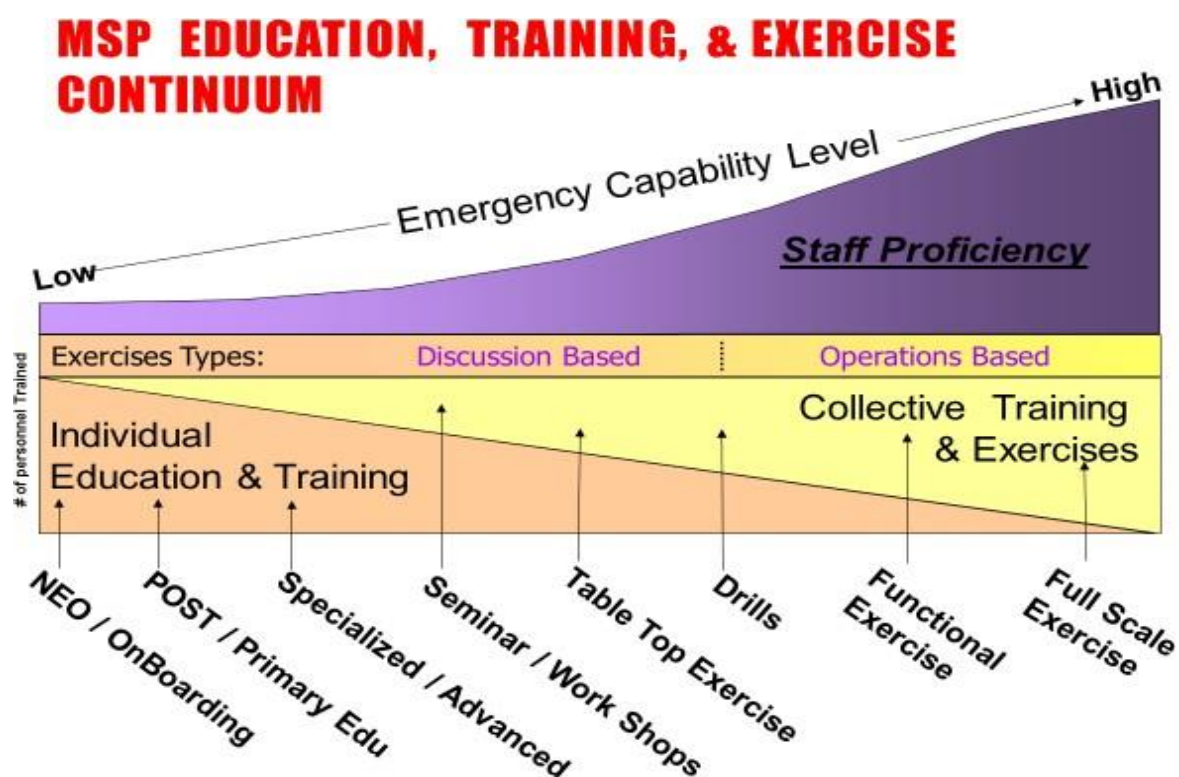
A. General Guidelines

1. The MSP EOP will have added annexes with operational procedures and checklists to assist the Incident Command and Staff to manage emergencies. The MSP Emergency Preparedness Program is in accordance with Presidential Policy Directive 8 (PPD-8) which describes the National Preparedness goal's approach to national preparedness and links together national preparedness efforts with state, local, and private organizations. As is the Nation's goal, MSP strives to be secure and resilient and possess the capabilities required to prevent, protect against, mitigate, respond to, and recover from threats and hazards that pose the greatest risk. The MSP plans will be compatible with the National Incident Management System (NIMS) and the National Incident Command System (ICS), Montana Disaster and Emergency Services Emergency Response Framework, and the Montana Department of Corrections EOP.

Procedure No. MSP 3.2.1	Subject: EMERGENCY PREPAREDNESS	
Effective Date: November 1, 2000		Page 2 of 4

2. MSP will plan for capabilities across five mission areas: Prevention, Protection, Mitigation, Response, and Recovery and will develop, maintain and train staff on Emergency Operations Plan and Operational Procedures. The EOP is responsive in nature and enables staff to respond to emergencies in an effective and efficient manner. The MSP emergency plan will allow effective coordination with local law enforcement and emergency services, through the use of up-to-date mutual aid agreements (see EOP Volume Two, Mutual Aide Agreements).
3. A robust Training and Exercise program is essential for maintaining emergency readiness capability and proficiency (see Figure 1 Training Exercise Continuum). Individual training using approved standards is the first of three links in a training and exercise program. Collective training is the second link followed by exercises that allows an organization to integrate individual and collective skills into larger operations involving multiple organizations. Exercises should create a realistic complex environment that challenges an organizations response to an emergency that improves readiness. The training management model of Plan-Prepare-Execute-Assess is a tool for developing effective training which translates to preparedness. MSP will conduct annual Training and Exercise Planning Workshops to develop a multi-year Training and Exercise Plan to address preparedness priorities and validate core capabilities.

Figure 1.



4. In a major emergency, the primary concern of MSP is the protection and safety of the public, staff, visitors, and inmates. Staff actions shall be guided by the intent to save lives and prevent injuries in every possible case.

Procedure No. MSP 3.2.1	Subject: EMERGENCY PREPAREDNESS
Effective Date: November 1, 2000	Page 3 of 4

5. The MSP Emergency Operations Plan will be developed in compliance with the approved Department of Corrections EOP. MSP will conduct annual review and required revision of restricted and non-restricted EOP, Policy and Procedures, and related emergency documents. Results of the review will be presented to the AW Security with recommendations.

B. General Procedure

1. The Warden through the Associate Warden of Security and Emergency Preparedness Manager shall develop and maintain an emergency operation plan and post orders in accordance with a system which has been approved by the Department. The MSP Emergency Preparedness Manager shall typically carry out these duties as well as emergency related manual updates, coordinate staff training, and development of Mutual Aide Agreements. Mutual Aide Agreements shall be established and maintained to enhance preparedness capabilities. The Warden of MSP will identify the need for revision of all mutual-aide agreements in conjunction with his security and legal staff.
2. Procedure Number *MSP 3.2.103 Emergency Response Management* provides the procedures, responsibilities, phases of response, and response requirements for an emergency.

C. Helena Office and Warden's Authority

1. The Helena office staff's primary role in any major emergency is resource acquisition, communication with government officials, and support.
2. The Warden or designee has full authority to respond to any major emergency. The Warden or designee shall inform the Department Director or designee at the earliest possible time of any major emergency.

D. Emergency Management Goals

1. The following goals are to be addressed in the MSP EOP in the resolution of all major emergencies:
 - a. isolate and contain emergency situations as quickly as possible;
 - b. establish control and restore order as quickly as possible;
 - c. maintain personal safety of:
 - 1) innocent bystanders (general public, visitors);
 - 2) staff;
 - 3) hostages; and
 - 4) inmates.
 - d. resolve all emergencies with the appropriate use of force in accordance with *MSP 3.1.8, Use of Force and Restraints*;
 - e. preserve evidence and facilitate prosecution of criminal acts;
 - f. prevent escapes during emergency operations;
 - g. ensure emergency medical care is provided to staff and inmates;
 - h. conduct review (critical incident review) after a major emergency to assess the effectiveness of the plan and staff response;
 - i. ensure reprisals are not taken against inmates/staff; and

Procedure No. MSP 3.2.1	Subject: EMERGENCY PREPAREDNESS	
Effective Date: November 1, 2000		Page 4 of 4

- j. Maintain informative news contacts with the media.

IV. CLOSING

Questions concerning this policy shall be directed to the MSP Emergency Preparedness Manager.

V. ATTATCHMENTS

None



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure No.: MSP 3.2.10	Subject: FIRE & LIFE SAFETY	
Reference: DOC Policy No. 3.2.1.	Page 1 of 4 and 2 attachments	
Effective Date: September 4, 2001	Revised: December 1, 2016	
Signature / Title: /s/ Leroy Kirkegard / Warden		
Signature / Title: /s/ Gayle Butler / MCE Administrator		

I. PURPOSE

To ensure, to the highest degree possible, that staff can safely respond in the event of a fire in any part of the facility.

II. DEFINITIONS (none)

Disability – see DOC 3.3.15, Americans with Disabilities Act (ADA) Offender Accommodations, for the definition and an explanation of disability.

III. PROCEDURES

A. Program Implementation

1. The Facility Fire Marshall will pay special attention to addressing the following areas:
 - a. an adequate fire and life safety protection and prevention program;
 - b. a comprehensive training program that covers all relevant safety practices, including scheduled training for members of the fire brigade;
 - c. a systematic schedule of inspections and audits;
 - d. proper placement and maintenance of adequate fire protection equipment;
 - e. a working relationship with local fire safety agencies; and
 - f. comprehensive plan/procedure ensuring that inmates with disabilities are provided any assistance necessary to evacuate the premises in a timely manner in case of fire or related emergency.
2. The Facility Fire Marshall is responsible for coordinating, scheduling, and arranging all inspections, tests, and other reviews of fire and life safety programs. The Facility Fire Marshall will maintain a record-keeping system to document proof of compliance with all applicable standards, and must provide deficiency correction reports to the proper authorities.
3. Through the use of training and other awareness techniques, the Facility Fire Marshall will encourage all employees to be constantly on the alert for fire hazards, including but not limited to:
 - a. altered electrical outlets;
 - b. other electrical problems;
 - c. missing, damaged, or malfunctioning fire equipment;
 - d. used or outdated fire extinguishers;
 - e. improper trash storage;
 - f. poor housekeeping; and
 - g. improper storage of combustible materials;
4. The MSP Emergency Preparedness Lieutenant will ensure the adequacy of the fire response plan, which is contained in the MSP Emergency Response manuals, and has the authority and responsibility for the preparation, annual review, and updating of the plan. The Facility Fire Marshall must coordinate follow up and supplemental training with the local fire department. Local

fire departments may be asked to provide fire and life safety training to staff. The Facility Fire Marshall will prepare an annual report documenting the progress of this follow up and supplemental training, and forward it to the Warden.

B. Construction and Renovation

1. Any construction or renovation occurring on MSP property must adhere to all applicable life safety requirements and shall not impede the ability of inmates with disabilities to exit the area/facility in case of an emergency. Prior to the initiation of any major construction projects, the Department of Administration, and the Architecture and Engineering Division, will be consulted regarding fire/safety issues.
2. The MSP Emergency Preparedness Lt. and Facility Fire Marshall will review, with the appropriate Associate Warden, any plans for post-occupancy construction or renovation that may occur during the use and occupancy of the facility for life safety implications.

C. Investigations

1. The Powell County Sheriff/State Fire Marshall will investigate all reported fires on MSP grounds with the cooperation of the Warden and MCE Administrator. Any fire requiring outside investigation will be reported to the State Fire Marshall. All investigative reports must be forwarded to the Warden, MCE Administrator when applicable, Department Director, Powell County Sheriff and the State Fire Marshall.

D. Other Compliance Issues

1. The Facility Fire Marshall will provide technical expertise to guide compliance with other life safety requirements regarding the renovation and maintenance of potentially hazardous areas, storage and use of hazardous materials, equipment installation and use, and other safety-related issues.

E. Training

1. The MSP pre-service training curriculum, required for all new personnel, includes material concerning:
 - a. written fire plans and evacuation procedures;
 - b. fire prevention and control (types of fires and use of extinguishers);
 - c. assistance for inmates with disabilities in case of fire or related emergency;
 - d. suicide risk management; and
 - e. basic emergency first aid which includes:
 - 1) clearing a person's airway / dealing with breathing problems;
 - 2) CPR;
 - 3) heart attacks;
 - 4) life safety; and
 - 5) equipment location and use (first aid kits, blood spill kits, AEDs, ambubags, personal protective gear, etc.)
2. MSP staff conduct in-service training programs that include training of staff in the following areas:
 - a. basic emergency first aid refresher;
 - b. response to assaults;
 - c. suicide risk management; and
 - d. assistance for inmates with disabilities in case of fire or related emergency.

F. Fire Prevention Program

1. A fire prevention program will be in place that includes training of staff in the following areas:
 - a. workplace hazard;
 - b. proper housekeeping procedures (controlling accumulations of flammable/combustible materials);
 - c. handling and storage of combustible materials; and
 - d. control procedures for ignition sources such as the “Hot Works permit” program.
2. Local fire department and emergency personnel should inspect the facility in the above areas.

G. Fire Detection, Suppression, and Evacuation

1. All staff will be trained in fire detection, suppression, and evacuation procedures that comply with all applicable fire codes and standards. These include, but are not limited to:
 - a. procedures for the prompt detection, reporting, suppression, and extinguishing of fires;
 - b. notification of the Command Post;
 - c. visible and proper placement of exit signs;
 - d. posted evacuation route maps that include: primary evacuation routes identified as a red solid line with arrows indicating direction of travel; secondary evacuation routes identified as a dotted blue line with arrows indicating the direction of travel; the exact location of fire extinguishers and other fire safety related apparatus in the area;
 - e. access to identified emergency exits;
 - f. individual unit/area fire plans will follow a standardized format. At a minimum these plans must address the areas outlined on attachment B in order and in detail. The following individuals must review and sign-off on these plans before implementation:
 - 1) the appropriate Associate Warden;
 - 2) facility Fire Marshall – all plans;
 - 3) MSP Emergency Preparedness Lt. – all plans; and
 - 4) Unit Managers and/or Department Heads – the plans for the unit(s) or buildings they oversee.Once the initial plan is approved, it must be updated, reviewed and signed annually. The MSP Emergency Preparedness Lt. will send out an annual reminder to those responsible for developing fire plans to make any necessary changes to their plans and get them to the above individuals for review and signing.
 - g. Each department head or designee must ensure that fire drills are conducted in all areas they oversee as scheduled, and will forward completed fire drill forms/reports from these drills to the MSP Safety Committee for processing;
 - h. assistance for inmates with disabilities in case of fire or related emergency; and
 - i. each department head or designee will develop an annual fire drill schedule to ensure that all areas and shifts they oversee are conducting fire drills when these areas are operational. This means that all areas need to conduct a fire drill each month. If a work area is covered by more than one shift, each of the operational shifts must conduct a fire drill on a rotating basis, ensuring one fire drill is done every month. This includes the following:
 - 1) locked housing units are exempt from the requirement of moving inmates during drills, but staff must conduct a walk-through of the fire evacuation plan using both primary and secondary routes, and using keys to manually operate doors; and
 - 2) the Safety Committee is responsible for tracking fire drills in all areas. Drills must be monitored by no less than one staff member. A completed *Fire Drill Report form*

(attachment A) must be forwarded to the Safety Committee for review and documentation of each drill that is conducted.

H. Identification of Fire Classifications

1. All staff will be trained in identifying classes of fires and the manner in which certain combustibles must be handled.

I. Equipment Issues

1. Equipment used to respond to fires varies from fixed items, like emergency generators, to portable items like extinguishers, smoke ejection units, and breathing apparatus.
2. The Facility Fire Marshall will ensure:
 - a. all available fire response equipment is properly stored, tested, and periodically maintained;
 - b. files are maintained containing the documentation resulting from the maintenance and tests of all fire response equipment;
 - c. records are maintained concerning the proper location and condition of fire extinguishers, Self Contained Breathing Apparatus (SCBA), and other firefighting equipment; and
 - d. selected staff are trained in using emergency fire equipment, such as self-contained breathing apparatus (SCBA).
3. Fire extinguishers must be clearly marked as to type and category of fires they are made to control and must have a durable tag securely attached, showing last inspection, maintenance, or recharge date, and signature or initials of the person who performed the service. All fire extinguishers will be inspected in compliance with *MSP 3.2.13, Safety Inspections*.

J. Material Specifications

1. Specifications for the selection and purchase of furnishings must indicate the minimum acceptable requirements for fire and safety performances of materials.

K. Fire Response Plan

1. Any fire must be reported immediately to the Command Post. The MSP Fire Response Plan is contained in the Emergency Response Manuals.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Facility Fire Marshall, MSP Emergency Preparedness Lt., and/or the appropriate Associate Warden.

V. ATTACHMENTS

MSP/MCE Fire Drill Report form
MSP/MCE Area/Unit Fire Plan format

attachment A
attachment B



MSP/MCE FIRE DRILL REPORT FORM

(see instructions for filling out this form on reverse side)

Reason for Report: ☐ Scheduled/Unscheduled Training Drill ☐ Actual Fire ☐ Alarm

Type of Drill: ☐ Walkthrough ☐ Evacuation

1. Area & Location - Housing Unit & Block drilled: _____
2. Date: _____/_____/_____ Time: _____hrs.
3. Monitored: ☐ Yes ☐ No
4. If evacuated, what **route** was used? ☐ Primary ☐ Secondary
5. Elapsed time to evacuate: _____
6. Number of staff evacuated: _____
7. Number of inmates evacuated: _____
8. Was a staff verification completed ☐ Yes ☐ No If yes attach staff verification sheet.
9. Was an inmate count completed? ☐ Yes ☐ No If yes attach count sheet.
10. Were inmates with disabilities evacuated? ☐ Yes ☐ No
11. Were inmates with disabilities evacuated? ☐ Yes ☐ No If yes, how many? _____
12. Were the doors operated electronically or manually? _____
12. If evacuated, what **staging area** was used? ☐ Primary ☐ Secondary
13. Were exit signs lighted? ☐ Yes ☐ No ☐ N/A
- If **no** was a work order submitted? ☐ Yes ☐ No
14. Was an alarm pull or detector used for this drill? ☒ Pull ☐ Detector
15. Did the supervisor wait for 'all clear' before reentering the building? ☐ Yes ☐ No
16. General comments or problems: _____

Name and title of monitor: _____
(Print name)

(Title/Position)

(Signature)

Cc: Safety Committee
Unit Manager/Department Head
Facility Fire Marshall



INSTRUCTIONS FOR FILLING OUT AN MSP/MCE FIRE DRILL FORM

- **Reason for Report** - place a check mark in the box that applies. It will be a scheduled or unscheduled training drill, an actual fire, or an alarm.
- **Type of Drill** - place a check mark in the box that applies. In locked housing units it will be walk through. In all other areas it will be an actual evacuation.
- **#1 - Area & Location – Housing Unit & Block drilled** - fill in the area and location where the drill/evacuation was conducted in the blank spaces. An example for a housing unit would be Close I, UC block. An example for a support area would be MCE Laundry, Voc Ed. Each department head will develop an annual fire drill schedule that will guide you as to when your area is due for a fire drill.
- **#2 - Date and time of the drill** – fill in today's date (month/day/year) and the time the drill was started (use military time).
- **#3 - Monitored** - place a check mark in the appropriate box to indicate whether or not the drill was monitored by someone (see space at bottom of form to record the monitor's name and title).
- **#4** - place a check mark in the appropriate box to indicate which **evacuation route** was used (see the posted evacuation map for your building).
- **#5 - Elapsed time to evacuate** - the monitor will time the drill from the point that the drill is started until all inmates are in a staging area. Enter his/her calculation in the space provided.
- **#6 - Number of staff evacuated** – write in the number of staff who were evacuated.
- **#7 - Number of inmates evacuated** – write in the number of inmates who were evacuated.
- **#8** - place a check mark in the appropriate box to indicate if you conducted a **staff verification count**. If you did, attach a staff verification count sheet to the drill form/paperwork.
- **#9** - place a check mark in the appropriate box to indicate if you conducted an **inmate count**. If you did, attach the count sheet to the drill form/paperwork.
- **#10** - place a check mark in the appropriate box to indicate if any inmates with disabilities were evacuated. If this is an evacuation of a housing unit, staff need to refer to inmate disability list located in the unit plan.
- **#11** - place a check mark in the appropriate box to indicate if any inmates with disabilities were evacuated. If this is an evacuation of a housing unit, staff need to refer to inmate disability list located in the unit plan. If the answer is yes, inmates with disabilities were evacuated, write in the number of inmates who required assistance.
- **#12** - indicate whether the doors used to evacuate were operated electronically or manually. In areas where both operations are possible, drills should switch between the two methods to familiarize staff with manual operations.
- **#13 - what staging area was used** – if the building was evacuated, place a check mark in the appropriate box to indicate which staging area you used. Try to alternate between using the primary and secondary staging areas.
- **#14 - Were exit signs lighted?** place a check mark in the appropriate box to indicate if the building is equipped with exit signs, and if they were lighted when the drill was conducted. If no submit a work order to get repaired.
- **#15** – indicate if an alarm pull or detector was used to start the drill/evacuation.
- **#16** - indicate if the supervisor waited for the '*all clear*' before allowing staff or inmates to re-enter the building/area.
- **#17** – use this space to write in general comments on things that went well or not so well during the drill/evacuation.
- **Name and title of monitor** - fill in the name and title of the person who monitored the drill in the blank spaces, and have the monitor sign it on the line provided.
- **Copies** - forward copies of the completed drill form, inmate count sheet, and staff verification sheet (if applicable) to the Safety Committee. The originals go to the area department head to keep on file.



Format for MSP/MCE Area/Unit Fire Plans

Area/Unit: _____

Implementation Date: ____/____/____

1. Prevention

Scheduled inspections and housekeeping tasks.

Proper storage, handling, and labeling of flammable and combustible materials.

2. Preparedness

- Fire drills
- Development and posting of floor plan posters that illustrate the primary and secondary evacuation routes, with proper color-coding, along with the locations and types of fire suppression equipment in the building.
- Identification of door keys required for primary and secondary evacuation routes (must identify the door(s) each key will unlock/lock).

3. Detection/Notifications

- Command post (must identify the preferred method of notification; i.e. radio, telephone, etc.)
- Staff (must identify the preferred method of notification; i.e. radio, telephone, etc.)
- Inmate

4. Suppression Procedures

- Example: *If the fire is small in nature and can be contained by use of a fire extinguisher, staff will attempt to put the fire out with the extinguisher. Fire extinguishers are located in the _____ room and in _____ rooms. The _____ key located on the Sgt. and C/Os key rings accesses all.

5. Evacuation Procedures

- Procedures for employee's who will remain to operate critical security operations before evacuating
- Acquisition of any keys required for primary and secondary evacuation routes
- Primary evacuation route - Power/No Power
- Secondary evacuation route - Power/No Power
- Evacuation staging areas
 - Primary
 - Secondary
- Staff verification procedures
- Inmate count procedures
- Evacuation of inmates with disabilities

Unit Manager and/or Department Head

Associate Warden

MSP Emergency Preparedness Lt.

Facility Fire Marshall

For further explanation of duties required under a fire plan, contact the Facility Fire Marshall and/or the MSP Emergency Preparedness Lt.



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.2.12 CONTROL AND USE OF HAZARDOUS MATERIALS	
Effective Date:	September 4, 2001	Page 1 of 4 and 1 Attachments
Revision Date(s):	February 1, 2017, December 1, 2019, December 15, 2020, January 15, 2021	
Reference(s):	DOC Policy 3.2.12	
Signature:	/s/ Jim Salmonsens / Warden	
Signature:	/s/ Gayle Butler / MCE Administrator	

I. PURPOSE:

Montana State Prison (MSP) which includes Riverside Special Needs Unit (RSNU) along with Montana Correctional Enterprises (MCE) shall deal safely and effectively with the control and use of hazardous materials.

II. DEFINITIONS:

Hazardous Material (HAZMAT) – Means any element, chemical compound, or mixture of elements or compounds that may constitute a physical, health, or major environmental hazard as defined by law.

HAZMAT Safety Officer – is a designated person that is trained to recognize hazardous materials and ensures safe practices are followed in the use and storage of HAZMAT. This includes oversight of compliance, safety inspections and conducting related training.

Safety Data Sheet (SDS) – Written precaution statement specific to a hazardous material with provisions for handling, storage, first aid, disposal, and decontamination. SDS can be found in MSP File Share: \\corhlnccn16\MSPData\Maintenance\SDS SHEETS

III. PROCEDURE:

A. General Requirements

1. MSP and MCE will each designate one individual to be a Hazardous Materials Safety Officer (aka HAZMAT Safety Officer, per DOC 3.2.12, Para IV.a.2.). The Hazardous Materials Safety Officer will maintain Hazardous Material Programs compliance which includes, but is not limited to:
 - a. training of staff and inmates who use chemicals on the interpretation of labels and SDS;
 - b. proper storage of hazardous material; and
 - c. the supervision of:
 - 1) use of any element or chemical compound;
 - 2) mixture of elements and compounds;

- 3) procedures for prevention of, and responding to related hazardous material critical incidents or accidents; and
 - 4) reporting of exposure.
2. All SDS will be kept on file at the MSP Warehouse, location of chemical storage, Command Post, and Fire Brigade. The SDS will be available on the I-Drive and updated annually. SDS can be found in MSP File Share: \\corh\ncen16\MSPData\Maintenance\SDS SHEETS
3. Identified elements, chemical compounds, or mixture elements or compounds will be documented/ reported with the Montana Department of Environmental Quality (DEQ) Tier I and Tier II program.
4. Annual safety compliance inspections will be conducted by HAZMAT Safety Officer in conjunction with appropriate MSP and MCE Safety Committee Members or another State Safety and Risk Management organization (Montana State Fund, Tort Claims, DEQ, etc) and results reported to the MSP/MCE Safety Committee and Emergency Preparedness Manager.
5. The MSP/MCE Emergency Preparedness plan shall take into account the location of highways and railroads where hazardous materials may be transported, and the proximity of factories or other industrial installations that manufacture or store materials that could pose a threat in the event of spillage or an accident.

B. Hazardous Material Emergency Response Plan

1. The MSP/MCE Hazardous Materials Safety Officer will develop and maintain a Hazardous Material Emergency Response Plan with support from the Emergency Preparedness Manager. The Hazardous Material Emergency Response Plan will identify critical incident requirements that address the following:
 - a. Incident Command System (ICS);
 - b. emergency notification; and
 - c. emergency response operations that include but are not limited to:
 - 1) emergency responder safety;
 - 2) scene security;
 - 3) containment; and
 - 4) recovery.
 - d. accident, spill, or discharge reporting. This includes following the reporting rules and regulations of the following organizations:
 - 1) Montana Department of Environmental Quality (DEQ);
 - 2) Montana Disaster and Emergency Services (DES); and
 - 3) Federal Department of Environmental Protection Agency (EPA).
2. The Emergency Response Plan will address MSP's location to Interstate 90 and Burlington Northern-Santa Fe railroad where hazardous materials may be transported and may pose a threat in the event of a chemical spill or derailment.

C. Inventory, Issue, and Storage of Hazardous Materials

Subject: CONTROL & USE OF HAZARDOUS MATERIALS

1. The SDS must be maintained and available in each area where hazardous substances are stored or used.
2. A perpetual inventory of all hazardous materials shall be maintained in each area where they are stored or used.
3. *MSP Procedure 5.5.4, Hobby Program* must require that all hazardous materials related to the inmate hobby program be inventoried, controlled, and dispensed pursuant to the Hazardous Materials Program.
4. Each area where hazardous materials are stored must have the appropriate hazardous material storage containers, which must be clearly labeled with exterior doors properly placard.
5. All products considered flammable must be managed, controlled, and stored as a hazardous material.

D. Training

1. All staff and inmates working with, or in the proximity of hazardous materials, or who have safety job assignments as a part of their job description, must be provided annual training specific to the issues related to handling, storage and disposal of hazardous materials. This training shall include accident prevention, understanding SDS, as well as the appropriate response in the event of an accident/spill.
2. Staff and Inmates using chemicals that are not exempt from SDS standards will:
 - a. watch the *Inmate Worker Safety Video*; and
 - b. sign the *Chemical Safety and Acknowledgement Form* (attachment A).
3. Unit Management Team is responsible for the training of inmate workers in their housing unit and must send the signed copy of the *Chemical Safety and Acknowledgement Form* (attachment A) to the training department to ensure compliance of training by the Safety Committee Chairman.
4. Supervisors will be responsible for site specific inmate training. This includes the supervisors for the Infirmary, motor vehicle maintenance, Industries, and all other areas outside of the housing units where inmates may have contact or use chemicals with an SDS.
5. The UMT will request that inmates who are expected to clean spills that contain any aspect of blood borne pathogens as part of job duties be trained by the infirmary

E. Notification

1. The Hazardous Materials Program must include a provision for notification of appropriate personnel for all hazardous material incidents.
2. Any incident that may require evacuation of staff or inmates, or requires outside notification, must be immediately reported to the MSP Warden, MCE Administrator, and Department Emergency Notification System (Code Red).

3. The MSP Hazardous Material Coordinator will maintain a current list of all agencies that should be notified in accordance with DES and DEQ emergency operation protocol in the event of a hazardous materials incident. This notification list must include agencies with hazardous material experts, appropriate law enforcement agencies, and the local fire department.

F. Containment

1. The Hazardous Material Program shall include procedures designed to contain and limit the spread of hazardous substances and minimize exposure of staff and inmates to its effects. These procedures will include restricting access to the affected area, shutting off ventilation and drain systems, and reducing the potential for further spread or contamination.

G. Expert Assistance

1. In order to respond effectively to a hazardous material incident, the Hazardous Material Program must include the following information:
 - a. a list of the location, type, and approximate quantities of each category of hazardous material, with the appropriate SDS;
 - b. a list of the names and phone numbers of local, state, and federal authorities that have the capability of responding to specific hazardous material incidents; and
 - c. procedures for decontamination of staff, inmates, and affected area(s) of the facility.

H. Evacuation (On Site – Off Site)

1. The decision to evacuate in the case of a hazardous material incident may only be made by the Warden or Incident Commander after consultation with State of Montana or United States Federal hazardous material experts.
2. In the event that there is clear evidence that the situation poses a serious threat to health and safety, immediate removal of staff and inmates from affected area(s) may be ordered by the Incident Commander. Specific plans for a full-scale (on site – off site) evacuation of all, or part, of the facility are identified in the Evacuation Emergency Response Plan.

IV. CLOSING

Questions regarding this policy shall be addressed to the Hazardous Materials Safety Officer or the Associate Warden of Security.

V. ATTACHMENTS

Chemical Safety Acknowledgement Form.

Attachment A



DEPARTMENT OF CORRECTIONS

Chemical Safety Acknowledgement Form

I, _____ (print name), have viewed the Chemical Safety videos below, and have an understanding of chemical safety. I was given the opportunity to ask any questions I had after viewing the video.

1. OSHA Training Tutorial - Understanding Safety Data Sheets (SDS's)

<https://www.youtube.com/watch?v=vCl7XXExs7s>

2. Awareness Level: <https://www.youtube.com/watch?v=UJ1ZxPOvjK8>

3. Emergency Response Guidebook: <https://www.youtube.com/watch?v=WCpr4Xmhrss>

I understand that anytime I have questions about chemicals I can refer to the HAZMAT Safety Officer or appropriate MSP staff for answers.

Viewer Signature

Date

Staff Witness Signature

Date



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.2.13 SAFETY INSPECTIONS	
Effective Date:	September 4, 2001	Page 1 of 3 and 3 Attachments
Revision Date(s):	December 7, 2009, January 17, 2012, October 15, 2020	
Reference(s):	Chapter 3 Institutional Operations	
Signature:	/s/ Jim Salmonsens / Warden	
Signature:	/s/ Gayle Butler / MCE Administrator	

I. PURPOSE

To conduct regular safety inspections at Montana State Prison (MSP) to include Montana Correctional Enterprises (MCE) and Riverside Special Needs Unit (RSNU) to ensure compliance with all applicable regulations, statutes, and standards regarding environmental and health issues.

II. DEFINITIONS

Independent Inspections - An inspection conducted by a non-departmental federal, state, or local agency.

Internal Inspections - An inspection conducted by Department staff on an ongoing basis.

III. PROCEDURES

A. Independent Inspection Program

1. Independent inspections and audits may be conducted by local, state, and federal agencies to determine if MSP, MCE, and RSNU safety practices comply with applicable statutes, standards and rules. Finding of these inspections must be reported to the Warden, MCE Administrator, MSP Safety Committee, and DOC Director.
2. The Warden and MCE Administrator will review progress made in corrective action Plans and report these findings to the DOC Director and appropriate audit/inspection agency.

B. Internal Inspection Program

1. Regular internal safety inspections will be conducted to ensure compliance with Department policies as well as state and local codes. Internal safety inspections are intended to ensure the following:
 - a. that all areas are clean and orderly and in compliance with applicable life safety and fire standards.
 - b. that all lighting, ventilation and heating equipment is functioning properly.
 - c. that all equipment, fixtures, and tools function properly.
 - d. that all plumbing equipment (toilet, bathing, washing, and laundry facilities) are

operating properly.

- e. that all food service equipment and sanitary conditions comply with required standards.

2. Records/Documentation

- a. documentation of all inspections, drills, and audits must be maintained to ensure compliance with applicable federal, state, and local life safety and related requirements.
- b. the MSP Safety Committee or designee is responsible for ensuring all records and reports pertaining to the following are properly maintained.
 - 1) records of all plans, drills and inspections.
 - 2) investigatory or follow-up reports on all fires and accidents.
 - 3) certification that the water supply is in compliance with applicable local codes and state statutes.
 - 4) documentation that water and sewage systems have been approved by the appropriate regulating agencies.
 - 5) records of all inspections of food preparation areas that have been conducted by local or state health agencies.
 - 6) fire safety compliance reports.
- c. the MSP Safety committee or designee will review the above records and reports and will report any deficiencies to the appropriate administrator.

3. Daily Inspections

- a. all facility/program areas and life safety equipment must be visually inspected by the staff assigned to those areas on a daily basis.
- b. any staff member observes a deficiency or problem during these daily inspections must document the problem on an incident report. The supervisor must take appropriate action to correct the problem.

4. Weekly Inspections

- a. each department head or designee will tailor the *MSP Weekly Safety Inspection form* (Attachment A) to meet the unique circumstances of each area they oversee. The form Must be approved by the MSP Safety Committee before it is utilized.
- b. each department head or designee must complete, at a minimum, weekly safety inspections in the areas they are responsible for, using their specific *Weekly Inspection form*.
- c. the staff designated to complete the weekly inspections will forward all completed weekly inspection forms to the department head who oversees their area.
- d. each department head or designee will forward the last weekly inspection form(s) for each month to the MSP Safety Committee to review.
- e. each department head or designee will, at a minimum, maintain the last six months of the weekly safety inspection forms.

5. Monthly Inspections

- a. staff, as designated by the MSP Safety Committee, will conduct monthly inspections of the Wallace Building.
 - 1) the designee must complete the inspection prior to the end of the second week of

Procedure No.: 3.2.13	Chapter 3: Facility/Program Operations	Page 3 of 3
Subject: SAFETY INSPECTIONS		

- of the month.
- 2) the designee must submit the completed inspection form to the MSP Safety Committee prior to the beginning of the third week of the month.
- b. due to the fact that the Wallace Building is located outside the secure perimeter, is primarily a staff office area, and is not utilized as a production, program, or housing area by inmates, weekly inspections are not required.
- c. Attachment C shows the floor plans of the Wallace Building. All areas/rooms/offices, with the exception of those shaded in gray, will be inspected monthly.
 - 1) Command Post staff will ensure the security areas of the building are inspected in accordance with *MSP 3.1.15 Security Inspections*.
 - 2) maintenance staff will ensure the maintenance areas of the building are inspected In accordance with *MSP 2.1.1 MSP Maintenance*.
- 6. Quarterly Life Safety Inspections
 - a. emergency or life safety equipment inspections must be conducted and/or coordinated by subject matter experts, and reports from these inspections must be forwarded to the MSP Safety Committee or designee for processing.

C. Annual Review Requirements

- 1. Annual inspections (such as health, boiler, FDA, etc.) should be conducted by independent parties to ensure and document compliance with all applicable laws and regulations related to fire safety, sanitation, and health, including adequacy and operation of the fire alarm and smoke detection systems. The purposes of these inspections will be to examine compliance with applicable laws and regulations and identify problem areas which need to be addressed.

D. Follow Up

- 1. The MSP Safety Committee will note deficiencies found during the independent, weekly, monthly, quarterly, annual or external agency reviews on a Corrective Action Plan form (Attachment C), and copies will be forwarded to the responsible staff for completion.
- 2. The Warden, MCE Administrator and Safety Committee are responsible for responding to all non-compliance findings.

IV. CLOSING

Questions concerning this procedure should be directed to the MSP Safety Committee

V. ATTACHMENTS

MSP Weekly Safety Inspection Form
 Corrective Action Plan Form
 Wallace Building Floor Diagram

Attachment A
 Attachment B
 Attachment C



WEEKLY SAFETY INSPECTION FORM

Department/Area _____

Date: _____

Instructions: Check (X) each Item below as "Satisfactory" or "Unsatisfactory". Add any pertinent comments and the location of the hazard(s) in the space provided for each item checked "Unsatisfactory".

The last Weekly Safety Inspection form for each month must be forwarded to the MSP Safety Committee by the last Friday of the month. Make copies for your file.

GENERAL SAFETY	S	U	COMMENTS/CORRECTIVE ACTION	COMPLETE DATE
Are warning signs posted where applicable (hard hat area, high nose levels, etc)?				
Are furnishings such as (tables, chairs etc) properly constructed and in good repair?				
Appropriate food are at proper temperatures and documented				
Are food items properly stored when applicable?				
Applicable equipment in good working condition				
Hand/Guardrails - available and secure				
Mats in place where needed				
Floors and walkways are clear from slip, trip and fall hazards				
Non - slip surfaces in good condition				
Other				

PERSONAL PROTECTIVE EQUIPMENT	S	U	COMMENTS	COMPLETE DATE
Gloves, as necessary, in use				
Is PPE (personal protective equipment) being used when necessary?				
Are PPE requirements (eye, ear, head and hand) posted where necessary?				
Other:				

FIRE PROTECTION	S	U	COMMENTS	COMPLETE DATE
Fire extinguishers charged, serviced within the last year, tagged and accessible				
Emergency evacuation plans posted				
Emergency exit doors & gates clearly marked and operable				
Fire drills conducted and documented (monthly)				
Weekly manual operation of fire doors				
Are thresholds under fire doors free of obstruction?				
Clean-up rags stored properly				
Fire plan current and in place				
Other:				

HAZARDOUS MATERIAL	S	U	COMMENTS	COMPLETE DATE
Are all hazardous materials stored properly in your work area?				
Hazardous materials containers are properly labeled as to contents and hazard warnings				
Are unneeded or outdated chemicals disposed of properly (not down the sink or general trash)				
Appropriate hazardous materials/sharp containers storage and disposable				
Is the area free from visible chemical spills or leaks?				
Are material safety data sheets (MSDS) available?				
Other:				

MEDICAL / FIRST AID	S	U	COMMENTS	COMPLETE DATE
First aid kit readily available, and periodically inspected				
First aid supplies kept replenished as needed				
Ambu bag available				
Blood spill kit available				
AED if available				
Monthly AED battery check				
Other				

ELECTRICAL SAFETY	S	U	COMMENTS	COMPLETE DATE
Extension cords not used for permanent wiring				
Breaker panels and control box covers closed				
Do circuit breaker panels identify the circuits they control?				
Plugs and electrical outlets in good condition				
Circuits not overloaded				
Electrical wires not running under carpets				
No storage in front of electrical switches, panels and lights				
Other				

STORAGE	S	U	COMMENTS	COMPLETE DATE
Are stored materials stacked & spaced properly?				
Are storage shelves and bookcases properly secured?				
Are storage areas kept free from accumulation of materials that constitute hazards from tripping, fire, explosion or pest harborage?				
Are the largest & heaviest pieces stored on the bottom of the pile or the lower shelves of storage units				
Is there at least 18 inches clearance between stacked materials and sprinkler heads				
Are pallets stored / stacked in a safe manner?				
Other				

WORKSTATION ERGONOMICS	S	U	COMMENTS	COMPLETE DATE
Any workstation ergonomics issues should be forwarded to the Safety Committee.				

SAFE LIFTING	S	U	COMMENTS	COMPLETE DATE
Are workers aware of safe lifting techniques?				
Are workers avoiding heavy loads and splitting into smaller loads or asking for help?				
When lifting, bend knees and keep back straight and vertical				
Other				

Printed Name

Inspector's Signature

Date

Department Head or Designee

Date



Safety Chairperson or Designee Signature

MSP 3.2.13, Safety Inspections

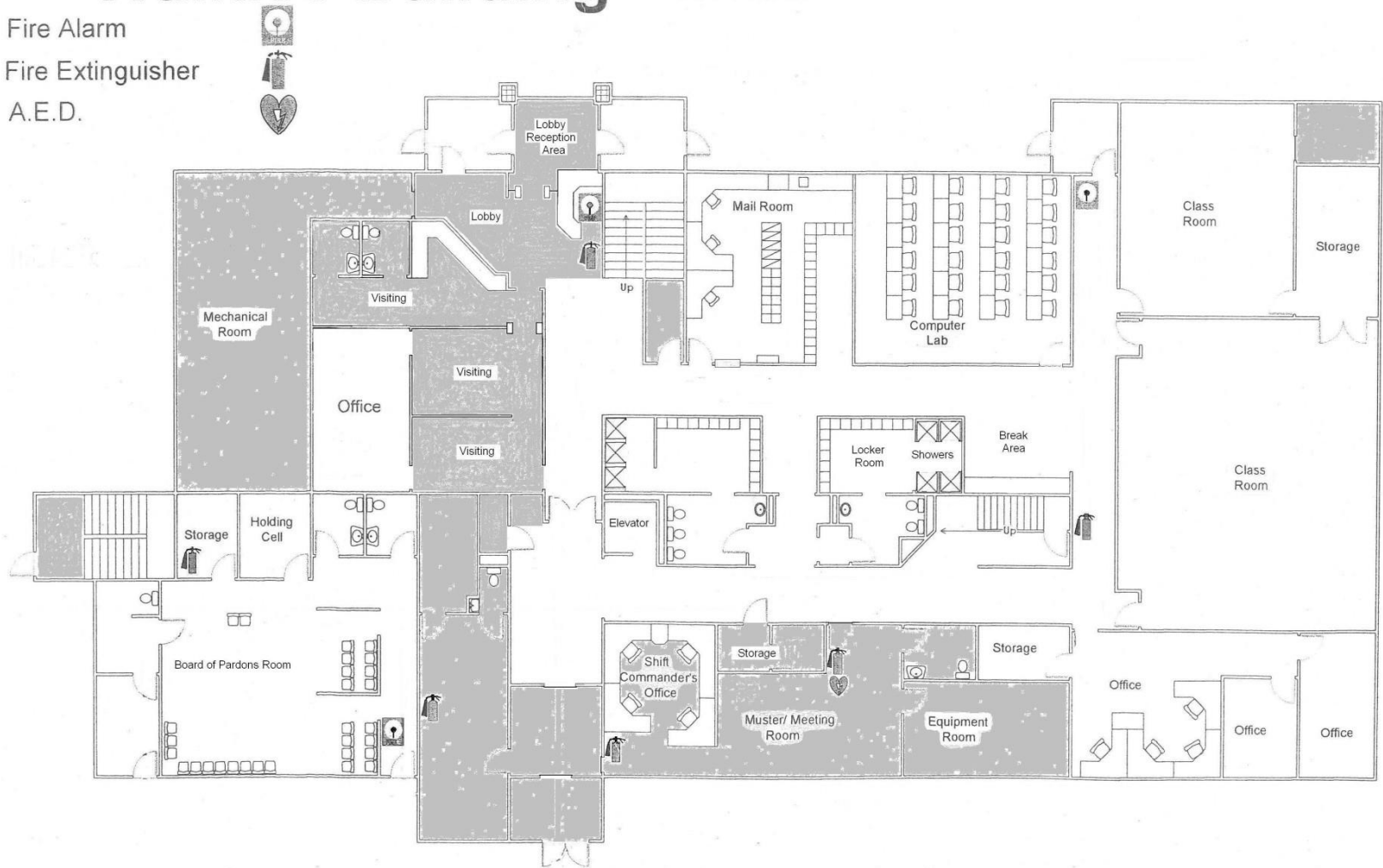
Effective January 17, 2012

Wallace Building 1st Floor

Fire Alarm

Fire Extinguisher

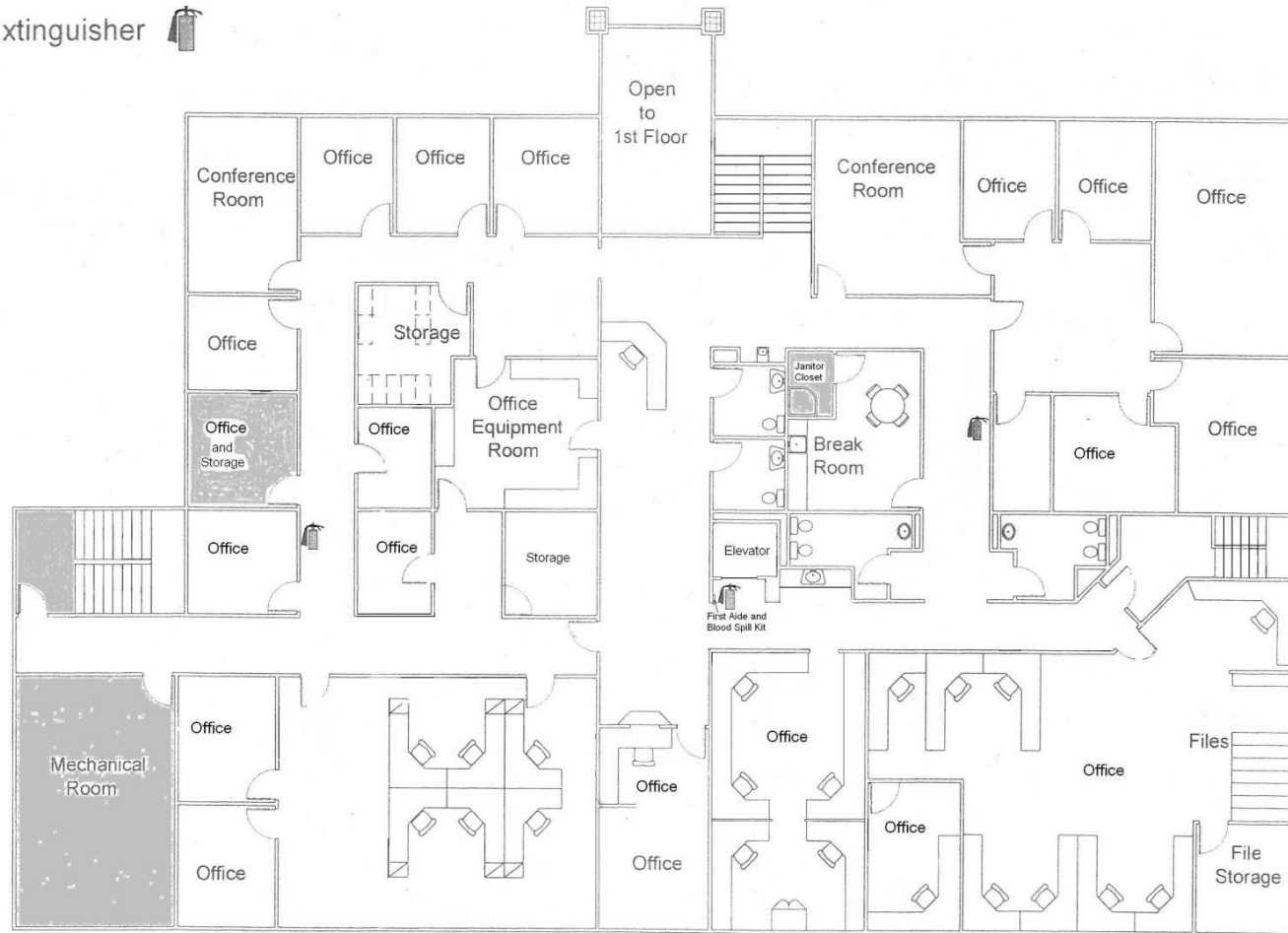
A.E.D.



Conduct safety inspections in all areas/offices that aren't shaded in gray.

Wallace Building 2nd Floor

Fire Extinguisher 



Conduct safety inspections in all areas/offices that aren't shaded in gray.



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.2.16 POST TRAUMA RESPONSE	
Effective Date:	January 31, 2003	Page 1 of 4 and no Attachments
Revision Date(s):	March 6, 2020	
Reference(s):	DOC Policy 3.2.1	
Signature:	/s/ Lynn Guyer / Warden	

I. PURPOSE

All employees exposed to critical job-related incidents or crisis events shall be provided assistance through Post Trauma Response.

II. DEFINITIONS

Critical Incident - is any situation that may cause participants and/or witnesses to experience unusually strong physical, psychological or emotional responses, having the potential to impair ability to function, either at the incident or later. Critical incidents include but are not limited to: death, serious injury or accident, discharge of a firearm/shooting, hostage taking, major disturbance/riot, serious offender provocation, suicide or serious attempt, assault, sexual assault/rape, natural disasters, blood/body fluid exposure, executions, or a use of deadly force.

Critical Incident Furlough - means paid work hours for an employee who is removed from the work site due to a critical incident normally not to exceed forty hours.

Critical Incident Stress Management (CISM) Debriefing - means specially structured meetings between persons directly involved in the critical incident and peer and mental health debriefing leaders. A CISM debriefing is concerned with the physical, emotional, and psychological reactions of individuals to the event in a systematic and non-threatening way in hopes of reducing the impact of the event. A debriefing is not an investigation and does not have any punitive possibilities related to the effectiveness of the system response to the incident and typically takes place within 14 days. CISM must occur prior to the Critical Incident Review (CIR).

Critical Incident Stress Management (CISM) Team Leader – a person trained in Peer Support, assigned by the Warden who coordinates and directs the CISM Team, and develops a specific plan for debriefing.

Critical Incident Stress Management (CISM) Team Member – an individual specially trained to provide critical incident stress management and response services.

Critical Incident Trauma - is any physical, psychological or emotional reaction to a critical incident or crisis event that hampers one's ability to function.

Defusing - is an informal meeting between a trained CISM Team member and affected employee(s) within hours of a critical incident. The purpose is to immediately assess the affected employee(s), provide tips on managing critical incident trauma, and allow employee(s) to talk

Procedure No. MSP 3.2.16	Subject: POST TRAUMA RESPONSE
Effective Date: March 6, 2020	Page 2 of 4

about the incident.

Mental Health Professional - is a licensed clinical social worker, licensed psychologist or other licensed professional counselor who is trained in the Critical Incident Trauma-debriefing model, and who has an understanding of, and experience with, both the role of a corrections employee and the Department.

Supporter - is an employee trained to provide peer support in the form of one-on-one discussions, defusing, debriefing and assistance a mental health professional in conducting a critical incident stress debriefing.

III. PROCEDURES

A. General Requirements:

1. Services available to persons who have been subject to a critical incident may include but are not limited to the following:
 - a. Support for staff victims and first responders;
 - b. Support for staff families;
 - c. Critical Incident Trauma response;
 - d. Counseling through Employee Assistance Programs;
 - e. Hostage rehabilitation, if applicable; and
 - f. Assistance with benefit and insurance issues.
2. MSP shall maintain an Employee Assistance Program (EAP) to aid employees who experience long-term incident related trauma; and
3. Evaluation by the employee assistance provider or Department mental health staff, where applicable, will be mandatory for an employee involved in any of the following on-the-job incidents:
 - a. Use of force that results in serious injury/death;
 - b. Witnessing or involvement in any incident where serious injury or death occurs;
 - c. Sexual assault;
 - d. Serious injury due to an offender assault;
 - e. Involvement in a shooting incident;
 - f. Involvement in a hostage situation; and
 - g. Other incidents the Warden or designee believes to have a potential for post trauma effects.

B. Activation:

1. In the event of a crisis event or critical incident, the Warden or Incident Commander must ensure that all involved employees are identified and that they attend a mandatory critical incident stress management session;
2. The following intervention techniques may be employed, all or in part, in a crisis event or critical incident:
 - a. One-on-one peer support;

Procedure No. MSP 3.2.16	Subject: POST TRAUMA RESPONSE
Effective Date: March 6, 2020	Page 3 of 4

- b. Defusing; and/or
 - c. Critical incident stress management debriefing.
- 3. If a CISM team is needed the Incident Commander will notify the CISM Team Leader.
- 4. The Incident Commander will:
 - a. Will notify the CISM Team Leader of the event;
 - b. May relieve the affected employee(s) from assigned duties as soon as possible utilizing the Critical Incident Furlough. The employee may be assigned to duty status at home or to another work location. If assigned to duty status at home, the employee is required to comply with directions from supervisory staff regarding counseling or other help intervention. The Warden will decide when a Critical Incident Furlough will terminate after consulting with a designated mental health professional;
 - c. May assign supporter(s) to be with the affected employee(s);
 - d. May identify the affected employee(s) for mandatory defusing/debriefing;
 - e. May determine the level of services to be activated; and/or
 - f. May identify a defusing/debriefing site.

C. CISM Team Leader:

The Warden shall designate a CISM Team Leader who will:

- 1. Provide advice and counsel to the Commander and assist Post Trauma Services;
- 2. Maintain a peer support recall list of Critical Incident Stress Management trained staff;
- 3. Designate an area for briefings for the families of staff;
- 4. Designate an alternate CISM Team Leader in the event of unavailability;
- 5. Establish contact with the Command Center for briefing, implement the Emergency Post Orders for Post Trauma and arrange for logistical support for families of staff victims/first responders to include:
 - a. Activate the emergency log;
 - b. Identify and assign staff to serve as staff family liaison;
 - c. Identify staff involvement;
 - d. Assign staff to assist with transportation, lodging, child-care and any other special service coordination;
 - e. Assign staff to redirect media inquiries to the Public Information Officer (PIO);
 - f. Activate Critical Incident Stress Management Team members;
 - g. Ensure referral to the Employee Assistance Program (EAP); and
 - h. Ensure follow-up care is provided as recommended.
- 6. Assist in CISM Team selection; and
- 7. Arrange quarterly training for CISM Team members

D. Department Mental Health Professional Involvement:

In preparation for dealing with a crisis event or critical incident, designated mental health professionals will:

- 1. Provide consultation and assistance in the development of the CISM operations;
- 2. Assist in determining CISM Team training needs and developing lesson plans and training modules;
- 3. Maintain a list of mental health referral resources;

Procedure No. MSP 3.2.16	Subject: POST TRAUMA RESPONSE
Effective Date: March 6, 2020	Page 4 of 4

4. Assist in quality assurance and other documentation useful for CISM research and program evaluation;
5. Ensure integrity of patient confidentiality regarding CISM;
6. Maintain a current phone list of all Department staff trained in CISM;
7. Maintain an on-call list of Department Mental Health Professionals; and
8. Make recommendations to Incident Commanders regarding critical incident furlough issues.

E. On-Site Supervisor/Commander:

In the event of a crisis event or critical incident, the on-site Supervisor/Commander will:

1. Whenever possible, remove the involved employee(s) from the area in which the event occurred; and
2. Complete an incident report documenting the removal of the involved employee(s) and the reason for the removal; and
3. Notify the CISM Team Leader.

IV. CLOSING

Questions concerning this policy should be directed to the MSP Warden.

V. ATTATCHMENTS

None



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.2.20 HAZARDOUS MATERIALS INCIDENTS	
Effective Date:	September 4, 2001	Page 1 of 2 and 1 Attachments
Revision Date(s):	February 28, 2003, September 15, 2020	
Reference(s):	DOC Policy 3.2.1	
Signature:	Isl Jim Salmonsén/Interim Wai·den	

I. PURPOSE

To minimize hazards to staff, visitors, inmates, state property and the environment from incidents involving hazardous material spills or releases by responding in the most expedient and safest manner possible.

II. DEFINITIONS

Hazardous Material - Means any element, chemical compound, or mixture of elements or compounds that may constitute a physical, health or major environmental hazard as defined by law.

Hazardous Material Emergency - Means an actual/potential hazardous material spill, or release that could threaten public health or the environment and requires an emergency response to mitigate the conditions.

HAZMAT Emergency Response - Means a coordinated response effort by employees from outside the immediate release area, or by outside responders (memorandum of understanding groups, local fire departments, etc.), to an occurrence that results in, or is likely to result in, an uncontrolled hazardous material spill, or release.

Hazardous Material Spill - Spill of any hazardous material in a quantity or location that staff has not been trained to handle. Emergency spills are generally more than a liter in volume and involve a highly toxic or reactive compound, present an immediate fire or environmental hazard, or require additional Personal Protective Equipment (PPE), (i.e., respirator) and specialized training to properly cleanup.

Safety Data Sheet (SDS)- Written or printed material concerning a hazardous chemical that is prepared in accordance with the OSHA Hazard Communication Standard (29 CFR 1910.1200). Formally known as Materials Safety Data Sheets (MSDS), an SDS contains information on the potential health effects of exposure to chemicals, or other potentially dangerous substances, and on safe working procedures when handling chemical products.

III. PROCEDURES

A. REPORTING

Subject: Hazardous Materials Incidents

1. When a staff member is alerted to a hazardous or a potential hazardous material spill, or release, they will imminently notify their supervisor who will promptly notify Command Post. In the event a supervisor is not readily available, staff will imminently notify Command Post.
2. Staff will provide as much information as possible to Command Post such as:
 - a. location of incident.
 - b. type of hazardous material spill or release (if known) and SDS information. SDS Information can be found in \\corh\ncen16\MSPData\Maintenanace\SDS SHEETS.
 - c. any known injuries.
 - d. name of person who reported the hazardous spill or release (if known).
3. An incident report will be completed by all staff involved in the incident in accordance *MSP 1.1.6 Incident Reporting*.

B. RESPONSE

1. The Incident Commander will initiate the *Hazardous Material Emergency Checklist (Attachment A)*. The checklist outlines actions to be followed. The actual steps performed may vary based on the severity of the HAZMAT incident.
2. Only trained HAZMAT Responders may initiate appropriate measures to plug, patch or otherwise stop the spill or release of hazardous materials, or enter the affected area(s) for rescue or cleanup operations.

IV. CLOSING

Questions concerning this procedure should be directed to the Emergency Preparedness Manager.

V. ATTACHMENTS

MSP Hazardous Material Emergency Checklist

Attachment A



HAZARDOUS MATERIALS

EMERGENCY CHECKLIST

Location / Unit:	Date:
Name / Title:	Operational Period:

ACTION		DATE	START TIME	END TIME
<input type="checkbox"/>	Verify information: Type of disaster			
	Location / source			
	o Internal (Cell, Multiple Cells, Functional Area)			
	o External: Outbuildings/ Wildfire			
<input type="checkbox"/>	Call CHEMTREC at 1-800-424-9300 for information on chemicals. The number is a 24/7 number.			
<input type="checkbox"/>	Determine status and scope of incident:			
	▪ Area(s) affected and level of impact (e.g., safety and operational issues)			
	Estimated number of exposed people			
	▪ Symptoms displayed by those involved			
	Description and direction of vapor cloud			
<input type="checkbox"/>	If spill, verify site is isolated and contained			
<input type="checkbox"/>	Stop all movement until the threat has been assessed:			
	▪ Post staff at all entrance points of the affected area(s) to restrict unauthorized entrance/exit			
<input type="checkbox"/>	Start Notifications			
<input type="checkbox"/>	Fire Brigade/ Maintenance on call			
<input type="checkbox"/>	Local Fire Department			
<input type="checkbox"/>	Notify as a Priority 1 Event			
<input type="checkbox"/>	Powell County Department of Emergency Services Coordinator			
<input type="checkbox"/>	Department of Environmental Quality Duty Officer			
<input type="checkbox"/>	Determine need for shelter in place:			
	▪ Direct people indoors			
	Evaluate perimeter post			
	▪ Shut down HVAC if applicable			
	Seal doors and windows			

HAZARDOUS MATERIALS

EMERGENCY CHECKLIST, CONTINUED

ACTION, <i>CONTINUED</i>		DATE	START TIME	END TIME
<input type="checkbox"/>	Direct necessary movement after receiving information from Incident Commander: ▪ Post staff at perimeter to keep unauthorized persons from entering, and assist in ingress/egress of emergency responders			
<input type="checkbox"/>	Identify staging areas ▪ Identify/ coordinate with Outside Agency Liaison(s)			
<input type="checkbox"/>	Ensure all appropriate notifications are made			
<input type="checkbox"/>	Account for all staff, offenders, and visitors			
<input type="checkbox"/>	Determine need for evacuation, internal or external			
<input type="checkbox"/>	Safety Data Sheets (SDS) are available			
<input type="checkbox"/>	Determine need for medical or mass care			
<input type="checkbox"/>	Secure incident site as a crime scene			
<input type="checkbox"/>	Evaluate inventory of: ▪ Food			
	▪ Clothing			
	▪ Potable drinking water			
	▪ Medical supplies			
	▪ Available shelter			
	Other resources			

Continued next page

EMERGENCY CHECKLIST, CONTINUED

ACTION, <i>CONTINUED</i>		DATE	START TIME	END TIME
<input type="checkbox"/>	Develop operations plan for:			
	▪ Emergency medical services			
	▪ Decontamination			
	▪ Meals			
	Staff and offender families			
<input type="checkbox"/>	Inform staff of situation status			
<input type="checkbox"/>	Consider increase in staffing level after evaluating:			
	▪ Magnitude of the event			
	▪ Area(s) involved			
	Number of offenders and custody level			
<input type="checkbox"/>	Determine immediate need for Peer Support			
<input type="checkbox"/>	Collaborate with responsible agency (e.g. Fire, police, HAZMAT, medial) before returning to evacuated buildings			

NOTES:



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.3.2 INMATE ACCESS TO COURTS
Effective Date:	June 10, 2002 Page 1 of 3 and no Attachments
Revision Date(s):	July 1, 2007, July 13, 2009, March 7, 2017, September 6, 2019, October 1, 2019, September 1, 2020
Reference(s):	DOC 3.3.2
Signature:	/s/ Jim Salmonsens / Interim Warden

I. PURPOSE

To provide assistance to inmates who desire to access the courts.

II. DEFINITIONS

Pro se – the inmate represents himself in court without an attorney.

III. PROCEDURES

A. Inmate Legal Access

1. The Warden or designee will ensure MSP inmates have meaningful access to the courts by providing:
 - a. a minimum of one computer with electronic legal research capabilities in the high side library, the low side library, the Work Reentry Center Library, and one for use by inmates with disabilities;
 - b. forms that inmates may utilize to file complaints or petitions;
 - c. reasonable accommodations for legal access will be made for indigent inmates, inmates with disabilities, and inmates in restrictive housing units; and
 - d. assistance to illiterate and non-English speaking inmates who wish to access legal material. Illiterate and non-English speaking inmates that need assistance will be referred to the Education Department for assistance.

B. Attorney Access to Inmates

1. Inmates who desire a consultation with their attorney will, upon reasonable notice by their attorney, be allowed to consult alone and in private with the attorney in accordance with procedures outlined in *MSP 3.3.8, Inmate Visiting*. The Warden may limit attorney visits if such visits present a threat to the safety, security, or orderly operation of MSP.
2. Inmates are allowed to correspond with attorneys and the courts in accordance with the provisions outlined in *MSP 3.3.6, Inmate Mail*.

C. Inmate Legal Materials and Assistance

1. Inmates will be provided access to MSP procedures and DOC policies and the following legal materials at the libraries:

Procedure No. MSP 3.3.2	Subject: INMATE LEGAL ACCESS TO COURTS
Effective Date: September 1, 2019	p. 2 of 3

- a. the Montana Code Annotated
 - b. the published decisions of the Montana Supreme Court
 - c. the decisions of the Montana federal district court
 - d. the decisions of the Ninth Circuit Court of Appeals
 - e. the decisions of the United States Supreme Court
 - f. the United States Code, Titles 28 and 42
 - g. federal and state rules of court
 - h. the Administrative Rules of Montana, Title 20
 - i. The non-restricted DOC Policies and applicable facility procedures
2. The following forms will be available for inmates in the libraries or from the librarian:
 - a. Montana State District Court:
 - 1) Affidavit of Inability to Pay Filing Fees
 - 2) Motion to Withdraw a Plea of Guilty
 - 3) Petition for Post-Conviction Relief
 - 4) Petition for DNA Testing
 - 5) Petition for Writ of Habeas Corpus
 - 6) Motion
 - b. Montana State Supreme Court:
 - 1) Motion to Proceed on Appeal Without Payment of Filing Fee
 - 2) Notice of Appeal
 - 3) Petition for Writ of Habeas Corpus
 - c. United States District Court – District of Montana:
 - 1) Petition Under 28 U.S.C. § 2254 for Writ of Habeas Corpus
 - 2) Complaint (Pro Se Prisoner)
 - 3) Motion to Proceed in Forma Pauperis
 - d. Other:
 - 1) Application for Review of Sentence
 - 2) Application for Executive Clemency

D. Copies and Notary Services

1. A copy machine is available in the low side library for producing photocopies of legal research or court pleadings an inmate needs to pursue litigation.
 - a. Inmates may purchase copy coupons from the librarians. The coupons will be used by the inmates to exchange for:
 - 1) The photocopies of legal research or court pleadings that are made for them by the librarians or their designee.
 - 2) Each page of a policy or procedure that are printed out for them by the librarians or their designee.
 - b. The cost of the coupons, which may include an administrative fee, may not exceed 25¢ per page.
 - c. Inmates in restrictive housing units, and those with disabilities preventing them from accessing the library, may get photocopies or print outs of the materials referenced above by sending an OSR to the librarians, who will process the requests.
 - d. Indigent inmates may request up to 30 pages of copies per month of the materials referenced above from the librarians. The librarians will approve or reject the request based upon the inmate's name being on the current indigent list.

Procedure No. MSP 3.3.2	Subject: INMATE LEGAL ACCESS TO COURTS
Effective Date: September 1, 2020	p. 3 of 3

2. Notary service is available to inmates through their housing unit Case Manager. Notary service is free of charge for the first five documents per month. Inmates may be charged up to \$2.00 per document for any additional notarizations.

E. Inmate Personal Legal Papers

1. An inmate may retain only their own personal legal papers in accordance with *MSP 4.1.3, Inmate Personal Property*.

F. Prohibited Inmate Activities

1. An inmate may not provide legal work or write a legal document for another inmate. To do so is a disciplinary rule violation subject to potential disciplinary action pursuant to *MSP 3.4.1, Institutional Discipline*.

G. Other Legal Issues

1. Indigent inmates receive paper, envelopes, and writing instruments in their indigent packages for writing and mailing legal documents and may request first class postage for legal mailings not to exceed eight mailings or a maximum of \$10.00 postage per month.
2. Inmates may not save or store data or information for their personal use on state owned computers. Any inmate document saved on a state computer is subject to deletion.

H. Prohibition on Retaliation

1. MSP staff will not retaliate against or penalize any inmate who chooses to access the courts.

IV. CLOSING

Questions concerning this operational procedure should be directed to the DOC Legal Services Bureau.

V. ATTACHMENTS (none)



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	3.3.4 MEDIA ACCESS TO INMATES	
Effective Date:	September 4, 2001	Page 1 of 3 and 1 Attachment
Revision Date(s):	September 15, 2020, January 15, 2022	
Reference(s):	DOC Policy 3.3.4 Media Access to Offenders	
Signature:	/s/ Jim Salmonsens /Warden	

I. PURPOSE

Montana State Prison (MSP) to include Riverside Special Needs Unit (RSNU) and Montana Correctional Enterprises (MCE) will accommodate reasonable requests by the media to interview inmates to the extent practicable, appropriate, and consistent with the safety and security needs of MSP, RSNU and MCE.

II. DEFINITIONS

Administrator – The official, regardless of local title (division or facility administrator, bureau chief, warden, superintendent), ultimately responsible for the operation and management of a division or facility program.

Incident – Any event, circumstance or behavior that could potentially jeopardize staff, inmates, or visitors or affect operations, safety or security or constitute a human rights violation.

Incident Commander (IC) - The individual with the overall authority and responsibility for conducting all incident activities and managing all operations at the incident site.

Inmate - Any person residing in a secure facility under the supervision of the Department of Corrections

News Media Representatives - Properly credentialed representatives of any accredited news organization that reports news for a general circulation newspaper, news magazine, national or international news service, radio or television news program, and internet news service. Authors and freelance journalists who are researching and/or writing about corrections or criminal justice issues must provide their credentials to verify their association with legitimate news or media organizations. Nothing in this definition is intended to remove from the Department director, Department communications director, or facility PIO the discretion to determine who constitutes news media representatives for purposes of access to offenders.

Public Information Officer (PIO) - An official spokesperson designated by the administration to provide facility or program information to the public.

Policy No.: MSP 3.3.4	Chapter 3: Institutional Operations	Page 2 of 3
Subject: MEDIA ACCESS TO INMATES		

III. PROCEDURES

A. General Requirements

1. Inmates may choose to accept or reject media interview requests. The procedures for these media interviews during non-emergency conditions are as follows.
2. Media access to inmates incarcerated at MSP, MCE, AND RSNU will be permitted at reasonable times of the day consistent with the security needs of the facility.
3. All requests for interviews will be made through the PIO or designee in accordance with procedures outlined in *MSP Procedure 1.1.10 MSP/MCE Tours and MSP 1.1.8 Media Relations*.
4. The PIO or designee must obtain approval from the Warden or designee before scheduling a time for news media representatives to come onto facility property.
5. Media representatives may be permitted to interview inmates; however, the inmate must consent in writing (attachment A) to be interviewed for a stated purpose and without compensation. If the inmate is sentenced to death, consent must be received from the attorney of record as well as from the inmate. These forms are available from the PIO.
6. An inmate may not be photographed in a manner which is individually identifiable unless he has signed the above noted consent form.
7. Any special requirements created by the presence of a news media representative must be made in advance.
8. The PIO or designee shall arrange for a staff person to accompany the news media representative during the interview with the inmate. A staff person must be present to ensure that audio or video recording is done in an observable manner, and that the inmate has signed the required consent form prior to the interview.
9. The PIO must provide visitor rules and regulations to all news media representatives prior to any inmate interview taking place.

B. Denial of Media Access

1. Media access to inmates may be denied under the following circumstances:
 - a. When there are safety and security concerns.
 - b. When MSP is operating under emergency conditions.
 - c. When the inmate is being housed in restricted administrative segregation, administrative segregation, detention, or pre-hearing confinement.
 - d. When the inmate chooses not to be interviewed or refuses to sign a consent form.
 - e. When a media representative fails to abide by facility procedures or Department policies, rules, or regulations, or is behaving in a manner that jeopardizes the safety and security of the facility.

Policy No.: MSP 3.3.4	Chapter 3: Institutional Operations	Page 3 of 3
Subject: MEDIA ACCESS TO INMATES		

IV. CLOSING

Questions concerning this policy shall be directed to the Public Information Officer/Victim Information Officer or designee.

V. REFERENCE

DOC Policies 1.1.8 Media Relations; 3.3.4 Media Access to Offenders; 3.2.1 Emergency Management.

VI. ATTACHMENTS

Interview / Photo Consent form

Attachment A



MONTANA DEPARTMENT OF CORRECTIONS

Montana State Prison

Interview/Photo Consent Form

For Adult

Upon consent, I, _____, DOC ID# _____

I in response to a request properly made by: _____
(Name/Organization)

grant permission to the above-named requesting party to conduct an interview and record the same both manually and electronically and/or take photographic portraits or pictures, moving pictures, audio/visual recordings, or other imaging according to the box checked below. I further grant permission to the requesting party and those acting under its authority to copy, use, and publish for advertising, instruction or any other lawful purpose whatsoever, any statements, in full or in part, made by me during such interview, and any photographic portraits or pictures, moving pictures, audio/visual recordings, or other imaging of me in which I may be included in whole or in part.

I do hereby waive any right I may have to inspect or approve the finished product or the use to which it may be applied; and release the Montana Department of Corrections, its successors and assigns, and all persons acting under its permission or authority, from any liability by virtue of the use and publication of said interview and/or images.

I relinquish and give to the requesting party all right, title, and interest that I may have in the finished product, copies thereof, and materials used in its production; and further grant the requesting party the right to give, sell, transfer, and exhibit said product or any portion, copy or facsimile thereof, for any purpose it deems necessary and proper.

I do further waive all rights that I may have to any claims for payment or royalties in connection with any exhibit, publication, broadcast, or other use of said finished product or portion thereof.

I hereby **CONSENT** to:

☐ **Interview & Photo**

☐ **Interview Only**

☐ **Photograph Only**

Date Signed

*Inmate Signature

Date Signed

Department, Facility, or Program Official

I hereby **REFUSE**:

☐ **Both Interview and Photo**

Date Signed

Inmate Signature

This consent becomes invalid 30 days after the date of inmate's signature.



MONTANA STATE PRISON OPERATIONAL PROCEDURE

Procedure:	MSP 3.3.5 INMATE / STAFF COMMUNICATION METHODS
Effective Date:	06/10/2002 Page 1 of 4 with attachment
Revision Date(s):	05/13/2009; 01/24/2017; 09/15/2020; 05/20/2024
Signature/Title:	/s/ Jim Anderson, Public Safety Division Chief

I. PURPOSE

To allow and encourage inmates to communicate verbally and in writing with staff in accordance with established procedures. To facilitate the exchange of information between staff and inmates through the use of a standard *Offender/Staff Request (OSR)* form.

II. DEFINITION

Disability – See *DOC 3.3.15 Americans with Disabilities Act (ADA) Offender Accommodations* for the definition and an explanation of disability.

Emergency - For the purpose of this procedure means a condition that could result in serious physical or psychological harm to someone, or would constitute a threat to the safe, secure operation of MSP.

Offender / Staff Request (OSR) Form – An official Department form, commonly referred to as a “kite,” designed for offenders to communicate with staff and by which staff may respond to offenders.

Severe Mental Illness (SMI) – A substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory which significantly impairs judgment, behavior, or ability to cope with the basic demands of life. Intellectual disability, epilepsy, other developmental disability, alcohol or substance abuse, brief periods of intoxication, or criminal behavior do not, alone, constitute severe mental illness. The individual must also have or have had within the past year exhibited signs and symptoms of a mental disorder. See *MCA 53-21-102*. Specific classifications of mental disorders are elaborated in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders and are to be designated by a QMHP.

III. PROCEDURE

A. General Guidelines

1. Inmates and staff will use a standard *Offender/Staff Request (OSR)* form to exchange written information.
2. Inmate Requirements (noncompliance with these requirements may result in the *OSR* being returned to the inmate) are as follows:
 - a. inmates who have questions or problems requiring a written response from facility or Department staff must use an *OSR* form. Staff will not accept other written forms in place of the *OSR* to address these concerns. If an inmate communicates with staff by card, note or letter, disciplinary action may result. Inmates must submit medical and dental Health Care Request (HCR) forms to the Infirmary to address their medical concerns (see *DOC 4.5.16 Offender Non-Emergency Health Requests and Sick Call*), classification appeal forms to address their concerns about their classification reviews (see *MSP Procedure 4.2.1 Inmate Classification Program*), disciplinary appeal forms to address their concerns about their disciplinary hearing decisions (see *MSP 3.4.1 Inmate Discipline*), and the grievance forms noted in *MSP 3.3.3 Inmate Grievance Program* to initiate, file, or appeal a grievance;
 - b. if an inmate is unable to complete any form, including but not limited to an *OSR* form or

any form mentioned herein, as a result of a physical or mental disability, staff will assist the inmate in completing the form as follows:

- 1) the inmate will be required to report the information that otherwise would be written on the form to unit staff.
 - 2) once unit staff have communicated with the individual, staff will assist the inmate in completing the requisite form. If the staff member contacted is unable to sufficiently communicate with the individual, staff will request the assistance of appropriately trained staff or other persons with requisite training, such as the Offender ADA Coordinator.
 - 3) if an SMI inmate makes an oral request for an *OSR*, staff must either provide materials for the SMI inmate to write the *OSR* or draft the *OSR* on the SMI inmate's behalf during the shift of the staff member who received the request. Additionally, nothing precludes the staff member from relaying requests for mental health or medical services to mental health or medical staff without the required written *OSR*.
 - 4) all information shared between the individual inmate and staff will be confidential from other inmates and unnecessary staff and will not be disclosed other than to enable the inmate to have the requisite form filed or otherwise pursued or ensure that an appropriate accommodation is provided. If assistance is provided, an appropriate notation will be made in the offender management system.
 - 5) nothing in this section will be interpreted as prohibiting an inmate's attorney or a non-inmate representative from completing and submitting the form on the inmate's behalf. If the attorney or a non-inmate representative submits the form on the inmate's behalf, that person, as well as the inmate, will be notified of the facility's response;
- c. if the inmate, as a result of physical or mental disability, would be unable to sufficiently understand a written response provided to an *OSR*, grievance, appeal of a grievance, or any other form, the Offender ADA Coordinator and/or designee will meet with the inmate to discuss the decision; if applicable, the process for appealing the decision, and the timeframe within which the appeal must be filed.
- 1) This discussion shall be documented in the inmate's institutional record. All information shared between the individual inmate and staff will be confidential from other inmates and unnecessary staff and shall not be disclosed other than to enable the inmate to have the requisite form filed or otherwise pursued, to file or otherwise pursue a grievance, file or otherwise pursue an appeal, or to ensure that an appropriate accommodation is provided;
- d. if assistance is provided or any other requirement is waived, an appropriate notation shall be made in the offender management system;
- e. *OSR* forms will be readily available upon verbal request from housing unit staff;
- f. inmates must limit each *OSR* to one issue with the written contents limited to the space provided on the form and must not attach anything to the *OSR* or it will not be accepted. An inmate may only provide additional information pertaining to the issue when requested to do so by staff;
- g. inmates will use the institutional mail system to submit completed *OSR* forms to staff members. Inmates will not hand deliver *OSRs* to staff. *OSR* forms may be mailed either sealed or unsealed, and the inmate must address it to the appropriate staff member;
- h. multiple inmate signatures on an *OSR* will not be accepted;
- i. when an inmate submits multiple *OSR* forms referencing a particular issue to multiple staff, the forms may be forwarded to the appropriate staff member for a response. If the issue has been previously addressed the *OSR* will not be accepted;
- j. noncompliance with these requirements may result in an *OSR* being returned to the inmate unanswered; and
- k. an *OSR* containing demeaning, threatening, vulgar, or profane language or any violation of a procedure, policy, rule, or law will not be answered and may result in disciplinary or legal action against the inmate. The Warden may limit an inmate's use of the *OSR* system if the inmate is using it to harass or abuse staff.

3. Staff requirements are as follows:
 - a. as inmates must use an *OSR* form to submit written questions or problems to facility and Department staff, staff will not accept other written forms in place of the *OSR* to address these concerns, however no staff member will intercept, stop, destroy, delay, or otherwise attempt to interfere with an inmate using an *OSR* to communicate with staff;
 - b. housing unit staff will make *OSR* forms readily available to inmates. *OSR* forms will conform to the general guidelines set forth in *DOC 3.3.5 Offender / Staff Communication Methods*, regarding format as reflected in the attached sample;
 - c. staff response to the *OSR* must be written and must be timely. Staff members wishing to discuss the issue in person with the inmate must say that in the response. If an immediate response is impossible, the staff member must acknowledge receipt of the request and provide an anticipated date of response to the inmate;
 - d. all staff receiving an *OSR* form from an inmate will first determine whether its contents reveal an emergency, safety, or security issue. Emergency, safety, and security matters will receive immediate attention. If the staff member determines the issue addressed in the *OSR* is an emergency, they must respond to it within 24 hours from receipt of the *OSR*.
 - e. if the staff member who receives the *OSR* determines another person should address the issue they will forward the *OSR* to the appropriate staff member;
 - f. staff responding to an *OSR* dealing with safety and security issues will forward a copy to the inmate's housing unit staff who will file it in the records file as deemed appropriate by the Unit Management Team;
 - g. *OSRs* dealing with matters other than security and safety may contain information that may be important to properly classify the inmate(s), or to investigate subsequent inmate claims. Therefore, staff will evaluate all requests to determine whether or not they should be copied and appropriately filed, to assure all potentially pertinent requests are retained;
 - h. when the receiving staff member determines an alternative communication method (such as grievance, medical request form, or disciplinary appeal) is more appropriate, the staff member will provide this explanation to the inmate on the *OSR* form; and
 - i. staff will comply with the handling of communications from inmates with disabilities as set forth in *III.A.2* above.

B. Verbal Communication

1. Staff and inmates are encouraged to base their verbal communications on dignity, integrity, honesty, decency, and mutual respect. This includes the following:
 - a. staff and inmates will only speak to each other concerning facility related issues;
 - b. staff and inmates will not speak to each other outside of the staff member's work hours;
 - c. inmates are encouraged to address all staff members by their proper title (for example, Captain, Lieutenant, Sergeant, Officer, etc.,) followed by their last name;
 - d. staff are encouraged to address inmates by their last names; and
 - e. staff and inmates will not speak to others using demeaning, threatening, vulgar, or profane language. Violations may result in disciplinary action.

IV. CLOSING

Questions about this operational procedure should be directed to the immediate supervisor.

V. ATTACHMENT

Attachment A: Offender/Staff Request (OSR)



Date: _____

[illegible][illegible]

_____/_____
(Staff Member Signature) (Job Title) (Date)

TO: _____ **DATE:** _____
(Name and title of staff person)

SUBJECT: (Briefly state your question and or concern and the solution you are requesting. Your failure to be specific may result in no action being taken. If necessary you may be interviewed in order to successfully respond to this request)

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it is resting on a surface.[illegible]

 (StaffMember Signature) (Job Title) (Date)



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.3.7 INMATE ACCESS TO TELEPHONES	
Effective Date:	June 10, 2002	Page 1 of 5 and no Attachments
Revision Date(s):	July 13, 2009, December 22, 2016, January 30, 2021	
Reference(s):	DOC Policy 3.3.7 Offender Access to Telephones	
Signature:	/s/ Jim Salmonsens / Warden	

I. PURPOSE

To ensure inmates at Montana State Prison (MSP), Riverside Special Needs Unit (RSNU), and Montana Correctional Enterprises (MCE) have reasonable access to telephones. Telephone service is a privilege not a right. MSP, RSNU, and MCE recognize the importance of maintaining contact with community, friends and family while inmates are incarcerated and provide this service within limitations necessary to maintain order and security.

II. DEFINITIONS

Administrator – The official, regardless of local title (division or facility, bureau chief, warden, superintendent), ultimately responsible for the division, facility or program operation or management.

Attorney Calls – Telephone calls between an inmate and his attorney or attorney's documented representative(s).

Call Recording – Electronic interception and storage of sounds and conversations between an inmate and another party. The recording may be archived, reviewed and investigated by authorized staff.

Call Monitoring – Live, electronic interception of a telephone call by an authorized staff member listening to a verbal conversation between an inmate and another party.

Facility – Refers to any prison, correctional facility, correctional or training program under Department jurisdiction or contract.

Inmate Telephone System – the system authorized by the Department of Corrections to facilitate inmate telephone calls.

OMIS – Acronym for the Department's Offender Management Information System.

Pre-Paid Calls – Telephone calls placed by an inmate using funds from the inmate's pre-paid billing account.

TDD – Acronym for Telecommunication Device for the Deaf.

Teletypewriter (TTY) – A machine that prints written messages that have been sent using a telephone system.

Unit Management Team – The housing staff consisting of the Unit Manager, Case Manager(s) and Sergeants.

III. PROCEDURES

A. General Provisions

1. Inmates may make personal or legal phone calls using the designated inmate telephones located in accessible areas with collect call or pre-paid options located in housing units, subject to housing unit rules.
2. Inmates will provide their personal identification number (PIN) and validated voice recognition to gain access to the inmate telephone system.
3. Inmates are responsible for maintaining the security of their access information.
4. Inmates will be held accountable through the inmate disciplinary process in accordance with *MSP 3.4.1 Institutional Discipline* for misuse of the telephone including prohibited calls. Examples include but are not limited to the following:
 - a. three way or conference calls;
 - b. call forwarding;
 - c. calls to toll free and 900 numbers;
 - d. calls using prepaid phone cards or any other type of calling card;
 - e. calls to web-based phone messaging service or message retrieval service;
 - f. any damage to the inmate telephone system;
 - g. accessing or using another inmates account information; and
 - h. allowing inmate(s) to place call(s) on an account which does not belong to the inmate.
5. The Unit Management Team may authorize inmates to make calls on the state telephone system for special circumstances. At no time will an inmate be left unattended when authorized to make a call on a state telephone system.
6. Inmates are prohibited from answering phones, except as part of their training or job duties as outlined in *MCE 5.4.3.100 Inmate Workplace Telephone Privileges*.
7. All phone extensions that inmates use must not have direct dial out capability and must be programmed to go through a switchboard.
8. Telephone calls may be interrupted and/or terminated at any time without prior notice to the inmate or recipient of the call. Termination may be based on all or segments the conversation, certain topics or words, or as directed by staff for the safety and security of the institution.

B. Attorney Calls and Calls to Consular Offices

1. Inmates will use the inmate designated telephone system to place a call to their attorney(s).
2. Inmates can request to have attorney phone numbers added to the list of Attorney Privilege Calls. After the numbers are verified as belonging to attorneys, the phone numbers are added to the database and calls to those numbers are not monitored or recorded.
3. Inmates must dial 422 on the inmate telephone system to leave a message asking to add an attorney(s) number To the Attorney Privilege Call database. Century Link will then verify the number is a valid attorney number. Once verified, the number is added to the database and a voice mail is left for the inmate stating the number was added.

Subject: INMATE ACCESS TO TELEPHONES

4. In the event a call is placed on a state staff telephone to an attorney(s), the call may be monitored and recorded.
5. Inmates who are foreign nationals will have access to a diplomatic representative of their country of citizenship. Staff supervising calls to consular officers will:
 - a. verify the contact information;
 - b. place the call on a designated telephone; and
 - c. determine if the call is paid by the inmate or consular officer.

C. Inmate Work Assignment Telephone Use

1. The facility administrator or designee must review and approve each inmate who may have access to telephones as part of an assigned work program.
2. Inmates employed by MCE will be subject to the conditions set forth in *MCE 5.4.3.100 Inmate Workplace Telephone Privileges*.

D. Monitoring, Recording and Blocking Telephones

1. Inmates will have no expectation of privacy while placing general telephone calls.
2. The contents of monitored and recorded telephone conversations will be divulged only as necessary to safeguard the safety and security of the institution, in response to a court order or in the prosecution or investigation of a crime.
3. Telephone conversations that effect the safety and security of the institution will immediately be reported to Command Post. An incident report will be completed by the end of shift and turned in to Command Post in accordance with *MSP 1.1.6 Incident Reporting*.
4. The administrator or designee will ensure staff who are authorized to monitor inmate telephone calls receive the appropriate training from the Department approved vendor.
5. Department Investigators may place blocks on telephone numbers when complaints are received about inmates making abusive or unwanted telephone calls. Staff receiving complaints or requests to block phone numbers will refer the complainant to the Investigators Office.

E. Account Set Up And Services

1. Individuals wishing to receive calls from inmates must set up a prepaid phone account through the Department. Accounts will be tied to a phone number that has been approved by the Department. Information for setting up an account on Montana.gov, or by calling Century Link customer service department or going to ICSolutions.
2. When an inmate makes a call, the option to select a “prepaid collect” call or a “real time debit call” is given. If an inmate selects a prepaid collect call, the inmate’s friend or family member will billed in real time at the end of the call for the amount of time used if they accept the charges at the beginning of the call. If the inmate selects real time debit, the inmate’s account will be debited at the end of the call for the amount of time used.
3. MDIU and each housing unit will ensure inmates have written information about the inmate phone system and its use.

F. Emergency Calls

1. Emergency calls are those that involve a serious family illness, death, or impending disaster related to the inmate's family or property, or unexpected problems that need immediate attention that cannot be taken care of through written correspondence due to time limitations. If a staff member receives a phone call for an inmate related to an emergency, the staff member will take the name and phone number of the caller and give it to the inmate. If circumstances do not allow the inmate to respond with a collect call, housing unit staff may arrange for the inmate to receive an emergency phone call.

G. Inmates With Disabilities

1. Inmates with a disability, including but not limited to, inmates who are deaf or hard of hearing may request assistance with accessing telephones. Relevant accommodations may include, but shall not be limited to, access to TTY/TDD phones, videophones, and waiver of any time limits on calls. Any accommodations granted will be documented in OMIS. See DOC 3.3.15 Americans with Disabilities Act (ADA) Offender Accommodations, for the definition and an explanation of disability. Inmates may be required to turn in teletype paper produced by non-privileged telephone calls.

IV. REFERENCES

- A. *MCA 53.30.153 Telephone Requirements for State Prisons*
- B. *DOC Policy 3.3.7 Offender Access to Telephones*

V. CLOSING

Questions concerning this procedure should be directed to the immediate supervisor.

VI. ATTACHMENTS

None



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.3.8 INMATE VISITING
Effective Date:	December 7, 1999 Page 1 of 13 and 7 Attachments
Revision Date(s):	May 1, 2008, June 6, 2012, April 15, 2015, January 20, 2017, October 15, 2019, November 10, 2020, June 4, 2021, October 5, 2021, December 15, 2021
Reference(s):	DOC Policy 3.3.8
Signature:	/s/ Jim Salmonsens / Warden

I. PURPOSE

Montana State Prison (MSP) provides visiting privileges for inmates consistent with MSP security requirements and encourages family ties and supportive relationships important to the stability of inmates while incarcerated and upon release.

II. DEFINITIONS

Body Scan - A whole-body security screening device which utilizes low dose x-ray scanning in order to detect contraband, weapons, and similar items, hidden on and inside a person's body.

Canine Handler - A security staff member who works in collaboration with a specially trained canine.

Canine - A specially trained and certified canine used by the facility which is the property of Montana State Prison.

Canine Team - One handler with an assigned canine. Both handler and canine have been certified.

Contact Visit - A visit in which the offender and visitor are permitted limited physical contact.

Contraband - Any item possessed by an offender or found within the facility that is illegal by law, prohibited by policy or procedure, or unauthorized by those legally charged with the administration and operation of the facility.

Clothed Body Search - The manual body search of an individual that requires the removal of outer clothing, e.g., coats, hats, gloves; emptying of pockets; and inspection of papers, bags, books, or other carried items (also referred to as a pat search).

Disability-A physical or mental impairment that substantially limits one or more of a person's major life activities, a person has a history of such an impairment or a person who is regarded as having such an impairment. See Americans with Disabilities Act of 1990 42 USC 12010 as amended.

Immediate family member-An offender's legal spouse, natural or adoptive parents and children, siblings, grandchildren, grandparents, corresponding in-law, person verified as being primarily responsible for raising the offender in the absence of a parent and any other member of the offender's household.

Official Visitors - Visitors to a facility acting in an official capacity, e.g., law enforcement, correctional personnel, judges, licensed attorneys, legislators, and others on official business.

Pat Search -The manual body search of an individual that requires the removal of outer clothing, e.g., coats, hats, gloves; emptying of pockets; and inspection of papers, bags, books, or other carried items (also referred to as clothed body search).

Reasonable Suspicion - A conclusion drawn from specific, objective facts which would permit a reasonable and experienced correctional staff person to suspect that an individual or set of circumstances poses a threat to facility security or to the health, safety, and security of offenders, staff, visitors, contractors, or community members, including, but not limited to, committing, or conspiring or attempting to commit a crime or rule violation.

Unclothed Body Search -A visual inspection of an individual's unclothed body and thorough search of the unworn clothing to detect concealed contraband (also referred to as a strip search).

Visiting Supervisor - The second shift Lieutenant assigned by the second shift Captain to oversee the MSP visiting program.

III. PROCEDURES

A. General Requirements

1. Visiting is a privilege and not a right for both inmates and members of the general public. Visitors may be denied entrance or visits may be terminated early for violation of any of the conditions outlined in *MSP Visitor Dress Code & Visiting Rules and Regulations* (attachment D).
2. The Associate Warden of Security or designee is responsible for the operation of the visiting program and is responsible for publishing and updating the visiting rules/regulations to clarify, define, and implement this operational procedure.
3. Copies of *The MSP Visitor Dress Code & Visiting Rules and Regulations* will be displayed in the lobby of the Wallace Building and visiting rooms. *The MSP Visitor Dress Code & Visiting Rules and Regulations* will be provided to inmates and visitors to inform them regarding the visiting process.
4. *The MSP Visitor Dress Code & Visiting Rules and Regulations* will include regular scheduling of visits at times that will provide approved visitors reasonable visits with inmates.
5. Based on the operation necessity of MSP, all visitation schedules, days, and hours are subject to change, up to and including cancellation, as deemed a situational determination by the Warden or designee.

B. Approval of Visitors

1. Upon admission to MSP, each inmate will be provided with visitor questionnaires and rules that they can mail to prospective visitors. These questionnaires are also available in all inmate housing units and on the Department website.
2. Prospective visitors must completely and accurately **fill** out the questionnaire (incomplete questionnaires will not be processed) and either mail it to MSP, in care of the Visiting Department; email the questionnaire to: CorMSPVisitApp@mt.gov; or fax to 406-415-6622. All visitors are subject to criminal background checks.
3. Applicants over 18 years old must submit separate questionnaires.

Subject: INMATE VISITING

4. Children under 18 years of age must be included on the same questionnaire as their parent's applicant or court appointed legal guardian. Proof of guardianship must be provided for minor children. The applicant must answer all questions for each person on the questionnaire.
5. For children under the age of 18, a parent or court appointed legal guardian must complete the *Proof of Guardianship for Visitation form* (attachment E) and attach a copy of the child's birth certificate if the parent or court appointed legal guardian is allowing another immediate family member to accompany the child to visiting without their presence.
6. Designated staff will process the questionnaire, approve, or disapprove each applicant (based on the guidelines outlined below), and send notification to the inmate on who has been approved or disapproved. It is the inmate's responsibility to notify the applicant of the outcome. They will contact the AW of Security if they have any concerns or questions.
7. Reasons for disapproval of an applicant include, but are not limited to the following:
 - a. Incomplete, inaccurate, or non-completion of the questionnaire.
 - b. The applicant is on another inmate's visiting list. An exception may be granted if both inmates are members of the same immediate family.
 - c. If a visitor applies to be on an inmate's visitation list, but is denied due to being on a different inmate's visitation list, the following will be reviewed:
 - 1) If one of the inmates have left secured care the inmate who is currently in secure care will take precedence. As such the visitor will be removed from the previous list and added to the new list after 90 days
 - 2) If the previous inmate returns to secure care it is the responsibility of the visitor to notify the facility if they would like to be added to the previous inmate's visitation list; and
 - 3) If they request to be re-added inmate's list then the waiting period outlined in section III.B.6.g will apply, except in the case of immediate family.
 - d. There will only be 25 people on the inmate's approved visiting list. The inmate must request a removal of someone on their visiting list before someone is added on their list, if it would exceed the number of 25.
 - e. The applicant is under the age of 18.
 - f. The applicant is on active probation or parole, conditional release, or has recently discharged a prison or jail sentence. If approved, the person must obtain written permission from their supervising probation and/or parole officer and must also meet the criteria outlined below in mg.
 - g. Applicants that have a criminal background check report that includes felonies or misdemeanors outlined in 1) and 2) below will not be approved for visitation with the exception of immediate family members after review by the AW of Security.
 - 1) the applicant should have no **Felony** convictions in the past 5 years.
 - 2) the applicant should have no **Misdemeanor** convictions for violent disorderly, domestic, or drug related charges in the past 3 years.
 - h. It has not been over 90 days since the applicant was removed from another inmate's visiting list.
 1. It has been over a year since the inmate has been at the facility.
 - J. Reasonable suspicion exists to show that the applicant may have a harmful effect on the inmate or poses a threat to the safety and security of the facility, other visitors, staff, or other inmates.
 - k. The applicant has pending felony charges; and
 1. CmTent and former employees. The following will apply:

Subject: INMATE VISITING

- 1) Current and former employees who left employment in good standing, with immediate family ties to an inmate prior to incarceration or community supervision, may have visiting privileges subject to the same procedures for all other visitors.
 - 2) Current employees without immediate family ties to an inmate prior to incarceration or community supervision will not have visiting privileges.
 - 3) Employees who discontinue employment with the Department, or any department-contracted facility or program, may not visit inmates confined in any prison facility who are not immediate family members of the inmate prior to incarceration or community supervision for a minimum of four years.
 - 4) Any employee terminated from employment for cause, or who resigned in lieu of termination due to inappropriate activities with an inmate, will have a permanent restriction on visiting inmates. This prohibition extends to inappropriate activities discovered after the employee's separation from service; and
 - 5) Any volunteer who has been removed from the approved volunteer list for cause, or who removed themselves in lieu of being removed due to inappropriate activities with inmates, is subject to the same permanent visiting restriction.
8. Within 90 days of receipt of the questionnaire, the designated staff will contact the inmate in writing as to whether a visitor has been approved or disapproved. Inmates are responsible for notification to the applicant of approval/disapproval status. Inmates with disapproved visitors may proceed as follows:
- a. The inmate may then contact the disapproved applicant who may appeal their disapproval by filling out the appeal section on the disapproval form they receive from the inmate, and mailing it to the Second Shift Captain within 14 days of the postmark on the notice; and
 - b. The Second Shift Captain or designee will respond to the appeal within 30 days of receipt of the appeal. This response is final and exhausts the applicant's administrative remedies.
9. Once a visitor has been approved, MSP must be notified of any changes to their name and/or address. This notification must be made at the first visit following the change.

C. Special Visits

1. Special visits may be approved by the Visiting Lieutenant or higher authority and must be limited to unusual circumstances. Once approved the Visiting Lieutenant or designee will make the appropriate arrangements.
2. Immediate family members traveling from other states who visit infrequently may be granted a special visit. These arrangements are made with the Visiting Lieutenant or designee.
3. Attorney visits are as follows:
 - a. Attorneys should normally visit during the 8 a.m. to 5 p.m. business day.
 - b. An attorney wishing to visit an inmate client must call the Wardens Administrative Assistant 24 hours in advance to make arrangements for a visit. This is to minimize delays/problems in processing the visit request.
 - c. Attorneys are subject to search procedures and must present proper credentials and identification to the entrance post staff.
 - d. All other institutional rules and regulations apply.
 - e. Every effort will be made to have attorneys and their client visit in a room/area that allows privacy. All reasonable precautions will be taken to preserve the confidentiality of the attorney/client relationship.

Subject: INMATE VISITING

- f. Officers will visually observe attorney visits, but attorney/client conversations will not be recorded in any manner and attorney/client privilege will be respected.
 - g. Attorneys and inmates may exchange written material without it being read; and
 - h. An attorney that is on an inmate's approved visiting list will not be allowed attorney visits with that inmate. This includes:
 - 1) If an attorney who is on an inmate's visiting list wants special attorney visits with an inmate in accordance with this section, the inmate and/or attorney must first contact the Visiting Administrative Assistant and have the attorney's name removed from the inmate's visiting list; and
 - 2) A person who changes their status from a regular visitor to the inmate's attorney, and subsequently wants to be returned to the inmate's visiting list, must re-apply to be a regular visitor.
- 4. Infirm and hospital patients' visits will include, but are not limited to:
 - a. Inmates being housed at the Infirmary or a hospital will not be allowed visits unless they are considered by a physician or mid-level provider to be in the late stages of the dying process.
 - b. Special case-by-case arrangements may be made for patients in the late stages of the dying process to visit with immediate family members or their attorneys at the visiting rooms, the Infirmary, or the hospital where the inmate is staying.
 - c. Patient visits at the visiting rooms will be in accordance with all other sections of this operational procedure; and
 - d. Arrangements for Infirm and hospital visits must be in writing from the Shift Commander and will include:
 - 1) The names of approved visitor(s).
 - 2) The day(s) and time frames visits are allowed.
 - 3) How many visitors are allowed at one time.
 - 4) Staffing needs.
 - 5) Special security precautions (restraints, searches, ID checks, etc.).
 - 6) Personal contact allowed (embraces, kisses, handholding, etc.).
 - 7) Items the visitors may bring into the visit.
 - 8) Medical staff authority; and
 - 9) Restroom use.
- 5. MDIU/Intake Unit inmates are only allowed visits with their attorneys and law enforcement officials. Visits with attorneys will be conducted as outlined in section III. C. 3. above.
- 6. Inmates in restrictive/restricted housing status will be allowed visits (section III. F. 2. h. below); however, those in detention and pre-hearing confinement will not be allowed visits.
- 7. Special Interest Groups or State Agencies who have official business or are rendering services to an inmate must apply for visitation authorization utilizing *MSP Procedure 3.1.5, Entrance Procedures & Detainment of Non-Offenders*.
- 8. Applicants (i.e., volunteers) who are on the visiting list of an offender and are under the supervision of the Department or MSP are eligible to visit with the offender with prior written consent from the Warden or designee.

D. Visitor Searches

- 1. In accordance with Montana Code Annotated (MCA), weapons, alcohol, and/or narcotics are prohibited on MSP property. Violators are subject to criminal charges.

Subject: INMATE VISITING

2. All visitors and visitor property on prison premises are subject to search at any time. If a visitor refuses to submit to a required or reasonable suspicion search, staff will deny the visit and submit a detailed incident report to the visiting supervisor.
3. MSP utilizes a full body scanner. The body scanner will be used in accordance *with MSP 3.1.17c Body Scanners*.
4. MSP utilizes a trained and certified canine, and canine handler for drug detection in accordance with *RD MSP 3.1.36 Canine Team Operations*.
5. When a walk-through metal detector or handheld metal detector, or clothed body search is used, visiting officers will ensure all visitors "pass" except as noted below. If contraband is found on a visitor, staff will confiscate the contraband, terminate the visit, and submit a detailed incident report to the visiting supervisor. Depending on the nature of the contraband, staff may immediately contact the Powell County Sheriffs office.
6. Visitors with a medical condition, medical device, or disability medical device on the interior or exterior of their body should check with their physician prior to arriving at MSP to determine if it is safe to be searched with a handheld or walk-through metal detector. Those with proper documentation from their physician will be subject only to a clothed body search. This includes, but is not limited to:
 - a. Visitors that have been advised by their physician to avoid these metal detectors must provide visiting staff with documentation of the same.
 - b. Documentation should be provided prior to the date of visitation or at the time of the initial visiting application so that the information can be entered onto the visitor's database.
 - c. Reasonable accommodations for visitors with disabilities shall be made pursuant to DOC Policy 1.3.15 Americans with Disabilities Act (ADA)
 - d. If a visitor has an implanted medical device that the visitor would like to remain private and confidential, the visitor should ask staff to please be discreet when assisting him or her through the security screening process; and
 - e. Visitors with a pacemaker should carry a pacemaker identification card when at MSP to visit. Visitors showing staff a valid pacemaker identification card will be subject only to a clothed body search and staff will not require them to being exposed to a metal detection device.

E. Inmate Dress and Searches

1. Inmates must wear clean, proper fitting, and presentable clothing to visits, including state issue shirt and trousers (no holes in any of the pockets), socks, shoes, and underwear (briefs, and/or thermal underwear). T-shirts and/or thermal tops, if worn must be kept tucked in at all times.
2. Visiting Room Officers must pat, or strip search each inmate just prior to him entering a Visiting Room and must strip search him just before he leaves to return to his housing unit.
3. Inmates will only be allowed to take the following items to the visiting room. These items include:
 - a. ID card (this will be kept by visiting staff until the inmate returns to his unit).
 - b. One pair of eyeglasses.
 - c. Wedding ring.

F. Conditions of Visiting

Subject: INMATE VISITING

1. Visitors are required to arrange for their transport on and off prison property. Motorized vehicles are the only authorized means of transport. Visitors arriving by any other means will be turned away at Checkpoint.
2. The hours of visitation are as follows:
 - a. Visiting is typically allowed Thursday through Sunday. Visitors arriving on any other day will be turned away.
 - b. Pre-Registration and scheduling a visit for any MSP inmate requires the visitor utilize the online process unless special circumstances can be validated by a shift commander or designee.
 - c. Each visitor is allowed to register for a visitation 1 time per week. Once registration has closed additional slots will not be available.
 - d. Visitors may arrive up to 30 minutes prior to their scheduled visitation time, earlier arrivals will be turned away, late arrivals may result in termination of the scheduled visit.
 - e. All visiting may be cancelled or terminated at any time due to security concerns or operational necessity.
 - f. General population inmates housed in units A, B, C, D, F, HSU-I, HSU-II, and the Work and Re-entry Center are allowed 1 block of visiting per week, Thursday through Sunday. Visitation days rotate every six weeks. Rotation will be placed on the inmate tv and a new schedule delivered to each unit in advance.
 - 1) Visiting hours are from 9:00am to 11:00am & 2:00pm to 4:00pm depending on scheduled slot.
 - g. On a case-by-case basis, restrictions may be imposed on the inmate, if it is in the interest of visitor safety, the security of the institution, or the inmate's rehabilitation. This includes, but is not limited to:
 - 1) Inmates with visiting restrictions will receive written notice of the restriction and will be scheduled for special visits as necessary.
 - 2) If an inmate is identified as meeting the requirements for the restriction, the inmate may appeal it by submitting an appeal to the Associate Warden of Security; and
 - 3) Visiting restrictions could result from disciplinary actions, specific court orders dealing with incarceration, or behavior displayed while in visiting.
 - h. Restricted Housing visitation hours of operation and rules are as follows:
 - 1) Inmates in disciplinary detention and pre-hearing confinement are not allowed visits.
 - 2) To arrange/schedule a visit with all other inmates being housed in restrictive housing pre-registration online is required.
 - 3) All visits will be in RHU.
 - 4) No more than two inmate visits will be conducted at one time, and no more than five visitors may visit an inmate at any one time.
 - 5) Death sentenced inmates, Special Management inmates, and Administrative Segregation inmates must not be mixed together in the inmate visiting room. Security Threat Group (gang) affiliation will be taken into consideration when scheduling visits in an attempt to avoid possible conflict between visitors; and
 - 6) Visitation hours and days are as follows:
 - a) Visits for restricted housing inmates will be on Saturday between 2:00pm and 4:00pm.
 - b) Visits for Secure Adjustment Unit (SAU) housing inmates will be on Sunday between 2:00pm and 4:00pm; and

Subject: INMATE VISITING

- c) Due to the number of inmates in restricted housing and the limited options available for visiting, restrictions may be placed on the frequency of visits in order to allow everyone an opportunity to visit.
- 3. Visitor numbers and visiting rooms capacities are as follows:
 - a. No more than five people (including children over the age of 2) may visit an inmate at one time. Children under the age of 2 will not count towards the total visitor count. A visitor may have no more than one inmate visit at a time unless approved by the Second Shift Captain or higher authority.
 - b. Visiting on-line registration will only allow scheduling for the capacity of the visitation room being utilized and number of inmates scheduled as of the time of registration. MSP will update the available time-slots with the vendor utilized for scheduling based on facility constraints.
- 4. Processing visitors into the facility is as follows:
 - a. Only visitors on the pre-approved schedule will be allowed to proceed past Checkpoint, all others will be turned away.
 - b. Visitors will be processed through the Checkpoint post at the appropriate time and will proceed to the Wallace Building Visitor parking lot.
 - c. If a visitor is escorted by a person(s) that isn't visiting, the person(s) must leave the prison grounds after dropping off the visitor. They will not be allowed to wait for visitors in the Lobby, parking lot, or on prison grounds.
 - d. The use of tobacco products are not authorized on Montana State Prison property.
 - e. Visitors will keep all tobacco products in their vehicle at all times.
 - f. Pets or livestock are not allowed on prison grounds. This does not pertain to animals certified to assist visitors with disabilities.
 - g. Certified service animals must be stated in advance at registration of the visit or by calling the Visitation Lieutenant immediately after registration for the visit. This ensures the facility has appropriate accommodations for the visitor's needs prior to arrival to avoid any delay or reduction in visitation time. Any questions regarding the clearance of service animals will be referred to the Shift Commander.
 - h. Special accommodations should be requested in advance of visitation. MSP wants to ensure any or all accommodations are in place upon a visitor's arrival to avoid any delay or reduction in visitation time after the visitor's arrival.
 - i. No tractor trailers or trailers will be allowed to park in the prison parking lot. Semi-trucks are allowed but must be parked at the rear of the parking lot. No U-Haul trailers, stock trailers, ATV trailers, campers, or any other type of trailer commonly pulled behind passenger vehicles will be allowed on the premises. Motorhomes are allowed and will be parked at the rear of the parking lot. If the visitor is towing a passenger vehicle behind their motorhome, they must leave the motorhome elsewhere and drive the passenger vehicle to the prison.
 - J. Visiting staff will issue each visitor a "Visitor ID Badge" when the visitor is being processed at the visitor processing desk. The visitor must wear their issued badge as instructed at all times.
 - k. Visitors will only be allowed to visit with the following items. These items include:
 - 1) One clear 'Ziploc' type sandwich bag.
 - 2) Vehicle keys (2 only) and a key fob on a bare ring (nothing else on the ring).
 - 3) State or federal issued identification card with the physical description of the holder and a photograph of their face (current mailing address);

Subject: INMATE VISITING

- 4) No more than \$20.00 in pocket change or cash, with no bills larger than a one-dollar bill. Pocket change must be loose, no coins in rolls.
- 5) Medical item(s) will be admitted on a case-by-case basis. Prescription medication (inhalers and nitroglycerin) in the original container are allowed in a limited amount during the visitation period. These medications will be kept in a visitor locker and will be retrieved by visiting staff if the visitor needs them during the visit.
- 6) Visitors who arrive with walkers, canes, crutches, etc. will not be permitted to bring them to the visiting rooms. Visiting staff will store the item(s) in the visiting office after providing the individual with a wheelchair. Visitors who arrive with wheelchairs and who are able without difficulty or risk to wheel to and transfer into a visitor's chair or a chair provided by MSP will be permitted to do so, at which point visiting staff will store the visitor's wheelchair in the visiting office. Visitors who arrive with wheelchairs who are not physically able to transfer into a visitor's chair or a chair provided by MSP may be required to provide documentation from a licensed medical professional indicating such. Upon providing such documentation (or upon staff determination that such documentation is unnecessary), these visitors will be permitted to remain in their wheelchair but will be required to submit to a reasonable search to ensure compliance with the remainder of this procedure; and
- 7) Once the visitor has been cleared for entrance they must wear any jewelry items and may not remove them until they depart the facility. These items are as follows:
 - a) One ring (wedding sets count as one ring).
 - b) One bracelet.
 - c) One necklace; and
 - d) Jewelry items in body piercings are allowed as long as the items are visible to visiting officers, however visitors are cautioned to refrain from wearing these items underneath their clothing, as they may not clear the metal detection devices, and will necessitate an intrusive clothed body search to verify the source of the item causing the alert.
- 8) All other personal property items (including chewing gum, cough, drops, etc.) are to be left in the visitor's vehicle. Montana State Prison is not responsible for lost or stolen items.
1. Visitors with small babies may also have the following items:
 - 1) One clear empty plastic bottle or "sippy" cup per baby.
 - 2) One factory sealed container of baby food (spoons are provided in the visiting room);
 - 3) Baby formula in one clear 'Ziploc' type sandwich bag containing only the amount needed for the visit. Breast feeding is allowed however:
 - a) It must be done discreetly. The breast must be kept covered at all times with an approved blanket.
 - b) In the High Security Visiting Room, one of the rooms formerly used for non-contact visits may be used; and
 - c) In the Low Security, Unit F and WRC Visiting Rooms, the mother may be asked to sit in a more secluded part of the room in order to avoid drawing unnecessarily attention.
 - 4) One factory sealed package of baby wipes.
 - 5) Four diapers.
 - 6) Clear bag.
 - 7) One pacifier.

Subject: INMATE VISITING

- 8) One teething ring/toy. Must be one-piece, hard plastic type (no teething devices that are part of a stuffed animal, etc.); and
 - 9) Two blankets, not quilted, and no larger than 3' x 3'.
 - m. With prior approval, visitors may bring in a limited number of checks (for endorsement by the inmate) or legal papers (to be reviewed and/or signed by the inmate). Visitors must take these documents with them when they leave the visiting room. They are not allowed to leave the documents with the inmate.
 - n. Visitors waiting to visit may not leave the lobby or visiting entrance until told to do so, and those on the same pass must remain together.
 - o. Visitors wishing to leave a visiting room may not leave until a departure is announced by visiting officers. The officer will usually announce the departure 15 minutes prior to the scheduled departure time to allow the visitors to prepare to go. Those visiting on the same pass must leave together; and
 - p. Departing visitors will not be permitted to loiter or wait an extended period for a ride, they should make prior transportation arrangements in the event that their visit ends early, or they are terminated from visiting. Visitors may be permitted to use the phone at the visiting entrance to call and make arrangements with the local law enforcement for a ride.
5. Visitor Dress Code & Visiting Room Rules (attachment D) are as follows:
- a. The Visitor Dress Code & Visiting Room Rules are established, maintained, and distributed by the Warden or designee. The visitor will acknowledge acceptance of the dress code and rules on the visitor application.
 - b. Staff, inmates, and visitors may submit recommended revisions to this document to the Second Shift Captain, who will make the final decision on whether or not any modifications will be made after consulting with the Associate Warden of Security; and
 - c. Whenever any changes are approved the Warden will sign, date, and ensure copies are distributed to inform all affected parties of the new requirements.
6. Inmates may have photographs taken of themselves or with their visitors in accordance with the following rules:
- a. Each inmate will be allowed to have two photographs taken per visit.
 - b. No hugging.
 - c. Inmates and visitors are allowed to put their arms around one another (above shoulder). They will ensure their hands are positioned to be visible in the photograph.
 - d. No gang gestures.
 - e. No kissing.
 - f. Inmates are allowed to hold their children or have their children sit on their lap for photograph.
 - g. The visitor will pay for the photos with the money they are allowed to bring into the visiting room. Only staff will handle these funds; and
 - h. Finished photos may be given to the visitor upon departure or forwarded to the housing unit for delivery to the inmate. Photos with questionable or improper content will not be delivered, and the purchaser will not be refunded.

G. Visiting Terminations, Suspensions, or Revocations

1. The termination of visiting is as follows at MSP. The offender's visit is terminated only for that day. This normally occurs only after warnings have been issued by the Visiting Room Officer(s) to correct disruptive or inappropriate behavior by the visitor, visitor's child, or the inmate. Upon

Subject: INMATE VISITING

review of the circumstances by the Visiting Supervisor, a suspension or full revocation may be instituted if an extended pattern of disruptive or inappropriate behavior is noted:

- a. In accordance with the Visiting Supervisor's approval, a visiting officer may recommend termination of a visit by filling out the top section of a *Visiting Termination Notice* (attachment A) and informing the visitor and/or inmate that the visit will not be allowed to proceed. The officer will immediately forward the completed form to the Visiting Supervisor.
 - b. The reason(s) for termination of a visit may include, but is not limited to the following:
 - 1) Substantial information/evidence exists to show that the visitor may have a harmful effect on the inmate they are visiting, or the visitor poses a threat to the safety and security of the facility, other visitors, staff, or other inmates.
 - 2) Suspicion that the visitor is or has been under the influence of alcohol or illegal drugs when checking into the visit or while visiting.
 - 3) Refusal by the visitor to submit to a pat search by staff or, if requested, declining to submit to a strip search by law enforcement.
 - 4) Failure of the visitor to produce picture identification, their current mailing address, or falsifying their identification.
 - 5) Violation by the visitor of a visiting or other institutional rule.
 - 6) displaying inappropriate or abusive behavior, foul and/or abusive language, or refusing to comply with MSP rules, Department Policies, or MSP Procedures.
 - 7) Improper physical contact with an inmate.
 - 8) Improper conduct with children by the visitor or the inmate they are visiting; and
 - 9) Any other activity that poses a threat to the safety and security of the facility, other visitors, staff, or other inmates.
 - c. The Visiting Supervisor will review the circumstances resulting in the termination and may officially suspend or revoke the visitor's and/or inmate's visiting privileges by filling out a *Visiting Suspension/Revocation Form* (attachment B).
 - d. The Visiting Supervisor will determine the length of the suspension or revocation based on the Visiting Rule Infractions Matrix on the *Visiting Suspension/Revocation Form* (attachment B). The Visiting Supervisor will document the reasons for the decision at the bottom of the form. The Visiting Supervisor will provide a copy of the completed form to the visitor and/or inmate and forward a copy to the Associate Warden of Security. The notice informs the inmate and/or visitor that he/she may appeal the decision; and
 - e. If an inmate is involved in an activity that resulted in a visiting suspension or revocation, he may be cited for a rule infraction as outlined in *MSP Procedure 3.4.1, Inmate Discipline*. Any sanctions the inmate may receive through the inmate disciplinary process will be enforced independent of any suspension or revocation administered through the procedures outlined in this operational procedure.
2. Revocations and suspensions are as follows:
- a. Visitors who introduce or attempt to introduce contraband, including, but not limited to, cell phones, electronic devices, money, tobacco, drugs, or weapons, may have their visiting privilege permanently revoked due to committing a serious rule infraction. If an inmate or inmates are involved, or there is evidence or documentation linking them to the introduction or attempted introduction, their visiting privileges will be suspended for at least 365 days.
 - b. Violation of a major rule infraction from the matrix will result in suspension of visiting privilege for the visitor and/or inmate involved. This includes, but not limited to:
 - 1) A visitor who has had their visiting privilege suspended for a major infraction(s) must contact the Associate Warden of Security to re-apply after the term of their suspension is completed. If the Associate Warden of Security allows them to re-apply, they must pass a

Subject: INMATE VISITING

- cmTent background check in order to resume visiting; and
- 2) Visiting staff will reinstate the visiting privilege of an inmate who has had his visiting privilege suspended for a major rule violation(s) after the period of suspension has ended.
- c. Violation of a minor rule infraction from the matrix will result in at least a 90-day suspension of the visiting privilege for the visitor and/or up to a 90-day suspension for the inmate involved. Visiting staff will reinstate the visiting privilege of a visitor and/or inmate who has had their visiting privilege suspended for a minor violation(s) after the period of suspension has ended.
- d. People who are under a permanent visiting revocation may not send money to an inmate unless approved by the Warden or designee.
- e. Notification of suspension will be conducted as follows:
 - 1) Visiting staff will deliver the suspension notice to the inmate, have him sign it, and indicate his choice to appeal or not appeal the decision; and
 - 2) Visiting staff will deliver the suspension notice to the visitor, have him/ her sign it, and indicate their choice to appeal or not appeal the decision.
- f. If a staff member receives a phone call regarding the revocation or suspension of a visitor's visiting privilege, they will advise the caller to address their concerns by utilizing the appeal process explained at the bottom of the *Visiting Suspension/Revocation form* (attachment B).
- g. Suspension or revocation of a visitor's or inmate's visiting privileges from one facility will automatically apply to all other Department and Department-contracted facilities, and
- h. An inmate's loss of visiting privileges will not necessarily result in a corresponding loss of visiting privileges for the inmate's visitor if the visitor is not involved in the visiting rule infraction.
- 3. Visiting suspensions and revocations appeals are as follows:
 - a. An inmate may appeal his visiting suspension by filling out the appeal section on the *Visiting Suspension/Revocation Appeal form* (attachment C) and sending it to the MSP Associate Warden of Security or designee within 5 days of receipt of the notice. The Associate Warden of Security or designee will respond to the appeal within 20 days of receipt of the appeal. Visiting staff will deliver the form with the Associate Warden of Security or designee's decision to the inmate. This response is final and exhausts the inmate's administrative remedies; and
 - b. A visitor may appeal their suspension or revocation by filling out the appeal section on the *Visiting Suspension/Revocation Appeal form* (attachment C) they receive and mailing it to the Associate Warden of Security or designee within 5 days of receipt of the notice. The Associate Warden of Security or designee will respond to the appeal within 30 days of receipt of the appeal and mail the form with his/her response to the visitor. This response is final and exhausts the visitor's administrative remedies.

H. Cross-over Visits

- 1. A high side inmate and a low side inmate who are verified related as father, son, brother, half-brother may request to visit with each other by submitting an Offender Staff Request (OSR) to the Command Post. Inmates with disabilities may make a request as set forth in MSP Procedure 3.3.5. The requests will be forwarded to the second shift Captain or designee.
- 2. The second shift Captain or designee will process the requests and approve or deny them based on documented facility security related issues (such as the recent disciplinary histories of the two inmates). The second shift Captain or designee will keep a record of approved cross-over visits.

Subject: INMATE VISITING

3. If the request is approved the inmates will be allowed a visit under the following conditions:
 - a. The visit will be conducted in the high security visiting room under the supervision of at least one conectional officer.
 - b. The conectional officer(s) will strip search both inmates when they enter and leave the visiting room.
 - c. The visit will be no longer than two hours. The visit will start when the inmate from the low side enters the visiting room.
 - d. No personal property or legal material will be exchanged; and
 - e. When the visit is over staff will escort the low side inmate to low side compound.
4. Inmates are restricted to no more than two cross-over visits a year.

IV. CLOSING:

Questions concerning this operational procedure will be referred to the Associate Warden of Security or designee.

V. ATTACHMENTS:

Visiting Termination Notice	attachment A
Visiting Revocation/ Suspension Notice	attachment B
Visiting Suspension/Revocation Appeal form	attachment C
MSP Visitor Dress Code & Visiting Rules and Regulations	attachment D
Proof of Guardianship for Visitation form	attachment E
Visitor Information Update form	attachment F
Visitation Application/Approval to Send Funds to Inmate form	attachment G



MONTANA STATE PRISON VISITING TERMINATION NOTICE

VISITOR'S NAME(S): _____

INMATE'S NAME: _____

ID#: _____

The visit between the above-named individuals will not be allowed to proceed for the following reason(s):

- ☐ The visitor is suspected of being under the influence of alcohol or illegal chugs.
- ☐ The visitor or inmate refused to submit to a search.
- ☐ The visitor failed to produce picture identification or falsified their identification.
- ☐ The visitor violated a visiting or other institutional rule as described below.

- ☐ The visitor, the visitor's child-en, or the inmate they visited disrupted other visits or the orderly operation of the facility (the visitor processing area, entrance post, common yard, visiting room).
- ☐ The visitor and/or inmate have repeatedly violated visiting rules.
- ☐ The visitor and/or inmate engaged in improper physical contact.
- ☐ The visitor and/or inmate engaged in improper conduct with another inmate or visitor (including child-en).
- ☐ The visitor and/or inmate are using disrespectful or profane language with staff or others.
- ☐ The visitor and/or inmate engaged in activity that poses a threat to the safety and security of the facility, other visitors, staff, or other inmates as described below:

REPORTING STAFF MEMBER'S NAME: _____

Visiting Termination until: ____/____/____

Reason(s): _____

Visiting Supervisor Signature: _____ Date: ____/____/____

INMATE VISITOR: You may appeal this decision to the MSP Associate Warden of Security or designee.

Do you wish to appeal this decision? Yes ☐ No ☐

MSP Associate Warden of Security's Decision:

Visiting Supervisor's finding is upheld ☐ overturned ☐

Signature: _____ Date: ____/____/____

COPIES TO: White-AW. Canary-Visitor Pink - Inmate Goldenrod-Visiting Facility



MONTANA STATE PRISON VISITING REVOCATION, SUSPENSION NOTICE

INFRACTION	VISITOR SUSPENSION/ REVOCATION	INMATE SUSPENSION
Introduction of serious contraband	Permanent suspension/revocation of visits	At least 365 days suspension
Major violation	90 to 180 days suspension	1" Offense 90 days 2"" Offense 180 days 3•• Offense 365 days Subsequent offenses, the suspension will be determined by the Warden (not to exceed 1 year)
Minor Violations	Up to 90 days suspension	Up to 90 days suspension

Major Violations	Minor Violations
Suspicion of being under the influence of alcohol or illegal drugs.	The visitor and/or inmate engaged in improper physical contact, such as any physical contact done in a prankish or playful manner, without anger or intent to injure..
The visitor has been convicted of a felony or misdemeanor or has pending felony/misdemeanor charges.	The visitor and/or inmate engaged in improper conduct with another inmate or visitor (including children).
The visitor and/or inmate engaged in activity that posed a serious threat to the safety and security of the facility, other visitors, staff, or other inmates.	The visitor, the visitor's children, or the inmate they visited, disrupted other visits or the orderly operation of the facility.
The visitor falsified their identification.	The visitor violated a visiting or other institutional rule.
The visitor and/or inmate have repeatedly violated visiting rules.	The inmate violated a visiting or other institutional rule.
Substantial information/evidence exists to show that the visitor may have a harmful effect on the inmate he/she is visiting or poses a threat to the security of the facility, other visitors, staff, or other inmates.	
The visitor or inmate refused to submit to a search.	
The inmate was found guilty of disciplinary infraction 4107 or 4206 concerning dirty UA's and unauthorized substances which were directly attributable to a visit	
The Visitor and/or inmate engaged in improper physical conduct such as physical and or sexual contact that poses a serious threat to the safety of the facility.	

Inmate/Visitor **Name**: _____

ID#: _____

Visitor's visiting privilege permanently revoked: _____

Visitor's visiting privilege suspended until: _____

Inmate's visiting privilege suspended until: _____

Visiting Supervisor Signature: _____ Date: . _____ - - - -

Reason(s): _____

INMATE VISITOR: You may appeal this decision to the MSP Associate Warden of Security. Do you wish to appeal this decision? Yes ☐ No ☐

*If they do, staff will give them an appeal form (see attachment C)

Copies to: White - AW of Security; Canary - Inmate; Pink - Visiting File

MSP 3.3.8 Inmate Visiting; Attachment B



MONTANA STATE PRISON VISITING SUSPENSION/REVOCATION APPEAL FORM

Inmate / Visitor Name: _____ ID # _____

Date: ____/____/____ Infraction(s): _____

Visiting Supervisor's Decision: _____

Instructions: Complete this section of this form explaining why you are appealing and mail the completed form to the MSP Associate Warden of Security.

Inmate appeals must be mailed to the MSP Associate Warden of Security through the internal MSP mail process.

Visitors must mail the appeal to the following address: MSP Associate Warden of Security, 400 Conley Lake Rd., Deer Lodge, MT 59722

1. There is no evidence or documentation to support the decision.

2. Required procedures were not followed.

3. The suspension/revocation is excessive.

Inmate / Visitor Signature

____/____/____
Date

Associate Warden of Security OR DESIGNEE'S RESPONSE

Is there sufficient evidence and documentation to support the decision? YES ☒ NO ☐

Is there substantial staff compliance with applicable procedures? YES ☒ NO ☐

Is the suspension/revocation imposed proportionate to the rule violation(s)? YES ☒ NO ☐

Decision:

☒ **Affirm.** I uphold the decision of the Visiting Supervisor and the suspension/revocation imposed.

☐ **Modify.** I uphold the decision of the Visiting Supervisor, but the suspension/revocation imposed, or infraction level will be:

☐ **Dismiss.** I overturn the Visiting Supervisor's decision and dismiss the suspension/revocation.

Written justification for the action taken above:

Associate Warden of Security or Designee Signature

____/____/____
Date

Copies to 1. Visiting Records 2. Inmate

MSP 3.3.8 Inmate Visiting

Attachment C



MONTANA STATE PRISON VISITOR DRESS CODE & VISITING RULES & REGULATIONS

Montana State Prison is committed to providing inmates the opportunity to visit with family and friends. Visitors are expected to adhere to a family friendly dress code and conduct which promotes a healthy, positive environment focusing on family ties and supportive relationships.

Upon entering Montana State Prison, the Visiting Officer **will** decide whether a visitor's clothing and/or attire are appropriate. If a visitor disputes a decision of the Visiting Officer, the decision **will** be referred to the Shift Commander or designee. If the Shift Commander or designee determines a visitor's clothing or hygiene is not appropriate, the visitor **will** be instructed to change clothing, or leave and reschedule their visit.

Visitors are expected to conduct themselves in a manner that is polite and respectful to other visitors, staff, and inmates. Any violation of expected conduct will result in being denied entry or early termination of the visit. Any repeated violation of expected conduct may result in a suspension or total revocation of the visitor's visiting privileges. Montana State Prison will not tolerate disrespectful or aggressive behavior to include, but not limited to loud, threatening, abusive, or profane language; verbal or physical aggressions toward staff, offenders, or visitors; inappropriate contact, or improper use or abuse of state property.

DRESS CODE

All visitors, including children, must dress appropriately for visitation. Visitor clothing must cover from the neck to the kneecaps, and all visitors must wear appropriate underwear.

Footwear must be worn at all times (open toed shoes, flip-flops, and steel toed boots are not allowed); no bare feet are allowed. Shoes with hidden compartments, pockets or zippers are not allowed.

The following types of clothing are **not allowed** to be worn:

- Tube tops, tank tops, halter tops, sleeveless tops
- Clothes that expose a person's midriff, side, or back or have holes or tears
- Mini-skirts, mini-dresses, shorts, skorts, or culottes (at or above the kneecap)
- Form-fitting clothes such as leotards, spandex, and leggings
- Excessively baggy clothing
- Hoodies/Cowls
- Any attire that resembles or reflects gang attire i.e., as-colored bandanas that are associated with gang affiliation
- See-through clothing
- Tops or dresses that have revealing necklines and/or excessive splits
- Dresses that button-up or snap-up front, back, or wrap around (unless sewed shut)
- Clothing that contains symbols or signs with inappropriate language or graphics, including gang symbols, racist comments, inflammatory communications, etc.
- Clothing with designs that promote illegal drugs, alcohol, or sexual behavior
- Clothing resembling offender clothing.
- Sunglasses (unless they are prescription)
- Camouflage clothing
- Any clothing that, taken as a whole, resembles staff uniforms (gray tops/bottoms, medical scrub clothing)

Visitors must hang their coats, vests, hats, scarves on the coat hangers in the visiting room foyers and are not allowed to remove clothing items they wear into a visiting room. Jackets/coats with hoods must be hung up inside the visiting room.

VISITING ROOM RULES AND REGULATIONS

Physical Contact

- A brief (approximately 5 seconds) closed mouth facial kiss and an appropriate embrace at the beginning and end of the visit is allowed. Petting or fondling during this kiss/embrace is not allowed. Kissing, embracing, or hugging isn't allowed in the middle of your visit.
- Handholding in full view of the visiting officers is allowed. Massaging, caressing, or rubbing in any form is not allowed. Visitors and inmates are not allowed to interlock their legs or recline their knees against the other person.
- Children 8 yrs. old and younger are allowed to sit only on the lap of the inmate, visiting parent, or guardian. Others in the room are not allowed to sit on each other's laps even when taking photographs.

Prohibited Conduct During Inmate Visitation

- No inmate or visitor may seat themselves where the Visiting Officers does not have full view of all parties. Visiting Officers **will** change seating arrangements to address any concerns.

- Move/re-arrange the chairs and tables in the visiting rooms. If chairs or tables need to be moved to accommodate an inmate or a visitor with a disability (for example, to fit a wheelchair), staff shall move them. The chairs must be kept squared-up to the tables at all times, and not moved to the corners, placed side by side, or turned to face sideways or backward.
- Lean over the tables.
- Interact with those not in their party and/or the inmate they were approved to visit. The same applies to the inmates. They are not allowed to interact with other inmates in the visiting rooms or individuals that were not approved to visit with them. Brief polite and respectful verbal social greetings and acknowledgements are allowed.
- Put their feet on the tables for any reason.
- Remove their shoes and/or socks. This includes children.
- Remove toys from the designated toy area. Inmates are not allowed in the designated toy area (on the carpet).
- Shake or move a vending machine.
- Take an item purchased from a vending machine out of the visiting room.
- Enter areas other than those specifically designated as visiting areas. Restricted areas are marked by painted floor markings/lines.
- Allow children to use restrooms without supervision by the approved visitor they are with.
- Exchange or share any items with anyone.
- Leave the visiting room unless terminating the visit.

Visiting Hours

- Visiting is allowed Thursday through Sunday. Visitors arriving on any other day or do not have a scheduled visit will be turned away.
- Visitors will arrive on prison property 30 minutes prior to their scheduled time; otherwise, they will be turned away.
- All visiting may be cancelled or terminated at any time due to security concerns.

Supervision of Children

It is the responsibility of the inmate and visitor to supervise their children while on prison property. Failure to supervise may result in the visit being terminated.

Vending Machines

Vending machines are available for purchase of snacks or soft drinks. Only visitors may handle money for vending machines. Report any problems encountered in using the vending machines to the Visiting Officer.

Restrooms Facilities

Visitors and inmates must notify the visiting officers when they need to use the restrooms.



Montana Department of Corrections Proof of Guardianship for Visitation

To bring minor children with you to visit an inmate in a secure facility affiliated with the Montana Department of Corrections, you may be asked to show proof that you are the legal guardian of that child.

Please check below the type of proof submitted **for each child** listed on this form:

- ☐ Original Birth Certificate or a Certified Copy of the Birth Certificate
- ☐ Court Order Giving Guardianship
- ☐ Notarized Document Giving Guardianship
- ☐ Completion and Notarization of this Proof of Guardianship for Visitation Form.

Please complete, sign and send this form along with the appropriate proof of guardianship to the appropriate facility address below. You also need to complete and submit the *Request to visit or correspond with an inmate* form.

Montana State Prison (Male offenders only)

Visitation Staff
Montana State Prison
400 Conley Lake Road
Deer Lodge, MT 59722

Montana Women's Prison (Female offenders only)

Visitation Staff
Montana Women's Prison
701 South 27th Street
Billings, MT 59101

I hereby certify that I am the legal guardian to the following children

Legal Guardian's Name

who will be visiting _____

Inmate's Name

DOCID#

Minor children under my legal guardianship who I authorize to visit the above-named inmate:

Child's Name	Relationship to Guardian	Relationship to Inmate
Child's Name	Relationship to Guardian	Relationship to Inmate
Child's Name	Relationship to Guardian	Relationship to Inmate
Child's Name	Relationship to Guardian	Relationship to Inmate
Child's Name	Relationship to Guardian	Relationship to Inmate
Child's Name	Relationship to Guardian	Relationship to Inmate

Authorized adults who may accompany the above-named minor children when visiting the above-named inmate:

(Note: These adults must be on the above-named inmate's visitation list to be allowed to visit that inmate)

Adult's Name	Relationship to Guardian	Relationship to Inmate
Adult's Name	Relationship to Guardian	Relationship to Inmate
Adult's Name	Relationship to Guardian	Relationship to Inmate
Adult's Name	Relationship to Guardian	Relationship to Inmate
Adult's Name	Relationship to Guardian	Relationship to Inmate
Adult's Name	Relationship to Guardian	Relationship to Inmate

I verify that the above information is correct to the best of my knowledge.

Visitor's Printed Name	Visitor's Signature	Date
Visitor's Address		
Visitor's Phone No.		

Sworn to and subscribed before me this _ day of _____, 20__, by the person named above as "Legal Guardian."

Signature of Notary-y

Printed Name of Notary Public

Notary Public for the State of:

Residing at:

My commission expires:

(Affix Notarial Seal/ Stamp Above)



MONTANA STATE PRISON VISITOR INFORMATION UPDATE FORM

Name of inmate/DOC ID# that you are updating your information for:

Inmate Name _____ DOC ID# _____

Visitors Name: _____

If you are changing your name, please give a copy of your ID with new name on it.

Visitor Address: _____

Visitor Phone Number: _____

Change in marital status: ☐ YES ☐ NO

If you are updating for marriage, please attach a copy of your marriage certificate.

If minor children are associated to this visitor and the change should be applied to them, please list the children on the following lines.

1. _____

2. _____

3. _____

4. _____

Visitor Signature _____ Date: _____

If you have any questions, please contact the Montana State Prison Visiting Office at:
(406) 415-475-6313



Montana State Prison Visitation Application/Approval to Send Funds to Inmate

Inmate: _____ DOC ID Number : _____ Date: _____

☐ Check this box if you are a victim of this inmate or family member of the victim. If you are, do not fillout this form. Instead, please contact Victim Services at (406) 444-0447.

The inmate listed above has requested that you be placed on their correspondence/visitor list. If your application is approved, you will be authorized to visit this inmate at a Montana Department of Corrections facility. Approved parties (inmate's attorney, immediate family members listed on the inmates approved visiting list, and one-approved non-family member authorized by the Warden or designee) may also send funds to an inmate using a U.S. Postal Service money order or cashier's check or electronically by going to www.inmatetrust.com and creating an e-pass account.

Please complete the entire form. Failure to answer or provide complete information on each question will result in the application being denied. One form must be completed for each adult. Minor children must be listed on the same form as their legal guardian. Criminal background checks are conducted on each applicant.

No matter which facility the male inmate resides in, all completed forms must be mailed to:

**Visitation Department
Conley Lake Road
Deer Lodge, MT 59722**

All applications will be reviewed within 90 days from the date the form is received.

If your address or contact information changes, please notify the Visitation Department in writing at the above address and list the name(s) of the inmate(s) whose correspondence/visitation list you are on.

If you have questions regarding the visitation/correspondence process, call (406) 415-6313.

NOTE: You are not authorized to be on multiple inmates' visitation/correspondence lists unless you are immediate family to both inmates. If you are already listed on another inmate's visitation/correspondence you must:

- Submit in writing to the Visitation Department that you wish to be removed from the prior inmate's visitation list.
- Wait 90 days and then submit a new visiting request form.

ALL VISITORS TO MONTANA STATE PRISON ARE SUBJECT TO SEARCH. POSSESSION OF WEAPONS, ALCOHOL, TOBACCO AND DANGEROUS DRUGS IS IN VIOLATION OF THE LAW AND VIOLATORS WILL BE PROSECUTED.

STATE OR FEDERAL PHOTO ID IS REQUIRED FOR ALL PEOPLE OVER THE AGE OF 18.

1. Name: _____ Age: _____ Date of Birth: _____

2. Address: _____ Soc. Security#: _____
PO Box No: _____ Phone: _____
City: _____ State: _____ Zip Code: _____

3. Your relationship to the inmate: (Check the appropriate designation.) Mother ☐ Father ☐ Son ☐
Daughter ☐ Wife ☐ Grandparent ☐ Brother ☒ Sister ☐ Other ☐ _____

4. Have you visited under any other names? Yes ☐ No ☐

If yes, list names:

5. Have you ever been employed by the Montana Department of Corrections or any of its contracted facilities?

Yes D No D If yes, list facility name and position:

6. Are you on another inmate's visiting list?

Yes D No D

NOTE: You are not authorized to be on multiple lists

unless you are immediate family to both inmates. You must be removed from one inmate's list before you can be added to another's list. Exceptions may be made on a case-by-case basis.

7. Your occupation: Employer:

Business Address: Phone:

8. Your minor children (Proof of Guardianship must be provided with application)

Name: Age: Date of Birth:

Their relationship to inmate:

Name: Age: Date of Birth:

Their relationship to inmate:

Name: Age: Date of Birth:

Their relationship to inmate:

Name: Age: Date of Birth:

Their relationship to inmate:

Name: Age: Date of Birth:

Their relationship to inmate:

9. Are the minor children currently under court-ordered supervision?

Yes D No D

Probation Officer's signature: Phone:

10. Have you ever been convicted of a felony?

Yes D

No ☐

If yes, list them below (use additional sheet if needed)

<u>Offense</u>	<u>Approximate Date</u>	<u>Disposition (jail, prison, probation)</u>

11. Do you currently have any felony charges pending:

Yes D

No ☐

12. Are you presently on parole or probation?

Yes D

No D Where:

Name of Parole or Probation Officer:

His/her address: Phone:

Authorization/Signature of Parole or Probation Officer:

How long have you been released from prison: _____

13. I certify that the above information is true and does not contain misleading statements. I further understand that, by certifying the above, if incorrect, I may later be denied visiting and mailing privileges. By signing this form, I also give my consent to a criminal background check.

I acknowledge I have read and understand the visitation dress code and regulations attached. I understand that my visiting privilege could be revoked or suspended at any time for violations of the Visiting Policy.

Applicant's Signature: _____ **Date:** _____

NOTE: If you are an attorney of record, you need to fill out the following section:

Firm Name: _____ Address: _____

Business Phone: _____

THIS SECTION IS FOR OFFICIAL USE ONLY

- ☐ The applicant is currently on another visiting/correspondence list of an inmate who is not an immediate family member.
- ☐ The applicant did not supply proof of marriage. May submit with proof of marriage.
- ☐ The applicant did not submit complete information. See # _____
- ☐ The applicant did not sign the form.
- ☐ The applicant has pending disposition of charges. Request may be reviewed upon notification of disposition of charges.
- ☐ The applicant is a parolee/probationer and did not have their Probation/Parole officer sign the form.
- ☐ The applicant provided false information regarding their criminal history.
- ☐ The applicant has a felony or misdemeanor as outlined in the visiting procedure.
Resubmit after: _____
- ☐ The applicant is a former MSP, DOC or contracted facility employee.

D other:

Approved: _____ Date: _____

Disapproved: _____ Date: _____

Comments Processed by: _____



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.3.10 INMATE ISSUED COMPUTER TABLETS	
Effective Date:	June 1, 2019	Page 1 of 6 and 2 Attachments
Revision Date(s):	December 15, 2019, May 20, 2020, June 15, 2021	
Reference(s):	DOC Policy 3.3.10	
Signature:	/s/ Jim Salmonsens / Warden	
Signature:	/s/ Gayle Butler/ MCE Administrator	

I. PURPOSE

Montana State Prison (MSP) / Montana Correctional Enterprises (MCE) including Riverside Special Needs Unit (RSNU) issues computer tablets for inmate use to increase access to education, training and other resources that promote positive inmate behavior and reduce recidivism. Computer tablet use will be regulated as necessary to maintain safety and security.

II. DEFINITIONS

Administrator - The official, regardless of local title (division or facility administrator, bureau chief, warden, superintendent), ultimately responsible for the division, facility or program operation and management.

Computer Tablet – For purposes of this procedure, a specially-designed mobile device provided by the Department that allows offenders to access approved educational, entertainment, and facility-specific content. This definition does not apply to tablets that offenders may have as part of offender property.

Facility – A place, institution, building (or part thereof), set of buildings, structure, or area that is used for the confinement of offenders.

Inmate Communication Committee – Department Committee tasked with providing direction and oversight for all services provided under the current inmate communications contract. This committee has representation from Montana State Prison, Montana Women’s Prison, Pine Hills Correctional Facility, Clinical Services Division, Administrative Services Division administrator, Montana Correctional Enterprises administrator, Legal Services Bureau, Investigations Office, PREA coordinator, Contracts and Procurement Bureau, contract Beds Bureau, Education Department, and Project Management office.

Inmate Communication Committee Members – Consists of Division Administrators, representatives from facilities using offender computer tablets, as well as employees with experience and skills in various backgrounds such as information technology, mental health services, medical services, education, and security.

Montana State Prison (MSP) Steering Committee – Facility level of the Inmate Communication Committee. The MSP Steering Committee will consist of subject matter experts representing MSP

and MCE as designated by the administrators.

Unrestricted Access to the Internet – The ability to connect with the Internet other than through Department-approved protocols for specific purposes such as legal research.

III. PROCEDURES

A. General Requirements

1. Montana State Prison (MSP), Montana Correctional Enterprises (MCE), and Riverside Special Needs Unit (RSNU) will arrange for inmate computer tablets and charging stations in each housing unit and the infirmary. Only tablets approved and assigned by the administrator or designee are allowed for use by inmates within the facility.
2. The Department of Corrections (DOC) Inmate Communication Committee will review and consider any new computer tablet content submitted by staff. This content requires the Inmate Communication Committees final approval before a request can be submitted to the service provider. The Inmate Communication Committee will determine whether the content must be evidence-based.
3. Access to computer tablets is a privilege, and computer tablets are only available when issuance does not interfere with the safety, security, and orderly functioning of the facility.
4. Computer tablets are stripped of any component that would allow unrestricted access to the Internet.
5. Each Unit Manager or equivalent is responsible for creating a computer tablet distribution schedule for their unit which will be approved by the AW of Security or designee to ensure consistency between units.
 - a. the schedule will be posted in a visible location in the unit.
 - b. the schedule will ensure each inmate is offered a computer tablet on a rotational basis.
 - c. each inmate will receive the computer tablet for an equal amount of time unless custody level or behavior dictates modification.
6. The administrator or designee assigns tablets to locations within the facility that allow all inmates to have access. Charging stations will be located to allow for connectivity to a wireless access point. Computer tablets may only be updated when connected to a designated wireless access point. Computer tablets are rendered useless when removed from the designated area. Computer tablets may be unavailable at times due to maintenance.
7. When not in use, each computer tablet will remain plugged in to the available charger in the charging station. Each tablet will be numbered and placed in the cart in numerical order so that the tablet and the docking station number match the official inventory. Charging stations will be plugged in at all times, unless being moved for unit maintenance.

Subject: INMATE ISSUED COMPUTER TABLETS

8. The administrator or designee will assign duties and permission levels to staff, including permissions to reset passwords, monitor use activity, send notifications, and restrict or “power off” content. The administrator will ensure that staff with assigned duties and permission levels have received appropriate training.
9. The Compliance Technician with the Administrative Services Bureau is responsible to process and send reports of damaged or malfunctioning computer tablets to the service provider. The Compliance Technician will work with the service provider to take the tablet out of commission and request a replacement if necessary. The Compliance Technician will send out an updated inventory list monthly to the Unit Manager or equivalent.
 - a. the Unit Manager or equivalent will ensure any computer tablet(s) that are damaged, not working, or missing are reported to the Compliance Technician within 24 hours via a copy of the approved incident report. The damaged or non-working computer tablet will be forwarded to the Compliance Technician for documentation and replacement if necessary.
 - b. if a tablet is placed in evidence due to the confiscation related to a disciplinary infraction; the Unit Manager or equivalent will ensure the Compliance Technician is notified within 24 hours and receives a copy of an incident report detailing the incident. The disciplinary infraction report issued must contain the asset and unit computer tablet identification numbers for reference.
 - b. daily audits will be conducted by the Unit Manager or equivalent or their designee to ensure computer tablets are properly seated in the charging cart and in the correct numerical order. Any discrepancies must be reported via incident report to the Compliance Technician within 24 hours.

B. Programming

1. Each tablet is preprogrammed with a choice of content provided by the service provider and approved by the Inmate Communication Committee, that allows inmates to earn points for activities such as completing coursework. Points accumulate to allow access to entertainment content such as music or movies.
2. The administrator or designee along with the Inmate Communication Committee will determine whether certificates will be provided as part of the platform to inmates for successful completion of certain coursework and will establish any necessary relevant protocols in conjunction with Montana Correctional Enterprises. Certificates will only be provided for courses the administrators or designees determine are necessary for the inmate to have a hard copy for verification of the achievement to provide to another entity such as a higher education authority, future employer or the Parole Board.
 - a. an Inmate who is scheduled appear before the Parole Board or discharge his sentence and who would like to have a transcript of completed coursework, may send a written request to their Case Manager. The Case Manger will print and distribute one copy of the transcript to the inmate.
3. Movies, games, etc., which contain material that violates any Department policy or MSP procedure will not be made available to inmates. The Inmate Communication Committee

Subject: INMATE ISSUED COMPUTER TABLETS

may initiate removal of any content on the computer tablet deemed detrimental to the safety and security of the facility or detrimental to the inmate's rehabilitation process.

4. The administrator or designee may designate a staff member or form a committee to create site-specific content for the computer tablets.
 - a. before creating site specific content, the staff member or committee will consult with the Inmate Communication Committee to gather initial input. Once content is created, it must be sent to the administrator or designee who will:
 - 1) approve content and submit content for upload to the computer tablet
 - 2) send it back for adjustment, or reject any site-specific content such as unit rules, forms, and facility procedures.
 - 3) if the content is intended to be used department-wide or is educational or therapeutic content that requires a determination of whether it must be evidence-based, the administrator or designee will submit the content to the Inmate Communication Committee.
 - b. the committee may approve, send back for adjustment, or reject the content. If approved, the committee will designate an individual to ensure the content is forwarded to the provider to upload to avert duplication of information sent to the service provider
 - c. if the content is rejected, an explanation will be sent back to the administrator or designee.
5. MSP's steering committee will present to the Inmate Communication Committee MSP specific programs. Content requests will be submitted as follows:
 - a. inmate requests will be submitted through the unit representatives to the Inmate Welfare Fund (IWF) representative. These requests will be reviewed quarterly at the IWF meetings. If approved by the IWF, the request will be forwarded to the MSP Steering Committee for consideration on the computer tablet programming request form. *Attachment A*
 - b. Staff requests will be submitted on the computer tablet programming request form. The form must be approved by the staff member's department head. The department head will submit the form electronically to the MSP steering committee for consideration.
6. Types of content that may be added are listed in the *Inmate Tablet Programming Guide* maintained by the MSP Steering Committee.

C. Inmate Use

1. Each inmate will answer self-chosen security questions and establish an individual password to allow for custom access. Computer tablets are not specific to an inmate, and inmates may access individual content on any available computer tablet. All information and course progress are connected to an inmate's account and not to a particular device.
2. When an inmate signs in, the inmate must acknowledge the computer tablet is in good working condition. If the tablet is damaged or malfunctioning, the inmate must immediately notify a unit staff member. If the inmate fails to immediately report damage, and damage is discovered after their use, the inmate may be held accountable for the damages.

Subject: INMATE ISSUED COMPUTER TABLETS

3. Inmates who encounter problems with a computer tablet may access the *help and issue reporting* features in the offender personal account section. Inmates will communicate all issues or connectivity problems via the issue reporting feature.
4. Tablets **MUST** be checked in at the established unit time.
5. External or alternative chargers are not allowed to be connected to the computer tablet or used in the computer tablet charging cart.
6. Only one computer tablet per inmate. If the computer tablet issued to the inmate is found in the possession of another inmate, both inmates may lose their computer tablet privilege for a period of time. One or both inmates may also lose points gained and possibly incur disciplinary action as determined by the administrator or designee.
7. Inmates will be held accountable through the inmate disciplinary process for any damage or misuse of the computer tablet during the time they were using the computer tablet. This includes but is not limited to the following;
 - a. damage to the computer tablet, including case and screen;
 - b. misused, altered or compromised content;
 - c. sharing passwords;
 - d. utilizing one of the computer tablet applications or features to communicate with another inmate
 - e. accessing other inmates accounts, etc.
8. The following suspension may occur in addition to the inmate disciplinary process; If an inmate intentionally damages a computer tablet or refuses to return a computer tablet per procedure, the following restrictions will occur.
 - a. first occurrence – loss of computer tablet for 6 months
 - b. second occurrence – loss of computer tablet for 1 year
 - c. third occurrence – permanent restriction from computer tablet use
 - 1) the Warden may lift a restriction if deemed appropriate
 - 2) if an inmate is restricted from computer tablet usage based on such behavior, appropriate accommodations for legal access will be made with the library by administration.
9. Inmates may have points added or removed from their account at the discretion of the administrator or designee.

V. CLOSING

Questions concerning this procedure should be directed to the Administrative Services Bureau Chief.

VI. REFERENCES

DOC Policy No. 3.3.10

Procedure No.: 3.3.10	Chapter: 3 Facility/Program Operations	Page 6 of 6
Subject: INMATE ISSUED COMPUTER TABLETS		

VII. ATTACHMENT

Edovo Computer Tablet Request Form and Instructions
Programming Guide

Attachment A
Attachment B



Montana Department of Corrections

Steve Bullock, Governor
Reginald D. Michael, Director

Edovo Computer Tablet Request Form Instructions

Please fill an Edovo Computer Tablet Request Form to add content that is not currently available on the tablets, or to remove content that does not fit the needs of MDOC.

Depending on the type of content, the requestor will fill out the appropriate section and electronically sign, and send to the appropriate party, depending on the type of request (see directions for each section below).

Completed forms will be emailed to COR.Tablet.Request@mt.gov. The request will be logged and emailed to the Inmate Communication Committee for review and approval/disapproval, depending on the type of content. All disapproved forms will be returned to the requestor for additional information needed or a specific reason for disapproval.

Generally, each request form should include a description of the content, expected outcomes and a quiz at the end of the content to ensure offenders completed and understood content. The quiz will be assigned points for successful completion.

All request forms must be completed entirely and signed by the requestor.

Educational or Programming courses or lessons, complete Section 1.

Requestor will electronically sign the completed form and email to COR.Tablet.Request@mt.gov

Facility content, such as unit rules, policies, procedures or other facility specific documents, complete Section 2.

Requestor will electronically sign the forms and email to the appropriate Administrator for approval. If approved by the Administrator, he/she should electronically sign the form and return it to the requestor or email to COR.Tablet.Request@mt.gov

Request the removal of content, complete Section 3

Requestor will electronically sign the completed form and email to COR.Tablet.Request@mt.gov



Edovo Computer Tablet Request Form

Section 1. Request to add Educational or Programming Course or Lesson

Date: _____

Name of Staff Member Proposing Program/Course/Lesson: _____

Name of Program/Course/Lesson Proposed: _____

Type of Program Proposed:

Program/Course/Lesson Developer: _____

Facility Where Program/Course/Lesson is to be implemented:

Has there been verification that the proposed program is labeled for open use or is in the public domain (no cost associated with use):

☐ Explain:

Program/Course/Lesson Description (attached additional information if needed):

Program/Course/Lesson Expected Outcomes:

Will there be a multiple-choice quiz to test for program/Course/Lesson completion?

☐

☐

If no, how will it be determined if student completes? _____

Number of Points Associated with Program/Course/Lesson Completion:

Additional Information _____

Approved/Denied Date: _____ Signatures: _____

Section 2. Request to add facility specific content, such s unit rules, polices, procedures or other facility specific documents

Date: _____

Name of Staff Member Proposing Addition of Content: _____

Type of Content Proposed: Policy/Procedure/Unit Rules/Other Choose an item.)

Proposed Content: _____

Content Detail: _____

Will there be a multiple-choice quiz to test to ensure offender read and understood content?

Yes ☐)

No ☐)

If no, how will it be determined if student completes? _____

Number of Points Associated with Content Completion: Points Choose an item.)

Additional Information _____

Facility Approvals: _____

Approved/Denied Date: _____ Signatures: _____

Section 3. Request For the Removal of Content

Date: _____

Name of Staff Member Proposing Removal of Content: _____

Name of Content to be Removed: _____

Reason for Removal: _____

Will Content be Replaced by New/Changed Content?

Yes ☒

If yes, please fill out Section 1 or 2 of this form

No ☐

If Content to Be Removed is Facility Specific, the removal should be approved by the appropriate Unit Manager and Associate Warden or Designee.

_____	_____	-	_____
_____	Name, Title and Date		Name, Title and Date
Name, Title and Date			

Additional Information _____

Approved/Denied Date: _____ Signatures: _____



Montana Department of Corrections Offender Tablet Programming Guide

As set forth in DOC 3.3.10, the Inmate Communications Committee considers any new content for tablets that is intended to be used department-wide or requires a determination of whether it must be evidence-based. The Inmate Communication Committee also reviews any preprogrammed content, and initiates removal of any inappropriate content.

Facility-specific content that may be approved at the facility level and does not require steering committee approval includes:

- Unit rules
- Procedures
- Announcements

Content that must be approved by the committee includes applications for:

- Grievance forms
- Medical or mental health notes
- Visitation notifications
- Educational materials
- Therapeutic materials

If an employee is unsure whether content needs committee approval, the employee may contact any member of the Inmate Communication Committee, so the question may be posed to the committee.

This document is maintained by the Inmate Communication committee and may change at any time.



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.3.21 INMATE VIDEO VISITATION	
Effective Date:	November 10, 2020	Page 1 of 5 and 2 Attachments
Revision Date(s):	December 15, 2021	
Reference(s):	DOC Policy 3.3.21	
Signature:	/s/ Jim Salmonsens / Warden	
Signature:	/s/ Gayle Butler / MCE Administrator	

I. PURPOSE

Montana State Prison (MSP) to include Montana Correctional Enterprises (MCE) and Riverside Special Needs Unit (RSNU) provides inmates with the opportunity to maintain connections and rebuild relationships through the use of Video Visitation. Maintaining family ties and supportive relationships are important to the stability of inmates while incarcerated and upon release.

II. DEFINITIONS

Administrator – The official, regardless of local title (division or facility administrator, bureau chief, warden, deputy warden, associate warden, superintendent), ultimately responsible for the division, facility or program operation and management.

Contraband – Any item possessed by an inmate or found within the facility that is illegal by law, prohibited by policy or procedure, or unauthorized by those legally charged with the administration and operation of the facility.

Facility/Program – Refers to any division, prison, secure care facility, correctional or training program, or community-based program under Department jurisdiction or contract. This term includes facility building or residence, including property and land owned or leased and operated by the Department.

Immediate Family Member – An inmate's legal spouse, natural or adoptive parents and children, siblings, grandchildren, grandparents, corresponding in -law, person verified as being primarily responsible for raising the inmate's child or children in the absence of a parent and any other member of the inmate's household.

Inmate – any person residing in a secure facility under the supervision of the Department of Corrections.

Reasonable Suspicion – A conclusion drawn from specific, objective facts which would permit a reasonable and experienced correctional staff person to suspect that an individual or set of circumstances poses a threat to the facility security or to the health, safety, and security of inmates, staff, visitors, contractors, or community members, including, but not limited to, committing, or conspiring or attempting to commit a crime or rule infraction.

Video Visitation – A form of visiting utilizing video equipment between the inmate and the visitation participant.

III. PROCEDURES

A. General Requirements

1. Video Visitation is a privilege and not a right.
2. Inmates may only use equipment for video visitation that is approved by the Department.
3. Video visits may be monitored at any time and discovery of any violation of this procedure, DOC Policy, State or Federal Law will be subject to disciplinary action and or criminal prosecution.
4. The Associate Warden of Security or designee is responsible for the operation of the visiting program including video visitation.
5. Each housing unit will ensure inmates have written information governing video visits available to them.
 - a. Inmates who are processed through MDIU and those new to the facility will have written information governing video visits provided to them within 24 hours of arrival at MSP.
6. Staff will ensure video visitors do not have a line of sight to sensitive areas or materials that could jeopardize the safety and security of the facility.

B. Registration and Scheduling

1. Montana Department of Corrections offers “The Visitor” video visitation system to MSP, MCE, and RSNU.
2. All adult visitors must register with ICSolutions at (at no cost) in order to participate in a video visitation session with an inmate. Adult visitors can register at:
<https://www.icsolutions.com/FriendsFamilyHome/ProductsServices/VideoVisitation.php>
3. Video visits scheduled for the Parenting Program, will be supervised by an Education Staff Member, and approved in advance by the Education Director and MCE Administrator. These visits will take place in the education area and will be recorded.

C. Approval of Video Visitors

1. Children under the age of 18 may not participate in a video visit without a supervising adult present.
2. Persons on probation, parole, or other forms of conditional release may not have video visits with offenders unless approved by the AW of Security, or designee. In the event that the participant is in the Parenting Program, the visit must be approved by the MCE Administrator. The appropriate probation and parole officer must contact the facility administrator or designee prior to approval.
3. The AW of Security or designee may exclude a visitor from participating in a video visit based on a reasonable suspicion that the video visitor may have a detrimental effect on the inmate, the inmate’s treatment, or may constitute a threat to the facility safety or security. Any exclusions must be documented in OMIS.

D. Video Visiting Suspension or Permanent Revocation

Subject: INMATE VIDEO VISITATION

1. For violations of policy, procedure, and state law, video visits may be suspended or permanently revoked. Any suspension or revocation of video visitation will be provided in writing to the inmate and the video visitor except as outlined below in b. Any suspension or revocation of video visitation must be documented in OMIS.
 - a. Video visits may only be permanently revoked by the Warden, or MCE Administrator.
 - b. Video visits may be suspended as a disciplinary sanction. Major or minor infractions will be in accordance with *MSP 3.4.1 Institutional Discipline* for infractions committed while engaging in a video visit.
 - 1) An inmate's loss of visiting privileges through disciplinary sanction will not necessarily result in the loss of video visiting privileges for the video visitor when the visitor is not involved in the rule infraction.
 - c. Suspensions that are a result of a disciplinary sanction will be in accordance with the Inmate Disciplinary Sanction Grid as outlined in *MSP 3.4.1 Institutional Discipline*. The appeal process for inmates will be followed as outlined in *MSP 3.4.1 Institutional Discipline*.
 - d. Suspension or revocation except as outlined in c. above will be conveyed to the inmate on (Attachment A) *MSP Video Visitation Suspension Revocation Notification Form*.
 - e. Video visitors may appeal to the AW of Security by using (Attachment B) *MSP Video Visitation Suspension Revocation Appeal Form*.
 - 1) Revocation appeals will be forwarded to the appropriate administrator, i.e., Warden, or MCE Administrator.
2. Suspension or permanent revocation of privileges from one facility automatically applies to any Department-owned or contracted facility.

E. Appeal Process for Inmates

1. Inmates may appeal video visitation suspensions or revocations in accordance with *MSP 3.3.3 Inmate Grievance Program* with the exception of suspensions resulting from a disciplinary sanction. Suspensions resulting from a disciplinary sanction are subject to the appeal process as outlined in *MSP 3.4.1 Institutional Discipline*.

F. Current and Former Employee Visiting

1. Current Department employees or former Department Employees who left employment in good standing, may have video visiting privileges with inmates who are immediate family members if the inmate was an immediate family member before becoming incarcerated or committed to the Department.
2. Department employees without immediate family ties to an inmate prior to incarceration or community supervision may not have video visiting privileges.
3. Former employees who are not immediate family members of an offender prior to incarceration or community supervision may not have video visiting privileges unless approved by the Warden or designee.
4. Any employee terminated from employment for cause, who resigned in lieu of termination due to inappropriate activities with an inmate, or who engaged in inappropriate activities with inmates discovered after employment discontinued may be restricted from all types of inmate visitation.

G. Sex Offender Visiting

1. On a case-by case basis, MSP/MCE/RSNU may restrict video visiting between minors and inmates convicted of current or prior sexual offenses against a minor or offenses causing bodily injury to a minor. This restriction may be imposed if it is the interest of visitor safety, the security of the facility, or the inmate's rehabilitation. If contact or no contact visits are disallowed the facility may allow video visitation at the discretion of the Warden or designee. This must be documented in OMIS.

H. Video Visitation

1. Inmates are required to wear clean, proper fitting, and presentable clothing to video visits, Including state issue shirt and trousers, socks, shoes, and underwear (briefs, and/or thermal underwear). T-shirts and/or thermal tops, if worn must be kept tucked in at all times.
2. Only the inmate who is scheduled to receive a video visitation is allowed at the video visitation station. Any other inmate(s) who attempt to participate or interfere are subject to disciplinary action.
3. Visitors are required to meet all requirements for dress in accordance with *MSP 3.3.8 Inmate Visiting*.
4. Inmates will not be excused from work or programming to participate in video visits.
5. Video visitation hours are daily from 8:00 am to 8:00 pm.
 - a. Video visitation may be shut off or unavailable at any time for security purposes.
 - b. Video visitation may be limited to 4 calls per week.
6. Video visits are recorded and monitored by authorized staff.
7. Video visitation is scheduled on a first come first served basis. Video visitation is scheduled in 20 minute, increments.
 - a. To register and schedule a video visit with an inmate, from any internet-enabled device go to www.icsolutions.com.
8. A visitor or inmate who engages in prohibited conduct as listed below will be subject to suspension or termination of video visitation privileges.
 - a. Suspension or permanent revocation of privileges from one facility/program automatically applies to any Department-owned or contracted facility or program.
 - b. Suspension or permanent revocation of privileges must be documented in OMIS.
9. Inmates and their visitors are prohibited from the following.
 - a. Three-way video calling, including the inclusion of a third or subsequent video or phone device is prohibited.
 - b. Third-party phone calls
 - c. Display of prohibited materials listed in MSP 3.3.6 Inmate Mail.
 - d. Any display of nudity.
 - e. Behavior or actions that are sexual in nature.
 - f. Use or display of any weapons, drugs, alcohol, or related paraphernalia.
 - g. Activity or display of graphics, paraphernalia associated with any Security Threat Group.
 - h. Unlawful activity or depiction of unlawful activity.

10. Reasonable accommodations will be made to facilitate communication for inmates with hearing and/or speech disabilities, and inmates wishing to communicate with parties who have such disabilities. Video visitation with volume control will be available to inmates with hearing impairment.

IV. CLOSING

Questions concerning this procedure should be directed to the Associate Warden of Security.

V. ATTACHMENTS

MSP Video Visitation Suspension/Revocation Notification Form

Attachment A

MSP Video Visitation Suspension/Revocation Visitor Appeal Form

Attachment B





MSP VIDEO VISITATION SUSPENSION/REVOCATION APPEAL FORM FOR VIDEO VISITORS

Inmate / Visitor Name: _____ ID # _____
Reason for Suspension _____

Instructions: Complete this section of this form explaining why you are appealing and mail the completed form to the MSP Associate Warden of Security.

MSP Associate Warden of Security, 400 Conley Lake Rd., Deer Lodge, MT 59722

1. There is no evidence or documentation to support the decision.

2. Required procedures were not followed.

3. The restriction is excessive.

Visitor Signature and printed name

_____/_____/_____
Date

Warden, MCE Administrator OR Associate Warden of Security OR DESIGNEE'S RESPONSE

Is there sufficient evidence and documentation to support the decision? YES ☐ NO ☐

Is there substantial staff compliance with applicable procedures? YES ☐ NO ☐

Decision:

☐ **Affirm.** I uphold the decision and the restriction imposed.

☐ **Modify.** I uphold the decision, but the restriction imposed, will be:

☐ **Dismiss.** I overturn decision and restore video visitation

Written justification for the action taken above:

Warden, MCE Administrator, OR AW of Security Signature

_____/_____/_____
Date



MONTANA STATE PRISON OPERATIONAL PROCEDURE

Procedure:	MSP 3.4.1	INSTITUTIONAL DISCIPLINE
Effective Date:	02/14/1997	Page 1 of 25 with attachments
Revision Date(s):	11/12/1999; 09/27/2004; 11/07/2005; 05/01/2008; 10/14/2009; 10/29/2012; 12/16/2014; 03/04/2015; 04/22/2016; 01/04/2017; 01/01/2020; 05/20/2024	
Reference(s):	DOC 3.4.1	
Signature/Title:	/s/ Jim Anderson, Public Safety Division Chief	

I. PURPOSE

To implement an inmate disciplinary system that serves to maintain order in the facility and protect the public, inmates, and staff through the impartial application of a fully developed, well-understood set of rules, regulations, and hearing procedures that incorporate all applicable due process requirements.

II. DEFINITIONS

Agreement – A disciplinary hearing procedure that provides an inmate the opportunity to plead guilty to a major or minor infraction, as written, accept an offered sanction determined by the DHO or HUDT, and waive the right to a hearing on that incident.

Cell/Cube/Block Confinement/Restriction – A disciplinary sanction that confines an inmate to a designated area except for attendance at work, school assignment, scheduled medical appointment, treatment appointments, visits, religious activities, and meals. The inmate will be allowed emergency phone calls and scheduled legal calls per *MSP 3.3.7 Inmate Access to Telephones*.

Contraband – Any item not approved or authorized by law, policy, or rule. For the purpose of this operational procedure, contraband includes, but is not limited to:

1. any item in the possession of an inmate that is not authorized for the inmate's retention.
2. item(s) in excess of authorized quantities.
3. any item in the possession of an inmate or found in the inmate's cell that has been altered from its original condition; and
4. any item being used by an inmate for a purpose other than what it was intended.

Disability – see *DOC 3.3.15 Americans with Disabilities Act (ADA) Offender Accommodations*, for the definition and an explanation of disability.

Disciplinary Detention – A form of separation from the general population in which an inmate who has committed a serious violation(s) of conduct regulations is confined to an individual cell by a disciplinary committee or other authorized group for short periods of time, separated from the general population. Placement may occur after a finding of a rule violation at an impartial hearing and when there is not an adequate alternative disposition to regulate the inmate's behavior.

Disciplinary Hearing Investigator (DHI) – The staff member designated to conduct necessary investigations into a reported major rule infraction.

Disciplinary Hearing Officer (DHO) – An impartial staff member designated to conduct disciplinary hearings.

Evidence – Information presented at the hearing which supports or refutes the charges. Evidence may consist of one or more of the following:

1. the disciplinary report. The disciplinary report alone may serve as the basis for the decision.
2. oral testimony, eyewitness accounts, or other personal knowledge.
3. physical evidence.

4. inmate's statement or testimony.
5. witness or document evidence; and
6. hearsay evidence if it appears reliable and relevant to the alleged infraction.

Housing Unit Disciplinary Team (HUDT) – A one or two-member team of unit staff appointed by the Unit Manager to conduct minor infraction disciplinary hearings or Waiver of a Hearing/Agreement.

Immediate Corrective Guidance – A form of progressive discipline in lieu of a rule infraction report.

Incident – An event encompassing one or more rule violations.

Major Infraction – A misconduct violation that, in the judgment of the investigating staff member, is considered more serious than a minor infraction. Major infractions may be violations of state or federal criminal law. *See list of major infractions in Attachment A: Inmate Disciplinary Rule Infractions.*

Minor Infraction – A misconduct violation that does not have serious inmate and institutional management implications. *See list of minor infractions in Attachment A: Inmate Disciplinary Rule Infractions.*

Offender Americans with Disabilities Act (ADA) Coordinator – The individual assigned to facilitate ADA compliance for offenders.

PREA Compliance Manager (PCM) – Staff member responsible for PREA compliance at a facility.

Pre-Hearing Confinement (PHC) – A short-term, non-punitive housing status that is used to control high-risk or at-risk inmates safely and securely.

Property Restriction Level 1 and 2 – A restriction of property specifically authorized for tattoo violations:

Level 1- electric razor, radio, MP3 player, game device and all accessories;

Level 2- all items on level 1 plus TV and all accessories.

Qualified Mental Health Professional (QMHP) – Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, psychiatric nurse practitioners, licensed professional counselors, licensed clinical social workers, and others who, by virtue of their education, credentials, training, and experience are permitted by law to evaluate and care for the mental health needs of patients, including Department staff and contracted or fee-for-service professionals. This definition excludes Mental Health Technicians.

Sanction – A penalty given as a result of being found guilty of a rule infraction.

Severe Mental Illness (SMI) – A substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory which significantly impairs judgment, behavior, or ability to cope with the basic demands of life. Intellectual disability, epilepsy, other developmental disability, alcohol or substance abuse, brief periods of intoxication, or criminal behavior do not, alone, constitute severe mental illness. The individual must also have or have had within the past year exhibited signs and symptoms of a mental disorder. *See MCA 53-21-102.* Specific classifications of mental disorders are elaborated in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and are to be designated by a QMHP.

Sexual Act – Contact between the penis and the vagina or the penis and the anus involving penetration, however slight; contact between the mouth and the penis, vagina, or anus; or penetration of the vagina or anus of another person by hand, finger, or other object. Behavior or misconduct as defined in *DOC 1.1.17 Prison Rape Elimination Act (PREA)*.

Summary Action – The lowest form of disciplinary action used for inmate contraband, with mutual agreement between the staff member who discovers the contraband and the inmate. If the inmate accepts the summary action, the staff member will have the inmate sign the form to verify the inmate's agreement. If this action is not mutual, staff will cite the inmate on an infraction report and a

disciplinary hearing will be conducted.

III. PROCEDURES

A. Pre-hearing Procedures

1. A staff member must implement progressive discipline whenever they have a reasonable belief that an inmate has violated an institutional rule or law, while at the facility, in transport, or off site in custody. In non-emergent circumstances, no inmate shall be disciplined based upon a disability or behavior that is the product of a disability, after a prompt and appropriate evaluation by a QMHP. Progressive discipline may include:
 - a. Informal Resolution (verbal warning/reprimand, counseling) – when verbal communication achieves the desired corrective action a written citation of the infraction is unnecessary;
 - b. Immediate Corrective Guidance – a staff member who observes inappropriate behavior may offer the inmate a sanction from the immediate corrective guidance column of the sanction grid. No infraction report is written, and no disciplinary hearing is conducted. The staff member imposing the immediate corrective guidance is responsible for logging the action taken in the system warning log; and
 - c. Rule Infraction Citations (*Attachment D: Summary Action, Attachment B: Disciplinary Infraction Report*). This will consist of the following:
 - 1) *Attachment D: Summary Action* – A mutual agreement entered into by a staff member who discovers contraband, and an inmate to dispose of the contraband; and
 - 2) *Attachment B: Disciplinary Infraction Report* – Staff is encouraged to attempt informal resolution for minor incidents. However, if a staff member believes an offense cannot be handled by informal resolution, they will file a written *Disciplinary Infraction Report* and a disciplinary hearing will be conducted, to include:
 - a) two levels of infractions on which staff may cite an inmate on due to a violation of an institutional rule. The *Attachment A: Inmate Disciplinary Rule Infractions List* outlines the rules and numerical codes for the following infraction levels:
 - (1) Minor - may be resolved through an informal or formal process that includes providing the inmate with a written statement of the violation and a decision by an uninvolved individual. An inmate will not be placed in disciplinary detention for a minor infraction; and
 - (2) Major - may be resolved through a hearing or Waiver of a Hearing/Agreement that includes providing the inmate with a written statement of the violation and a decision by an uninvolved individual. An inmate may be placed in disciplinary detention for a major infraction and felonies may be prosecuted.
 - b) Disciplinary Infraction Reports must include the following information:
 - (1) name(s) of inmate and their DOC number;
 - (2) date, time and location of the infraction (if known);
 - (3) specific rule(s) alleged to have been violated and its corresponding numerical code from the *Attachment A: Inmate Disciplinary Rule Infractions List*;
 - (4) names of staff and inmate witnesses to the incident;
 - (5) supplementary reports by witnesses and/or involved staff;
 - (6) a statement of the charges;
 - (7) unusual behavior exhibited by the inmate;
 - (8) facts surrounding the incident sufficient to answer the questions of who, what, why, where, when, and how;
 - (9) disposition of any evidence involved;
 - (10) signature and printed name of reporting staff member;
 - (11) signature and printed name of reporting staff member's immediate supervisor, or a shift commander's printed name and signature when the immediate supervisor is unavailable; and

- (12) any action taken, including pre-hearing confinement (must include specific location and approval by medical/mental health when necessary) and/or confiscation of property or contraband.
 - c) In citing the specific rule infraction(s), staff must identify the one or two infractions that best fit the incident; and
 - d) absent extraordinary circumstances, staff must fill out and submit *Disciplinary Infraction Report* within 24 hours of the rule violation taking place, or within 24 hours of the discovery of the rule infraction. Information discovered during the investigative process may require additional time.
2. Under no circumstances will an inmate receive a disciplinary infraction for self-harm or conduct that is primarily associated with self-harm. Nothing in this provision prevents MSP staff from issuing a disciplinary write-up for infractions that are primarily associated with motives other than self-harm.
3. When an item is seized from an inmate or the inmate's cell that may be utilized in criminal prosecution, staff will adhere to the following procedure to maintain a clear chain of evidence:
 - a. correctly and completely fill out an evidence receipt/card/tag and attach it to the evidence. The time and date of when evidence passed from the control of one person to another must be documented;
 - b. bring all tagged physical evidence to the Shift Commander who will securely place it in the Investigator's Evidence Locker. The Shift Commander will forward a copy of the infraction report to the DHI for notification purposes;
 - c. dispose of evidence once it is no longer needed in accordance with *DOC 3.1.17 Searches and Contraband Control*; and
 - d. investigators or their designees will conduct periodic audits of evidence storage areas to ensure staff has processed evidence in compliance with appropriate policy and procedures.
4. An inmate who is reasonably believed to be a clear threat to the safety and secure operations of the facility, a direct threat to the safety of persons, or who may interfere with an investigation, upon a written statement of reasons, be placed in PHC, prior to receiving a disciplinary hearing or classification review. No inmate shall be placed in pre-hearing confinement based solely upon the inmate's disability or upon behavior that is the product of a disability unless, after a prompt and appropriate evaluation by a QMHP, such staff determines that the inmate presents such an immediate and serious danger that there is no reasonable alternative. In such case, a QMHP will promptly and regularly evaluate the inmate, with the goal of securing appropriate treatment and reintegrating into general population.
5. An SMI inmate will not be confined in a PHC cell for more than 24 consecutive hours unless a QMHP makes a written determination that it would be unsafe to move the inmate or the inmate refuses to move. If an SMI inmate remains in a cell more than 24 consecutive hours, a QMHP will document the reasons the inmate was not taken from the cell.
6. Inmates identified as SMI must be given at least four (4) hours out of cell unless it is determined to be a safety and security risk by a QMHP. The QMHP must limit the restriction on out-of-cell time to the least amount necessary and must document the reasons for limitation of out-of-cell time.
7. The process includes:
 - a. the Warden, or designee, must review each inmate moved to PHC within one working day after confinement;
 - b. review of alternatives to pre-hearing confinement;
 - c. an evaluation by a QMHP to determine whether the inmate's conduct is a manifestation of the inmate's disability or a product of the inmate's disability;
 - d. consideration of impact on medical and mental health conditions exhibited by the inmate and possible alternatives that may be available to compensate for the conditions;

- e. staff may not place an inmate in PHC based solely on information obtained from a single confidential informant without first determining that informant's reliability;
 - f. when an inmate is placed in PHC for a disciplinary infraction, the *Attachment B: Disciplinary Infraction Report* must be served to the inmate within 24 hours, and the DHO must conduct a disciplinary hearing within 72 hours, unless additional investigation is needed. The 72 hours commences upon the inmate's placement in PHC;
 - g. the DHO will credit the inmate with any time spent in PHC against any subsequent term of disciplinary detention imposed, and
 - h. an inmate in Disciplinary Detention must have access to programs and services that include but are not limited to the following:
 - 1) educational services
 - 2) commissary services
 - 3) library services
 - 4) social services
 - 5) counseling services
 - 6) religious guidance, and;
 - 7) recreational programs
 - a) programs and services are not required to be identical to those provided in general population; however, there may be major differences for any reasons other than danger to life, health, or safety.
8. The DHI, or designee, will complete the Notice of Hearing/Prehearing Action section of the *Attachment B: Disciplinary Infraction Report / Notice of Hearing* for each major infraction report when the report is served to the inmate. The DHI will collect necessary statement(s) without unreasonable delay. Any delay must be explained in writing. The DHI will ensure that a copy of the infraction report is provided to the inmate within 7 working days of the date it was written, unless exceptional circumstances arise, in which case the DHI must provide the inmate with the report at the earliest possible time.
9. A hearing agreement allows an inmate to plead guilty to the infraction(s) the inmate was cited for and accept a sanction(s) pre-determined by the DHO or HUDT. This process is as follows:
- a. the staff conducting the hearing will research the inmate's disciplinary history as well as the nature and seriousness of the incident before considering offering the inmate an agreement. If the staff member decides to offer the inmate an agreement, they must pre-determine what sanction(s) they are going to offer. The sanction(s) must be within operational procedure guidelines for the infraction(s); and
 - b. the offer is negotiable but if accepted, it is not subject to alteration. The inmate can only accept or decline the offer. The following actions may proceed:
 - 1) if the inmate accepts, the staff member will fill out an *Attachment G: Agreement/Waiver/Refusal*. When signed by the inmate and either the DHO or HUDT, the agreement concludes the disciplinary process for the infraction(s). By signing the agreement, the inmate waives the right to a regular hearing and appeal. The staff member(s) will impose the sanction(s) and distribute copies of the *Attachment G: Agreement/Waiver/Refusal* form and the infraction report, with attachments, to appropriate staff; or
 - 2) if the inmate declines, the case will be handled through the regular major or minor infraction disciplinary hearing process.

B. Disciplinary Hearing Procedures

- 1. The process for handling minor infractions is as follows:
 - a. minor rule infraction reports will be forwarded to the respective Unit Manager or designee who will review each report for legibility, completeness, and correctness of the charge. The Unit Manager/lieutenant, or designee, may request that the reporting staff member make corrections, additions, or deletions that more accurately reflect the circumstances surrounding the alleged infraction;

- b. absent exceptional circumstances, within 7 working days of the date the infraction was written, the HUDT must review the report and take one of the following actions:
 - 1) dismiss the case and take no further action;
 - 2) offer the inmate an agreement; or
 - 3) conduct a hearing as outlined below and impose the appropriate sanctions. Hearings will be conducted as follows:
 - a) in the respective housing unit by the HUDT. In the event that a member of the HUDT wrote the infraction, the Unit Manager/lieutenant, or designee, will appoint another staff member to replace the reporting member on the HUDT;
 - b) a member of the HUDT will review and serve the completed infraction report, with attachments, to the inmate at least 24 hours prior to the hearing. If the inmate refuses to sign, the staff member will note that on the form and have another employee witness and sign verifying that a copy of the report was given to the inmate. The inmate may waive the 24-hour notice at the time the citation is served;
 - c) the inmate must be provided the opportunity to appear at the hearing and provide evidence;
 - d) the HUDT must complete an *Attachment C: Disciplinary Hearing Decision*, noting the evidence that was relied upon to make their finding, the reasons for the finding, and the sanctions imposed; and
 - e) in all cases, the HUDT will notify the inmate of the action(s) taken. If the person who wrote the infraction wants to know the disposition of the hearing, the person must either check with the HUDT or the HUDT disposition sheets.
2. The process for handling major infractions is as follows:
 - a. Major rule infraction reports will be forwarded to the immediate supervisor who will review each report for legibility, completeness, and correctness of the charge. The immediate supervisor or designee may request that the reporting staff member make corrections, additions, or deletions that more accurately reflect the circumstances surrounding the alleged infraction.
 - b. The immediate supervisor will sign and route all completed major rule infraction reports to the Shift Commander as soon as possible, but no later than the end of the supervisor's shift. In the absence of an immediate supervisor, staff will route all reports to the Shift Commander. (The immediate supervisor's signature is a review mechanism only and not a procedural requirement. Absence of the immediate supervisor's signature does not constitute a violation or breach of policy.)
 - c. The Shift Commander will review each report for legibility, completeness, and correctness of charge and may delete redundant or excessive charges on the infraction report without returning it to the staff member who authored the report. At all stages of the disciplinary process, the reporting staff and staff witnesses will be represented by their reports.
 - d. The Shift Commander will forward the report to the DHI, unless the infraction necessitates the placement of the inmate in PHC. If the inmate is placed in PHC, the Shift Commander will ensure that the citation is served to the inmate within 24 hours.
 - e. The DHI will review the report. The DHI or designee will serve the completed report, with attachments, to the inmate at least 24 hours prior to the hearing. Information or reports that may jeopardize the safety of others or the security of the facility will not be provided to the inmate. The inmate may waive the 24-hour notice at the time the citation is served. The inmate will be asked to acknowledge service by signing an *Attachment B: Disciplinary Infraction Report / Notice of Hearing*. If the inmate refuses to sign, the DHI will note that the inmate refused to sign and have another employee witness and sign, verifying the inmate refused to sign and was given a copy of the report.
 - f. If the inmate's recent behavior indicates the inmate may destroy the report, the DHI will note that on the form and have another employee witness and sign, verifying that a copy of the report was given to the inmate.
 - g. An inmate may waive a hearing by filling out the appropriate section of *Attachment B: Disciplinary Infraction Report / Notice of Hearing*.

- h. The inmate must be informed that if the inmate intends to provide names of witnesses, the inmate must do so by forwarding an *Offender Staff Request* form ("OSR" or "kite") to the DHI. The DHI will collect statements from listed witnesses.
- i. If it is determined criminal charges may be filed, the Department criminal investigator will advise the inmate of the inmate's Miranda Rights before initiating the interrogation.
- j. An inmate may seek a continuance of a hearing through a written request to the DHI, explaining the need for the continuance. The DHI will grant or deny the request in writing. If the request is granted, the inmate will be notified in writing of the new hearing date and time.
- k. Absent exceptional circumstances, within 7 working days of the date the infraction was written, the DHO must review the report and take one of the following actions:
 - 1) dismiss the case and take no further action;
 - 2) offer the inmate an *Agreement*; or
 - 3) conduct a hearing as outlined below and impose the appropriate sanctions. This includes:
 - a) the inmate must be afforded the opportunity to appear and be present throughout the disciplinary hearing except during the period of deliberation, when confidential information is presented, or if the inmate is removed by order of the DHO due to behavioral problems. An inmate may waive their presence at the hearing. If an inmate fails (or refuses) to appear at a disciplinary hearing, or is removed due to disruptive behavior, the DHO may proceed with the hearing and make a decision based on information in the *Attachment B: Disciplinary Infraction Report* and any other available report and/or evidence. The DHO must document an inmate's failure to appear or removal on the decision form and have another staff member witness and sign the form. The DHO must complete an *Attachment G: Agreement/ Waiver/ Refusal* form if the inmate refuses to attend the hearing;
 - b) the DHO must ensure that the inmate understands the charge(s) against the inmate and must conduct a fair and orderly hearing;
 - c) if the DHO determines an inmate is unable to prepare and present a defense, the inmate requests staff assistance or an interpreter, or the inmate claims a condition under the *Americans with Disabilities Act* (ADA), the DHO will grant a continuance (Noting the inmate's reasons on the *Attachment C: Disciplinary Hearing Decision* form and ensure appropriate assistance and/or resources are provided to assist the inmate in presenting the inmate's case. This may include, but is not limited to, the provision of interpreters.
 - d) Every inmate with a disability will receive the reasonable accommodations necessary for the inmate to understand and meaningfully participate in the disciplinary process.
 - e) the inmate must be provided an opportunity to present evidence unless the DHO makes a written finding that evidence to be presented would jeopardize the safety of others or the security of the facility. The DHO has an obligation to investigate any new evidence presented at the hearing that the DHO believes is relevant to the alleged infraction;
 - f) evidence, testimony, questions, and examination are to be limited to facts relevant to the alleged infraction(s);
 - g) witness testimony may be presented in writing. The inmate will be permitted to call witnesses on the inmate's behalf unless:
 - (1) permitting the witness to testify would jeopardize the safety of others or the security of the facility;
 - (2) testimony would be irrelevant or redundant;
 - (3) the witness's testimony concerns the general character of the inmate; or
 - (4) the inmate's actions are inappropriate during the hearing.
 - h) if a witness is not permitted to testify, the DHO must document the reason for excluding the testimony;

- i) an inmate may be found guilty of an infraction on the basis of verified information from a reliable source whose identity is not disclosed to the accused inmate if doing so creates a risk to the safety of the source;
- j) the DHO may make a finding of guilty if the DHO is persuaded by the evidence that an infraction occurred;
- k) the DHO may recess the hearing to collect additional information; however, the DHO's decision must be made solely on the evidence presented;
- l) the DHO must ensure the inmate receives, orally and in writing, a statement of the findings, evidence relied upon, sanction(s) imposed, and the reasons for finding and sanction;
- m) the DHO may suspend imposed sanctions for a specified period of time not to exceed 90 days. The DHO must document the terms of the suspension on the findings decision form. If the inmate violates these terms, the DHO may revoke the suspended sanction(s) and impose new sanctions. The initial sanctions that were suspended shall run consecutive to the new sanctions. The DHO may not use the revoked suspension as one of the sanctions for the new offense;
- n) the DHO may postpone the hearing if an inmate is unavailable (on escape status, is hospitalized, or is On Leave to Custody) or under direct mental health care. The hearing may also be postponed pending arrival of necessary evidence;
- o) the DHO may find an inmate guilty, not guilty, or guilty of a more appropriate offense; and
- p) correctional staff may be allowed to sit in on major infraction hearings unless they issued the infraction. Staff will not participate in the hearing unless so directed by the DHO.

C. Accommodations for Inmates with Disabilities During the Disciplinary Process

1. An inmate with a disability shall receive the reasonable accommodations and auxiliary aids and services necessary for the inmate to understand and meaningfully participate in the disciplinary process described herein, including but not limited to, communications during the process and ability to read and understand all documents relevant to the process. Before the disciplinary process described here is initiated, staff shall consult the offender management system and the offender ADA coordinator to determine if the inmate has a disability. Staff shall also review the disciplinary report and the inmate's disciplinary history to determine if the inmate has a suspected disability. The ADA coordinator shall identify all accommodations that shall be provided to the inmate to ensure the inmate's understanding of, and meaningful participation in, all steps of the disciplinary process, and ensure that these accommodations are provided. If the inmate cannot understand or meaningfully participate in a hearing due to a disability, even with reasonable accommodations, then the inmate shall not be sanctioned, and disciplinary charges shall be dismissed.
2. If the inmate is considered to have a severe mental illness (SMI), the disciplinary staff must seek the assistance of a QMHP to determine if the incident was a manifestation or product of the inmate's mental illness. The QMHP must assess the inmate and document their evaluation in the medical record. The disciplinary staff must document input from the QMHP that includes the individual who conducted the manifestation determination review, identifications of any documents reviewed in the determination, and identification of any other sources of information utilized to make the determination. *Disciplinary Mental Health Statement* form.
3. If the infraction is a manifestation of the SMI inmate's mental illness, the SMI inmate should not be subjected to discipline for that behavior. A behavior is a manifestation of an inmate's disability if the behavior was caused by or has a direct and substantial relationship to the inmate's SMI. If the infraction is not a manifestation of the SMI inmate's mental illness, the SMI inmate may be placed in disciplinary detention, *provided* that the punishment may not include placement into conditions of confinement less than the minimums for SMI inmates, as

set out in *MSP 3.5.1 Restrictive Housing Operation and Step-Down Program*.

4. The degree of discipline and length of time in disciplinary detention for an SMI inmate shall be determined on a case-by-case basis that includes the input of a QMHP. An SMI inmate will not be confined in a disciplinary detention cell for more than 24 consecutive hours unless a QMHP makes a written determination that it would be unsafe to move the inmate or the inmate refuses to move. If an SMI inmate remains in a cell more than 24 consecutive hours, a QMHP will document the reasons the inmate was not taken from the cell.
5. Prison staff will not turn off the water in the cell of an SMI inmate as punishment for a disciplinary violation. An SMI inmate's water in cell may be turned off for purposes of preventing the destruction of property or conditions hazardous to inmates or MSP staff in the following circumstances:
 - a. If a staff member determines that water abuse by an SMI inmate has been demonstrated, or is a reasonable and imminent concern, then access to running water in the SMI inmate's cell will be limited to 5-10 minutes hourly for toileting and clean up between the hours of 6:00 a.m. to 10:00 p.m., and as needed overnight; and
 - b. In such instances, MSP staff will provide a paper cup for drinking, toilet paper and paper towels as reasonably requested by the inmate. If an SMI inmate's water is turned off, the SMI inmate shall be provided with water upon request as necessary for hygiene and drinking purposes.
6. If assistance is provided or any other requirement is waived, an appropriate notation shall be made in the offender management system.

D. Sanctions

1. The DHO or HUDT will impose an appropriate sanction(s) from *Attachment E: Inmate Disciplinary Sanction Grid* when a charge is substantiated.
2. Any portion of a sanction may be suspended for a specified period of time not to exceed 90 days. Inmates will be informed in writing of the conditions under which the sanction is being suspended.
3. The DHO or HUDT may not impose on any inmate, nor will the grid contain, any of the following sanctions:
 - a. any form of dietary restriction or the use of food or meals as punishment, except that any inmate's food may be restricted only to ensure the safety of the inmate, other inmates, or MSP staff. If the inmate is threatening harm to the inmate's self or others through the use of food utensils, the inmate may be provided food the inmate can eat with the inmate's fingers;
 - b. any form of corporal punishment;
 - c. any form of discipline imposed by one inmate on another inmate;
 - d. detention in excess of 30 consecutive days;
 - e. deprivation or denial of clothes, bedding, and personal hygiene items. This does not apply to those inmates who engage in the practice of destroying such items. In such instances, the Warden or designee will be notified, and the decision to deprive must be reviewed by the DHO or HUDT at intervals not to exceed 24 hours;
 - f. the use of a "padded or isolation cell" or restraints as punishment. Restraints may only be used for otherwise uncontrollable inmates in accordance with *DOC 3.1.8 Use of Force and Restraints*; or
 - g. deprivation of general correspondence, visiting, or telephone privileges when the offense is unrelated to a violation of facility rules relating to that activity. In no case will special mail privileges or attorney visits be suspended. If an inmate is sanctioned to cell restriction, the inmate will only be allowed emergency phone calls and scheduled legal calls; or
 - h. deprivation of any accommodations or auxiliary aids and services for the inmate's disability.

4. In non-emergent circumstances, no inmates shall be disciplined, classified, or reclassified to a higher level of security based upon the inmate's disability or upon behavior that is a product of the inmate's disability, after a prompt and appropriate evaluation by a QMHP. The QMHP shall assess whether the inmate's conduct is a manifestation or product of the inmate's disability and shall make recommendations as to the disposition of disciplinary charges. The QMHP shall not participate in making disciplinary decisions and shall not advocate for placement of an inmate in a restrictive housing setting.
 - a. Under any of the following circumstances, inmates who are alleged to have committed a rule violation shall be promptly assessed by a QMHP:
 - 1) the inmate is identified via the offender management system as having a mental health or developmental disability;
 - 2) the inmate is on the mental health caseload;
 - 3) the inmate engaged in indecent exposure or sexually disordered conduct;
 - 4) the inmate is charged with misuse of psychotropic medication, or other medication resulting in an overdose;
 - 5) the inmate is charged with being untidy or keeping an untidy cell;
 - 6) the inmate displayed bizarre or unusual behavior at the time of the alleged offense or thereafter, or is otherwise suspected of suffering from a disability that may have contributed to the alleged conduct; or
 - 7) the infraction is solely based on the inmate's refusal to move into the general population.
 - b. Inmates shall not be issued a disciplinary report for any of the following:
 - 1) conduct occurring in connection with a cell extraction or move for the purpose of administering involuntary treatment, restraints, or seclusions; or
 - 2) conduct occurring in connection with a cell extraction or move of an inmate for a transfer into a psychiatric facility, for the imposition of suicide precautions, or to a mental health unit.
 - c. The assessment by the QMHP pursuant to this section shall be documented, as shall consideration of the assessment by the DHO. The DHO shall also document dismissal of the disciplinary charge pursuant to provision 4, above, and shall so notify the offender ADA coordinator of the disposition.
5. No inmate shall be placed in pre-hearing confinement or placed in Restrictive Housing based solely on the inmate's disability or upon behavior that is a product of the inmate's disability unless, after a prompt and appropriate evaluation by a QMHP, such staff determines that the inmate presents such an immediate and serious danger that there is no reasonable alternative. In such a case, the inmate will be promptly and regularly re-evaluated with the goal of securing appropriate treatment and reintegrating into general population.
6. Whenever separate detention cells are available, Defendants will place SMI inmates in disciplinary detention on different blocks from non-SMI inmates. However, if an SMI inmate is allowed to serve the inmate's disciplinary detention in blocks A or B in the Secure Adjustment Unit, nothing in this provision will prohibit the housing of SMI inmates with death row inmates on Level 5 of the administrative segregation step-down program.

E. Records

1. The DHO must ensure that a copy of each disciplinary document (infraction reports, notifications, witness report, etc.) is:
 - a. scanned into the offender management system into the violation events section; and
 - b. provided to the inmate.
2. If an inmate is found not guilty of an alleged infraction (major or minor), all references to the infraction will be saved in the offender management system and the paperwork must clearly indicate that the inmate was found not guilty of the alleged infraction.

3. The DHO or designee will post the results of hearings on a hearings report that is available to staff, which notes the disposition of the disciplinary hearing. Findings of not guilty or a change in infraction will have a clear explanation as to the reason. Unit Sergeants will print the results form and post it in the Sergeant's office. If staff has questions concerning the disposition, they are to contact the DHO.
4. The DHI and DHO will ensure that the findings from all major disciplinary hearings and agreements are posted in the offender management system.

F. Administrative Review

1. The process for review of major infractions is as follows:
 - a. the Warden or designee will review the infraction report and disciplinary findings form of each major infraction within 15 working days of the date of the hearing to ensure the infraction was handled in accordance with operational procedure, regardless of whether the inmate has filed an appeal;
 - b. the Warden or designee may:
 - 1) uphold the decision and the sanction(s) imposed;
 - 2) reverse the decision (must provide written justification for the action);
 - 3) reduce the infraction level to a minor;
 - 4) in the case of new or missed evidence, remand the decision back to the DHO (must provide written justification for that action); or
 - 5) uphold the decision but modify the sanction(s) imposed when such action is warranted based on the record.
 - c. Under no circumstances shall the Warden or designee increase the sanction imposed. The Warden or designee will then return the infraction reports to the DHO;
 - d. the reviewing official is limited to ensuring that the DHO's decision and sanctions are within policy and regulations, and determining whether the DHO could have rationally concluded that the evidence supports the decision, not whether the reviewing official would have made the same decision. The Warden or designee will return the infraction report to the DHO; and
 - e. if the Warden does change the decision and/or sanction upon review, the inmate has a right to appeal when notified of the change, unless the infraction was reduced to a minor.
2. The process for review of minor infractions is as follows:
 - a. The DHO, DHI, or designee will review the infraction report and disciplinary findings form of each minor infraction within 15 working days of the date of the hearing to ensure the infraction was handled in accordance with operational procedure. The DHO or DHI will consult with the Warden or designee concerning any discrepancies and take any necessary remedial action.

G. Appeals

1. At the conclusion of a major infraction hearing, the DHO will advise the inmate of the inmate's right to appeal the decision and will document the inmate's choice in the appropriate section of the findings form. The DHO will not offer the inmate an appeal under the following circumstances:
 - a. the hearing decision reduced the major to a minor infraction;
 - b. the inmate waived or refused to attend the hearing, either by signing a waiver form or by refusing to sign the *Notice of Hearing*; or
 - c. the inmate was removed prior to the conclusion of the hearing by the DHO due to behavioral problems during the hearing.
2. If the inmate chooses to appeal the decision, the DHO will provide the inmate with an *Attachment H: Disciplinary Appeal* form and explain that the inmate has 15 days to fill it out and submit it to the DHO or DHI.

3. Upon receipt of the completed appeal form, the DHO or DHI will forward the completed appeal form and all related disciplinary documents to the Warden or designee.
4. The Warden or designee must act on the appeal within 30 working days of receipt of the appeal, and take into consideration the following factors:
 - a. whether or not there is evidence and documentation to support the findings;
 - b. whether there was substantial compliance with applicable disciplinary procedures; and/or
 - c. whether the sanctions imposed are proportionate to the rule violation(s).
5. The Warden or designee may take one of the following actions:
 - a. Affirm – uphold the decision of the DHO and the sanction(s) imposed;
 - b. Dismiss – disagree with the decision of the DHO and dismiss the infraction; or
 - c. Modify – uphold the decision of the DHO but reduce or suspend the sanction(s) or the level of the infraction.

The Warden or designee must provide written justification for the action taken on the appeal form and return the infraction report and completed appeal form to the DHO who will implement the decision.
6. Sanction(s) may be imposed prior to the Warden or designee's decision concerning the appeal.

H. Emergency Procedures

1. Any or all portions of this operational procedure may be temporarily suspended without notice in the event of an institutional disruption that requires emergency action.
2. Any inmate involved in the emergency may be detained without a hearing throughout the course of an officially declared emergency.
3. On rare occasions, an incident is so widespread as to have involved, in some general way, virtually all staff eligible to serve as a DHO or as a member of a HUdT. Under these circumstances, the Warden or designee may form one or more committees to conduct disciplinary hearings. No staff member who was personally involved in a substantial manner in an incident will be selected to be a member of one of these committees.

I. Training, Orientation, and Advisement

1. Facility Training staff, the DHI, or the DHO will include a session on the current inmate disciplinary operational procedures in pre-service and annual refresher staff training. This training will include familiarity with the operational procedures, inmate rules/infractions, prohibited acts, the rationale for the rules, and available disciplinary sanctions.
2. MDIU staff will ensure each inmate receives and signs for a copy of a current MSP Disciplinary Handbook during the orientation process.
3. The DHO and /or DHI will ensure all inmates in secure facilities receive notice whenever the inmate disciplinary operational procedure is revised.
4. Hard and electronic copies of the current MSP disciplinary operational procedure will be available in the facility libraries for inmates to view or get copies.
5. Housing unit staff will post a general notice on the inmate informational bulletin boards regarding the mechanisms for inmates to obtain or review current information regarding the inmate disciplinary process.

J. Effect of Conviction/Dismissal

1. Subsequent administrative action by the Housing Unit Management Team (HUMT) or other authority does not constitute additional punishment and should not be construed as such. If

the conviction for an offense affects the inmate's security level, the inmate may be considered by the HUMT for appropriate reclassification. Dismissal or modification of a conviction does not deprive the HUMT of the opportunity to consider the inmate's conduct for purposes other than discipline, including but not limited to security and classification decisions.

IV. CLOSING

Questions about this operational procedure should be directed to the Warden/designee.

V. ATTACHMENTS

Attachment A: Inmate Disciplinary Rule Infractions List

Attachment B: Disciplinary Infraction Report/Notice of Hearing

Attachment C: Disciplinary Hearing Decision

Attachment D: Summary Action / Cell Search / Property Receipt

Attachment E: Inmate Disciplinary Sanction Grid

Attachment F: Disciplinary Witness Request

Attachment G: Agreement/Waiver/Refusal

Attachment H: Disciplinary Appeal

Attachment I: Hearing Continuation Notice

Attachment J: Tattoo Violation Property Restrictions Notice



ATTACHMENT A: INMATE DISCIPLINARY RULE INFRACTIONS LIST

Highlighted infractions - placement in pre-hearing confinement is **mandatory** unless a written exception is documented on the disciplinary infraction form. Placement in pre-hearing confinement for all other rule infractions is discretionary. Staff must document the threat on the disciplinary infraction form.

MAJOR RULE INFRACTIONS	
4100	Homicide.
4101	Escape, attempting to escape, planning to escape, or absconding.
4102	Possession or introduction of any firearm, weapon, ammunition, knife, sharpened instrument, items such as razor blades when they are not used as intended, Class-1 tool, to include keys and security equipment or key patterns.
4103	Rioting or encouraging others to riot.
4104	Assaulting another inmate to include causing body fluids (urine, feces, spit, semen, blood, etc.) to come in contact with another inmate.
4105	Extortion, blackmail.
4106	Seizing another person as a hostage.
4107	Possessing, introducing, or using any narcotic, narcotic paraphernalia, or illegal/unauthorized drug.
4108	Planning, attempting, encouraging, facilitating, or conspiring with others to commit any criminal act or 4100 series infraction (4100 – 4111).
4110	Rape, sexual assault, or sexual abuse (as defined in <i>DOC 1.1.17</i>)
4111	Assaulting any other person (staff, volunteers, visitors, vendors, member of the public, etc.) to include causing body fluids (urine, feces, spit, semen, blood, etc.) to come in contact with another.
4112	Possession of any communication device, including but not limited to cell phones, pagers, smart watches, and tablets
4200	Setting a fire.
4201	Fighting with another person.
4202	Threatening another inmate with bodily harm. Verbal or written statements or engaging in physical conduct causing fear in another inmate.
4203	Engaging in sexual acts; as defined in behavior or misconduct defined in <i>DOC 1.1.17, Prison Rape Elimination Act (PREA)</i>
4204	Making sexual proposals, threats, or harassing remarks, kissing, or inappropriate touching, directly or through clothing of the genitalia, anus, groin, breast, inner thigh, or buttocks.
4205	Indecent exposure.
4206	Refusing to provide any type of specimen or sample (urine, breath, DNA, or other). Attempt to contaminate, pollute, alter, substitute, or destroy <u>any specimen or sample</u> .
4207	Participating in, or encouraging others to participate in an unauthorized meeting, gathering, or coordinated activity.
4208	Insolence: Words, actions, or other behaviors that harass or cause alarm in an employee, including but not limited to direct disrespect in the form of profane, obscene or abusive language or gestures.
4209	Giving or offering any official or staff member a bribe or anything of value. Attempting to engage in a personal relationship with a staff member, volunteer, contractor, etc. whether it be verbally, physically, or in writing.
4210	Destroying, altering, or damaging facility property or the property of another person, including flooding.
4211	Stealing (theft), or possession of a stolen item.
4212	Willfully tampering with, damaging or blocking a locking device, fence, door, gate, window or other security safety device.
4213	Refusing to immediately obey a verbal “direct” order/command from any staff member.
4214	Counterfeiting, forging, alteration, destruction, or unauthorized reproduction of any document, article of ID, money, or official papers.
4215	Possession of money or currency, unless specifically authorized.
4216	Interfering with the taking of a count or failing to stand for count.
4217	Lying or providing a false statement to a staff member.
4218	Making, possessing, or using intoxicants.
4219	Smoking/possession of any amount of tobacco or tobacco paraphernalia.
4220	Intentionally obstructing, hindering, or impeding staff
4221	Possession of unauthorized clothing or identification.

4222	Tattooing, body branding, piercing, scarring, tongue splitting, subcutaneous beads, or any form of body modification; giving, receiving, or having new or undocumented tattoo(s) or other forms of body modification, and/or possession of tattoo and body modification paraphernalia, including needles.
4223	Smuggling/introduction or possession of unauthorized items into the institution.
4224	Deliberate misuse of an authorized medication , including unauthorized possession of other individual's medication.
4225	Security Threat Group(STG) Activity: Any behaviors uniquely or clearly associated with a security threat group including forming a STG, participating in STG activities, or possessing or displaying any materials, symbols, colors, or pictures of an identified STG.
4227	Failure to abide by condition of a disciplinary disposition.
4228	Failure to obey written policy/operational procedure (staff must note the policy/OP name, number, page, and section violated on the Infraction Report. Attaching a copy of the page(s) from the policy/OP is acceptable).
4229	Planning, attempting, encouraging, facilitating, or conspiring with others to commit any criminal act or 4200 series infraction (4200 –4235).
4231	Conspiring or assisting in another inmate's self-harm/suicide behavior.
4232	Inappropriate conduct w/a visitor that presents a threat to the security or orderly operation of the facility.
4233	Unauthorized communication that presents a threat to the security of the facility.
4234	Being in an unauthorized area that presents a threat to the security or orderly operation of the facility.
4235	Threatening any other person to include staff, volunteers, visitors, vendors, member of the public, etc. with bodily harm. Verbal or written statements or engaging in physical conduct causing fear in another person.
4236	Refusing, interfering with, or manipulating any housing assignment.
4237	Excessive Horseplay
4238	Filing a maliciously false PREA allegation of sexual abuse or harassment. MUST BE APPROVED BY PCM or PREA INVESTIGATOR
MINOR RULE INFRACTIONS	
4300	Refusing to work, report to work, or accept a program assignment. Contract violation.
4301	Unexcused absence from work/school assignment or other program activity.
4302	Possession or displaying any material of an offensive nature including, but not limited to, sexually suggestive pictures, jokes, and posters.
4303	Insolence: indirect words, actions, or other behaviors that harass an employee, including indirect disrespect in the form of profane, obscene or abusive language or gestures.
4304	Possession of expired blister pack.
4305	Possession of property belonging to another person or the state government.
4306	Failure to abide by any written, posted, or unit rule.
4307	Participating in an unauthorized meeting or gathering.
4308	Being in an unauthorized area. Failing to report as directed or follow check-in/check-out procedures. Late return from an authorized area.
4309	Failure to follow safety or sanitation regulations.
4310	Gambling or possession of gambling paraphernalia.
4311	Being unsanitary or untidy; failing to keep one's person or quarters in accordance with facility standards.
4312	Taking items or food from the Food Service.
4313	Malingering or feigning an illness.
4314	Failing to perform work or verbal instructions as directed by a staff member.
4315	Horseplay: any physical contact, or attempted physical contact, done in a prankish or playful manner, without anger or intent to injure.
4316	Barter or trade; loan or borrow; solicit or engage in any business activity.
4317	Violation of a visiting rule (excessive noise, failure to control children, etc.).
4318	Unauthorized communication: misuse or use without authorization, the telephone or mail; verbal communication misrepresenting the facts where there is no apparent threat to the facility security or harm to another person/program.
4319	Possession of: excessive property, items altered from their original approved condition, non-dangerous unauthorized items, and/or accumulation of garbage (nuisance contraband).
4320	Planning, attempting, encouraging, facilitating, or conspiring w/others to commit any Minor offense.
4321	Destroying, altering, or damaging facility property or the property of another person having a value less than \$25.
4322	Conduct which disrupts where there is no threat to the security or orderly running of the institution, manipulating housing or cell assignments within the housing unit.



ATTACHMENT B: DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MSP ☐ MWP ☐ Contract Facility: _____

MAJOR ☐

MINOR ☐

Inmate Name: _____ ID # _____

Date: _____ Time: _____ Place of Incident: _____

Room/Cell: _____ Housing Unit: _____ Job Assignment: _____

Infraction Number(s) & Name(s) _____

Staff Witness: 1. _____ Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when, and how):

Reporting Staff Member _____
(Print Name) (Sign Name)

Supervisor Review: _____
(Print Name) (Sign Name)

Approval for placement in PHC: ☐ Medical by: _____ ☐ Mental Health by: _____

Reason: _____

I have reviewed this report for legibility, completeness, corrections of change, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.) For placement in Pre-Hearing Confinement, I have reviewed the impact that restrictive housing may have on medical and mental health conditions exhibited and considered alternatives to placement in restrictive housing and have determined that separation from the general inmate population is necessary due to the above-mentioned reason.

(Shift Supervisor Signature) (Date) (Warden or Designee Signature) (Date)

NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

1. Hearing Date: ____/____/____ Time: ____ hrs. Place: _____

2. I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).

3. I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)

4. Present evidence and witnesses on my behalf. ☐ Yes ☐ No If inmate has witnesses or needs witness statements have the inmate provide the name: _____

5. Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

(Staff Signature) (Date & Time) (Inmate's Signature / ID#)



ATTACHMENT C: DISCIPLINARY HEARING DECISION

MSP ☐ MWP ☐ Contract Facility: _____

MAJOR ☐

MINOR ☐

Inmate's Name: _____ ID # _____ Date: _____

Infraction Number(s) & Name(s) _____

☐ I DO UNDERSTAND THE VIOLATION

☐ I DO NOT UNDERSTAND THE VIOLATION – ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☐ Not Guilty ☐ Other: _____

Inmate's Statement: _____

Evidence Provided: _____

Findings: ☐ Guilty of # _____ ☐ Not Guilty of # _____

Evidence Relied On: _____

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5]

Grid Level to Use: ____

(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): _____

Reason(s) for findings: _____

ADMINISTRATIVE REVIEW / DATE

DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).

☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: _____



ATTACHMENT D: SUMMARY ACTION / CELL SEARCH / PROPERTY RECEIPT

MSP ☐ MWP ☐ Contract Facility: _____

Source of Items <input type="checkbox"/> Room/Area Search <input type="checkbox"/> Pat/Strip Search		Date & Time	Contraband/Evidence Storage Location/Area <input type="checkbox"/> Major infraction evidence room/area <input type="checkbox"/> Property office/area			<input type="checkbox"/> Minor infraction evidence bin/room/area <input type="checkbox"/> Contraband disposal bin/site/area	
Inmate Name:		ID#		Cell/Room #	Housing Unit		
Inmate Name:		ID#					
Type of Infraction (if applicable):				Location of Search/Incident:			

List only one item per line. Put in disposition code (from bottom of form) as needed.

Description, condition & reason property was removed	Owner's Name	Summary Action or Hearing?	Hearing Disposition
Inmate Signature:			
By signing above, I understand that my property is being: <i>(circle choice:)</i> returned, held for a hearing, or destroyed.			
Officer Printed Name:		Officer Signature:	
This Portion to be Completed by Disciplinary Unit Only			
Disposition Codes: R-Returned to owner P-Placed in Property Room E-Placed in Evidence Room DES-Destroyed H-Held for Investigation SAC-Summary Action Confiscation DON-Donate			
Date: _____		Disposition completed by Staff Member: _____	



ATTACHMENT E: INMATE DISCIPLINARY SANCTION GRID

MSP ☐ MWP ☐ Contract Facility: _____

Level	Infraction Code	1 st & Subsequent Offense (for items highlighted) Subsequent Offenses that are not highlighted		1 st Offense (for items not highlighted)
Major	4100 4101	1-30 days cell restriction.		1-15 days cell restriction
	4102 4103	1-30 days detention.		1-15 days detention
	4104 4105	1-30 days detention for aggregated offenses arising out of the same episode.		1-25 days aggregated offenses arising out of the same episode
	4106 4107	*Restriction of any activity.		Restriction of any activity for 15 days
	4108 4110	Refer to UMT/Refer to appropriate program/ Recommend reclassification.		Refer to UMT/Appropriate Program
	4111 4112	Letter of apology/writing assignment.		Letter of apology/writing assignment
	4200 4201	Loss of good time.		Loss of good time
	4202 4203	Fine: \$1 to \$50.		Fine \$1 to \$25
	4204 4205	1-80 hours extra duty/special work detail.		1-40 hours extra duty/special work detail
	4206 4207	**See other sanctions available.		
	4209 4212			
	4213 4216			
	4218 4219			
	4223 4225			
	4229 4232			
	4234 4235			
	4209 4236			
	4224 4240			
		1 st Offense	2 nd Offense	3 rd Offense
Major	4208	1-5 days cell restriction. 1-5 days detention.	6-10 days cell restriction. 6-10 days detention.	11-15 days cell restriction. 10-15 days detention.
	4210	15-days detention for aggregated offenses arising out of the same episode.	15-days detention for aggregated offenses arising out of the same episode.	15-days detention for aggregated offenses arising out of the same episode.
	4211	*1-30 days restriction of any activity.	*15-30 days restriction of any activity.	*30 days restriction of any activity.
	4214	1-40 hours extra duty/special work detail.	10-60 hours extra duty/special work detail.	20-80 hours extra duty/special work detail.
	4215	Recommend reclassification.	Recommend reclassification.	Recommend reclassification.
	4217	Loss of good time.	Loss of good time.	Loss of good time.
	4220	Fine: \$1-\$10.	Fine: \$11-\$20.	Fine: \$21-\$30.
	4221	Refer to UMT/Refer to appropriate program for assessment.	Refer to UMT/Refer to appropriate program for assessment.	Refer to UMT/Refer to appropriate program for assessment.
	4222	Letter of apology/writing assignment.	Letter of apology/writing assignment.	Letter of apology/writing assignment.
	4227	Warning.	Warning.	Warning.
	4228	**See other sanctions available.	**See other sanctions available.	**See other sanctions available.
	4229			
	4231			
	4233			
	4237			
	4238			
	4239			
	4240			
<p>*Activity includes but is not limited to: Visits, Correspondence, Hobby, Gym/Yard (<i>Yard restriction is not available as a sanction for offenders in restrictive housing</i>), Telephone, Photos/Pictures, Family Day, Offender facilitated group (AA/NAA), Volunteer group activities Generally an activity may only be restricted when the violation involves that activity or the rules regulating it. However, when an offender is sanctioned to cell restriction, the offender is restricted from all activities but work, school, scheduled medical appointments, treatment, meals, religious activities, emergency phone calls, scheduled legal phone calls, and visits. Inmates on cell restriction will be offered two hours of out of cell time.</p>				
<p>**Other sanctions available for Major categories: Loss of personal property, confiscate & dispose of property/contraband[‡], forced labor 1-40 hours, recommend reclassification, recommend referral for criminal charges, fines, / reimbursement for actual damage, terminate work/program assignments, property restrictions for tattoo violations (see current notice).</p>				
<p>[‡] Major/Minor infractions & Summary Action/Cell Search/Property Receipt Forms-Evidence deemed to be contraband that is personal property items of significant value (i.e. excess jewelry, photos, TV, MP3 player, etc. belonging to the involved offender) may, at the discretion of the hearings officer, be mailed out at the offender's expense within 10 days of the hearing. Failure to mail out in the allotted timeframe will result in the property being disposed of as already forfeited.</p>				



ATTACHMENT E: INMATE DISCIPLINARY SANCTION GRID *(continued)*

MSP ☐ MWP ☐ Contract Facility: _____

		1 st Offense	2 nd Offense	3 rd Offense
Minor	4300 4301 4302 4303 4304 4305 4306 4307 4308 4309 4310 4311 4312 4313 4314 4315 4316 4317 4318 4319 4320 4321 4322	1-2 days cell restriction. *1-3 days restriction of any activity. 1-4 hours extra duty. Letter of apology/writing assignment. Warning. **Confiscate & dispose of contraband. Fine / Reimbursement for actual Damage *1-2 weeks Commissary Restriction.	3-4 days cell restriction. *3-4 days restriction of any activity. 4-7 hours extra duty. Letter of apology/writing assignment. Warning. **Confiscate & dispose of contraband. Fine / Reimbursement for actual Damage *2-3 weeks Commissary Restriction.	5 days cell restriction. *4-5 days restriction of any activity. 7-10 hours extra duty. Letter of apology/writing assignment. Warning. **Confiscate & dispose of contraband. Fine / Reimbursement for actual Damage *3-4 weeks Commissary Restriction.
Immediate Corrective Guidance	Cell Restriction: Up to 8 hours. Activity Restriction: Up to 24 hours. Apology: Verbal or written (not to exceed 100 words). Written Assignment/Thinking Error Report (not to exceed 100 words). Verbal Counseling. Verbal Warning.			
*Activity includes but is not limited to: Visits, Correspondence, Hobby, Gym/Yard (<i>Yard restriction is not available as a sanction for offenders in restrictive housing</i>), Telephone, Photos/Pictures, Family Day, Offender facilitated group (AA/NAA), Volunteer group activities, Commissary restriction (<i>must allow the inmate to have in inmate's possession required hygiene and correspondence items</i>). Generally, an activity may only be restricted when the violation involves that activity or the rules regulating it. However, when an offender is sanctioned to cell restriction, offender is restricted from all activities but work, school, scheduled medical appointments, treatment, meals, religious activities, emergency phone calls, scheduled legal phone calls, and visits.				
**Other sanctions available for Minor categories: Loss of personal property, confiscate and dispose of property/contraband*, forced labor 1-10 hours, fine / reimbursement for actual damage terminate work/program assignments.				
* Major/Minor infractions & Summary Action/Cell Search/Property Receipt Forms-Evidence deemed to be contraband that is personal property items of significant value (i.e. excess jewelry, photos, TV, MP3 player, etc. belonging to the involved offender) may, at the discretion of the hearings officer, be mailed out at the offender's expense within 10 days of the hearing. Failure to mail out in the allotted timeframe will result in the property being disposed of as already forfeited.				



Instead of witnesses being called to be physically present at the hearing, they may be asked to submit a written statement. If you are unable to collect these statements yourself, you may ask the Disciplinary Hearings Officer or Investigator to collect them for you.

Witness Printed Name and Signature: _____ / _____

Date _____

Testimony: _____

Printed Name of Defendant

Signature of Defendant

Date



MONTANA STATE PRISON
ATTACHMENT G: AGREEMENT / WAIVER / REFUSAL

MSP ☐ MWP ☐ Contract Facility: _____

Major/Minor Inmate Disciplinary Infractions

Agreement ☐

Waiver to Attend Hearing ☐

Refusal to Attend Hearing ☐

Inmate Name: _____ ID #: _____

Date: ____ / ____ / ____ Time: _____ Housing Unit: _____

Infraction Number(s) and Description: _____

☐ **Agreement:** It is the judgment of the DHO/Housing UMT that there is sufficient evidence for a finding of guilty on the violation(s) listed above.

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5]

Grid Level to Use: _____

(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanctions: _____

I wish to enter into an Agreement and accept the sanction(s) offered above for the infraction(s) listed above. By entering this agreement with the DHO/UMT, and by signing it, I understand that this concludes the disciplinary process for the infraction(s) listed above and waive my right to a hearing and appeal.

Inmate Signature: _____ Date: ____ / ____ / ____

☐ **Waiver to Attend Disciplinary Hearing:** Inmate waives right to hearing and appeal.

Inmate Signature: _____ Date: ____ / ____ / ____

☐ **Refusal to Attend Disciplinary Hearing:**

*I told Inmate _____ that it was time for the inmate's hearing. Inmate refused/declined to attend. Inmate was advised that the hearing would proceed on the basis of evidence provided. Inmate still refused/declined stating: _____

_____*

Inmate Signature: _____ Date: ____ / ____ / ____

Officer/Witness Signature: _____ **Date:** ____ / ____ / ____

Disciplinary Hearing Officer/Unit Disciplinary Team _____ **Date:** ____ / ____ / ____

Administrative Review Signature: _____ **Date:** ____ / ____ / ____



**MONTANA STATE PRISON
ATTACHMENT H: DISCIPLINARY APPEAL**

MSP ☐ MWP ☐ Contract Facility: _____

(major infractions only)

Inmate's Name: _____ ID # _____

Date: ____ / ____ / ____ Infraction(s): _____

Disciplinary Hearing Decision: _____

Instructions: Document why one, two, or all three of the following apply and submit it to the DHO or DHI.

1. There was no evidence or documentation to support the decision.

2. Required disciplinary procedures were not followed.

3. The sanction(s) is excessive.

Inmate Signature

Date

WARDEN OR DESIGNEE RESPONSE

Warden or designee:

Is there sufficient evidence and documentation to support the finding?

YES ☐

NO ☐

Is there substantial compliance with applicable disciplinary procedures?

YES ☐

NO ☐

Is the sanction(s) imposed proportionate to the rule violation(s)?

YES ☐

NO ☐

Decision:

- ☐ **Affirm.** I uphold the decision of the DHO and the sanction(s) imposed.
- ☐ **Dismiss.** I disagree with the actions of the DHO and dismiss the infraction.
- ☐ **Modify.** I uphold the decision of the DHO, but the sanction(s) imposed or infraction level shall be:
- ☐ reduced sanction or level to:
- ☐ suspended sanction(s) for:

Written justification for the action taken above:

Warden or Designee Signature

Date



**MONTANA STATE PRISON
ATTACHMENT I: HEARING CONTINUATION NOTICE**

Inmate: _____ DOC#: _____ Location: _____

Hearing Continuation Notice #1

This form serves as notification that the hearing(s) scheduled

For _____ is/are being continued until _____

For the following reasons: _____

Inmate Signature _____ DATED _____

Disciplinary _____ DATED _____

Hearing Continuation Notice #2

This form serves as notification that the hearing(s) scheduled

For _____ is/are being continued until _____

For the following reasons: _____

Inmate Signature _____ Dated _____

Disciplinary _____ Dated _____



**MONTANA STATE PRISON
ATTACHMENT J: TATTOO VIOLATION PROPERTY RESTRICTIONS NOTICE**

**TATTOO VIOLATION
PROPERTY RESTRICTIONS**

LEVEL 1 PROPERTY RESTRICTION (1st conviction in 3 yrs.) 6-month restriction in which the following items will not be allowed:

- **Electric Razor (and accessories)**
- **Radio (except clock/radio), MP3 Player, Game Console (and accessories including):**
 - **AC Power Adapter**
 - **Batteries, screen protectors, extension cord.**

LEVEL 2 PROPERTY RESTRICTION (2nd conviction in 3 yrs.) 6-month restriction in which the follow items will not be allowed:

- **All items listed in Level 1 Property Restriction, plus:**
- **TV (and accessories including):**
 - **TV Remote**
 - **Cable Splitter**
 - **Coaxial Cable**
 - **Voltage Surge Protector Strip**

Confiscation procedure: If a staff member finds evidence of tattooing, they will confiscate the appropriate property from the list above at the time of the write-up, complete a cell search receipt and place the property in the major evidence room pending the disciplinary hearing.

Mailing your property out: If you are found to be in violation of #4222-tattooing rule, you have 15 days in which to mail these items out of the institution or they will be processed as contraband. It is your responsibility to pay postage. Send your special mailing request (SMR) to the disciplinary office (*must be received within 15 days of the hearing*).

Level restrictions: Will continue for 6 months from the date of a guilty decision.

Further violation(s): If found in possession of any prohibited property item during the term of a property restriction, it will be deemed as **"#4227 Failure to abide by condition of disciplinary disposition"** and will result in an extension of the property restriction in addition to other allowable sanctions.

Reminder

The possession of these items is a privilege and loss of privileges can and will be used as sanctions to attain compliance with the rules and regulations of the facility.



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.4.3 TOBACCO USE REGULATIONS	
Effective Date:	January 1, 1998	Page 1 of 2 and no Attachments
Revision Date(s):	March 14, 2017, October 30, 2020, April 30, 2021	
Reference(s):	DOC Policy 3.4.3	
Signature:	/s/ Jim Salmonsens /Warden	

I. PURPOSE

To provide a tobacco free work and living environment for employees, visitors, and inmates in accordance with the Montana Clean Indoor Air Act.

II. DEFINITIONS

Smoking – The act of lighting, smoking, or carrying a lighted cigar, cigarette, pipe or any smokable product or any product that is inhaled to mimic smoking.

Staff – Includes employees of the state of Montana and contracted staff.

Tobacco Product – Includes cigarettes, pipes, pipe tobacco, tobacco substitutes, chewing tobacco, cigars, matches, cigarette lighters, smoking paraphernalia, electronic cigarettes and all other items develop or processed for the primary purpose of facilitating the use or possession of nicotine, tobacco and tobacco-related products.

Tobacco Use – Refers to using a tobacco product or tobacco substitute.

Smoking Paraphernalia – Includes items such as lighters, matches, altered batteries, cigarette papers, rolling machine, and other items that would facilitate one in smoking.

III. PROCEDURES

A. Posting

1. Department building and vehicles shall be conspicuously posted with signs prohibiting smoking.

B. Tobacco Restrictions

1. All state employees and visitors will be required to cease the use of tobacco products when exiting their personal vehicle or when leaving the Main Prison parking lot.
2. All persons seeking employment within the Montana State Prison will be advised that Montana State Prison is smoke-free and tobacco-free.
3. Use of tobacco products is prohibited on prison property, except when in personal vehicles or in the Main Prison parking lot.
4. Tobacco use is prohibited in all state-owned and leased vehicles.

Procedure No.3.4.3:	Chapter 3 Facility/Program Operation:	Page 2 of 2
Subject: TOBACCO USE REGULATIONS		

4. Tobacco products and paraphernalia may be kept in a staff member's personal vehicle or visitor's vehicle, but may not be used on prison property, except as outlined in number 3 of this section.
5. Staff who live in state housing may use tobacco products while they are at home unless conditions set forth in the rental agreement dictate otherwise.
6. Staff who violate the conditions of this operational procedure by using tobacco products on MSP/MCE property, (in areas other than those specifically authorized) will be subject to progressive discipline.
7. Any staff member who brings tobacco products on MSP / MCE property (other than in personal vehicle or Main Prison parking lot) will be subject to disciplinary action. If he/she is discovered to have given an inmate tobacco products or paraphernalia, the staff member will be subject to disciplinary action leading up to and including termination, and may face criminal charges
8. Visitors who bring tobacco products or paraphernalia into the Prison will be terminated from visiting.
9. Admissions staff will confiscate tobacco, tobacco substitutes, and smoking paraphernalia (cigarette papers, pipes, matches, lighters, etc.) from inmates during the intake process and dispose of it as contraband.
10. Inmates are prohibited from smoking and use of tobacco or tobacco substitutes. Staff will cite any inmate who violates this prohibition for a disciplinary rule infraction.
 - a. tobacco use for legitimate inmate spiritual practices in accordance with *DOC Policy 5.6.1 Religious Programming* and the *American Indian Religious Freedom Act of 1978*.
11. Tobacco products, tobacco substitutes, and smoking accessories are contraband. If staff find these items on an inmate, in his cell or work area/station, or in his belongings the items will be confiscated and disposed of, and the inmate will receive a disciplinary infraction.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Warden.

V. ATTACHMENTS (none)



MONTANA STATE PRISON OPERATIONAL PROCEDURE

Procedure:	MSP 3.4.100 PRE-HEARING CONFINEMENT
Effective Date:	09/25/1998 Page 1 of 6 with attachment
Revision Date(s):	07/15/1999; 09/27/2004; 07/15/2016; 01/01/2020; 01/10/2020; 05/20/2024
Signature/Title:	/s/ Jim Anderson, Public Safety Division Chief

I. PURPOSE

An inmate may be temporarily confined for threatening and serious behaviors, safety, security, or other legitimate correctional interests.

II. DEFINITIONS:

Disability – See *DOC 3.3.15 Americans with Disabilities Act (ADA) Offender Accommodations* for the definition and an explanation of disability.

Offender Americans with Disabilities Act (ADA) Coordinator – The individual assigned to facilitate ADA compliance with offenders.

Pre-Hearing Confinement (PHC) – A short-term, non-punitive housing status that is used to safely and securely control high-risk or at-risk inmates.

Qualified Health Care Professional (QHCP) – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who, by virtue of their education, credentials, training, and experience are permitted by law to evaluate and care for patients, including Department staff and contracted or fee-for-service professionals.

Qualified Mental Health Professional (QMHP) – Psychiatrists, psychologists, psychiatric social workers, psychiatric nurse practitioners, psychiatric nurses, licensed professional counselors, licensed clinical social workers, and others who, by virtue of their education, credentials, training, and experience are permitted by law to evaluate and care for the mental health needs of patients, including Department staff and contracted or fee-for-service professionals. This definition excludes Mental Health Technicians.

Severe Mental Illness (SMI) – A substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory which significantly impairs judgment, behavior, or ability to cope with the basic demands of life. Intellectual disability, epilepsy, other developmental disability, alcohol or substance abuse, brief periods of intoxication, or criminal behavior do not, alone, constitute severe mental illness. The individual must also have or have had within the past year exhibited signs and symptoms of a mental disorder. See *MCA 53-21-102*. Specific classifications of mental disorders are elaborated in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and are to be designated by a QMHP.

III. PROCEDURES:

A. Criteria for Placement in PHC:

1. An inmate may be at risk of serious harm and should be confined until the threat can be evaluated and appropriate action taken.
2. An inmate may present an immediate risk of serious harm to others and should be removed from the general population until the risk can be evaluated and appropriate action taken.

3. An inmate presents an immediate risk of escape or other security threat and should be removed from the general population until the risk can be evaluated and appropriate action taken.
4. Placement in pre-hearing confinement is required to maintain or restore order, security, or safety following a disturbance, fight, assault, or other disorderly event, or to overcome inmate insubordination.
5. An inmate is facing an ongoing or pending disciplinary hearing, and PHC is required to:
 - a. Protect others (staff or inmate) prior to a disciplinary hearing.
 - b. Prevent an inmate from intimidating or coercing other inmates to give false testimony or to refuse to testify at a hearing.
 - c. Facilitate an investigation of allegations.
6. A criminal investigation is ongoing or pending, and continued removal from the general population is deemed reasonably necessary to facilitate the investigation.
7. Classification review / reassessment is ongoing or pending, and isolation is deemed reasonably necessary to facilitate the investigation.
8. A circumstance exists which appears to require immediate, temporary removal from the general population of one or more inmates to protect the legitimate correctional interest of the facility.

B. Initiating PHC:

1. PHC may be initiated by the following criteria:
 - a. A staff member's documented personal observations that can be supported by other evidence, e.g., eyewitness accounts, physical evidence, inmate's statement.
 - b. Evaluation of intelligence or reliable information.
 - c. An inmate who:
 - 1) Claims others have threatened the inmate with physical harm.
 - 2) Has disobeyed a Verbal Direct Order to return to the inmate's assigned cell.
 - d. A staff member's suspicion or perception of risk, based on experience or training.
 - e. Other information received, regardless of the source.
2. Under no circumstances will an inmate receive a disciplinary infraction or be placed in PHC for self-harm or conduct that is primarily associated with self-harm. Nothing in this provision prevents MSP staff from issuing a disciplinary write-up for infractions that are primarily associated with motives other than self-harm.
3. Staff who believe PHC is appropriate will provide all information relevant to that determination. The timeliness of the notification should be consistent with the urgency of the need for PHC.
 - a. The decision to impose PHC for classification review should be made by the Unit Manager/Lieutenant, or designee, who shall ensure an *Attachment A: Classification Review Notification* is completed and personally served to the inmate within 24 hours of the inmate's placement in PHC.
 - b. The decision to impose PHC for a disciplinary hearing should be made by the Shift Commander, who will ensure the Disciplinary Infraction Report(s) and all related incident reports are completed and that the Disciplinary Infraction Report is served to the inmate within 24 hours of the placement in PHC.
 - c. In all cases, the Unit Manager/Lieutenant, or designee, or Shift Commander will ensure:
 - 1) the receiving PHC unit and QMHP are notified in all cases before the inmate is placed in PHC.
 - 2) an Admission/Discharge Report (ADR) is sent electronically to the Classification Placement Office.

C. Review and Referral by Qualified Health Care and Mental Health Professionals (QMHP)

1. Upon notification that an inmate is being considered for placement in pre-hearing confinement, a QHCP will:
 - a. Review the inmate's health record to determine whether existing medical, dental, or mental health needs contraindicate the placement or require accommodations. Such review is documented in the inmate's health record, as well as in the offender management system; and
 - b. Immediately refer an inmate who is currently receiving mental health treatment to appropriate QMHP for further evaluation and document the referral in the inmate's health record and in the offender management system.
2. A QMHP must evaluate the inmate and review the inmate's mental health file and any other relevant documents within 24 hours of initial referral. The QMHP shall take appropriate measures to ensure confidentiality of all information communicated, including but not limited to out-of-cell interviews, and make appropriate housing recommendations.
3. The QMHP will notify and consult with the Warden or designee on housing alternatives if there are mental health contraindications to placement in pre-hearing confinement.
4. No inmate shall be placed in pre-hearing confinement based solely upon the inmate's disability or upon behavior that is a product of the inmate's disability unless, after a prompt and appropriate evaluation by a QMHP, such staff determines that the inmate presents such an immediate and serious danger that there is no reasonable alternative. In such a case, the inmate will be promptly and regularly re-evaluated with the goal of securing appropriate treatment and reintegrating into general population.
5. A QMHP will conduct a mental health evaluation or screening of an SMI inmate before placing the inmate in prehearing confinement or implementing disciplinary detention, to determine whether the SMI inmate's behavior is a manifestation of the SMI inmate's mental illness. If the behavior is a manifestation of the SMI inmate's mental illness, the SMI inmate should not be placed in prehearing confinement or disciplined. If the QMHP determines the infraction is not a manifestation of the SMI inmate's mental illness, the SMI inmate may be placed in prehearing confinement or disciplinary detention, provided that punishment may not include placement into conditions of confinement less than required.
6. A behavior is a manifestation of an inmate's disability if the behavior was caused by, or has a direct and substantial relationship, to the inmate's SMI. The results of this manifestation determination will be documented in writing and will include:
 - a. identification of the individual(s) who conducted the manifestation determination review;
 - b. identification of any documents reviewed in the determination; and
 - c. identification of any other sources of information utilized to make the determination.
7. No inmate designated SMI will be placed in pre-hearing confinement unless no other reasonable alternative placement is available to ensure the inmate's safety, and then for the least amount of time necessary. If an SMI inmate remains in PHC for longer than 24 hours, they must receive the same protections and requirements will be followed in accordance with *DOC 3.5.1 Restrictive Housing Unit Operations III E 1-9*.

D. Coordination of Movement

1. The staff member placing the inmate in PHC will contact the Classification Placement Office and/or PHC unit to verify the availability of a PHC cell.
2. If all PHC cells are occupied, the Unit Manager/Lieutenant, or designee, will coordinate with the Shift Commander to ensure appropriate placement of the inmate, which shall meet any accessibility requirements of any inmates with physical disabilities.

3. When an inmate is placed in PHC, the staff member who placed the inmate in PHC will complete an ADR and forward it to the Classification Placement Office.
4. A Movement Coordinator will generate a list of inmates in PHC and distribute it to the respective Unit Management Team, Command Post, Warden, Deputy Warden, Associate Wardens, Mental Health Department, Infirmary, and Classification Officer.

E. 72-Hour Deadline

1. As required in *MSP 3.4.1 Institutional Discipline*, the Disciplinary Hearings Officer (DHO) shall coordinate all hearings for disciplinary PHCs, completing an investigation and conducting a hearing, within 72 hours of the inmate's placement in PHC. The Warden, or designee, may extend the placement in PHC for another 72 hours if further investigation is needed to determine what action is appropriate.
2. The Unit Management Team of the sending unit shall conduct the classification review for an inmate placed in PHC, pending an investigation and classification decision. The review must be conducted within 72 hours of the inmate's placement in PHC. After 72 hours, if a decision cannot be reached, the inmate will be placed in the least restrictive environment that maintains the safety and security of the inmate, facility, and staff. The Warden, or designee, may extend the placement in PHC for another 72 hours if further investigation is needed to determine what action is appropriate.

F. Conditions of PHC

1. Conditions of PHC will be outlined in the PHC unit's policy, rules, and operational procedures.
2. Every inmate with a disability who is transferred to the PHC unit will receive reasonable accommodations, as necessary, while held in the unit, unless safety or security concerns render the accommodation unreasonable. Inmates who use wheelchairs who are not able to transfer into a shower stall will not be housed in pre-hearing confinement. Inmates who use wheelchairs (who cannot stand independently) will not be housed in isolation cells in the PHC unit.
3. An inmate placed in PHC will be allowed the personal property items as listed for PHC inmates on the current "*MSP Approved Inmate Personal Property List*" providing the privilege of having these items is not abused. Reasonable accommodation must be provided to inmates with disabilities. All SMI inmates shall have access to soap, deodorant, toothbrushes, and toothpaste for use in their cells, absent an immediate, documented danger that such items will be destroyed or used for self-harm. In such cases, reasonable efforts shall be made to use substitutes or facilitate supervised use of the items. See *DOC 3.3.15* for a further explanation of the reasonable accommodation process and staff obligations to assist with it.
4. An SMI inmate placed in PHC shall be given an opportunity to receive at least four hours per day of out-of-cell time, and shall not be confined to a cell for more than 20 hours per day, unless a QMHP makes a written determination that:
 - a. It is necessary to protect the inmate or other inmates from a dire and imminent risk of harm; and
 - b. Confining the inmate to a cell for more than 20 hours per day would not exacerbate or worsen the inmate's SMI.

G. Terminating PHC

1. The individual initiating PHC termination must fill out an ADR and document the reason(s) for the termination on the Notification Form or an Incident Report attached to the ADR.
2. Reasons for terminating PHC:

- a. The Shift Commander and / or Unit Manager/Lieutenant, or designee, determines PHC placement is no longer necessary.
- b. the disciplinary hearing or classification review has been completed and resolved.
- c. Results of the disciplinary or classification investigation are inconclusive and returning the inmate to the previous custody level is appropriate.
- d. Institutional need.
- e. A QMHP determines that PHC is not an appropriate housing designation for an inmate because of a disability.

IV. CLOSING:

Questions about this procedure should be directed to the Warden.

V. AUTHORITY

MSP 3.4.1 Institutional Discipline

MSP 4.2.1 Inmate Classification

VI. ATTACHMENTS:

Attachment A: Classification Review Notification



ATTACHMENT A: CLASSIFICATION REVIEW NOTIFICATION

Last Name

First Name

DOC#

Within a 72-hour period, an interview will be held addressing your present custody level and job assignment. You will be present at this review and have an opportunity to present evidence on your own behalf. If you have a disability, you can ask unit staff to offer you the option to have assistance in understanding this form and/or presenting your position.

Reason for notice: _____

Date: ____ / ____ / ____

time: ____ hrs.

Inmate signature: _____

Staff signature: _____

Date: ____ / ____ / ____

time: ____ hrs.

Results: _____

Staff signature: _____



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.4.102 UNIT RULES
Effective Date:	January 5, 2004 Page 1 of 5 and no Attachments
Revision Date(s):	January 9, 2015, January 4, 2017, December 15, 2019, November 30, 2020, December 15, 2021
Reference(s):	DOC Policy 3.4.1
Signature:	Jim Salmonsens / Warden

I. PURPOSE

To establish guidelines for inmate housing unit rules within the various housing units at Montana State Prison (MSP).

II. DEFINITIONS

Disability –A physical or mental impairment that substantially limits one or more of a person’s major life activities, a person who has a record of such an impairment, or a person who is regarded as having such an impairment. See Americans with Disabilities Act of 1990 42 USC 12010, as amended.

OMIS – Acronym for the Department’s Offender Management Information System.

Unit Management Team (UMT) – The housing unit staff consisting of the Unit Manager, Case Manager(s), Sergeants, Security Technicians and Correctional Officers.

III. PROCEDURES

A. General Requirements

1. Each UMT will develop, maintain, publish, post, and distribute inmate housing unit rules.
2. All unit rules must follow the outline of section ‘B’ below.
3. These rules will include the required sections as outlined in this procedure and rules specific to the individual housing unit.
4. A copy of the unit’s rules will be given to each inmate moving into the unit and will be posted in the common areas of each housing unit.
5. The rules shall be reviewed at least annually, updated as needed. The Associate Warden of Housing or designee must approve any updates.

B. Requirements in Unit Rules

1. Each unit’s rules must include the following topics and statements as follows:

- a. Cells:
 - 1) All cell assignments are made at the discretion of staff who shall consult OMIS in order to implement any ADA accommodations or HSR/medical requirements. A cell compatibility check will be done.
 - 2) Requests made by inmates do not have to be granted.
- b. Care:
 - 1) At no time are inmates allowed to use anything to cover the door window or count hole.
 - 2) Inmates may only use a curtain provided by MSP (if any) to cover the outside window of their assigned cell.
 - 3) At no time shall an inmate cover or block either the light fixture or air vent in a cell; and
 - 4) At no time are inmates allowed to tape or otherwise attach anything to the walls in a cell. The bulletin board(s) in the cell (if any) shall be used for this purpose.
- c. Dayroom:
 - 1) Dayroom hours.
 - 2) The times and methods that the dayrooms will be cleaned (i.e., inmate assigned by cell or block “swampers”).
 - 3) Allowable dayroom activities; and
 - 4) Whether or not inmates are allowed to visit in other inmate’s cells.
- d. Inmate movement:
 - 1) Movement procedures within the unit; and
 - 2) Movement procedures into and out of the unit.
- e. State laundry:
 - 1) Possession limits of state issued laundry.
 - 2) The laundry exchange schedule; and
 - 3) The procedure and time frames for the issue and replacement of state issued footwear.
- f. Personal laundry:
 - 1) Inmates may utilize the grievance process for any lost or damaged laundry. Grievances will be submitted as outlined in *MSP 3.3.3, Inmate Grievance Program*.
 - 2) Inmates will follow the unit laundry schedule.
- g. Special needs:
 - 1) Inmates are responsible for notifying unit staff of any special needs, disabilities, and/or requests for reasonable accommodations; and
 - 2) Procedures for implementing individual inmate special needs (i.e., HSR’s, etc.).
- h. Inmate phones:
 - 1) All calls made using inmate phones (with the exception of calls to verified attorneys of record) are subject to recording and/or monitoring by MSP staff; and
 - 2) Procedures for phone use and/or phone use requests.
 - 3) Auxiliary aids and services and reasonable accommodations are available for inmates who are deaf or hard of hearing, pursuant to *MSP 3.3.7, Inmate Access to Telephones*.
- i. Mail pickup and delivery:
 - 1) Procedures for inmates to follow when depositing mail.

Subject: UNIT RULES

- 2) Outgoing mail must be deposited before 0800 hours, or it won't go to the Mail Room until the next day.
- 3) Unit staff will mark and deliver incoming mail as time allows; and
- 4) How to obtain necessary forms.
- j. Scheduled activities:
 - 1) Recreation:
 - a. Time frames for gym and yard calls.
 - b. Inmates must be dressed in state issue pants and shirt or gray sweats before they will be allowed to leave the unit for gym and yard; and
 - c. Inmates are not allowed to take canteen or personal items to yard or gym.
- k. Religious/RAC.
- l. Visiting:
 - 1) Visiting days and times
 - 2) Requirements for visitors
- m. Tablet use:
 - 1) Unit tablet schedule
 - 2) Tablet use and rules
- n. Video visitation
 - 1) Use
 - 2) Availability
 - 3) Rules
- o. Meals:
 - 1) General time frames.
 - 2) Chow call announcements and rotations.
 - 3) Inmates must go to and return from the Dining Hall with their assigned block/level/cube; and
 - 4) Inmates are not allowed to take canteen or personal items to the Dining Hall.
- p. Personal property:
 - 1) Inmates may only acquire, store, and dispose of personal property items during their incarceration as outlined in *MSP 4.1.3, Inmate Personal Property*.
 - 2) Possession limits on canteen items that are not on the current property list (i.e., rug, hot pot, fan, personal cooler, extension cord, etc.); and
 - 3) Inmates are not allowed to possess more than fifteen (15) magazines, newspapers, catalogs etc. combined.
- q. Hobby:
 - 1) Allowable hobby craft activities for the unit.
 - 2) Procedures for storing and working on/with allowable hobby craft items.
 - 3) Hobby craft permits must be openly displayed; and
 - 4) Finished hobby craft items must be sent out.
- r. Canteen:
 - 1) Procedures for the distribution of canteen.
 - 2) Inmates shall open, check, and verify all deliveries in the presence of staff at the time of receipt.
 - 3) Inmates must report discrepancies to staff immediately upon receipt, and staff will process discrepancies in accordance with *MSP 1.2.10, Canteen*.

Subject: UNIT RULES

- 4) No action will be taken if an inmate fails to open and check the commissary orders in the presence of staff, and then later claims a discrepancy; and
 - 5) Inmates are not allowed to exchange commissary items.
- s. Inmate hygiene:
- 1) Inmates must be fully clothed when leaving the unit. This includes state issue shirt and pants, except for recreation (and recreation workers going to work). Inmates going to recreation may wear gray sweats in place of the state issue shirt and pants.
 - 2) Inmates who are actively working at outdoor work assignments may remove their outer shirt providing they are wearing a solid white cotton t-shirt underneath.
 - 3) Inmates are expected to maintain themselves in a neat and clean state.
 - 4) Hair is to be kept well-groomed and clean. If hair length is longer than the bottom of the collar, it must be put up in a ponytail or braid when the inmate is out of his living quarters.
 - 5) Inmates will get dressed or change their clothes in their assigned cells, unless sanctioned or authorized by staff otherwise; and
 - 6) Inmates will remain behind the shower curtains (if available) or behind the entrance in the communal showers, until they are dressed in a minimum of their underwear.
- t. Security:
- 1) Inmates are not allowed to create loud noises during count and are required to go to their assigned area for count. All movement is restricted until staff announces that the count is clear. Inmates must be visible to staff for all counts and are required to be standing, with the cell light on, for the 2100 count. Violations will result in disciplinary action. Reasonable accommodations shall be available to inmates with disabilities that affect their ability to stand, as provided in *MSP 3.1.21, Inmate Count & Supervision*.
 - 2) Cells may be searched at any time, and the inmate's presence is not required. Any item found that is suspected of being contraband shall be seized and processed in accordance with *MSP 3.4.1, Institutional Discipline*; and
 - 3) Inmates are subject to random pat searches at any time. When ordered by a staff member to submit to a pat search inmates are to stop, turn away from the staff member, take their hat and coat off, open their hands, place their arms straight out to their sides, and maintain that position until the staff member conducting the search informs them that the search is completed. Reasonable accommodations shall be available to inmates with disabilities that affect their ability to participate in searches, as provided in *MSP 3.1.17a, Searches*.
- u. Emergency procedures:
- 1) Lockdown procedure that outlines what actions inmates must take during emergency and count lockdowns.
 - 2) Fire drills will be conducted to educate and prepare for evacuation procedures; and
 - 3) Location of posted evacuation route diagrams.
 - 4) Evacuation procedures and routes for inmates with disabilities.

- v. Classification:
 - 1) Classification is as follows in *MSP 4.2.1, Inmate Classification System*.
- w. Grievance procedures:
 - 1) Brief outline of the inmate grievance procedure to include:
 - a) The necessity for inmates to attempt informal resolution and steps they should take to complete that requirement; how inmates can obtain grievance forms, get help completing them, and submit them once completed.
 - b) How inmates can obtain grievance forms, get help completing them, and submit them once completed; and
 - c) Availability of reasonable accommodations for inmates with visual, hearing, learning, cognitive or other disabilities.
- x. Indigent status and information regarding the indigent policy (eligibility, how and when to apply) per *DOC 4.1.4, Indigent Status*.
- y. Chain of command:
 - 1) Inmates must use the appropriate Chain of Command to address concerns.
 - 2) Description of the Unit Management Team chain of command (CO, SGT, CM, UM) and each position's responsibilities (security, casework, supervision, etc.).
 - 3) Description of the offender ADA Coordinator's job and process for requesting reasonable accommodations; and
 - 4) How to access unit staff (open door or kite system).
- z. Disciplinary and how failure to follow unit rules, policies and procedures will result in disciplinary action per *MSP 3.4.1, Institutional Discipline*.

IV. CLOSING

Questions concerning this procedure shall be directed to the Associate Warden of Security

V. ATTACHMENTS

None



MONTANA STATE PRISON OPERATIONAL PROCEDURE

Procedure:	MSP 3.5.1 RESTRICTIVE HOUSING OPERATIONS AND STEP-DOWN PROGRAM
Effective Date:	09/04/2001 Page 1 of 20
Revision Date(s):	11/07/2005; 06/01/2008; 09/02/2010; 02/04/2011; 05/04/2011; 10/25/2013; 01/21/2016; 03/23/2018, 01/01/2020; 02/05/2020, 12/15/2021; 10/26/2023; 12/20/2023; 04/30/2024; 12/19/2024; 04/30/2025
Signature/Title:	/s/ John Schaffer, Public Safety Division Chief

I. PURPOSE

To outline the use of restrictive housing at Montana State Prison (MSP) and ensure that it is an alternative last resort and will be utilized in the least restrictive manner possible for the least amount of time, consistent with the safety and security of staff, inmates, and the facility.

II. DEFINITIONS

Administrator – The official, regardless of local title (division chief, executive officer, bureau chief, warden, superintendent), ultimately responsible for the operation and management of a division, facility, or program operation and management.

Administrative Segregation – A non-punitive housing status for inmates whose continued presence in the general population may pose a serious threat to life, property, self, staff, other inmates, or to the facility's security or orderly operation.

Admission/Discharge Report (ADR) – The mandatory reporting form completed by staff when offenders move from one program location to another.

Close Watch – This watch level is a step-down from Constant Watch and is designed for potentially or inactively suicidal inmates who express suicidal ideation without a specific threat or plan and/or have recently demonstrated self-injurious behaviors. Inmates who deny suicidal ideation or do not threaten suicide but demonstrate other concerning behavior indicating the potential for self-injury should be placed on this watch level. Inmates on this level are placed in a Watch Cell with appropriately safe belongings and are observed in-person by a staff person at irregular intervals no less frequent than 15 minutes apart.

Constant Watch – This watch level is designed for actively suicidal inmates who have engaged in self-injurious behavior or threaten suicide with a specific plan. Inmates under Constant Watch must be observed in-person by a staff member at all times. Constant Watch is the default suicide monitoring status until a QMHP is available to assess the inmate. Inmates on this level are placed in a Safety / Observation Cell, which may be in the Infirmary or RHU.

Disability – Under the Americans with Disabilities Act, the term “disability” means, with respect to an individual: (A) a physical or mental impairment that substantially limits one or more major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment.

Disciplinary Detention – A punitive confinement determined by a due process impartial hearing that separates offenders from the general population for serious rule violations.

Emergency Care – Health care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic. This includes acute mental illness that cannot be deferred until the next scheduled mental health clinic or routine appointment.

Exigent Circumstances – Any set of temporary and unforeseen circumstances that require immediate action in response to a security or safety threat to the facility.

Guard1 – Electronic Security Management System.

Health Care Staff – All full-time, part-time, and per diem qualified healthcare professionals as well as administrative support staff (for example, health records staff, lab technicians, and nursing and medical assistants).

Investigative Placement – a temporary Max Custody placement due to a pending or ongoing investigation. Must be reviewed every 30 days by the RHRC.

Max Custody - A non-punitive housing status for inmates who have successfully completed the Step-Down Program, those placed under investigation, and Death Row inmates.

Mental Disorder – Exhibiting impaired emotional, cognitive, or behavioral functioning that interferes seriously with an individual's ability to function adequately except with supportive treatment or services. The individual must also have or have had within the past year exhibited signs and symptoms of a mental disorder. See MCA 53-21-102. Specific classifications of mental disorders are elaborated in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and are to be designated by a Qualified Mental Health Professional (QMHP).

Mental Health Services – The sum of all actions taken for the mental well-being of the offender population, including a range of diagnostic, treatment, and follow-up services.

Multi-Disciplinary Team – A minimum of two staff members assigned by the Associate Warden of Custody, or designee, that must include a housing lieutenant or unit manager, case manager, Qualified Mental Health Professional (QMHP), unit sergeant and a Qualified Health Care Professional (QHCP)

Pre-Hearing/Temporary Confinement – A short-term, non-punitive housing status that is used to safely and securely control high-risk or at-risk inmates.

Protective Custody – A form of separation from the general population for an inmate who requests or requires protection from other inmates for reasons of health or safety. Supportive evidence and documentation for such placement must be provided to the Classification Department prior to placement at this status, which will then be presented to the Restrictive Housing Review Committee. An inmate's status in protective custody must be reviewed periodically by a classification specialist or unit team.

Qualified Health Care Professional (QHCP) – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who, by virtue of their education, credentials, training, and experience are permitted by law to evaluate and care for patients, including Department staff and contracted or fee-for-service professionals.

Qualified Mental Health Professional (QMHP) – Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, psychiatric nurse practitioners, licensed professional counselors, licensed clinical social workers, and others who, by virtue of their education, credentials, training, and experience are permitted by law to evaluate and care for the mental health needs of patients, including Department staff and contracted or fee-for-service professionals. This definition excludes Mental Health Technicians.

Restrictive Housing – A placement that typically requires an inmate to be confined to a cell for up to 22 hours per day for the safe and secure operation of the facility. The term includes cells designated for pre-hearing or temporary confinement, disciplinary detention, administrative segregation, special management, and/or maximum-security offender housing.

Restrictive Close Custody- Restricted Close Custody is the custody status utilized for Serious Mentally Ill (SMI) inmates who require additional supervision based upon safety and security. These inmates are housed in the SAU, or in general population.

Restrictive Housing Unit (RHU) – A housing unit at Montana State Prison which houses inmates designated as administrative segregation, detention status, pre-hearing confinement and the conditions of confinement require inmates to be confined to a cell for up to 22 hours a day.

Restrictive Housing Program Compliance Manager – Is under the supervision of the Associate Warden of Custody; oversees the development and implementation of MSP restrictive housing policies and procedures. Serves as quality control inspector for all restrictive housing units, monitors daily activities, program delivery, data compilation, and compliance with policy and procedures. Responsible for developing and implementing initial and ongoing training for correctional staff to increase knowledge and understanding about the restrictive housing program and the expected practices associated with the program.

Restrictive Housing Review Committee (RHRC) – A committee consisting of the Restrictive Housing Program Compliance Manager or designee, Qualified Mental Health Professional (QMHP) and Qualified Health Care Professional (QHCP), Restrictive Housing Unit Lieutenant/Manager or designee, Secure Adjustment Unit Lieutenant/Manager or designee, High Side and Low Side Captains or designees.

Safety/Observation Cell – A temporary and non-punitive separation from regular housing to establish the safety of an inmate in collaboration with mental health services.

Safety Management Plan (SMP) – An immediate response to an inmate's conduct that indicates an imminent danger of harm toward self, others, or the institution.

Secure Adjustment Unit (SAU) – A transitional housing unit within Montana State Prison which houses inmates who are separated from general population during their continued progression through the step-down program which prepares them for integration back into general population. This unit includes step down levels 3, 4 and 5 where the conditions of confinement do not require inmates to be confined to a cell for up to 22 hours a day.

Severe Mental Illness (SMI) – A substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory which significantly impairs judgment, behavior, or ability to cope with the basic demands of life. Intellectual disability, epilepsy, other developmental disability, alcohol or substance abuse, brief periods of intoxication, or criminal behavior do not, alone constitute severe mental illness. The individual must also have or have had within the past year exhibited signs and symptoms of a mental disorder. See *MCA 53-21-102*. Specific classifications of mental disorders are elaborated in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and are to be designated by a QMHP.

Special Needs – Inmates who may require accommodations, arrangements, or programming different from the general population inmates. Special Needs inmates may include, but are not limited to, individuals with developmental disabilities, physical and mental disabilities, chronic illness or chemical dependency, that require development of an individualized treatment plan for optimal care.

Step-down Program – An individualized program that includes a system of review and establishes criteria to prepare an inmate for transition to general population or the community and that involves a coordinated, multidisciplinary team approach that includes mental health, case management, and security practitioners. Medical personnel must be part of the multidisciplinary team when an inmate who has chronic care or other significant medical accommodation needs participates in a step-down program.

Substantial Security Risk Determination – A designation given to inmates who are deemed to pose a serious risk to safety and security due to one or more instances of violent, assaultive, or aggressive behavior towards staff or other inmates.

Suicide Watch – A status when a potentially suicidal inmate who has engaged in self-harm or is at risk of self-harm is placed in an appropriate secure cell, on Close or Constant Watch. This may include different, more secure housing, a removal of/or more secure property, as well as other

precautions to ensure safety of the inmate. Suicide Watch is overseen by a QMHP, and only a QMHP may remove an inmate from Suicide Watch.

Unit Management Team (UMT) – The housing unit staff consisting of the Housing Lieutenant or Unit Manager, Case Manager(s), Sergeants, and Correctional Officers.

Warden – The official ultimately responsible for the facility or program operation and management.

Watch Cell (Suicide Resistant Cell) – A safe and secure cell designated for suicide monitoring. This separation is temporary and non-punitive.

III. PROCEDURES

A. General Requirements

1. No inmate will be placed in restrictive housing based solely upon the inmate's disability or upon behavior that is a product of the inmate's disability unless, after a prompt and appropriate evaluation by a Qualified Mental Health Professional (QMHP), who determines that the inmate presents such an immediate and serious danger that there is no reasonable alternative. In such a case, the inmate will be promptly and regularly re-evaluated with the goal of securing appropriate treatment and reintegrating into general population. No inmate designated Severe Mental Illness (SMI) will be placed in restrictive housing unless no other reasonable alternative placement is available to ensure the inmate's safety, and then for the least amount of time necessary. If an SMI inmate remains in the RHU for more than 24 hours, those protections and requirements set out in III.G. 1-7 below, would apply.
2. An inmate with a disability shall receive the reasonable accommodations and auxiliary aids and services necessary for the inmate to understand and meaningfully participate in the disciplinary or classification processes described herein, including but not limited to communications during the process and ability to read and understand all documents relevant to the process. Before the disciplinary process described herein is initiated, staff shall consult the offender management system and the offender ADA coordinator to determine if the inmate has a disability. Staff shall also review the disciplinary report and the inmate's disciplinary history to determine if the inmate has a suspected disability. The ADA coordinator shall identify all accommodations that shall be provided to the inmate to ensure the inmate's understanding of and meaningful participation in all steps of the disciplinary process and ensure that these accommodations are provided. If the inmate cannot understand or meaningfully participate in a hearing due to a disability, even with reasonable accommodations, then the inmate shall not be sanctioned, and disciplinary charges shall be dismissed.
3. Inmates with disabilities who require accessible cells in restrictive housing or secure adjustment units will not be housed in inaccessible cells. Inmates who use wheelchairs (who cannot stand independently) will not be housed in the isolation cells located in restrictive housing units. Inmates who use wheelchairs who are not able to transfer into a shower stall will not be housed in the restrictive housing or secure adjustment units. Inmates will not be placed in a more restrictive setting based on the need to comply with the requirements of this paragraph.
4. Restrictive housing is the primary resource for housing inmates whose continued presence in general population may pose a serious threat to life, property, self, staff, other inmates, or the facility's security or orderly operations, for example, an inmate may be housed in administrative segregation during an investigation of alleged violations.
5. An inmate placed in restrictive housing may not be confined in cell for more than 22 hours in a 24-hour period. An inmate's placement in restrictive housing is limited to circumstances that pose a direct threat to the safety of persons or a clear threat to the safe and secure operations of the facility. Placement may only be made after considering:

- a. the relationship between the threat the inmate poses, and behaviors articulated in this procedure.
 - b. any impact that restrictive housing may have on medical and mental health conditions exhibited by the inmate and possible alternatives that may be available to compensate for such conditions; and
 - c. a description of alternatives that may be available to safely deal with the threat posed by the inmate other than restrictive housing.
6. SMI inmates will be required to have four hours out-of-cell time each day, unless it is determined by a QMHP that such activity will pose a safety risk to the inmate or other individuals, including other inmates and MSP staff.
 7. MSP will maintain a sanctioning schedule for facility rule violations. The Warden or designee must review and approve inmate confinement that continues beyond 30 days.
 8. All inmates confined in restrictive housing will be subject to the conditions of this procedure until they are moved to general population, which includes when they have been classified to general population custody and are awaiting an open bed.
 9. Special design features and procedures within designated restrictive housing units or cells will be used to ensure the security of that unit, the facility, and the staff and inmates. These may include additional barriers and other security features, enhanced movement control, searches, and other procedures necessary to the operation of the unit.
 10. Living conditions for restrictive housing will meet all basic needs. Observation of inmates must be maintained, and conversation between staff and inmates permitted within the parameters set forth in *MSP 3.1.100 Supervision of Inmates*, *MSP 3.3.5 Inmate/Staff Communication Methods*, *DOC 1.3.2 Performance and Conduct*, and *DOC 1.3.12 Staff Association and Conduct with Offenders*.
 11. Specific reporting, mental health intervention, and supervision requirements will be followed in accordance with *DOC 3.5.1 Restrictive Housing Unit Operations*.

B. Placement in Restrictive Housing

1. Inmates will only be placed in restrictive housing units through the implementation of the *MSP 3.4.1 Institutional Discipline*, *MSP 3.4.100 Pre-Hearing Confinement* or *3.5.1 Restrictive Housing* referral process. Inmates may only be admitted for protective custody when there is documentation that this status is warranted per *MSP 4.2.1 Inmate Classification System*.
2. In emergent circumstances, the Warden, a shift supervisor, or designee of either, may order immediate segregation or placement in a restrictive housing unit when it is necessary to protect the inmate or others. The action will be reviewed within 24 hours by the appropriate supervisor.
3. No inmate will be placed in pre-hearing confinement or placed in restrictive housing based solely upon their disability or upon behavior that is a product of a disability unless, after a prompt and appropriate evaluation by a QMHP, such staff determines that the inmate presents such an immediate and serious danger that there is no reasonable alternative. In such a case, the inmate will be promptly re-evaluated within 48 hours, with the goal of securing appropriate treatment and reintegrating the inmate into general population.
4. In non-emergent circumstances, no inmate will be disciplined, placed on a safety management plan, referred to a restrictive housing unit based upon the inmate's disability, or upon behavior that is a product of the inmate's disability, except after a prompt and appropriate evaluation by a QMHP. The QMHP will determine if the behavior was a manifestation or product of the inmate's mental illness. The QMHP must assess the inmate and document their review in the medical record.

5. A hearing by the disciplinary hearings officer or designee must be completed before placing an inmate in disciplinary detention for a rule violation.
6. Inmates held in disciplinary detention for periods exceeding 30 days will be provided the same program services and privileges as inmates in administrative segregation and protective custody. The Warden, or designee, will review and approve the services and privileges to be allowed in such circumstances.
7. Continuous confinement in disciplinary detention for more than 30 days requires the review and approval of the Warden or designee.
 - a. If an inmate is held in continuous confinement in disciplinary detention for 30 consecutive days and still has additional detention time to be served, the inmate will be reviewed for custody change which may include a custody increase or returned to previous custody.
 - b. After being placed in the designated custody, the inmate will remain in that custody for a minimum of 10 days prior to being placed back into detention to resume the remaining detention time.
8. Health Service notification and review of an inmate's placement into restrictive housing will be as follows:
 - a. When an inmate is placed in pre-hearing confinement for disciplinary (PHC-DD) (*see MSP 3.4.100 Pre-Hearing Confinement*) or classification (PHC-CD), Central Control will notify a QHCP as soon as possible, but no later than 24 hours.
 - b. If the QHCP determines restrictive housing placement may jeopardize the physical or mental health of the inmate, they will provide recommendations for necessary accommodations to the Warden or designee, Central Control, and restrictive housing unit staff.
 - c. In the event the recommended necessary accommodations cannot be immediately afforded, the inmate may be placed in the infirmary until a discharge plan (which will include security requirements) can be developed. At no point will this review interfere with assuring the secure operations of this facility.
9. An inmate may only be placed in restrictive housing for special needs when there is documentation that a safeguard is warranted, and no reasonable alternatives are available. This type of placement is for the least amount of time possible.
10. An inmate will only be placed in a restrictive housing unit safety/observation cell for special circumstances or management purposes when there is documentation that such placement is warranted, and no other reasonable alternatives are available and/or appropriate under the current circumstances.
 - a. Any inmate identified as SMI should be given priority placement in an infirmary observation cell, unless the QMHP determines that alternative placement in the observation/safety cell in RHU or SAU is required. The reason will be documented by the QMHP, outlining the full reason why no alternative placement is requested. The placement should only be utilized if based upon dire, imminent safety and must be limited to the period during which the dire safety need or crisis is reviewed by a QMHP.
11. Prior to placing an inmate in restrictive housing, staff will check the offender management system for any ADA accommodations. All reasonable accommodations will be considered before deciding to place an inmate into restrictive housing.

C. Mental Health Status Reviews

1. Upon notification that an inmate has been placed in restrictive housing, a QHCP will review the inmate's health record and assess the inmate face to face for the following:
 - a. if existing medical, dental, or mental health needs would make placement inadvisable or would require an accommodation, the QHCP will notify mental health staff and custody staff and document the review in the health record.

2. Once an inmate has been placed in restrictive housing, a QMHP will complete a mental health appraisal within the period set by the American Correctional Association Standards after placement in restrictive housing.
3. If confinement continues beyond 30 days, a qualified QMHP will complete an updated mental health appraisal with the frequency set by the American Correctional Association Standards for an inmate with a diagnosed mental disorder, and more frequently, if clinically indicated. For an inmate without a mental disorder, the appraisal must be completed with the frequency set by American Correctional Association Standards and more frequently, if clinically indicated. The mental health appraisal must be conducted in a manner that ensures confidentiality. Dissemination of any information obtained in the mental health appraisal must be for the limited purpose of institutional safety and security.
4. If any inmate develops symptoms of acute anxiety or other mental problems, they will be seen and assessed by a QMHP 3 times a week or more frequently, if referred by a staff member.
5. Each contact will be documented in the individual inmate's record, and contain, at a minimum, a status report and the date and time of the contact. Individual documentation will be filed in the inmate's medical and mental health records.
6. An inmate diagnosed with a severe mental illness will not be placed in restrictive housing for an extended period (more than 14 days), unless the MDT determines there is an immediate and present danger to others that cannot otherwise be adequately addressed.
7. If an inmate with a severe mental illness is placed in restrictive housing, the inmate must be provided with an active individualized treatment plan that includes weekly monitoring by a QMHP, treatment as necessary, and steps to facilitate the transition of the inmate back into the general population.

D. Step-Down Program Criteria for Referral:

1. Inmates may be referred to the RHRC for Step-Down Program placement when their continued presence in the general population may pose a serious threat of life, property, self, staff, other inmates, or to the facility's security or orderly operation, and when they have been found guilty for any 4100 series infraction or any of the 4200 series infractions listed below (*see MSP 3.4.1 Institutional Discipline*)
 - a. 4200 Setting a fire.
 - b. 4201 Fighting with another person.
 - c. 4202 Threatening another **inmate** with bodily harm. Verbal or written statements or engaging in physical conduct causing fear in another inmate.
 - d. 4207 Participating in, or encouraging others to participate in an unauthorized meeting, gathering, or coordinated activity.
 - e. 4223 Smuggling/introduction or possession of unauthorized items into the institution.
 - f. 4225 Security Threat Group (STG) activity: Any behaviors uniquely or clearly associated with a security threat group including forming an STG, participating in STG activities, or possessing or displaying any materials, symbols, colors, or pictures of an identified STG.
 - g. 4235 Threatening **any other person** to include staff, volunteers, visitors, vendors, members of the public, etc. with bodily harm. Verbal or written statements or engaging in physical conduct causing fear in another person.

E. Restrictive Housing Review Committee – Step-Down Program Placement

1. The referring UMT is responsible for gathering, compiling, and documenting information, evidence, and facts supporting the referral.
2. A member of the referring UMT must complete the Restrictive Housing Review Committee Placement *Referral* explaining why the inmate meets the criteria to be placed in the Step-

Down Program. The UMT must also include information that documents the unit's attempt to continue placement in general population.

3. The referral and all supporting documentation, including any new information, will be forwarded to the Restrictive Housing Compliance Manager or designee within 72 hours of disciplinary disposition.
 - a. The referral does not guarantee placement in the program. The circumstances which led to the referral will be examined by the RHRC.
4. Once the referral has been forwarded to the Restrictive Housing Compliance Manager or designee, the referring UMT will serve Restrictive Housing Review Committee *Notification* at least 24 hours prior to the review.
5. RHRC cannot review a referral prior to the Restrictive Housing Review Committee Notification being served to an inmate. The Restrictive Housing Compliance Manager or designee will ensure the review is completed within 5 business days of receipt of Restrictive Housing Review Committee Placement Referral.
6. The inmate will be given an opportunity to present information during the RHRC review in person, virtually, or by written statement regarding placement into the Step-Down Program.
7. A member of the referring UMT is required to attend the RHRC review.
8. In deciding whether to approve an inmate for placement, the RHRC should also consider:
 - a. the safety and security of the inmate, and any known threat the inmate poses to the safety of staff, inmates, and others. Each inmate must be individually reviewed to evaluate the risk the inmate objectively poses to others;
 - b. the inmate's mental health status and needs, based on information and recommendations provided by a QMHP;
 - c. the inmate's medical needs, based on information and recommendations provided by QHCP; and
 - d. the inmate's programming needs.
9. After consideration of all the information, the RHRC will decide based on a majority decision. RHU or SAU UMT will notify the inmate of the decision.
10. If the inmate is 180 days or less from release to the community, the RHRC must consider a recommendation to modify or reduce the durations of program steps, with the goal of providing the inmate an opportunity to be released from the general population.
11. An inmate may appeal the RHRC placement review decision through an appeal using the Inmate Placement Appeal Form. The appeal will be considered and answered by the facility Associate Warden of Custody.

F. Mental Health Screening

1. Before an inmate is reviewed for placement in the step-down program, a mental health screening must be completed by a QMHP.
2. The screening must consider whether the inmate has a severe mental illness (SMI), exhibits, or has previously exhibited suicidal or self-injurious behaviors, and the potential risk of self-harm if the inmate continues to reside in restrictive housing while in the program.
3. If the QMHP believes the inmate's behavior may be more appropriately treated through alternative intervention or programming or determines that the inmate's actions were the result of mental illness, this information must be provided to the RHRC team for consideration and discussion.
4. Inmates with an SMI may not be placed in the program absent the approval of the QMHP, or the Warden or designee.

5. If, during the step-down program, the QMHP deems the step-down program is no longer appropriate for an inmate, the MDT must remove the inmate from the step-down program and provide alternative interventions or programming to the inmate. After an appropriate evaluation has been completed, the inmate may return to the step-down program.

G. Restrictive Housing Step-Down Program

1. The MDT must meet with inmates who have been approved for the step-down program within 14 days of approval.
 - a. Inmates will receive written orientation to the program.
 - 1) Completion of orientation must be documented by a statement signed and dated by the inmate.
 - b. MDT must establish an Offender Management Plan (OMP) with input from the inmate and at least 2 staff members from the MDT.
 - c. Case Management is responsible for providing the inmate with:
 - 1) a prescreening evaluation; and
 - 2) a post screening evaluation.
 - d. The OMP must document the inmate's goals in the following areas:
 - 1) compliance with the behavioral expectations
 - 2) cognitive skills programming progress
 - 3) demonstrating progress in skills building
 - 4) additional programming in mental health or academic education, as appropriate.
2. Inmates will be given information about the step-down programming levels in writing in their native language. Before meeting with the inmate, the MDT will consult the offender management system and confer with unit staff to determine if the inmate has a known or suspected disability. Inmates who have a disability will be given reasonable accommodations to allow them to understand and meaningfully participate in the process.
3. The step-down program consists of levels, which give the inmates an opportunity to enhance and demonstrate their readiness to return to general population or the community through successful participation in prescribed programming and by earning progressive privileges through advancement in the established program levels.
 - a. Levels 1-3 of the Step-Down program are considered Restrictive Housing inmates. Levels 1 and 2 are housed primarily in RHU and Level 3 is housed primarily in SAU. Inmates on Levels 1, 2, and 3 are provided a minimum of 2 hours of daily scheduled out-of-cell time.
 - b. Level 4 of the Step-Down Program is housed in SAU. Inmates on Level 4 will be provided a minimum of 2 hours of daily scheduled out-of-cell time and may receive more at the UMT's discretion. This may include dayroom with multiple partners.
 - c. Max Custody is not part of the Step-Down program and is housed in SAU. Inmates on Max Custody may be provided more than 2 hours of daily scheduled out-of-cell time, at the UMT's discretion. This may include dayroom with multiple partners.
4. The RHRC has full discretion when determining the entry level of the step-down program. The number of days for each level may consist of the following time frames but may be reduced or increased at the MDT's full discretion based on documented behavior, disciplinary infractions, or refusal to participate in the assigned programming while in the Step-Down Program.
 - a. Level 0 is the Level assigned to pre-hearing confinement and disciplinary detention. Level 0 is housed in RHU or SAU up to 30 days.
 - b. Level 1 is housed in RHU, typically 120 days.
 - c. Level 2 is housed in RHU, typically 105 days.
 - d. Level 3 is transitional, typically 105 days, and is housed in SAU.
 - e. Level 4 is transitional, typically 90 days, and is housed in SAU.
5. Substantial Security Risk Determination:
 - a. Inmates in the step-down program may be considered for a substantial security risk designation at any time. Inmates who have been designated substantial security risk are

- not eligible to progress to levels 3 and 4 in SAU until the designation is removed.
- b. For an inmate to be designated a substantial security risk, the UMT must complete the *Substantial Security Risk Designation* form and submit it to the RHRC for approval.
 - c. To be designated a substantial security risk, the RHRC must clearly articulate the reason for the designation. Substantial security risk will include staff assaults, inmate assaults that have substantial injuries, and any behaviors that create a substantial safety and security risk to the institution or that may be state or federally prosecuted.
 - d. Once the substantial security risk designation is approved, it will remain in place for 6 months due to the seriousness of risk to staff and other inmates.
 - e. A substantial security risk designation may be removed after the 6 months and with the approval of both the MDT and RHRC. The MDT must complete the removal section of the *Substantial Security Risk Designation* form and submit it to the RHRC for final approval. If RHRC members cannot agree on removal of the substantial risk designation, the decision will be forwarded to the Warden for final review.
 - f. Once a substantial security risk designation has been removed, an inmate may be eligible to move to Level 3 in SAU.
6. Level Movement – Regression, Retention and Progression:
- a. MDT reviews are conducted at least once every 30 days for inmates in the step-down program. The UMT will review their status every 7 days for the first 60 days to gather information for the MDT review. Inmates will have the opportunity to be present and make a statement at the review every 30 days.
 - b. The OMP must be updated in the offender management system by a case manager to document the progress of an inmate's established goals.
 - c. An MDT member will document an inmate's progress, regression, or retention in the restrictive housing module of the offender management system. Inmates may move up a level, down one or more levels, or be retained at the current level.
 - d. Inmates who are considered for progression to Levels 3 and 4 may receive more opportunities for out-of-cell time, including assignment to a dayroom partner. If an inmate is being considered for progression to Level 3 or 4 placement, a member of the SAU unit management team must be included in the 30-day review.
 - e. Step-down MDT decisions regarding program retention, progression, and regression are final with the exception of regression of more than two levels to Level 1.
 - 1) All inmates who are being regressed a level will be reviewed to ensure they meet the criteria.
 - 2) Those inmates regressing more than two levels to Level 1 will be reviewed by the RHRC.
7. An inmate who is sanctioned with disciplinary segregation while participating in the step-down program must complete the sanction before resuming the program. The MDT will determine what level the inmate will return to within the program after completing the disciplinary segregation. The OMP programming services may continue while the inmate is serving disciplinary segregation.
- a. For one rule infraction that is considered a category 3 or less in the classification manual, the MDT will have the option to either start the level over or discuss other interventions that could include additional programming.
 - b. Two rule infractions will either start the inmate over at the current level or drop one level, depending on the MDT review and status review with the inmate.
 - c. If an inmate is found guilty of three or more major infractions, they will automatically drop a level in the Step-Down Program.
 - d. If an inmate is found guilty of any rule infraction that is considered a category 1 or category 2 in the classification manual, it may constitute grounds to drop 2 levels and, depending on the incident, the inmate may be required to start over at level 1. If the inmate starts over at level 1, the RHRC must review and sign off on the placement.

H. Step-Down Program Completion/Removal

1. The UMT reviews an inmate's progress and makes recommendations to the MDT regarding completion of the step-down program and return to general population.
2. The MDT will document the decision in the offender management system restrictive housing module.
3. In the event an inmate is removed from the Step-Down Program prior to successful completion (for example, due to mental health concerns, release from the facility, etc.), the inmate's case manager will document the reason for the removal in the offender management system restrictive housing module.
4. Once the inmate has been determined to have completed the program, the unit will complete a re-classification, or the SAU UMT must submit a referral to the RHRC for review to Max Custody if deemed appropriate.

I. Documentation

1. The Restrictive Housing Program Compliance Manager must ensure appropriate documentation occurs for each inmate in the step-down program, including:
 - a) a member of the MDT is responsible for documenting all status reviews in the offender management system restrictive housing module;
 - b) the decision of the RHRC relating to placement and release from the program; and
 - c) the restrictive housing module in the offender management system is correct and updated.
2. The file is maintained in the inmate's electronic record, with the exception of the mental health screening for step-down placement, which is maintained in the inmate's health record.

J. Restricted Close Custody

1. Restricted Close Custody shall be separate and apart from the existing four-level program outlined above.
2. Restricted Close Custody is the custody status of inmates who are housed in the SAU, or in general population. These inmates require additional supervision based upon safety and security.
3. For inmates who have an SMI designation:
 - a. A QMHP will develop an individual treatment plan for each SMI inmate placed on restricted close custody. Any individualized treatment plan will include, but is not limited to, the following:
 - 1) a statement of the nature of the inmate's mental health condition;
 - 2) a statement of the specific treatment needs of the inmate;
 - 3) an objective description of treatment goals, with a projected timetable for their attainment;
 - 4) measurable outcomes that will indicate the attainment of treatment goals;
 - 5) a description and allocation of staff responsibility for attaining each treatment goal;
 - 6) all recommended unstructured and structured activities to be provided to the inmate while in the step-down program; and a suicide safety plan with the input of the inmate, in cases where the inmate has shown signs that the inmate will engage in severe self-harm or attempt suicide.
 - b. In developing the individual treatment plan (ITP), the QMHP must provide an assessment as to whether the inmate is capable of transitioning or returning to general population. The ITP will consist of a series of milestones tailored to the inmate's individual needs, which will allow the inmate to transition toward, and eventually allow a return to, general population housing.

- c. A QMHP will incorporate into the individualized plan privileges for achieving certain progress milestones and establish conditions under which the inmate would have those privileges rescinded.
 - d. Overall development, implementation, and supervision of the treatment plan must be assigned to a QMHP.
 - e. The SMI inmate has the right:
 - 1) to obtain a copy of their individual treatment plan;
 - 2) to ongoing participation, to the extent of the inmate's capabilities, in the planning and revision of those mental health services provided under the treatment plan;
 - 3) to a reasonable explanation by a QMHP, in terms and language appropriate to the inmate's condition and ability to comprehend:
 - a) the inmate's general mental and physical condition;
 - b) the objectives of treatment;
 - c) the nature and significant possible adverse effects of recommended treatments;
 - d) the reason why a particular treatment is considered appropriate;
 - e) the reasons why access to certain visitors may not be appropriate; and
 - f) not to receive treatment pursuant to the treatment plan, in the absence of the inmate's informed, voluntary, and written consent to the treatment, except treatment during an emergency situation if the treatment is pursuant to the written opinion of a QMHP and is permitted by law.
 - f. SMI inmates on Restricted Close Custody shall receive at least 4 hours per day out-of-cell time, and shall not be confined to a cell for more than 20 hours per day, unless a QMHP makes a written determination that:
 - 1) it is necessary to protect the inmate or other inmates from a dire and imminent risk of harm;
 - 2) confining the inmate to a cell more than 20 hours per day would not exacerbate or worsen the inmate's SMI; and
 - 3) if a Restricted Close Custody inmate does not receive at least 4 out-of-cell hours in a given calendar day, the reason(s) will be documented on the *Withholding Report* (for example, inmate refused, unscheduled absence by programming leader).
 - g. Except for an inmate on Constant Watch or Close Watch (as those terms are defined herein) and those for whom a QMHP has made written determination, during each 7-day week (Sunday at 12 a.m. to Saturday at 11:59 p.m.), shall receive:
 - 1) at least 10 hours of out-of-cell unstructured activity, such as outdoor recreation or time in an indoor day room;
 - 2) at least 3 hours of structured activity, such as individual or group counseling, at least 1 hour of which must be out-of-cell. Structured activities are those which are directed, organized, and regularly scheduled, which may include individual or group counseling, medication education class, or anger management class.
 - 3) not include time spent conducting daily prison routines, such as showering, haircuts, attending and being interviewed for administrative or disciplinary hearing or matters, or visits to a medical professional; and
 - 4) must be documented in an electronic format, to include:
 - a) identity of the inmate;
 - b) the activities engaged in;
 - c) the time out-of-cell; and
 - d) whether the inmate refused to engage in the activity.
4. Recreation and programming for Restricted Close Custody inmates with an SMI designation.
- a. Inmates shall be offered daily outdoor recreation at specific times that are predictable and rotating, for example, occurring at different times of day, according to pre-set schedules made accessible to the inmate in advance.
 - b. Inmates shall be offered structured activities and programming at specific times that are predictable and rotating.
 - c. If an inmate must be held out of group recreation and activities, a written plan for eventual

return to group recreation and activities, including, without limitation, incentives for accomplishing certain milestones or refraining from specific behavior for a set period of time, must be included in the individual treatment plan.

K. Max Custody

1. All Max Custody inmates must be approved by the RHRC and will include inmates for the following reasons:
 - a. inmates who have completed the Step-Down Program and require additional security for safety and cannot be housed in general population.
 - b. inmates who have completed the Step-Down Program and are awaiting placement in general population.
 - c. inmates on death row (cannot be housed in general population).
 - d. inmates classified Max Custody due to a pending or ongoing investigation. Must be reviewed by RHRC every 30 days. Will be reclassified from Max Custody upon completion or closure of investigation.
 - e. if an inmate is subject to a criminal investigation due to the inmate's behavior or actions, the inmate may be placed in a lower level in the step-down program. A review is completed explaining the reasons for the regression in levels. The inmate will have the chance to appeal the inmate's placement to the Associate Warden of Custody.
2. An inmate may appeal the RHRC placement review decision through an appeal using the *Inmate Placement Appeal* form. The appeal will be considered an answer by the facility Associate Warden of Custody.
3. All inmates in Max Custody must be reviewed every 30 days for possible placement into general population, excluding death row inmates.
4. Inmates will receive a minimum of 2 hours of structured or unstructured out-of-cell time which may include recreational opportunities, education, work, and programming
5. *MSP 4.1.3a Inmate Personal Property Inventory* outlines the allowable state issued and personal property items for inmates housed in restrictive housing units.

L. Activation of a Safety Management Plan

1. The activation of a Safety Management Plan (SMP) will only be used in exigent circumstances. Staff may place an inmate in a safe cell in cases where an inmate is engaging in an episode of assaultive/self-harming and/or dangerous conduct that is a clear, immediate threat to the safe and secure operation of the facility.
2. When an inmate with an SMI designation is experiencing a mental health crisis:
 - a. the infirmary should be prioritized placement, or another placement other than a safe cell, until stabilized;
 - b. if no other placement is available, a safe cell may be utilized:
 - 1) with a QMHP-documented determination that, given the inmate's degree of crisis, placement in a safe cell is preferable to moving the inmate to the infirmary or another location; or
 - 2) if there are no available cells or insufficient staffing in the infirmary.
3. The Central Control shall notify the on-call QMHP after the incident is controlled. Notification shall consist of:
 - a. Safe Cell Notification form filled out and forwarded to all mental health staff, the Warden, Associate Warden, and the Restrictive Housing Program Manager.
4. Medical treatment will be provided as deemed necessary by a QHCP. Medication will be distributed as prescribed by appropriate personnel.
5. Placement may be overridden due to the safety and security of the institution by the Warden,

- or designee, for a 24-hour period, at which time the inmate will be released, or the RHRC will meet to review placement.
6. Inmates placed in a safe cell will be issued the following:
 - a. security mattress
 - b. security blanket
 - c. safety gown
 - d. meals delivered on a soft tray
 - e. access to soap, deodorant, toothbrush, and toothpaste for use in their cells absent some immediate, documented danger that such items will be destroyed and used for self-harm. In such cases, reasonable efforts will be made to use substitutes or facilitate supervised use of these items.
 - f. SMI inmates will be provided garments and footwear based on a QMHP's assessment of the inmate's degree of suicidality, with an article of clothing to be reintroduced to the inmate once the QMHP determines that the article no longer places the inmate at risk.
 7. Constant Watch: If an inmate placed in a Safe Cell is actively suicidal, they shall be on Constant Watch until assessed by a QMHP.
 - a. A staff member must observe the inmate on a continuous, uninterrupted basis.
 - b. Only a QMHP may downgrade from Constant Watch or discontinue after a face-to-face assessment.
 8. Any time staff are assigned to work in the control cages where cross-gender viewing/monitoring of an inmate is necessary, the Central Control must be notified and:
 - a. any cross-gender viewing/monitoring will be notated in the PREA cross-gender viewing logbook.
 - 1) notations will include name of staff member, inmate name, DOC#, reason for cross-gender viewing and start and end time of viewing/monitoring.
 - b. Central Control will attempt to reassign a same gender officer to the control cage, as outlined in *MSP 3.1.100 Supervision of Inmates*.
 9. If a staff member determines that water abuse by an SMI inmate has been demonstrated or is a reasonable and imminent concern, then access to running water in the SMI inmate's cell will be limited. A water-log will be initiated in accordance with the *Water Usage Log* if the inmate is placed in a safe cell or if a water restriction has been imposed. Staff will also complete *Withholding Report* and forward to the Restrictive Housing Program Manager.
 10. For those inmates imposed with a water restriction, access to running water will be for 5-10 minutes each hour for toileting and clean up between the hours of 6:00 a.m. and 10:00 p.m., and as needed during the nighttime hours. If an SMI inmate requests water for hygiene and drinking purposes, staff must ensure they are given water access for a limited amount of time as necessary. In such instances, MSP staff will provide a paper cup for drinking, toilet paper, and paper towels as reasonably requested by the inmate.
 11. A Suicide Watch log shall be maintained on all inmates placed on suicide watch by an assigned officer each shift and for any unusual occurrences.
 - a. The Suicide Watch log shall be maintained until the QMHP removes the Watch.
 - b. The Central Control will sign the Suicide Watch Log being utilized on their shift during their daily rounds.
 12. An inmate placed on an SMP will not be offered out-of-cell recreation unless approved by the QMHP, in collaboration with the Shift Commander.
 13. If it is determined the inmate is to remain on an SMP longer than 72 hours due to the continued threat to the safe and secure operations of the facility, out-of-cell recreation will not be offered unless approved by Shift Commander. A review will be completed after 7 days by the RHRC and reviewed every 7 days thereafter.
 14. If an inmate shows signs of self-harm, severe depression, anxiety, or similar symptoms, Central Control and QMHP will immediately be notified to conduct an evaluation. Based on

the results of the evaluation, placement will be determined through consultation between QMHP and Shift Commander.

M. Qualified Mental Health Professional (QMHP) – Safe Cell Responsibilities

1. An inmate placed in a Safe Cell shall be assessed by a QMHP as soon as possible, but no later than 24 hours after initiation.
 - a. Due to the possibility of injury and depression in safety management cells, the evaluation by a QMHP will include notation of bruises or other trauma markings, as well as comments regarding the inmate's attitude and outlook (particularly as they may result to suicidal ideation.)
2. If determined by a QMHP that the inmate's behavior is the direct result of a mental disorder, the inmate will be placed according to the degree of threat, for example, continued placement on an SMP or lesser restricted location. If continued placement on the SMP is determined to be the best action, the QMHP and UMT will develop an appropriate plan and monitor closely to return the inmate to the least restrictive environment.
3. If determined by the QMHP that the inmate's behavior is not the direct result of a mental disorder, the QMHP and UMT will determine the placement according to the degree of threat, for example, placed in a lesser restricted location or continued placement on an SMP.
4. The QMHP, with input from the UMT will document on the SMP the level of monitoring required, along with any other pertinent information necessary for the security staff to complete their watch duties. Copies will be distributed to the Warden, Associate Wardens, Mental Health, Central Control, affected UMT, and Program Manager, and a copy will be placed in the inmate's file.
5. Reassessments shall occur every 24 hours by the QMHP. Changes to the SMP must include input from the UMT. The QMHP will document the changes on the SMP.
6. If placement exceeds 72 hours, the RHRC will review and determine if the inmate will continue placement beyond the 72 hours.
 - a. The inmate will be placed on a plan in accordance with mental health and CSD procedures;
 - b. RHRC will review the plan every 7 days.
7. Release from SMP – once determined by a QMHP in collaboration with the UMT that the inmate no longer poses a risk to self or others, the inmate will be released from the SMP and will be:
 - a. placed on an Individualized Plan developed in collaboration with the UMT which may include a Close Watch status. Inmates will be introduced to personal property as determined by the QMHP and UMT when the property no longer places the inmate at risk; or
 - b. returned to the inmate's previous custody or another less restrictive location.
8. Release from the SMP may be overridden due to the safety and security of the institution by the Warden or designee for a 24-hour period, at which time the inmate will be released, or the RHRC will meet to review placement.

N. Operating Procedures

1. Staff observation rounds are as follows:
 - a. unit staff will personally observe inmates in restrictive housing twice per hour, but no more than 40 minutes apart, on an irregular schedule.
 - b. inmates who are violent or have a mental disorder or who demonstrate unusual or bizarre behavior will receive more frequent observation as determined by a QMHP. Suicidal inmates will be under continuous observation. This observation will continue until a QMHP

- determines otherwise.
- c. Staff will document all observations through the use of Guard1.
 - d. An emergent circumstance may prevent or delay the observations within the timeframes. Staff must document missed or delayed observations by completing an incident report and making a notation in the unit logbook. An emergent circumstance that would take precedence over these observations include but are not limited to:
 - 1) inmate flooding;
 - 2) cell extractions;
 - 3) medical emergencies; or
 - 4) any unit emergency activity that requires immediate staff action.
 - e. Staff will resume inmate observations as quickly as possible after the disrupting incident is resolved. A copy of the incident report will be forwarded to the Warden, Associate Wardens, and the UMT for review.
 - f. Guard1 will be utilized to track the following:
 - 1) unit staff will document each inmate's shower and participation in recreation, programming, and other unit activities, for example, meals, out-of-cell time, and inmate behavior.
 - 2) unit sergeants will ensure all visits are properly recorded using Guard1. This includes, but is not limited to, education, library, grievance, disciplinary, daily command staff visits, etc.
 - 3) unit sergeants will ensure the information recorded in Guard1 is downloaded at the end of every shift. The first shift sergeant is responsible for downloading third shift information.
 - 4) medical and mental health staff will utilize Guard1 to record the required visits and rounds. Medical and mental health staff will ensure the information recorded by Guard1 is downloaded at the end of every shift.
 - 5) in the event the Guard1 security system is inoperative, unit staff will log the above information on an approved door sheet.
2. Inmates in restrictive housing or protective custody will receive daily visits from the Shift Commander or supervisor in charge, daily visits from a QHCP unless more frequent visits are indicated, and visits from members of the program staff upon request. The requested visits by program staff will be subject to staff availability and will be scheduled in such a manner that the visit does not disrupt the unit operations or the safety and security of the facility.
 3. Inmates with medical and psychiatric conditions will be handled according to the medical orders for those cases as long as those orders do not conflict with the security needs of the facility. If there is a conflict, the Housing Lieutenant or Unit Manager and Shift Commander or designee, and, if necessary, the Associate Warden or designee, will resolve the issue with the health care professional in charge.
 4. Medical staff will document any significant medical findings in the inmate's health record.
 5. The QMHP will document any significant mental health findings in the inmate's health record.
 6. Unit staff will restrain every inmate who is moved out of a cell per procedures outlined in the post orders. Exceptions may be allowed when the inmate is in a secure enclosure (such as a recreation area, shower, cell, dayroom, etc.), when the inmate is performing a work detail, or when a physician, physician assistant, or nurse practitioner deems it medically necessary or as a reasonable accommodation for a disability. Cage officers will operate the sally port entrances in a manner that ensures only properly identified individuals are admitted.
 7. In cases of emergency treatment, escorting officers will only remove restraints when requested by the physician, psychiatrist, and/or clinical licensed health, mental health, or medical staff, and only to the degree necessary to accommodate treatment. In this event, escort officers will remain with the inmate at all times. Before restraints are removed, staff must obtain approval from the Shift Commander to verify the number of staff needed to

control the situation and to maintain the security of the facility.

8. Except for regular intakes and cleaning duties, unit staff will not allow general population custody inmates to enter a restrictive housing unit. Cleaning duties consist of at least 2 and no more than 4 inmates (in extreme cases, it may be suitable for up to 4 minimum custody inmates to be assigned cleaning duties for one incident). When 4 inmates are needed for a cleanup, the UMT will get approval from the Shift Commander. The Shift Commander will, prior to giving approval, review the situation for potential increase in staff supervision. Minimum custody inmates may enter a restrictive housing unit as follows:
 - a. unit staff will strip search the inmates upon entering and leaving the unit.
 - b. unit staff will directly supervise and maintain visual observation of the inmate workers when they are in the unit.
 - c. no contact is allowed between workers and restrictive housing inmates.
 - d. restrictive housing staff proceed as follows when supervising inmate workers:
 - 1) the floor officer will supervise the workers when they are in the unit; and
 - 2) the workers may perform cleaning tasks on the blocks if a floor officer is present on the block providing direct supervision.
9. One restrictive housing inmate from each Administrative Segregation custody block may be assigned to work tasks on their block, but only for specified time periods. A floor officer will be present to observe these work activities from the corridor. If a floor officer is not available, the control cage officer may be used to observe inmate work activities, but only when activities on the other blocks are limited.

O. Programs, Services, and Access to Legal and Reading Materials

1. Inmates in restrictive housing will be allowed the following services and programs:
 - a. health services
 - b. opportunity to shower at least 3 times a week
 - c. crisis counseling
 - d. religious counseling
 - e. religious reading material
 - f. general and legal mail
2. The following programs and activities will be available to all restrictive housing inmates. Unit staff will document any exception in the unit log and complete an incident report detailing the justification for the exception. The programs are:
 - a. each restrictive housing inmate will be offered a minimum of 1 hour of exercise per day outside their cells, 5 days per week, unless security or safety conditions dictate otherwise.
 - b. each restrictive housing inmate will have the opportunity for 2 hours out-of-cell time daily which may include dayroom, recreation, or programming.
 - 1) A restrictive housing inmate may be denied recreation or exercise based on a determination that the inmate is unmanageable or presents a serious danger to themselves, others, or the security of the facility.
 - 2) Whenever a restrictive housing inmate's recreation or exercise is restricted, the UMT must document it by filling out and processing the appropriate form, such as the *Withholding Report*. The restriction will take effect immediately but must be approved and signed by Shift Commander.
 - 3) Recreation or exercise restrictions will be evaluated within 5 days by the Warden or designee.
 - 4) The Warden or designee may extend the restriction if the inmate continues to pose too high of a risk after the initial restriction period. To extend a restriction, the UMT will prepare and process the appropriate form, for example, *Withholding Report*, and submit it to the Warden or designee for review as outlined above.
 - 5) A copy of the completed *Withholding Report(s)* will be placed in the inmate's main file.
 - c. disciplinary hearing officers or the UMT disciplinary team will not sanction restrictive housing inmates to the loss of recreation or cell restriction.

- d. staff will directly supervise (technology can be utilized) inmates involved in recreation activities at all times who are authorized for expanded recreation privileges, and inmates assigned to protective custody.
3. Crisis counseling and other social services may be provided on an in-cell basis. Inmates requiring private counseling may be moved in restraints to a separate room where they will remain in restraints and observed by staff.
4. In-cell education programs will be available. Inmates may possess approved educational materials, ordered through approved channels, provided such materials do not constitute a security risk.
5. Leisure reading materials will be available in each restrictive housing unit on a checkout basis.
6. Inmates will have access to personal legal materials and available legal reference materials on a checkout basis.
7. Religious services and programs must be provided as outlined in *MSP 5.6.1 Religious Programming*.
8. Mail will be provided as outlined in *DOC 3.3.6 Inmate Mail in Secure Facilities*.
9. Canteen will be in accordance with *MSP 1.2.10 Canteen*.
10. Visitation will be as outlined in *MSP 3.3.8 Inmate Visiting*.
11. Social and legal phone calls. Access may be limited to certain hours per the unit rules depending on staff availability.
12. Unit staff will ensure inmates who are out of their cells for program activities are kept in restraints at all times when they are in direct contact with staff.

P. Other Considerations

1. In the event an inmate has a documented history of threatening to or engaging in spitting or throwing bodily fluids (urine, feces, etc.) on staff or other inmates, the inmate will be reviewed for the following restrictions by the UMT:
 - a. A magnetic sign will be placed on the cell door alerting staff "Caution Liquids Threat."
 - b. A spit hood will be placed on the inmate's head prior to opening the cell door and will remain in place until the inmate is secured back in the cell.
 - c. The AW of Security and the Housing Lieutenant or Unit Manager will review the spit hood requirement every 30 days and decide if the requirement will stay in place for another 30 days or be discontinued. This will be documented on the 30-day review form.
 - d. Inmates who have a documented history of recent and repeated assaults or threats of assaults with bodily fluids may be placed in a spit hood restriction for up to 6 months.

Q. Food Service

1. Meals must be the same as those served to general population inmates, except as stated in 5 below. The exception is meat items with bones, for which a reasonable substitute will be served.
2. Inmates may not be used to serve food or control food portions.
3. Staff will ensure that food delivered to inmates is at the intended temperature and that the intended portions are served. Unit staff will take the temperature of all hot meals and record it on the retherm/hot tray log. Unit staff will review the menu for each meal and ensure that all items are served.
4. All serving equipment will be maintained in a sanitary condition.

5. The alternative meal service is as follows:
 - a. alternative meal service may be provided to restrictive housing inmates who use food or food service equipment in a manner that is hazardous to self, staff, or other inmates.
 - b. all alternative meals will be provided on an individual basis.
 - c. the alternative meal service is based only on health and safety considerations of the inmate and institution.
 - d. all alternative meals will meet the basic nutritional requirements.
 - e. inmates will only be placed on the alternative meal service with the written approval of the Warden or designee or the chief health care authority.
 - f. the substitution period will not exceed 7 days, and
 - g. a record of this action will be maintained for the affected inmate and placed in the main file and inmate's case record, and a copy will be forwarded to the Associate Warden upon the inmate's release from the alternative meal service.

R. Staff Training and Assignment

1. Staff assigned to restrictive housing will be selected based on their experience, judgment, and ability to manage inmates in a professional manner.
2. All staff who are assigned to restrictive housing units will receive training that includes:
 - a. information regarding the types of inmates housed in the unit, including suicidal individuals.
 - b. the rules that govern the operation of restrictive housing units.
 - c. safety and security precautions unique to restrictive housing units; and
 - d. department policies, MSP procedures and post orders.
 - e. mental health, including but not limited to:
 - 1) SMI definition, symptoms of SMI, determining symptomatic behaviors, decompensation, suicidal thoughts expression, and behaviors;
 - 2) responding to Mental Health risks, including suicide intervention and self-harm intervention and cell extractions;
 - 3) recognizing common side effects of psychotropic medication and professional and humane treatment of SMI inmates; and
 - 4) alternatives to discipline and de-escalation techniques.
3. The Shift Commander will not assign a Correctional Officer to a restrictive housing unit control cage post until the officer has a minimum of 6 months of experience. Officers with fewer than 6 months of experience may be assigned to the floor, but only when the officer is paired with an officer who is POST certified. The Warden or designee may authorize an exception to this provision due to exigent circumstances. Such exemptions will be documented in writing.
4. Correctional Officers and Sergeants assigned to restrictive housing units will be rotated in and out of the units at least every 2 years. Housing Lieutenant or Unit Managers and Case Managers in restrictive housing units will be rotated in and out of the units at least every 3 years. The rotation will be staggered so there is always experienced staff in the unit to train and work with newly assigned staff.
5. The Warden, the Associate Warden, or designee will review the staff assignments in restrictive housing units on a yearly basis with the Housing Lieutenant or Unit Managers and Shift Commanders to determine staff rotation.

S. Inmates with Disabilities

1. Inmates will not be punished by placement in restrictive housing as a result of their disability, for behavior that is a product of their disability, or if designated QMHPs determine that placement in restrictive housing might exacerbate the inmate's mental disability, as provided in *DOC 4.5.21 Restrictive Housing Offender Health Assessment and Services* and *MSP 3.4.100 Pre-Hearing Confinement*.

2. A designated QMHP will conduct an initial review (Mental Health Appraisal) of all inmates placed in restrictive housing to determine if they have a mental disorder that amounts to a severe mental illness as well as an assessment of the inmate's risk of suicide. If the QMHP determines the inmate has a severe mental illness, staff will ensure the inmate is placed in an area where necessary mental health services are available. This review will be documented in the inmate's mental health file.
3. In addition to the initial review, a QMHP will additionally provide regular meetings with the inmate in restrictive housing. These meetings will be documented in the inmate's mental health file.
4. Inmates with disabilities will be provided with reasonable accommodations to allow them to meaningfully participate in all programs and services while in restrictive housing.

T. Logs and Record Keeping

1. Restrictive housing units will comply with the general record keeping requirements as outlined in *DOC 3.1.3 Logs and Record Keeping* and *MSP 3.1.3 MSP Logs and Record Keeping Systems*.
2. All admissions, releases, including date of action, time of action, reason for admission or release, and authorizing official or committee.
3. A record of visitors, including all official visits by staff members, for example, medical, grievance, disciplinary, etc. The record will include time, date, and signature of the visiting staff.
4. Information from and observations by staff which will be forwarded for staff action and observation to the next shift.

IV. CLOSING

Questions about this procedure should be directed to the Public Safety Chief.

V. ATTACHMENTS

None.



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 3.6.1 EXECUTIONS	
Effective Date:	February 5, 2001	Page 1 of 2 and No Attachments
Revision Date(s):	September 1, 2020	
Reference(s):	DOC Policy 3.6.1	
Signature:	Jim Salmonsens / Interim Warden	

I. PURPOSE

To ensure that death sentences are carried out in the manner prescribed by law.

II. DEFINITIONS

Death Warrant – An official order for the execution of a condemned person.

Warden – Refers to the Montana State Prison Warden.

III. PROCEDURES

A. Death Warrant

1. When an execution date is set by the court for a condemned offender, a certified copy of the death warrant must be delivered to the Director of the Department of Corrections by the sentencing county pursuant to *46-19-1-3 MCA*. The warrant must indicate the following;
 - a. the conviction;
 - b. judgement;
 - c. date of execution; and
 - d. duration of the warrant.

B. Execution Manual

1. The execution procedural manual is a confidential document maintained by the Warden.
2. The execution procedural manual must address specific details in and around the execution process, including at a minimum, the following areas;
 - a. pre-execution procedures
 - 1) communications
 - b. execution procedures
 - 1) security zones
 - 2) crowd control
 - c. post execution procedures
 - 1) searches
 - d. stays, commutations, and other delays
 - 1) security pass list
 - e. witnesses
 - 1) training
 - 2) briefing
 - f. news media

Procedure No.: 3.6.1:	Page 2 of 2
Subject: Executions	

- 1) post orders

C. Method of Execution

1. The punishment of death must be inflicted by administration of a continuous intravenous injection of a lethal quantity of an ultra-fast acting barbiturate in combination with a chemical paralytic agent, until a coroner pronounces that the offender is dead according to accepted standards of medical practice.

D. Executioner

1. The execution must be performed by a person selected by the Warden and trained to administer a lethal injection.
2. The person administering the injection need not be a physician, registered nurse or licensed practical nurse.
3. The Warden may also select an alternate executioner(s).
4. The Warden or the Warden's designee shall supervise the execution.
5. The identity of the executioner and alternate executioner(s) shall remain confidential.

E. Witnesses to the Execution

1. The Warden shall ensure that the execution will be observed by no more than 12 witnesses. The following are categories and numbers of witnesses allowed;
 - a. the condemned offender may select three witnesses.
 - b. the news media shall be allowed three witnesses.
 - c. the family of the victim shall be allowed three witnesses.
 - d. state witnesses shall be selected by the Department Director to be part of the 12 required witnesses.

F. Postponement

1. A dedicated communication line shall be established between the place of execution and the Governor's office. A second dedicated communication line shall be established between the place of execution and the State Attorney General's office. The dedicated lines shall remain open until the offender is pronounced dead or until a postponement is granted by one of the following;
 - a. a stay granted by a court of competent jurisdiction, which must be communicated directly to the Warden by the Attorney General's office.
 - b. A respite granted by the Governor, which shall be communicated directly to the Warden by the Governor or Governor's counsel.

IV. CLOSING

Questions concerning this procedure should be directed to the Department Director or Warden.

V. REFERENCES

53-1-203 MCA
 46-19-103 MCA
 46-23-315 MCA



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 4.1.1 INMATE ADMISSION PROCESS	
Effective Date:	January 5, 2004	Page 1 of 7 and No Attachments
Revision Date(s):	July 13, 2009, August 16, 2011, December 29, 2017, October 30, 2020, February 1, 2022	
Reference(s):	DOC Policy 4.1.1	
Signature:	/s/ Jim Salmonsens /Warden	

I. PURPOSE

To admit and process inmates into Montana State Prison (MSP) in a manner that ensures the legality of their commitment, the appropriateness of the conditions of confinement to which they are assigned, and the maintenance of security.

II. DEFINITIONS

Admissions Technician(s)– Department employee(s) who perform the essential job functions required to admit and process inmates through the admissions process.

Admissions Manager – Department employee whose overall responsibility is to supervise Admission Technicians on all job-related functions that are required to legally admit and process an inmate into Montana State Prison.

Disability – A physical or mental impairment that substantially limits one or more of a person’s major life activities, a person who has a record of such an impairment, or a person who is regarded as having such an impairment. See Americans with Disabilities Act of 1990 42 USC 12010, as amended.

DOC ID Number - The Department of Corrections identification number assigned to each offender, previously referred to as the AO number.

Initial Admission Inmate/Offender - An inmate who is entering MSP for the first time or has been ordered to return to MSP after a previous release.

Legal Incarceration Documents – Documents required to legally incarcerate inmates at MSP including but not limited to; a certified Judgement, certified order of incarceration, Verifications of Commitment (VOC’s), Secure Placement Requests (SPR’s), Administration Transfers (AT’s).

Offender Financial Disclosure Form – The form authorizing the Department access to all the offender’s financial records as required by MCA 53-1-108.

OMIS – Acronym for the Department’s Offender Management Information System.

On Leave to Court (OLTC) – Refers to an inmate that left from a secure facility for court or placement in another agencies’ custody who will require a case management and classification assessment upon their return to MSP.

PREA Intake Screening and Information Process – The initial 72-hour intake Risk Assessment screening and PREA information process required by the Prison Rape Elimination Act.

III. PROCEDURES

A. Initial Admission/Processing

1. Initial admission inmates will generally be admitted into the Martz Diagnostic Intake Unit (MDIU) Monday through Friday from 0630 to 1530. With prior approval by the Admissions Manager, initial admission inmates may be scheduled to arrive outside these requirements. The Warden or designee may waive these requirements in an emergency situation on a case-by-case basis.
2. The Admissions Technician(s) will obtain all necessary legal incarceration documents prior to scheduling an inmate for admittance to MSP. After receiving all the necessary documents and when a bed becomes available in MDIU, the Admissions Technician(s) will schedule the inmate's intake and issue an order to transport to the transporting agency. Except in the case of an inmate transfer between MSP and contracted secure facilities, the Admissions Technician(s) will not schedule or accept an inmate into admissions without the required incarceration documents.
3. Entrance post staff (check point) must require transporting personnel to show the order to transport paperwork for approval and require that they adhere to all current entrance procedures before approving the transporting agency entry into the facility.
4. The admission area must provide the following to incoming inmates:
 - a. secure holding areas, with adequate seating;
 - b. access to drinking water;
 - c. shower and toilet facilities;
 - d. secure property storage/processing area;
 - e. private interview and examination rooms; and
 - f. if any of the above is inaccessible to an incoming inmate based on disability, admissions staff will "fast track" that inmate to an accessible MDIU housing block within 24 hours, excluding weekends/holidays, of arrival.
5. The Admissions Technician(s) must ensure that the transporting personnel properly identify the inmates they transported for admission and provide any additional legal documents that Admissions may need for incarceration.
6. Transporting personnel will be asked to provide proof that the inmate(s) they brought to MSP has provided a DNA sample, as required by statute, from the sending jurisdiction; inmates will not be denied admission because the DNA sample was not provided from the sending jurisdiction.
 - a. if a sample is required, one will be collected in accordance with DOC Policy 1.5.13 DNA Testing/Collection of Biological Samples during the admission process.
7. Upon admission, a staff member must conduct an unclothed body search of the inmate to make an immediate determination that no weapons or contraband are introduced into the admissions area. Staff shall provide accommodations during the course of the search as noted in *DOC Policy 3.1.17 Searches and Contraband Control* and *MSP Procedure 3.1.17A Searches*, if needed, to inmates with disabilities. Available accommodations shall include, but not be limited to a chair for prisoners with mobility related disabilities to sit on. If an accommodation is provided, staff shall ensure that the accommodation is recorded in OMIS.

Subject: INMATE ADMISSION PROCESS

8. Staff will require the inmate to complete the *Offender Financial Disclosure Form* in accordance with *DOC Policy 1.2.6 Offender Financial Transactions*.
9. Inmates processed through MDIU will have written information governing video visits provided to them within 24 hours of arrival at MSP.
10. In order to facilitate the authentic expression of religious belief each new inmate will have opportunity to declare their sincere religious preference during the initial intake process in accordance with *MSP 5.6.1 Religious Programming*.
11. PREA intake screening and information process shall be completed within 72 hours of facility intake for inmates. During PREA intake, staff must:
 - a. communicate to inmates, verbally and in writing, information about the Department's zero tolerance of sexual abuse and sexual harassment.
 - b. allow the inmate to either view the PREA video "What You Need to Know" or read the transcript for the video. Staff must also provide the following reading materials to inmates:
 - 1) DOC Policy 1.1.17 Prison Rape Elimination Act, DOC Policy 3.3.3 Offender Grievance Program, DOC Policy 1.3.12 Staff Association and Conduct with Offenders.
 - 2) MSP Procedure 1.1.17 Prison Rape Elimination Act and MSP Procedure 3.3.3. Inmate Grievance Program.
 - 3) MSP PREA Inmate Brochure – End the Silence; and
 - 4) MSP PREA Inmate Brochure – Sexual Assault Awareness.
 - c. obtain inmates; signature on the Offender PREA Acknowledgement.
 - d. complete PREA risk assessment and all follow up forms and referrals as needed.
 - e. complete the PREA Special Management Designation section in OMIS with basic information (**do not upload Risk Assessment or other forms to OMIS**); and
 - f. retain in the Risk Assessment, Offender PREA Acknowledgement form in the inmates; mini file under PREA section and scan and upload the form into Sharepoint.
12. The sending jurisdiction will ensure that the appropriate information is sent to the MSP Admissions Department, either prior to placing the inmate on the transport vehicle or by sending the information with transport personnel. The Admission Technician(s) must ensure that all the inmate's information is entered or updated in OMIS for the inmate's scars, marks & tattoos and secure or record the following inmate background information from the sending jurisdiction, from observation, and/or from the inmate for the inmate's records.
 - a. name, nickname, and aliases used;
 - b. gender;
 - c. race/ethnic origin;
 - d. religious faith group affiliation;
 - e. date and place of birth;
 - f. social security number;
 - g. age;
 - h. jail report;
 - i. marital status;
 - j. prior offense record;
 - k. physical and mental health information;
 - l. next of kin, including address and phone number;
 - m. date(s) of prior confinement and duration, if known;

Subject: INMATE ADMISSION PROCESS

- n. possible affiliation with a security threat group (STG). The Admission Technician(s) will notify the MSP STG Staff of those identified as such, and they will conduct the necessary follow-up procedures.
13. Inmates from contract facilities will not be admitted unless MSP has received prior authorization from the Contract Placement Bureau (see *MSP 4.8.100, Contract Placement Bureau Operations*).
14. When an inmate is received from a contract facility, Contract Placement Bureau staff must ensure the inmate's facility, and medical record files are delivered to MSP with the inmate or forwarded to MSP.
15. Any other transportation arrangement, such as private transportation companies, federal inmates, or inmates from out of state jurisdictions, must be authorized by the Warden or designee.

B. Identification

1. The Admission Technician(s) must photograph all incoming inmates and produce an Inmate Identification Card (Inmate ID) and exit Inmate Identification Card (ID).
2. The Admission Technician(s) will obtain fingerprints from all incoming inmates in accordance with accepted law enforcement practice.
3. The Admission Technician(s) will visually examine incoming inmates and record a description of any identifying marks and/or unusual physical characteristics, including, but not limited to, scars, physical deformities, tattoos, height, weight, hair color, and eye color.

C. NCIC Check

1. A certified National Crime Information Center (NCIC) operator will conduct a background check for each initial admission, but not for transfers between Department and contracted facilities.

D. Initiation of Records File

1. The Admissions Technician(s) must prepare an inmate Records file for each initial admission that includes all documents compiled on the inmate during the admission process.
2. Before assigning the inmate a DOC Identification Number, the Admissions Technician(s) must review any inactive records to determine if the inmate has been previously committed. If the inmate has previously been committed, the original identification number will be used; otherwise, a number will be assigned.
3. The Admissions Technician(s) must enter the required inmate information into OMIS.

E. Screening

1. The Admissions Technician(s) must notify the infirmary staff that are assigned to MDIU immediately if an inmate presents any serious medical/mental issues or needs when they arrive in admissions. Infirmary staff must conduct an initial health screening/assessment during the initial admission process to determine whether the inmate has any potentially life threatening medical or mental health problems, including but not limited to the following:
 - a. heart problems;

Subject: INMATE ADMISSION PROCESS

- b. diabetes;
- c. epilepsy;
- d. history of mental illness;
- e. history of self-harm behavior, including thoughts of self-harm within the last 24 hours;
- f. any other chronic, potentially life-threatening illness;
- g. current prescribed medications (a list of noted medications must be sent to medical staff);
- h. communicable diseases;
- i. disability; and
- j. history of disability.

At a minimum, these screenings shall consist of the Level 1 Screening Device, Receiving Questionnaire, Receiving Screening, and Health Assessment. Additional tests may be performed as necessary or appropriate.

2. The Admissions Technician(s) must immediately notify health services staff of any findings or suspicions of the above conditions. The Admissions Technician(s) must immediately notify Mental Health staff if the inmate claims he has had or is having thoughts of self-harm. Admissions Technician(s) must immediately notify their supervisor(s) and/or the offender ADA Coordinator of any findings or suspicions of disabilities.
3. The procedures used for processing all incoming inmates must be in compliance with Universal Precautions and in accordance with *DOC Policy 1.3.35, Bloodborne Pathogens Exposure Control Plan*.
4. Medical staff, mental health staff, and/or the ADA Coordinator shall document in OMIS any disabilities and accommodations.

F. Property Processing

1. Personal property items for inmates transferring to MSP from contract facilities will be processed in accordance with procedures outlined in *MSP Procedure 4.1.3, Inmate Personal Property*.
2. Per *MSP Procedure 4.1.3, Inmate Personal Property*, when an inmate goes On Leave To Court (OLTC), unit staff will inventory his personal property items and bring them to the property office for storage until his return to general population. No personal property is allowed to be transported with the inmate to or from court except legal work that is related to his court case. When an inmate returns to MDIU from OLTC with personal property, MDIU/Admissions Technician(s) will seize all personal property items the inmate arrives with and process them as contraband in accordance with *MSP Procedure 3.1.17B, Contraband Control*.
3. Upon arrival at MDIU, all items of personal property the initial admission inmate (one who is entering MSP for the first time, has been ordered to return to MSP after a previous release, is entering as an Interstate Compact Transfer, etc.) was transported with will be turned over to the Admissions Technician(s) for processing.
4. Interstate compact transfers will have the opportunity to review with the Interstate Compact Coordinator or designee any items that are similar to MSP property in accordance with *MSP Procedure 4.7.100 Interstate Compact Transfers*.
5. The following are the only items of personal property authorized to be transported with the offender to MSP and processed through the initial intake process:

Subject: INMATE ADMISSION PROCESS

- a. money (goes to accounting and is credited to the inmates account);
 - b. legal papers - (retained by inmate);
 - c. prescription eyeglasses - as allowed by medical (retained by inmate);
 - d. address book – small (retained by inmate);
 - e. ring - 1 - wedding - only if declared marital status is “married” and the value is declared as less than \$75.00 (retained by inmate);
 - f. driver’s license (goes to records file);
 - g. social security card (goes to records file);
 - h. photo ID card (goes to records file);
 - i. birth certificate (goes to records file); and
 - j. family photos – up to 24 loose
6. The Admissions Technician(s) must record all authorized items of personal property brought with the inmate on an inventory form. The inmate must be present, and he and the staff member inventorying the personal property must sign the form. Copies of the signed form will be distributed as noted at the bottom of the form and to the MSP Property Officer.
 7. If un-authorized items are found mixed in with the above listed authorized items, the Admission Technician(s) will ask the inmate if he wants to mail the unallowable items to someone or have them disposed of. If the inmate chooses to mail them out the mailing fees will be paid by the facility or the IWF.
 8. On a yearly basis, the Admissions department will send all Montana sheriff departments, the START facility, the Missoula Assessment and Sanction Center and any other agency that inmates are being transported from, a copy of the list of allowable property items that initial admission inmates are allowed to bring to MSP. This is done so their staff can inform the inmates that are going to MSP what items they will be allowed to retain and what items the inmate will need to dispose of.

G. Clothing and Personal Hygiene Issue

1. Incoming inmates will be issued clothing, bedding, linens, and hygiene items in accordance with *MSP Procedure 4.4.1, Inmate Hygiene, Clothing, and Linen Supplies*.

H. Mail and Visiting Procedures

1. Inmates will be allowed access to mail services in accordance with *MSP Procedure 3.3.6, Inmate Mail*.
2. Visitation will be in accordance with *MSP 3.3.8 Inmate Visiting*.

I. Housing Assignment

1. The MDIU is the established housing area for orientation, assessment, and testing prior to classification. Upon completion of these processes the inmate will be assigned to a housing unit in accordance with *MSP Procedure 4.2.1, Inmate Classification System*.

J. Orientation, Rules and Regulations

1. Inmate orientation will be conducted in accordance with *MSP Procedure 4.1.2, Inmate Reception & Orientation*.

Subject: INMATE ADMISSION PROCESS

2. Staff conducting the orientation will give each inmate who attends the orientation an inmate handbook that, at a minimum, contains information concerning where facility rules, policies, and procedures are available, and will ensure each inmate signs a form acknowledging receipt of the handbook. MDIU staff must provide assistance and explain this handbook to inmates who are illiterate or who do not speak English.
3. Staff conducting orientation will ensure comprehensive PREA education is provided and the Inmate is given the opportunity to ask questions in accordance with *MSP 1.1.17 Prison Rape Elimination Act*.

IV. CLOSING

Questions concerning this procedure will be directed to the MDIU Admissions Manager.

V. ATTACHMENTS (none)



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 4.1.2 INMATE RECEPTION AND ORIENTATION	
Effective Date:	September 4, 2001	Page 1 of 3 and No Attachments
Revision Date(s):	July 13, 2009, January 4, 2017, May 29, 2020, September 30, 2021	
Reference(s):	DOC Policy 4.1.2	
Signature:	/s/ Jim Salmonsens/ Warden	

I. PURPOSE

To conduct a comprehensive orientation program for all newly committed inmates, recommitted inmates, and inmates transferred from contract facilities to advise them of the programs, services, and regulations of the facility.

II. DEFINITIONS

Disability – A physical or mental impairment that substantially limits one or more of a person's major life activities, a person who has a history of such an impairment or a person who is perceived by others as having such an impairment.

PREA – Acronym for Prison Rape Elimination Act

Sharepoint – A web-based collaborative platform that integrates with Microsoft Office

III. PROCEDURES

A. Program Content

1. Martz Diagnostic Intake (MDIU) staff will conduct the orientation program while the inmate is housed in MDIU. Case Managers will conduct the orientation program when the inmate goes directly to a unit other than MDIU upon arrival at Montana State Prison.
2. The MDIU Unit Manager will designate a member of the MDIU unit team to ensure:
 - a. a schedule is established and maintained to track the attendance/participation in the orientation program by all eligible inmates, ensuring each eligible inmate housed in the MDIU attends the orientation program.
 - b. a record is maintained documenting each inmate's participation in all orientation activities. MDIU staff and Case Managers shall ensure that an attendance document is signed by the inmate and the staff member(s) providing the orientation.
3. The orientation program will ensure that each inmate receives educational, vocational, mental health, and medical examinations/evaluations, and that appropriate reports are filed from each area regarding the finding of those examinations/evaluations. The examination/evaluation shall include but not be limited to examination and testing for physical, learning, developmental, and mental health related disabilities.
4. Orientation presentations may be conducted using in-person presentations, slides, videotapes, or any other suitable medium or combination thereof. If electronic media is the exclusive medium utilized for a presentation, there must be an opportunity for the inmate attendees to question a

staff member at the conclusion of the presentation. If an inmate needs assistance understanding the presentation or any portion of it, an appropriate accommodation shall be provided, including but not limited to, for example, provision of a sign language interpreter or one-on-one explanation of the orientation presentation. Any accommodation provided shall be communicated to the offender ADA Coordinator in writing and documented in OMIS.

5. The orientation program will contain, at a minimum, the following:
 - a. a review of the MSP inmate handbook.
 - b. thoroughly orient inmates to the grievance in accordance with MSP 3.3.3 and DOC Policy 3.3.3 Offender Grievance Program.
 - c. an explanation of facility rules, regulations, comprehensive PREA education in accordance with MSP 1.1.17 Prison Rape Elimination Act (PREA), and services and the relevant DOC policies and MSP operational procedures.
 - d. a description of MSP activities and goals.
 - e. an explanation of any testing and examinations that are part of the screening process.
 - f. a discussion of the availability of accommodations for inmates with disabilities and the process for requesting an accommodation which includes a review of DOC Policy 3.3.15 Americans with Disabilities Act (ADA) Offender Accommodations.
 - g. interpretation of the program into other languages, if necessary; and
 - h. an opportunity to identify special needs and problems.

B. Intake Case Summary

1. MDIU staff will compile an intake case summary report for each incoming inmate. Information compiled in this report will be used by classification staff to develop an appropriate case plan for the inmate. This report will include, but is not limited to, the following elements:
 - a. summary of the legal aspects of the case.
 - b. summary of the inmate's criminal record.
 - c. summary of the inmate's social history.
 - d. medical, dental, and mental illness history information.
 - e. the inmate's employment history and goals/interests.
 - f. the inmate's educational and or vocational skills background and interests.
 - g. summary of psychological evaluation.
 - h. summary of any criteria for ADA accommodation and accommodations needed.
 - i. recommendations for programming; and
 - j. summary of any available pre-institutional assessment information.

C. Orientation Scheduling

1. The orientation program must be completed within four weeks after arrival for new commitments and one week for transferees and recommitments.

D. Documentation Archiving

1. Staff conducting comprehensive orientation will complete the "30-day inmate education date Received" section in the inmate's Intake Risk Assessment in Sharepoint.
2. Staff conducting the comprehensive orientation shall upload the signed Orientation Acknowledgement Form and the MDIU Orientation Attendance Record to the inmate's Risk Assessment in Sharepoint.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MDIU Unit Manager.

V. ATTACHMENTS

(none)



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 4.1.3 INMATE PERSONAL PROPERTY	
Effective Date:	August 11, 1997	Page 1 of 11 and 4 Attachments
Revision Date(s):	July 30, 1999, July 8, 2002, November 22, 2004, February 1, 2007, October 23, 2013, May 20, 2014, November 5, 2014, January 1, 2020, February 5, 2020, December 15, 2021	
Reference(s):	DOC Policy 4.1.3	
Signature:	/s/ Jim Salmonsens / Warden	
Signature:	/s/ Ross Wagner for Gayle Butler / MCE Administrator	

I. PURPOSE

To establish personal property possession limits for inmates. The intent is to permit inmates to possess only those items that do not disrupt the safe and orderly operation of the facility or endanger the safety and security of the public, staff, or other inmates.

II. DEFINITIONS

Montana State Prison – For purposes of this procedure, includes the Montana State Prison (MSP), Montana Correctional Enterprises (MCE), Riverside Special Needs Unit (RSNU) and the regional and private facilities contracted to the Department of Corrections, to include the Crossroads Correctional Center, and Dawson County Correctional Facility.

Administrator – The official, regardless of local title (division or facility administrator, bureau chief, warden, superintendent), ultimately responsible for the facility or program operation and management.

Personal Property – Inmate property items that are not issued by the facility and are permitted in accordance with facility policy and procedures.

Contraband – Any item possessed by an offender or found within the facility that is illegal by law, prohibited by policy or procedure, or unauthorized by those legally charged with the administration and operation of the facility.

Detailed Description – The description of a personal property item that includes specifics such as its color, make, model, serial number, general condition, size, and any other specific characteristics.

III. PROCEDURES

A. General Requirements

1. Inmates are not allowed to borrow, lend, give, trade, or sell their property items to, or receive property items from other inmates.
2. Inmates may only possess or obtain personal property items through facility services or

Procedure No.: 4.1.3	Chapter 4 Facility Program/Services:	Page 2 of 15
Subject: INMATE PERSONAL PROPERTY		

approved vendors. Other sources are prohibited.

3. It is the inmate's responsibility to dispose of any unallowable items or items in excess of that allowed by current procedure. After the effective date of the relevant procedure, or expiration of a specific "grandfathering" term, items no longer allowed became contraband and are subject to seizure and processing as outlined in *MSP Procedure 3.1.7b Contraband Control*. Previously mailed out items will not be allowed back into the Facility.
4. Documentation concerning the final disposition of any inmate personal property item must be forwarded to the designated property officer who will adjust the inmate's property records.
5. Staff must always handle inmate property carefully to avoid damage. If staff damage inmate property in any way, it must be reported immediately. If the property can be cost-effectively repaired, the Department will incur such costs. Otherwise, the Department will replace the property.
6. An inmate must contact the designated property officer to arrange for sending his television out for repair. The inmate is responsible for all expenses related to the repair work including but not limited to packaging, shipping, handling, and insurance.
7. Limitations on an inmate's personal property will be consistent with the property list and the inmate's housing.
8. Authorization of an item does not imply that the item may not be prohibited at a later time or that the inmate may retain the item if placed in another housing unit or facility.
9. Property limits may be imposed on inmates as requirements of an incentive-based program.
10. Property may be limited or restricted as a sanction in accordance with *MSP 3.4.1 Institutional Discipline*.
11. Property may be restricted or allowed for medical or psychiatric reasons as authorized by a qualified health care provider and approved by the facility administrator or designee.
12. Allowable property will be held for temporary Administrative Segregation Custody or during the appeal process to a classification override to a Restrictive Housing Unit. Once the appeal process is complete, the property staff will take the appropriate processing steps depending on the outcome of the appeal.
13. Protective Custody inmates housed in a Restrictive Housing Unit are allowed General Population property limits unless it is deemed in writing a security risk by the AW of Security.
14. Staff must process contraband in accordance with *MSP 3.1.7b Contraband Control*.
15. Staff must process the following items in accordance with *DOC 3.1.28 Crime Scene and Physical Evidence Preservation*:
 - a. Contraband items such as weapons, narcotics, and alcohol.

- b. Property of deceased inmates whose death was unattended; and
 - c. Property of escaped inmates. This includes the following:
 - 1) The facility administrator or designee will decide whether to turn over the evidence to the local law enforcement authorities for further investigation.
 - 2) When contraband and the property items of an escaped inmate are no longer needed, as evidence, investigative staff will dispose of them as contraband as outlined in *MSP 3.1.7b Contraband Control*.
 - 3) When the property items of deceased inmates are no longer needed as evidence, investigative staff will forward them to the designated property officer. The property officer will store them pending notification of the next of kin and their final disposition, but in no case longer than 60 days. After 60 days the property officer will dispose of the items as contraband.
16. Unless it is directly related to privileged communication with their attorney, inmates may not possess personal information regarding another offender's criminal or correctional history whether this information is public record or not; examples include, but are not limited to:
- a. Specifics about a crime.
 - b. Tattoos/STG identification
 - c. DOC Identification numbers.

B. Inmate Intake at the Martz Diagnostic Intake Unit (MDIU)

1. Upon arrival at the MDIU, all items of personal property the initial admission inmate (an inmate who is entering MSP for the first time, has been ordered to return to MSP after a previous release, is entering as an Interstate Compact Transfer, etc.) was transported with will be turned over to admissions staff.
2. The following are the only items of personal property authorized into MSP through the initial intake process:
 - a. Money (goes to accounting and is credited to inmates account).
 - b. Inmate account statement received from accounting, including receipts for money put on the inmate's account.
 - c. Legal papers (retained by inmate).
 - d. Prescription eyeglasses - as allowed by medical (retained by inmate).
 - e. Address book – small (retained by inmate).
 - f. Ring - 1 - wedding - only if declared marital status is “married” and verified by legal documentation, and the value is declared as less than \$75.00 (retained by inmate).
 - g. Driver's license (goes to Records file).
 - h. Social security card (goes to Records file).
 - i. Photo ID card (goes to Records file).
 - j. Birth certificate (goes to Records file); and
 - k. Family photos – 24 (retained by inmate).
3. Admissions staff must record all items of personal property brought with the inmate on an inventory form. The inmate must be present, and he and the staff member inventorying the personal property must sign the form. Copies of the signed form will be distributed as

noted at the bottom of the form and to the MSP Property Officer.

4. Admissions staff will ask the inmate if he wants to mail the unallowable items to someone or have them disposed of. If the inmate chooses to mail them out the mailing fees will be paid by the facility or the IWF.
5. Interstate Compact Transfers will have the opportunity to review with the Interstate Compact Coordinator or designee any items that are similar to MSP property in accordance with *MSP Procedure 4.7.100 Interstate Compact Transfers*.

C. Authorized Property/Inventory List

1. The appropriate staff as assigned by the AW of Security will draft a master list of allowable personal property items that includes all allowable items for each facility. Any item that isn't listed will be considered contraband.
2. The appropriate staff as assigned by the AW of Security will review the master property list annually and make recommendations for additions or deletions.
3. The appropriate staff as assigned by the AW of Security will establish standards for property design, appearance, purpose, and quantity.
4. The Prison Issues Board will review the list, make additions or deletions, and give final approval. A facility administrator may authorize additional property items for some inmates to effectively perform certain work assignments (attachment B).
5. The MSP Warden and Department Director (or designees) may make changes to the list on an emergency basis.
6. The amount of inmate personal property, including legal papers, will not exceed the amount of property that can be stored in the facility's two approved inmate personal property containers. State issued items (parkas, shoes, medical items, spare clothing, etc.) are not part of this limit. This includes the following:
 - a. The primary container can be no larger than four cubic feet. Inmates will be required to utilize this container for storing all their personal property, unless they purchase a secondary container; and
 - b. The secondary container can be no longer than two cubic feet and may only be utilized for storing hobby items and legal papers, nothing else.
 - c. Bead limit for beading hobby in general population is limited to 20 hanks, bags, tubes, etc., and must fit into approved limit of three bead storage containers. (each storage container not to exceed 6" X 12" X 2")
7. Most of the items on the list will be available through facility canteen operation.
 - a. General population inmates are authorized to purchase a maximum of \$60.00 of canteen per week, excluding major purchase electronics, i.e., televisions, MP3 player, razors, radios, alarm clock radios, and game devices, hobby, and shoes. This includes the following:
 - 1) TV's and MP3 players as sold by canteen are a one-time purchase, however, the property officer will authorize an inmate to purchase a replacement from

canteen if:

- a) The inmate submits his damaged major purchase electronic item to the designated property officer; or
 - b) The property officer receives documentation from staff that the inmate's major purchase electronic item has been confiscated and disposed of, or the inmate has reported the item as stolen.
- b. The property committee will develop a list of approved vendors from which inmates may purchase allowable items that aren't available from the facility canteen. Inmates may only use the vendor purchase procedures to purchase items for themselves.

D. Property Liability

1. Once an inmate has inspected, signed for, and taken possession of his property items he may not make a liability claim for them.
2. If a determination is made through the grievance process, including the informal resolution process, that a staff member is responsible for the loss, destruction, or damage of an inmate's property, the facility must reimburse the inmate in an amount not to exceed \$75 per item, with a maximum amount not to exceed a total of \$500 for all items. If it is necessary for staff to process an inmate's property, the facility is only responsible for those items checked off on the *Authorized Property/Inventory* form (*MSP 4.1.3a Inmate Personal Property Inventory*) prepared by staff.

E. Property Inventory Form

1. Whenever an inmate's property is taken by staff for storage or shipment, staff must inventory all items on an *Authorized Property/Inventory* form (*MSP 4.1.3a Inmate Personal Property Inventory*.)
2. A copy of each completed inventory form must be provided to the inmate, placed in the inmate's property file and included with the stored or shipped property.
3. All applicable information on the form must be completed.
4. Electronic items must be checked for proper operation with the inmate present if possible. If the inmate is not present (due to his placement in pre-hearing confinement, infirmary, etc.) another staff member must be present and will sign as a witness to the item's operational condition and this must be noted on the appropriate form.

F. Contract Placement Transfers Between Facilities

1. When an inmate is transferred from one facility to another the following procedures will be followed:
 - a. Sending facility staff will:
 - 1) Remove all contraband items and process them as outlined in *MSP 3.1.17b Contraband Control*.
 - 2) Check off the property items on an *Authorized Property/Inventory* (*MSP 4.1.3a Inmate Personal Property Inventory*) form as each item is placed/packed in a shipping container.

Subject: INMATE PERSONAL PROPERTY

- 3) Pack the items according to the shipping agent standards and seal the container(s).
 - 4) Send the container(s) of allowable items to the receiving facility. If the container(s) aren't sent on the transport vehicle(s) through prior arrangement they will be shipped (USP, Fed Ex, USPS, etc.) at the expense of the Inmate Welfare Fund; and
 - 5) Maintain the container(s) in a secure storage area pending final disposition. At No time will inmates be allowed to directly accept transferred property.
- b. Receiving facility staff will:
- 1) Take custody of all incoming property containers and maintain the container(s) in a secure storage area pending final disposition. At no time will inmates be allowed to directly accept transferred property.
 - 2) Inspect and check the item in the container(s) against what is listed on the shipping inventory in the inmate's presence. If staff find discrepancies (items listed that aren't there, items that aren't in the condition listed, etc.) they must prepare a detailed report describing the missing items and unlisted damages.
 - 3) Ask the inmate if all the items are present and in good condition. This includes the following:
 - a) If the inmate verifies everything is present and in good condition, he will sign a receipt and take possession of the property.
 - b) If the inmate claims items are missing or damaged, staff must prepare a detailed report describing the inmate's claims about which items are missing or damaged, and whether or not the staff's findings substantiate the inmate's claims. This includes the following:
 - (1) If staff's findings substantiate the inmate's claims, they will initiate corrective measures. The inmate will be allowed to take the items that are listed and present that he is not disrupting to this living quarters. Damaged items will be retained by staff until the corrective measures are Implemented, at which time they will be disposed of; and
 - (2) If staff's findings don't substantiate the inmate's claims, they will inform the inmate that he should file a grievance to resolve the issue. The inmate will be allowed to take the items that are listed and present that he is not disputing to his living quarters. Items in dispute will be retained by staff until the grievance is resolved. The incident report detailing the findings will be retained as evidence for the impending grievance.
 - 4) If a determination is made through the grievance process that facility staff are responsible for the claimed loss or damage, the facility must reimburse the inmate in an amount determined by the grievance process; and
 - 5) An inmate may not file a grievance liability claim once he has inspected, signed for and taken possession of his property.

G. Storage

1. Facility staff will proceed as follows:
 - a. Maintain all stored inmate property in a secure restricted access storage area pending disposition. The storage area must be designed to protect stored items from damage due to weather, unauthorized access, tampering and theft. Funding

- for any off-site storage of property will come from the Inmate Welfare Fund.
- b. Develop procedures to track and audit all inmate property that is placed in storage according to the inmate's name and identification number.
 - c. Assure that any inmate involved in the inventory and storage of property is under direct staff supervision at all times; and
 - d. Test electronic property for items and document their condition on the *Authorized Property/Inventory (MSP 4.1.3a Inmate Personal Property Inventory)* form whenever they are taken from the inmate for storage or transfer, and before they are returned to the inmate from storage or after transfer. If possible, this test will be done with the inmate present. If the inmate is not present (due to his placement in pre-hearing confinement, Infirmary, etc.) another staff member must be present and will sign as a witness to the item's operational condition.

H. Daily Monitoring of Property

1. Staff must monitor the property levels of all inmates on a regular, reoccurring basis. This includes the following:
 - a. Staff will utilize an *Authorized Property/Inventory* form (*MSP 4.1.3a Inmate Personal Property Inventory*) as directed by their supervisor, whenever they are searching an inmate's property for compliance with the procedure.
 - b. As it is the inmate's responsibility to dispose of any unallowable items, or items in excess of that allowed by current procedure, staff will process excess and unauthorized items as contraband as outlined in *MSP 3.1.17b Contraband Control*.
 - c. If an inmate is present when staff is searching his cell and property for contraband or when he is picking up his property from storage and he hasn't disposed of contraband, including excessive items, they will be seized by staff and processed as outlined in *MSP 3.1.17b Contraband Control*.
 - d. If an inmate is not present when staff are searching his cell and property for contraband or gathering his property for storage, staff must place the allowable items in the storage container(s) in the following order:
 - 1) Legal papers and hobby items (nothing else) in the small container.
 - 2) Religious items.
 - 3) Eye wear (glasses or sunglasses).
 - 4) Photos.
 - 5) Personal mail.
 - 6) Shoes and boots.
 - 7) Socks.
 - 8) Shorts.
 - 9) T-shirts.
 - 10) Sweats.
 - 11) Television.
 - 12) Stereo.
 - 13) Electric razor.
 - 14) Other items that cannot be consumed; and
 - 15) All items that can be consumed
 - e. The items that are left over after the storage container(s) are full will be considered

contraband, seized by staff, and processed as outlined in *MSP 3.1.17b Contraband Control*.

I. Processing Property for Moves Within the Facility

1. When an inmate is moved to a different general population housing unit/status the inmate must collect and move their own property. Sending and receiving unit staff must search the inmate's property and remove, inventory, and store all contraband and unauthorized items. This is done to ensure contraband and excessive or unauthorized items don't get into the receiving unit. This includes:
 - a. Contraband items will be seized by staff and processed as outlined in *MSP 3.1.17b Contraband Control*.
 - b. Staff will hold the items that are unallowable in the new unit/status in a secure storage area and inform the inmate that they have 15 calendar days to have the items mailed out or picked up by family members. If the inmate hasn't disposed of the items in 15 calendar days staff will process them as contraband as outlined in *MSP 3.1.17b Contraband Control*.
2. When an inmate is moved to Restrictive Housing and placed in a step-down program, the property officer will ensure only authorized property allowed in level's 0-5 is stored in the property office. The property officer will disperse the appropriate property to the inmate as the inmate's level increases.
3. When an inmate is admitted to the infirmary, placed in pre-hearing confinement, leaves the facility on leave to custody (OLTC), or a hospital the sending unit staff must process his property for storage.
 - a. If possible, two staff will process the property and prepare an *Authorized Property/Inventory form (MSP 4.1.3a Inmate Personal Property Inventory)*. Unit Sergeants and staff assigned to the housing unit an inmate is assigned to will be responsible to secure and inventory the inmate's property before the end of their shift.
 - b. Staff is required to remove any cellmate(s) from the cell until the property can be secured. Staff may question the cellmate(s) about which items aren't his when inventorying the property.
 - c. Staff is only required to obtain the inmate's property from the area approved to place property, such as inside the cell. Staff is not responsible to track down the inmate's property from other areas.
 - d. Under no circumstances will the cellmate(s), or any inmate be involved in the packaging or inventorying of property.
 - e. Contraband items will be removed and processed in accordance with *MSP 3.1017b Contraband Control*.
 - f. Open food containers will be thrown away. The items will be checked off on the form and their disposal noted.
 - g. The remaining property must be inventoried and moved to the property office.
 - h. If the inmate is placed in PHC-CD or PHC-DD, staff will proceed as follows:
 - 1) Unit staff must ensure the inmate receives the following facility issue items before the end of shift:
 - a) Hairbrush (1).

Subject: INMATE PERSONAL PROPERTY

- b) Toothbrush (1).
 - c) Soap (one ½ oz. bar).
 - d) Toothpaste (1).
 - e) Flex pencil (1).
 - f) Stationary (per unit rules).
 - g) All keep-on- person (KOP) medications.
- 2) If an inmate in pre-hearing confinement requests a religious text, the RAC will provide a religious text associated with their religious preference for use while in pre-hearing confinement. The inmate will return the religious text to the unit who will ensure it is returned to the RAC.
- i. Once the inventory is complete, sending unit staff must bring the property, with a copy of the completed *Authorized Property/Inventory form (MSP 4.1.3a Inmate Personal Property Inventory)* attached, to the property office for storage.
 - j. If it is necessary for staff to process an inmate's property; the facility is only responsible for those items checked off on the *Authorized Property/Inventory form (MSP 4.1.3a Inmate Personal Property Inventory)* prepared by staff. The inmate(s) must receive a copy of the form.
 - k. When an inmate returns from OLTC, unit staff or the inmate (using an Offender Staff Request (OSR) form) will notify the property officer, so the officer can make arrangements for the inmate to receive the stored property items; and
 - l. If the Director of Nursing determines an inmate who is admitted long term to the infirmary, or a hospital needs an item or items from his stored property, he/she will consult with the Shift Commander and make arrangements with the property officer to get the authorized item(s) out of storage and to the inmate. The property officer will adjust the inventory form to show what items were taken from storage and delivered to the inmate.
3. When an inmate is receiving his property items from storage, the property officer will offer him the opportunity to check them and sign a *Waiver of Liability* form (attachment A). The inmate must do one of the following:
- a. Sign that he has received, checked, and accepted all his property items. If the inmate checks this option; he will be given his property to take with him to his living quarters.
 - b. Sign claiming certain items are damaged or missing. If the inmate checks this option, the designated property officer will check the inmate's claims against what is present and what is checked off on the *Authorized Property/Inventory form (MSP 4.1.3a Inmate Personal Property Inventory)* and prepare an Incident Report detailing the findings. The facility is only responsible for those items checked off on the *Authorized Property/Inventory form (MSP 4.1.3a Inmate Personal Property Inventory)*. This includes:
 - 1) If the property officer's findings substantiate the inmate's claims, the property officer will initiate corrective measures. The inmate will be allowed to take the items that are listed and present that he is not disputing to his living quarters. Damaged items will be retained at the property office until the corrective measures are implemented, at which time they will be disposed of; and

- 2) If the property officer's findings don't substantiate the inmate's claims the property officer will inform the inmate that he should file a grievance to resolve the issue. The inmate will be allowed to take the items that are checked off and present that he is not disputing to this living quarters. Items in dispute will be retained at the property office until the grievance is resolved. The incident report detailing the findings will be retained as evidence for the impending grievance.
- c. If the inmate refuses to mark one of the options on the form, the designated property officer will inform him that the items will be considered abandoned and disposed of if he doesn't mark an option. If the inmate still refuses to sign, the designated property officer will document the refusal at the bottom of the form and send the abandoned items to the Disciplinary Hearing Investigator or designee to dispose of as outlined in *MSP 3.1.17b Contraband Control*.

J. Undeliverable Items

1. When an item an inmate has ordered from a vendor is received that doesn't meet procedural requirements, the designated property officer will send or deliver an undeliverable notice to the inmate that gives the inmate three options:
 - a. Return to sender (inmate must enclose a completed Special Mailing Request with this response).
 - b. Send to third party (inmate must enclose a completed Special Mailing Request with this response); and
 - c. Dispose of.
2. The inmate must complete the appropriate sections on the notice and send it back to the designated property officer within five working days. If the completed form is not returned, or is received without one of the options selected, the designated property officer will return the item(s) to the vendor at the inmate's expense.

K. Release From Facility Custody

1. When an inmate is released from facility custody to parole, discharge, pre-release, or out of state transfer, staff from the sending unit shall search his living quarters, and property for contraband and facility issued items. Any facility items found will be removed.
2. The facility issued items will be given to the appropriate department.
3. The contraband and any personal property items the inmate leaves behind will be disposed of.

IV. CLOSING

Questions concerning this procedure should be directed to the Warden

Procedure No.: 4.1.3	Chapter 4 Facility Program/Services:	Page 11 of 15
Subject: INMATE PERSONAL PROPERTY		

V. ATTACHMENTS

Waiver of Liability form (personal property)
Allowed for inmates living at the WRC
Medallion and Medicine Bag

attachment A
attachment B
attachment C



WAIVER OF LIABILITY FORM (PERSONAL PROPERTY)

- ☐ I have received, checked, and accept all my property as listed on the attached Property Inventory Form.
Nothing is missing or damaged.

Inmate signature and ID number: _____

Date: _____

Witness: _____

Date: _____

-
- ☐ I claim the following items on the Property Inventory Form are missing or damaged.

Inmate signature and ID number: _____ Date: _____

Witness: _____ Date: _____
(Print Name & Sign)

- ☐ **Inmate Refused to Sign Waiver**

Witness

(print name & (sign name))

Copies To:

White and Yellow: Property Office

Pink: Inmate

Gold: Unit CS

MSP 4.1.3 Inmate Personal Property

Effective October 23, 2013

Attachment A



ADDITIONAL PERSONAL PROPERTY ITEMS ALLOWED FOR INMATES LIVING AT THE WORK AND REENTRY CENTER (WRC)

Inmates living at the Work and Reentry Center (WRC) are authorized to purchase additional personal property items.

1. The items will be ordered through the Montana Correctional Enterprise (MCE) accounting office and may be in addition to personal property items allowed in *MSP 4.1.3a, Inmate Personal Property Inventory*. The list will indicate by an asterisk and explanation after the item if the item listed is in conjunction with the personal property item, or with no mark if the item is in addition to the personal property items listing.
2. MCE Accounting staff will coordinate the sale, inmate payment and delivery of these items.
3. Prior to issuance to the inmate, MCE accounting staff will mark the items sold with the inmate's name and identification number.
4. It is solely the inmate's responsibility to store and care for the additional personal property items. When the items are not being worn or used, they must be stored at the WRC in the respective lockers or rooms, or an approved work location.
5. MSP and MCE are not responsible for theft or loss of the additional personal property items. It is the inmate's responsibility to ensure that the items are stored and secured properly.
6. Inmates who work primarily at inside work locations, such as Food Factory, Canteen, Cannery and Warehouse, will only be allowed to wear to work outerwear that includes coat, hat and gloves. The inmates will be checked by their supervisors prior to getting on the bus. Leather belts and work shoes and boots are not considered outerwear and are approved for all work locations.
7. If an inmate is removed from his work assignment, he has fifteen (15) days to mail out the personal property items he possesses from this list. Unit staff will gather and inventory the additional personal property items in the WRC and coordinate with the work supervisor who will gather and inventory all items at the approved work location and return them to the WRC unit staff. The items will then be forwarded to the MSP Property Office by unit staff. The items that are not mailed out will be seized as contraband and will be processed in accordance with *MSP 3.1.17b, Contraband Control*.
8. Footwear purchases from the list that are more than \$100 will require an advance payment of one-half of the purchase price before the footwear will be ordered. Split payments on any other item aren't allowed.
 - Overshoes – 1 pair
 - Winter Pac Boots – 1 pair
 - Knee or irrigation boots – 1 pair
 - Cowboy or work boots (includes hiker and anti-skid soled shoes) – 2 pairs ** *Two pairs in any combination are the total number of work boots and work shoes that are allowed. This is in addition to the number allowed per MSP 4.1.3a Inmate Personal Property Inventory.*
 - Gloves and mittens – 3 pairs

- Coats - ** *This number includes the prison issued coat.*
- Coveralls, bibs, and overalls (color Carhartt brown duck) – 2 pairs
- Vest (Carhartt brown duck) – 1
- Water Container – 2 quart – 1
- Stanley thermos – 1 quart – 1
- Work boot insoles – 1
- Fleece ear Warmer (blue) – 1
- Neck sunshade (blue) – 1
- Raincoat and pants (yellow) - a pair
- Leather belt with D-ring buckle – 1
- Neck gaiter (navy blue) – 1

Note: Although denim jeans and work shirts are not inmate personal property, state issued, and state laundry patched, or repaired jeans and state issued long sleeved workshirts will be allowed at the WRC.



Medallion/medicine bag

MSP Restrictive Housing Units – All Housing Units Authorized Property/Inventory (Medallion/medicine bag)

1. Religious medallions/chains will be in plastic if available.
2. Medallions that are not available in plastic are Odinist Thor's Hammer, Judaism Star of David, Buddhist Buddha medallion, and Wicca Pentacle medallion.
3. Odinist Thor's Hammer, Judaism Star of David, Buddhist Buddha medallion, and the Wicca Pentacle medallion can be purchased through the Canteen as a non-plastic.
4. Plastic is available for Islam prayer beads, Protestant Cross/medallion, Roman Catholic Crucifix, and Rosary Beads.
5. Light gauge string is available to act as a lanyard.
6. Once entering Restrictive Housing Units, the inmate's chain will be replaced with gauge string.
7. The chain will be checked into inventory and returned to the property office.
8. On a case-by-case basis, inmates who have a documented history of self-harm or other history of utilizing sharp objects to harm others or themselves will not be allowed to have any medallions/medicine bag and gauge string or chain.
9. Metallic medallion/medicine bag and gauge string for those available will be subject to daily inspections at each cell during the 1330 census check.
10. Altered medallion/medicine bag and gauge string are subject to disciplinary and will be documented in an incident report.



Procedure No.: MSP 4.1.3a INMATE PERSONAL PROPERTY INVENTORY
Subject: PROPERTY INVENTORY / MATRIX
EFFECTIVE DATE: December 15, 2021
REVISION DATES:
SIGNATURE: /s/ Jim Salmonsens / Warden
SIGNATURE: /s/ Gayle Butler /MCE Administrator

Inmate Name: _____ Staff Name (print) _____ Date: _____

GENERAL POPULATION PROPERTY INVENTORY			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

CLOTHING & FOOTWEAR			
Boxer shorts or briefs – white	12 any combination		
Bra	3		
Cap – baseball; cotton; blue	1		
Cap – stocking; blue	1		
Gloves – weightlifting	1 pair		
Gloves – brown jersey cloth – pair	1		
Handkerchief – white	3		
Pajamas – set	2		
Shirt – white for MSP	9 combined		
Shirt – tee; white w/black “sport” silkscreen on front left			
Shoe insole	2		
Shoelaces – black or white – pair	1		
Shoes – white only or black state issue Velcro	2 pair shoes or 1 pair shoes & 1 pair of boots		
Shoes – work boot – 6” Canteen Issue or state issue			
Shoes – shower – pair	1		
Shorts - gym; gray	2		
Slippers – clog – pair	1		
Socks – anklet, no show, quarter, slouch, thermal, tube – pair	12 combined		
Sweatpants – gray; no pockets	2		
Sweatshirt – gray; no hood or pockets	2		
Tank Top – white for MSP	1		
Thermal bottom	2		
Thermal top	2		
ELECTRONICS			
Alarm Clock – digital; battery; clear (no new sales)	1		
Alarm Clock/Radio Clear	1		
Battery – AA or AAA	24 combined		
Battery – hearing aid	2		
Battery charger	1		
Calculator – GED	1		
Cord – headphone extension; 6 ft.	1		
Ear buds – 3ft. cord	1		
Game device – small; clear; handheld; battery	1		
Headphone – stereo; clear	1		
Y Headphone adapter – 2-way	1		
Light – book reading; small; LED	1		
MP3 player – digital; clear/Radio AM/FM clear	1 only		
MP3 player AC power adapter	1		
MP3 player screen protector sheets (3-pack)	1		
MP3 player protector cover	1		

Inmate Name: _____ Staff Name (print) _____ Date: _____

GENERAL POPULATION PROPERTY INVENTORY			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

ELECTRONICS			
Radio – AM/FM	1		
Razor – electric	1		
Razor head – electric replacement	1		
TV – 7” or 13”; flat panel/screen	1		
TV cable splitter 2-way	1		
TV cable – coaxial; 6ft maximum	1		
TV remote	1		
Three prong plug adapter	1		
Voltage surge protector strip	1		
Watch band – unisex; fast wrap	1		
Watch battery	1		
Watch wrist band pin	1		
Watch – wrist; analog; unisex; colored or clear	1 only		
Watch – wrist; digital; unisex; colored or clear			
HYGIENE & HEALTH			
Acetaminophen – 2 count packets	10		
Acne cream – tube	1		
Allergy 24-hour tablets – package	1		
Antacid – generic – package	1		
Antifungal crème – Tolnafatate; ½ oz tube	1		
Anti-gas tablets – Gas-X-package	1		
Antiperspirant/deodorant	2 any combo		
Aspirin – 2 count packets	10		
Baby Powder	1		
Biotene mouth spray	1		
Brush – hair; vent; paddle; or no handle	1		
Bug stick	1		
Calcium tablets	1		
Chapstick	1		
Clipper – fingernail; no file & toenail; no file	2 (one type of each)		
Comb – small; plastic; black, 5” max or large	1		
Conditioner – clear container – bottle	1		
Cough drops – mentholypus – bag	1		
Dental floss – single use strip	10		
Denture adhesive – box	1		
Denture bath	1		
Denture cleaner - box	1		
Ear plugs – pair	1		
Eucerin cream tube	1		
Emery Board	1		

Inmate Name: _____ Staff Name (print) _____ Date: _____

GENERAL POPULATION PROPERTY INVENTORY			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

HYGIENE & HEALTH - CONTINUED			
Excedrin migraine 24 count bottle	1		
Eye drops – saline; optive; or Systane - bottle	1		
Eyewear – pair	2		
Facial moisturizer - conditioner	1		
Facial scrub	1		
Facial tissue	1		
Fiber Powder	1		
Fiber tablets	1		
Foot powder – bottle	1		
Hair cream/moisturizer - conditioner	1		
Hair dress – bergamot blue	1		
Hair gel - container	1		
Hair pick – afro; plastic	1		
Hair removal cream – 6oz tube	1		
Hair spray	1		
Hair ties – 12 count packet	1		
Headband - white	1		
Hemorrhoid ointment - tube	1		
Hydrocortisone 1% ointment – 1-ounce tube	1		
Ibuprofen – 2 count packets	10		
Insoles – Dr. Scholl's	1		
Lotion – any type from canteen – bottle	1		
Luster pink lotion	1		
Magic cream	1		
Mirror – shaving; acrylic; 6: X 4 ½"	1		
Mouthwash – non-alcohol	1		
Muscle rub – tube	1		
Nasal spray – bottle	1		
Nasal Strips- box	1		
Orajel - ¼ ounce	1		
Pads- Incontinence- pack	1		
Pepto Bismol – tablets- box	1		
Preparation H – suppositories- box	1		
Razor- disposable; disallowed HSU1/HSU2	5		
Relaxer kit – 7.7oz relaxer crème; 2oz neutralizing shampoo; 2-.4oz conditioner; 2-.5 oz crème activator; wood spatula; plastic gloves- kit	1		
Shampoo – clear container- bottle	2		
Shaving cream – brushless; 7 ounce - tube	1		
Soap – Ivory, Deodorant, Moisturizing- bars	2 any combination		
Soap dish – soft plastic	1		

Inmate Name: _____ Staff Name (print) _____ Date: _____

GENERAL POPULATION PROPERTY INVENTORY			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

HYGIENE & HEALTH - CONTINUED			
Stool softener	1		
Sunblock – generic, 8-ounce bottle	1		
Toilet paper – 4 roll pack- package	1		
Toothbrush – flexible – 4-inch max	1		
Toothbrush holder (clear tube)	1		
Toothpaste	1		
Triple antibiotic ointment – 1-ounce tube	1		
Tweezers	1		
Tylenol 500mg- bottle	1		
Vitamin – glucosamine- bottle	1		
Vitamin – leutine- bottle	1		
Vitamin – Multiple- bottle	1		
Vitamin C - bottle	1		
Vitamin- D3 400IU- bottle	1		
Vitamin- Fish Oil- bottle	1		
Vitamin- Folic Acid- bottle	1		
Vitamin- Melatonin- bottle	1		
Vitamin- Probiotics- bottle	1		
Zinc - bottle			
Washcloth	1		
Zantac 75 – tablets – box	1		
FOOD & BEVERAGE ITEMS			
BBQ Sauce – pack	10		
Bread – wheat - loaf	1 of either		
Bread- white - loaf			
Candy bar – assorted	5 any combination		
Candy bag (gummi, licorice mix, reese’s pieces, fireballs, M&M’s (assorted,) saltwater taffy, sugar free)	2 any combination		
Cheese – squeeze tube; cheddar or jalapeno	2 any combination		
Chips/pork rinds/popcorn – assorted bags	2 any combination		
Cocoa/hot chocolate mix; 8-ounce bag	2		
Coffee – instant; regular or decaffeinated – pouch	2 any combination		
Coffee creamer – liquid; packet	10		
Cookies – (assorted package, chocolate chip, crème wafer-sugar free, fig bar assorted, sandwich assorted flavors)	2 any combination		
Crackers – assorted	2 any combination		
Donuts	1 bag		
Drink mix – crystal light – individual packets – box	1		
Drink mix assorted – fruit, lemonade, Gatorade, tang, iced tea, powdered milk – pouch	5 any combination		
Granola bar - assorted	8		

Inmate Name: _____ Staff Name (print) _____ Date: _____

GENERAL POPULATION PROPERTY INVENTORY			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

FOOD & BEVERAGE ITEMS - CONTINUED			
Honey - squeeze	1		
Honey buns	6		
Jelly - grape; packet	20 combined		
Jelly - strawberry; packet			
Ketchup - packet	10		
Margarine - packet	10		
Mayonnaise - packet	10		
Meat snacks (sausage, tub of jerky, beef stick)	3 any combination		
Mustard - packet	10		
Nuts - mixed or peanuts	2 any combination		
Nutty bars - box	1		
Oatmeal - hot instant; assorted - box	1		
Peanut butter - creamy - packet	20		
Pie - apple - 4 ounces	5		
Pie - cherry - 4 ounces	5		
Pop or bottled water	8		
Pouch - (beef stew, chili with beans; hot, mac&cheese, refried beans, spam, tuna fish, assorted cereal, brown rice, chicken chili, chicken chunks, mixed veggies, seasoned ground beef, shredded beef)	10 any combination		
Ramen - assorted flavors	10 any combination		
Ranch dressing - packs	10		
Soy sauce - packs	10		
Sugar substitute - small box	1		
Sunflower seeds - without shells - package	1		
Tea bags - caffeine free; 10-12 bags / box	1		
Tea bags - green tea - package	1		
Tortilla - flour - package	1		
Trail mix assorted flavors/Dehydrated fruit.	2		
WRITING/MAILING/STATIONARY			
Address book	1		
Box - plastic; tote; storage; 2 cubic ft. max - for hobby and legal only	1		
Box - small, mailing; 8" X 8" X 8" max; mailing out	1		
Card - birthday, sympathy; etc.	5		
Day planner	1		
Envelope - lg manila	3		
Envelope - pre-stamped; regular	15		
Envelope - regular	15		
File folder - plain manila paper; no pockets	10		
Journal - cardboard cover; glued binding	1		
Mailing tube - mail-out only	1		

Inmate Name: _____ Staff Name (print) _____ Date: _____

GENERAL POPULATION PROPERTY INVENTORY

PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.
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WRITING/MAILING/STATIONARY

Paper – notebook- 150 sheet package	1		
Pen – blue or black ink	2 any combination		
Pencil - #2 lead	2		
Tablet – 50 sheets	2		
Tape – picture	1		
Typewriter correction tape	2 any combination		
Typewriter ribbon cartridge			
Typing paper- 100 sheet package	1		

MISCELLANEOUS/GENERAL ITEMS

[illegible]

Inmate Name: _____ Staff Name (print) _____ Date: _____

GENERAL POPULATION PROPERTY INVENTORY			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

HOBBY ITEMS - ART			
Art reference book-included in the 15 authorized	5		
Art/drawing tablet – tablets – 20" X 30" maximum – No wire binder	2		
Bridge – plastic – 12"	1		
Canvas – 24" X 36" maximum – pre-stretched	2		
Card stock – sheets, 10" X 12" max	20		
Charcoal	12		
Compass – plastic – 6" max	1		
HOBBY ITEMS – ART CONTINUED			
Eraser	3		
French curves - plastic			
Glue – 16 oz. tube – nontoxic/nonflammable	1		
Graph paper – sheets	50		
Paint (acrylic) – two-ounce plastic container	24		
Paint (watercolor) – two-ounce plastic container	24		
Paint brush – 8" long max, 1 "wide max – wood handle	10		
Paint pallet – plastic	1		
Pencil – colored and plain as approved by security	24		
Ruler – plastic – 12" max	1		
Scissors – 5" max length; 3" max blades w/rounded tips; plastic handles – Low side and WRC only	1		
Shader	12		
Sponge – 4" X 6"	2		
Stencils/templates – plastic or paper	2		
Storage container – clear plastic – 6" X 12" X 2" max	1		
Tape – roll; ½ inch wide; light brown masking	1		
Toolbox – clear plastic only – 16" X 8" X 7"	1		
Small plastic cups for rinsing paint brushes	6		
HOBBY ITEMS BEADING			
Animal teeth & claws – any combination	8		
Barrettes blank	10		
Bead board– cloth	1		
Bead shell	50		
Beading book– included in 15 authorized	5		
Beads– hanks, plastic bags, tubes (must fit into approved storage container)	20 total		
Bees wax- 1" x 1" maximum	1		
Buckle blanks or Buckles	3		
Choker bead– packages – hair pipe, bone pipe	2		
Concho	12		

Inmate Name: _____ Staff Name (print) _____ Date: _____

GENERAL POPULATION PROPERTY INVENTORY			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.
Dowel (for hair ties) -1/4 diameter by 6" long – rubber	1		
Ear wire	100		
Eraser	3		
Eye pin	100		
Feather– 3" x 12" clear plastic packages	2		
Glue– 16 oz. Tube –non-toxic / non-flammable	1		
Graph paper– sheets	50		
Head pin	100		
Jump ring	100		
HOBBY ITEMS BEADING - CONTINUED			
Key ring	25		
Lacing – 50 ft. spool – leather	1		
Leather belt end (pre-cut)	In-house orders		
Leather inlay kit – small	3		
Leather scrap – 1 lb. bag	1		
Loom – plastic or wood – up to 25"	1		
Necklace clasp	100		
Needle threader	1		
Needle – 3" maximum	6		
Pencil – colored; as approved by security	24		
Pendant – packages of 10	2		
Quill – 2" X 3" clear plastic packages	2		
Ruler – 6" or 12", flexible plastic	1		
Scissors – 5" max length; 3" max blades w/rounded tips; plastic handles – Low side & WRC only	1		
Storage box – clear plastic – 6" X 12" X 2" max	3		
Tape – roll ½ inch wide; light brown masking	1		
Thread – bobbins (spools)	4		
Toolbox – clear plastic only 16" X 8" X 7" max	1		
Chicago Screws	50		
Earring hoops	100		
HOBBY ITEMS HORSEHAIR			
Barrett blank – aluminum or plastic only	10		
Bees wax – 1" X 1" maximum	1		
Belt ends – pairs – leather	3		
Slide blanks/tips	12		
Book – reference – included in the 15 authorized	5		
Buckle kit	3		
Chicago screw	50		

Inmate Name: _____ Staff Name (print) _____ Date: _____

GENERAL POPULATION PROPERTY INVENTORY			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.
Concho	12		
Dowel – no longer than 8 inches. 1/8" & 3/16" diameter nylon or ¼" to 7/8" diameter wood	7		
Ear wire	100		
Eraser	3		
Eye pin	100		
Glue – 16 oz. tube – non-toxic; non-flammable	1		
Headstall bit – security approved – remain in Hobby shop	1		
Headstall piece – leather	1		
HOBBY ITEMS HORSEHAIR - CONTINUED			
Hitching graph paper – sheets	50		
Horsehair – pounds – pre-dyed	3		
Leather kit Winlay - small	3		
Jig – style/type approved by property committee	1		
Jump ring	100		
Key ring	25		
Lacing – 50-foot spool – leather	1		
Necklace clasps	100		
Needle – harness, stitching, sewing – 3" maximum	3		
Pattern	20		
Pencil – colored as approved by security	24		
Rawhide	9 feet X 1/8" or ¼"		
Rings (metal) – small (1" max) – [D] & [O] any combination – large rings remain in the hobby shop	10		
Ruler – flexible plastic – 12" maximum	1		
Scissors – 5" max length; 3" max blades w/rounded tips; plastic handles – Low side and WRC only	1		
Scrap Leather – one-pound bag	1		
Storage container – clear plastic 6" X 12" X 2" max	1		
String (no twine) 520-foot total or 1/4 pound.	2 spools total		
Tape – roll; masking, ½" wide	1		
Template	1		
Thread – four-ounce spool	1		
Toolbox – clear plastic only – 16" X 8" X 7" max	1		
HOBBY ITEMS LEATHER (HOBBY SHOP ONLY) (MSP WRC INMATES ONLY)			
Paint Brushes	10		
Chicago Screws	50		
Key rings	25		
Bag snap/clasp – packages of each	2		
Bar snap	12		
Bees wax – 1" X 1" max	1		

Inmate Name: _____ Staff Name (print) _____ Date: _____

GENERAL POPULATION PROPERTY INVENTORY			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.
Bolo slide/Tip – of each	5		
Book – reference – pattern; included in the 15 authorized	5		
Buckle blank	5		
Center bar buckle – ranger style with tips	5		
Conchos	12		
Craft aid/Template	5		
Snap, rivet – of each	100		
Feather – packages	2		
HOBBY ITEMS LEATHER (HOBBY SHOP ONLY) (MSP WRC INMATES ONLY)- CONTINUED			
Grommet – of each	100		
Horse tack – bits, loops [D] & [O], squares, rings, etc. – security approved	2		
Lace – rolls	6		
Leather (rawhide) – square feet of each	20		
Ruler – plastic 12” plastic	1		
Leather glue – quart max – non-toxic, non-flammable	1		
Leather kit	3		
Needle – lacing – 3” max	3		
Paint, dye & finish – quart – non-toxic, non-flammable	1		
Scissors – 5” max length; 3” max blades w/rounded tips; plastic handles – Low side & WRC only	1		
Sheepskin – square feet	10		
Snakeskin	2		
Toolbox clear plastic only - 16” X 8” X 7” max	1		
Sponge – 4” X 6” max	2		
String/thread (no twine) – rolls of each; white cotton	2		
Tape – roll; ½ inch wide; light brown masking	1		
Tracing film – roll or 10 sheets	1		
Velcro	15 feet		
Vinyl insert	10		
Zipper	5		
HOBBY ITEMS PAPER WEAVING			
Construction paper – sheets	10		
Eraser	3		
Felt – sheets; 9” X 12” max	10		
Glue – 16 oz. tube – nontoxic/nonflammable	1		
Origami paper stock – sheets	55		
Paint – acrylic; 2 oz. plastic containers	12		
Paint brush – 8” long max- wood handle only	10		
Pencil – colored; as approved by security	24		
Ruler – plastic 12” max	1		

Inmate Name: _____ Staff Name (print) _____ Date: _____

GENERAL POPULATION PROPERTY INVENTORY			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.
Scissors – 5” max length; 3” max blades w/rounded tips; plastic handles – Low side & WRC only	1		
Thread – four-ounce spool	1		
Toolbox Clear plastic only 16” X 8” X 7” max	1		
Velour paper – sheets – 20” X 27” maximum	20		
HOBBY ITEMS YARN/CROCHET/CROSS-STITCH			
Reference and Pattern book included in 15 authorized	5		
Aida cloth – 16” X 20” max	1		
HOBBY ITEMS YARN/CROCHET/CROSS-STITCH - CONTINUED			
Crochet/knitting needle; plastic; six-inch max (rounded only)	4		
Doll parts; plastic for 2 dolls	2		
Felt – sheets; 9” X 12” max	10		
Glue – 16 oz. tube – nontoxic, non-flammable	1		
Hoop – wood – 14” diameter maximum	2		
Knitting loom – plastic; 14” long max	1		
Mesh – plastic grid sheets – 12” X 18” max	10		
Music box mechanism	2		
Needle – sewing – 2” max	3		
Needlepoint canvas – 20”X 20” kit	1		
Ruler – plastic – 12” max	1		
Scissors – 5” max length; 3” max blades w/rounded tips; plastic handles – low side & WRC only	1		
Sequin – one – 1 oz. package	4		
Stuffing bag	1		
Thread 8ft. 7 yard skeins; floss	15		
Toolbox – clear plastic 16” X 8” X 7” max	1		
Yard Skeins	10		
RELIGIOUS ITEMS – ASATRU/ODINIST			
Botanicals – Sage, Lavender, Juniper, Cedar. 1 cup of each allowed, stored in clear plastic bags that are labeled	1 cup each		
Thor’s Hammer Medallion w/24” chain or Valknut Pendent (security approved)	May have one or the other. Not both.		
Religious Publications (part of the 15 limit_			
Imitation raven’s feather – 6” to 9” maximum length	1		
Odinist devotional pictures	4		
Parchment Posters 8 ½” X 11” (Dark God/9 Virtues)	2		
Rune Cards – deck of runes	1		
Rune Casting Cloth – must be stored when not in use	1		
Rune Tiles (wooden only) one set of 24 in a pouch	1		

Inmate Name: _____ Staff Name (print) _____ Date: _____

GENERAL POPULATION PROPERTY INVENTORY			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

RELIGIOUS ITEMS – ASATRU/ODINIST Continued			
Tarot Cards	1		
Votive candle (white, battery operated)	1		
RELIGIOUS ITEMS – CELTIC PAGAN			
Sacred Circle Tarot Cards	1 deck with book		
RELIGIOUS ITEMS - BUDDHIST			
Sutra (book) & religious publications (part of the 15 limit)			
Prayer Beads	1		
Buddha picture	1		
"OM" Poster	1		
Buddha medallion w/24" chain	1		
RELIGIOUS ITEMS - CHRISTIAN			
Bible & religious publications (part of the 15 limit)			
Cross Medallion/crucifix/Greek Orthodox with 24" chain, choice of 1	1		
Devotional Pictures (Catholic) – 5" X 7"	2		
Rosary Beads (Catholic)	1		
Prayer Shawl	1		
Scapular (Catholic cloth patches worn under shirt)	1		
Orthodox Christian prayer cards (Greek Orthodox)	4		
Orthodox Christian calendar (Greek Orthodox)	1		
Matzah for Kiddush-Messianic Judaism – box (1 box a week)	1		
Seder plates-Messianic Judaism (Passover season)	2		
Matzah for Passover – box- Messianic Judaism (Passover season)	3		
Prayer Garment (Messianic Judaism)	1		
Votive Candle	1		
Yarmulke- Messianic Judaism	1		
Juice Boxes -Messianic Judaism (Passover season)	8		
33 knot prayer rope (Greek Orthodox)	1		
RELIGIOUS ITEMS – CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS			
Bible & religious publications (part of the 15 limit)			
CTR Medallion with chain or leather lanyard	1		
Votive Candle	1		
RELIGIOUS ITEMS - HINDU			
Prayer Mat	1		
RELIGIOUS ITEMS – RASTAFARIAN			
Bible & religious publications (part of 15 limit)			
Hebrew Calendar	1		
Medallion (Lion of Judah/Star of David/Ankh) Choice of 1	1		

Inmate Name: _____ Staff Name (print) _____ Date: _____

GENERAL POPULATION PROPERTY INVENTORY			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.
Pendulum (choice of color)	1		
Tam	1		
RELIGIOUS ITEMS – RUSSIAN ORTHODOX			
Votive Candle	1		
RELIGIOUS ITEMS - JUDAISM			
Yarmulke (skull cap), (Kippah)	1		
Torah, Siddur (scriptures) & religious publications (part of the 15)			
Prayer shawl (Tallis)	1		
Prayer garment (Tzitzit) – white fringed undershirt with blue border	1		
Phylacteries (Tefillim) – leather boxes worn on the forehead and right arm	1		
Star of David medallion/Mezuzah Medallion with 24” security approved choice of 1	1		
Hebrew Calendar	1		
Matzah for Passover (Passover season)	3		
Sedar plates for Passover (Passover season)	2		
Grape juice boxes for Passover (Passover season)	8		
Battery operated candle	1		
Besamim spices- package, clear plastic baggie	1		
Mishloach Manot – package (Purim holiday)	2		
Cheese snack – package (Shavuot holiday)	1		
Matzah for Kiddush – box (order 1 box a week)	1		
RELIGIOUS ITEMS – NATIVE AMERICAN			
Sage – clear bag – cup	1		
Sweetgrass Braid – 12” long	1		
Cedar – clear bag – cup	1		
Juniper – clear bag – cup	1		
Bitterroot – clear bag – cup	1		
Osha root – clear bag – cup	1		
Leather pouch with 24” leather lanyard (plain; no beading or adornments) – 2 ½” X 2 ½”	1		
Feathers (plain; no beading or adornments) These feathers can be constructed into a fan using a leather strand obtained through canteen.	10 loose or 20 misc. not both		
Dream catcher (5” diam max; may be beaded) security approved	1		
Lavender – clear bag – cup	1		
Prayer blanket – fleece 30” by 40”			
RELIGIOUS ITEMS – SANTA MUERTE			
Votive Candle	2		
4” X 6” ICON Santa Muerte	1		
Santa Muerte Rosary	1		
Santa Muerte Medallion	1		
RELIGIOUS ITEMS - SATANISM			

Inmate Name: _____ Staff Name (print) _____ Date: _____

[illegible]

Inmate Name: _____ Staff Name (print) _____ Date: _____

RESTRICTIVE HOUSING UNIT ADMINISTRATIVE SEGREGATION LEVEL 0			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

BEDDING & LINENS			
Blankets – state issue	2		
Hand towel – state issue	2		
Mattress – state issue	1		
Pillow – state issue	1		
Sheets – state issue	2		
CLOTHING & FOOTWEAR			
Briefs – state issue –	3		
Bra	3		
Scrubs – top and bottom – state issue	2 each		
Shoes – shower shoes, black; slip-on – state issue – pair	1		
Socks – state issue – pair	3		
Thermal Top authorized November 1 st through April 30 th only	1		
Thermal Bottom authorized November 1 st through April 30 th only	1		
HYGIENE & HEALTH			
Deodorant ½ oz clear stick	1		
Denture adhesive (issued to indigent) – box	1		
Eyewear	1 PER HSR		
Hairbrush – security approved – state issue	1		
Hair tie – no metal – state issue	1		
Pad's incontinence	1		
Soap – bar, ½ oz. – state issue	1		
Toilet paper – 1 roll – state issue	1		
Toothbrush – 4" max; blue; flexible; state issue	1		
Toothpaste – clear tube; 1 ½ oz. – state issue	1		
WRITING/MAILING/STATIONARY			
Envelope – pre-stamped; regular (issued to indigent)	5		
Envelope – 10" X 13" manila (issued to indigent)			
Envelope – plain (issued to indigent)	5		
Paper – (issued to indigent)	10		
Flex Pencil - state issue	1		
MISCELLANEOUS/GENERAL ITEMS			
Address book (if part of property prior to placement	1		
Book	1		
Cup – Styrofoam – state issue	1		
Legal papers			
Personal letters (Received while in PHC/Detention)			
Ring – wedding – if worn when admitted to unit	1		
Religious publication	1		

Inmate Name: _____ Staff Name (print) _____ Date: _____

RESTRICTIVE HOUSING UNIT ADMINISTRATIVE SEGREGATION LEVEL 1			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

BEDDING & LINENS			
Blankets – state issue	2		
Hand Towel – state issue	1		
Mattress – state issue	1		
Pillow – state issue	1		
Pillowcase – state issue	1		
Sheets – state issue	2		
CLOTHING & FOOTWEAR			
Briefs – boxers – state issue	3		
Bra	3		
Cap – blue stocking	1		
Scrubs – top and bottom – state issue	1 each		
Shoes – Velcro; slip-on, or personal shoes with laces	1 pair of either not both		
Shoes – black; slip-on, state issue			
Shower shoes	1		
Socks – state issue	3		
Thermal bottom – state issue – authorized November 1 st through April 30th	1		
Thermal top – state issue – November 1 st through April 30th	1		
ELECTRONICS			
Batteries AA/AAA	4		
Ear buds – 3ft. cord	1 of either not both		
Headphones – stereo, clear			
Clock radio or MP3 player	1 of either, not both		
Headphone extension cord	1		
MP3 Player AC power adapter	1		
MP3 Player Screen Protector – 3 pack	1		
MP3 Protective cover	1		
HYGIENE & HEALTH			
Antacid – generic – pkg	1		
Cough drops – bag	1		
Denture adhesive (issued to indigent) – box	1		
Dental floss – single use packet	10		
Deodorant – ½ ounce; clear stick	1		
Ear plugs – pair	1		
Eyewear	Per HSR		
Fiber Tablets - bottle	1		
Soap – bar	1		
Toilet paper – roll	4		
Toothbrush – 4” max; blue; flexible	1		

Inmate Name: _____ Staff Name (print) _____ Date: _____

RESTRICTIVE HOUSING UNIT ADMINISTRATIVE SEGREGATION LEVEL 1			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

HYGIENE & HEALTH Continued			
Toothpaste – clear tube; fluoride	1		
Tylenol – packets of 2	10		
Vitamin C – bottle	1		
Vitamin – Calcium	1 bottle		
Vitamin – D3 400 IU	1 bottle		
Vitamin – Fish Oil	1 bottle		
Vitamin – folic acid	1 bottle		
Vitamin – multiple; clear bottle	1 bottle		
Vitamin – Probiotics – 30 count	1 bottle		
Zinc – bottle	1		
Hair tie – no metal	1		
Lip Balm clear plastic tube	1		
WRITING/MAILING/STATIONARY			
Card – birthday; sympathy; etc.	5		
Envelope – pre-stamped; regular (5 issued to indigent)	15		
Envelope – 10” X 13”, manila (3 issued to indigent)	3		
Envelope – plain white (5 issued to indigent)	15		
Paper – notebook/typing 100 sheets (10 sheets per week issued to indigent)	1 pack/tablet		
Pen – flex – state issue	1		
Typewriter ribbon (1 issued to indigent)	2		
MISCELLANEOUS/GENERAL ITEMS			
Address book	1		
Books – personal	5		
Books – library – state owned	3		
Calendar – one page	1		
Cup – Styrofoam – state issue	2		
Dictionary	1		
Legal papers			
Magazines	3		
Photographs – authorized 24	24		
Ring – wedding	1		
Pads – incontinence	1		
Storage box – security approved	1		
RELIGIOUS ITEMS – Religious items must be stored when not in use. Misuse may result in confiscation of item.			
Medallion/medicine bag (see MSP procedure 4.1.3 attachment D)			
Eagle Feathers for Native American faith only	10 loose or 20 misc. loose. Not both.		

Inmate Name: _____ Staff Name (print) _____ Date: _____

RESTRICTIVE HOUSING UNIT ADMINISTRATIVE SEGREGATION LEVEL 1			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

RELIGIOUS ITEMS – <i>Religious items must be stored when not in use. Misuse may result in confiscation of item.</i>			
Religious Publications	1 – counts toward 5 personal limit		
Tarot cards – deck; no nudity; Wiccan faith and Satanist	1		
Religious Headgear (Jewish, Messianic Judaism, Islam, Rasta)	1		
Prayer Blanket/Rug (Native American, Islam, Hindu)	1		
Devotional ICON pictures (Wicca, Odinist, Christian (Catholic), Buddhism, Santa Muerte	Odinist – 4, Christian – 2, Buddhist – 1, Wicca – 4, Santa Muerte - 1		
Rune Cards (Odinist)	1		

Inmate Name: _____ Staff Name (print) _____ Date: _____

RESTRICTIVE HOUSING UNIT ADMINISTRATIVE SEGREGATION LEVEL 2			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

BEDDING & LINENS			
Blankets - state issue	2		
Hand towel – state issue	1		
Mattress - state issue	1		
Pillow - state issue	1		
Pillowcase - state issue	1		
Sheets – state issue	2		
CLOTHING & FOOTWEAR			
Briefs- state issue	3		
Bra	3		
Cap – stocking; blue	1		
Scrubs – top and bottom - state issue	1 of each		
Shoes – Velcro; slip-on, or personal shoes with laces	1 pair of either not both		
Shoes – black; slip-on - state issue			
Shoes – Shower – pair	1		
Thermal Top authorized November 1 st through April 30 th	1		
Thermal Bottom authorized November 1 st through April 30 th	1		
ELECTRONICS			
Clock radio or MP3 player	1 of either not both		
Watch – commissary purchase only	1		
Ear buds – 3ft cord	1 of either not both		
Headphones – stereo, clear			
Headphone extension cord	1		
Watch - clear, unisex, wrist, digital	1		
Watch – battery	1		
MP3 Player AC power adapter	1		
MP3 Player screen protector – 3 pack	1		
MP3 Player protective cover	1		
HYGIENE & HEALTH			
Acetaminophen – 2 ct. pk	10		
Antacid – generic – pk	1		
Aspirin – 2 ct. pk	10		
Cough drops – bag	1		
Dental floss – single use pk	10		
Denture adhesive (issued to indigent) – box	1		
Eyewear	Per HSR		
Eye drops – saline bottle	1		
Fiber tablets – bottle	1		
Hairbrush – security approved	1		

Inmate Name: _____ Staff Name (print) _____ Date: _____

RESTRICTIVE HOUSING UNIT ADMINISTRATIVE SEGREGATION LEVEL 2			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.
Hari tie – no metal	1		
Hemorrhoid crème – 2 oz tube	1 with HSR		
Ear Plugs	1 pair		
Deodorant ½ oz. clear stick	1		
Hemorrhoid suppositories – 12 count package	1 with HSR		
Hydrocortisone ointment – 1 oz. tube	1 with HSR		
Ibuprofen – 2 count packets	10		
Lip balm – clear plastic tube	1		
Pads- incontinence	1		
Soap – bar	1		
Toilet paper (issued to indigent)	4		
Toothbrush – 4” max; blue; flexible	1		
Toothpaste - clear tube; fluoride	1		
Tylenol- 2 per package	10		
Vitamin C – bottle	1		
Vitamin- Calcium- bottle	1		
Vitamin- D3 400 IU- bottle	1		
Vitamin- Fish Oil- bottle	1		
Vitamin- Folic Acid- bottle	1		
Vitamin- Melatonin – bottle	1		
Vitamin – multiple; clear bottle	1		
Vitamin- Probiotics 30 count- bottle	1		
Zinc – bottle	1		
WRITING/MAILING/STATIONARY			
Card – birthday; sympathy; etc.	5		
Envelope – pre-stamped; regular	15		
Envelope – 10” X 13”; manila	3		
Envelope – plain; white	15		
Paper – notebook (10 per week issued to indigent) sheets	100		
Paper – typing sheets	100		
Pen – flex (issued to indigent)	1		
Tablet – writing	2		
MISCELLANEOUS/GENERAL ITEMS			
Address book	1		
Books – personal	5		
Books - library – state owned	3		
Calendar – one page	1		
Cards – pinochle or playing; Bicycle- deck	2 any combo		

Inmate Name: _____ Staff Name (print) _____ Date: _____

RESTRICTIVE HOUSING UNIT ADMINISTRATIVE SEGREGATION LEVEL 2			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

[illegible]

Inmate Name: _____ Staff Name (print) _____ Date: _____

RESTRICTIVE HOUSING UNIT ADMINISTRATIVE SEGREGATION LEVEL 3			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

BEDDING & LINENS			
Blankets – state issue	2		
Hand Towel – state issue	1		
Mattress – state issue	1		
Pillow – state issue	1		
Pillowcase – state issue	1		
Sheets – state issue	2		
CLOTHING & FOOTWEAR			
Briefs – boxers – state issue	9 any combo		
Bra	3		
Cap – blue stocking	1		
Scrubs – top and bottom – state issue	1 each		
Shoes – Velcro; slip-on, or personal shoes with laces	1 pair of either not both		
Shoes – black; slip-on, state issue			
Socks – state issue	9		
Thermal bottom – state issue authorized November 1 st through April 30 th	1		
Thermal top – state issue – state issue authorized November 1 st through April 30 th	1		
ELECTRONICS			
Batteries AA/AAA	4		
Clock Radio - clear	1		
Cord – headphone extension	1		
Ear Buds – 3 ft. cord	1 of either not both		
Headphone - clear			
MP3 player, radio, or clock radio; clear	1 of each		
MP3 player AC power adapter	1		
MP3 player screen protector sheets (3 pack)	1		
Remote	1		
TV 7” or 13” – only after 30 days clear conduct on the block UM approved	1		
TV coax cable 6ft. max	1		
Watch – clear; unisex; wrist; digital	1		
Watch battery	1		
HYGIENE & HEALTH			
Antacid – generic – pkg	1		
Cough drops – bag	1		
Denture adhesive (issued to indigent) – box	1		
Dental floss – single use packet	10		
Deodorant – ½ ounce; clear stick	1		
Ear plugs – pair	1		
Eyewear	Per HSR		

Inmate Name: _____ Staff Name (print) _____ Date: _____

RESTRICTIVE HOUSING UNIT ADMINISTRATIVE SEGREGATION LEVEL 3			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

HYGIENE & HEALTH Continued			
Fiber Tablets - bottle	1		
Soap – bar	1		
Toilet paper – roll	4		
Toothbrush – 4” max; blue; flexible	1		
Toothpaste – clear tube; fluoride	1		
Tylenol – 2 per/package	10		
Vitamin C – bottle	1		
Vitamin – Calcium	1 bottle		
Vitamin – D3 400 IU	1 bottle		
Vitamin – Fish Oil	1 bottle		
Vitamin – folic acid	1 bottle		
Vitamin – melatonin - bottle	1		
Vitamin – multiple; clear bottle	1		
Vitamin – Probiotics – 30 ct. bottle	1		
Zinc – bottle	1		
FOOD & BEVERAGE			
Coffee – instant; regular or decaffeinated	2 any combo		
Cookies; sandwich; pack	2		
Chips/Pork Rinds/ Popcorn – variety pack	2 any combo		
Drink mix – fruit, Gatorade, iced tea, grape	5 any combo		
Sugar substitute – small box	1		
WRITING/MAILING/STATIONARY			
Card – birthday; sympathy; etc	5		
Envelope – pre-stamped; regular (5 issued to indigent)	15		
Envelope – 10”x13”; manila (issued to indigent)	3		
Envelope – plain; white (5 issued to indigent)	15		
Paper – notebook (10 per week issued to indigent) sheets	100		
Paper – typing- sheets	100		
Tablet – writing	2		
Typewriter ribbon cartridge – 1 Issued to indigent	2		
MISCELLANEOUS/GENERAL ITEMS			
Address book	1		
Books – personal	5		
Books - library – state owned	3		
Bowl – with lid	1		
Calendar – one page	1		

Inmate Name: _____ Staff Name (print) _____ Date: _____

RESTRICTIVE HOUSING UNIT ADMINISTRATIVE SEGREGATION LEVEL 3			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

MISCELLANEOUS/GENERAL ITEMS Continued			
Cards – pinochle or playing; Bicycle- deck	2 any combo		
Cup – clear plastic non insulated; with lid	2		
Dictionary	1		
Legal papers			
Magazines	3		
Newspapers	2		
Photographs – authorized 24	24		
HOBBY ITEMS			
Book – coloring; part of 5 limit	1		
Erasers	1		
Permit – max art (must maintain clear conduct)			
Washable crayons	1 package		
Paper 14” X 11” sheets	10		
RELIGIOUS ITEMS – <i>Must be stored away when not in use. Misuse of any religious item may result in confiscation of item.</i>			
Botanicals (dry use only) (Native American, Wicca, Odinist)	Wicca – Sage, Cedar, Lavender. 1 cup each. Native American - Sage , Osha Root, Bitterroot, Lavender, Juniper; 1 cup each. Sweet Grass Braid 12” max Odinist – Sage, Cedar, Juniper, and lavender		
Medallion/medicine bag – see MSP 4.1.3 Attachment D	1		
Eagle Feathers, Native American faith only	10 loose feathers or 20 misc. loose feathers but not both		
Religious Publications	1 – counts toward 5 personal limit		
Tarot cards – deck; no nudity; for Wiccan and Satanist faith only	1		
Religious Headgear (Jewish, Messianic Judaism, Islam, Rasta)	1		
Devotional ICON pictures (Wicca, Odinist, Christian (Catholic), Buddhism,, Santa Muerte)	Wicca – 4 Odinist – 4 Christian– 2 Buddhist – 1 Santa Muerte - 1		
Rune cards – set for Odinist faith only	1		
Prayer blankets/Prayer rugs (Native American, Islam, Hindu)	1		

Inmate Name: _____ Staff Name (print) _____ Date: _____

RESTRICTIVE HOUSING UNIT ADMINISTRATIVE SEGREGATION LEVEL 4 & 5			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

BEDDING & LINENS			
Blankets – state issue	2		
Hand towel – state issue	1		
Mattress – state issue	1		
Pillow – state issue	1		
Pillowcase – state issue	1		
Sheets – state issue	2		
CLOTHING & FOOTWEAR			
Boxer shorts – white	9 – any combo		
Briefs – white			
Bra	3		
Cap – stocking; blue	1		
Cap- Base Ball	1		
Headband - white	1		
Shirt – Tee; white (level 4 authorized amount 3) (level 5 authorized amount 4)			
Shorts – gym; gray	1		
Shoes – Velcro; slip-on- pair or personal shoes with laces	1 of either not both		
Shoes – shower- pair	1		
Socks – Ankle, quarter, no show, slouch- Pair	9 any combo		
Sweatpants – gray; no pockets	1		
Sweatshirt – gray; no hood or pockets	1		
Tank top	1		
Thermal bottom authorized November 1 st through April 30 th	2		
Thermal top authorized November 1 st through April 30 th	2		
ELECTRONICS			
Battery AA or AAA (level 4 authorized amount 4) (level 5 authorized amount 8)			
Battery charger	1		
Cord – headphone, extension; 6 ft.	1		
Ear Buds – 3ft. cord	1		
Electric Razor - Protective Custody Only			
Game device – small; clear; handheld; battery Level 5 only	1		
MP3 player screen protector sheets (3 pk)	1		
MP3 player protector cover	1		
Remote	1		
TV 7” or 13” – only after 20 days clear conduct on the block.	1		
TV cable – coaxial; 6ft.max	1		
Three prong plug adapter	1		
Voltage surge protector strip	1		
Watch – unisex; wrist; digital; clear; not metal back	1		

Inmate Name: _____ Staff Name (print) _____ Date: _____

RESTRICTIVE HOUSING UNIT ADMINISTRATIVE SEGREGATION LEVEL 4 & 5			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

ELECTRONICS Continued			
Watch battery	1		
Headphone stereo – clear	1		
HYGIENE & HEALTH			
Acetaminophen – 2 count packets	10		
Antacid – generic – package	1		
Antifungal Cream - Level 5	1		
Anti-Gas tablets – box – Level 5	1		
Aspirin 2 count packets	10		
Cough drops – bag	1		
Dental floss – single use packet	10		
Denture adhesive – (issued to indigent) box	1		
Deodorant – ½ oz clear stick; no alcohol	1		
Ear plugs – pair	1		
Eucerin Cream – tube – Level 5 or with HSR	1		
Excedrin Migraine 24 count bottle	1		
Eyewear	Per HSR		
Eye drops – saline bottle	1		
Facial Tissue	1		
Fiber tablets – bottle	1		
Hairbrush – security approved	1		
Hair tie – no metal 12 pk	1		
Hemorrhoid crème	1 with HSR		
Hemorrhoid suppositories – 12 ct. package	1 with HSR		
Hydrocortisone ointment 1 oz. tube	1 with HSR		
Ibuprofen – 2ct. packages	10		
Insoles – Dr. Scholl's – pair – Level 5	1		
Lip balm – clear plastic tub	1		
Mirror – shaving acrylic 6" X 4" – Level 5	1		
Nasal Strips – Breath Right – Level 5	1		
Nasal spray – Level 5	1		
Orajel – Level 5	1		
Pads – incontinence	1		
Soap – bar	1		
Toilet paper – roll – 1 state issue for indigent	1		
Toothbrush 4" max; blue; flexible	1		
Toothpaste - clear tube; fluoride	1		
Tylenol- 2 per/packets	10		

Inmate Name: _____ Staff Name (print) _____ Date: _____

RESTRICTIVE HOUSING UNIT ADMINISTRATIVE SEGREGATION LEVEL 4 & 5			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

HYGIENE & HEALTH Continued			
Vitamin C – bottle	1		
Vitamin- Calcium- bottle	1		
Vitamin- D3 400 IU- bottle	1		
Vitamin- Fish Oil- bottle	1		
Vitamin- Folic Acid- bottle	1		
Vitamin- Melatonin – bottle	1		
Vitamin – multiple; clear bottle	1		
Vitamin- Probiotics 30 count- bottle	1		
Zinc – bottle	1		
FOOD & BEVERAGE ITEMS			
Meat Snacks (sausage, tub of jerky, beef stick)	3 any combo		
BBQ Sauce- packs	10		
Candy bag – (atomic fire balls, gummi candy, reese’s pieces, assorted small candy bars, licorice mix, M&M plain, saltwater taffy, sugar free) Level 5	2 bags any combination		
Candy bars assorted	5 any combination		
Cheese – squeeze tube; cheddar or jalapeno	2 any combination		
Chips assorted/Pork Rinds/ popcorn – bag	2 any combination		
Cocoa/hot chocolate mix; 8 oz. bag	2		
Coffee – instant; decaffeinated or regular pouch	2 any combination		
Coffee creamer – liquid; packet	10 any combination		
Cookies (assorted, chocolate chip, crème wafer, sugar free, fig bar assorted, Grandma, sandwich assorted flavors)	2 any combination		
Cracker – assorted	2 any combo		
Donuts – bag	1		
Drink mix assorted pouch	5 any combo		
Drink Mix – Crystal light – box	1		
Granola bars	8		
Honey buns	6		
Jelly – grape, strawberry; packet	20 any combo		
Ketchup – packet	10		
Margarine – packet	10		
Mayonnaise – packet	10		
Mustard – packet	10		
Nuts – mixed or peanuts	2 any combo		
Nutty bars – box	1		
Oatmeal – hot instant; assorted box	1		
Peanut butter – creamy; packet	20		
Pie – apple – 4 oz.	5		
Pie – cherry – 4 oz.	5		

Inmate Name: _____ Staff Name (print) _____ Date: _____

RESTRICTIVE HOUSING UNIT ADMINISTRATIVE SEGREGATION LEVEL 4 & 5			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

FOOD & BEVERAGE ITEMS Continued			
Pop – 4 flavors; 20 oz plastic bottle, water bottles – Level 5	8		
Pouch – (chicken chunks, chili with beans, refried beans, seasoned ground beef, mac & cheese, mixed veggies, brown rice, assorted cereal, shredded beef, spam, tuna fish, beef stew)	10 any combination		
Ramon assorted flavors	10 any combination		
Ranch dressing – packs	10		
Soy sauce – packs	10		
Sugar substitute – sm box	1		
Sunflower seeds – no shells - pack	1		
Tea bags – caffeine free; 10-12 bags/box	1		
Tea bags green tea – pk	1		
Tortilla – flour – package	1		
Trail mix; assorted flavors; dehydrated fruit package	2		
Vegetable cup in liquid	2		
Yogurt Covered Raisins	2		
WRITING/MAILING/STATIONARY			
Address book	1		
Card – birthday; sympathy; etc.	5		
Envelope – pre – stamped; regular	15		
Envelope – manila; 10"x13"	3		
Envelope – regular	15		
Journal- composition	1		
Paper – notebook- sheets	100		
Tablet – legal	2		
Tablet – writing	2		
Typing paper – sheets	100		
Typewriter ribbon cartridge (1 issued to indigent)	2		
MISCELLANEOUS/GENERAL ITEMS			
Books – personal	5		
Books – library - state issue	3		
Bowl – with lid	1		
Calendar – one page	1		
Cards – pinochle or playing; Bicycle – deck	2 any combo		
Cup – clear plastic non insulated; with lid	2		
Dictionary	1		
Legal papers			
Magazines	3		
Newspapers	2		
Magazines	3		
Newspapers	2		

Inmate Name: _____ Staff Name (print) _____ Date: _____

RESTRICTIVE HOUSING UNIT ADMINISTRATIVE SEGREGATION LEVEL 4 & 5			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

MISCELLANEOUS/GENERAL ITEMS Continued			
Photographs – authorized 24	24		
Ring – wedding	1		
Storage container – security approved	1		
HOBBY ITEMS			
Permit – max art (with clear conduct)			
Permit – max level paper weaving (with clear conduct)			
Book – coloring; part of 5 limit			
Construction paper – (paper weaving)	10 sheets		
Washable Crayons	1 package		
Paper - 14" x 11" sheets	10		
Eraser	1		
RELIGIOUS ITEMS — <i>When not in use, religious items must be stored away. Misuse of religious items may result in confiscation</i>			
Botanicals (dry use only) (Native American, Wicca, Odinist)	Wicca – Sage, Cedar, Lavender. 1 cup each. Native American - Sage , Osha Root, Bitterroot, Lavender, Juniper; 1 cup each. Sweet Grass Braid 12" max Odinist – Sage, Cedar, Juniper, Lavender		
Medallion/medicine bag – see MSP 4.1.3 Attachment D	1		
Eagle Feathers, Native American faith only	10 loose feathers or 20 misc. loose feathers but not both		
Religious Publications	1 – counts toward 5 personal limit		
Tarot cards – deck; no nudity; for Wiccan and Satanist faith only	1		
Religious headgear (Jewish, Messianic Judaism, Islam, Rasta)	1		
Rune cards – set for Odinist faith only	1		
Prayer blankets/Prayer rugs (Native American, Islam, Hindu)	1		
Devotional ICON pictures (Wicca, Odinist, Christian, Buddhism, Santa Muerte)	Wicca – 4, Odinist -4, Christian (Catholic) -2 Buddhist – 1, Santa Muerte - 1		

Inmate Name: _____ Staff Name (print) _____ Date: _____

MDIU PROPERTY INVENTORY			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

BEDDING AND LINENS			
Blankets – state issue	2		
Hand Towel – state issue	1		
Mattress – state issue	1		
Pillow – state issue	1		
Pillowcase – state issue	1		
Sheets – state issue	1		
CLOTHING & FOOTWEAR			
Bra	3		
Briefs – boxers state issue	3		
Cap – stocking; blue	1		
Scrubs – top and bottom – state issue	1 of each		
Shoes – velcro; slip-on – state issue	1 pair of each		
Shoes – black; slip-on			
Socks – state issue	1		
Thermal bottom – state issue	1		
Thermal top – state issue	1		
ELECTRONICS			
AM/FM radio – IWF issued by unit	1		
Ear buds – 3 ft cord	1		
AAA Batteries	6		
Watch; clear; unisex; wrist; digital; no metal back	1		
Watch battery	1		
Watch pins	1		
HYGIENE & HEALTH			
Acetaminophen- 2 tablets- packs	10		
Acne Cream	1		
Antacid – generic- package	1		
Antifungal cream	1		
Anti-Gas tabs- box	1		
Aspirin, 2 tablets- packs	10		
Ben Gay	1		
Conditioner	1 any type		
Cough drops- bag	1		
Denture Adhesive (issued to indigent) box	1		
Dental floss – single use packet	10		
Denture Bath	1		
Denture Cleaner – box	1		
Deodorant	2 any combo		

Inmate Name: _____ Staff Name (print) _____ Date: _____

MDIU PROPERTY INVENTORY			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

HYGIENE & HEALTH Continued			
Ear plugs – pair	1		
Eye drops	1		
Eucerin Cream tube	1		
Excedrin Migraine – 24 count – bottle	1		
Eyewear	Per HSR		
Facial Scrub	1		
Fiber tablets or Fiber powder – bottle	1 of each		
Fingernail clippers	1		
Glucosamine	1		
Hair comb or Pick – security approved	1 of each		
Hair tie – no metal	1		
Hemorrhoid Cream- box	1		
Hemorrhoid Suppositories	1		
Hydrocortisone Ointment	1		
Ibuprofen 2 tablets= packs	10		
Insoles- pair	1		
Lip balm – clear plastic tube	1		
Lotion- any combo	1		
Luster Pink Moisturizer	1		
Mirror- Shaving	1		
Mouth Spray- Biotene	1		
Nasal Spray	1		
Nasal Strips	1		
Pads- incontinence	1		
Pepto Bismol 30 count	1		
Shampoo	2 any combo		
Soap – bar	1		
Soap Dish	1		
Stool Softer- box	1		
Toilet paper – roll	4		
Toothbrush	1		
Toothbrush holder	1		
Toothpaste	1		
Triple Antibiotic Ointment	1		
Tylenol- 500 mg- bottle	1		
Vitamin- Calcium- bottle	1		
Vitamin C - bottle	1		
Vitamin- D3 400 IU- bottle	1		
Vitamin- Fish Oil- bottle	1		
Vitamin- Folic Acid- bottle	1		

Inmate Name: _____ Staff Name (print) _____ Date: _____

MDIU PROPERTY INVENTORY			
PROPERTY/COMMISSARY ITEMS	AUTHORIZED AMOUNT	AMOUNT PRESENT	CONDITION, i.e., OPEN, UNOPENED, NEW, USED, WORKING, NOT WORKING, CRACKED, WORN, RIPPED, ETC.

HYGIENE & HEALTH Continued			
Vitamin – Lutein eye	1 bottle		
Vitamin – multiple; clear bottle	1		
Vitamin – Probiotics – 30 ct. – bottle	1		
Zinc - bottle	1		
Wash cloth – state issue	1		
WRITING/MAILING/STATIONARY			
Card – birthday; sympathy; etc.	5		
Envelope – pre-stamped; regular (5 issued to indigent)	15		
Envelope – 10” X 13”; manila (3 issued to indigent)	3		
Envelope – plain white (5 issued to indigent)	15		
Paper – notebook/typing paper 100 sheets (10 issued per week to indigent)	1 package/tablet		
Pen – flex; black, blue	2 any combo		
Pencil	2		
MISCELLANEOUS/GENERAL ITEMS			
Address book	1		
Books – personal	5		
Books - library – state owned	3		
Bowl, Large with lid	1		
Calendar – one page	1		
Cards- Pinochle or Poker	2 any combo		
Grape Drink Mix	5 any combo		
Fruit Punch			
Cup – clear plastic non insulated; with lid	2		
Cup – Styrofoam - state issue	2		
Dictionary	1		
Legal Papers			
Magazines	3		
Newspapers	2		
Photographs	24 loose		
Ring – wedding	1		
Spork	2		



MONTANA STATE PRISON OPERATIONAL PROCEDURE

Procedure:	MSP 4.2.1 INMATE CLASSIFICATION SYSTEM
Effective Date:	09/01/1998 Page 1 of 17 with attachments
Revision Date(s):	08/01/2003; 05/30/2007; 11/18/2008; 07/13/2009; 09/02/2010; 05/31/2012; 02/27/2013; 11/12/2013; 07/12/2016; 01/01/2020; 10/15/2021; 12/20/2023; 05/20/2024
Signature/Title:	/s/ Jim Anderson, Public Safety Division Chief

I. PURPOSE

Montana State Prison (MSP) will ensure that an objective classification system is used on admission and upon status review to manage inmates at the appropriate custody, security, and supervision levels.

II. DEFINITIONS

Atypical – Security Threat Groups (STG), predatory, special needs and vulnerable inmates designated by classification.

Classification – A tool for managing inmates based on identified and categorized inmate traits, characteristics, potential risks, behaviors and supervision needs in order to ensure public safety, secure facility/program operations, and determine inmate placements.

Classification Review Committee (CRC) – A committee consisting of the Restrictive Housing Program Manager, Associate Warden of Custody or designee, Qualified Mental Health Professional (QMHP) and Qualified Health Care Professional (QHCP), Restrictive Housing Unit Lieutenant/Manager, Secure Adjustment Unit Lieutenant/Manager, High Side and Low Side Captain and a staff member from Classification.

Criminally Convicted Youth – An inmate less than 18-years-old, who has been convicted/sentenced in district court as an adult.

Custody Level – A risk category of an inmate as determined by the classification process.

Disability – See *DOC 3.3.15 Americans with Disabilities Act (ADA) Offender Accommodations* for the definition and explanation of a disability.

General Population – All inmates except Administrative Segregation, Pre-Hearing Confinement, Detention, Infirmary, Reception, or Special Management.

High Severity of Offense – Crimes that are so heinous in nature that good correctional practice requires a higher custody or level of supervision. Crimes must be identified on a case-by-case basis, but inmates convicted of crimes such as homicide/murder, torture, rape, second conviction for violent offense, and other crimes involving extreme brutality or extreme violence are examples. Generally, inmates with a current conviction in the high to highest severity category that scores 5 or more points on the classification instrument in the Most Serious Current Conviction section will meet the requirement of high severity of offense.

Mental Health Services – The sum of all actions taken for the mental well-being of the offender population, including a range of diagnostic, treatment, and follow-up services.

Multi-Disciplinary Team – For the purposes of this procedure, a minimum of two staff members

assigned by the Associate Warden or designee that must include a housing unit manager/lieutenant, case manager, Qualified Mental Health Professional (QMHP), unit sergeant and a Qualified Health Care Professional (QHCP).

Offender Americans with Disabilities Act (ADA) Coordinator – The individual assigned to facilitate ADA compliance with offenders.

Override – A management decision to place an offender at a different custody level than what is indicated by the objective classification system.

Predatory Inmate – A designation of an inmate who has a notable history of preying on others as reflected through intimidating, assaultive, aggressive, or violent acts.

Protective Custody – A form of separation from the general population for an inmate who requests or requires protection from other inmates for reasons of health or safety. Supportive evidence and documentation for such placement must be provided to the Classification Review Committee prior to placement at this status. An inmate's status in protective custody must be reviewed by the MDT team monthly.

Qualified Health Care Professional (QHCP) – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who, by virtue of their education, credentials, training, and experience are permitted by law to evaluate and care for patients, including Department staff and contracted or fee-for-service professionals.

Qualified Mental Health Professional (QMHP) – Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, psychiatric nurse practitioners, licensed professional counselors, licensed clinical social workers, and others who, by virtue of their education, credentials, training, and experience are permitted by law to evaluate and care for the mental health needs of patients, including Department staff and contracted or fee-for-service professionals. This definition excludes Mental Health Technicians.

Severe Mental Illness (SMI) – A substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory which significantly impairs judgment, behavior, or ability to cope with the basic demands of life. Intellectual disability, epilepsy, other developmental disability, alcohol or substance abuse, brief periods of intoxication, or criminal behavior do not, alone, constitute severe mental illness. The individual must also have or have had within the past year exhibited signs and symptoms of a mental disorder. See *MCA 53-21-102*. Specific classifications of mental disorders are elaborated in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and are to be designated by a QMHP.

Significant Institutional History – Inmates with a documented history of disciplinary infractions in Category I, II or III that results in a combined score of 5 or more on the classification instrument in Severity of Institutional Misconduct and/or Number of Category I or II Rule Violation sections.

Special Management – This term refers to the inmate's designations noted in the offender management system; which may include atypical statuses or separation needs See *MSP 4.2.200 Special Management Inmates*.

Special Needs – Inmates who may require accommodations, arrangements, or programming different from the general population inmates. Special Needs Inmates may include, but are not limited to, developmentally disabled, mentally ill, physically handicapped, chronically ill, or chemically dependent.

Unit Management Team (UMT) – The housing unit staff consisting of the Unit Manager/Lieutenant, Case Manager(s), Sergeants, and Correctional Officers.

Vulnerable Inmates – A designation of an inmate who appears to be at risk for abuse, violence and/or threats from others in the inmate population due to criminal history, type of crime, profile of crime, prior occupation, informant or witness status, age, physical stature, other pertinent information.

III. PROCEDURES

A. General Requirements

1. Inmates will be objectively classified based on an assessment of risks and needs (see *Objective Classification Manual*). The system will provide an incentive to inmates to achieve personal, court-ordered, and recommended program goals and allow them to be classified at the lowest custody level consistent with those risks and needs.
2. Classification defines eligibility for assignment or reassignment to a particular custody, program/treatment, work assignments, and/or privilege levels with due consideration for the eligibility of disabled inmates with or without reasonable accommodations.
3. Classification recommends or advocates a management scheme which considers safety and security interests, supervision needs, disability-related needs, inmate-related risks, program considerations and other management factors.
4. Disability-related needs shall never be grounds to increase classification level.
5. Staff will solicit and review information from courts, social service agencies, pre-sentence investigation reports, and other resources, such as work supervisors, treatment staff (which includes medical and mental health professionals), the offender ADA Coordinator and the offender management system disability screen(s), or other personnel, to make accurate, detailed assessments.
6. Inmates will not be classified by race, color, creed, disability, or national origin, but may be separated by legal status, or for other correctional management reasons.
7. The Classification assessment will help classification staff identify and make appropriate custody decisions for the following inmate population:
 - a. Special Management which includes Atypical, Special Needs, or criminally convicted youth.
 - b. potential escape risks.
 - c. treatment, education, work assignments, or other program needs; and
 - d. the potential for other problems, including but not limited to, suicide risk, gang affiliation, or sexual identity.
8. Staff will never conduct classification meetings with other inmates present or nearby. Classification meetings will take place in a location offering audio and visual privacy, preferably in a staff office. This includes the following:
 - a. if the inmate is in restrictive housing, staff will request the inmate's presence in a staff office or designated private setting. If the inmate refuses, is on an active management plan, or is being disruptive, the UMT may present the inmate a written report without their participation and/or postpone the hearing until the inmate is no longer a safety and security risk to himself or others.
 - b. if the inmate is being housed at the Infirmary, UMT staff will personally present the classification to the inmate for review and signature within established time guidelines; and
 - c. Classification staff shall check the offender management system for disabilities and

accommodations in deciding housing for inmates with reasonable accommodations. Classification staff shall make a note in the offender management system if there is a change in housing due to an inmate's reasonable accommodation needs.

9. The UMT or Classification department is responsible for assessing/recommending inmates for interstate transfer or placement at other department facilities/programs or contracted facilities/programs in accordance with Department policies.
10. If an inmate is being considered for a community work program, the MORRA must be updated within the past six months.
11. The Classification Manager or designee will meet with all team members prior to a classification decision, in cases where there has been an inmate who has been involved in any of the following types of activities:
 - a. placed in pre-hearing confinement or disciplinary detention multiple times.
 - b. security threat group incidents.
 - c. cell extractions; and
 - d. other special management concerns.
12. The Classification Review Committee (CRC) provides a classification safety net and gives the UMT support on an administrative level. The CRC reviews any classification presented by UMTs including, but not limited to:
 - a. classification into restrictive housing.
 - b. protective custody inmates (PC) into the protective custody block.
 - c. fire Crew and other community work assignments.
 - d. Special Management Plans.
 - e. Work and Reentry Center placements; and
 - f. Safety Management Plans that exceed seven days.

A classification action that is referred to the CRC is subject to change and is not effective until approved by the CRC, which has final authority. If the CRC members are not in consensus, the classification action will be taken to the Warden for final decision.
13. The Classification Manager or designee will review and sign classification reports that comply with policy and procedures. This includes, but is not limited to:
 - a. custody increase and decrease.
 - b. separation needs.
 - c. Initiation and removals of special management designations.
 - d. Initiation and removals of separation needs
 - e. Work and Reentry Center placements for inmates with no greater than five years to discharge date.
14. The Classification Manager or designee will review all overrides to ensure continuity and consistency. The Classification Manager will confer with other staff members in cases that need additional review and may refer cases on to the CRC, or Warden for further review by MSP Administration. The Classification Manager may also confer with QHCPs and the offender ADA Coordinator in cases that require additional expertise as to disabilities or reasonable accommodation.
15. Inmates with disabilities are not placed in restrictive housing unless a QMHP assesses the inmate and determines the inmate presents such an immediate and serious danger that there is no reasonable alternative. In such case, the inmate will be promptly and regularly re-evaluated with the goal of reintegrating the inmate back into general population.

16. Inmates who use wheelchairs (who cannot stand independently) will not be housed in the safety cells in restrictive housing units. Inmates who cannot transfer into a shower stall/chair will not be housed in restrictive housing. Inmates will not be placed in a more restrictive setting based on the need to comply with the requirements of this paragraph.
17. In non-emergent circumstances, no inmate will be classified or reclassified to a higher custody level based upon their disability or upon behavior that is a product of their disability, after a prompt and appropriate evaluation by a QMHP. Physical and communications disabilities shall never be grounds for classification or reclassification to a higher custody level.

B. Custody Levels

1. UMTs will assign a custody level using numeric scoring on the classification instrument except as adjusted by override (see section F).
2. Custody levels reflect varying security aspects such as movement, surveillance/observation, access to programs, work assignments, meals, and escape and harm risks.
3. Supervision as related to these custody levels is outlined in *MSP 3.1.100 Supervision of Inmates*. Lower custody levels will reflect a lesser risk to the public, safety and security of the facility, staff and inmates. Higher custody levels will reflect a greater risk. The following are the custody levels:
 - a. **Minimum Custody:** the lowest custody level in general population as determined by the prison objective classification system. These inmates pose the least risk to the community because of such factors as offense convictions, compliance with programming recommendations, or time remaining to serve, and/or have demonstrated an ability to function independent of direct supervision without presenting any management problems. Inmates in minimum custody have more liberty, work assignment opportunities requiring a high level of responsibility, and more control over their personal time. They may be assigned to work assignments off prison property such as community work programs and projects and wildland fire crews with MDT approval.
 - b. **Minimum II/Unrestricted Custody:** inmates classified to this custody level may be housed in the Low Security Compound, the Work and Reentry Center, and independent living location on prison property. Work assignments are within the double/single fence perimeters, and outside the secure perimeter with administrative approval only. If an inmate with this custody is approved as a Community Worker, and their work assignment requires an overnight stay away from the facility, their supervisor will arrange for them to be housed at a community corrections facility or county jail.
 - c. **Minimum I/Restricted Custody:** inmates classified to this level may be housed in the Low Security Compound and the DOC Work and Reentry Center. Work assignments are within the double/single fence perimeters, and outside the secure perimeter with administrative approval only.
 - d. **Medium II/Unrestricted Custody:** the third highest custody level in general population as determined by the objective classification system. Inmates classified to this level may be housed in the Low Security Compound. These inmates have demonstrated an ability to function without management problems, but must be housed in a secure facility as relates to offense conviction, length of time to release, etc. Work Assignments may be within the double/single fence perimeter only.
 - e. **Medium I/Restricted Custody:** the second highest custody level in general population as determined by the prison's objective classification system. Inmates classified to this level may be housed in the High Security Compound. Inmates in this

level are required to be under general supervision within the High Security Compound and may hold work assignments in this compound.

- f. **Close Custody:** the highest custody level in general population as determined by the prison's objective classification system. Inmates classified to this level pose a threat to the safety and security of the facility, staff, other inmates and the public. These inmates require additional supervision based upon criminal history, institutional adjustment, severity of offense, and sentence length. They may be housed in the High Security Compound and may hold work assignments in this compound.
- g. **Restricted Close Custody:** the custody level that is utilized for SMI inmates who are housed in the Secure Adjustment Unit, or in general population. These inmates require additional supervision based upon safety and security. They may be housed in the High Security Compound or Secure Adjustment Unit; and may only work in positions approved by the UMT, and QHCP or QMHP.
- h. **Administrative Segregation:** the highest custody level as determined by the prison's objective classification system. This level places assaultive, rebellious, disruptive, or predatory inmates into Restrictive Housing or the Secure Adjustment Unit step-down program, including inmates returning to the institution for an escape from a secure facility (MSP, Department Work and Reentry Center, Private and Regional Prisons, and County Jails). Inmates classified to this level require the highest supervision because of extreme misconduct or the nature of their sentence. Inmates classified to this level must be housed in the restrictive housing unit. Inmates who have a sentence that condemns them to death will be and remain in administrative segregation.

C. HOUSING

1. UMT classification staff will recommend appropriate housing for the inmate as a component of initial classification or reclassification. The UMT classification staff shall check the offender management system and other available information, including information provided by facilities in which the inmate was previously housed, and confer with health care staff about the inmate, for provisions of accommodations and may call the Offender ADA Coordinator if they have any questions. A note will be made in the offender management system if the UMT classification staff receives consultation from the Offender ADA Coordinator.
2. MSP will house inmates with similar classification together whenever possible. Inmates with dissimilar classification may be housed together if the needs of the institution so require and appropriate security and supervision can be maintained. This includes the following:
 - a. the UMT will take special precautions regarding the placement and management of these inmates, closely monitoring their adjustment and interaction with others at gym, yard, mealtimes, day room, etc.; and
 - b. if such placement extends beyond 30 days, the Classification Manager or designee will notify the Warden weekly regarding the status of these inmates.
3. The UMT will screen for cell compatibility. Staff must consider the compatibility of inmates prior to making cell assignments. The most important criteria for determining compatibility are those which affect staff and inmate safety. Criteria which must be considered includes, but is not limited to the following:
 - a. history of predatory, intimidating, other dangerous behavior (i.e., disciplinary history, prior criminal history).
 - b. vulnerable characteristics (age, size, medical, and mental health history).
 - c. history of sexual misconduct; and
 - d. other factors which would create a substantial risk of serious harm such as language

or communication barriers, programming, and PREA Risk.

4. Inmates within the following categories will be separated from the general population or housed in group settings, to the extent possible, unless it is determined that the inmate may be managed in general population. This will be determined on a case-by-case basis:
 - a. special security designations include the following:
 - 1) Administrative Segregation.
 - 2) Restricted Close Custody
 - 3) Protective Custody inmates (PC).
 - 4) Pre-Hearing Confinement; and
 - 5) Martz Diagnostic Intake Unit (MDIU); and
 - 6) Administrative Transfers.
 - b. Medical care as follows:
 - 1) inmates requiring medical isolation due to communicable disease; and
 - 2) inmates who are temporarily confined separately for detoxification purposes.
 - c. Mental health care as follows:
 - 1) inmates claiming or exhibiting suicidal ideation; and
 - 2) inmates identified by QMHPs for the purpose of mental health treatment.
 - d. Special Management cases include the following:
 - 1) predatory.
 - 2) vulnerable.
 - 3) special needs.
 - 4) protective custody inmates housed a segregated block for safety
 - 5) security threat group (STG); and
 - 6) single cell designations.

D. Initial Classification Assessment

1. Prior to the completion of a MORRA and classification risk assessment all inmates will be screened by a QHCP to identify disabilities and disability-related accommodations, including an assessment for effective communication needs.
2. A QHCP shall identify and verify each inmate's disability and disability-related need based on:
 - a. the individual's self-identification or claim to have a disability,
 - b. documentation of a disability in the inmate's health or other record,
 - c. staff observation that the inmate may have a disability that affects placement, program access, or effective communication, and the request of a third party (such as a family member) for an evaluation of the individual for an alleged disability.
3. Every inmate with a Disability shall receive the reasonable accommodations necessary to understand and meaningfully participate in the intake and classification risk assessment process.
4. The MDIU UMT will complete a classification risk assessment, which provides a basis upon which to make classification decisions, on each inmate within forty-five days of his admittance to MSP. This assessment will take into consideration the inmate's security needs, criminal history, severity of offense, behavior patterns, age, and other relevant factors. The MDIU UMT will check the offender management system and other available information, including information provided by facilities in which the inmate was housed, for any accommodations and document any accommodations provided during this process. The UMT shall contact the offender ADA Coordinator with any questions about reasonable accommodations.
5. Upon completion of the assessment, the MDIU UMT will:
 - a. determine the inmate's classification;
 - b. screen the inmate for public and institutional risk and recommend appropriate custody

- placement; and
 - c. make assessment of the inmate's needs for immediate placement into general population, by completing a temporary initial classification report.
6. If it is determined that there is a need for additional information, MDIU classification staff may extend the assessment period beyond 45 days with the approval of the Classification Manager or designee.

E. Reclassification Assessments

1. The UMT will conduct a regular reclassification hearing for each close, restricted close and medium restricted inmate, apart from those in restrictive housing, at least every six months and at least every twelve months for minimum, medium unrestricted custody inmates, and those housed at the Riverside Special Needs Unit. Inmates currently assigned to level 5 in restrictive housing will be classified every six months. Inmates under the age of 18 will be classified every 90 days. Every inmate with a disability will receive the reasonable accommodations necessary to understand and meaningfully participate in the reclassification risk assessment process.
2. The UMT will conduct a reclassification hearing upon notification from disciplinary staff that an inmate has been found guilty of any of the following rule infractions:
 - a. homicide.
 - b. assaulting any person.
 - c. escape.
 - d. threats of bodily harm or death to any person.
 - e. extortion, blackmail.
 - f. taking a hostage(s).
 - g. sexual assault.
 - h. possession of a weapon.
 - i. assault with intent, or likelihood, to transmit a communicable disease; or
 - j. attempting to commit, being an accomplice, or a conspirator to, any of the above.
3. The UMT will review and conduct a special reclassification hearing, as appropriate, upon receipt of new information potentially affecting the inmate's classification, within 72 hours from the time when the new information was received (e.g., escape, disciplinary infractions, detainer, conviction on new charge, behavior problems, separation needs, etc.)
4. The Custody Initial or Reclassification Instrument will be used to classify inmates in and out of restrictive housing.
5. The Unit Manager or designee must contact the appropriate work supervisor on or before the day of the hearing on a pending classification increase or job assignment removal of a working inmate.
6. The UMT will conduct special classification reviews requested by treatment personnel, Disciplinary Hearings Officers, another UMT (for inmates with separation needs), or job supervisors.
7. For all reclassification assessments, every inmate with a disability must receive the reasonable accommodations necessary to understand and meaningfully participate in the process.

F. Administrative Segregation Custody and Step-Down Program Criteria and Referral Process

To be eligible for placement in the administrative segregation custody/step-down program, an inmate must meet one or more of the following criteria:

1. The inmate has behaved violently and/or aggressively and poses a threat to the physical safety of other inmates or staff. This behavior includes possession of major contraband but is not limited to weapons that are capable of inflicting serious injury or death, escape instruments or articles designed to specifically adapt for criminal use to attempt escape.
2. Is actively involved in a disruptive gang activity and is a confirmed leader, enforcer, disruptive core member or recruiter of a security threat group.
3. Based on the nature of the inmate's behavior and on specific confirmed and documented information that there is a significant risk that the inmate will cause physical injury to staff or other inmates if he/she is housed in general population, even at the highest security level.
4. The inmate's presence in the general population would create a threat to the safety, security and/or order of the institution.
5. It is necessary to maintain the integrity of an investigation, i.e., to preserve the integrity of information either in the inmate's possession or another inmate's possession.
6. The inmate has refused housing in general population on more than one occasion. Staff must document the steps taken to house the inmate in a less restricted housing location.
7. If the UMT requests an inmate's placement in the Step-Down Program, a classification report must be completed by the UMT.
8. The Classification report must be completed and presented to the inmate within 72 hours after receiving and reviewing new information that is used as reasons to remove the inmate from general population.
9. The inmate will meet with the unit staff requesting the custody referral to the step-down program and be given a chance to present information during a classification in person to the unit staff.
10. The inmate will also be given the option to present a written statement regarding placement into the program via the classification appeal process.
11. The Classification will then be forwarded to the Classification program manager.
12. The Restrictive Housing Program Manager will then present the classification to the CRC for review.

G. Overrides

1. UMTs will use experience and professional judgment in recommending classification and may determine an override when appropriate.
2. Factors to be considered that may result in an override of objective classification scores include the following:
 - a. special management case.
 - b. psychiatric/suicide risk.
 - c. medical/mental health issue(s).
 - d. escape threats/risk.
 - e. detainer(s).
 - f. investigation pending.
 - g. adjustment problem/violence threat.
 - h. inmate needs.
 - i. court ordered requirements/recommendation(s).
 - j. institutional need.

- k. exemplary institutional adjustment; and
 - l. inmates under the age of 18.
3. No inmate shall receive an override to a higher custody level based upon their disability or upon behavior that is a product of their disability, except after a prompt and appropriate evaluation by a QMHP. Physical and communications disabilities shall never be grounds for override to a higher custody level.
 4. Override criteria are defined in the *Classification Procedures Manual*.

H. Notification of Classification Hearings

1. If an inmate's present classification level is subject to increase, and he has not been found guilty of a major disciplinary infraction, UMT staff from the sending unit will provide a *Notification of Classification Hearing* to the inmate in advance of the classification hearing and attach a copy of it to the completed classification review form. Every inmate with a disability must receive the reasonable accommodations necessary to understand and meaningfully participate in the process.
2. The responsible UMT will complete classification hearings as appropriate on all inmates whose classification is subject to review as outlined in *MSP Procedure 3.4.100, Pre-Hearing Confinement*.
3. Whenever UMT staff place an inmate in Pre-Hearing Confinement pending classification review, they will note the written justification for the PHC placement on a *Notification of Classification Hearing form* and complete an Admission/Discharge report.
4. Both forms must be submitted to the Classification office for processing.
5. Within 72 hours of the inmate's placement in PHC, including weekends and holidays, the UMT staff of the sending unit will conduct the classification review for an inmate placed in PHC, pending an investigation and classification decision.
 - a. the staff member conducting the investigation may extend the placement in PHC for another 72 hours if further investigation is needed to determine what action is appropriate.
 - b. if a second extension is necessary, UMT staff must get the Warden or designee's approval. UMT staff must fill out a new ADR and notification form for each extension, and take it to the Communication and Placement office; and
 - c. it is the responsibility of sending unit staff to ensure that a second *Notification of Classification Hearing form* is given in person to the inmate informing him that his stay in PHC is being extended and that further investigation is needed to determine what action is appropriate. The inmate must be informed that the second extension is final, and a decision will be made before it ends.
6. If the classification review determines the inmate will be returned to his previous status, UMT staff will document this on the *Notification of Classification Hearing form*, or an *Incident Report* attached to the ADR.
7. If the inmate, as the result of a disability, would be unable to understand or participate in the classification hearing or any of the conversations relating to extensions for it, an accommodation shall be provided allowing him to understand and meaningfully participate in the proceeding. Accommodations shall include, but not be limited to, a staff member assigned to assist the inmate in presenting his position. All information shared between the individual inmate and staff assigned to assist him shall be confidential from other inmates and unnecessary staff and shall not be disclosed or used other than to ensure that an appropriate accommodation is provided and that he is able to participate and present his position in the classification hearing. All accommodations provided shall

be documented in the offender management system.

I. Work Assignment/Removal

1. Classification decisions to assign or remove an inmate to or from a work assignment will be done on an *Assignment/Removal form*. When a classification action includes a work assignment change, a separate *Assignment/Removal form* will be attached to ensure proper documentation and action. UMTs will approve or deny all requested work assignments and removals. The UMT's decision is final; however, the Warden and MCE Administrator (or designees) have the authority to over-ride a placement on a case-by-case basis after further review. Inmates with disabilities will not be removed from a work assignment due to their disability if they can complete the work assignment with reasonable accommodations that do not fundamentally alter the work assignment. Any decision to remove an inmate with a disability from a work assignment shall be done in consultation with the offender ADA coordinator.
2. Work supervisors will request that inmates be assigned to or removed from their work crews by submitting an *Assignment/Removal form*, with the top part completed, to the inmate's UMT for review, completion, and processing. The UMT will evaluate the appropriateness of the request by conducting a case file review and all potential impact factors. This includes the following:
 - a. factors to consider when assigning to a work assignment include, but are not limited to, the following:
 - 1) comments/notations on prior classification paperwork.
 - 2) appropriate period of adjustment at his present custody level.
 - 3) proper custody level (any exceptions must be recommended by the Unit Manager and approved by the MDT.
 - 4) separation needs.
 - 5) detainers / warrants.
 - 6) health restrictions/ category.
 - 7) sentence length.
 - 8) escape history.
 - 9) institutional need.
 - 10) public safety.
 - 11) fence restrictions, which include the following:
 - a) Minimum I and II - inside or outside the secure perimeter.
 - b) Medium II - inside the single or double fenced perimeter.
 - c) Medium I and Close- within the high side compound only.
 - d) Restricted Close - within the high side compound only
 - e) Administrative Segregation - in cell or in restrictive housing unit/section.
 - 12) reasonable accommodations that may be necessary to permit an inmate with a disability to participate in a work assignment.
 - b. factors to consider when removing an inmate from a work assignment include the reasons listed above and the following:
 - 1) supervisor reasons.
 - 2) pending investigation.
 - 3) recent disciplinary infractions.
 - 4) work assignment evaluations.
 - 5) inmate behaviors
 - 6) proper custody level.
 - 7) health restrictions/ category.
 - 8) institutional need.
 - 9) public safety.

- 10) separation needs; and
 - 11) escape history.
 - 12) Other security concerns that are clearly documented and could pose a safety to the institution. This may include, but is not limited to, an inmate being too familiar with staff or a work area.
3. An inmate may appeal their removal to the Classification Manager or designee within 10 working days of the receipt of the job removal decision. Every inmate with a disability must receive the reasonable accommodations necessary to understand and meaningfully participate in the process.
 4. An inmate shall not be removed from a work assignment as the result of disability if the inmate can be accommodated in the position without a fundamental alteration of the program. If the required accommodation would fundamentally alter the program, the inmate shall be offered a work assignment in a similar reasonable position which does not require such an alteration if a similar position exists and is open, and the inmate is qualified, with or without a reasonable accommodation, for the similar position. Factors to consider in finding suitable similar work assignment shall be the area of the facility in which the inmate was originally involved, and the level of responsibility originally assumed.
 5. Supervisors must attach supporting documentation (incident reports, work evaluations, etc.) to an Assignment/Removal form requesting that an inmate be removed from his work assignment.
 6. When removing an inmate from a work assignment, the UMT must hold a hearing and determine whether or not to uphold the removal request. The inmate will remain assigned to the assignment pending this hearing and the removal appears on the daily activity sheet. If an inmate, as the result of a disability, would be unable to understand or participate in the hearing, an appropriate accommodation shall be provided. Appropriate accommodations shall include, but not be limited to, staff assigned to assist the inmate with understanding and participating in the hearing. All information shared between the individual inmate and staff assigned to assist him shall be confidential from other inmates and unnecessary staff and shall not be disclosed or used other than to ensure that an appropriate accommodation is provided and that he is able to participate in presenting his position in the hearing. All accommodations provided shall be documented in the offender management system.
 7. The Unit Manager or designee must approve or disapprove all assignment and removal requests. The UMT must indicate why they approved or disapproved the request in the comments section on the assignment/removal form and distribute copies of the completed form to the main file, six- part file, and inmate. If the inmate, as the result of a disability, would be unable to understand the work/assignment removal form, staff shall meet with the inmate to explain the form's contents. All information shared between the inmate and staff assisting shall be confidential from other inmates and unnecessary staff and shall not be disclosed or used other than to ensure that an appropriate accommodation is provide, that the inmate is able to understand the form and contest his removal or obtain employment. An appropriate accommodation shall be provided.
 8. When an inmate receives, a work-related disciplinary violation, and the supervisor requests he be removed from the assignment, the inmate may be held in from the assignment, pending the results of the disciplinary hearing. Once the disciplinary hearing is completed, the supervisor may request his removal by filling out and submitting an *Assignment/Removal form* (with documentation to justify removal) to the UMT for processing.

9. The UMT must turn in completed *Assignment/Removal* forms to the Classification Placement Office to be placed on the daily movement sheet.
10. The UMT must process the assignment and removal of an inmate to or from a Community Work Program assignment in accordance with *MSP 5.1.3 Inmate Community Work Programs and Projects*.
11. Inmates not assigned to a specific work assignment will be assigned to the Labor Pool and may be assigned to a temporary work assignment at any time. This includes the following:
 - a. UMT staff does not need to fill out an *Assignment/Removal* form to assign an inmate to temporary work less than five days in duration. However, the supervisor or the UMT must provide written notice (memorandum) of the assignment to the Classification Placement Office, Command Post, and respective housing unit to clear the inmate for movement to and from the work site; and
 - b. any time an inmate is utilized from the Labor Pool for a temporary work assignment for more than five days, the work supervisor must fill out and submit an *Assignment/Removal* form to the UMT for processing, noting that it is for a temporary work assignment. When the tasks are completed, the supervisor must submit an *Assignment/Removal* form to the UMT for processing the inmate's removal from the temporary work assignment.

J. Decisions and Appeals

1. A member of the Unit Management Team will notify the inmate of the classification decision in writing at the time of the hearing or within 72 hours of a notification of a custody, housing, or assignment change. The inmate will receive a copy of the classification report and an appeal form from the UMT. If the inmate wishes to appeal the classification decision, the inmate will need to fill out the appeal form that is presented. The inmate may not appeal STG designations as the validation has its own appeal process. The inmate will hand the appeal form to the UMT and the UMT will date and sign the form; and then present it to the Classification Manager or designee for an appeal decision. Every inmate with a disability must receive the reasonable accommodations necessary to understand and meaningfully participate in the process.
2. The appeal process for classification reviews is as follows:
 - a. the inmate may file a written appeal within 10 business days to the Classification Manager or designee.
 - b. the Classification Manager or designee may proceed in the following manner:
 - 1) affirm the decision made.
 - 2) reschedule a new classification hearing; or
 - 3) modify the decision made.
 - c. the inmate may not appeal after the decision is made by the Classification Manager.
3. The appeals process for regional prisons is as follows:
 - a. the inmate may file a written appeal within 10 business days to the Bureau Chief of Contract Placement.
 - b. the Bureau Chief of Contract Placement may proceed in the following manner:
 - 1) affirm the decision made.
 - 2) reschedule a new classification hearing; or
 - 3) modify the decision made.
 - c. the inmate may not appeal after the decision is made by the Bureau Chief of Contract Placement.

4. The appeals process for restrictive housing administrative segregation is as follows:
 - a. the inmate may file a written appeal within 10 business days to the Warden.
 - b. the Warden may proceed in the following manner:
 - 1) affirm the decision made.
 - 2) reschedule a new classification hearing; or
 - 3) modify the decision made
5. After the decision on the appeal is made, the Warden will forward the response to the classification staff for tracking.
6. The inmate may not appeal after the decision is made by the Warden.
7. In the action of work assignment removal appeals, the inmate may file a written appeal of the classification action to the Classification Manager within 10 days of receipt of the decision; however, the classification decision is imposed prior to the decision concerning the appeal. The Classification Manager or designee will have the following options:
 - a. affirm the decision made; or
 - b. modify the decision made.
8. In any of the above-described appeals processes, an accommodation shall be provided to any inmate who, as the result of a disability, would be unable to understand or participate in the appeals process in order to allow him to understand and participate in the process. All accommodations provided shall be documented in the offender management system.

K. CLOSING

Details concerning the classification process are outlined in the Classification Procedures Manual maintained by staff from the Technical Services Bureau. Please contact the AW of Technical Services with any questions concerning this operational procedure.

L. REFERENCES

DOC 4.2.1

M. ATTACHMENTS

Attachment A: Inmate Classification Appeal

Attachment B: Appeal of Job Removal

Attachment C: Work Assignment/Removal Request



ATTACHMENT A: INMATE CLASSIFICATION APPEAL

Unit Management Staff (circle the type of review:)

Regular Classification / Override Classification / Administrative Segregation

Send this appeal form to the Classification Manager or designee within 10 days of receipt of the Classification decision.

FROM: _____ Unit _____
Last Name First Name Offender Number

PART A - INMATE REQUEST (Attach all pertinent information. If additional space is needed continue on a separate sheet of paper.)

Inmate Signature

Date

PART B – RESPONSE

Date Received _____

Appeal has been

☐ **granted**

☐ **denied**

☐ **granted in part**

Staff Signature

Date



ATTACHMENT B: APPEAL OF JOB REMOVAL

Send this appeal form to the Classification Manager or designee within 10 days of receipt of the job removal notification.

FROM: _____
Last Name First Name Offender Number

PART A - INMATE REQUEST (Attach all pertinent information. If additional space is needed, continue on a separate sheet of paper.)

Inmate Signature

Date

PART B - RESPONSE

Date Received _____

Appeal has been ☐ granted ☐ denied ☐ granted in part

Staff Signature

Date



ATTACHMENT C: WORK ASSIGNMENT/REMOVAL REQUEST

Name: _____ DOC# _____

I am requesting the above inmate to be **ASSIGNED** to the _____
Title Code

for the following reasons: _____

I am aware of the inmate's health status and am willing to employ the inmate within its restriction(s).

Supervisor Name (Print Name): _____

Supervisor Signature: _____ Date: _____

I am requesting the above inmate to be **REMOVED** from the _____
Title Code

for the following reasons: _____

(attach incident report(s), performance evaluation(s), disciplinary, and/or incident reports for removal)

INMATE STATEMENT: _____

Inmate Signature: _____ Date: _____

Health Status Date: _____ Restrictions: _____

PREA Designation reviewed: *Initial:* _____

Double Fence:	Yes	No	Community Worker:	Yes	No
Outside Fence Roster:	Yes	No	Long-Term Worker:	Yes	No
Outside Fence w/Direct Supervision:	Yes	No	Warrants:	Yes	No
Industries Fence Roster:	Yes	No	Separation Needs:	Yes	No
Escape(s)/Walkaway:	Yes	No			

Parole Date: _____ Discharge Date: _____

****If any of the above are marked "Yes," explain below in designated area****

Present Status:	Unit Management Decision:
Unit:	Unit:
Custody:	Custody:
Assignment:	Assignment:
Code:	Code:

If direct supervision is requested, explain expectations and special instructions _____

****UMT Reason for assignment or removal and any comments for items marked yes:** _____

Signature: _____ Date: _____

****Outside fence clearance requires Unit Manager and Classification Manager approval****



MONTANA STATE PRISON OPERATIONAL PROCEDURE

Procedure:	MSP 4.2.200 SPECIAL MANAGEMENT INMATES
Effective Date:	10/06/2000 Page 1 of 8 with attachment
Revision Date(s):	07/13/2016; 01/01/2020; 10/15/2021; 05/20/2024
Reference(s):	DOC 4.2.2
Signature/Title:	/s/ Jim Anderson, Public Safety Division Chief

I. PURPOSE

To manage the placement of Special Management inmates for the purpose of providing for the safety of staff and inmates, and for the orderly operation of the institution.

II. DEFINITIONS

Atypical Inmate – Predatory and vulnerable inmates designated by classification.

Classification Review Committee (CRC) – A committee consisting of the restrictive housing program compliance manager, Associate Warden of Custody or designee, Qualified Mental Health Professional (QMHP), Qualified Health Care Professional (QHCP), Restrictive Housing Unit Lieutenant/Manager, Secure Adjustment Unit Lieutenant/Manager, High Side and Low Side Captain and a staff member from Classification.

Disability – See DOC 3.3.15 *Americans with Disabilities Act (ADA) Offender Accommodations* for the definition and explanation of a disability.

LGBTI – Lesbian, gay, bisexual, transgender, intersex.

Predatory Inmate – A designation of an inmate who has a notable history of preying on others as reflected through intimidating, assaultive, aggressive, or violent acts.

Qualified Health Care Professional (QHCP) – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who, by virtue of their education, credentials, training, and experience are permitted by law to evaluate and care for patients, including Department staff and contracted or fee-for-service professionals.

Qualified Mental Health Professional (QMHP) – Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, psychiatric nurse practitioners, licensed professional counselors, licensed clinical social workers, and others who, by virtue of their education, credentials, training, and experience are permitted by law to evaluate and care for the mental health needs of patients, including Department staff and contracted or fee-for-service professionals. This definition excludes Mental Health Technicians.

Separation Needs – A written directive to prevent potentially harmful contact between particular inmates.

Special Management – This term refers to inmates that are Atypical and/or Special Needs inmates. This is the outlining term under the offender management system.

Special Needs – Inmates who may require accommodations, arrangements, or programming distinct from the general population inmates. Special Needs inmates may include individuals with developmental disabilities, physical and mental disabilities, chronic illness or chemical dependency, that require development of an individualized treatment plan for optimal care.

Unit Management Team (UMT) – The housing unit staff consisting of the housing Unit Manager or Lieutenant, Case Manager(s), Sergeants, and Correctional Officers.

Vulnerable Inmate – A designation of an inmate who appears to be at risk to abuse, violence and/or threats from others in the inmate population due to criminal history, type of crime, profile of crime, prior occupation, informant or witness status, age, physical stature, or other pertinent information.

III. PROCEDURES

A. General Requirements

1. Inmates classified under Special Management will follow under the categories of Atypical or Special Needs.
 - a. Atypical inmates are designated by classification as being predatory, assaultive, vulnerable or otherwise requiring a single cell; and
 - b. Special Needs inmates may include, but are not limited to, developmentally disabled, mentally ill, physically handicapped, chronically ill, or chemically dependent.
2. Throughout an inmate's incarceration at MSP, staff must monitor the individual for potential atypical behavior.
3. Separation needs must be identified and used when making housing, cell, program, and work assignments. Separation needs must be documented on the separations needs form.
4. When a Special Management inmate is identified, this information must be documented in his classification report and the *Special Management Designation Form*. The designation must be reviewed at each classification hearing.
5. Inmates designated as Special Management will be entered into the offender management system listed in the safety tab under special management designation. Special Management designations will be entered by the Classification and Placement office.
6. Within 24 hours of their arrival at a new housing unit, inmates will be screened to identify potential Special Management needs. The cell compatibility tool in the offender management system will be used to assist in the compatibility of inmates.
7. No inmate shall be designated with Special Management needs based solely upon his disability or upon behavior that is a product of his disability unless, after a prompt and appropriate evaluation by a QHCP, such staff determines that the inmate poses or faces an immediate and serious danger that there is no reasonable alternative to such designation and placement within the facility.
8. Every inmate with a disability will receive the reasonable accommodations necessary for him to understand and meaningfully participate in any Special Management classification proceeding.

B. Special Management Programming

1. Inmates assigned to a protective custody unit/block/cube are not disqualified from access to required rehabilitative programs, and inmates with disabilities assigned to protective custody will be provided with all reasonable accommodations to allow participation in, and enjoy the benefits of programs, services, and activities.
2. Inmates closest to their parole and/or release date should be given priority for rehabilitative programs; to the extent possible, rehabilitative programs should be delivered to the inmates.
3. In the event that an inmate housed in protective custody applies for Pre-Release Placement, the Unit Management Team (UMT) will notify the Pre-Release Screening Committee in writing of the reasons for the inmate's placement in protective custody. A copy of the notification will be maintained in the inmate's file.

C. Predatory or Assaultive Inmate Identification

1. When conducting initial classification, staff shall use the following identifiers to attempt to identify potential predators:
 - a. criminal history.
 - b. prior incarceration.
 - c. severity of prior predatory behavior.
 - d. frequency of prior predatory behavior.
 - e. how recent was the prior predatory behavior.
 - f. prior history using physical force, extortion, or intimidation; and
 - g. PREA Risk Assessment.
2. At any time after initial classification, an inmate may be identified by the UMT as predatory, based upon institutional behavior and/or new information regarding predatory behavior.
3. The UMT should consider all possible identifying factors when evaluating predatory behavior and the need for a special management designation. Specifically, staff should review the frequency and recency of predatory behaviors, the seriousness of the incidents at each classification review.
4. Inmates whose behavior while in prison demonstrates a propensity for predatory behavior should be reassessed to determine whether there is a need to reclassify the inmate to a higher custody level. Misconduct which involves assaults, sexual assaults, predatory behavior, or other violent behaviors will result in disciplinary action and/or a reassessment of classification.

D. Vulnerable Inmate Identification

1. When conducting initial classification, staff shall use the following identifiers to attempt to identify potential vulnerable inmates:
 - a. criminal history.
 - b. prior incarceration.
 - c. type of crime.
 - d. profile of crime.
 - e. prior occupation (if in law enforcement or criminal justice).
 - f. informant or witness status.
 - g. age (e.g., criminally convicted youth, or inmate under the age of 18).
 - h. physical stature.
 - i. other pertinent information; and
 - j. PREA Risk Assessment.
2. At any time after initial classification, an inmate may be identified by the UMT as vulnerable based upon institutional behavior and/or new information regarding predatory behavior.
3. The UMT should consider all possible identifying factors when evaluating vulnerability and the need for a special management designation.
4. An inmate may be identified as a vulnerable inmate at any point during their incarceration at the Montana State Prison. Institutional behavior reported or suspected victimization, or any other pertinent information, may be used in making a determination that an individual has separation needs after having been determined to be a vulnerable inmate.
5. In evaluating the vulnerability of an inmate, staff should consider all pertinent information but, at a minimum, the following issues should be addressed:
 - a. the immediacy of the threat.
 - b. whether the threat is short-term or ongoing.
 - c. the inmate's desire/request to remain in general population.

- d. the number, custody levels, and known/suspected actions of all inmates who pose a threat to the inmate in question; and
- e. the exact nature of the threat.

E. Housing Assignments for Predatory or Assaultive Inmates

1. The cell compatibility tool in the offender management system will be used to assist in the compatibility of inmates.
2. Considerations that may be used in making decisions regarding the housing of predatory inmates include the following, but are not limited to:
 - a. housing assignments must be made that provide the appropriate degree of supervision and/or management to limit the potential for harm to other inmates and staff.
 - b. housing assignments are usually on the High Security Compound or in restrictive housing unless other assignments can reasonably assure the safety of staff and inmates.
 - c. certain predatory inmates identified by staff may require single cell housing. The UMT will determine single cell assignments.
 - d. inmates who have been identified and classified as predatory or assaultive should not be housed with inmates known to be vulnerable or at substantial risk of serious harm.
 - e. inmates who have been identified and classified as predatory or assaultive who also have disabilities will be provided with all reasonable accommodations to allow them to participate in, and enjoy the benefits of all programs, services, and activities that non-disabled predatory or assaultive inmates enjoy; and
 - f. whenever predatory inmates are moved to different housing units/facilities, the appropriate UMT/Contract Placement Bureau must supply the following information to the receiving unit or facility:
 - 1) an up-to-date unit file; and
 - 2) written documentation or chronological notes concerning safety and security precautions and separation needs.

F. Housing Assignments for Vulnerable Inmates

1. Inmates who are identified as vulnerable to harm, or who have received serious threats from others, should be housed in a manner which separates them from danger to the extent possible. Vulnerable inmates should not be housed with inmates who are believed to pose substantial risk to cause them serious harm.
2. When determining housing assignments for vulnerable inmates, the following should be taken into consideration:
 - a. inmate reports of threats or bodily harm.
 - b. staff observations of threats or bodily harm.
 - c. staff observations of inmate behaviors and peer interaction; and
 - d. interdepartmental sharing of new or additional information.
3. Staff should supervise and manage vulnerable inmates consistent with the nature of the threat to the individual. Recreation schedules, work assignments, programming, and other out-of-cell activities must be made with the intent to ensure separation from inmates who pose a threat or other inmates with separation needs.
4. Inmates who have been classified as vulnerable may typically be housed in the following areas:
 - a. general population if deemed appropriate;
 - b. general population units operated with special procedures to protect vulnerable inmates;
 - c. in extreme security situations, vulnerable inmates may be placed in a restrictive housing unit; or
 - d. other placement with special procedures to protect vulnerable inmates.

5. Housing assignments for vulnerable inmates shall be reviewed by the Classification Program Manager, Unit Manager/Lieutenant of the sending unit and the Unit Manager/Lieutenant of the receiving unit.
6. When a final determination has been made that a vulnerable inmate can be housed in general population, special consideration must be given. The placement must ensure that the inmate is as compatible as possible with the other inmate in his cell and that the other inmates on the block do not pose a known threat to the individual. The following precautions should be looked at in every case:
 - a. totality of the circumstances surrounding the threat to the vulnerable inmate.
 - b. a determination of the need for heightened monitoring and surveillance of the inmate, especially during movement for meals, day room, recreation, medical care, and other activities.
 - c. assurances that the vulnerable inmate is housed in a block/cube separate from predatory inmates, unless deemed appropriate by the UMT; and
 - d. a determination of the appropriateness of single, double, or multiple-occupancy housing for the vulnerable inmate.
7. In the event that a vulnerable inmate is placed in general population, the placement shall be regularly monitored and documented on the *Special Management Placement Form* and/or chronological notes in the offender management system until the UMT determines and documents that monitoring is no longer necessary.
8. In order to address threats that arise against individual inmates, the UMT and others who observe threatening behavior to an inmate shall maintain information in the inmate's main file that documents such threats. Such record shall include the names of the inmates who were the perpetrators. In addition, when appropriate, the record shall include recommendations relative to housing restrictions for specified inmates with other inmates who are known or believed to pose a threat to the vulnerable inmate.
9. Staff may submit requests for the transfer of a vulnerable inmate to another correctional facility when an alternate placement is deemed to be in the best interests of the inmate.
10. Whenever vulnerable inmates are moved within or outside of MSP, the UMT or Contract Placement Bureau will supply the following information to the receiving unit or facility:
 - a. an up-to-date Unit file; and
 - b. written documentation to the receiving unit concerning safety and security precautions and separation needs.
11. In special circumstances, Unit Management staff may determine that a vulnerable inmate requires single cell housing or placement in a restrictive housing unit. These requests must be documented and submitted to the Classification Manager, or designee, for approval. In the event of an emergency, such placements may be made immediately, with immediate review by the Classification Manager, or designee.
12. Placement in single cell assignment in restrictive housing should be made only when all other housing options have been considered and none will provide adequate protection for the vulnerable inmate.
13. Unless a vulnerable inmate has been shown to have a record of serious institutional infractions, the individual must have access to the following programs and privileges:
 - a. canteen privileges.
 - b. telephone privileges.
 - c. legal materials.
 - d. day room/out of cell time.
 - e. recreation and yard privileges.
 - f. personal property consistent with the current property list.
 - g. all appropriate institutional rehabilitative programming; and
 - h. visiting privileges consistent with his classification.

14. Inmates who have been identified and classified as vulnerable who also have disabilities will be provided with all reasonable accommodations to allow them to participate in and enjoy the benefits of all programs, services, and activities that non-disabled inmates enjoy. No inmate with a disability may be denied a reasonable accommodation simply because he is housed in restrictive housing or materially similar conditions, unless safety and security concerns render the accommodation unreasonable.

G. Separation of Predatory, Assaultive and Vulnerable Inmates

1. Inmates classified as vulnerable should not be housed in the same cell or on the same block with predatory or assaultive inmates. Inmates classified as known sexual predators shall not be housed in the same cell or on the same block with inmates who have been classified as vulnerable to sexual assaults.
2. In the event that it becomes necessary to have predatory or assaultive inmates in close proximity to vulnerable inmates, staff must employ all necessary safeguards to ensure the safety of the at-risk inmate(s).
3. Restrictive Housing placements of predatory and vulnerable inmates is as follows:
 - a. the UMT shall schedule day room to ensure that predatory or assaultive inmates/vulnerable inmates are not in the same day room together at the same time; and
 - b. inmates are not permitted to set the day room schedule and may not determine who shares the day room at any given time.

H. Cell Compatibility and Single Cell Assignments

1. Staff shall consider the compatibility of inmates prior to making cell assignments to protect vulnerable inmates and to control predatory inmates. The most important criteria in determining compatibility are those which affect staff and inmate safety. Criteria which must be considered includes, but is not limited to the following:
 - a. a history of predatory, assaultive, intimidating, other dangerous behavior (i.e. Disciplinary history, prior criminal history);
 - b. vulnerable characteristics (age, size, medical and mental health history);
 - c. gang affiliation.
 - d. history of sexual misconduct; and
 - e. other factors which would create a substantial risk of serious harm (language or communication barriers, programming).
2. When determining cell compatibility, it is imperative that consideration be given to the individual and institutional safety of the institution.
3. UMTs will use the cell compatibility program provided in the offender management system to research the recommended criteria for housing.
4. The criteria for Single Cell Assignments are as follows:
 - a. Staff should identify inmates who are not suitable for double celling through the classification assessment.
 - b. Inmates who should be considered for single celling include the following:
 - 1) inmates classified as predatory (sexual predators).
 - 2) Inmates classified as assaultive
 - 3) inmates classified as vulnerable.
 - 4) inmates identifying as being LGBTI.
 - 5) inmates with contagious diseases; and
 - 6) inmates classified as Special Needs.
 - c. The basis for decisions regarding cell assignments of all Special Management inmates must be documented on the *Special Management Placement Form*. To reduce the risk of danger to all inmates and staff, documentation must provide the justification for the cell assignment and any precautions that must be adhered to.

- d. If single cell housing is not available, inmates with similar characteristics may be double celled together.

IV. CLOSING

Questions about this operational procedure will be directed to the Classification Program Manager.

V. ATTACHMENTS

Attachment A: Special Management Placement Form



ATTACHMENT A: SPECIAL MANAGEMENT PLACEMENT FORM

Name: _____
Last First

DOC#: _____

Unit: _____ Cell: _____

Custody Level: _____

Identified and designated as:

PREDATORY [☐] **VULNERABLE** [☐] **OTHER ATYPICAL** [☐]

MANAGING VULNERABLE INMATES:

When, in the best professional judgement of MSP staff, a vulnerable inmate is housed in general population, cell compatibility and block placement will be given special consideration. Staff should take special precaution in determining the appropriate cell assignment. The inmate's adjustment to general population will be regularly monitored and documented until staff determine and document on the Observation notes form that monitoring is no longer necessary.

Use the offender management system to add any observation notes about how the inmate has adjusted.

At a minimum, the respective Unit Management Team must have weekly contact with the inmate who has been identified as a vulnerable inmate and placed in general population. This contact can be through observation and/or personal contact with the inmate.

MANAGING PREDATORY INMATES:

An inmate whose behavior while in prison demonstrates a propensity for violence should be reassessed to determine whether there is a need to reclassify the inmate to a higher custody level. Any inmate found guilty of the following violent offenses must be assessed for reclassification:

Homicide	Assaulting any Person
Threats of Bodily Harm or Death to any Person	Extortion, Blackmail
Taking Hostages	Sexual Assault
Assault with Intent, or likelihood, to transmit a communicable disease to any of the above	Attempting to commit, being an accomplice or a conspirator

Certain predatory inmates identified by staff may require single cell housing in general population. If this is the case, and the inmate is not single-celled, the respective Unit Management Team must make the appropriate justification in the space provided below explaining why the inmate will remain in general population.

CELL PLACEMENT JUSTIFICATION:

Any time special arrangements have been made to reduce an inmate's risk (cell/house change), the Unit Management Team must document below why the decision was made. Document any procedures to be implemented to reduce risk below.



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 4.2.202 INMATE SEPARATION NEEDS
Effective Date:	November 8, 1999 Page 1 of 4 and 3 Attachments
Revision Date(s):	December 19, 2000, November 7, 2005, November 21, 2013, July 13, 2018, March 6, 2020
Reference(s):	DOC Policy 4.2.2
Signature:	/s/ Lynn Guyer / Warden

I. PURPOSE

It is the policy of Montana State Prison to provide procedures for housing, monitoring, reviewing, and tracking inmates identified as needing separation from other inmates. Staff must review and research all inmate claims of threats to the inmate's personal safety in determining separation needs.

II. DEFINITIONS

OMIS – Acronym for the Department's Offender Management Information System.

Separation Needs - means that a determination has been made that an inmate requires separation from the general inmate population and/or other specified inmate(s).

Unit Management Team (UMT) – The housing unit staff consisting of the Unit Manager, Case Manager(s), Sergeants, Security Technicians, and Correctional Officers.

III. PROCEDURES

A. Separation Need Identification/Initial Action

1. Separation should be approved only when necessary for the safety and security of the institution, staff and/or inmates:
 - a. an inmate may notify any member of the staff of a perceived threat to his personal safety and the need to be separated from another inmate(s);
 - b. staff may determine through the use of the PREA Risk Assessment form that an inmate is predatory or vulnerable;
 - c. upon receiving a claim of a threat to an inmate's safety, and a request to be separated, unit staff must conduct a private interview with the inmate to acquire all supporting information available;
 - d. staff will document the claim and results of the investigation by completing an incident report;
 - e. if the inmate provides specific information concerning the nature or source of the threat or risk of harm, the Unit Management Team (UMT) must then research/inquire into the claim(s) and incident(s) surrounding the concerns;
 - f. If the situation involves an inmate from another unit, staff must contact that UMT. Each UMT must then interview the inmate(s) named from their unit and jointly decide if separation is necessary;

Procedure No.: MSP 4.2.202	INMATE SEPARATION NEEDS	Page 2 of 4
Effective date: March 6, 2020		

- 1) there may be instances where there is a legitimate need to separate certain inmates (i.e., a court order, one inmate informed on another inmate or testified against him, etc.) and interviewing the inmate(s) named may cause more problems than if the separation need was just noted and the information remained confidential. If the UMT's believe that there are legitimate separation needs and agree that interviewing all inmates involved will cause problems or magnify the situation, interviews should not be conducted. The UMT should complete the Separation Needs form (see attached A - these forms are blue in color for easy identification in file folders) and process them with a classification report. In the event that interviews of inmates are not conducted, documentation must be included on the Separation Needs form supporting the decision not to conduct interviews;
 - 2) if the initial conclusion is that separation is necessary, each team must complete a Separation Needs form and a Classification Assessment for the involved inmates from the respective unit(s). They shall document in detail the reason for the separation. These forms shall be forwarded to the Classification Specialist for processing and will serve as documentation of the formal conclusion that there is support for the requested separation;
 - 3) if the UMT's disagree about the necessity for separation, the Unit Managers must discuss the case further with the Associate Warden of Security; and
 - 4) if the Unit managers agree on a course of action the forms shall be forwarded to the Classification Specialist for processing and will serve as documentation of the formal conclusion that there is support for the requested separation.
- g. If the inmate who claims he is at risk is unwilling to provide specific information concerning the nature or source of the threat, or risk of harm, during the private interview, and refuses to remain in the unit, he shall be placed in Pre-Hearing Confinement/ Classification Decision (PHC/CD). Procedures and time frames must be followed as outlined in [MSP Procedure 3.4.100, Pre-Hearing Confinement](#). The staff member placing the inmate in PHC/CD must fill out Notification and Admission/Discharge Report forms (attachment A and B):
- 1) There may be legitimate reasons why an inmate would initially withhold the names of inmates he claims are threatening him or other specific information. Within his first 72 hours in PHC/CD, unit staff must conduct a second private interview with the inmate in an attempt to get specific information about the threat;
 - 2) If the inmate still refuses to supply specific information or the claims prove to be without merit based on all available information, unit staff must either return the inmate to his present housing status or reclassify him to another unit. Staff must document their decision in writing on the bottom portion of the Notification form or complete an incident report. If the inmate refuses to move to the housing unit designated by staff, and there is no merit to his claim disciplinary action may be initiated; and
 - 3) if the inmate has made prior false statements concerning alleged threats and staff have reason to believe the current allegations are without merit, immediate removal of the inmate from his current cell/room assignment may not be required. Unit staff must document their decision with the reasons for their actions in an incident report. A copy of the incident report will be filed in the inmate's main and mini file.

Procedure No.: MSP 4.2.202	INMATE SEPARATION NEEDS	Page 3 of 4
Effective date: March 6, 2020		

- h. If an inmate needs to be separated from another inmate, it does not necessarily mean he is vulnerable or predatory. If information reveals that there is predatory or vulnerable behavior on the part of any inmate, that inmate's classification must be reassessed in accordance with [MSP Procedure 4.2.200, Special Management of Atypical Inmates](#);
- i. When unit staff is reviewing an inmate for an assignment, they must determine if he has separation needs from another inmate on the work crew, education, and ensure that he is not assigned to an area that could jeopardize his safety or that of the inmate(s) he needs to be separated from; and
- j. When conducting classification reviews of all incoming inmates the MDIU Case Manager or designee must reference OMIS and the inmate's "dead" records files to determine whether or not the inmate has had previous or current valid separation needs from an inmate(s) who is currently at MSP or a contract or Regional facility.

B. Follow up

- 1. When information is verified/confirmed that there is a need to separate an inmate from another inmate (or a group of inmates), staff must do one or more of the following:
 - a. consider having an intervention meeting with both inmates and members from the respective housing unit team if deemed appropriate;
 - b. remove the inmate from his current cell/housing assignment (i.e., an internal housing move or PHC/CD) to determine a more appropriate living location within the unit;
 - c. classify the inmate to another general population housing unit;
 - d. classify the inmate protective custody.
 - e. keep the inmate in his assigned cell/room/unit with closer observation; and
 - f. recommend transferring the inmate to another facility if appropriate placement cannot be provided at MSP.

C. Reviewing and Documenting Separation Needs

- 1. Active separation need cases shall be reviewed by the UMT at the inmate's regularly scheduled classification review or sooner if the need arises.
 - a. This review shall consist of:
 - 1) an interview with the inmate unless it would create further problems between the two inmates;
 - 2) research of the original incident; and
 - 3) discussion with the UMT where the other inmate(s) who pose the threat are housed.
 - b. If the UMT determines that the separation needs are still valid, they shall document that by:
 - 1) entering an "X" in the "Active Separation Needs" section on the Classification Summary Sheet;
 - 2) document that they have reviewed, and that they support continued separation between the inmates in the classification review comments; and

D. Removing Separation Needs

Procedure No.: MSP 4.2.202	INMATE SEPARATION NEEDS	Page 4 of 4
Effective date: March 6, 2020		

1. If it is determined at an inmate's classification review that his separation needs may no longer be valid, the UMT conducting the review shall contact the other involved UMT(s) to inform them that they are considering removal of the separation needs.
 - a. If they conclude that separation needs are no longer necessary, each UMT must:
 - 1) complete a Separation Needs form and a Classification Assessment for the involved inmate(s) from their unit, entering an "X" in the YES space in the "Remove Separation Needs" section on the Classification Summary sheet, and documenting in detail the reason(s) for the removal of the separation needs on the Separation Needs form. These forms shall be forwarded to the Classification Specialist, and will serve as documentation of the formal conclusion that there is no longer support for the requested separation; and
 - 2) notify the inmates being reviewed that this is the case.
 - b. If the UMT's disagree about the necessity for removal of the separation needs, the Unit Managers must discuss the case with the Associate Warden of Security.
 - 1) if the Unit Managers agree on a course of action after meeting with the Associate Warden of Security then the forms shall be completed and forwarded to the Classification Compliance Technician for processing. The forms will serve as documentation that there is no longer support for the requested separation; and
 - 2) if the Unit Managers are unable to agree after meeting with the Associate Warden of Security then they shall forward all information/documentation to the Bureau Chief of Classification for a final decision and be present for the review.
2. If during a classification review, a UMT discovers that the inmate being reviewed has a separation need from an inmate who has discharged or transferred to a community placement/program they will document that the other inmate has discharged or transferred to a community placement/program and In-Active Separation Needs will be selected on the Separation Needs form.

E. Master Separation Needs List

1. All separation will be kept in the OMIS Program and listed under the Associations menu and marked as separations needs. A complete report can be found in the Reports Menu of OMIS titled as Associations for all inmates within Secure Correctional Status.

IV. CLOSING

Questions concerning this policy will be directed to the Technical Correctional Services Bureau Chief.

V. Attachments

Separation Needs form	attachment A
Notification	attachment B
Admission / Discharge Report	attachment C

CONFIDENTIAL



SEPARATION NEEDS FORM

(Reference "Inmate Separation Needs" Policy – MSP 4.2.202)

NAME: _____ MSP/DOC# _____ UNIT: _____
Last First

CUSTODY LEVEL: _____ DATE: _____

It is the policy of Montana State Prison to provide procedures for housing, monitoring, reviewing, and tracking inmates identified as needing separation from other inmates. Staff must research/inquire into all inmate claims of and threats to personal safety and a need for separation.

The above named inmate should be separated from or should be removed from the following inmate:

NAME: _____ MSP/DOC# _____ UNIT: _____
Last First

☐ Separation Needs
(MSP 4.2.2002 page 2 & 4)

☐ Removal of Separation
(MSP 4.2.202 page 6)

Comments and detailed explanation of the separation needs, including date of incident(s), or reason for removal of separation needs:

Verified and investigated by: _____

Additional information in Institutional Investigator Office: ☐ Yes ☐ No

This form must be completed for all inmates named.

Blue Copy—Records (Inmate's Main File)

Blue Copy—Unit Mini-File



NOTIFICATION

LAST NAME

FIRST

AO#

Within a 72-hour period, an interview will be held addressing your present custody level and job assignment. You will be present at this hearing and have an opportunity to present evidence on your own behalf.

REASON FOR NOTICE: _____

DATE: _____ TIME: _____

INMATE SIGNATURE

STAFF SIGNATURES

DATE: _____ TIME: _____

RESULTS: _____

STAFF SIGNATURES

White – Main Records

Yellow – Unit File

Pink - Inmate



DOC ADMISSION / DISCHARGE REPORT

PLEASE PRINT FULL NAME:

LAST NAME FIRST NAME MIDDLE NAME ID DATE: TIME:

FROM UNIT AND ASSIGNMENT:

☐ MSP:
☐ Unit

Assignment

☐ MWP:
☐ Pod

Cell

Bed

☐ Regional Prison:
☐ Pod

☐ MASC

☐ Hospital

☐ Cond. Release

☐ OLTC

☐ MSH-WS

☐ Pre-Release

TO UNIT AND ASSIGNMENT:

☐ MSP:
☐ Unit

Assignment

☐ MWP:
☐ Pod

Cell

Bed

☐ Regional Prison:
☐ Pod

☐ MASC

☐ Hospital

☐ Conditional Release

☐ OLTC

☐ MSH-WS

☐ Pre-Release ☐ Inmate Worker

☐ ISP

☐ TSCTC-Trainee ☐ Probation

☐ Treatment Programs

☐ Transfer

☐ Escape ☐ Apprehended State:

☐ Release

☐ START Center

☐ In Transit

☐ 10-Day Furlough

☐ Other

CODE:

☐ DOC

☐ MSP

☐ MWP

☐ RPC

☐ CD**

☐ DD**

☐ HOLD

CUSTODY:

☐ MIN 2

☐ MIN 1

☐ MED 2

☐ MED 1

☐ CLOSE

☐ AD SEG

****Notify the Infirmary and Mental Health when PHC, DD or CD**

Health Services clearance ☐ Yes ☐ No (If No, attach *Special Needs Treatment Plan*)

COMMENTS:

STAFF MEMBER'S NAME / SIGNATURE: /

It is mandatory that all ADR's are turned into the Placement/Movement Office when a move is made. All ADR's are filled out by the **sending unit with the exception of a jail hold & Infirmary, which will be filled out by the receiving unit.** Information must be complete with housing unit and job assignment number and including title.

cc: RECORDS – WHITE

MINI FILE – CANARY

REV. 1/12



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 4.4.1 INMATE HYGIENE, CLOTHING & LINEN SUPPLIES
Effective Date:	October 30, 1998 Page 1 of 10 and no Attachments
Revision Date(s):	July 1, 2007, July 12, 2009, October 14, 2009, January 1, 2011, April 16, 2013, October 15, 2019, November 15, 2020
Reference(s):	DOC Policy 4.4.1
Signature:	/s/ Jim Salmonsens / Warden

I. PURPOSE

To provide all inmates with the resources and facilities to maintain themselves in a clean and hygienic manner. Inmate personal grooming appearance and hygiene habits will comply with appropriate safety, security, identification, hygiene, and sanitation standards.

II. DEFINITIONS (none)

III. PROCEDURES

A. General Requirements

1. Inmates are to keep themselves clean, neatly dressed, and well groomed, and conform their appearance to the standards set forth in this operational procedure. Inmates refusing to do so may be subject to appropriate disciplinary action and/or use of force protocols to gain compliance. Disciplinary action related to non-compliance may impact an inmate's classification and housing unit placement.
2. Staff, especially housing unit and work supervisors, are responsible for enforcing appropriate standards of personal appearance and cleanliness of the inmates in accordance with this operational procedure.
 - a. housing unit staff and work supervisors will monitor the appearance of the inmates they supervise on a daily basis.
 - b. if a staff member determines that an inmate's dress, grooming, personal hygiene or appearance is inappropriate, the inmate will be required to remedy the problem. Failure to comply will result in disciplinary action in accordance with *MSP 3.4.1, Inmate Discipline*.
 - c. as noted below, in section B.11, inmates must at a minimum wear briefs while in their cell. When in the block or cube inmates must be wearing a t-shirt, briefs, and a pair of gym shorts or pants. Individual inmate housing unit rules outline the dress requirements for inmates going to and from the shower facilities.
 - d. in order to enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks, or genitalia, female staff are not to:
 - 1) enter inmate shower and/or toilet areas.
 - 2) view inmates while they shower, perform bodily functions, and change clothes.
 - 3) The only exceptions to this will be during circumstances when they are responding to signs that illegal or unauthorized activities may be in progress

in these areas, or where such viewing is incident to the performance of other routine security duties.

3. Inmates are encouraged to shower at least every other day, or in accordance with their housing unit showering schedule. Inmates may be ordered by staff to take a shower if their hygiene becomes offensive. If an inmate violates this section, he may be ordered to submit to a shower. Failure to comply with an order to shower will result in disciplinary action in accordance with *MSP 3.4.1, Inmate Discipline*.

B. Clothing

1. Admissions staff will issue each inmate the following state-owned clothing items during the admission process:
 - a. shirt
 - b. pants
 - c. briefs
 - d. socks
2. Each inmate will be issued a parka when they enter general population housing. Unit staff will issue the following state-owned clothing, linens, and bedding items to each inmate upon admission to a general population housing unit:
 - a. 2 pants
 - b. 2 shirts
 - c. 2 pair socks
 - d. 2 pair shorts
 - e. 2 blankets and sheets
 - f. 1 pillowcase
 - g. 1 towel
 - h. 1 washcloth
 - i. 1 jacket
3. Upon assignment to or placement in the restrictive housing unit or the secure adjustment unit, staff will issue the following state-owned clothing, linens, and bedding items to an inmate:
 - a. 1 scrub shirt
 - b. 1 scrub pant
 - c. 1 pair socks
 - d. 1 brief
 - e. 2 blankets
 - f. 1 set of two sheets
 - g. 1 pillowcase
 - h. 1 hand towel
4. The only items of personal clothing allowed for inmate retention, in addition to state-owned clothing are listed in *MSP 4.1.3, Inmate Personal Property*.
5. With the written approval of the Warden or designee an inmate's attorney may bring civilian clothing to the courthouse for the inmate to change into and wear during a court appearance. Transportation staff will thoroughly search this clothing prior to giving it to the inmate to change into. Transportation staff will have the inmate change into transport

Subject: INMATE HYGIENE, CLOTHING& LINEN SUPPLIES

- clothing prior to leaving the courthouse for return to MSP, and the civilian clothing will be returned to the attorney.
6. Inmates must wear state issue shirt, state issue pant, a pair of footwear, briefs, and socks whenever they leave their assigned housing unit or are working a unit work assignment.
 7. Inmates may wear their personal sweatshirt in place of the state issued shirt and a pair of sweatpants or gym shorts in place of the state issued pants when attending gym or recreation yard. Headbands may only be worn to, from, and during scheduled recreation period at gym or yard.
 8. Inmates are not allowed to wear their personal gym shorts, sweatpants, and/or sweatshirts underneath their state issued shirts and pants except when attending Native American sweat activities, to which they must wear gym shorts, which they are not allowed to remove.
 9. Work supervisors may allow an inmate worker who is wearing a solid white cotton t-shirt underneath his state issue shirt to remove the outer shirt in hot work environments.
 10. Work supervisors may allow an inmate worker to wear protective clothing over his state issued clothing to prevent damage due to the nature of the work the inmate is performing. These will be approved by the Associate Warden of Security and MCE Administrator.
 11. Inmates must wear a shirt, briefs, pants, a pair of footwear, and socks whenever they leave their assigned block or cube and will not be allowed to remove any of these clothing items unless directed to do so by staff for search or exam purposes.
 12. Individual housing unit rules will outline when the shirt and pants must be state issue.
 13. Inmates must at a minimum wear briefs while in their cell. Tank tops and/or pajamas are only authorized to be worn in cell. When in the block or cube inmates must wear t-shirt, briefs, and a pair of gym shorts or pants. Individual housing unit rules will outline the dress requirements for inmates going to and from the shower facilities.
 14. Inmates are to wear clothing that fits properly and is in serviceable condition. Inmate appearance standards prohibit:
 - a. wearing pants in a manner causing them to sag.
 - b. wearing clothing items that are over or under sized for the individual's body style (baggy clothing or clothing that is excessively tight).
 - c. wearing clothing items that have holes in them.
 - d. wearing any style of dress that displays security threat group identification.
 15. The baseball style hats sold by Canteen must be worn as designed – bill straight forward, not backward or angled to the side. Stocking caps purchased through the Canteen will only be allowed to be worn from September 1 through May 30. Stocking caps worn outside of this time period will be confiscated by staff, utilizing a disciplinary infraction report. Inmates are prohibited from wearing any other garment on their head, face, or neck (do-rags, neck scarves, headbands, etc.). WRC inmate workers may be authorized other headwear appropriate to their work assignment.
 16. Gloves
 - a. the brown jersey gloves allowed for inmate purchase from Canteen are intended to provide protection to the hands from cold weather and certain work assignment

activities. They will only be allowed to be worn from September 1 through May 30, and are limited as to when they can be worn as follows:

- 1) when attending scheduled outdoor recreation yard.
 - 2) when actively working at an outdoor work assignment.
 - 3) while going to and from a work assignment at the industries compound.
- Inmates may not be wearing gloves when going to and from the industries dining hall, while inside the dining hall, or while being processed through the Change House or other security posts.

- b. the fingerless weightlifting gloves allowed for inmate purchase from Canteen are intended to provide protection to the hands while the inmate is lifting weights. Inmates are allowed to have them on their person when going to and from gym, but the only time inmates are allowed to wear them is while they are lifting weights.
 - c. Inmates may not wear any gloves inside the unit or take their gloves to the dining halls, school, groups, infirmary, etc.
 - d. Gloves worn or found on an inmate in violation of the above allowances will be confiscated by staff, utilizing a disciplinary infraction report. Inmates are prohibited from wearing any other garment on their hands.
17. Seasonal clothing such as coats, parkas, etc., may be issued to or collected from inmates when the seasons change.
 18. An inmate who alters or destroys any state issued clothing item will be held accountable through the inmate disciplinary process.

C. Laundry Services

1. State owned/issued laundry pass procedures are established in each of the housing unit rules.
2. State owned/issued and personal laundry items will be laundered only at the facility central laundry. Personal laundry must be secured in the Laundry Loop assigned to the unit for laundry purposes.

D. Personal Hygiene

1. Admissions staff will issue each inmate the following personal hygiene items during the admission process:
 - a. toothbrush/dentifrice
 - b. comb
 - c. deodorant
 - d. shampoo
2. After initial issue of personal hygiene items, inmates must purchase hygiene items through the Canteen.
 - a. typically, inmates who do not have funds should apply for indigent status to obtain personal hygiene items.
 - b. on a case by case basis housing unit staff will assist an inmate in obtaining necessary hygiene items.

3. General population inmates may keep up to four rolls of toilet paper they have purchased from Canteen in their cell, and unit staff will ensure there are sufficient quantities of toilet paper on hand to issue to inmates for normal use patterns.
4. Personal hygiene needs must not be denied as a form of punishment, indifference, or disciplinary reasons; however, they may be denied temporarily for safety and security reasons.
5. Inmates are required to brush and or clean their teeth and dentures regularly as required in order to protect and properly care for their teeth and practice appropriate sanitation of their mouth. Inmates should brush their teeth or dentures a minimum of once per day.

E. Showers

1. Showers will be available and required upon admission to MSP. Inmates who refuse to shower upon initial admission will receive a use of force shower as determined by the AW of Security or designee after consultation with mental and medical health services staff. Inmates will be given one opportunity to voluntarily submit to a shower prior to use of force.
2. Inmates are expected to shower routinely, in accordance with the environmental conditions of the season. For hygienic reasons, inmates are encouraged to shower at least every other day, or in accordance with their housing unit showering schedule. Inmates in special work assignments, such as food service or work assignments that require significant physical labor, are encouraged to shower on a daily basis.
3. Inmates who fail to shower/bath at least once every seven days or whose body odor is such that it is offensive to staff, or other inmates will be required to shower. The facility will develop a tracking mechanism for problem inmates to verify the time period elapsed and justification for a required shower. Unit staff will discuss with the inmate the reason for not showering/bathing as necessary and make a determination of whether it is a result of mental or medical health issue. For non-mental or medical health issues the inmate will be advised that he will be subject to an involuntary shower through the use of force as needed. The AW of Security or designee will determine the method by which a use of force shower will be administered. If the inmate has mental or medical health issues, the appropriate staff will work with the inmate to gain compliance prior to any use of force.
4. In cases where an inmate has soiled himself or has spread food or human waste in a cell or other areas, he will be given the opportunity to voluntarily shower. Staff will not be required to wait the seven days before involuntarily showering the offender. If the inmate declines to voluntarily shower he will be subject to a use of force shower.
5. In housing units, showers of sanitary design with hot and cold running water will be available to inmates at least every other day on an established schedule.
6. Unit staff may modify an inmate's normal shower schedule if the inmate's behavior results in security/safety problems. Normal shower schedules may be modified during emergencies. Staff must document the reason for any modification.
7. Approved use of force showers will involve the following:
 - a. the inmate will be escorted to the shower stall using established escort protocols, including hands-on techniques when necessary.

- b. the shower may be administered through the use of soap and warm water (not hot or cold) under low pressure from a hose or other device which provides for a proper cleaning of the inmate. Staff will not physically touch or scrub the inmate.
- c. staff will videotape all steps of use of force showers, especially the inmate's refusal to voluntarily shower, his escort/placement into the shower stall, the showering process, and his escort/removal from the shower stall.
- d. all standard use of force protocols will be followed.
- e. staff will document why the inmate was refusing to shower and the steps taken to gain compliance prior to the use of force.

F. Bedding

1. Unit staff will issue inmates blankets that are appropriate to the climate and season.
2. Unit staff will provide inmates the opportunity to exchange issued bed linens not less than once per week. The exchange schedule will be included in the housing unit rules. All exchanges of inmate bedding will be on a one for one basis. Inmates will be held accountable for any bedding altered or destroyed through the inmate disciplinary process.
3. Each mattress and pillow utilized by inmates will be sanitized with a liquid sanitizing solution prior to placement in storage and when reissued from one inmate to another. Facility staff may perform the function themselves, utilizing an approved sanitizing solution, or provide the sanitizing solution to the inmate occupant to clean the mattress and pillow himself.

G. Sinks and Toilets

1. Inmates will be provided access to a hand-washing sink with hot and cold running water and a flushable working toilet.
2. Fixtures will be of sanitary design, easily cleanable, and kept clean.
3. Work areas that require special sanitary conditions or may expose inmates or employees to conditions requiring access to a shower, will provide such. These work areas may include food service, medical, shop areas, and industrial operations.

H. Hair Grooming

1. Inmates must keep their hair neat, clean, well-groomed and free of unpleasant odors at all times. Clean is defined as free of dirt, body oil, lice, ticks, nits, excessive dandruff or foreign substances.
2. The following head or facial hair styles are not permitted:
 - a. the sculpting of initials, lines, designs, patterns, letters, numbers or multiple parts.
 - b. dyed hair.
 - d. excessive braids, weaves, or dreadlocks.
 - e. hairstyles that have been demonstrated to be an indicator of being a member or being identified with any security threat group.
 - f. haircuts and styles which draw undue attention to an individual inmate or group of inmates.
 - g. eyebrow removal or alteration, especially in a manner that draws undue attention to an inmate.

3. An individual inmate's hairstyle that is a fundamental tenet of his sincerely held religious belief, that has been approved and documented by the facility Religious Activities Coordinator and the AW of Security, will be authorized as long as his hair is capable of being searched in a reasonable period of time (less than three minutes) and does not present a health or safety hazard.
 - a. if an inmate wants a religious exception, he must fill out a Religious Accommodation request form in accordance with *MSP 5.6.1 Religious Programming* detailing the reason(s) why an exception should be granted, specifying the religion of which he is a believer, and detailing why he cannot comply with the hair grooming procedures and be adherent to his faith. The inmate must mail the form to the facility Religious Activities Coordinator and AW of Security, who will check available records to validate whether or not the inmate has declared he is a member of the faith group and whether or not he has regularly and routinely attended the services of the faith group he has declared adherence to.
 - 1) a religious declaration that is not sincerely held or documented will not justify an exception.
 - 2) a belief that is secular (i.e. not religious in nature) will not justify an exception.
 - b. the Religious Activities Coordinator and AW of Security will evaluate the inmate's religious belief sincerity and conviction regarding hair, the compelling penological or government interests to deny/approve the request (such as hiding of contraband, time period for searches to occur, and poor hygiene) and approve or deny the request for an exception.
4. Staff may require an inmate to remove the bun, unbraid or untie his hair in order to complete an adequate security search, therefore inmates must keep their head and facial hair clean and groomed (cut and styled) in a manner that facilitates easy, timely, and uncomplicated searches by staff. Styles with thickly matted hair, that are too long, have too much hair, or that have intricate braiding and/or excessive braids, are not allowed because they take too much time (three minutes or longer) to search and/or remove a bun or unbraid, and do not facilitate easy, timely, and uncomplicated searches.
 - a. if it is determined that an inmate has too much hair, has hair that is too long, or has his hair in a style which has been identified as an indicator of an affiliation with a security threat group or which otherwise presents a security risk, the inmate will be required to change his hair style and/or submit to a haircut.
 - b. supervisors will require inmate workers to keep their hair at a length or in a style appropriate to their work duties.
 - 1) specific work assignments (e.g., industries and food service) require inmate workers to keep their hair at a length or in a style that meets safety and/or health guidelines.
 - 2) supervisors will require inmate workers who are visible to persons from the public to keep their hair conservatively styled and cut to a length shorter than the top of their collar. Beards must be kept clean and neatly trimmed (up to 6" in length). Inmates who are employed must keep their head or facial hair in a manner that allows proper utilization of security/safety equipment for their assigned position. Supervisors will advise the inmate workers on the standards and enforce them.

- c. if an inmate has hair that hangs below the top of a shirt collar, he must keep it up in a bun, ponytail, or simple braid when he is out of his living quarters (cell or day room).
 - d. inmates are allowed to grow sideburns, a beard and/or a mustache, but they must be kept clean, and neatly groomed, beards are permitted up to 6 (six) inches in length. Styles which draw undue attention to an individual inmate or group of inmates will not be allowed.
- 5. If an inmate violates a provision of this section of the procedure regarding hair, he will be instructed to shave or change his hairstyle and/or submit to a haircut. Failure to comply will result in progressive disciplinary action and/or use of force to accomplish compliance.
 - a. criteria for use of force in accomplishing cutting of hair:
 - 1) refusal by an inmate to shave or get a haircut when there is documentation in his health records that he has a contagious and/or unsanitary condition that warrants cutting of his head or facial hair.
 - 2) refusal by an inmate to shave or get a haircut when there is documentation that the inmate has hidden contraband within his facial or head hair.
 - 3) refusal by an inmate to shave or get a haircut when there is documentation that he has not complied with prior orders to shave or cut his hair due to having head or facial hairstyles that are not permitted and for which no religious exemption has been granted.
 - 4) refusal by an inmate to shave or get a haircut when there is documentation that his hair cannot be searched in a timely and uncomplicated manner due to excessive braiding, thickly matted hair or other reasons.
 - b. procedures for hair cutting by use of force:
 - 1) all documentation supporting use of force to shave or cut an inmate's hair will be reviewed by the Warden or designee prior to cutting of the hair.
 - 2) the assembled use of force team leader, on video, will give the inmate one last opportunity to submit to a shave or haircut without use of force and explain the consequences of non-compliance. If the inmate decides to submit to a non-use of force shave or haircut this will be videotaped with the appropriate documentation retained as evidence.
 - 3) a private, isolated location for implementation of use of force procedures related to hair cutting will be pre-determined and utilized.
 - 4) staff engaged in the use of force shaving or hair cutting will employ the necessary bio-hazard precautions.
 - 5) staff engaged in the use of force shaving or hair cutting will employ/apply restraints or physical force only as needed.
 - 6) staff engaged in the use of force shaving or hair cutting will employ only properly sanitized electric shavers or hair trimmers to shave or cut the hair. Staff will not utilize an inmate (barber or otherwise) to conduct a use of force shaving or hair cutting.
 - 7) staff engaged in use of force shaving or hair cutting will document by video and the completion of incident reports the entire use of force hair cutting process, especially the following:
 - a) staff telling the inmate that this is his last opportunity to submit to a shave or haircut without use of force and explaining the consequences of non-compliance.

- b) the hands-on escort to the pre-determined location for the clipping and/or shaving and the compliance/restraining process utilized to place the inmate in a position to be clipped and/or shaved.
 - c) the clipping and/or shaving process.
 - d) the removal of the inmate from the restrained position, the escort to his assigned cell, and removal of necessary restraints.
 - c. all standard use of force protocols will be followed.
 - d. staff will document why the inmate was refusing to shower and the steps taken to gain compliance prior to the use of force.
6. Barber service
- a. at the Work Reentry Center and in each of the high security housing units, unit staff will assign an inmate unit worker to barber duties. The barber service will be provided in the unit.
 - b. inmates housed within the Low Side Compound will have access to an inmate worker assigned to perform barber duties in the Low Support Building. A schedule of barber service times must be displayed in each of the housing units, and it must include times for inmates that work during the day to get barber services.
 - c. procedures will be outlined for the control and accountability of barber equipment and supplies.
 - d. inmate barbers will be given the parameters regarding allowed hairstyles for inmates and will cut inmates hair within those parameters only. Lack of compliance will result in loss of work assignment and appropriate disciplinary action for both the inmate barber and inmate receiving the haircut.

I. Footwear

- 1. Admissions staff will issue each inmate a pair of state-owned lace less shoes during the admission process in the Martz Diagnostic/Intake Unit. If an inmate arrives with a pair of personally owned shoes/footwear admissions staff will ask the inmate if he wants to mail them to someone or have them disposed of. If the inmate chooses to mail them out the mailing fees will be paid by the facility or the IWF.
- 2. Restrictive Housing unit staff will issue a pair of state-owned lace less shoes to each inmate during the unit intake process and place the inmate's personal or state issue shoes with the rest of his property that is in storage. The Unit Management Team may approve identified inmates to purchase personally owned footwear with Velcro or lace less closure.
- 3. Once a year an inmate in general population housing may request a pair of state-owned footwear. Unit staff will order him a pair if:
 - a. he does not have an adequate pair of shoes.
 - b. his personal footwear do not provide adequate protection for his feet with the work he is performing in his current work assignment.
 - c. the footwear limit for inmates is established as outlined in *MSP 4.1.3, Inmate Personal Property*.

- J.** When a significant change occurs in an inmate's appearance a new identification card shall be made. See *MSP 3.1.107, Inmate ID Cards*.

K. Inmate Living Quarters

1. Areas in which inmates are housed will be maintained in a clean and sanitary condition.
2. Housing unit rules must require inmates to keep their living quarters/areas in a neat and sanitary condition.
3. Each Housing Unit Management Team will determine the methods used for cleaning, the cleaning schedule, and a regular inspection schedule.
4. Housing Unit Management Teams will ensure inmates have access to cleaning supplies as determined by housing unit post orders.
5. If an inmate fails to abide by personal or living quarter cleanliness standards, he will be subject to disciplinary action.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Associate Warden of Security

V. ATTACHMENTS (none)



MONTANA STATE PRISON OPERATIONAL PROCEDURE

Procedure:	MSP 4.5.63 INMATE PEER MENTOR PROGRAM	
Effective Date:	07/02/2024	Page 1 of 4
Revision Date(s):		
Medical Director Signature:	/s/ Paul Rees, M.D.	
Rehabilitation and Programs Division Chief Signature:	/s/ Scott Eychner	

I. Purpose:

Inmate Peer Mentors provide support to inmates who are severely mentally ill and/or at risk for suicide, as well as other inmates in need of assistive support. Inmate Peer Mentors are a supplement to security staff and do not take the place of staff security requirements.

II. Definitions:

Direct and Continuous Observation – Continuous observation of a suicidal or self-injurious prisoner placed on observation. Cameras can be used but only in addition to a staff member.

Inmate Peer Mentor – An inmate selected and trained by staff to support SMI inmates and those placed on Suicide Watch. Mentors may be used to supplement the 15-minute random and staggered cell front checks conducted by staff during Close Watch. The use of a Peer Mentor does not substitute or diminish any required observation of the inmate by staff.

Inmate Peer Mentor Hiring Panel – For the purpose of this procedure, the hiring panel will be composed of the onsite Mental Health Manager or designee, housing unit Lieutenant or designee, and case manager for assigned unit. They will interview inmates interested in the position once they have passed the screening.

Mental Health Emergency – Prisoner behavior which is inappropriate due to mental illness such as a thought disorder or a major mood disorder, attempted suicide, or self-injury and which demonstrates a high risk for immediate danger to self, others, or serious destruction of property.

Qualified Mental Health Professional (QMHP) – Psychiatrists, psychologists, psychiatric social workers, psychiatric nurse practitioners, psychiatric nurses, licensed professional counselors, licensed clinical social workers, and others who, by virtue of their education, credentials, and experience, are permitted by law to evaluate and care for mental health needs of patients, including Department staff and contracted or fee-for-service professionals. This definition excludes Mental Health Technicians.

III. Procedures:

A. Inmate Peer Mentor

1. The role of the Inmate Peer Mentor is to serve as a support to at-risk inmates and may be involved in, but not limited to, the following tasks when assigned to an inmate on suicide watch:
 - a. communicating with the at-risk inmate;
 - b. reading to the at-risk inmate materials approved by the QMHP;
 - c. notifying staff of the at-risk inmate's needs;
 - d. sitting quietly with the at-risk inmate and offering companionship;

- e. monitoring the at-risk inmate every 5 minutes and reporting any concerns to the security staff;
 - f. maintaining a constant direct line of sight of the inmate that is on watch;
 - g. recording observations in the suicide watch log provided for Inmate Peer Mentors; and
 - h. participating in regular debriefings and trainings.
2. Inmate Peer Mentors also provide peer support either individually or in groups to assigned inmates for such activities as:
 - a. recreation/exercise;
 - b. social skills development;
 - c. reading;
 - d. hobbies;
 - e. meals;
 - f. education classes; and
 - g. hygiene instruction/ADLs
 3. When Inmate Peer Mentors provide support and assistance, they may not physically touch the supported inmate at any time.
 4. Inmate Peer Mentors may not assist with bathing, feeding, dressing, and grooming. In addition, Inmate Peer Mentors may not assist in an inmate's health or legal matters. Inmate Peer Mentors will notify staff if the supported inmate needs immediate assistance with these activities.
 5. Inmate Peer Mentors may assist in the scheduling and escorting of an assigned inmate's appointments, as well as assisting in meal preparation.

B. Inmate Peer Mentor Criteria and Eligibility

1. Notices may be issued at any time announcing the opportunity for interested inmates to apply to become an Inmate Peer Mentor.
2. All interested inmates will submit an Inmate Peer Mentor application to the onsite Mental Health Manager or designee.
3. All qualified applicants will be reviewed by the onsite Mental Health Manager or designee and participate in an interview with the Inmate Peer Mentor Hiring Panel.
4. Prospective Inmate Peer Mentors must meet the following criteria:
 - a. have a GED or high school diploma;
 - b. have been at MSP for a minimum of 9 months;
 - c. have at least one year left on sentence;
 - d. have clear conduct the past 12 months;
 - e. have not been on watch, attempted suicide, or engaged in self-harmful behaviors within the last 12 months; if on psychotropic medications, must be medication-compliant;
 - f. be Case Plan compliant;
 - g. cleared by Investigations, PREA, Security Threat Group, Housing, and Case Management staff; and
 - h. deemed clinically appropriate by a QMHP to become an Inmate Peer Mentor.
5. The onsite Mental Health Manager or designee exercises the right to make exceptions for allowing or not allowing an inmate to become an Inmate Peer Mentor.
6. Once hired, the onsite Mental Health Manager or designee will complete the Job Assignment Form and submit it to the Placement Office. If approved, the Inmate Peer Mentor will be placed on the Movement Sheet and notified.

C. Training of Inmate Peer Mentors

1. All prospective Inmate Peer Mentors will receive 8 hours of initial training. The successful Inmate Peer Mentor must have a minimum passing score of 80% on the examination to be eligible.
2. Inmate Peer Mentors will receive 4 hours of ongoing training annually.
3. The onsite Mental Health Manager/designee will maintain training records.
4. Training topics will include:
 - a. Signs of suicide, responding to a suicidal inmate
 - b. Setting boundaries
 - c. Self-care
 - d. Active Listening
 - e. Confidentiality
 - f. Ethics and values
 - g. Conduct and professionalism
 - h. Assertiveness and teamwork
 - i. Observant and alert
 - j. Integrity
 - k. Definition and Symptoms of Severely Mentally Ill (SMI)
 - l. Understanding psychotropic medications and side effects
 - m. Motivational Interviewing
 - n. Core Correctional Practices
 - o. De-escalation techniques

D. Supervision of Inmate Peer Mentors

1. The onsite Mental Health Manager or designee will be responsible for the overarching clinical supervision of Inmate Peer Mentors.
2. An Inmate Peer Mentor shift shall generally be four to six hours in length, but in unusual circumstances, shall not exceed eight hours in a 24-hour period. The use of an Inmate Peer Mentor does not substitute or diminish any required observation of the inmate by staff.
3. The On Duty Sergeant and/or Housing Unit Lieutenant or designee will be responsible for direct supervision of Inmate Peer Mentors.
4. Evaluation of Inmate Peer Mentors will be conducted by the onsite Mental Health Manager or designee in consultation with security staff (housing unit and working unit) every 90 days. (See *DOC 5.1.1 Inmate Assignments* for information on evaluation requirements).
 - a. Evaluation can be conducted sooner on a case-by-case basis.
 - b. Evaluations will be documented in the Inmate Peer Mentor file and be given to the unit to go in the Unit File.
5. The onsite Mental Health Manager or designee will meet with Inmate Peer Mentors either individually or in a group setting no less than once per month for ongoing feedback and supervision.
6. The onsite Mental Health Manager or designee will work in consultation with security staff to assign Inmate Peer Mentors to work with inmates when referrals are made for an Inmate Peer Mentor.
7. The onsite Mental Health Manager or designee will coordinate the Inmate Peer Mentors into teams for Suicide Watch, covering 4 shifts of 6 hours throughout a 24-hour block of time:

- a. The onsite Mental Health Manager or designee will notify the Inmate Peer Mentor teams when coverage is needed. If an assigned Inmate Peer Mentor is unable to fulfill the time commitment, backup Peer Mentors will fill that time slot.
8. During a suicide watch, security staff or designated staff will supervise the Inmate Peer Mentor as well as the inmate who is on suicide watch by conducting checks at random intervals not to exceed 15 minutes.

E. Termination/Suspension

1. Only the onsite Mental Health Manager or designee or On Duty Supervisor of Housing Unit has the authority to suspend an Inmate Peer Mentor.
2. Any staff member may contact the onsite Mental Health Manager to explain any concerns and actions the staff member would like to see taken.
3. The onsite Mental Health Manager will consider the complaint and take any appropriate actions including but not limited to warnings, suspension, or termination.
4. Any Inmate Peer Mentor with a complaint or concern may either bring it to the onsite Mental Health Manager or send an HSR requesting an appointment to discuss the issue.
5. Based on the decision of the onsite Mental Health Manager or designee, immediate suspension and subsequent termination of an Inmate Peer Mentor shall include, but not be limited to:
 - a. Receipt of any class 2 rule violation or a major rule infraction
 - b. Possession or use of dangerous contraband
 - c. Refusing to report to the work position or absenteeism
 - d. Theft from the work area
 - e. Unauthorized use of any computer, telephone, etc.
 - f. Unit team recommendation
 - g. Inadequate performance in the position
 - h. Safety violations
 - i. Suspected abuse or inappropriate touching of supported inmate
 - j. Performing unauthorized tasks for the supported inmate or on that inmate's behalf
6. The Inmate Peer Mentor has the right to terminate their job at any time without consequence.

IV. References

- A. *DOC 5.1.1 Inmate Assignments*



MONTANA STATE PRISON OPERATIONAL PROCEDURE

Procedure	MSP 4.5.100 SUICIDE RISK MANAGEMENT AND INTERVENTION	
Effective Date:	07/12/2004	Page 1 of 9 with attachments
Revision Date(s):	07/13/2009; 02/27/2013, 12/15/2019; 05/31/2021; 07/02/2024	
Medical Director Signature:	/s/ Paul Rees, M.D.	
Rehabilitation and Programs Division Chief Signature:	/s/ Scott Eychner	

I. PURPOSE

To maintain and implement procedures and practices designed to identify and manage inmates at risk of engaging in self-injurious and suicidal behavior to prevent self-injury and suicide. Suicide management is a collaborative and cooperative effort between security, administrative, mental health, and medical staff.

II. DEFINITIONS:

Acutely Suicidal (active) – Inmates who engage in self-injurious behavior or threaten suicide and have a specific plan for carrying it out and are placed on constant observation to ensure safety.

Classification Review Committee (CRC) – A committee consisting of the Restrictive Housing Program Compliance Manager, Associate Warden of Custody or designee, Qualified Mental Health Professional (QMHP), Qualified Health Care Professional (QHCP), Restrictive Housing Unit Lieutenant/Manager, Secure Adjustment Unit Lieutenant/Manager, High Side and Low Side Captains or designees, and a staff member from Classification.

Close Watch – This watch level is a step-down from Constant Watch and is designed for potentially or inactively suicidal inmates who express suicidal ideation without a specific threat or plan and/or have recently demonstrated self-injurious behaviors. Inmates who deny suicidal ideation or do not threaten suicide but demonstrate other concerning behavior indicating the potential for self-injury should be placed on this watch level. Inmates on this level are placed in a Watch Cell with appropriately safe belongings and are observed in-person by a staff person at irregular intervals no less frequent than 15 minutes apart.

Columbia Suicide-Severity Rating Scale (C-SSRS) – Developed by Columbia University, the University of Pennsylvania, and the University of Pittsburgh, the C-SSRS supports suicide risk assessment through a series of simple, plain-language questions. The answers help the facility staff to identify whether an offender is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support an offender needs.

Constant Watch – This watch level is designed for actively suicidal inmates who have engaged in self-injurious behavior or threaten suicide with a specific plan. Inmates under Constant Watch must be observed in-person by a staff member at all times. Constant Watch is the default suicide monitoring status until a QMHP is available to assess the inmate. Inmates on this level are placed in a Safety / Observation Cell, which may be in the Infirmary or RHU.

Health Services Bureau (HSB) – A division of the Rehabilitation and Programs Division that oversees all medical, mental health, dental, and vision services for all inmates in the custody of the Department in secure and contracted facilities.

Inmate Peer Mentor – An inmate selected and trained by staff to support SMI inmates and those placed on Suicide Watch. Mentors may be used to supplement the 15-minute random and staggered

cell front checks conducted by staff during Close Watch. The use of a Peer Mentor does not substitute or diminish any required observation of the inmate by staff.

Mental Health Staff – Qualified mental health professionals and mental health trained correctional staff who have received instruction and supervision in identifying and interacting with individuals in need of mental health services.

Non-Acutely Suicidal (Potential or Inactive) – Inmates who express current suicidal ideation (for example, expressing a wish to die without a specific threat or plan) and/or have a recent history of self-destructive behavior.

Qualified Mental Health Professional (QMHP) – Psychiatrists, psychologists, psychiatric social workers, psychiatric nurse practitioners, psychiatric nurses, licensed professional counselors, licensed clinical social workers, and others who, by virtue of their education, credentials, and experience, are permitted by law to evaluate and care for mental health needs of patients, including Department staff and contracted or fee-for-service professionals. This definition excludes Mental Health Technicians.

Safety/Observation Cell – A temporary and non-punitive separation from regular housing to establish the safety of an inmate in collaboration with mental health services.

Suicide/Self-Injury Plan (SSIP) – A plan established primarily by the QMHP in coordination with the Unit Management Team to address the safety of the inmate. This plan includes placement, watch level, and an individual plan for the inmate to step down from suicide watch.

Suicide Watch – A status whereby a potentially suicidal inmate who has engaged in self-harm or is at risk of self-harm is placed in an appropriate secure cell, on Close or Constant observation. This may include different, more secure housing, the removal of or more secure property as well as other precautions to ensure safety of the inmate. Suicide Watch is overseen by a QMHP, and only a QMHP may remove an inmate from Suicide Watch.

Watch Cell (Suicide Resistant Cell) – A safe and secure cell designated for suicide monitoring. This separation is temporary and non-punitive.

III. PROCEDURES:

A. Identification and Referrals

1. The assessment of suicide risk should not be viewed as a single event, but as an ongoing process. Because an inmate may become suicidal at any point during confinement, suicide prevention should begin at the point of arrival at the facility and continue until the inmate is released from the facility.
2. Security Admissions staff will question Transport staff regarding an inmate's suicide risk or other self-harming and concerning behaviors while conducting their initial assessment.
3. Security Admissions staff will notify Mental Health Staff immediately if the inmate claims the inmate has had or is having thoughts of self-harm/suicidality.
4. Medical Admissions staff will ask each newly received inmate about self-injury/suicidal thoughts, plans, and intentions during the initial intake screening process, using a Columbia-Suicide Severity Rating Scale (C-SSRS). Medical Admissions staff will observe the inmate for signs of suicidality.
 - a. If screening shows recent or historical suicidality (up to a year previous):
 - 1) the inmate will be referred to a QMHP for a comprehensive Mental Health Evaluation and will complete a Safety Plan;
 - 2) QMHP will place a flag "Suicide Attempt" in the electronic health record; and
 - 3) QMHP will refer to additional Mental Health services in the inmate's assigned unit to develop a comprehensive treatment plan to minimally address suicidality.

5. Admissions staff will encourage newly received inmates to report any knowledge of other inmates' self-injurious/suicidal thoughts, plans, intentions, and/or behaviors to a staff member.
6. All staff members, whether security, programs, education, mental health, or medical will monitor all inmates for self-injury/suicide risk factors (*see Attachment A*). All threats, ideation, or other signs of potential suicide must be taken seriously, even if information is provided by another incarcerated individual. If there is any concern about self-injury/suicide risk, refer them to mental health staff for assessment of self-injury/suicide risk.
 - a. Any staff onsite can and will complete the *Attachment A: Columbia – Suicide Severity Rating Scale (CSSRS)* and notify their supervisor and Command Post and complete an Incident Report.
7. At the first sign of suicide potential, staff must immediately implement the suicide risk management process by placing the inmate on a Constant Watch in a safe location, i.e. safety/observation cell or infirmary. See *MSP 3.5.1 Restrictive Housing Operations and Step-Down Program*.
8. Unit staff, IPPOs, and case managers will inform mental health staff of any of the following:
 - a. new legal problems (for example, additional charges);
 - b. after receiving bad news regarding self or family/friends (for example, medical conditions, loss of family members);
 - c. prior to release, especially after a long incarceration; or
 - d. after suffering humiliation or rejection.
9. A mental health professional will complete a wellness status note and follow recommendations for these occurrences based on severity of need.
10. A QMHP will review and address all self-referrals from inmates who might be at risk for self-injury/suicide according to *MSP HS D-07.1*.

B. Evaluation and Treatment

1. QMHPs and security staff will rapidly respond to a reported suicidal/self-harming inmate to evaluate, coordinate, and provide treatment. Each role has its own specific duties.
2. QMHP Duties:
 - a. once a QMHP is notified of a suicidal/self-harming inmate, meet with the inmate face to face. Initiate/update Suicide Watch and document in Electronic Health Record (EHR) as soon as possible, but no later than 24 hours from initiation of Suicide Watch;
 - 1) complete Suicide Intake Risk Assessment – determine suicide/homicide risk level. Set follow up time for 24 hours or less. If possible, this will be done out of cell;
 - 2) determine Suicide Watch Level;
 - a) Constant Watch – inmate is placed in (or remains in) a safety/observation cell or infirmary;
 - b) Close Watch– inmate is placed in a Watch cell;
 - 3) complete a Suicide/Self-Injury Plan (SSIP) in the EHR, citing specific suicide monitoring instructions and allowable property;
 - a) send SSIP to COR SMP email group;
 - b) save SSIP in MSPData>Housing Units>RHU, SAU UMT>SMP;
 - 4) complete/update inmate's safety plan;
 - a) send safety plan to Unit Management Team;
 - 5) if an inmate is SMI, the infirmary observation cell is the preferred placement;
 - 6) assign an Inmate Peer Mentor, if appropriate;
 - b. within 24 hours or by the set follow up time, a QMHP will reassess the inmate (out of cell, if possible), complete the Daily Suicide Watch Progress Note, assess risk level, and set follow up time;
 - 1) Constant Watch should be based on a dire, imminent safety need and must be time-limited to the period during which such need is actively present and shall be

- terminated once the need is abated, at which time, the QMHP can move the inmate to Close Watch;
 - 2) continue to reassess until inmate is stable and can be released from Suicide Watch;
 - c. complete updated SSIPs for each assessment, citing specific suicide monitoring instructions and allowable property, including reintroduction of articles of clothing and other property;
 - d. update safety plans for each assessment and send out to Unit Management Team;
 - e. removal from suicide watch;
 - 1) meet with inmate (if possible, out of cell), and complete Suicide Watch Discontinuation;
 - 2) schedule a follow up with assigned unit therapist within 72 hours and inform unit therapist of inmate's return;
 - 3) complete an SSIP discontinuation;
 - f. Post-release follow up;
 - 1) meet with inmate, preferably within 24 hours, but no later than 72 hours;
 - 2) update treatment plan to address underlying reason for inmate's suicidal ideation;
 - 3) update safety plan – strategies should include interventions for when acutely and non-acutely suicidal as well as monitoring strategies to reduce relapse;
 - 4) QMHP may assign regular Wellness Checks to be performed;
 - 5) QMHP may assign a Peer Companion to meet with inmate; and
 - g. if an inmate is on Constant Watch for more than 72 hours, the QMHP on-call will consult with the CRC and determine whether escalated treatment is necessary, including whether the inmate should be referred to a care facility outside MSP.
3. Security Staff Duties:
- a. perform a CSSRS immediately if any inmate exhibits suicidal/self-injurious symptoms, or, if an inmate is in imminent risk, initiate Constant Watch; remove them to a safety/ observation cell or infirmary and inform Command Post;
 - b. if an inmate is SMI, staff will prioritize placing them in the infirmary observation cells;
 - c. Command Post contacts Mental Health On-Call for additional instructions and/or assessment;
 - d. ensure inmate receives an unclothed body search and provide inmate with security mattress, security blanket and safety smock;
 - e. ensure proper paperwork is done (classification override) if necessary;
 - f. perform necessary checks as determined by the Watch Level on the SSIP;
 - 1) **Constant Watch Level** is for an inmate who is considered a higher risk for suicide, including:
 - a) threatening suicide with a specific plan;
 - b) engaging in serious self-injurious or suicidal behavior;
 - c) any inmate who a QMHP determines is on a higher risk for suicide; or
 - d) any other inmate that is posing significant risk to self or others due to harmful or dysregulated behaviors;
 - e) **Note:** Security staff designated to conduct the Constant Watch shall:
 - (1) directly observe the inmate on a continuous and uninterrupted basis in person, never leaving the inmate unattended;
 - (2) be responsible for making entries in the Logbook a minimum of every 15 minutes;
 - (3) document any significant change in the inmate's behavior, expressed thoughts, and/or emotional state; and
 - (4) immediately notify Command Post of any threats of self-harm or any active engagement in self-injurious behavior.
 - 2) **Close Watch Level** is for an inmate who is considered a lower risk for suicide, including:
 - a) has a recent prior history of serious self-injurious behavior or suicidal behavior, but is not actively engaging in such behavior;

- b) expresses general suicidal ideation, but has not engaged in any suicidal or self-injurious behavior;
- c) threatens suicide without a specific plan but other factors indicate the potential for serious self-injury or suicide;
- d) denies any suicidal ideation but other factors indicate the potential for serious self-injury or suicide; or
- e) any other inmate that a QMHP determines is a lower risk for suicide but needs a watch;
- f) security staff shall:
 - (1) make visual contact with the inmate at staggered intervals not to exceed 15 minutes;
 - (2) document the visual contact using the electronic monitoring system;
 - (3) document in the Logbook any other observations and communications as they occur;
 - (4) immediately notify Command Post of any threats of self-harm or any active engagement in self-injurious behavior;
- 3) any time a Watch Level is changed, document in Logbook;
- 4) for the purposes of Constant and Close Watch, video monitoring may be used, but not as a substitute for in-person observation;
- g. ensure up to date SSIP is posted next to Safety/Observation or Watch Cell; and
- h. once an inmate has stabilized to the Close Watch level, they will be offered a shower and a phone call, within a reasonable time. Individuals on Disciplinary Detention do not qualify for a phone call in accordance with *MSP 3.4.1 Institutional Discipline*.

C. Communication and Reporting

1. Mental health department staff who are responsible for managing an inmate's risk for self-injury/suicide will, verbally and through writing, communicate information to administrative, medical, and correctional staff who are involved in the management of the inmate. Primary written communication will be through the SSIP.
2. Mental health department staff will communicate the special needs of inmates with severe mental illnesses and make recommendations to administrators and the unit management team concerning the most appropriate management of these inmates, including housing assignments, work assignments, disciplinary measures, and transfers.
3. Mental health department staff will develop and maintain regular communication with administrative and security staff in order to identify inmates who may be at risk for self-harm/suicide.
 - a. QMHPs who assess an inmate with a history of suicidality within the last year will place a flag of "Suicide Attempt" in the electronic health record.
 - 1) This list will be communicated to housing staff, medical staff, and security staff who need the information for the safety of inmates.
4. All Logbooks shall be reviewed by Command Post to ensure Suicide Watches are consistently conducted at least as frequently as required and at varied intervals and are documented timely and accurately. This review is to be completed at least once per shift. Any compliance issue shall be immediately addressed and then directly reported to the Warden or designee.
5. The Warden or designee shall conduct a monthly quality assurance review of the Logbooks.
6. The Mental Health Manager or designee shall conduct a monthly quality assurance review of the Suicide Watch SSIPs to ensure continuing compliance with policy. Findings, issues, and concerns will be routed through the Health Services Bureau Quality Improvement process (*see MSP HS-A-06.0-CQI Plan for Health Services*).

D. Emergency Intervention

1. Staff will take immediate action when suicidal behavior is observed. Any available person, including non-security staff, may be asked to assist during an emergency. Safety of staff and inmates should be the first consideration in the initial response.
2. **Restrictive Housing and Secure Adjustment Unit (RHU & SAU)**
 - a. First officer or person on the scene will call for help and/or notify the control room officer;
 - b. control room officer will notify Command Post, Health Care, and Unit Supervisor (if on shift). The Shift Commander will initiate emergency medical assistance procedures;
 - c. second responding officers/staffs will retrieve the medical kit, scissors/cut down tool (if inmate is hanging) and shield from their storage location;
 - d. if the inmate appears to be unresponsive, and there are two or more officers/staff on the scene, two officers/staff will enter the inmate's location using the shield. If there are only two officers/staff on the scene and the situation appears to be non-life threatening or involves an inmate cutting the inmate's self, the officers will wait until additional help arrives;
 - e. if the inmate is found hanging, staff will immediately handcuff the inmate with the inmate's hands to the front of the inmate's body and cut the inmate down, with one officer lifting the inmate and the other cutting the inmate down. The inmate will then be laid on the floor facing up and the officers/staff will initiate first aid and determine if cardiopulmonary resuscitation (CPR) is necessary. If the inmate is non-responsive, the handcuffs will be removed to facilitate the CPR process;
 - f. if CPR is required, it must be initiated. Staff will use a micro shield (or an Ambu-bag if available) for the breaths, and an automated external defibrillator (AED) will be utilized when/if available. Once CPR is initiated, staff will administer it until the inmate is revived or staff is replaced by health care staff or until inmate is pronounced dead by the attending physician or coroner;
 - g. when health care personnel arrive, they will assess the situation, provide direction, and continue administration of CPR and any additional life-saving measures;
 - h. additional staff can ensure that the crime scene is preserved to the extent possible;
 - i. the Shift Commander will notify the Powell County ambulance service as needed;
 - j. based on the assessment of health care personnel, the inmate will be put on a gurney and transported to the Infirmary or a waiting ambulance as quickly as possible. Security escort will be provided per established procedures. CPR efforts will continue on the way to the Infirmary or waiting ambulance. **Again:** once CPR is started, it will continue until the inmate is revived or is pronounced dead by an attending physician or coroner; and
 - k. the Shift Commander will ensure that the Duty Officer, Warden, the Associate Wardens, Mental Health On-Call, and the DOC Investigator are notified of the incident as soon as enough information has been gathered.
3. **Non-Restrictive Housing Units, Work Locations, or other Locations:**
 - a. First person on the scene will:
 - 1) immediately notify other staff of the need for assistance and survey and secure the scene for safety (for example, the situation could be a diversionary tactic or an attempt to assault staff or to escape);
 - a) the first Corrections Officer on the scene may use their discretion in entering the cell alone. If they consider it necessary, they may postpone entering the cell until after the arrival of a second Corrections Officer;
 - b) if an inmate is found hanging, officer will retrieve a medical kit and the scissors/cutdown tool, staff will take measures to remove pressure from the inmate's neck, including removal of the object from around the neck and/or lifting the inmate's leg to remove pressure on the neck;
 - c) if the inmate is non-responsive, is bleeding, or is in obvious physical distress, initiate and continue first aid/CPR until health care staff or qualified personnel

arrive to take over. Staff will use a micro shield (or an Ambu-bag if available) for the breaths, and an automated external defibrillator (AED) will be utilized when/if available. Once CPR is initiated, staff will administer it until the inmate is revived or medical staff take over or until the inmate is pronounced dead by the attending physician or coroner;

- b. second person on scene will:
 - 1) notify Command Post, Infirmary, and immediate supervisor.
 - 2) assist with first aid/CPR as necessary.
 - 3) maintain security and preserve the scene as much as possible;
- c. the Shift Commander will initiate emergency medical assistance procedures;
- d. when additional staff arrive, they will assist in administering CPR and help maintain security;
- e. continue with steps g through k under Restrictive Housing and Secure Adjustment Unit (RHU & SAU) immediately above; and
- f. Department Investigative staff will initiate their investigation protocol, review incident reports, and interview staff as required.

IV. REFERENCES

- A. *MSP HS D-07.1 Urgent/Emergent Response*
- B. *MSP HS E-02.0 Intake Health Screening and Physical Assessment*
- C. *MSP HS E-05.0 Mental Health Screening and Evaluation*
- D. *MSP HS E-07.0 Non-Emergent Healthcare Requests and Services*
- E. *MSP HS G-02.0 Mental Health Evaluations of Inmates in Restrictive Housing*
- F. *MSP 4.5.63 Inmate Peer Mentor Program*
- G. *DOC 4.5.20 Emergency Services and Response Plan*

V. CLOSING

Questions about this operational procedure should be directed to the Warden.

VI. ATTACHMENTS

- Attachment A: Suicide Signs, Symptoms, and Risk Factors*
- Attachment B: Columbia-Suicide Severity Rating Scale*



MONTANA STATE PRISON

ATTACHMENT A: SUICIDE SIGNS, SYMPTOMS, AND RISK FACTORS

NOTE: This is not a complete listing of all signs, symptoms, and risk factors for the detection of self-harm potential; therefore it is important that you contact someone from the Mental Health Department if you have any concerns that an inmate may be considering self-harm behavior.

Signs and Symptoms

- Inmate demonstrates a significant change in functioning.
 - Seems extremely sad or is crying.
 - Loses interest in all or almost all people and activities. Withdrawn and non-communicative.
 - Loss of appetite.
 - Seems to be in slow motion; no energy.
 - Is tense, agitated, and cannot seem to relax. Emotional outbursts and sudden anger.
 - Expresses pessimism, hopelessness, and helplessness.
- Inmate talks about suicide or verbalizes thoughts of wanting to be dead.
- Inmate packs up and/or gives inmate's possessions to others.
- Inmate appears calm after a period of agitation or depression.

Risk Factors

- Has a history of suicide attempts.
- Placed in segregation.
- Recent death or serious illness of a family member.
- Loss of family support due to divorce or family relocation.
- Denied parole; convicted of a new crime; facing detention time.
- Has a long sentence.
- Will be leaving soon after serving a lengthy sentence.
- Has been sexually assaulted.
- Has been having problems with peer group/friends.
- Has a serious mental illness such as depression or schizophrenia.
- Has a language barrier or disability resulting in him being isolated.
- Has a significant anniversary date approaching.



MONTANA STATE PRISON
ATTACHMENT B: COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screening Version – Since Last Contact for Corrections

SUICIDE IDEATION DEFINITIONS AND PROMPTS		Since Last Contact	
Questions are bold and <u>underlined</u>		YES	NO
Always ask Questions 1 and 2			
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>			
2) <u>Have you actually had any thoughts about killing yourself?</u>			
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.			
3) <u>Have you been thinking about how you might do this?</u>			
4) <u>Have you had these thoughts and had some intention of acting on them?</u>		High Risk	
5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u>		High Risk	
Always ask Question 6		Life-time	Past 3 Months
6) <u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u> <i>Examples:</i> Took pills, tried to shoot yourself, cut yourself, tried to hang yourself; or collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, etc. <u>If yes, was this within the past 3 months?</u>		High Risk	

Recommended Response Protocol to C-SSRS Screening

- Item 1 Behavioral Health Referral
- Item 2 Behavioral Health Referral
- Item 3 Same Day Behavioral Health Evaluation, Consider Suicide Precautions
- Item 4 Immediate Suicide Precautions
- Item 5 Immediate Suicide Precautions
- Item 6 Immediate Suicide Precautions



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 4.7.100 INTERSTATE COMPACT TRANSFERS	
Effective Date:	November 24, 2003	Page 1 of 3 and 4 Attachments
Revision Date(s):	July 13, 2009, July 17, 2020, April 30, 2021	
Reference(s):	DOC Policy 4.7.6	
Signature:	/s/ Jim Salmonsens / Warden	

I. PURPOSE

To transfer inmates to and from facilities outside Montana as allowed by the Interstate Corrections Compact (ICC).

II. DEFINITIONS

Receiving Facility - The facility that is being requested to assume custody of an inmate transfer.

Sending Facility - The facility that is requesting the transfer of an inmate.

TCSBC- Acronym for Technical Correctional Services Bureau Chief

III. PROCEDURES

A. Outgoing Transfers

1. When the application of the facility's inmate management processes has failed to get an inmate to return to an acceptable period of self control, housing unit staff will conduct a file review of the inmate to document their recommendation concerning transferring the inmate to an out-of-state facility. They will complete *section A* of a *DOC Interstate Corrections Compact Transfer Request form (Attachment A)*, and forward to the facility Technical Correctional Service Bureau Chief. (TCSBC)
2. When the application is at the request of the inmate; the housing unit staff will assist the inmate is completing *section A of the DOC Interstate Corrections Compact Transfer Request form (Attachment A)* ensuring the inmate signs the request.
3. If the facility administrator determines that transferring an inmate out of state would be beneficial to the safety and security of the facility the Technical Correctional Services Bureau Chief (TCSBC) will initiate the interstate compact transfer process. The TCSBC will review the records file on the inmate for victim notification(s) and notify any victim(s) of the pending transfer decision. If a victim objects to the transfer the TCSBC will review their concerns with the Warden before a final decision is made to pursue the transfer. The TCSBC will notify the victim(s) of the Warden's decision.
4. The receiving facility must approve a transfer; therefore, the MSP TCSB will send a packet of file material on the inmate that includes legal information, pre-sentence investigation (or similar material), completed *medical history form (Attachment B)*,

Subject: INTERSTATE COMPACT TRANSFERS

disciplinary record, classification/custody history and *ICC Referral Summary Sheet (Attachment C)* to out of state facilities that might be interested in accepting the inmate.

5. If and when an out of state facility agrees to accept the inmate, the MSP TCSBC will obtain delivery instructions from the receiving state. Before the transfer the MSP TCSBC will send the receiving state the names of the transport officers and the estimated date and time of delivery.
6. The TCSBC will provide the transport officers copies of the traveling legal paperwork and the acceptance letter from the receiving state.
7. Documentation of official movement will be completed when the inmate leaves on transport to the receiving state.

B. Incoming Transfers

1. When the TCSBC receives a transfer request packet for a transfer to Montana from another state, he/she will complete memo summarizing the requested transfer and present it and the transfer request packet to the Warden or and facility administrators.
2. The Warden will approve/deny the request and return the completed paperwork to the TCSBC. The sending state will be notified via mail of the decision. If denied, the transfer request packet will be returned to the sending state.
3. If the transfer is approved, the TCSBC will work out delivery arrangements with the sending state and send written notification to all affected staff, well before the arrival of the out-of-state transfer, so they are aware of the acceptance and arrival information.

C. Property

1. Incoming Transfers
 - a. If the inmate is accepted for transfer to Montana, the sending state will complete and return the *Montana ICC Allowable Property Form (attachment D)* before the inmate travels to Montana. This is done as fair notice to the inmate, so that they may arrange to dispose of any unallowable items they have before they are transported or face losing them upon arrival at the Montana facility.
 - b. All property that is received will be reviewed for comparability to items allowed at Montana State Prison; if determined acceptable by the Associate Warden of Security and TCSBC the item will be allowed.
 - c. If the sending facility sends items that are not allowed for the inmate's retention at the Montana facility, the unallowable items will be reviewed on a case-by-case basis upon arrival. If the item is similar to what is offered at MSP it will be allowed. Items not allowed will need to either be mailed out or disposed of.
2. Outgoing Transfers
 - a. When the TCSBC receives notice of acceptance of an ICC Involuntary Transfer, the TCSBC will provide the facility Property Officer or designee with an address and the list of personal property items on the *Montana ICC Allowable Property Form (attachment D)* that the inmate is allowed to send to the receiving facility. The inmate will not be allowed to ship or take any item that isn't on this list to the receiving facility.

Subject: INTERSTATE COMPACT TRANSFERS

- b. On the day of the transfer, immediately after informing the inmate he/she is going out on a transport, housing unit staff will have the inmate complete a special mailing request form for the unallowable items that the inmate requests to be sent out. Mailing/shipping costs will be paid by the facility.
- c. If the inmate refuses to pack the property items or fill out a special mailing request to have them mailed out, the property items will be considered abandoned and will be disposed of.
- d. On the day of transfer the inmate will only be transported with the following items: prescription eyewear and medication, and his/her current legal paperwork. All must fit in a 10" x 15" manila envelope. The disposition of all other property must be handled prior to transfer.

IV. CLOSING

Questions concerning this procedure will be directed to the MSP Technical Correctional Services Bureau Chief

V. ATTACHMENTS

DOC Interstate Corrections Compact Transfer Request form	attachment A
Medical history form	attachment B
Interstate Compact Referral Summary	attachment C
Montana ICC Allowable Property Form	attachment D



DOC INTERSTATE CORRECTIONS COMPACT TRANSFER REQUEST FORM

Date Received: _____ / _____ / _____

DOC Facility: _____ Inmate Name: _____ AO/ID#: _____

SECTION A:

Instructions: Unit staff shall complete this section and forward it the facilities interstate compact coordinator.

Inmate _____ has been referred by _____
(print name and AO/ID number) (referral authority)

for interstate compact transfer for the following:

Staff Signature: _____ Date: _____ / _____ / _____

Inmate Signature: _____ Date: _____ / _____ / _____

Administration has carefully reviewed your interstate compact request, at this time administration has determined to:

Approve:

Disapprove:

Reason for determination:

Staff Signature: _____ Date: _____ / _____ / _____



**MONTANA DEPARTMENT OF CORRECTIONS
INTERSTATE TRANSFER HEALTH CARE SUMMARY**

Offender Name:			AO/ID Number:
Date of Birth: / /	Supervised Release Date: / /	Expiration Date: / /	Case Manager:
Mantoux Date: / /	Results:	Chest x-ray:	Results:
If Mantoux was positive, was INH administered?	Date INH Completed: / /	If no INH administered/completed, was offender treated with any other medication?	

Please send copies of any dental, medical, psychiatric, nursing, and mental health progress notes and lab and x-ray reports for the previous six months.

Current Dental Problem/Diagnosis: _____

Follow-up Appointments: _____

Current Medical Problem/Diagnosis:* _____

HIV Status: _____

Physical Health Background Information

Medications (medication administration record attached): _____

Adaptive Devices: _____

Special Needs/Impairments: _____

Allergies: _____

Restrictions/Limitations: _____

Follow-up Appointments: _____

***If hepatitis C positive, please provide liver function test results and biopsy results (if available).**

Name and Title (Health Services Designee):

Date:
/ /

Current Mental Health Problem(s)/Diagnosis: _____

Mental Health Background Information:

History of Suicide Attempt(s): _____

Psychotropic Medications: _____

Follow-up Appointments: _____

Name and Title (Mental Health Services Designee):

Date:
/ /



INTERSTATE CORRECTIONS COMPACT REFERRAL SUMMARY

INMATE NAME		STATE ID		STATE	Montana
DATE OF REQUEST	Click here to enter a date.				
TYPE OF TRANSFER	VOLUNTARY <input type="checkbox"/>	INVOLUNTARY	<input type="checkbox"/>		
ESCAPE HISTORY	NONE <input type="checkbox"/>	SEE ATTACHED <input type="checkbox"/>			
PAROLE ELIGIBILITY DATE:					
DISCHARGE DATE:					
REASON FOR TRANSFER					
REFERRAL PACKET CHECKLIST:					
DEMOGRAPHICS <input type="checkbox"/>					
CUSTODY LEVEL HISTORY <input type="checkbox"/>					
DISCIPLINARY HISTORY <input type="checkbox"/>					
WORK HISTORY <input type="checkbox"/>					
STG/GANG INFORMATION <input type="checkbox"/>					
CRIME/SENTENCE <input type="checkbox"/>					
PRE-SENTENCE INVESTIGATION <input type="checkbox"/>					
JUDGEMENTS <input type="checkbox"/>					
MEDICAL/MENTAL HEALTH <input type="checkbox"/>					
TREATMENT PROGRAMMING RECORD <input type="checkbox"/>					



MONTANA ICC ALLOWABLE PROPERTY FORM

This form must be completed and returned to the MSP BC prior to delivery of the inmate. Please fax it to the attention of Interstate Compact at (406) 846-7743 in advance of delivery. It must be signed by the inmate and witnessed by staff. Thank you for your cooperation.

The ONLY personal property items allowed for retention upon arrival at MSP are the following:

- Money (will be placed into the inmate's facility account. A receipt will be provided.)
- Legal papers (must fit in a 10" x 15" manila envelope & will be shipped with the inmate)
- Prescription eyeglasses (no sunglasses) – 1 pair (will be shipped with the inmate)
- Address book – small (will be shipped with inmate)
- Wedding ring – only if declared marital status is "married" and value is declared as less than \$75.00
- Big Book (AA or NA)
- Family photos - limit 24 (without frames or backing) will be shipped with inmate

ANY PERSONAL PROPERTY ITEMS BROUGHT WITH THE INMATE OR SENT TO MSP AT A LATER DATE THAT ARE NOT LISTED ABOVE WILL BE REVIEWED ON A CASE BY CASE BASIS. IF THE ITEM IS SIMILAR TO WHAT IS OFFERED AT MSP IT WILL BE ALLOWED. ITEMS DEEMED NOT ALLOWED WILL NEED TO BE EITHER MAIL OUT OR DISPOSED.

The ONLY personal property items allowed for retention upon arrival at MWP are the following:

- Money
- Legal Papers
- Prescription Glasses
- Address Book
- Wristwatch
- Bible
- Wedding Ring (band only)
- Family Photo's (without frames or backing)
- Big Book (A.A. or N. A.)

ANY PERSONAL PROPERTY ITEMS BROUGHT WITH THE INMATE OR SENT TO MWP AT A LATER DATE THAT ARE NOT LISTED ABOVE WILL BE REVIEWED ON A CASE BY CASE BASIS. IF THE ITEM IS SIMILAR TO WHAT IS OFFERED AT MWP IT WILL BE ALLOWED. ITEMS DEEMED NOT ALLOWED WILL NEED TO BE EITHER MAIL OUT OR DISPOSED.

Inmate Signature

/ /
Date

Witness Signature

/ /
Date



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	4.8.100 CONTRACT PLACEMENT BUREAU OPERATIONS	
Effective Date:	June 1, 2003	Page 1 of 5 and 2 Attachments
Revision Date(s):	March 23, 2017, April 30, 2021	
Reference(s):	DOC Policy	
Signature:	/s/ Jim Salmonsens / Warden	

I. PURPOSE

Montana State Prison (MSP) manages contracts for adult inmate placements in private and regional correctional facilities. Placements in contract facilities are dependent upon the facilities' needs for: bed space, cost effective per diem rates, alternatives to placement in state facilities, victims' issues, appropriate programming, safe and secure operations, and the inmate needs.

II. DEFINITIONS

Cascade County Regional Adult Detention Center (CCDC) – is the regional correctional facility located in Great Falls, Montana that is owned and operated by the Cascade County government under the management of the Cascade County Sheriff. This facility is under contract and currently houses adult male inmates.

Contract Placement Bureau (CPB) – is the unit within MSP that is responsible for developing, managing and monitoring contracts for the placement of adult male inmates.

Crossroads Correctional Center (CCC) – is the private correctional facility located in Shelby, Montana that is owned and operated by CoreCivic and is under contract to house adult male inmates.

Dawson County Adult Correction Facility (DCCF) – is the regional correctional facility located in Glendive, Montana that is owned and operated by the Dawson County government under the management of the Dawson County Sheriff. This facility is under contract to house adult male inmates.

III. PROCEDURES

A. General Requirements

1. The CPB is responsible for screening and placement of all adult inmates to be housed in secure care contract facilities. The CPB staff are charged with the responsibility of monitoring all placements to ensure that inmates are treated appropriately and that contracted facilities are operated in a safe and secure manner at all times.
2. The CPB is located at MSP with satellite offices at the Crossroads Correctional Center, the Cascade County Regional Detention Center and the Dawson County Adult Correctional Facility.
3. Satellite Offices are offices in private and regional facilities staffed by contract monitors. These individuals are charged with the responsibility of monitoring contract compliance and to serve as liaison officers between the facility and the Department.

B. Offender Placement

1. Upon completion of the orientation and reception process at MSP every inmate will be considered for potential placement in contract facilities. This process is required to ensure that there is a list of eligible inmates for placements so that the populations at MSP can be managed in a safe, secure and effective manner. Any inmate may be placed in any facility by the CPB staff based on Department needs.
2. The screening of inmates will look at the following criteria:
 - a. criminal history;
 - b. detainers;
 - c. classification/custody;
 - d. medical/mental health needs;
 - e. victim needs;
 - f. separation needs;
 - g. institutional needs;
 - h. parole eligibility/sentence review;
 - i. discharge date;
 - j. length of sentence;
 - k. disciplinary record;
 - l. program needs;
 - m. escape history;
 - n. mitigating or aggravating circumstances;
 - o. special management;
 - p. any other area as determined by CPB staff; and
 - q. Department fiscal responsibilities.
3. Placements are made based on available bed space, the custody level and the number of inmates in a facility. The CPB reserves the right to determine placement consideration for all inmates. If there is a legitimate reason to place an inmate in one facility as opposed to another, the request will be addressed on a case-by-case basis by the CPB managers.
4. The CPB Chief or designee(s) grants final approval of inmate placement, typically after consulting with the following departments:
 - a. Board of Pardons and Parole;
 - b. IPPO;
 - c. medical;
 - d. dental;
 - e. mental health;
 - f. unit management;
 - g. records; and
 - h. classification.
5. Transportation is arranged by CPB staff in accordance with local facility contracts and *DOC Policy 3.1.12, Offender Escort and Transportation*.
6. Facility contracts provide the specific procedures by which communications with the CPB must be maintained. At a minimum, the information outlined in *attachment A, Communications* must be submitted to the CPB as specified in the attachment.

Subject: CONTRACT PLACEMENT BUREAU OPERATIONS

7. The CPB requires daily contact with all the contracted facilities through the use of *Daily Operational Reports as outlined in attachment A, Communications*.
8. All contracted facilities must strictly comply with procedures for disciplinary actions in accordance with *DOC Policy 3.4.1, Offender Disciplinary System* and *MSP Procedure 3.4.1, Institutional Discipline*.

C. Transfer

1. Transfers between correctional facilities may occur on a regular basis.
2. The MSP Division's CPB is responsible for making the final decisions on the transfer of all inmates between all adult male secure care department facilities and contracted correctional facilities. These transfers will be noticed by an official CPB "Authorization to Transport" order.
3. Transfer requests may be made by appropriate facility staff to CPB staff by using *attachment B, Inmate Transfer Requests*. The requesting staff should have all required reports completed and Administrative approval (per the classification manual) done before CPB staff will consider the transfer. The CPB Chief or designee(s) will make the final decisions on these requests.
4. Transfers and/or returns between contract and state correctional facilities are typically made as a result of the following:
 - a. disciplinary problems;
 - b. medical;
 - c. need for separation;
 - d. program requirements/need;
 - e. Department fiscal responsibilities;
 - f. population management;
 - g. Custody/Classification;
 - h. inmate request/need; and
 - i. Security Threat Group management.

D. Facility Monitoring Requirements

1. The requirements for staffing of monitors is as follows:
 - a. every contracted facility will be monitored by an on-site staff member who is an employee of the Department;
 - b. monitors are directly accountable to the CPB Chief; however, day-to-day supervision by a CPB Manager may be provided if requested by the CPB Chief;
 - c. pre-service and in-service training requirements will be established for all monitors, and on-the-job training will be provided on a regular basis; and
2. The monitoring of contracted facilities is as follows:
 - a. the monitoring of all contract facilities will be conducted through the use of standard checklists that are developed in accordance with requirements outlined in facility contracts and based on the specific Post Order. Contract monitors will utilize the factors in the monitoring checklists as guidelines for daily work activities. Monthly reports on contract compliance and daily operations

Subject: CONTRACT PLACEMENT BUREAU OPERATIONS

of each facility will be developed by the CPB to guide monitors and facility staff in the appropriate procedures for documenting work and reporting findings;

- b. contract facilities may be subject to intensive on-site monitoring reviews conducted by the CPB and/or the Department Quality Assurance Unit (QA). These reviews will utilize a monitoring instrument previously approved by the contract facility and the CPB/Department QA unit. The review teams for each contract monitoring effort will be selected on a case-by-case basis by the CPB Chief and/or QA Director or designee(s). The review team will typically be composed of Department staff, employees from other contracted facilities, and subject matter experts;
- c. prior to the placement of inmates in a new contract facility, the CPB and the Department QA unit will conduct a pre-operations monitoring review. This review is conducted to provide the facility and the CPB with baseline information to assist in determining what current issues require corrective action;
- d. following each monitoring review, an on-site meeting will be conducted with the facility administration to review the findings of the monitoring effort. Requirements will be made at this time for the formulation of corrective action plans, including timelines for completion and responsible parties;
- e. emergency and/or extraordinary monitoring reviews will be conducted at any facility in which the CPB Chief determines there is evidence of a need for immediate action. These inspections may be made unannounced at the contract facility; and
- f. the review and revision of all monitoring instruments will be completed as needed. Emergency changes may be made in the event that there are immediate needs to address. All monitoring instruments, and changes, will be submitted to the applicable contract facility for review. The CPB will give every consideration to changes and/or additions to the monitoring instruments, when they are suggested by the contract facilities. The CPB is not bound to make such changes unless they reflect an issue clearly defined by the facility contract.

E. Contract Compliance

- 1. Facility contracts will serve as the basis by which all issues of importance are decided, and by which questions regarding operations will be addressed. In the event that there are operational or legal issues that require contract interpretation, the CPB will seek the assistance of Department Legal Services staff.
- 2. Any out of state or federal jurisdiction inmates housed at the private facilities will be in accordance with MCA 53-30-603

IV. REFERENCES

MCA 53-1-203

MCA 53-30-603

MCA 53-30-603

DOC 4.6.3 DOC COMMITS

V. CLOSING

Questions concerning this procedure shall be directed to the Contract Placement Bureau Chief

VI. ATTACHMENTS

Communications
Inmate Transfer Request

Attachment A
Attachment B



COMMUNICATIONS

- A. Immediate Reporting: the Facility Administrator will ensure that the MSP Shift Commander receives immediate verbal notification of all Priority I incidents (MSP 1.1.6A). Written reports concerning these incidents shall be faxed or electronically sent to CPB within 8 hours of discovery of the incident.
- B. Daily Operational Reports: It is a requirement that all contract facilities provide a daily report, as approved by the CPB Managers, to the CPB and the on-site Contract Monitor. The person designated to fill out the report must complete all applicable sections of the form prior to sending it to CPB personnel. The facility administrator or designee will ensure that CPB daily reports to include at a minimum:
- All Priority 1 incidents
 - Major and minor disturbances.
 - Count/change in count/abnormal counts
 - Severe and major disciplinary reports.
 - Identification of inmates in Max Custody, temporary lock-up and detention, with length of stay.
 - All assaults – to include inmate on inmate assaults and assaults on staff.
 - Use of force.
 - Personnel action that may affect delivery of services.
 - Contraband seizures including weapons, drugs and alcohol.
 - UA tests; and results.
 - Off-site medical transports.
- C. Written reports, including incident reports, must be given to the Contract Monitor and/or the CPB. In the event the Contract Monitor is not available; the Daily Reports and requested information must be electronically sent or faxed to the CPB at Montana State Prison.
- D. Additional reports requested will be immediately faxed or electronically sent to the CPB.
- E. Video recordings, if available, must be sent to CPB within three (3) days of a request.
- F. The liaison to contract facilities is the CPB Chief.



INMATE TRANSFER REQUEST

Inmate Name:

AO:

Current Facility:

Reason

Current custody level:

Next classification review date:

Current/active separation needs:

Special Management

Date of last disciplinary violation:

Conduct:

Job Assignment:

Length at current facility:

Current medical restrictions and points: (OMIS 3.0)

Other factors to be taken into consideration:

Name of Staff Member Requesting Transfer:

Date:

CPB Response:

X

CPB Staff



DEPARTMENT OF CORRECTIONS MONTANA STATE PRISON OPERATIONAL PROCEDURE

Procedure No. MSP 5.1.3	Subject: INMATE COMMUNITY WORK PROGRAMS & PROJECTS	
Reference: DOC Policy No. 5.1.3	Page 1 of 7 plus 4 forms	
Effective Date: March 31, 2008	Revised: December 28, 2016	
Signature / Title: Leroy Kirkegard / Warden		
Signature / Title: Gayle Butler / MCE Administrator		

I. PURPOSE

To outline how Montana State Prison (MSP) inmates are selected, assigned, and supervised Montana Correctional Enterprise (MCE) community work programs and on MSP and MCE community work projects.

II. DEFINITIONS

Community Screening Committee – A committee that consist of members of the local community, which may include, but is not limited to law enforcement, county commissioners, business owners or other interested parties.

Community Work Program – Work programs located in the community for eligible offenders provided for governmental agencies or nonprofit organizations with supervision provided by the agency or organization.

Community Work Projects – Short-term work projects at state-owned or leased properties or in community settings requiring facility supervision.

Community Work Program Manager – The MCE Business Specialist responsible for the oversight of the Community Work Program to include assisting in the selection of offenders, random checks of offenders in the community, training for Community Supervisors and reporting to the MSP Command Post of any suspicious activity by offenders while involved in the programs.

Community Work Program Supervisors – The staff member(s) from a governmental agency or nonprofit organization designated to supervise offenders in a community work program.

Community Work Project Supervisors – The division or facility staff member(s) who supervise inmates on community work projects.

Contract Placement Bureau (CPB) – the Department bureau that places and monitors inmates in private and regional prison facilities consistent with security needs, effective programming, community safety, and concerns of crime victims.

Disability – see DOC 3.3.15, Americans with Disabilities Act (ADA) Offender Accommodations, for the definition and an explanation of disability.

Supervisors – This term will be utilized when referring to both Community Work Program and Project supervisors.

Victim – A person who suffers property loss, physical or emotional injury, fear of physical or emotional injury, or death because of a felony crime, attempts to prevent a crime or apprehend a suspect, or a family member of a victim.

III. PROCEDURES

Procedure No. MSP 5.1.3	Subject: INMATE COMMUNITY WORK PROGRAMS & PROJECTS
Effective Date: August 8, 2012	Page 2 of 7

A. General Requirements for Community Work Programs/Projects

1. Supervisors must provide the level of support and monitoring necessary to promote inmate and program success and ensure public safety.
2. Inmate participation in community work programs and projects will be administered in compliance with *DOC Policy 1.3.15, American with Disabilities Act (ADA)*.
3. Prior to assignment to community work program or projects, inmates must sign the Work Responsibilities Form (attachment C) acknowledging understanding of the rules and regulations.

B. Community Work Programs/Projects Inmate Eligibility Criteria

1. An inmate may be eligible for community work programs or projects when classified as minimum custody and is within three years of discharge or parole eligibility, and has:
 - a. completed or enrolled in recommended or court-ordered treatment, work or skill development programs;
 - b. acknowledged and accepted responsibility for crime(s);
 - c. received positive work reports; and
 - d. proven the ability to work independently.
2. An inmate is ineligible for community work if classified as a predatory inmate, or has:
 - a. medical restrictions that conflict with work requirements;
 - b. incurred major violations within the past twelve (12) months;
 - c. incurred felony convictions while incarcerated;
 - d. outstanding detainers, warrants, notifications, or pending sentence reviews;
 - e. escape history from a secure facility within the past ten years;
 - f. history of trafficking in dangerous contraband within the past ten years while incarcerated; or
 - g. an escape or walk-away attempt from prerelease, work release, or monitoring program within the past three years.
3. Sex offenders must have completed or be actively participating and progressing in sex offender treatment as determined by a treatment provider to be considered eligible.
4. Inmates who transfer from out-of-state must have the approval of the controlling state before they are eligible.
5. All inmates who participate in community work programs or projects will be subject to random unclothed body searches and drug testing in accordance with *MSP 3.1.20, Inmate Urinalysis & Breath Analysis*, *MSP 3.1.17a, Searches*, and *MSP 3.1.17b, Contraband Control*.

C. Specific to Community Work Projects

1. Inmates may perform general maintenance and repair work on state-owned or leased properties, or in short-term projects in community settings, and assist in providing essential services to the prison administration in accordance with *53-30-141, MCA* and *53-30-151, MCA*.

D. Requests for Community Work Programs

1. Government agencies and non-profit organizations that wish to have inmates participate in a community work program must submit a completed *Community Work Program Request Form (attachment A)* to the Warden and MCE Administrator.

Procedure No. MSP 5.1.3	Subject: INMATE COMMUNITY WORK PROGRAMS & PROJECTS
Effective Date: August 8, 2012	Page 3 of 7

2. Contracted regional or private prison administrators who wish to have inmates housed in their facility participate in a community work program must submit a completed *Community Work Program Request Form* to the CPB Bureau Chief.
3. Persons who initiate a community work program request must address the following details before a work program is approved:
 - a. who will transport the inmate(s) to and from the community work program location;
 - b. who will be responsible for the supervision of the inmate(s), and what are the expectations for each supervisor if there are multiple supervisors;
 - c. the work hours/schedule; and
 - d. all duties/tasks expected of the inmates.
4. The Warden and MCE Administrator or CPB Chief will determine if there is a need for additional information or requirements.

E. Selection, Screening, and Approval Process for Inmate Assignments to Community Work Programs

1. The following procedures must be completed prior to any placement of an inmate to a community work program:
 - a. the work crew supervisor, Unit Manager or Community Work Program Manager who is requesting an inmate be re-assigned to a community work program must fill out and sign the "Inmate Information" section of a *Community Work Program Eligibility/Screening form (attachment B)* and forward the form to the MCE Administrator or designee for approval/disapproval;
 - b. if approved, the MCE Administrator or designee will forward the form to the Unit Management Team who will:
 - 1) complete the second section of the *Community Work Program Eligibility/Screening form (attachment B)*, prepare a classification and risk assessment form for the inmate, and initiate a CJIN check on the inmate; and
 - 2) present the Community Work Eligibility/Screening form, CJIN check results, and classification forms to the Administrative Review Committee (ARC), documenting any concerns.
 - c. The ARC will review the Community Work Eligibility/Screening form, CJIN report, and classification forms submitted by the Unit Management Team. The ARC will complete their section of the form:
 - 1) if disapproved at this review, the ARC will return the paperwork to the Unit Management Team with written comments regarding the Committee's determination; and
 - 2) if the ARC recommends continuation in the screening procedure, they will forward the forms to the designated Public Information Office / Victim Information Officer (PIO/VIO).
 - d. The PIO/VIO will notify and solicit input from the sentencing judge, appropriate county attorney and in the instances where the victim has submitted a written request to be notified when the inmate leaves the facility, the PIO/VIO, pursuant to 46-24-212, MCA will notify the victim and/or the victim's family of the inmate's eligibility for the community work program:

Procedure No. MSP 5.1.3	Subject: INMATE COMMUNITY WORK PROGRAMS & PROJECTS
Effective Date: August 8, 2012	Page 4 of 7

- 1) if the PIO/VIO receives an objection to the inmate's community placement from the sentencing judge, county attorney, and / or victim, the PIO/VIO may recommend additional screening and input from other sources; and
- 2) the PIO/VIO will fill out their sections of the form and submit a report to the ARC concerning the outcome of the notifications and solicitations for their consideration.
- e. Following their review of the PIO/VIO report, the ARC will meet with the Community Screening Committee and review the pertinent documents and provide the final approval or disapproval of the community work program assignment;
- f. the MSP Classification Specialist will forward copies of the screening/approval documents along with an inmate information sheet to the supervisor and to the respective UMT; and
- g. the MSP Classification Specialist will ensure that appropriate staff has access to a list of community work assignment approved inmates. Reports and records pertaining to each assignment will be filed in the Records and mini-files.

F. Transportation of Inmates

1. MSP/MCE staff will transport inmate community workers to and from the work sites unless an alternative plan is agreed upon by all parties, including its provisions for transportation of inmates with disabilities
2. MSP/MCE staff must return the inmates to prison facility at the end of each work period unless other arrangements are made and approved by the Warden and MCE Administrator or CPB Chief in advance.
3. If transport to and from the work site(s) necessitates overnight accommodations for the inmates, supervisors must make prior arrangements for the inmate's housing and supervision (i.e., prerelease, jail, or correctional facility), and will notify the MSP Command Post of where the inmate will be staying.

G. Supervision of Inmates

1. MSP and/or MCE staff will provide training to community work program supervisors and their managers to address procedures for inmate workers in a community setting, which will include, but is not limited to:
 - a. inmate boundary lines for performing work assignments;
 - b. key and tool control;
 - c. supervision;
 - d. census checks and official count times;
 - e. escape notification procedures;
 - f. safety orientation;
 - g. monthly performance evaluations;
 - h. time keeping and submittal;
 - i. a review of the *Work Assignment Responsibilities Form* (see attachment C), with an explanation on duties, rate of pay, hours worked, etc.;
 - j. prohibited conduct, i.e.:
 - 1) giving, trading or receiving favors or gifts;
 - 2) allowing inmates to supervise one another;
 - 3) allowing inmates to send mail or make or receive phone calls; and

Procedure No. MSP 5.1.3	Subject: INMATE COMMUNITY WORK PROGRAMS & PROJECTS
Effective Date: August 8, 2012	Page 5 of 7

- 4) concealing any information that might be critical or detrimental to the accomplishment of the mission of the Department of Corrections, MSP, MCE, or the goals of the community work program.
- k. When and how to notify Command Post; and
- l. when and how to notify law enforcement.

H. Inmate Community Work Rules & Regulations

- 1. When applicable community work program and project supervisors will ensure:
 - a. That inmate workers are prohibited from operating motor vehicles when off facility grounds, except for equipment or state vehicles approved in writing by the Warden or MCE Administrator (or designees);
 - b. that inmate workers stay at their assigned work sites at all times;
 - c. that inmate breaks are conducted in a manner that limits public contact whenever possible.
 - d. inmate workers utilize appropriate personal protective equipment (PPE), including clothing, eye and ear protection;
 - e. inmate workers are directed to immediately report all injuries, safety hazards, and broken or malfunctioning equipment to the supervisor;
 - f. Searches are performed of work areas and that contraband will be handled as outlined in *MSP 3.1.16, Contraband Control*;
 - g. that inmate workers stay away from hazardous equipment while it is operating;
 - h. that inmate workers do not ride on vehicles or equipment in an unsafe manner;
 - i. inmates are held accountable for their actions and that rule infractions are handled per *MSP 3.4.1, Inmate Discipline* policy;
 - j. the inmate workers exhibit courteous and respectful behavior towards staff, supervisors, and members of the public at all times; and
 - k. the inmate signs a *Work Assignment Responsibility form (attachment C)* and acknowledges their understanding of the form.

I. Monitoring the Inmate Work Program

- 1. After the inmate(s) begins work the Community Work Program Manager and designated staff will:
 - a. maintain regular contact with the Community Work Program supervisor and the manager of the agency or organization for which the inmate is assigned;
 - b. monitor community work programs, conducting random spot checks and maintain good communication with the inmates and the work program supervisors. All spot checks will be documented in the log book provided by the Community Work Program Manager; and
 - c. ensure that all unusual incidents or problems are reported to the Command Post for documentation.

J. Injuries and Medical Care

- 1. If an inmate is injured or becomes ill while working, or requires immediate medical attention, the supervisor will take appropriate action and notify the MSP Command Post.
- 2. Supervisors will advise inmate workers who claim a minor medical problem to send a medical request form to the MSP Infirmary.

K. Work Absences and Removal from the Community Work Program

Procedure No. MSP 5.1.3	Subject: INMATE COMMUNITY WORK PROGRAMS & PROJECTS
Effective Date: August 8, 2012	Page 6 of 7

1. Unit staff will document (incident reports, log entries, etc.) inmate work absences and the reason(s) for them (medical appointments, call-out, groups, parole hearings, pre-release screenings, illness, injury, inmate refusal, etc.). They will notify the community work program supervisor that the inmate isn't going to be at work. It is up to the supervisor's whether or not to excuse the absence.
2. An inmate may be removed from a community work assignment using the removal process outlined in *MSP 4.2.1, Inmate Classification*. The reason(s) for removal include, but are not limited to:
 - a. end of work assignment or work program;
 - b. lack of skills required for the position;
 - c. conflicting program requirements;
 - d. mutual agreement between inmate and supervisor;
 - e. refusal to work;
 - f. poor work performance; and
 - g. rule violation(s).
3. Provided that no inmate will be removed from a community work assignment for lack of skills, poor performance, or other reason attributable to disability if the reason for removal could be resolved with a reasonable accommodation. Efforts and discussions to provide reasonable accommodations shall be documented in OMIS.

L. Unauthorized Area/Escape

1. If an inmate worker cannot be accounted for the work supervisor must immediately notify the MSP Command Post to initiate escape procedures.
2. If an inmate worker fails to remain within the limits of the approved community work plan, this must be reported immediately to the command post.

M. Community Work Projects Inmate Workers

1. On occasion it is necessary for an MSP/MCE inmate work crew supervisor to take an inmate or inmates already assigned to his/her work crew (that normally performs its work on facility grounds/property) into the community for a project. In these cases, the supervisor must ensure that each inmate taken into the community is supervised according to this operational procedure, and deployed in accordance with the following section.

N. Deployment Notification Form

1. Community Work Project supervisors must complete and distribute a *Notification of Inmate Workers into the Community form (attachment D)* each time they take an approved inmate or crew into the community for a project. If the project is going to last for several days the supervisor will only need to process one form, but must indicate on the form the exact time frame that that he/she will be taking the crew or inmate out into the community.

O. Notifying Law Enforcement of Inmates Working in the Community

1. The community work project supervisor must notify local law enforcement of an inmate's community work assignment at least one day prior to the inmate's being transported to a new or

Procedure No. MSP 5.1.3	Subject: INMATE COMMUNITY WORK PROGRAMS & PROJECTS
Effective Date: August 8, 2012	Page 7 of 7

non-routine community work site. This will be communicated via phone and/or by a faxed copy of the necessary paperwork.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Warden and MCE Administrator.

V. ATTACHMENTS

Community Work Program Request form	attachment A
Community Work Program Eligibility/Screening form	attachment B
Work Assignment Responsibilities form	attachment C
MSP Notification of Inmate Workers into the Community form	attachment D



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS

COMMUNITY WORK PROGRAM REQUEST FORM

<u>PROGRAM INFORMATION</u>				
Requesting Agency <input type="checkbox"/> Internal <input type="checkbox"/> External	<input type="checkbox"/> State Agency <input type="checkbox"/> Non Profit <input type="checkbox"/> School District	<input type="checkbox"/> City <input type="checkbox"/> County Other: _____	Number of Offenders Needed _____	Request Date _____
Contact Person: _____		Telephone Number: _____		
Program Description: _____				
Location: (Provide sufficient detail for emergency assistance) _____				
Payment Terms: _____		Program Work Hours: _____		
Projected Start Date: _____		Projected Completion Date: _____		
<u>FACILITY INFORMATION</u>				
Facility/Program Name: _____		Region (If applicable): _____		
Facility Program Supervisor Name: _____		Telephone Number: _____		
Note Agency Program Responsibilities: _____				
<u>REQUESTING AGENCY OR ORGANIZATION INFORMATION</u>				
Transportation Provided By Requesting Agency <input type="checkbox"/> Yes <input type="checkbox"/> No	Method of Transportation: (Indicate One) <input type="checkbox"/> Van <input type="checkbox"/> Pickup <input type="checkbox"/> Bus <input type="checkbox"/> Other: (Specify) _____		Vehicle Capacity _____	
Tools, Supplies and Safety Equipment to be used: _____				
Provisions for food and water: _____				
Name(s) of Supervisor(s) who will provide safety instructions and oversee work: _____				
Provisions for access to restrooms (<i>Identify Type and Location</i>) _____				
Identify additional assistance being provided by requesting agency: _____				
Requesting Agency Program Supervisor Name: _____ Telephone Number: _____				
<u>ACCOMODATIONS PROVIDED BY MONTANA DEPARTMENT OF CORRECTIONS</u> (To be filled out jointly with Requesting Agency)				
Size of Offender Work Force: _____		Number of Correctional Staff Assigned: _____		
Special Needs (<i>i.e. clothing, equipment</i>) _____				
Mobile Communications (<i>i.e., cellular phone, hand held radio</i>): _____				
Food Service: _____				
Vehicles: _____				
Armory: _____				
Other: _____				

PROGRAM RECOMMENDATION AND AUTHORIZATION

☐ Approved ☐ Denied

Reason for Denial *(i.e., staff resources, etc.)*

Signature: _____ Date: _____

Requesting Agency Representative

Signature: _____ Date: _____

Warden/Superintendent/Facility Administrator

Signature: _____ Date: _____

Contract Placement Bureau Chief *(if necessary)*



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
COMMUNITY WORK PROGRAM SCREENING FORM

INMATE INFORMATION

Date: _____ Inmate Name: _____ DOC ID #: _____ Housing Unit: _____

Check the program you are requesting this inmate be assigned to:

☐ Wildland Fire Crew ☐ Museum ☐ Sheriff's ☐ Courthouse ☐ Hobby Store ☐ Golf Course ☐ Senior Center ☐ City Hall ☐ Cemetery
☐ Warehouse Truck Driver ☐ Other: _____

Supervisor Signature: _____

***This form must be accompanied by an Assignment/Removal form bearing the signature of the Warden and/or MCE Administrator.

UNIT MANAGEMENT TEAM SCREENING/PRELIMINARY REVIEW

Custody Level: _____ Crime(s): _____

Sentence: _____

County: _____ Parole Eligibility Date: _____ Discharge Date: _____

Recommend continuation of screening procedure. ☐ Yes ☐ No

Date: _____ / _____

Unit Manager/Designee Signature

Comments: _____

***If serving a sentence for a sex offense, provide a detailed program status report from an authorized therapist.

ADMIN REVIEW COMMITTEE SCREENING/PRELIMINARY REVIEW

Recommend continuation of screening procedure. If not, return to Unit Manager with a written explanation (i.e. updated psychological evaluation needed).

☐ Yes ☐ No

Date: _____ / _____

Admin Review Committee Signatures

Comments: _____

NOTIFICATION AND SOLICITATION

All responses will be attached to this form when submitting for final review.

Date: _____ Notification/Solicitation of Judge(s): ☐ Yes ☐ No ☐ No comment or response

(If no explain): _____

Date: _____ Notification/Solicitation of County Attorney: ☐ Yes ☐ No ☐ No comment or response

(If no, explain): _____

VICTIM NOTIFICATION (Pursuant to MCA 46-24-212)

Date: _____ Notification of Victims: ☐ Yes ☐ No

Facility Victim Information Officer (or designee) Signature

(If no, explain): _____

FINAL REVIEW

☐ Approved ☐ Disapproved

Date: _____

Institutional Screening Committee Signatures

Local Screening Committee Signatures

Stipulations: _____

The Supervisor is responsible for the Law Enforcement Notification if approved. This report must be completed for each inmate who is being considered for an off-site work assignment.



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS

WORK RESPONSIBILITIES

TO: _____ DOC ID#: _____ DATE: _____
Offender's Name

You have been assigned work as the _____ for the
(Title)
_____ and listed below are your duties, responsibilities
Department / Program
and information on the assignment.

1. Your main duties are as follows:
 - a. _____
 - b. _____
 - c. _____
2. Your pay will be \$ _____ per hour/month.

Offender Community Work Rules & Regulations:

1. Offenders are prohibited from operating a motor vehicle away from the facility (exception: heavy equipment items or State vehicles may be operated with approval by the facility). No offender will operate a motor vehicle for any reason without a current Montana State Driver's License.
2. Offenders may not at any time leave assigned work sites.
3. Whenever possible, offenders will take rest breaks away from public view and in a manner that limits public contact.
4. Offenders must wear safety and protective clothing and eye covering while working.
5. Offenders must immediately report all injuries, safety hazards, and broken or malfunctioning equipment to the supervisor.
6. Offenders may not possess, use, or have in their control any item considered contraband in accordance with MSP 3.1.17b, Contraband Control.
7. Offenders will stay away from hazardous equipment while it is in operation.
8. Offenders may not ride on vehicles or equipment in an unsafe manner.
9. Offenders will follow all instructions given by supervisor(s).
10. Offenders will be courteous and respectful toward staff/supervisors and members of the public at all times.

I have read, or had read to me, the _____ rules contained in this assignment
Assignment Title
orientation material.

Offender Name (*please print*) _____ Offender Signature _____

DOC ID # _____ Date _____

Supervisor or designee Signature _____ Date _____



MSP NOTIFICATION OF INMATE WORKERS INTO THE COMMUNITY

Supervisor Making Request: _____ Title: _____

The above MSP/MCE Work Crew Supervisor is requesting permission to escort and supervise the inmates listed below from his/her work crew in the community for the following reasons: (include name of persons requesting work, the name of the community, location/address of work site, contact phone number, etc.)

Coordination Information: (dates, time frames, names of local law enforcement informed, etc.): _____

Equipment Taken (vehicles, tools, radios, restraints, safety equipment, etc.): _____

Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____
Inmate: _____	ID#: _____	Housing Unit _____

Staff Supervisors/Escorts: _____

Supervisor's Signature: _____ Date: ____/____/____

Unit Manager or designee: _____ Date: ____/____/____

Associate Warden or designee: _____ Date: ____/____/____

(The Unit Manager and Associate Warden of housing, or their designees, are to ensure the inmates listed above are on the current community workers list)

Comments: _____

Copies to:

Command Post
Supervisor

Guard Station
Records

Checkpoint
Count Office

Housing Units
Unit Management Teams

MCE Administrator



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 5.1.6 WILD LAND FIRE CREW	
Effective Date:	August 16, 2007	Page 1 of 13 and 5 Attachments
Revision Date(s):	November 30, 2021	
Reference(s):	DOC 5.1.6	
Signature:	/s/ Jim Salmonsens / Warden	
Signature:	/s/ Gayle Butler/ MCE Administrator	

I. PURPOSE:

To outline the requirements for an inmate wild land fire crew program and facility work crew.

II. DEFINITIONS:

Active Fire Duty – The time that the fire crew is out fighting wild land fires at the request of the Department of Natural Resources and Conservation (DNRC) or Forest Service.

Agency - Any federal, state, or local, government agency, or public or private nonprofit public service organization, with which the DOC has a human resource agreement or provides services.

DNRC – Acronym for Department of Natural Resources and Conservation

Fire Crew – For the purpose of this policy, refers to the Wild Land Fire Crew

Fire Crew Supervisor - The staff member(s) assigned to coordinate, supervise, and monitor the fire crew projects.

Fire Crew Officers– Correctional staff that are trained by DNRC for wild land firefighting.

Fire Crew Inmate Workers – Inmates assigned to work on the fire crew.

Informational Briefcase - a briefcase that contains the following:

- Copies of applicable policies and other memoranda.
- Logbooks.
- Necessary forms (count sheets; time sheets; incident reports; medical accident; employee work comp; use of force; grievance, etc.).
- Writing supplies.
- Copies of inmate picture cards and Basic Information Sheet.
- Necessary restraints.
- Emergency numbers of local law enforcement office, MSP, and DOC.
- Flashlight(s) and batteries.
- Necessary signage: i.e., camp perimeter ribbon or identifying items.
- General first aid kit.
- Evidence bags.

Non-Active Fire Duty – The time that the fire crew is working in the surrounding communities on approved projects or on MSP and MCE work assignments, per approval of MCE Administrator and/or

MSP Warden or designees.

III. PROCEDURES

A. Inmate Selection and Application Process

1. Inmates selected for the Fire Crew may perform work related to:
 - a. Suppression of wild land fires.
 - b. Community work projects.
 - c. MSP facility or MCE ranch land work projects.
 - d. Work projects for other state or local agencies.
2. Inmates assigned to the fire crew must meet the criteria established in *DOC Policy 5.1.3, Adult Offender Community Work Programs/Projects*.
3. Inmates requesting assignment to the fire crew must apply to the Fire Crew Supervisor.
4. Inmates must have the appropriate medical clearance and pass the required physical fitness tests that are specific to the fire crew.
5. The Fire Crew Supervisor will maintain a current list of eligible inmates for fire crew selection using an on-going application and screening process.
6. The fire crew will consist of 15 inmates of which 5 will be full-time inmate workers (A List) and 10 will be inmate workers assigned to active fire duty as needed and to other facility work assignments when not on active fire duty (B List).
7. Each inmate assigned to the fire crew must read and sign a copy of the *Wild Land Suppression Fire Crew Inmate Worker Rules form (attachment A)*. A copy of each signed rule agreement will be forwarded to the housing unit Case Manager and Records office for placement in the inmate case management files.

B. Fire Crew Supervisors, Fire Crew Officers and Staff

1. Fire Crew Supervisors are full-time positions.
 - a. The incumbent will:
 - 1) Provide supervision for both non-active and active fire crew duty inmate workers.
 - 2) Be responsible for recruitment, selection, supervision, and oversight of the Fire Crew program.
 - 3) Coordinate all training with DNRC and Command Post staff.
 - 4) Make all necessary notifications to Command Post, housing unit, county sheriffs and MCE administration when called to active fire duty.
 - 5) Assist at the Work and Reentry Center providing safety, security and other functions as directed by the WRC Program Director.
2. Fire Crew Officer and Staff Selection Bid Process
 - a. Qualifications:
 - 1) Must have a minimum of one year of continuous employment at Montana State Prison (MSP) as a correctional officer or Montana Correctional Enterprise (MCE)/Montana State Prison (MSP) staff member.

- 2) Must have written authorization from their Shift Commander or Program Supervisor, who will consider attendance and job performance.
 - b. Correctional officers and correctional staff interested in volunteering for the position of Fire Crew Officer must obtain a volunteer sign-up form from the MSP Human Resource Office, fill it out and submit it to either the Fire Crew Supervisors or MSP Human Resource Office before the deadline on the posting.
 - c. Depending on the number of officers and staff who volunteer for fire crew officer duty, final selection may be based upon an interview process
 - d. The selected volunteers must pass the Physical Assessment Pack Test, which requires completion of a three-mile walk carrying a 45-pound pack within 45 minutes).
3. Shifts
 - a. When called to active fire duty, the lead Fire Crew Supervisor will contact the second fire crew supervisor and two fire crew officers/staff at the top of the list of available staff and notify the shift commander of the impending call out.
 - b. At all times there will be three MSP/MCE staff assigned to go on active fire duty, and at least one officer will be on post for each shift at the camp.
 - c. During the evening non-working hours, the fire crew inmates will be supervised by the correctional officer assigned to that post.
 - d. Shifts are usually 12 hours each (but may be longer due to the severity of the fire) and can be up to 14 days in a row without a day off. While at the fire camp any members of the Fire Crew may be required to work third shift. The DOC Director, MCE Administrator and MSP Warden may extend active fire duty longer than 14 consecutive days due to an emergency.
 - e. Regular time is paid by payroll from the officer or staff's regular budget.
 - f. Overtime will be paid from the fire crew budget.
 - g. The list for available fire crew officers and staff will be rotated. If an officer or staff member refuses to respond, or requests early relief from active fire, their name will be moved to the bottom of the list. Three refusals in a twelve-month period will be cause to review fire crew placement. The two Fire Crew Supervisors will be assigned to each wild land fire unless one or both of them are unavailable for duty.
4. Fire Crew Supervisors' Uniform:
 - a. Active fire duty – standard DNRC-approved clothing, which clearly identifies him/her as the Fire Crew Supervisor.
 - b. Non active fire crew duty – MCE polo shirt and pants, as defined by *MSP 1.3.41, Employee Dress and Hygiene*.
5. Fire Crew Officer Uniform:
 - a. Active fire duty - standard DNRC-approved clothing, which clearly identifies him/her as an MSP Security Officer.
6. Training:
 - a. The Fire Crew Supervisors must coordinate all fire crew officer and staff training (initial and refresher) with Command Post staff and the Program supervisor in advance of the training to allow for appropriate shift coverage.

- b. Each new fire crew officer and staff recruit must complete the Wildland Fire Basic Class and the S-131 Squad Boss Training program courses provided by the DNRC prior to being assigned to the fire crew.
 - c. All facility and program procedures are applicable during active and non-active fire duty off premise work.
 - d. Additional training requirements may be required by the DNRC.
7. The Fire Crew Supervisors will make assignments to fire crew officers and staff while they are on active fire duty.

C. Fire Crew Inmate Worker Uniforms, Training, and Pay

1. Uniforms
 - a. Active fire duty - clothing will be DNRC approved (e.g., Nomex pants and shirt, boots, hard hat, gloves, goggles, etc.) and their hard hats will bear markings clearly identifying them as inmates. If not in DNRC approved clothing, inmates must wear standard WRC inmate clothing..
 - b. Non-Active fire crew duties – Standard WRC inmate clothing.
2. Training
 - a. Each inmate worker must complete the Wildland Fire Basic Class provided by the DNRC.
 - b. Inmate workers must not be allowed to use any equipment unless they have received the appropriate training for it.
 - c. All training will be documented as to type and duration.
 - d. The Fire Crew Supervisors will conduct safety briefings with inmate crew members on a regular basis or as determined by the DNRC.
3. Fire Crew Inmate Pay & Evaluations
 - a. Inmates assigned to the fire crew and working on non-active fire crew duty will receive inmate pay per *MCE 5.1.2 MCE Inmate Pay, section A*.
 - b. Inmates working on active fire duty will be paid, in accordance with policy regardless of the number of hours on the fire line. Inmates will have deductions from their pay in accordance with *MCE 5.1.2 MCE Inmate Pay, section A*.
 - c. Inmate management, job performance evaluation and correctives processes for inmates assigned to the fire crew will be handled in accordance with *MCE 5.1.2 MCE Inmate Pay, section D*.

D. Security Procedures

1. The Fire Crew Supervisors, officers and staff:
 - a. Are responsible for the safety and security of the public. They will supervise the fire crew inmates, and perform continuous, random checks of inmate crew members throughout the day and night.
 - b. Are responsible for supervising the fire crew in a manner that will minimize opportunity for security breaches or negative behavior.
 - c. Must always use sound judgment before taking any disciplinary action. As a general rule, they should take no action if they do not have the means to carry it out.
 - d. Will take appropriate action, including removing the crew member or the entire

crew from the situation, and contacting the shift commander and local law enforcement officials for assistance if a situation arises that threatens the security of the public, themselves, or the inmates.

- e. If the fire crew is removed, the Fire Crew Supervisors must promptly contact DNRC to notify them of the removal.
2. The Fire Crew Supervisors must brief inmate crew members on the following:
 - a. the physical perimeter or boundaries within which inmates must stay.
 - b. the formal count times and where they are expected to be during these counts.
 - c. that unauthorized contact with civilians is not allowed.
 - d. that the purchase or acquisition of any goods or property while away from the facility is not allowed.
 - e. any disciplinary problems will be grounds for termination from the fire crew assignment.
 - f. that there is zero tolerance for any problems or unauthorized activity during non-active and active fire duty or performance of other assigned work duties.

E. Escapes

In the event of a suspected escape, the Fire Crew Supervisors, officers, and staff must:

1. Conduct an official count of all inmates to officially determine who escaped.
2. Continue supervising the rest of the crew, keeping them in one location, or in camp, where they can be closely observed. At least one fire crew officer must stay with the crew.
3. Activate escape procedures by notifying the Shift Commander, local law enforcement (sheriff's office or police department), and the DNRC.
4. Give the above authorities the following information on the escapee(s) (i.e. Basic Information Sheet):
 - a. Inmate name and identification number.
 - b. Physical description (age, height, weight, race, hair color & length, etc).
 - c. what inmate was last seen wearing.
 - d. When and where inmate was last seen and what direction he may be heading.
5. Assist law enforcement personnel in any way they request.
6. Secure and inventory the inmate's possessions as evidence, checking for any information as to where he may be going.
7. Transport the remainder of the fire crew back to the facility.
8. Interview the remaining inmates separately as soon as possible to gather whatever information they can provide.
9. Write and submit a complete detailed incident report to the Shift Commander as soon as possible.

F. Medical Issues

1. Fire crew inmate workers:

Subject: WILD LAND FIRE CREW

- a. When not on active fire duty, a fire crew inmate worker may be excused from work to attend scheduled medical call-outs.
- b. When on active fire duty, the following procedures apply:
 - 1) Camp/field injuries or illnesses of inmates – the Fire Crew Supervisors, officers or staff will notify all fire crew inmates to report any illness, injury, or medical problem immediately.
 - 2) An officer or staff member shall escort the ill or injured inmate to the DNRC medical unit if available. The Lead Fire Crew Supervisor must contact the Shift Commander, relaying all pertinent information.
 - a) If the injury or illness is not assessed as serious by DNRC medical staff, the inmate will stay with the Fire Crew and continue working.
 - If the injury or illness is not assessed as serious but? the inmate will not be able to continue work, a fire crew officer will transport, or arrange for other facility staff to transport, the inmate to the facility as soon as possible to recuperate.
 - If infirmary staff determine an inmate has a medical condition that renders him unsuitable for fire crew assignment, the Fire Crew Supervisor will have the inmate held in from work and submit a job assignment/removal form to the unit Case Manager.
 - 3) If the illness or injury is assessed as serious, the inmate may be transported by DNRC personnel and a fire crew officer to the nearest adequate medical facility.
 - a) Whenever an inmate is taken to a medical facility the escorting fire crew officer will notify the Shift Commander as soon as possible, but no later than their arrival at the medical facility.
 - b) The Shift Commander will advise the fire crew officer of further arrangements for the inmate.
 - 4) If any Fire Crew Supervisors, officers, or staff are injured or become ill during active fire duty, and are unable to fulfill their duty, the Shift Commander must be notified immediately to request an additional officer or staff member to provide assistance as deemed necessary. At no time may the inmate fire crew be left unsupervised.

G. Documentation/Record Keeping

1. The Fire Crew Supervisors must maintain detailed documentation on all deployments of the fire crew.
2. Time sheets (inmates and staff):
 - a. The Fire Crew Supervisors, officers and staff must maintain time sheets for themselves.
 - b. The Fire Crew Supervisors must:
 - 1) Maintain inmate time sheets and forward them to MCE accounting upon return to the facility.

- 2) Approve officer and staff time sheets and forward them to the Command Post or program supervisor for final approval and submission to DOC payroll technician for processing.
 - 3) Complete and submit differential pay sheets to MCE Administrator or designee for approval.
 - 4) Provide the DNRC time sheet logs to MCE accounting to verify staff and inmate submitted time and DNRC logs.
3. Daily Logs
 - a. The Fire Crew Supervisors, officers and staff must maintain a logbook, making daily entries, and at a minimum will log all unusual occurrences, emergency situations, counts, and security checks.
4. The Fire Crew Supervisor will submit a monthly report to the MCE Accounting office detailing the month's activities including active, non-active fire duty and community work. The accounting office will ensure that the database is updated to include all information provided for each month.

H. Counts

1. The Fire Crew Supervisors, officers and staff will conduct counts of fire crew inmates as outlined in *MSP 3.1.21, Inmate Counts*.
 - a. The Fire Crew Supervisors, officers and staff must report official counts to the MSP Command Post by the most effective means possible.
 - b. Normally the counts will be called in using a cell phone. In instances where there is inadequate cell coverage, the officers must coordinate the count call-in with DNRC staff and / or a local law enforcement dispatch center.
2. The Fire Crew Supervisors, officers and staff should also complete a head count of the fire crew inmates as often as possible when the crew is deployed, including while traveling to and from the fire camp.

I. Communications

1. The Fire Crew Supervisors must contact the Shift Commander at least twice each 24-hour period, by whatever means of communication is available, to notify them of their location, progress, equipment needs, etc.
2. The Fire Crew Supervisor will be issued an MCE cell phone. Personal cell phone use will not be allowed during on duty times by the Fire Crew Supervisor, officers, or staff. All precautions must be taken to ensure that inmates have no access to cell phones at any time.
3. If cell phone contact with the Shift Commander is not possible, the Fire Crew Supervisors, officers and staff must use a pre-established call-in report schedule and must make arrangements to access a telephone at those times or make arrangements for DNRC to relay communication to the Shift Commander.

J. Vehicles and Equipment

1. At no time, while at a fire site or off MSP/MCE property, will an inmate be allowed to

operate a vehicle or control access to vehicle keys.

2. DNRC vehicles assigned to the fire crew and kept at the facility will be subject to key control procedures as outlined in *MSP RD 3.1.13 Key Control*.

K. Equipment, Tools, & Materials

1. The Fire Crew Supervisors will maintain a current inventory of all equipment, tools, and materials assigned to the fire crew program.
2. Specific equipment, tools, and materials will be assigned to the Fire Crew Supervisors on either a permanent or temporary basis, as needed. Tools not assigned to the fire crew must be obtained from the MCE Agriculture Director or MSP Maintenance Manager. All tools must be accounted for per *MSP 3.1.14 Tool Control*.
3. In addition to work-related tools, materials, and equipment, the Fire Crew Supervisor will ensure that the following items are taken when called to active fire duty:
 - a. Logbook(s).
 - b. Portable radio and state issued cell phone.
 - c. First aid kit.
 - d. Fire extinguisher.
 - e. Other designated and listed items.

L. Deployment and Fire Camp Procedures

1. Pre-Dispatch:
 - a. The Fire Crew Supervisor will:
 - 1) Ensure all necessary equipment is available and operational before the fire crew leaves the facility.
 - 2) Review the Fire Crew Inmate Worker Rules, gear pack items and attack packs applicable to fire camp, with the fire crew inmate workers.
 - 3) Designate a gear pack for camp use that is kept packed with the state issued items listed on *attachment B* for each fire crew inmate worker.
 - a) Secure the gear packs in a designated location in the transporting vehicles.
 - b) At no time will a fire crew inmate worker have a gear pack in their housing unit.
 - 4) Ensure an initial attack pack is available for each officer, staff and fire crew inmate worker, numbered and pre-packed according to *attachment C*.
 - a) Secure the initial attack pack in a designated location in the transporting vehicles.
 - b) at no time will a fire crew inmate worker have an initial attack pack in their housing unit.
 - 5) Ensure proper tool control measures are implemented and the fire crew inmate workers have access to the tools they need. The DNRC is responsible for issuance and repair of all tools and equipment.
 - b. The Fire Crew Supervisor, officers and staff will:

- 1) Oversee the placement of the fire crew inmate workers personal property items listed on *attachment B* in the gear packs, ensuring the fire crew inmate workers only bring the items and quantities allowed.
 - a) Secure the gear pack with the personal items in a designated location in the transporting vehicles.
 - 2) Check each vehicle for readiness.
2. Notification and Documentation:
 - a. The DNRC fire dispatcher will notify the Fire Crew Supervisors when the fire crew may be needed, and the time the fire crew is expected to dispatch.
 - b. The Fire Crew Supervisors, officers, staff, fire crew inmate workers and equipment must be ready for deployment within two hours of notification by the DNRC.
 - c. The Fire Crew Supervisors must:
 - 1) Notify Command Post, MCE Administrator and MCE Agriculture Director of the call, location of the fire and name(s) of additional officers/staff that will be deployed on the fire.
 - 2) Notify the housing units, request them to begin preparing the fire crew inmate workers for the pending arrival of the Fire Crew Supervisors and Officers/Staff. At no time will the location of the fire be given to staff in the housing units.
 - d. The Fire Crew Supervisors will contact the fire crew officers and staff that are on the fire duty rotation sheet until additional needed people are contacted and available to go on the fire call, one must be an officer.
 - e. The Fire Crew Supervisor will:
 - 1) Generate written documentation for each active-duty fire call utilizing the *DOC Admission/Discharge Report (ADR)* Attachment D and forward to the Shift Commander for approval. Documentation will include:
 - a) Name and rank of all fire crew officers and staff accompanying the crew.
 - b) Name, ID number and housing unit of each inmate deployed.
 - c) Destination – location of the fire camp, a contact person, and contact phone numbers.
 - d) Estimated day and time of:
 - Departure from the facility
 - Arrival at camp
 - Departure from camp
 - Arrival at facility
 - e) Full description and license plate number of each vehicle used.
 - 2) Generate written document by completing the Crew Clearance Form, attachment for each active-duty fire call using.
3. Activation:
 - a. The Fire Crew Supervisor must:

- 1) Load communication equipment, information briefcase, necessary equipment, gear packs and initial attack packs.
- 2) Ensure sack lunches are prepared and loaded (if applicable).
- 3) Notify law enforcement agencies of the departure time, destination, and route.
- 4) Enforce in-transit rules.
- 5) Plan reasonable rest stops.
- 6) Ensure officers and staff are on transport vehicle.
- 7) Ensure fire crew inmate workers are on transport vehicle.

4. Arrival:

a. The Fire Crew Supervisor must:

- 1) Check in with fire camp operations center staff.
- 2) Assess the situation with the fire camp operations center and establish a standard of operation that meets both the security requirements of MSP and the DNRC.
- 3) Locate an inmate worker fire crew camp that is ~~isn~~ secure, separated, and off limits to other firefighting crews.
 - a) If a secure, separate, and off-limits inmate worker fire crew camp location is not possible due to the specific camp environment, the Fire Crew Supervisor must take appropriate action and notify Shift Commander of the situation. The Shift Commander may confer with the Duty Officer, MCE Administrator, Fire Crew Supervisor and the DNRC to resolve the problem, or a decision may be made to make the fire crew return to the facility.
- 4) Establish the inmate worker fire crew camp perimeter.
 - a) When the fire crew inmate workers are not on duty assignments, they will not be allowed under any circumstances to go beyond the established perimeter.
- 5) Determine the inmate worker fire crew camp layout and sleeping arrangements.

5. Camp protocol:

a. The Fire Crew Supervisors, officers and staff will:

- 1) Complete counts.
- 2) Ensure the fire crew inmate workers move as a group.
- 3) All movement is pre-approved and monitored.
- 4) Ensure inmates not actively fighting fires or completing fire related business will only be allowed to interact with the Fire Crew Supervisor, officers, staff, other MSP inmate workers, and the DNRC crew boss.
- 5) Ensure inmates who are actively fighting fires or completing fire related business will have limited interactions with others for work-related purposes or attaining basic services such as food, restroom, and shower activities.

- 6) Randomly search the gear packs for contraband with the assigned inmate being present.
 - b. The Fire Crew Supervisors or designee will:
 - 1) Attend any briefings related to the fire.
 - 2) Conduct briefings with the other fire crew officers, staff, and fire crew inmate workers to exchange information, evaluate crew members and promote teamwork.
 - 3) Obtain necessary supplies from the DNRC.
 - c. The Fire Crew Supervisors or designee will:
 - 1) Randomly conduct a fire crew location site review.
 - 2) Complete a report outlining the observations, noting both positive issues and potential problem areas.
 - 3) All problems must be resolved immediately on site or the fire crew may be returned to the facility.
6. Demobilization:
 - a. The Fire Crew Supervisors or designee must:
 - 1) Ensure all check out procedures, including payroll, supply inventories, counts, etc. are completed prior to leaving the fire location.
 - 2) Notify the Shift Commander of the return travel itinerary.
 - 3) Thoroughly search the fire crew inmate workers for contraband.
 - 4) Load the fire crew inmate workers on transport vehicle.
 - 5) Thoroughly search the gear packs to make certain they contain only the items listed on *attachment B*.
 - 6) Thoroughly search the initial attack packs to make certain they contain only the items listed on *attachment C*.
 - 7) Load the communication equipment and necessary equipment.
 - 8) Ensure the informational briefcase is complete and loaded.
 - 9) Ensure sack lunches are prepared and loaded (if applicable).
 - 10) Notify law enforcement agencies of the departure time, destination, and route.
 - 11) Enforce in-transit rules.
 - 12) Plan reasonable rest stops.
 - 13) Ensure officers and staff are on transport vehicle.
7. Arrival at the facility:
 - a. The Fire Crew Supervisors and regular shift officers will:
 - 1) Strip search each fire crew inmate worker and search his personal items before he enters the double fenced perimeter or WRC housing unit.
 - 2) Administer a UA to every inmate prior to them going to their room.
 - a) Any inmate who refuses to take a UA test or attempts to interfere with a test will be given a write-up, placed in PHC, and removed from the fire crew.
 - 3) Search all gear packs.

- a) Inmates will be allowed to take only the personal property items listed on attachment B back to their rooms.
 - b) The Nomex and state issue clothing and linens will be processed as noted on *attachment B*.
 - c) If an inmate has any item in his gear pack that isn't listed on *attachment B*, it will be processed as contraband and appropriate disciplinary action will apply. The inmate will be removed from the fire crew.
- b. The Fire Crew Supervisors, officers and staff will:
- 1) Immediately search all vehicles, equipment boxes, and equipment for contraband.
 - a) If circumstances do not permit an immediate search, the vehicles, equipment boxes and equipment will be put in a locked and controlled area, away from any inmate access, until a time when a thorough search of the vehicles and equipment can be conducted.
 - 2) Store the vehicles, equipment boxes and equipment in designated areas after the search.
- c. The Fire Crew Supervisors will:
- 1) Search all inmate initial attack packs in detail.
 - 2) Secure the initial attack pack in a designated location.

M. MSP/MCE Facility and Community Work Projects

1. The Fire Crew Supervisors will:
 - a. supervise the fire crew inmate workers at all times during non-active fire duty.
 - b. Work with Shift Commander to ensure the appropriate paperwork and security authorizations are approved, prior to starting any work projects inside the fenced compound or near the perimeter fence.
2. The MCE Administrator and Agriculture Director will develop a prioritized list of projects for the fire crew inmate workers to work on while not on active fire duty.
3. All community work projects will require the completion of the *DOC Admission/Discharge Report (ADR) Attachment D*. After proper approvals, the work will be scheduled. The number of community work projects allowed per year may be limited, depending on the number and type of DOC work projects that are scheduled or planned, which take precedence.
4. All applicable DOC, MSP, and MCE policies and operational procedures will apply to the fire crew inmate workers while working at the facility or in the community.

NOTE: All situations, which occur, cannot be covered in this operational procedure. Officers must use good common sense and their best judgment at all times. State and Federal law, DOC, MSP, and MCE policy and procedure should be the basis for any decision.

IV. CLOSING:

Any questions should be referred to the MCE Administrator or MSP Warden.

V. ATTACHMENTS

Wild Land Fire Suppression Crew Inmate Worker Rules form

Attachment A

Wild Land Fire Suppression Crew Inmate Gear Packs

Attachment B

Wild Land Fire Suppression Initial Attack Pack

Attachment C

DOC Admission/Discharge Report Form

Attachment D

Community Work Project form

Attachment E



MSP WILD LAND FIRE SUPPRESSION CREW INMATE WORKER RULES

Inmate Community Work Rules & Regulations:

1. Inmates are prohibited from operating a motor vehicle away from the facility (exception: Heavy equipment items or State Vehicles may be operated with approval by the facility). No inmate will operate a motor vehicle for any reason without a current Montana State Driver's License.
2. Inmates may not at any time leave assigned work sites.
3. Whenever possible, inmates will take rest breaks away from public view and in a manner that limits public contact.
4. Inmates must wear safety and protective clothing and eye covering while working.
5. Inmates must immediately report all injuries, safety hazards, and broken or malfunctioning equipment to the supervisor.
6. Inmates may not possess, use, or have in their control any item considered contraband in accordance with Department Policy 3.1.16, Contraband Control.
7. Inmates will stay away from hazardous equipment while it is in operation.
8. Inmates may not ride on vehicles or equipment in an unsafe manner.
9. Inmates will follow all instructions given by supervisor(s).
10. Inmates will be courteous and respectful toward staff/supervisors and members of the public at all times.

I have read, or had read to me, the _____ rules contained in this employment
Orientation material. Job Title

Inmate Name (*Please Print*)

Inmate Signature

DOC ID #

Date

Supervisor or designee signature

Date



MSP WILD LAND FIRE SUPPRESSION CREW INMATE GEAR PACKS (Red Bag)

State Supplied Items:

Hygiene

1	toothbrush	2	bars of soap
1	tube toothpaste	1	bottle of shampoo
1	comb	1	deodorant
2	safety razors	1	pair shower shoes

Clothing

14	pairs of socks – white	2	thermal tops – white
14	t-shirts – white	2	thermal bottoms – white
14	briefs or boxers – white	1	pair of gloves
2	Nomex shirts (yellow)	2	pair Nomex pants (green)

NOTE: Upon return from a fire the Fire Crew Supervisor will:

- Take the state issue and Nomex clothing to the Work Dorm to be laundered. Upon completion of laundering the Fire Crew Supervisor will give the clothing to the Work Dorm officers who will secure them in the Work Dorm Case Manager's office. At no time will staff allow the clothing to be handled by an inmate.
- Replenish the gear packs with necessary items.

Allowable Personal Property Items

1	pair boots	1	pair tennis shoes
1	ball cap – blue	1	pair shorts – grey
1	pair eyeglasses	1	pair boot laces
1	watch	2	pens / pencils (any combo)
1	wedding ring	1	tablet writing paper

NOTES:

- Upon notification of fire crew deployment unit staff and the Fire Crew Supervisor will ensure that fire crew inmate workers leave the housing unit with only these items of personal property.
- Upon return from fire crew deployment unit staff and the Fire Crew Supervisor will ensure fire crew inmate workers return to and enter the housing unit with only these items of personal property.
- **If an inmate has any item that isn't listed above in his gear pack or possession when departing or returning staff will process them as contraband. Appropriate disciplinary action will apply, and the inmate will be removed from the fire crew.**



MSP WILD LAND FIRE SUPPRESSION CREW INITIAL ATTACK PACKS

The attack packs are packed and issued by the DNRC and contain the following:

- 1 fire shelter
- 3 1-quart canteens
- 1 headlamp with batteries
- 1 set goggles
- 1 pair gloves-leather
- 1 file, 10" with handle
- 1 first aid kit, individual
- 1 roll toilet paper
- 1 roll flagging, red/white
- 1 hardhat with chinstrap
- 1 pair ear plugs
- 1 Incident Response Pocket Guide

NOTE: In addition, during active fire duty attack packs may include medically necessary prescriptions and supplies.



DOC ADMISSION / DISCHARGE REPORT

PLEASE PRINT FULL NAME:

LAST NAME FIRST NAME MIDDLE NAME ID DATE: TIME:

FROM UNIT AND ASSIGNMENT:

☐ MSP:
☐ Unit
Assignment
☐ MWP:
☐ Pod Cell Bed
☐ Regional Prison:
☐ Pod
☐ MASC
☐ Hospital
☐ Cond. Release
☐ OLTC
☐ MSH-WS
☐ Pre-Release

☐ TSCTC-Trainee ☐ Probation
☐ Treatment Programs
☐ Transfer
☐ Escape ☐ Apprehended State:

☐ Parole Violator

☐ Probation Violator
☐ START Center
☐ In Transit
☐ New Inmate
☐ 10-Day Furlough
☐ Other

TO UNIT AND ASSIGNMENT:

☐ MSP:
☐ Unit
Assignment
☐ MWP:
☐ Pod Cell Bed
☐ Regional Prison:
☐ Pod
☐ MASC
☐ Hospital
☐ Conditional Release
☐ OLTC
☐ MSH-WS
☐ Pre-Release

☐ TSCTC-Trainee ☐ Probation
☐ Treatment Programs
☐ Transfer
☐ Escape ☐ Apprehended State:

☐ Release

☐ START Center
☐ In Transit
☐ 10-Day Furlough
☐ Other

CODE:

☐ DOC
☐ MSP
☐ MWP
☐ RPC
☐ CD**
☐ DD**
☐ HOLD

CUSTODY:

☐ MIN 2
☐ MIN 1
☐ MED 2
☐ MED 1
☐ CLOSE
☐ MAX
☐ AD SEG
☐ REST AD SEG

****Notify the Infirmary and Mental Health when PHC, DD or CD**

Health Services clearance ☐ Yes ☐ No (If No, attach *Special Needs Treatment Plan*)

COMMENTS:

STAFF MEMBER'S NAME /
SIGNATURE:



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
COMMUNITY WORK PROJECT REQUEST FORM**

<u>PROJECT INFORMATION</u>			
Requesting Agency <input type="checkbox"/> Internal <input type="checkbox"/> External	<input type="checkbox"/> State Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/> School District	<input type="checkbox"/> City <input type="checkbox"/> County Other: _____	Number of Inmates Needed: _____ Request Date: _____
Contact Person: _____ Telephone Number: _____ <div style="text-align: center;">Inmate(s) Name, DOC ID# and Living Location:</div>			
<div style="text-align: center;"><u>Project Description:</u></div>			
<div style="text-align: center;"><u>Location:</u> (Provide sufficient detail for emergency assistance)</div>			
Payment Terms: _____ Project Work Hours: _____			
Projected Start Date: _____ Projected Completion Date: _____			
<u>FACILITY INFORMATION</u>			
Facility/Program Name: _____ Region (If applicable): _____			
Facility Project Supervisor Name: _____ Telephone Number: _____			
Note Agency Project Responsibilities:			
<u>REQUESTING AGENCY OR ORGANIZATION INFORMATION</u>			
Transportation Provided By Requesting Agency <input type="checkbox"/> Yes <input type="checkbox"/> No	Method of Transportation: (Indicate One) <input type="checkbox"/> Van <input type="checkbox"/> Pickup <input type="checkbox"/> Bus <input type="checkbox"/> Other: (Specify) _____		Vehicle Capacity _____
Tools, Supplies and Safety Equipment to be used:			
Provisions for food and water:			
Name(s) of Supervisor(s) who will provide safety instructions and oversee work:			

Provisions for access to restrooms (<i>Identify Type and Location</i>):	
Identify additional assistance being provided by requesting agency:	
Requesting Agency Project Supervisor Name: _____ Telephone Number: _____	
<u>ACCOMODATIONS PROVIDED BY MONTANA DEPARTMENT OF CORRECTIONS</u> <i>(To be filled out jointly with Requesting Agency)</i>	
Size of Inmate Work Force: _____ Number of Correctional Staff Assigned: _____	
Special Needs (i.e. clothing, equipment) _____	
Mobile Communications (i.e., cellular phone, handheld radio): _____	
Food Service: _____	
Vehicles: _____	
Armory: _____	
Other: _____	
<u>HEALTH AND SAFETY REVIEW</u> <i>(Complete only if Warden/Superintendent or Contract Placement Bureau Chief request a safety and health review.)</i>	
I have evaluated the above referenced project, which has also been reviewed by certified personnel provided by the requesting entity. My decision regarding the project is as follows:	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ MDOC Safety Manger or Designee	
<u>PROJECT RECOMMENDATION AND AUTHORIZATION</u>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Reason for Denial (<i>i.e., staff resources, etc.</i>) _____	
Signature: _____ Date: _____ Requesting Agency Representative	
Signature: _____ Date: _____ Warden/Superintendent/Facility Administrator	
Signature: _____ Date: _____ Contract Placement Bureau Chief (<i>if necessary</i>)	
<p><i>This form is filled out by the requesting supervisor and submitted to the respective Case Management Team. Case Management Team: Attach this form to the Inmate Eligibility/Screening Form.</i></p> <p><i>This Agreement shall be effective upon signature and shall remain in effect until the project completion date or until such time as either party terminates said agreement.</i></p>	



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	5.1.102 INMATE PARTICIPATION IN A LONG-TERM WORK PROGRAM	
Effective Date:	November 14, 2002	Page 1 of 5 and 2 Attachments
Revision Date(s):	August 16, 2007, January 5, 2017, June 19, 2020, June 15, 2021	
Reference(s):	DOC Policy 5.1.1	
Signature:	/s/ Jim Salmonsens / Warden	
Signature	/s/ Gayle Butler/ MCE Administrator	

I. PURPOSE

To allow for Work and Reentry Center (WRC) placement and work assignments outside of the fenced perimeter for long-term inmates to work in MSP Maintenance, MSP Warehouse, and Montana Correctional Enterprises (MCE).

II. DEFINITIONS

Administrative Review Committee – For the purpose of this procedure, the committee may consist of the Technical Correctional Services Bureau Chief, Deputy Warden, Associate Wardens, WRC Program Director, MCE Administrator and Agriculture Director, (or designees for any of these positions).

Disability – see DOC 3.3.15, *Americans with Disabilities Act (ADA) Offender Accommodations*, for the definition and an explanation of disability.

Long-Term Inmate – An inmate with a discharge date or parole eligibility date that is currently three years and beyond. Inmates should have a minimum of 25% or eight years of their sentence completed and have exhibited exemplary institutional adjustment.

Single Fenced Perimeter - The fence surrounding the Industries Compound at the MSP/MCE facility.

Unit Management Team (UMT) – The housing unit staff consisting of the Unit Manager, Case Manager(s), Sergeants and Security Technicians. The UMT at the WRC includes the WRC Director, Case Managers, Sergeants and Security Technicians.

Work Programs – For the purpose of this procedure means a work assignment for MSP or MCE inmates who live at the WRC.

Work and Reentry Center (WRC) – A 208-bed housing unit outside of the main Prison fenced compound, managed by MCE, where inmates working for MSP and MCE with job assignments outside the fence reside.

Work Supervisor -For the purposes of this procedure, is an employee who oversees, manages and supervises inmates in a work program.

III. PROCEDURES

A. Purpose of WRC Placement and Work Assignments Outside of the Fenced Perimeter for Long Term Inmates

1. Provide a productive means for long-term inmates, who have demonstrated exemplary institutional adjustment, to serve their sentence under appropriate supervision.
2. Provide a means for long-term inmates to learn additional job skills to assist in facilitating their return to the community.
3. Provide stability for work programs to ensure consistency in operations, as the majority of inmates living at the WRC are only at the facility for an average of 18 months.
4. Provide the long-term inmate with a sense of purpose.
5. Facilitate the long-term inmate's stable adjustment, from a secure setting to a pre-release setting.
6. Provide opportunities for long-term inmates to develop a positive work ethic and assume responsibility in a work setting.
7. To promote the most cost-effectiveness of programs through appropriate use of inmate work skills.
8. Provide a mechanism for assigning jobs to designated inmates who may otherwise not be eligible due to their classification level or length of sentence.

B. Inmate Eligibility Requirements

1. In order for an inmate to be eligible for placement at the WRC in a long-term work assignment the inmate will:
 - a. have had minimum II, minimum I or be eligible for an override from medium II custody to work outside the double fenced perimeter. This requirement must also be met if the inmate is housed in a contract facility;
 - b. have served at least 25% or eight years of their sentence. For example, an inmate with a 25-year sentence would have to serve at least 6.25 years of their sentence. An inmate with a 100-year sentence would have to serve at least 8 years of their sentence;
 - c. have no rule violations that fall under the mandatory reclass category in the last three years. All other major rule violations will be looked at on a case-by-case basis;
 - d. not have any warrants and/or detainers. Approval for interstate compact inmates from the sending state is required prior to placement of out of state inmate transfers in this program;
 - e. not have any medical restrictions or chronic illness that would cause the inmate to be unable to perform the essential functions of the assignment even with a reasonable accommodation. Reasonable accommodations will be made for inmates with disabilities desiring a long-term work assignment;
 - f. not have any pending court appeals;
 - g. show a commitment to change, i.e., be on a waiting list, participating in and/or completed recommended or court ordered programming. Sex Offender Program evaluations must be completed for sex offenders being considered for this program;
 - h. have worked a minimum of six months in any work assignment from the most recent admission into MSP;

Subject: INMATE PARTICIPATION IN A LONG-TERM WORK PROGRAM

- i. have positive work reports, be a self-starter, and be willing to learn and work independently (the latter excepting any reasonable accommodations required by the inmate's disability);
- j. agree to provide random UA samples, which will be taken at least once every two months by housing unit staff. The results of testing of these samples must be negative; a positive UA may result in disciplinary action and/or removal from the program;
- k. have positive housing unit reports for the last two years;
- l. have a high school diploma, GED, or HiSET, or be working towards a HiSET. This requirement shall be waived in cases in which a disability prevents or has prevented an inmate from obtaining or working toward a HiSET.; and
- m. have no record of escape or attempted escape from a secure facility in the past ten years.

C. Request/Screening/Selection Procedures

1. A work supervisor may request that an inmate be screened for placement at the WRC and assigned to a long-term work position by filling out a *Long-Term Worker Assignment Eligibility/Screening* Form (attachment A) and forwarding it to the MCE Administrator or designee for approval/disapproval. Any request that is disapproved must have the reasons documented in writing.
2. If approved by the MCE Administrator or designee, the request will be forwarded to and processed by the WRC Unit Management Team for screening based on the inmate eligibility requirements set forth in this operational procedure.
3. If the inmate meets the eligibility requirements his classification will be reviewed for potential overrides (if needed), or waiver of the override guidelines, and forwarded to the Administrative Review Committee.
4. When approved/disapproved by the Administrative Review Committee, the request will be forwarded to the Warden for final consideration and approval/disapproval.

D. Supervisor Responsibilities

1. Review the specific Inmate Job Description form with the inmate, explaining duties, safety rules, expectations, pay, work hours, etc.
2. Explain the provisions of the *Long-Term Inmate Work Assignment Contract* (attachment B) with the inmate. The inmate must agree to and sign the contract prior to final assignment.
3. Provide security and supervision in accordance with applicable MSP policies and procedures, including *MSP 3.1.100, Supervision of Inmates*, *MSP 3.1.11, Inmate Movement Control*, and *MSP 3.1.21, Inmate Count & Supervision*.
4. Monitor the inmate's work performance through daily supervision and completion of monthly work evaluations.
5. Keep track of the hours worked and submit the inmate payroll sheet to accounting.
6. Meet periodically (quarterly basis at a minimum) with WRC housing unit staff to discuss inmate's progress with the program.

Subject: INMATE PARTICIPATION IN A LONG-TERM WORK PROGRAM

7. Work with the WRC UMT to ensure that UA samples are taken in accordance with the criteria in this operational procedure. It will be the responsibility of the WRC UMT to have the inmates provide UA samples and to document the results.
8. Monitor and advise the WRC UMT of any abnormal behavior or problems that may develop with the inmate in the work area.
9. Complete and submit incident reports regarding any abnormal behavior or problems a long-term inmate is involved in. Reports involving behavior which constitutes a major rule infraction or higher will require the inmate to be held in from the job assignment until the issue is resolved. The supervisor must coordinate as needed with the WRC UMT.
10. Submit a written quarterly report of the activities, outcomes, and overall status of each inmate in this program to the Warden, Deputy Warden, MCE Administrator, WRC Director, and Technical Corrections Bureau Chief.

E. Removal from the Work Assignment

1. A supervisor may request the removal of an inmate from his job assignment by completing a Job Assignment/Removal form and forwarding it to the WRC UMT.
2. Reasons for removal may include, but are not limited to, loss of work, lack of skills required for the position, conflicting program requirements, mutual agreement between inmate and supervisor, refusal to work, poor work performance, rule violation, disrupting the orderly operation of the work crew, or failing to follow security, safety, and sanitation regulations.
3. Any decision for removal of an inmate from the long-term inmate work program must be properly documented.
4. Inmates currently assigned to a long-term inmate work program are not eligible for transfer to a regional or private prison facility.
5. Long-term inmates assigned to the same job for an extended period of time may be reviewed for job re-assignment on a case-by-case basis.
6. An inmate shall not be reassigned or removed from a long-term work position on the basis of the inmate's disability if a reasonable accommodation would allow the inmate to perform the job's essential functions. Efforts and discussions, including any discussions with the Offender ADA Coordinator, to provide reasonable accommodations shall be documented in the inmate's institutional files.

F. Work Assignments

1. Work assignment descriptions and postings shall not set criteria that would exclude an otherwise eligible inmate with a disability from being considered because of his disability unless such criteria are essential functions of the position that cannot be performed by a disabled person even with a reasonable accommodation.
2. All work assignment postings and announcements shall state that otherwise qualified inmates shall not be denied assignment due to their disability, that reasonable accommodations will be provided, and that inmates with disabilities should speak to their unit manager, unit case manager or the offender ADA Coordinator if they have questions about their eligibility. If a request for

Subject: INMATE PARTICIPATION IN A LONG-TERM WORK PROGRAM

accommodation is made, the inmate should be referred to the offender ADA Coordinator. Any discussion will be documented in the inmate's ADA file.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Warden or applicable department manager/administrator.

V. ATTACHMENTS

Long Term Worker Assignment Eligibility/Screening Form

attachment A

Long-Term Inmate Work Assignment Contract

attachment B



MSP/MCE LONG-TERM INMATE WORK ASSIGNMENT ELIGIBILITY/SCREENING FORM

WORK ASSIGNMENT REQUEST (to be completed by work supervisor)

I am requesting that inmate _____ ID# _____ be considered for assignment to a position in the MSP/MCE long-term inmate work assignment program. This assignment will be outside the fenced perimeter on the _____ work crew, job assignment # _____

Justification for request:

Work Supervisor Signature

Inmate Signature

MCE /Administrator

INMATE ELIGIBILITY (to be completed by the Unit Management Team)

1. Custody Level: _____

Custody Over-Ride? ☐ Yes ☐ No

Comments: _____

Length of time in low side custody level: _____

Eligible for work outside the fence? ☐ Yes ☐ No

Eligible for work inside the fence? ☐ Yes ☐ No

Comments: _____

2. Served 25% or eight years of sentence? ☐ Yes ☐ No

Comments: _____

3. Mandatory reclass category rule violations within the last 3 years? ☐ Yes ☐ No

If yes, explain: _____

4. Detainer(s)? ☐ Yes ☐ No

5. Medical restrictions or chronic illness that would conflict with work requirements? ☐ Yes ☐ No Health Category _____

If yes, explain: _____

6. Pending court appeals? ☐ Yes ☐ No

If yes, explain: _____

7. Program Compliant? ☐ Yes ☐ No

If the inmate is currently on the waiting list or enrolled in a program, explain what the program status is: _____

If serving a sentence for a sex offense, explain in detail the inmate's SOP status: _____

8.	Worked a minimum of six months in a MCE or MSP maintenance work assignment for outside the fence assignment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: _____				
	Worked a minimum of six months in any MCE or MSP work assignment inside the single fenced perimeter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: _____				
	Positive work reports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: _____				

9.	Does the inmate agree to provide random UA samples for testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.	Positive housing report for the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11.	Does the inmate have a high school diploma, GED, or is he working towards GED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: _____				

12.	Does the inmate have any history of escapes or escape attempts during incarceration in a secure facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: _____				

WAIVER

I authorize the release of all medical, psychological, chemical dependency and criminal history information to the appropriate Criminal Justice System Personnel.

I also consent to disclosure of my correctional status, institutional history, and criminal record as needed to properly process this report.

Inmate Signature:	Date:
Submitted by:	Date:
Unit Manager / Supervisor Signature	

UNIT MANAGEMENT TEAM PRELIMINARY REVIEW / RECOMMENDATION

	Recommend for long-term inmate work assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No (if not write explanation below and return to Work Supervisor).

Reviewed by:	Preliminary Review Date:
Unit Management Team	
Comments:	

FINAL REVIEW

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
-----------------------------------	--------------------------------------

Reviewed by:	Date:
TCSB Chief, MCE Representative, and Associate Warden	
Reviewed by:	Date:
MSP Warden	
Reviewed by:	Date:

MCE Administrator
Stipulations / Comments <i>(if any)</i> :
<i>This report must be completed for all inmates that are being recommended for a long-term inmate work assignment.</i>



MSP/MCE LONG-TERM INMATE WORK ASSIGNMENT CONTRACT

TO: _____ DOC ID#: _____ DATE: _____
Inmate's Name

You have been assigned a job as the _____ for the
(Job Title)
_____ and listed below are your duties, responsibilities
Department/Program
and information on your assignment.

1. Your main duties are as follows:

- a. _____
- b. _____
- c. _____

2. Your pay will be \$ _____ per hour/day

Long-Term Inmate Work Assignment Rules & Regulations

1. Inmate is expected to exhibit exemplary behavior at all times.
2. Inmate must abide by all facility policy and procedures, housing and work-related rules.
3. Inmate must follow all instructions given by supervisor(s).
4. Inmate must only operate vehicles & equipment as authorized by their supervisor(s) and in accordance with the MSP/MCE driving permit system.
5. Inmate must be courteous and respectful toward staff/supervisors and other inmates at all times.
6. Inmate must set an example to be followed by other inmates on the work crew. Inmate may, on an as needed basis, be involved with training other inmate workers in conjunction with their work supervisor.
7. Inmate is expected to meet reasonable work demands and requirements, be a self-starter and be able to work under general direction and supervision
8. Inmate must remain in assigned work areas at all times,.
9. Inmate must submit to random UA tests.
10. Inmate must maintain positive housing & work assignment evaluations.
12. Inmate is expected to immediately report any injuries, safety hazards, equipment problems, or work area issues to their supervisor.
13. Inmate will not receive any special privileges as a result of their inclusion in this program.

I have read the above rules and regulations and have discussed them as necessary with my supervisor. My compliance with these rules and regulations will determine my continuance in the long-term inmate worker assignment.

Inmate Name (Please Print) DOC ID#

Inmate Signature Date

Supervisor (or designee) Name (Please Print)

Supervisor Signature Date



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 5.1.104 INMATE WORKER & STUDENT APPRECIATION DAY	
Effective Date:	April 18, 2006	Page 1 of 3 and 1 Attachment
Revision Date(s):	June 30, 2020	
Reference(s):	53-30-132, MCE Inmate Participation and Status in Prison Work	
Signature:	/s/ Lynn Guyer / Warden	
Signature:	/s/ Gayle Butler / MCE Administrator	

I. PURPOSE:

To establish procedures for an annual appreciation day for inmate work crews or inmates involved with educational programming.

II. DEFINITIONS:

Appreciation Day - for the purpose of this procedure means a special activity to recognize Montana State Prison (MSP)/Montana Correctional Enterprises (MCE) inmate work crews or student inmates.

III. PROCEDURES

The appropriate work or education supervisor may request an Appreciation Day for the area(s) under their supervision. All appreciation day requests must first be approved by the Department Head and submitted using an *Appreciation Day Request form* (attachment A). Requests must be approved by the MCE Director or appropriate Associate Warden prior to any event occurring. Designated staff from the department(s) requesting an Appreciation Day will be responsible for overseeing and coordinating all aspects of the event.

A. General Criteria

1. Each department may hold one appreciation day for all inmate work crews and/or students, except where security compounds prohibit. The appreciation day for several interrelated departments may be combined. For example, the appreciation day for Habilitative Services may include the school students and crews from the gym, hobby, library, RAC, etc.
2. Appreciation day will be limited to:
 - a. one per year, per department.
 - b. scheduled between July 1st and September 30th.
 - c. Monday through Friday.
 - d. less than three hours in duration.
3. Appreciation day activities must be scheduled and conducted to minimize disruptions to other programs and activities.
4. Food served will be limited to a hot dog and hamburger combination, salads, ice cream,

- and beverages.
- a. for MSP departments, food items and beverages will be provided by the MSP Food Service and ordered through the MSP Warehouse.
 - b. for MCE programs, food items and beverages will be provided by the MSP Food Service or ordered through MCE Administration.
5. No outside vendor prepared items (such as pizzas, sub-sandwiches) will be allowed.
 6. The administrator will pre-determine how leftover food and beverages are disposed of; this includes perishable and non-perishable items, (for example, given to staff running the event, returned to Food Service, returned to MCE). The direction will come from the administrator in writing to the staff running the event.
 7. All food and beverages left over from the appreciation day must be removed from the work area at the end of the day. Food or beverages will not be taken back to the housing units.
 8. No movies of any type will be allowed.
 9. Inmates from crews or classes not listed on the approved Appreciation Day Request form will not be allowed to attend.
 10. Inmates attending the event must remain in the designated appreciation day area until released by their supervisor.
 11. Inmates attending the appreciation day activity will not be allowed to go to the dining hall for regular meals scheduled during the time of the activity.
 12. All supervisors or teachers in the department holding the appreciation day are encouraged to attend and participate.

B. Request Procedure

The following appreciation day request procedures will be utilized:

1. The department initiating the appreciation day request will contact MSP Food Service to see if the request for food is possible within their work timeframe. MSP Food Service and the initiating department will determine the appropriate amount of food necessary for the appreciation day based on the number of estimated participants.
2. Based on information discussed with MSP Food Service the initiating department will prepare a written proposal for the appreciation day. At a minimum the proposal will include:
 - a. the proposed date and starting and ending times.
location.
 - b. work crew inmates and/or students involved in the appreciation day, with estimated number of inmates and staff.
 - c. equipment to be used, and control thereof.
 - d. type and quantity of food items/supplies.

- e. name(s) of supervisors and/or teachers who are responsible for overseeing the activity.
 - f. other pertinent information.
3. All requests will be prepared and submitted by the appropriate work supervisor or Department Head. No inmates will be involved with any stage of an appreciation day request process. The requesting supervisor and Department Head must both sign and approve the initiating request.
4. All requests must be submitted by May 31st and will be approved accordingly. Requests not meeting this timeframe will be denied.
5. The appropriate MSP Associate Warden must approve the request prior to any items being ordered from Food Service or the Warehouse. For MCE programs, the MCE Administrator or designee will approve requests prior to any items being ordered.

C. Supervisor and Inmate Responsibilities

1. Designated MSP/MCE supervisors must be present at all times for the appreciation day and are responsible for overseeing all activities of the appreciation day. This includes set up and clean up. Inmate crews must be monitored at all times.
2. Inmates will stay in the designated appreciation day location during the entire duration.
3. Inappropriate conduct by inmates will result in a disciplinary write-up and may cause cancellation of future appreciation days.
4. Inmates will perform cleanup.

IV. CLOSING:

Questions concerning this policy shall be directed to the MCE Administrator or MSP Associate Warden of Security.

V. ATTACHMENTS:

Appreciation Day Request Form (attachment A)



APPRECIATION DAY REQUEST FORM

DEPARTMENT INITIATING REQUEST: _____

DATE OF REQUEST: ____/____/____

DATE OF EVENT: ____/____/____ START TIME: _____ hrs. END TIME: _____ hrs.

LOCATION/SITE OF ACTIVITY: _____

WORK CREWS OR STUDENTS INVOLVED (list out):

ESTIMATED NUMBER OF INMATES AND SUPERVISORS: _____

SUPERVISOR(S) RESPONSIBLE FOR APPRECIATION DAY OVERSIGHT:

TYPE AND QUANTITY OF FOOD ITEMS AND SUPPLIES: _____

EQUIPMENT REQUESTED: _____

SPECIAL NOTATIONS: _____

Staff Initiating Request: _____

NAME

SIGNATURE

Department Head Approval: _____

NAME

SIGNATURE

MCE Administrator Approval: _____

SIGNATURE

Associate Warden of Security Approval: _____

SIGNATURE

NOTES OR ADDITIONAL REQUIREMENTS: _____

Copies to:

Warden
Command Post
Other: _____

Deputy Warden
Main Control
Other: _____

Associate Wardens
Lobby Officer
Other: _____

Housing Units
Other: _____



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 5.3.1 INMATE ACADEMIC EDUCATION	
Effective Date:	November 24, 2003	Page 1 of 6 and 1 Attachments
Revision Date(s):	January 24, 2017, October 30, 2020	
Reference(s):	DOC Policy 5.3.1	
Signature:	/s/ Jim Salmonsens / Warden	
Signature	/s/ Gayle Butler / MCE Administrator	

I. PURPOSE:

Montana State Prison will provide a comprehensive basic education program for all eligible offenders.

II. DEFINITIONS:

Accredited School – A school that has met the minimum standards determined by the board of public education.

Diploma – A certificate issued from an accredited school indicating a student has successfully completed the minimum requirements prescribed by a state education agency.

Disability – see DOC 3.3.15, Americans with Disabilities Act (ADA) Offender Accommodations, for the definition and an explanation of disability.

General Education Development (GED) – The previous Montana High School Equivalency Exam.

High School Equivalency - A battery of tests which measures a person's academic skills as compared to a high school graduate such as the HiSET or GED.

High School Equivalency Test (HiSET) – A battery of tests which measures a person's academic skills as compared to a high school graduate. If passed, a Montana High School Equivalency Diploma is issued which is accepted by institutions of higher education and employers as equivalent a regular high school diploma.

Individualized Education Program (IEP) – A document that guides the delivery of special education supports and services.

National Reporting System (NRS) – An outcome-based reporting system for the State-administered federally funded adult education program.

Office of Public Instruction (OPI) – The office that provides advocacy, support and leadership in education for schools and communities.

Primary Area of Instruction (PAI) – A student's lowest performance area.

Test of Adult Basic Education (TABE) – A battery of tests which measure a person's skills in reading, language, mathematics and spelling.

III. PROCEDURE:

A. General Requirements

1. The educational goals of Montana State Prison (MSP) are as follows:
 - a. provide meaningful and rehabilitative learning experiences through formal programs of academic instruction;
 - b. provide educational programming that will improve the inmate's knowledge, skills, and abilities, while supporting the inmate's reentry plan;
 - c. give priority to inmates requiring basic, elementary, and secondary level academic instruction;
 - d. improve inmate functioning in literacy, employment, communication, and life skills;
 - e. help the inmate successfully transition into the community; and
 - f. help the inmate qualify for living wage jobs upon release.

B. Assessment and Placement in Educational Programming

1. All inmates will be educationally assessed using the standardized test known as the Test of Adult Basic Education (TABE) at MDIU. Once enrolled in the Education Department the inmate will be reassessed using the TABE.
2. Inmate education verification will be done in the Education Department and entered into the OMIS by an Education Department staff member.
3. All inmates claiming completion of secondary or post-secondary education, or a portion thereof, must show proper documentation of that claim; or must provide the Education Department with sufficient information to verify that claim. This verification documentation includes the following:
 - a. copies of transcripts or approved high school equivalency test scores;
 - b. an official document from a state education agency verifying HiSet, GED, or an approved high school equivalency exam will be accepted. High school equivalency exams must have an official signature and once the document is verified it will be entered into OMIS; and
 - c. if an inmate does not have a transcript, the Education Department will work with the inmate to confirm the inmate's educational history, but this may take an extended period of time.
4. Inmates who have had an Individualized Education Program (IEP) in the past or currently qualify for an IEP, and who are under the age of 22, will have access to special education services as per OPI requirements.
5. Students who have not completed high school or HiSet will be put on a waiting list and required to attend school once in population. Designated education staff will develop and maintain the waiting list with communication and input from case management.
6. All students are expected to show reasonable progress as measured by monthly evaluations. Failure to show reasonable progress in a course will result in termination from the program. Pre- and post-testing shall be used to measure progress of students and the effectiveness of each program.
7. Students that are unable to attend regular classroom instructions due to their classification may be assigned to a cell study program. Students with disabilities who are unable to attend regular classroom instruction because of their disability shall be provided with reasonable accommodations to allow participation in academic education, including but not limited to assignment to a cell study program. Cell Study is only available to inmates whose classification or disability prevents them

from attending regular classes. All educational goals and expectations including program educational gains are expected.

8. In order for students to receive pay, they must be assigned full time. School is a work assignment and students are not allowed to be assigned to another work assignment, while attending school. The regulations of attendance and pay are as follows:
 - a. students will be paid only for the days that they attend class;
 - b. unexcused absences will result in progressive disciplinary action. Only absences where the inmate is on a call out and is being held in by the unit will be considered excused. Unexcused absences will be penalized as follows:
 - 1) the first unexcused absence the inmate will receive a verbal warning and corrective counseling from their teacher;
 - 2) the second unexcused absence the inmate will receive a disciplinary write up and a 60-day suspension from school;
 - 3) the third unexcused absence the inmate will receive a disciplinary write up and a 120-day suspension from school; and
 - 4) the fourth unexcused absence the inmate will receive a disciplinary write up, will be removed from the course of instruction, and may not return without the permission of the course instructor and the Education Director.
 - c. During the inmate's suspension, the inmate will not be approved to find and/or apply for another assignment. When the suspension is over the inmate will be required to resume attending classes; and
 - d. Inmates with disabilities that affect their ability to complete work may be eligible for reasonable accommodations to this policy. Inmates may make such a request, verbally or in writing, to the ADA Coordinator or to staff, who shall forward the request to the ADA Coordinator. In addition, staff shall alert the ADA Coordinator if they know or suspect an inmate has a disability that affects his ability to complete work so that the ADA Coordinator may consider whether an accommodation is needed. All accommodations shall be documented in OMIS.
9. Post-secondary and other self-study courses obtained through outside resources will be encouraged and made available as independent study. Correspondence studies will not be afforded pay compensation. All independent studies, self-study courses, and correspondence study materials are the responsibility of the individual inmate. All courses will be monitored by a staff coordinator.
10. The Life Skills Program provides learning opportunities directed at independent living through practical preparation in a variety of areas. Life Skills rules that are approved by the Education Department will be discussed with and signed by the inmate before they begin class.
11. If an inmate is identified as having a disability that affects his ability to participate in educational programs, an appropriate accommodation shall be provided, including, but not limited to, individualized instruction. MSP shall use best efforts to facilitate inmates' requests to the HISET and TABE testing companies for reasonable accommodations on non-MSP tests, such as additional time to complete tests. Accommodations shall not be limited to only inmates participating in classroom educational programs but shall include inmates enrolled in cell study and vocational education. All accommodations provided shall be documented in OMIS. The ADA Coordinator shall work with the special education teacher or other person with expertise in special education to

provide inmate-specific accommodation plans for inmates with learning, developmental, or other disabilities requiring an accommodation.

C. Curriculum

1. The Montana Adult Basic Education Content Standards set by the Montana OPI will be issued to govern all classroom curriculums.
2. Program Assessment is done through the following tests or assessments:
 - a. the TABE Survey Assessments will be used to manage and monitor student education gains and to identify areas for program improvement;
 - b. levels L,E,M,D or A for assessment will to measure the progress of learners enrolled in ABE reading, language, and math instruction;
 - c. a mandatory pretest in each subject area will be given to each student within the first 12 hours of instruction; and
 - d. the of level test will be determined by a locator test. This is the baseline from which student educational gains can be measured through.

D. Special Education Services

1. All inmates will be educationally evaluated upon intake to MSP. They will be required to fill out a verification of GED/HiSET form and an Educational Intake Form.
2. All inmates will be entitled to special education services until their 22nd birthday. MSP will comply with all special education and IEP rules under state and federal law.
3. Inmates that qualify for special education, but deny their rights, will need to sign the Revocation of Special Education Services form. This form will stay on file in The Education Department until they are 22.
4. Students requesting accommodations for the TABE and HiSet tests must provide independent verification of disability from an appropriate professional, psychiatrist, psychologist, and/ or doctor within the last year. If no such verification is available, MSP will conduct an appropriate evaluation to determine what accommodations the inmate may require.
5. All accommodations will be screened by the Education Department.
6. Final approval for accommodations will be done by the OPI and Educational Testing Services.

E. Program Application, Assignment, and Removal

1. Students who have not completed high school or HiSet will be identified through screening and testing while in MDIU. Results of the screening, testing, and classification while in MDIU will aid the Education Department in compiling lists of potential students.
2. Inmates who are accepted and refuse to attend educational classes or testing will not be eligible for work assignments.
3. Inmates, whose names are on the waiting list, will be required to stop their work assignment when educational staff notifies them that they have been accepted into the education program. After completion of their HiSet, they will be eligible to go back to another work assignment.

Subject: INMATE ACADEMIC EDUCATION

4. Once assigned to classes, inmates must have a verified HiSet (or equivalent) or a high school diploma to work and live at the Work and Re-Entry Center.
5. Inmates who are unable to participate in or complete educational programming due to learning and/or cognitive disabilities may request to be excused from this requirement. Inmates may make such a request, verbally or in writing, to the ADA Coordinator or to staff, who shall forward the request to the ADA Coordinator. In addition, staff shall alert the ADA Coordinator if they know or suspect an inmate has a disability that affects his ability to complete work so that the ADA Coordinator may consider whether an accommodation is needed. All accommodations shall be documented in OMIS.

F. No Fault Waivers and Removals

1. A discipline removal of an inmate. The inmate may be removed from an educational program if, in the judgment of the Education Department, the inmate's behavior is such that continued enrollment jeopardizes the safety or security of the program area. The removal from the education program for disciplinary reasons must be documented by placement of the "Request for Waiver" in the inmate's education file. The waiver must be reviewed quarterly and expires in one year. If there is a compelling reason, the waiver may be renewed.
2. Failures to progress removals consist that some inmates in spite of a great deal of effort, may not progress significantly in their ability to grasp Adult Basic Education (ABE). After 90 days, with no EFLs or progress shown the student may apply for a, "Request for Waiver." This waiver will be done in consultation with the inmate, instructor, and the Director of Education. This waiver will be reviewed quarterly and expires in one year. If there is a compelling reason, the waiver may be renewed. During the waiver period the inmate can apply to work.
3. If it is determined that an inmate's medical, psychological, or emotional status is such that continued enrollment jeopardizes the safety or security of the program area or is not keeping with the individual's treatment plan, education is not necessary. The waiver process shall be followed by completing the "Request for Waiver." An inmate shall not be removed from an educational program on the basis of the inmate's disability or behavior caused by the inmate's disability if a reasonable accommodation would allow the inmate to remain in the program and show continuing progress.
4. If, in the judgment of the instructor and the Director of Education, an inmate's continued presence in an education program presents a safety hazard for reasons other than those already cited, that inmate may be waived from the requirement to participate.
5. If in the judgment of the instructor and the Director of Education, an inmate's continued presence in an educational program is deemed as not in the inmate's best interest for reasons not specified above, that inmates may be waived from the requirement to participate.

G. Accessibility

1. Staff will ensure that classrooms, communications and materials are fully accessible to inmates with disabilities. If necessary to ensure accessibility, staff will move accessible tables, desks or workstations and/or reassign classes to accessible classrooms, provide sign language interpreters or

other auxiliary aides and services, and provide materials in Braille, large print, and/or other accessible formats.

2. All measures to ensure accessibility shall be documented in OMIS, in the file of the inmate for whom the measure is taken.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Director of Education

V. ATTACHMENTS

Request for Waiver

attachment A



REQUEST FOR WAIVER FROM THE MANDATORY EDUCATION POLICY

OFFENDER NAME: _____ AO# _____ FACILITY: _____ CELL LOC: _____

CLASS: _____ DATE: _____ (waiver valid for 1 year)

PAROLE DATE: _____ DISCHARGE DATE: _____

_____ **90 DAYS COMPLETED?**

I. REASON FOR REQUEST

1. _____ Disciplinary
2. _____ Failure to progress
3. _____ Medical, Psychological, Emotional reason
4. _____ Other (explain below)

II. LAST THREE SETS OF ACHIEVEMENT TEST SCORES

(List for Reason #2: include for other reason if available)

DATE	FORM	LEVEL	READING TOTAL	MATH TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

III. SPECIFIC REASON FOR WAIVER (To be completed by offender's teacher if offender is currently enrolled, or completed by the offender's case manager if not currently enrolled. For offenders with a disability, a statement must be included describing how reasonable accommodations were provided. Use additional attached sheets if needed.)

IV. APPROVAL

TEACHER/CASE MANAGER _____ Date _____

EDUCATION DIRECTOR _____ Date _____

A.W. of PROGRAMS _____ Date _____

IV. QUARTERLY REVIEWS

DATE	CASE MANAGER	ACTION RECOMMENDED
_____	_____	_____ Continue Waiver _____ Assign to School
_____	_____	_____ Continue Waiver _____ Assign to School
_____	_____	_____ Continue Waiver _____ Assign to School
_____	_____	_____ Continue Waiver _____ Assign to School



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 5.3.2 LIBRARY SERVICES	
Effective Date:	July 13, 2009	Page 1 of 5 and no Attachments
Revision Date(s):	April 1, 2010, April 16, 2016, November 5, 2014, January 20, 2017, March 7, 2017, October 15, 2019	
Reference(s):	DOC Policy 5.3.2	
Signature:	/s/ Lynn Guyer / Warden	
Signature:	/s/ Gayle Butler / MCE Administrator	

I. PURPOSE

To provide all staff and inmates with access to a library containing a collection of general and legal reference materials.

II. DEFINITIONS

Disability – see DOC 3.3.15, Americans with Disabilities Act (ADA) Offender Accommodations, for the definition and an explanation of disability.

Librarian - the individual responsible for managing the MSP library program.

III. PROCEDURES

A. General Requirements

1. The library facilities at MSP will conform to contemporary library standards whenever possible.
2. The libraries will contain a collection of general, specialized, and reference materials.
3. A published schedule of hours of library service will be provided to the inmates. Schedules are subject to change. Schedules will be included for general population inmates, who have access to the library premises at the WRC, F Unit and the high and low security compounds and for inmates that receive library services in their units. Library schedules may change or be postponed depending on availability of library and security staff.
4. The library will participate in interlibrary loan programs and will continuously acquire library materials as part of the planning process.
5. Surveys may be utilized to make decisions regarding acquisition of materials as a part of a systematic strategy for determining the library service needs of the inmate population.

B. Education Director and Librarian Responsibilities

1. Develop criteria for the selection of library materials that are relevant to the needs of the inmate population.
2. Provide training regarding library practices and the use of the computer and software program to each inmate assigned to be a library assistant.

Procedure No.: MSP 5.3.2	Subject: LIBRARY SERVICES	
Effective Date: October 15, 2019		Page 2 of 5

3. Ensure equal opportunity to the library for inmates with disabilities, including but not limited to ensuring that the library is accessible to such inmates, for example, verifying that the library has sufficient accessible seating positions, and that those positions and other accessible elements and routes are free of temporary obstructions, and providing reasonable accommodations (including but not limited to assistance with procuring materials for the blind) to inmates with disabilities. All accommodations shall be documented in OMIS.

C. Library Procedures

1. Inmates are permitted in the library premises during their scheduled library periods only. Staff will send any inmate who is not engaged in legitimate library activities back to his housing unit.
2. Inmates will be allowed to read materials in the library.
3. Inmates who have access to the library premises will be allowed to check out books from the library. The magazines and newspapers available at the libraries are not to be checked out or removed from the library. Removal of such items will result in a disciplinary rule infraction.
 - a. The maximum number of books that may be checked out from the low side, high side, F Unit and WRC libraries is five. This limit includes books requested from the interlibrary loan program.
 - b. Books may be checked out for a period of two weeks and may be renewed once, for an additional two weeks before they are due. Overdue books may not be renewed.
 - c. Library staff will send one overdue notice, with a grace period of five library days. After that the inmate will receive a disciplinary rule infraction. The inmate will be charged a daily fee for each overdue book until it is returned to the library;
 - d. If a book is not returned, Library staff will assume the inmate has lost the book, and they will receive a disciplinary rule infraction. If found guilty, the inmate will be required to initiate a transfer of funds for the value of the book from his inmate account to the library account.
4. Inmates, living in locked housing, who do not have access to the library premises, will be allowed to check out two books on a weekly basis from the general library. Inmates will fill out an OSR and send to the high side library by Friday of each week. The MCE Librarian will deliver and retrieve books weekly to locked housing.
 - a. Librarians will be the only persons allowed to deliver and collect books in locked housing. If a correctional officer or other unit staff has removed the book from the inmate's possession, the book should be set aside and returned to the Librarian during their weekly drop off and retrieval time. Removal of a book must be documented in the Unit log book. Units will be charged with books that have been removed from inmate's cells and not returned to the library.
 - b. Books may be checked out for a period of two weeks and may be renewed once, for an additional two weeks before they are due. Librarians will document all books checked out and returned by inmates in these units.
 - c. If an inmate is not in possession of the checked-out books when the Librarian returns for book retrieval, and the unit staff has not removed the book from the inmate's possession, the inmate will receive a disciplinary rule infraction and will be responsible for the cost of the book replacement.
 - d. If the inmate has damaged the book while it is in their possession, he will receive a disciplinary rule infraction and will be responsible for the cost of the book replacement.

Procedure No.: MSP 5.3.2	Subject: LIBRARY SERVICES	
Effective Date: October 15, 2019		Page 3 of 5

- e. Prior to checking out books from the libraries, or receiving books directly from librarians for inmates in locked housing, inmates should inspect the books for damage and notify the librarian of any damage they find before they check them out or sign for the received books
5. Damaged library books will be processed as follows:
 - a. if a librarian discovers damage when the item is returned, and the inmate did not report the damage prior to checking it out, the inmate will receive a disciplinary rule infraction and charged for the replacement and/or repair costs if found guilty; and
 - b. the inmate will be denied further check out of books until the costs have been paid.
6. Inmates residing in MDIU will check out books through a library cart provided in each day room. Books may be used and returned as deemed appropriate by unit staff.

D. Access to the Courts

The libraries will provide inmates access to the courts as outlined in *MSP 3.3.2*.

E. Interlibrary Loan (ILL)

1. Inmates may request ILL books from Library staff.
2. Books requested through ILL are subject to the same selection criteria as materials considered for inclusion in the libraries' collections.
3. Library staff will only utilize Montana libraries to order ILL books for inmates.
4. Library staff will allow only one ILL book at a time for an inmate.
5. Any charges assessed by the lending library for late return, abuse, or loss will be assumed by the inmate who requested the ILL book.
6. Library staff will not order ILL books for inmates housed in the MDIU or Locked Housing.

F. Photocopying Services

1. Inmates must have a copy card to have copies made; there will be no credit and no exceptions. The copy cards are as follows:

Procedure No.: MSP 5.3.2	Subject: LIBRARY SERVICES	
Effective Date: October 15, 2019		Page 4 of 5

- a. the librarians sell copy cards to inmates in denominations of \$2, \$5, and \$10. They can be purchased by filling out a money transfer;
 - b. copy cards are not transferable. Inmates found in possession of another inmate's copy card will be subject to disciplinary action unless:
 - 1) an inmate infirmity aid worker may purchase copies for the inmate they have been assigned to care for with that inmate's copy card.
 - c. Inmates who are discharging to community supervision or flat discharge may bring their copy cards to the library where they can fill out a money transfer slip for a "refund" of the balance. The librarian will process the transfer slip through inmate accounting.
2. Copies will only come in single or doubled sided. Copy fees are as follows:
 - a. single-sided copies are \$0.20 per a page; and
 - b. double-sided copies are \$0.40 per a page.
3. Indigent inmates who are listed on the current indigent list will be allowed a total of 30 free pages of legal copies and/or legal forms per month.
4. Library staff will make photocopies of the following materials only:
 - a. Inmate legal paperwork, including:
 - 1) General motions;
 - 2) Notice of Appeal;
 - 3) Motion to Withdraw Guilty Plea;
 - 4) Petition for Habeas Corpus Relief;
 - 5) Petition for Post-Conviction Relief, Memorandum and Affidavit
 - 6) Petition for DNA Testing
 - 7) Form 28 U.S.C. 2254
 - 8) Federal Complaint;
 - 9) In Forma Pauperis;
 - 10) Petition for Executive Clemency; and
 - 11) Application for Sentence Review
 - b. Other documents, including:
 - 1) Group Participation;
 - 2) Treatment summaries;
 - 3) SSI/SSDI eligibility;
 - 4) Medical Information;
 - 5) Court papers;
 - 6) Certificates;
 - 7) Resumes;
 - 8) Classification reports;
 - 9) Inmate copy of informal resolution form;
 - 10) Food service menus; and
 - 11) MSP procedures/policies that are allowed through libraries services.

Procedure No.: MSP 5.3.2	Subject: LIBRARY SERVICES
Effective Date: October 15, 2019	Page 5 of 5

G. Collection Development

1. New library books are subject to approval by the Education Director. Disapproval is possible, and likely, if the material suggests affiliation with unsanctioned groups or could negatively affect inmate discipline, security or rehabilitation.
2. Donated materials will be accepted or declined in accordance with the above guidelines.
 - a. Donated books may be accepted from MSP or MCE staff, community members and organizations, and from MSP inmates. Inmate donations are limited to books only.
 - b. books offered to the libraries with restrictions that require special handling, or which prevent integration of the publications into the general collection, will not be accepted;
 - c. donations become the property of the Department of Corrections once accepted and processed. All donations are subject to the libraries' regulations and procedures.
3. MSP inmate book donations:
 - a. inmates must prove that the book they would like to donate is part of his authorized personal property;
 - b. inmates must complete a library donation form for each book at the time of donation; and
 - c. inmates will be subject to disciplinary action if they donate or attempt to donate books that are not part of their authorized property.

H. Inmate Conduct

1. If an inmate(s) is engaging in inappropriate or disruptive behavior, or is violating any institutional rule, Library staff will send the disruptive individual(s) back to his housing unit. The remainder of the library period may be cancelled if staff feel the situation merits that action. The disruptive inmate(s) will be subject to disciplinary action.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Librarian.

V. ATTACHMENTS

No attachments



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 5.3.101 KMSP CLOSED CIRCUIT TELEVISION	
Effective Date:	November 24, 2003	Page 1 of 2 and no Attachments
Revision Date(s):	October 30, 2020	
Reference(s):	DOC 1.1.3	
Signature:	/s/ Jim Salmonsens / Warden	

I. PURPOSE

To operate a closed-circuit television station for the education educational and recreational benefit of inmates.

II. DEFINITIONS

None

III. PROCEDURES

A. General Requirements

1. The operation of KMSP-TV is under the supervision of the Education Department.
2. The Education Director shall designate a staff member to supervise all activities of the KMSP broadcast studio.
3. All video recording of materials, persons, and activities in connection to the KMSP broadcast studio must have the written authorization of the KMSP supervisor.
4. Before any video recording that includes inmates is done, the consent of all the inmate subjects is required as outlined in *MSP 3.3.4 Media Access to Inmates*. Signed waivers must be kept on file.
5. The AW Wardens, Chief of Security, and Education Director shall conduct an annual review of programming and operations of KMSP TV. Recommendations for proposed changes in operations of KMSP-TV shall be forwarded to the Warden for final review and approval.
6. Any video recording done outside the education areas requires direct staff supervision and must be preapproved in writing by the Education Director or designee.

B. Broadcasts

1. Material that poses a threat to the security and order of the institution shall not be broadcast, therefore, the designated KMSP supervisor must preview all prerecorded materials before scheduling the material for broadcast. If the KMSP supervisor has any questions concerning content, the questions will be referred to the Education Director.

IV. CLOSING

Questions concerning this procedure should be directed to the Education Director.

V. ATTACHMENTS

None



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 5.5.2 INMATE ORGANIZATIONS	
Effective Date:	July 1, 2006	Page 1 of 6 and 3 Attachments
Revision Date(s):	July 30, 2020, December 15, 2021	
Reference(s):	DOC Policy 5.5.2	
Signature:	/s/ Jim Salmonsens / Warden	

I. PURPOSE

To outline the process for the establishment of an inmate organization which contributes an overall positive atmosphere of the facility and facilitates the rehabilitation process.

II. DEFINITIONS

Inmate Organization – A group of inmates who are pre-allowed to participate in approved activities in accordance with the Department and Division mission. Religious, cultural, treatment, recreational, or other services provided by the facility are not considered to be inmate organizations. An inmate organization may include properly approved persons from the community who act on a volunteer basis or in a volunteer capacity.

III. PROCEDURES

A. Organizational Application and Requirements

1. Application
 - a. Requests for initial establishment of an inmate organization must be submitted to the appropriate Associate Warden on an *Application for Organization Status form (Attachment A)* by the organization sponsor.
 - b. The Associate Warden will review the application and determine whether or not the prospective organization has the following prerequisites in place. Meeting all the prerequisites does not ensure approval.
 - 1) The ability to clearly demonstrate the positive contribution the organization would make to the inmate population. Organizational purpose must encourage inmates to develop pro-social skills and make positive changes.
 - 2) A fully developed statement of purpose, objectives, general principles, and organizational set-up. This statement must include the following:
 - a) Membership is open to all inmates with the exception of those who do not have at least six months clear conduct.
 - b) That the organization's activities will not conflict with regularly scheduled inmate work or program activities.
 - 3) Designation of an individual inmate representative of the organization who is responsible for the organization's records and must include a plan for succession of inmate representative of the organization.
 - 4) Organization compliance statement that there will not be an election of officers. The staff sponsor(s) will facilitate all meetings and activities.

Procedure No.: MSP 5.5.2	Subject: INMATE ORGANIZATIONS
Effective Date: July 30, 2020	Page 2 of 6

- 5) Proposed meeting dates and times for the upcoming year. The day of the week and times should be consistent for the year.
- 6) Requirement for submission of quarterly summaries of the organization's activities to the Associate Warden for review. Information contained in each quarterly summary will reflect activities conducted, minutes of every meeting, projects worked on, and IWF approved expenditures.
- 7) Requirement for the staff sponsor to submit an annual rollup report to the MSP Administration by July 30 at the end of each fiscal year. This report will include all IWF funds requested and expended, summary of activities, and evidence that the organization complied with the application request from the year just completed.
- 8) Requirement for submission of minutes of each business meeting to the Associate Warden within 15 days of the meeting date.
- 9) Requirement for an operational review to be conducted at least annually, by staff other than the organization sponsor. The Associate Warden will determine the method and personnel associated with the operational review of each inmate organization.
- 10) Outline of the annual activity and expenses for the upcoming fiscal year. The application must demonstrate that expenses will be paid for from IWF funds (*see section H. on funding below*).
- 11) The name of the staff sponsor who has volunteered and has been approved to sponsor the organization.
 - a) This person must supervise all the organization's activities as scheduled by the Associate Warden and their supervisor.
 - b) The sponsor will be compensated for any off-duty time by the state. The state will be reimbursed by the IWF.

2. Limitations

- a. Operations or programs that are under the administration and funding of the facility will not be duplicated as an inmate organization. This includes religious and cultural programs identified under *DOC Policy 5.6.1, Religious Programming*. Religious Activities Center staff will coordinate all activities associated with religious programs and services.
- b. Any subsequent proposed changes to the original application will be considered by the Associate Warden upon verification that the majority of the organization's members desire a specified proposed change. All organizations will operate under the same uniform system as outlined in this procedure with no exceptions.
- c. Based on the direction of the Associate Warden an annual calendar of organization activities or events may be approved.
- d. Inmate organizations will not be allowed to possess any equipment or assets unless approved in advance by the Administration.
- e. Inmate organizations will not be eligible for any type of filing status with the Secretary of State's Office.
- f. Inmate organizations will not be allowed to conduct activities to raise funds for the organization; however, they may initiate charitable drives that encourage inmates to donate money to established non-profit charitable organizations such

Procedure No.: MSP 5.5.2	Subject: INMATE ORGANIZATIONS
Effective Date: July 30, 2020	Page 3 of 6

as Special Olympics, United Way, Meals on Wheels, American Red Cross, Salvation Army, Toys for Tots, etc. The sponsor must get written permission from the Warden or designee prior to organizing a charitable drive by submitting the form *Montana State Prison Inmate Organization Request for a Charitable Giving Campaign (Attachment C)*. Donations to individuals or families are not allowed. Monies or items donated will be in the name of the organization and inmates of MSP.

- g. Inmate organizations will not be allowed to charge dues to members or any inmate seeking membership.

B. Approval of an Organization

1. Organizational approval will be for a one-year period effective July 1st through June 30th.
2. Requests to renew an existing organization must be submitted to the Associate Warden by May 1st of each fiscal year on an *Application for Organization Status form*.
3. The Associate Warden will review all initial applications and renewal applications submitted and ensure organization sponsors have been properly approved.
4. Organization applications will be approved/disapproved in a timely manner after review by a committee comprised of the Associate Warden, Treatment Programs Manager, and or other staff designated by the Warden.
5. Requests to renew an existing organization will not be approved if the organization is not in compliance with the provisions of section III.A. above and/or operates in opposition to the security, and orderly operation of the facility.
6. Inmates are only authorized to participate in those organizations that have been approved as outlined in this procedure. The Associate Warden will maintain copies of all organizational requests and approvals.

C. Management Responsibility

1. The Warden or designee will ensure that inmate organizations comply with the provisions of this procedure.

D. Supervision of Inmate Organizations

1. The Associate Warden will monitor the activities of the facility's inmate organizations and staff sponsors.
2. The Associate Warden is responsible for reviewing the information submitted by inmate organizations and for providing written annual certification to the Warden or designee by July 30th of each year. The certification must include, at a minimum, the following:
 - a. The organizational set-up is current
the organization's status of compliance with policy and requirements from the previous fiscal year.
 - b. Summary of activities of each inmate organization and operating costs based on IWF funding requests and expenditures.

Procedure No.: MSP 5.5.2	Subject: INMATE ORGANIZATIONS
Effective Date: July 30, 2020	Page 4 of 6

- c. sponsor from the recently completed fiscal year as well as the upcoming fiscal year.
3. The Associate Warden will review the information that the staff sponsors of the various inmate organization submit to ensure activities are proper, authorized and within the requirements of policy and procedure and the program statement.
4. The Associate Warden will have the authority to recommend administrative action necessary to achieve compliance with policy and procedure or program review.
5. The Associate Warden will ensure all meetings and activities of an approved organization are directly supervised by the assigned staff sponsor or a unit staff person authorized by the respective Unit Manager.
 - a. Inmate meetings and activities must be scheduled in advance based on the guidelines provided by the Associate Warden. The Associate Warden or designee will approve organizational meetings or activities as to time, place, and content.
 - 1) Organization meetings will be limited to no more than two business meetings and if appropriate, up to six support meetings per month. Each meeting will be limited to no more than two hours per meeting.
 - 2) Support meetings must be supervised and attended by a staff member (sponsor or another approved person) even if a volunteer is present. Support meetings provide the opportunity for focus on the purpose of the organization.
 - 3) Business meetings provide the opportunity to discuss objectives, goals and operations.
 - 4) No food or beverages will be allowed for these meetings.

E. Sponsors

1. The duties, responsibilities and expectations of sponsors are outlined in *MSP 5.5.103, Staff Sponsors*.
2. Only MSP or MCE staff will be considered or approved as an inmate organization sponsor.
3. There must be one sponsor for every 35 inmates.
4. Sponsors are required to maintain an up-to-date listing of all members of the organization they are sponsoring.

F. Organization Activity Requests

1. All requests for an organization sponsored special activity must be made in accordance with *MSP 5.5.101, Special Activities*.

G. Suspension of Activities

1. The Warden or designee may suspend operations of, or dissolve an inmate organization at any time if:

Procedure No.: MSP 5.5.2	Subject: INMATE ORGANIZATIONS
Effective Date: July 30, 2020	Page 5 of 6

- a. The activities of that organization are deemed to be disruptive or contrary to the security or orderly operation of the facility.
 - b. The organization fails to meet audit or other requirements of this or other policy and procedure.
 - c. The Warden or designee may put an organization on notice prior to such a suspension or dissolution.
2. The Associate Warden is responsible for coordinating the suspension or dissolution of an organization's activities and will communicate any suspension or dissolution of an organization activity in writing. Any responses to such suspensions or dissolutions must be in writing from the organization sponsor to the Associate Warden.

H. Funding

1. All requests for expenditure of IWF funds related to organizational activities must comply with the applicable DOC or MSP policy or procedure.
 2. IWF funds will be utilized for all inmate organization expenses, which will only include:
 - a. Minor office supplies for monthly meetings (pads, pens, and pencils).
 - b. wages associated with:
 - 1) The off-duty time the sponsor or other approved staff spends supervising business meetings, support meetings, and special activities. The Associate Warden must give advance written approval for all staff sponsor time associated with meetings or activities.
 - 2) The time for extra security staff used to oversee an organization's special activity.
 - c. The cost of food or other supplies associated with an approved organization special activity.
 3. If an organization needs IWF funds for a special activity or meeting supplies, the sponsor will complete an *Inmate Welfare Fund Request and Authorization form* (attachment B) and submit it to the Associate Warden who will process the request to get approval for IWF funds. Any time there will be an expenditure of IWF funds, a purchase request must be processed through the IWF representatives for approval, and approved by accounting for availability of funds, allowing sufficient time for the purchase to be completed in time.
 4. Donations from persons or entities from the public:
 - a. Cash donations will be deposited into the IWF.
 - b. The only donations persons or entities from the public are allowed to make to an inmate organization will be to help pay for an item (i.e., an item utilized specifically for the function of the organization) that the Warden or designee has given written approval for, and then only for the amounts approved. The funds will be applied directly to payment for the item.
- I.** The Associate Warden must approve any document generated by an organization before it is disseminated, including meeting minutes.

Procedure No.: MSP 5.5.2	Subject: INMATE ORGANIZATIONS	
Effective Date: July 30, 2020		Page 6 of 6

IV. CLOSING

Questions concerning this policy shall be directed to the Associate Warden of Security.

V. ATTACHMENTS

Application for Organization Status form	Attachment A
Inmate Welfare Fund Request and Authorization form	Attachment B
Montana State Prison Inmate Organization Request for a Charitable Giving Campaign	Attachment C



Montana State Prison Application for Organizational Status

At a minimum the following information and items are required to be in applications submitted for review for inmate organization status. Meeting the criteria outlined below does not assure approval. Additional information may be provided or required to fully justify a request for an inmate organization. The application must be completed by the Staff Sponsor in coordination with the inmates requesting the organization.

1. The name of the staff sponsor(s) that has been requested, along with a copy of the approval for that person(s) to be a staff sponsor. One staff sponsor is required for every 35 inmate members. Organizational compliance that the facility will be reimbursed from IWF funds for organizational related services provided by the staff sponsor(s) or other approved staff on their off-duty time.
2. Organization Request is for the period of July 1, 2___ through June 30, 2___. Organization requests are only valid for one year.
3. Name of Proposed Inmate Organization.
4. Rationale for Inmate Organization.
5. The positive contributions that the Inmate Organization will make to the inmate population.
6. Inmate Organization Mission and Purpose.
7. Inmate Organization Objectives.
8. Outline of general provisions to guide organization operations.
9. Organization compliance statement that membership is open to all inmates with the exception of those who do not have at least six months clear conduct. In addition, this section must outline how members that are not in good standing are dealt with.
10. Organization compliance statement that activities will not conflict with regularly scheduled inmate or work activities.
11. Organization compliance statement that the organization will not operate in opposition to the security, good order, and discipline of the MSP facility.
12. Designation of the individual inmate representative that is responsible for the organizations records and reporting thereof.
13. Organization compliance statement that there will not be an election of officers. The staff sponsor(s) will facilitate all meetings and activities and may assign an inmate member to perform necessary paperwork and record keeping functions.

14. Provisions for meetings. Outline the purpose, frequency, location, starting times, total time required, and minute keeping requirements for a meeting. Provisions will outline a standard meeting day, time and location. The meetings are limited to no more than two business meetings and if appropriate, up to six support meetings per month. notation in application that meeting minutes will be provided to the MSP Administration no later than 15 days after each meeting, and that the staff sponsor will be present for all organization meetings and/or activities.
15. Organizational compliance statement that the sponsor will prepare and submit written quarterly summaries of all the organization's activities to the MSP Administration for review. At a minimum these quarterly summaries must include information on activities conducted, meeting dates and minutes, current listing of members, projects worked on, and IWF funds requested and expended. These summaries must be submitted no later than 15 days after the end of the quarter. Quarters will end on the last day of the months of September, December, March and June.
16. Outline anticipated expenditures. This section will outline how IWF funding will be requested and approved by the membership prior to MSP Administration approval. Anticipated projects, the annual special activity, and meeting supplies should be outlined in sufficient detail. The request must include the anticipated number of hours for the staff sponsor for the upcoming fiscal year related to generation of required paperwork, meetings, and the annual special event.
17. Each organization will work with their staff sponsor to submit an annual rollup report to the MSP Administration by July 30 at the end of each fiscal year. This report will include all IWF funds requested and expended, summary of activities, and evidence that the organization complied with the application request from the year just completed.
18. Organization compliance statement that the staff sponsor will conduct annual operational reviews in coordination with the Associate Warden.
19. Organization compliance statement that the inmate organization membership have reviewed and approved the provisions contained in this application. The MSP Administration must give prior approval to any changes in the provisions and any activity that may contradict the initial application process.
20. A listing of current members will be maintained at all times with the Staff Sponsor and the Associate Warden. This listing should be updated on a continual basis.
21. Overall compliance statement that the provisions of *MSP 5.5.2, Inmate Organizations* has been reviewed and will be complied with. Compliance statement will acknowledge the reasons for suspension of activities, IWF funding requests, and the process for special events.
22. Compliance statement that the organization will not conduct activities to raise funds for the organization but may initiate charitable drives that encourage inmates to donate money to established non-profit charitable organizations. The sponsor must get written permission from the Warden or designee prior to organizing a charitable drive. Donations to individuals or families are not allowed.
23. Compliance statement that the organization will not charge dues to members or any inmate seeking membership.
24. Compliance statement that payment for all the organization's expenses is dependent on approval of funding from the Inmate Welfare Fund.

25. Compliance statement that sets forth the understanding that operations or programs that are under the administration and funding of the MSP facility will not be considered as an organization. This includes religious and cultural programs identified under *MSP 5.6.1, Religious Programs and Services*.

Date Application for Organization Status submitted: ____ / ____ / ____

Submitted By: _____

Inmate Representative Printed Name and Signature: _____ /

Staff Sponsor Printed Name and Signature: _____ /

Sponsor Approved By: _____

Approved? **YES** _____ **NO** _____ (see comments below)

Associate Warden of Security

Warden or designee Printed Name and Signature:

_____ /

Date Application for Organization Status Fully Approved: ____ / ____ / ____

Notes or Comments: _____



INMATE WELFARE FUND REQUEST AND AUTHORIZATION FORM

DATE OF REQUEST: _____, 20____ AMOUNT: \$ _____

PAYABLE TO: _____

PURPOSE: _____

REQUESTED BY: _____

SPONSOR: _____

MSP INMATE WELFARE FUND COMMITTEE DECISION

IWF Representative: _____ Date: _____, 20____

IWF Representative: _____ Date: _____, 20____

Associate Warden: _____ Date: _____, 20____

Business Manager: _____ Date: _____, 20____

_____ APPROVED

_____ DISAPPROVED

FILING INFORMATION

CHECK #: _____ TRANSFER: _____ ACCOUNT #: _____

TRANSACTION WITHDRAWAL \$ _____ DATE COMPLETED: _____, 20____

WHITE – ACCOUNTING

YELLOW – IWF FILE

PINK – STAFF SPONSOR

MONTANA STATE PRISON INMATE ORGANIZATION REQUEST FOR A CHARITABLE GIVING CAMPAIGN

Request submitted per MSP 5.5.2 Inmate Organizations

NAME OF INMATE ORGANIZATION REQUESTING CAMPAIGN_____

NAME OF SPONSER _____

DATE OF REQUEST _____

NAME OF ESTABLISHED NON-PROFIT CHARITABLE ORGANIZATION_____

CONTACT INFORMATION FOR NON-PROFIT ORGANIZATION (NAME, ADDRESS, EMAIL, PHONE NUMBER)

Monies or items donated will be in the name of the organization and inmates of Montana State Prison

☐ Approved ☐ Disapproved

Signature and printed name of Warden or designee _____ Date _____



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 5.5.3 RECREATION PROGRAMS
Effective Date:	July 13, 2009 Page 1 of 3 and no Attachments
Revision Date(s):	January 20, 2017, October 15, 2020, March 15, 2021
Reference(s):	DOC Policy 5.5.3
Signature:	/s/ Jim Salmonsens/ Warden

I. PURPOSE

It is the procedure of the Montana State Prison to provide recreational programs and activities to inmates based upon classification, safety and security, and available supervision.

II. DEFINITIONS

Disability – See DOC 3.3.15, Americans with Disabilities Act (ADA) Offender Accommodations, for the definition and an explanation of disability.

Recreation - Non-work-related activity intended to refresh body or mind.

III. PROCEDURES

A. Responsibility

1. The MSP Associate Warden of Security is responsible for inmate recreational activities at MSP including:
 - a. conducting an annual survey of the recreation needs and interests of the inmate population using a systematic approach to assess the effectiveness of the current recreation program and determine the personnel and program requirements. This evaluation report will be submitted to the MSP Administration and will include an assessment of major accomplishments, problems, plans, and goals for the next year;
 - b. maintaining recreation facilities and equipment in good condition, suitable for the planned activities, and in proportion to the inmate population;
 - c. properly inventorying, securing, and storing all recreational equipment, with special emphasis on equipment which has the potential to be used as a weapon;
 - d. providing the necessary staff supervision for inmate recreation activities;
 - e. ensuring inmate recreational workers are carefully screened, assigned, trained, and properly supervised;
 - f. ensuring recreation programs are provided for locked housing and special needs inmates;
 - g. overseeing applicable physical fitness and wellness programs; and
 - h. ensuring equal opportunity to recreational programs for inmates with disabilities, including but not limited to ensuring that recreational areas and equipment are accessible to such inmates that such equipment and other accessible elements and routes are free of temporary obstructions, moving equipment as necessary to ensure access, and providing reasonable accommodations to inmates with disabilities. All accommodations will be documented in OMIS in accordance with *DOC 3.3.15 Americans with Disabilities Act (ADA) Offender Accommodations*.

B. Program Content

1. All recreation activities will be supervised. At least one of the staff supervising recreation activities will be equipped with a radio to maintain contact with Main Control and Command Post.
2. Every general population inmate will be provided an opportunity to have at least one hour of recreation each day. This includes the following:
 - a. recreation for inmates housed in locked housing will be conducted in accordance with procedures outlined in *MSP 3.5.1, Restrictive Housing Unit Operations*; and
 - b. general population inmates will be given an opportunity to attend supervised outdoor recreation on a daily basis. For the safety and security of staff and the inmates, scheduled outdoor recreation times may be cancelled or shortened if weather conditions are such that the supervising staff are hindered in their ability to perform their duties in a safe, secure, and adequate manner.
3. Recreation activities may include softball, basketball, volleyball, table games, sporting competitions, holiday activities, and hobby.
4. Housing unit staff may equip dayrooms with televisions and board games (such as checkers) to provide recreation.
5. Inmates are allowed in-cell hobby craft activities in accordance with procedure outlined in *MSP 5.5.4, Hobby Program* and *MSP 4.1.3, Inmate Personal Property*.
6. Recreation equipment and items will be inventoried on a daily basis and stored in a secure area.
7. Staff will conduct daily searches of recreation areas to detect missing, altered, or damaged equipment, contraband, and security breaches.
8. Inmates housed in restrictive housing will not be recreated with general population inmates, and restrictive housing unit staff will establish procedure to ensure that inmates in their units that need separation from each other are not recreated together.

C. Loss of Gym or Yard

1. If an inmate is involved in inappropriate behavior or conduct while at gym or yard, recreation or security staff may immediately send him back to his unit. The inmate may receive a write-up for a major or minor rule infraction, which may result in extended loss of gym and/or yard.

D. Staffing

1. The Associate Warden of Security or designee will review the staffing pattern for the recreational program at least annually. This evaluation will include a review of the following conditions:
 - a. the number of staff assigned to the recreational program;
 - b. the number of other staff assigned from other sources, including correctional officers assigned to provide security supervision, volunteers, contracted wellness services, and others; and
 - c. any major program revisions that would affect staffing needs.

E. Staff use of Recreation Equipment

1. On-duty staff may use the recreational equipment in the gymnasiums during their paid breaks.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Associate Warden of Security.

V. ATTACHMENTS (none)



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 5.5.4 HOBBY CRAFTS PROGRAM
Effective Date:	October 1, 2003 Page 1 of 8 and no Attachments
Revision Date(s):	December 5, 2016, September 15, 2019, November 5, 2019, January 1, 2020, October 15, 2020, May 31, 2021, December 15, 2021
Reference(s):	DOC Policy 5.5.3
Signature:	/s/ Jim Salmonsens /Warden
Signature:	/s/ Gayle Butler /MCE Administrator

I. PURPOSE

Montana State Prison will establish guidelines for hobby programs to encourage inmates to use leisure time constructively and to ensure the safety and security of the facility hobby items.

II. DEFINITIONS

Abandoned Hobby – Any hobby craft item left at the hobby store by a Department released inmate, if after 90 days from release the inmate has not requested the item(s).

Contraband – Any item possessed by an offender or found within the facility that is illegal by law, prohibited by policy or procedure, or unauthorized by those legally charged with the administration and operation of the facility.

Department of Corrections (DOC) I.D. Number – The Department of Corrections identification number that is assigned to all inmates, formerly known as the adult offender number.

Disability – A physical or mental impairment that substantially limits one or more of a person's major life activities, a person who has a record of such an impairment, or a persona who is regarded as having such an impairment. See Americans with Disabilities Act of 1990 42 USC 12010, as amended.

Hobby Department – A designated room or area that allows for close staff supervision of hobby craft activities, accessories, tools, and materials.

Hobby Department Activities – Designated hobby activities that require the use of the hobby department.

Hobby Store – A retail outlet located in Deer Lodge at the Old Prison Museum complex. It may also include other designated locations established for the retail sale of inmate hobby products to the general public. MCE is responsible for the operation of the Hobby Store(s).

Housing Area Hobby Activities – Hobby activities allowed in housing area dayrooms, inmate cells or other designated locations. Tools, accessories, or materials that may be used to compromise the safety and security of the facility, the public, staff, or inmates are not allowed for these activities.

MCE Hobby Coordinator – The MCE staff member responsible for the day-to-day operation of the Hobby Store(s). This position works in coordination with the MSP Hobby Director.

MSP Hobby Director – The MSP staff person appointed to oversee the MSP hobby program.

III. PROCEDURES

A. General Provisions

1. The hobby program is under the direction of the Montana State Prison (MSP) Hobby Director who works for the MSP Associate Warden of Operations.
2. The Hobby Store is under the direction of the Montana Correctional Enterprises (MCE) Hobby Coordinator, who works for the MCE Division Administrator.
3. Participation in the hobby program is a privilege and not a right.
4. Current lists of allowable hobby activities, materials, and accessories are on the authorized property list attached to the current property operational procedure.
5. Finished hobby items must be mailed out as gifts, sent to the Hobby Store(s) for sale or delivered to a contract purchaser, within one week of completion. Inmates are not allowed to keep finished hobby items in their possession.
6. Inmates are encouraged to keep accurate records of all their hobby craft transactions, including invoices and receipts for purchased supplies and materials, and receipts for finished hobby items at the Hobby Store.
7. Finished hobby craft products that are confiscated from an inmate through the disciplinary process will be turned over to the Hobby Store for sale.
8. Any inmate that is authorized to have a hobby permit is eligible to sell the items at the Hobby Store regardless of classification level or housing unit placement.
9. If an inmate loses his hobby craft privileges, items that are currently at the Hobby Store may remain to be sold unless the inmate recalls the items to be mailed out at his expense.
10. All hobby supplies and materials must fit into the allotted/approved personal property storage containers.
11. Facility employees may not receive hobby items from an inmate as a gift.

B. Restrictions

1. Mass production of hobby items involving more than one inmate is not permitted.
2. Inmate use of a business or company name to make or sell hobby items through the Hobby Store is not permitted.
3. Business relationships directly between an inmate and outside individuals or organizations are not permitted. Once items are sent to persons on the inmate's authorized correspondence/visiting list, the sale of the hobby items is out of the control of MSP/MCE.
4. MSP/MCE staff, contractors, vendors, and volunteers shall not order, negotiate, or arrange for purchase, or purchase hobby items directly from an inmate (*See DOC Policy 1.3.12 (C)(3), Staff Association and Conduct with Offenders*). All purchases of inmate hobby items must be made through the MCE Hobby Store in Deer Lodge or through the hobby contract process as is

Subject: HOBBY CRAFTS PROGRAM

provided for in Subsection F of this procedure. The identity of the MSP/MCE staff, contractors, vendors, and volunteers who purchase hobby items shall not be disclosed to the inmate responsible for production of the item.

5. Trading finished hobby items for raw materials is prohibited.

C. Initial Hobby Craft Permits

1. Inmates must apply for a hobby craft permits by sending an OSR to their housing Unit Manager. The Unit Manager or designee will review the inmate's institutional behavior history, determine if the inmate meets the following minimum requirements, and respond, granting or denying the request. This includes the following:
 - a. Inmates with a history of being involved with tattooing must have a full calendar year free of any tattoo related violations prior to approval of any hobby permit.
 - b. Inmates in Restrictive Housing Unit (RHU), Secure Adjustment Unit (SAU) will be allowed hobby privileges in accordance with *3.5.1 Restrictive Housing Operations and MSP 4.1.3a Inmate Personal Property Inventory*. HSU1 and HSU2 inmate's hobby privileges in accordance with *MSP 4.1.3a Inmate Personal Property Inventory*. Items deemed a security risk will not be allowed. An inmate moved into one of these housing units who has lost his hobby privileges will have to meet the specified period of appropriate conduct prior to being approved for a hobby permit.
 - c. Inmates in the Mental Health Treatment Unit Program will be subject to that program's requirements concerning hobby.
 - d. Inmates must have a minimum of thirty days' clear conduct (no major infractions) to be considered for an allowable hobby craft activity.
 - e. Inmates residing at the MDIU, other than the live-in inmate workers, are not allowed hobby privileges. The live-in MDIU inmate workers who are approved by the MDIU Unit Manager and meet the eligibility requirements will be allowed art hobby permits only; and
 - f. Inmates in detention and temporary lockup are not allowed to participate in the hobby craft program.
2. The Unit Manager or his/her designee will forward a copy of all approved requests to the MSP Hobby Director.
3. The MSP Hobby Director, or designee will issue hobby craft permits. Hobby supplies and materials cannot be ordered until an inmate's permit is approved.
4. The MSP Hobby Director will maintain a current list (updated weekly) of all issued permits on the MSP 'I' drive. At a minimum, this list will include the following:
 - a. The inmate's name
 - b. The inmate's ID#
 - c. The inmate's current housing unit
 - d. The permit type he has been issued
 - e. The date the permit was issued
5. Unit staff will monitor the inmates housed in their units to ensure only approved inmates have hobby supplies and materials.

D. Hobby Permit - Loss or Change

Subject: HOBBY CRAFTS PROGRAM

1. Inmates may only be issued one hobby permit at a time, with the exception of Work and Reentry Center (WRC) inmates who may be issued two hobby permits.
2. Before an inmate is approved for a different hobby permit from the one (or two) he currently possesses, he must have had his current permit for six months and he must surrender his present permit and any supplies or unused material not allowed with the new permit to the MSP Hobby Director. Materials and accessories not allowed must be mailed out at the inmate's expense within 15 days.
3. If an inmate is found guilty of a rule violation connected to an abuse or misuse of the hobby program or privileges and is moved to a higher custody level or is moved to a housing unit that does not allow hobby, all supplies, materials, and unfinished items will be confiscated and must be mailed out within fifteen (15) days at the inmate's expense. If the items are not mailed out within this period, they will be processed as contraband in accordance with *MSP 3.1.17b, Contraband Control*. Inmates receiving disciplinary writeups will be required to have six months clear conduct to be eligible to apply for a new hobby permit.
4. If an inmate living at the WRC is moved inside the compound for non-disciplinary reasons, he will be allowed to maintain only one hobby permit, this permit will not include leather. A leather permit is only authorized for inmates at MSP living at the WRC.. The second permit and all materials and accessories related to that permit will be confiscated and must be mailed out within 15 days at the inmate's expense. If the items are not mailed out within this period, they will be processed as contraband in accordance with *MSP 3.1.17b, Contraband Control*.

E. Hobby Craft Materials, Tools, and Accessories

1. The Security Chiefs of the adult secure care facilities will consult at least once a year to consider proposed additions and/or deletions to the approved hobby craft activities, supplies and materials listed on the property list. Suggested modifications will be submitted to the Prison Issues Board, who will vote on the suggested modification during their May meeting.
2. The MSP Hobby Director will ensure that state-owned tools, accessories, and materials allowed to be used in producing hobby items are kept in the Hobby Shop or WRC Hobby Area, and that the procurement, storage and use of these tools, accessories, and materials are done in compliance with procedures outlined in *MSP 3.1.14, Tool Control* and *MSP 3.2.5, Control and Use of Hazardous Materials*.
3. Inmates will use Commissary Special Order forms to order in-cell hobby craft supplies and materials. Inmates will send the completed form to the MSP Hobby Director. Inmates are not allowed to order directly from vendors or have hobby supplies sent directly to them through an outside source.
4. The MSP Hobby Director will review all inmate orders to determine:
 - a. If the inmate has a valid permit.
 - b. If the supplies and materials ordered are authorized for their specific permit.
5. The Hobby Director may disapprove all or parts of an order if the inmate doesn't have a valid permit or has concerns with the items on the order. The Hobby Director must notify the inmate as to why all or part of the order was not allowed.

Subject: HOBBY CRAFTS PROGRAM

6. An inmate must pay for hobby supplies and materials with funds from his inmate account at the time of purchase. COD and third-party orders and purchases are not allowed.
7. Vendor catalogs for the ordering of in-cell supplies and materials will be available through the MSP Hobby Director.
8. Staff will seize, and process supplies and materials that have been misused, tampered with, or transferred to another inmate in accordance with *MSP 3.1.17B, Contraband Control*.

F. Hobby Craft Contract Sales

1. Hobby contracts may be used for hobby craft purchases outside of the hobby store, with the following guidelines:
 - a. All contracts must be reviewed and approved by the MCE Hobby Coordinator and the MSP Hobby Director.
 - b. Previous hobby sales that require repair will also be placed on a hobby contract; the MCE Hobby Coordinator and MSP Hobby Director will coordinate with an inmate to complete the repairs and determine the cost of the repairs.
 - c. The MSP Hobby Director and MCE Hobby Coordinator will develop a procedure for selecting inmates for a designated contract sales pool that will be available for Hobby Contract Sales. The MSP Hobby Director and MCE Hobby Coordinator will select an inmate from this designated pool to complete hobby items for staff members.
 - d. All approved contracts will define the work to be performed and the selling price for the finished product. The selling price of hobby contract items must be equivalent to the average retail selling price for similar items on sale at the Hobby Store.
 - e. The purchaser of hobby contract items must submit one-half payment to the MCE accounting office at the time the hobby contract is signed by the purchaser. The remaining payment must be received prior to the customer receiving the product.
 - f. Inmates may not enter into a contract outside of this procedure.
 - g. Contract sales and sales of items at the Hobby Store will have a surcharge deducted from the selling price as outlined in H.8. This surcharge will cover operation of the Hobby Store.
 - h. An inmate may not initiate work on a hobby contract until MCE accounting has received one-half down payment on the contract.
 - i. MCE Accounting staff will deposit the payments for contracts as outlined in the Montana Operations Manual accounting policies. Payment will not be made to the inmate until the customer has received and accepted the product. The customer will be given three days from receipt of the product (if mailed) to return the product if it is not the quality or product they expected. In this instance, the customer will be responsible for returning the product to the Hobby Store at their expense. The inmate will be given the opportunity to fix/repair/replace the item to the customer's satisfaction. If the customer requests a refund, only one-half of the product selling price will be refunded. The remaining one-half of the product selling price will be dispersed to the inmate at the closing of the transaction. All transactions must be documented by each party.
 - j. Payment for customer received and accepted hobby items will be made to the MSP Accounting Department for deposit into the inmate account on a weekly basis. The amount of the payment will be the inmate set selling price less the surcharge.
 - k. At the time the inmate payment is made, sales receipts will be sent to the MSP Hobby Director, the appropriate facility hobby liaisons; and

Subject: HOBBY CRAFTS PROGRAM

1. If for any reason the terms of a contract are not met, the contract will be void, and all money will be returned to the purchaser.

G. Hobby Craft Gifts

1. An inmate may only send hobby items to those persons listed on his approved correspondence/visiting list. As soon as the inmate finishes making hobby item(s) not intended for the store, he must mail it/them out in accordance with the following guidelines:
 - a. the inmate must package the item for mailing and deliver it to the MSP Hobby Director, unsealed.
 - b. It is the inmate's responsibility to package the item for shipping (in accordance with U.S. Postal Regulations) and pay all shipping costs. The MSP Hobby Director will ensure the inmate has completed the following:
 - 1) Properly addressed the shipping container, clearly indicating the inmate's full name, ID number, MSP address, and the full name and address of the recipient; and
 - 2) Attached a fully completed Special Mailing Request form to the package that clearly indicates the contents of the package (For example: *1 pair - beaded earrings, 1- beaded necklace, 1- beaded lighter case*). The description must not be generic, such as artwork, hobby, beadwork, horsehair, etc. The value must be entered, and it may be insured in the event it is lost or damaged and can only be insured for the cost of the materials.
 - c. The MSP Hobby Director will inspect all items to be shipped to ensure there is nothing included in the package (unapproved correspondence or other contraband).
 - d. The MSP Hobby Director will review the declared insured value to ensure that the declared value is appropriate to the actual value of the hobby item. If the declared insured value is excessive, the MSP Hobby Director will make the appropriate corrections.
 - e. When the package to be mailed meets the above requirements the MSP Hobby Director will seal it and forward it to the Mail Room for processing; and
 - f. the MSP Hobby Director will maintain a computerized detailed shipping log of all items mailed out. Details must include the inmate's name, DOC ID#, product description, number of items, date received from the inmate, date shipped, and who the item is mailed to (including address).

H. Hobby Store Sales

1. Finished hobby items that are not sent out or delivered to a contract purchaser must be immediately delivered to the MSP Hobby Director to be sold at the Hobby Store.
2. The MSP Hobby Director will process all items to be sold at the store; after processing and logging the items, the MSP Hobby Director will deliver the items to the MCE Canteen. An MCE Administrative Office Inmate Clerk will pick the items up from the Canteen and deliver to the MCE office at the directions of the MCE Hobby Coordinator or designee. Documentation must be kept by the MSP Hobby Director and the MCE Hobby Coordinator for all deliveries to ensure the accuracy of the hobby transfer. All discrepancies will be reported immediately.
3. MCE may market inmate hobby products through the Hobby Store, internet web sites, and retail outlets.
4. The inmate must complete an identification tag (provided by the MSP Hobby Director) for each item he submits for sale at the store. It is the inmate's responsibility to set the sale price of the

Subject: HOBBY CRAFTS PROGRAM

- item. The MSP Hobby Director will review the sales price, and if he/she feels it is out of line, will work with the inmate to adjust the price based on prevailing market price for that item.
5. The MSP Hobby Director will ensure the inmate is given a receipt for each item he sends to the store.
 6. The MCE Hobby Coordinator will keep records of all submissions and sales. Inmates should maintain a record of the items they have at the store and all sales.
 7. MCE will perform a bi-annual inventory of all hobby items in their possession. This inventory will be reconciled to the perpetual inventory on the Point-of-Sale computer system. A copy of the bi-annual inventory will be forwarded to the MCE Accounting Office and the MSP Hobby Director. On an annual basis individual inventory listings will be provided to each inmate who has product(s) in the possession of MCE.
 8. A surcharge will be assessed on the proceeds from each item sold through the Hobby Store, contract, or other retail outlet. These funds will be used to cover the costs associated with the operation of the Hobby Store. The surcharge will be 25% of the selling price for products sold through the Hobby Store or other retail outlets, and 10% of the selling price on contracts and counter contracts. Shipping charges will be the purchaser's responsibility.
 9. If an item is not selling, an inmate may reduce the sale price of the item or agree to a percentage discount. Price reductions of hobby items will only be done in the month of December. To reduce a price, or agree to a percentage discount, the inmate must submit a signed communication slip to the MCE Hobby Coordinator. The Slip must contain full information on the items such as the inmate's name and number, the exact item number and description, the original sales price, and the new sales price or discount percentage.
 10. Hobby items recalled from the Hobby Store by an inmate must be mailed out (in accordance with mailing procedures outlined in section III.G. above).
 - a. The MCE Hobby Coordinator will give the recalled items to the MSP Hobby Director, who will make arrangements with the inmate to ship the hobby items to a person on the inmate's approved correspondence/visiting list. Documentation will be kept by all parties.
 - b. The items may not be taken back to the inmate's housing unit.
 - c. The Hobby Director will inform the inmate he has 15 calendar days to have the items mailed out and hold the items in a secure storage area.
 - d. If the inmate has not mailed the items out within 15 calendar days, the Hobby Director will process them as contraband as outlined in *MSP 3.1.17b, Contraband Control*.
 11. MCE will be solely responsible for the operation of the Hobby store.
 12. Items that are stolen damaged or missing from the Hobby Store will be reimbursed to the producing inmate at a rate of 50% of the documented asking price, not to exceed \$500.
 13. The Hobby Store may accept inmate hobby products from all DOC owned and contracted facilities.
 14. Hobby items may be displayed for 18 months. If an item has not sold after 12 months, the inmate will be notified that they have an additional 6 months for the item to sell. At that time the inmate may send in a request to offer a discount on the item to reduce the price. After 18 months the MCE Hobby Coordinator will notify the inmate that his unsold hobby craft item must be

Subject: HOBBY CRAFTS PROGRAM

recalled. At that time the inmate must make arrangements with the MSP Hobby Director to have the item returned to the facility, to be shipped out at his expense. The inmate will have 30 days to respond from the time of the initial request to recall from the MCE Hobby Coordinator. If an inmate does not respond to the recall, the hobby items will be considered contraband hobby and be handled in accordance with section III, B,8 of this procedure.

I. General Rules Concerning Hobby Privileges

1. Inmates are responsible for the care and control of their own hobby permits, supplies and materials. MSP/MCE (and/or its employees) is not liable for any loss or damage to any hobby item, accessory, or material, unless negligence on the part of staff has been proven to be the cause.
2. Any transfer of hobby items, materials, or accessories between inmates is against operational procedure.
3. Hobby supplies materials, and finished items that have been shipped out may not be sent back into the facility. Refused contract items or contract repair returns may be allowed, but only with prior approval from the MCE Hobby Coordinator and MSP Hobby Director. MSP/MCE (and/or its employees) is not liable for any loss or damage to repair returns or refused contract items.
4. When an inmate discharges or is released from the facility for a community placement, he must send out, dispose of, or take with him, all his hobby items, accessories, and materials. The inmate is responsible for notifying the MCE Hobby Coordinator to request that his items at the Hobby Store be recalled. If the inmate does not initiate a recall of his hobby items prior to his release, and the items are not claimed within ninety days of release the items will be considered abandoned hobby and if the hobby items sells, 50% of the proceeds will remain in the MCE Hobby account and the remaining 50% will be deposited into Inmate Welfare account.
5. Inmates are responsible for the cleanliness of their hobby craft working area(s).
6. If any item associated with an inmate's hobby craft is used as a weapon, device of destruction, or used in any inmate escape, uprising, or insurrection, it may be removed from the hobby list and confiscated.
7. Any violation of the conditions of this operational procedure may result in disciplinary action, including but not limited to forfeiture of hobby craft privileges and confiscation of accessories, materials, and items.
8. The Hobby Craft program will not discriminate on the basis of disability, will ensure that Hobby facilities, supplies, and equipment are accessible to such inmates, and will provide reasonable accommodations to inmates with disabilities. All accommodations shall be documented in OMIS. (see *DOC Policy 3.3.15.*)

IV. CLOSING

Any questions concerning this operational procedure should be directed to the MSP Associate Warden of Operations, the MCE Administrator, the MCE Hobby Coordinator, or the MSP Hobby Director, depending on the context of the question.

V. ATTACHMENTS (none)



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 5.5.100 FOOD SALES & INMATE FOOD HANDOUTS
Effective Date:	January 1, 1999 Page 1 of 4 and No Attachments
Revision Date(s):	April 18, 2006, May 13, 2009, September 17, 2009, August 8, 2021, September 30, 2013, June 30, 2020, August 31, 2021
Reference(s):	DOC 1.1.12
Signature:	/s/ Jim Salmonsens/Warden

I. PURPOSE

To establish procedures for authorized inmate food sales and Inmate Welfare Fund (IWF) food handouts. In accordance with *MSP 1.2.12, Inmate Welfare*, revenue generated from food sales must be deposited in the Inmate Welfare Account.

II. DEFINITIONS

Fiscal Year - is 365 days starting July 1st and ending June 30th.

Inmate Welfare Funds (IWF) – The account that is in the state special revenue fund that is the repository for net proceeds from inmate canteen purchases and inmate telephone use, cash proceeds from the disposition of confiscated contraband, and any public money held for the needs of inmates and not otherwise allocated; also referred to as Inmate Welfare Account.

III. PROCEDURES

A. Food Sales

1. General requirements:
 - a. the price of the sale item will include a two-dollar markup. Revenue generated from the markup will be deposited in the Inmate Welfare Account.
 - b. there will only be four food sales per fiscal year for approved inmates. Only level 5 inmates of the earned privilege program are allowed to participate, but all other inmates housed in Administrative Segregation, Pre-Hearing Confinement, and Detention will not participate.
 - c. the food sales will be scheduled as follows:
 - 1) one in January
 - 2) one in April
 - 3) one in August
 - 4) one in October
 - d. authorized sale items
 - 1) the January and August sale item will be one pizza (Units without Micro-wave access for involved inmates don't do the Pizza sale.)

Subject: FOOD SALES AND INMATE FOOD HANDOUTS

- 2) the April and October sale item will be a single sandwich not to exceed twelve-inches.
 - e. MSP administration may disapprove, cancel, or postpone a food sale. They may also adjust the number of annual sales, which locations get to participate, or the quantities/size/makeup of the sale items based on inmate behavior or incidents.
 - f. MSP administration may authorize food item substitution in the event items become unavailable.
 - g. a sale must be fully approved and signed off on prior to processing any request for funds from the Inmate Welfare Fund.
2. Sale procedures are as follows:
- a. bulletins listing the price of the sale item and the ordering cut-off date for submitting an order will be prepared and signed off by an Associate Warden at least 30 days prior to the scheduled sale.
 - b. housing unit staff will post and distribute the postings in the housing units.
 - c. each eligible inmate wishing to order the food sale item must fill out a money transfer and forward it to the Unit Manager or designee prior to the ordering cut-off date noted on the posting. The Unit Manager or designee will not process money transfers for more than one item. They will be returned to the inmates.
 - d. the Unit Manager or designee will:
 - 1) identify the inmates from their unit who are eligible to participate in the sale.
 - 2) collect and approve the money transfers from the eligible inmates, ensuring all authorized inmate money transfers have been filled out correctly.
 - 3) prepare a list of the approved inmates and forward the list and the corresponding money transfers to a designated administrative assistant at least three weeks prior to the delivery date.
 - e. the designated administrative assistant will forward the money transfers to accounting staff.
 - f. accounting staff will process the money transfers and get them back to the administrative assistant who will adjust the unit lists.
 - g. the administrative assistant will forward a final count to the warehouse who will arrange for a vendor to fill the entire order.
 - h. on the delivery date the vendor will deliver the sale items to the Rear-Guard Station. Absolutely no sale items will be allowed to enter the institution until all of the above criteria are met.
 - i. Command Post staff will ensure:
 - 1) Correctional Officers are scheduled to provide the security (searches/shakedowns) for each sale.
 - 2) delivery vehicles/equipment are available for the Correctional Officers on the delivery day.
 - j. the assigned Correctional Officers will pick up the sale items at the Rear-Guard Station and deliver them to the respective housing units.
 - k. the Unit Manager or designee will ensure unit staff are designated to take delivery and hand out the sale items to the inmates within the housing unit.
 - l. accounting and procurement staff will arrange for payment to the vendor.

B. IWF Food Handouts

1. General
 - a. there will be two authorized IWF food handouts per year contingent on available funding from the IWF as outlined in *MSP 1.2.12, Inmate Welfare*. These will occur in June and December.
 - b. inmates housed in Pre-Hearing Confinement, and Detention will not receive handouts.
 - c. handouts may be disapproved, canceled or postponed by the MSP Administration if staff and/or inmates do not follow the proper procedures.
 - d. authorized handouts
 - 1) the June handout will be one 4-6 oz dessert (pie or cake) and one pint of ice cream, as determined by the administration.
 - 2) the December handout will be two sleeves of crackers and a combination of meat and cheese not to exceed 24 ounces total, as determined by the administration.
 - e. MSP administration may authorize food item substitutions in the event items are unavailable.
 - f. if funding from the IWF is approved (as outlined in *MSP 1.2.12, Inmate Welfare*), the Associate Warden of Housing will ensure procurement staff from the MSP Warehouse place an order for the items. A limited solicitation bid will be done if the order has a grand total of \$5,000 or more.
2. Handout process is as follows:
 - a. at least 60 days before the handout is to occur, the IWF representatives will fill out an *IWF Expenditure* form and *Purchase Order Request* form and forward to the administrative assistant assigned to the office of the Associate Warden.
 - b. the administrative assistant will:
 - 1) complete a *Special Event/Activity Authorization* form (*MSP 5.5.100 Special Activities Attachment A*) and get the required signatures.
 - 2) contact all applicable departments regarding any special equipment needed for the handout.
 - 3) call Warehouse staff and verify the delivery date, time, and place.
 - c. Command Post staff will ensure Correctional Officers are scheduled to provide the security (searches/shakedowns) for each handout, and that delivery vehicles/equipment are available for the officers on the delivery day.
 - d. on the day of the handout the Correctional Officer(s) assigned by the Shift Commander will:
 - 1) meet the vendor at the delivery point/location.
load the vehicles and/or trailers and go to each housing unit and meet with the Unit Sergeant (or designee) of each unit. The Unit Sergeant (or designee) will conduct a count to ensure the correct number of items are present to provide the handout items to each inmate in the unit, and sign a delivery receipt for the items, which will be given to the assigned Correctional Officer.
 - 2) Forward the delivery receipts to the administrative assistant assigned to the office of Associate Warden and the warehouse.

IV. CLOSING

Questions concerning this operational procedure will be referred to the Associate Warden of Security.

V. ATTACHMENTS

None



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 5.5.101 SPECIAL ACTIVITIES
Effective Date:	November 3, 1997 Page 1 of 5 and Attachments
Revision Date(s):	September 30, 2003, July 1, 2006, May 30, 2007, August 8, 2012, July 30, 2020, June 15, 2021
Reference(s):	DOC Policy 5.5.2 Inmate Organizations
Signature:	/s/ Jim Salmonsens / Warden

I. PURPOSE:

To establish procedures for allowing qualified inmates and/or outside guests to participate in special activities that are outside the routine, normal daily activities and operations of the facility, when the activity has been properly organized, funded, and approved.

II. DEFINITIONS:

Guest – For the purpose of this procedure means a person from the community who has been approved to attend the special activity as a facilitator or dignitary.

Inmate Organization – For the purpose of this procedure means an organization formed and approved under MSP Procedure 5.5.2 whose members are allowed to participate in approved Special Activities arranged by the Inmate Organization for its members in accordance with the Department and Division mission. Inmates involved in religious, cultural, treatment, recreational, or other services provided by the facility are not considered as inmate organizations. An inmate organization's Special Activity may include guests who attend and participate on a volunteer basis.

Inmate Welfare Funds (IWF) – The account that is in the state special revenue fund that is the repository for net proceeds from inmate canteen purchases and inmate telephone use, cash proceeds from the disposition of confiscated contraband, and any public money held for the needs of inmates and not otherwise allocated; also referred to as Inmate Welfare Account.

Special Activity/Event – Means an activity or event held on the grounds of MSP on a specified date, time period, and place, attended by approved inmates and/or guests. There are two types of Special Activities as set out in III.A., 1) approved activities arranged by a duly formed Inmate Organization for its members; and, 2) activities that are open to all inmates. Activities or events that are governed by other policy or procedure or are regular, routine, scheduled activity such as recreation, meals, religious services, school, work, visiting, treatment programs, library, tours, etc., are not considered special activities.

III. PROCEDURES:

A. Types of Special Activities

1. Inmate Organization
 - a. these activities are only for the inmates who are current members of an approved inmate organization. Each inmate attendee must be in good standing with the organization.

Subject: SPECIAL ACTIVITIES

- b. the participants may include approved guests.
- 2. Other
 - a. these activities are open to all inmates.
 - b. outside participants (guests) will be limited to the persons facilitating the program.
 - c. these activities include:
 - 1) religious/faith-based gatherings such as Discovery Weekend, Spiritual Gathering, Re-Entry Program, etc.
 - 2) habilitative/Treatment oriented gatherings such as the NA/AA 12 Step Recovery Program.

B. Proposals/Application Procedure

- 1. At least 30 days prior to the proposed activity, the designated staff sponsor must submit a Special Activity packet (attachment A) outlining the details of the proposed activity to the Associate Warden of Security and Administrative Services Bureau Chief for review and approval. The packet must be completed. Instructions and reminders for preparing and filling out the packet are included. The details in the packet must include the following:
 - a. a cover page with the name of the proposed special activity, its sponsor(s), location, date, and time frame.
 - b. a page with narrative on why the special event is being proposed.
 - c. a page outlining the approved staff sponsor(s) for the activity. One sponsor is required for every 35 participants.
 - d. a page describing the location/assembly site of the activity.
 - e. a page with the detailed itinerary for the activity.
 - f. a page on provisions for a meal, if applicable.
 - g. a page on provisions for any special equipment that will be used, if applicable.
 - h. a page listing the inmates approved for the work crew duties (must have six months clear conduct), if applicable. These inmates must be selected from the approved inmate attendees.
 - i. a section on inmates who have been approved to attend/participate.
 - j. a page with the names of approved guests, if applicable. No family member or person on an inmate visiting list will be allowed to attend as a guest unless they are an approved facilitator or dignitary.
 - k. a page for the required approval signatures from administrative staff.
- 2. If the proposal is approved, the sponsor will:
 - a. seek approval for necessary IWF funding. Any time there will be an expenditure from the IWF for a special activity, a purchase request must be processed through the IWF representatives, and approved by accounting for availability of funds, prior to the event, allowing sufficient time for the purchase to be completed.
 - b. inform the inmates involved that they may attend the activity.
 - c. the sponsor is responsible for notifying the approved guests. No additions or substitutions will be authorized following the final approval of the proposal.
- 3. Disapproved proposals will be returned to the sponsor with the reasons for the disapproval. An activity proposal may be disapproved for:

Subject: SPECIAL ACTIVITIES

- a. late submission of the proposal. Proposals must be submitted at least 30 days prior to the day of the activity.
- b. insufficient staff sponsorship in the proposal. One sponsor is required for every 35 participants.
- c. unspecified guests in the proposal.
- d. unlimited or unreasonably large numbers of participants in the proposal. The maximum number of participants, including the inmates and guests, is 100.
- e. prior documented (e.g., incident reports or disciplinary which resulted in a finding of guilt) disruption(s) to the prison by:
 - 1) inmates or guests during prior activities
 - 2) the inmate organization or members functioning in the name of the organization.
- f. failure to abide by the rules and procedures for applying or carrying out a previous activity.
- g. failure to pay for expenses incurred from a previous activity.

C. Sponsor's Responsibilities for Activities

1. Must oversee all aspects of the activity.
2. Must be present during set up and clean up and shall monitor the work crew inmates at all times.
3. The sponsor must contact the appropriate Shift Commander to determine whether or not there will be enough security staff available on the day and time frame of the activity to provide security for the special activity. If the Shift Commander determines there is enough security staff available the Shift Commander will adjust the schedule at that time and assign officers to provide security coverage for the special activity.
 - a. if the Shift Commander determines there is not enough security staff available on the day and time frame of the activity, the Associate Warden of Security or designee will be contacted.
 - 1) the Associate Warden of Security or designee will adjust security staff as necessary to provide for the special activity.
 - b. in the event of exigent circumstances and it is determined there is not enough security staff for the special activity, the Sponsor will provide an alternate day and time frame for the activity.
4. Must complete the activity packet and obtain all signatures and turn it into the Administrative Services Bureau Chief.

D. Requirements and Limitations

1. Each special activity is limited to one per calendar year for each of the two compounds (low and high). For example, two Discovery Weekends may be approved each year; one for the high compound on one day and one for the low compound, a few weeks or months earlier or later.
2. An inmate must have at least six months clear conduct prior to the date(s) of the special activity in order to attend.
3. Activities that allow attendance of guests are restricted to no more than 100 participants.

Subject: SPECIAL ACTIVITIES

The employee sponsor will invite approved dignitaries/guests.

4. Exchange of Items
 - a. the Warden or designee, in conjunction with the Religious Activities Coordinator, may authorize a specific item for gift-giving or "give-away" to an approved guest as a religious ritual *at a Special Activity of a spiritual or ceremonial nature*.
 - 1) "giveaways" are limited to a pair of beaded or horsehair earrings for women and a beaded or horsehair key ring for men.
 - 2) the Religious Activities Coordinator or Religious Activities Specialist shall inspect the gift prior to the gathering or ceremony, tag the gift with the name of the giver and receiver, and store the gift in the appropriate communal religious locker at the RAC Building.
 - 3) MSP and the Department of Corrections are not responsible for the loss or destruction of such gifts.
 - 4) guests may not bring gifts for distribution. No gifts may subsequently come back into the institution.
 - b. inmates and guests may not exchange items at any other activity.
5. Security Inspections:

All guests must pass through a metal detector. They are subject to a pat search and all other security procedures prior to admission to MSP and any time during the event.
6. Physical Contact:

Inmate-guest physical contact will be limited to handshakes or traditional religious practices only. Violations will result in the guest being escorted off the premises. The inmate will be dealt with through the inmate disciplinary process.
7. Workers:
 - a. must be selected from the inmates approved to attend the activity.
 - b. must be limited to the lowest number of inmates needed for the tasks, not to exceed four.
 - c. must be limited to the lowest custody inmates in the group, and each inmate must have at least six months clear conduct.
8. Locations:
 - a. special activities will be held at the RAC, a visiting room, or another location determined by the Administration.
 - b. disruptions to other programs and activities must be kept to a minimum.
 - c. cancellation or early termination may be necessary in the event of inclement weather.
9. Time Constraints:

Activities will be scheduled between 9:00 a.m. and 4:00 p.m. The Warden or designee must give written approval for any exception to this timeframe.
10. Meals:
 - a. if one of the three regularly scheduled meals fall within the time frame of the activity the MSP Food Service will provide a meal for the participants (outside guests, sponsors, security staff and inmates) to be served at the event location.

Subject: SPECIAL ACTIVITIES

- b. any extra meal expenses (due to either to an increase in meals served to guests or items not on the regular menu) will be paid for from IWF funds.
- 11. An activity that has already been approved may be suspended if:
 - a. modifications are made to the approved proposal.
 - b. an emergency situation arises
 - c. the inmate organization or members functioning in the name of the organization cause a disruption to the prison.
 - d. there is a failure to abide by the approved procedures for carrying out the activity.

IV. CLOSING:

Questions concerning this operational procedure will be directed to the Associate Warden of Security.

V. ATTACHMENTS:

Special Activity Packet and instruction sheet

attachment A

*This instruction guide is to help a staff sponsor organize a special activity and fill out a special activity packet.

You need to prepare a “Proposal for Special Activity” packet according to the time frames and steps outlined below. The packet needs to be completed and turned in prior to the 30-day time limit so that, if changes are needed, you can make them and still meet the 30-day deadline.

1. Complete the **Narrative** section, answering the questions that are asked. This is the justification of why the Special Activity is being requested.
2. Complete the **Sponsor Page** for the primary sponsor and other needed sponsors (1 sponsor is required for every 35 participants). The supervisor of each sponsor needs to sign off on this person working. Sponsors need to have at least one-year employment at MSP/MCE.
3. Complete the **Location Approval form** once it's decided when and where you would like to have the activity. You need to get it signed by the location area manager. An example would be the RAC Coordinator if you want to have it at the RAC.
4. Post the **Inmate signup sheets** in the housing units. This needs to be done by the primary sponsor, not inmates. The lists need to be posted in a unit area that all inmates have access to. The lists cannot be carried around by inmates to have other inmates sign. These lists should be left posted for at least two weeks to give everyone a chance to add their name to the list. Inmates must have 6 months clear conduct (calculated from the date of the event) in order to attend. The sponsor will verify this requirement through the respective housing unit teams.
5. Complete the **Itinerary**, making sure that you have noted the count times that fall within the time frames (census checks are at 0930 hrs. and 1330 hrs.). You need to include the time that inmates will be called out and sent back, anything is delivered to the site, when outside guests will be allowed entrance to MSP, and when guests will be escorted to and from the location. The last time entry is when all of the inmates assigned to perform cleanup will be sent back to their housing units.
6. Complete the **Meal & Equipment/Utensil Request form** if the activity requires a meal(s) and utensils or equipment for serving food. All items must come from MSP Food Service.
7. Complete the **Workers form** if inmate workers are needed for setup, food serving, or cleanup on the day of the activity. Up to four inmates are allowed for the crews, but you need to take into account the amount of room in your serving area and whether or not it might be crowded with too many workers. The workers must be selected from those on the 6-month Clear Conduct Pre-Approval sheet. You cannot change a work crew once the Unit Managers approve the inmates on the work crew list. Only the inmates listed are to be working at the activity. You cannot use inmates that are not approved. The sponsor will write-up any unauthorized inmates for Unauthorized Area.
8. Complete the **Dignitaries/Special Guests** form if the inmates in the organization want to invite them. You need to get the social security number, date of birth, and mailing address for each Dignitaries/Special Guest invited that is requesting entrance to the prison for the activity (see the **outside guest for activity spreadsheet**). This information is only needed to submit to a Shift Commander for conducting background checks and must be secured from access to inmates and other staff. The Shift Commander will send a list of those approved and disapproved. The sponsor will notify the people that have been approved and disapproved. You need to add the list of the people approved and disapproved to the packet.
9. You must submit the packet of completed forms with required signatures to the Administrative Services Bureau Chief at least 30 days prior to the activity. Start the process allowing enough time to ensure you meet the 30-day deadline. The sponsors responsible for getting the signatures needed on the last page of the packet.



Montana State Prison

Proposal for Special Activity

Name of Organization *(if applicable)*: _____

Staff Sponsor(s): _____

Name of Activity: _____

Location: _____

Date of Activity: xxxxxx day, xxxxxx xx, 20xx

Time of Activity: _____ hours to _____ hours.



Narrative Report of Need for Special Activity

NAME OF ACTIVITY:

DATE OF ACTIVITY:

xxxxx day, <month> x, 20xx

TIME OF ACTIVITY:

0xxx hrs to xxxx hrs

LOCATION:

SPONSORS:

XXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXX

Narrative report of need for Special Activity

Please include the following information:

1. Who is the sponsor(s) and/or group that is planning this special activity?
2. Why is this special activity needed and/or necessary?
3. What day is proposed for this special activity?
4. What is the proposed time frame/itinerary for this special activity?



MSP Inmate Activity or Organization Sponsor Application Form

Staff Name: _____

Date Submitted: ____/____/____

Organization or Activity Seeking Sponsor Status For: _____

How long have you been an employee of MSP/MCE? _____

Are you currently the primary sponsor of any other activity, inmate organization, or event? YES NO
If YES what activity or event are you currently sponsoring? _____

If you are currently sponsoring an activity what day is it scheduled for? _____

Have you sponsored any other activities, events, or organizations in the past year? YES NO
If YES what activities, events, or organizations have you sponsored? _____

If you sponsored an activity or activities what day(s) were they held ? _____

What is the reason or rationale for your application to sponsor this inmate activity or organization?

Projected number of hours or time required to be the sponsor requested on this form: _____

Term of Sponsorship: _____

By my signature below I acknowledge that if approved to be a sponsor I am required to comply with the provisions of *MSP Operational Procedure 5.5.103, Inmate Organization & Special Activity Sponsors* and all applicable DOC and MSP policies, rules, and procedures in carrying out my duties and tasks as a sponsor.

Signature of Requesting Staff Person: _____ Date: _____

Approval of Immediate Supervisor: _____ Date: _____

Approval of Administrative Services Bureau Chief: _____ Date: _____

Approval of Associate Warden of Security: _____ Date: _____

NAME OF ACTIVITY:

DATE OF ACTIVITY: xxxxx day, <month> x, 20xx

TIME OF ACTIVITY: 0xxx hrs to xxxx hrs

LOCATION:

SPONSORS:

XXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXX

Special activities will be held at the RAC, a visiting room, or another location determined by the Administration.

Disruptions to other programs and activities must be kept to a minimum.

By my signature below I approve the use of the above listed location on the day(s) and during the time frame listed above.

APPROVED: _____
Location Area Manager

_____/_____/_____
Date



Itinerary

NAME OF ACTIVITY:

DATE OF ACTIVITY: xxxxx day, <month> x, 20xx

TIME OF ACTIVITY: 0xxx hrs to xxxx hrs

LOCATION:

SPONSORS:

XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX

08xx hrs. – sponsor will chit out necessary keys from xxxxxxxx.

08xx hrs. – sponsor will call the units to have the approved workers sent to the location.

08xx hrs. – guests start arriving at the entrance.

08xx hrs. – assigned security staff escort the guests from lobby entrance to the location. Late guests won't be allowed in.

08xx hrs. – sponsor will call the units to send approved inmates to the location.

0900 hrs. – activity begins.

0930 hrs. – sponsor(s) and/or security officer(s) conduct the **Census count**.

10xx hrs. - sponsors will pick up the food and food serving equipment at the high kitchen.

1100 hrs. – meal is served.

1330 hrs. – sponsor(s) and/or security officer(s) conduct the **Census count**.

1600 hrs. – Event ends. Security staff will escort the guests out. Sponsor will call units to inform them that all inmate participants are being sent back to their units. The inmate workers stay to do cleanup.

16xx hrs. – cleanup is complete. Sponsor escorts the workers back to their units.

16xx hrs. - sponsors will return food serving equipment.

16xx hrs. – sponsor will return keys to xxxxxxxx and get their chits.

Cancellation or early termination may be necessary in the event there is a failure to abide by the approved procedures for carrying out the activity or there is inclement weather.



DATE OF ACTIVITY: xxxxxxday, <month> x, 20xx

TIME OF ACTIVITY: 0xxx hrs to xxxx hrs

SPONSORS:

[illegible][illegible][illegible]

Meal(s) Needed and Times Needed: ☐ Lunch _____ hours ☐ Dinner _____ hours

Number of Staff Participants: _____

Number of Guests: _____

Number of Inmate Participants: _____

Total Number of Meals Needed: _____

Special Equipment: (list utensils here)

[illegible]

Special Notations:

1. Depending on the meal, the kitchen supervisors will chit out needed utensils. All utensils must be returned before 1730 hrs.
2. The sponsor(s) will perform an hourly tool count on all utensils chitted out.

APPROVED: _____
Food Service Director

Date



Inmate Workers *(if applicable)*

NAME OF ACTIVITY:
DATE OF ACTIVITY: xxxxxday, <month> x, 20xx
TIME OF ACTIVITY: 0xxx hrs to xxxx hrs
LOCATION:
SPONSORS:

XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX

A maximum of four inmate workers are allowed for the crew, however it must be limited to the smallest number necessary.

These inmates have been approved on the Unit approval forms and will perform setup, serving, and cleanup tasks on the day of the Activity:

	Unit	Inmate (last name, first name)	ID#	Supervisor
1				Sponsor
2				Sponsor
3				Sponsor
4				Sponsor



SPONSORS:

XXXXXXXXXXXXXXXXXXXX

[illegible]



```
XXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXX
```

[illegible]



Approved Guests (if applicable)

NAME OF ACTIVITY:

DATE OF ACTIVITY: xxxxx day, <month> x, 20xx

TIME OF ACTIVITY: 0xxx hrs to xxxx hrs

LOCATION:

SPONSORS:

XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX

The sponsor will obtain the information needed for the background checks from the invited guests and will forward it to the Command Post to have background checks conducted. The Command Post will send the sponsor a list of who has and hasn't passed the check. The sponsor will fill in this form based on that information.

The following dignitaries/special guests have been approved by the Command Post for background check purposes. Documentation is on file in the office of the Associate Warden of Operations.

Last Name	First Name

Special Notations:

I will escort, or have arranged for other staff to escort, the above listed person(s) to and from the special activity location.

Sponsor

_____/_____/_____
Date



Administrative Review Approval

NAME OF ACTIVITY:

DATE OF ACTIVITY: xxxxx day, <month> x, 20xx

TIME OF ACTIVITY: 0xxx hrs to xxxx hrs

LOCATION:

SPONSORS:

XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXX

The sponsor must submit the completed activity packet to the following people for approval at least 30 days prior to the activity.

Administrative Services Bureau Chief

/ /
Date

Associate Warden of Security

/ /
Date

Cc: Housing Units: A B C D WRC HSU-I HSU-II RHU SAU MDIU
Associate Warden of Security Administrative Services Bureau Chief Command Post Change House Guard Station
Lobby Main Control Checkpoint



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 5.5.103 INMATE ORGANIZATION & SPECIAL ACTIVITY SPONSORS	
Effective Date:	June 7, 2006	Page 1 of 4 and 1 Attachment
Revision Date(s):	May 30, 2007, July 30, 2020, July 15, 2021	
Reference(s):	DOC Policy 5.5.2 Inmate Organizations	
Signature:	/s/ Jim Salmonsens/ Warden	

I. PURPOSE

To establish procedures for approval of staff to act as sponsors for each approved inmate organization activity at Montana State Prison (MSP).

II. DEFINITIONS

Administrator – The official, regardless of local title (division or facility administrator, bureau chief, Warden, superintendent), ultimately responsible for the division, facility or program operation and management.

Inmate Organization – A group of inmates who are pre-allowed to participate in approved activities in accordance with the Department and Division mission. Religious, cultural, treatment, recreational, or other services provided by the facility are not considered to be inmate organizations. An inmate organization may include properly approved persons from the community who act on a volunteer basis or in a volunteer capacity.

Inmate Special Activity – For the purpose of this procedure means an activity such as Family Day, Veterans ceremony, etc. held on the grounds of MSP on a specified date, time period, and place attended by approved inmates and/or visitors/guests, that is not a regular, routine, scheduled activity such as recreation, meals, religious services, school, work, visiting, treatment programs, library, etc.

Primary Sponsor – A Montana State Prison (MSP)/Montana Correctional Enterprises (MCE) staff member who is the main contact for activities in the event there is more than one sponsor for a specific activity.

Sponsor – a Montana State Prison (MSP)/Montana Correctional Enterprises (MCE) staff member who coordinates inmate organizations and special activities.

III. PROCEDURES

A. General

1. A sponsor approved by the Administrative Services Bureau Chief and the AW of Security will coordinate each inmate organization and each inmate organization activity, at the facility.
2. Prospective sponsors will take no action or perform any tasks until they are fully approved as a sponsor.

Subject: INMATE ORGANIZATION & ACTIVITY SPONSORS

3. The sponsor is responsible to ensure the organization and activity he or she is sponsoring is conducted in compliance with the procedures set forth in MSP 5.5.2 Inmate Organizations and MSP 5.5.101 Special Activities..
4. Staff members will only be allowed to be a primary sponsor for one organization at a time. A staff member can be a sponsor for no more than four activities per year, and the dates of the activities must be at least 30 days apart.
5. If there are no sponsors available for an activity, the AW of Security or the Administrative Services Bureau Chief. may approve a person to be the sponsor who has already sponsored the limit of four activities.

B. Selection of Sponsors

1. Qualifications to apply to be a sponsor of an organization or event at the MSP facility:
 - a. must be a current MSP or MCE staff member with at least one year of service.
 - b. must not be under any staff disciplinary action.
2. Application Procedure
 - a. a staff member interested in sponsoring an inmate organization or activity must complete an *MSP Inmate Activity or Organization Sponsor Application form (attachment A)* and forward it to their supervisor for review and approval/disapproval.
 - b. staff sponsor duties, tasks, and activities must not interfere with or impede the normal work activities for the assigned person's regular position.
 - c. the term of each sponsorship will be specified during the application approval process.
3. Selection Procedure
 - a. if the supervisor approves the application the form will be given to the AW of Security and Administrative Services Bureau Chief for review.
 - b. the AW of Security and the Administrative Services Bureau Chief will approve or disapprove the request after reviewing the information provided.
 - c. no activity related to a sponsored event or organization should occur until the approval process has been completed. This includes approval to compensate a sponsor for the off-duty time they spend sponsoring an organization or inmate activity.

C. Sponsor Responsibilities

1. Must develop the proposal for the organization (as outlined in *MSP 5.5.2, Inmate Organizations*) and/or the inmate special activity/event (as outlined in *MSP 5.5.101, Special Activities* and *MSP 5.5.102, Family Day Activities*), based on the input from the inmates that are proposing the organization or activity.
 - a. this will include the written paperwork outlining the proposal, appropriate notifications to staff, approvals required, and submission to MSP Administration prior to the deadline date; and
 - b. the sponsor will limit inmate involvement in the paperwork process and will ensure inmates don't have access to civilian names and social security numbers required for background checks.

Subject: INMATE ORGANIZATION & ACTIVITY SPONSORS

2. Must obtain a list of items requested for the organization and/or the inmate special activity/event.
3. Must obtain a list of facility equipment necessary for the organization and/or the inmate special activity/event, and the authorization to use the equipment from the respective department head(s).
4. The sponsor must contact the appropriate Shift Commander to determine whether or not there will be enough security staff available on the day and time frame of the activity to ensure that adequate security staff can be assigned to conduct searches/shakedowns and other necessary security functions. If there is adequate security available the Shift Commander will adjust the schedule to assign officers to provide the security coverage.
5. Must get approval for and make arrangements with Warehouse and Accounting staff for the purchase, receipt, and processing of any items ordered for the organization and/or an inmate special activity/event.
6. Must submit the appropriate paperwork for each proposed special activity to the AW of Security and the Administrative Services Bureau Chief at least 30 to 60 days prior to the activity.
 - a. if the proposal is approved by the AW of Security and the Administrative Services Bureau Chief, the sponsor must make written notification to necessary staff of the dates and times of the activity. No changes, additions, or substitutions are allowed following the final approval of the proposal. The AW of Security and the Administrative Services Bureau Chief must sign the final approval at least 30 days prior to the activity.
 - b. if the proposal is disapproved by the AW of Security and the Administrative Services Bureau Chief, the sponsor is responsible for informing and explaining why to the inmates involved.
7. Must be present at the activity, including set up and clean up, and shall monitor the inmates at all times. Each inmate involved in setup and cleanup must have six months clear conduct.
8. Must maintain a document file on the organization ensuring accurate records of the following are kept:
 - a. organization business, meeting agendas, and minutes.
 - b. each special activity sponsored.
9. Must ensure that accurate records and meeting minutes of all activities are distributed to the AW of Security and the Administrative Services Bureau Chief and other appropriate staff, e.g., staff from another department that were utilized in the activity.

D. Work Hours

1. A prospective sponsor must make a projection/estimation of the number of hours or time required to be the sponsor on the sponsor application form (attachment A). The following information will be used to make the estimate:
 - a. sponsors who are sponsoring an event as a volunteer may not use state paid time to organize the event. State paid time may be used (with advance approval from the AW of Security and the Administrative Services Bureau Chief) for duties such

Subject: INMATE ORGANIZATION & ACTIVITY SPONSORS

as getting approval signatures, contacting Command Post, and Food Service since these duties are normally performed while on duty .

- b. the sponsor must receive advance approval from the AW of Security and the Administrative Services Bureau Chief prior to working any off-duty time to fulfill sponsor duties.
- c. sponsors will be compensated by the facility for off duty time at one and one-half times their regular rate of pay.
- d. sponsors who have been approved to work off-duty time will be compensated using funds from the Inmate Welfare Fund.

E. Termination of a Staff Person as a Sponsor

The AW of Security and the Administrative Services Bureau Chief may remove an approved sponsor from sponsor status for the following:

- 1. The activity has been completed with no remaining duties.
- 2. The sponsor has violated an MSP procedure or has been subject to disciplinary action.
- 3. The activity or organization is put on hold or suspended.
- 4. The sponsor's supervisor has issues related to work performance in the sponsor's normal job duties.
- 5. The term of the sponsor assignment has been fulfilled.
- 6. The sponsor has not followed MSP procedures, DOC Policies, or met the timelines for the activity.

IV. CLOSING

Questions concerning this policy shall be directed to the AW of Security or the Administrative Services Bureau Chief.

V. ATTACHMENT

MSP Inmate Activity or Organization Sponsor Application form

(attachment A)



MSP Inmate Activity or Organization Sponsor Application Form

Staff Name: _____

Date Submitted: ____/____/____

Organization or Activity Seeking Sponsor Status For: _____

How long have you been an employee of MSP/MCE? _____

Are you currently the primary sponsor of any other activity, inmate organization, or event? YES NO

If YES what activity or event are you currently sponsoring? _____

If you are currently sponsoring an activity what day is it scheduled for? _____

Have you sponsored any other activities, events, or organizations in the past year? YES NO

If YES what activities, events, or organizations have you sponsored? _____

If you sponsored an activity or activities what day(s) were they held? _____

What is the reason or rationale for your application to sponsor this inmate activity or organization?

Projected number of hours or time required to be the sponsor requested on this form: _____

Term of Sponsorship: _____

By my signature below I acknowledge that if approved to be a sponsor I am required to comply with the provisions of *MSP Operational Procedure 5.5.103, Inmate Organization & Special Activity Sponsors* and all applicable DOC and MSP policies, rules, and procedures in carrying out my duties and tasks as a sponsor.

Signature of Requesting Staff Person: _____ Date: _____

Approval of Immediate Supervisor: _____ Date: _____

Approval of Administrative Services Bureau Chief: _____ Date: _____

Approval of AW of Security: _____ Date: _____

This form will be completed for every activity and will accompany the packet prepared and processed for each activity.



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 5.5.104 INMATE HOUSING UNIT REPRESENTATIVES	
Effective Date:	July 1, 2006	Page 1 of 4 and 1 Attachments
Revision Date(s):	October 30, 2020, November 30, 2021	
Reference(s):	DOC 4.2.3	
Signature:	/s/ Jim Salmonsens / Warden	

I. PURPOSE:

To establish procedures for the election of inmate housing unit representatives as a means of facilitating communication between inmates, the Unit Management Team (UMT) and Montana State Prison (MSP) administration.

II. DEFINITIONS:

Inmate Unit Representative - An inmate elected in a housing unit to bring forward concerns of other unit inmates to the Unit Management Team and MSP Administration. All housing units at MSP, with the exception of the MDIU, will have a designated inmate unit representative.

Unit Management Team – The housing unit staff consisting of the Unit Manager, Case Manager(s), Sergeant(s), Security Technicians, and Correctional Officers.

III. PROCEDURES:

Inmate Unit Representatives will represent the inmate population in interaction with the Unit Management Team and MSP Administration as outlined in this procedure.

A. The purpose and scope of an Inmate Unit Representative is to:

1. Represent the general needs and views of the inmates from his housing unit by presenting these issues to the UMT and MSP Administration.
2. Provide suggestions for improving living conditions and/or facility operations that effect inmates in the respective housing unit.
3. Encourage other unit inmates to adhere to rules, maintain clear conduct, cooperate with staff, and prepare for their transition within the facility and back into society.
4. Direct inmates with individual concerns to address them by contacting the appropriate staff member or going through the inmate grievance process.

B. Inmate Unit Representative Duties and Expectations:

1. Listens to concerns of inmates housed in the unit he is representing.
2. Presents the general concerns of inmates, and suggested solutions, to a member of the UMT as meeting agenda items (see section F.2. below).
3. Disseminates correct and accurate information to the other inmates in the housing unit

Subject: INMATE HOUSING UNIT REPRESENTATIVES

from his meetings/interactions with members of the UMT and MSP Administration.

4. Assists unit staff in communicating information to and from inmates on an “as needed” basis.
5. Interacts with all staff and inmates in a respectful and considerate manner.

C. Inmate Unit Representative Qualifications/Criteria

1. Each housing unit will select a representative from the housing unit population. To be eligible the inmate selected must have a minimum of six months clear conduct immediately preceding the election, this includes any minor or major write-ups.
2. Inmates must have a minimum of 90 days within the unit to be eligible to apply for unit representative.

CI. Elections

1. The UMT will ensure that notices of an upcoming inmate unit representative election are posted not less than five days prior to the election.
2. Inmates from each unit will elect one representative according to the following process:
 - a. Once an election notice is posted, the inmates from the unit may submit written Nominations for the Inmate Unit Representative to the Unit Manager.
 - b. The UMT will select up to three qualified candidates from those nominated. If no qualified inmates are nominated for the position, the Unit Manager will ask for qualified volunteers. If more than one qualified inmate volunteers an election will be held; staff will post the names of the candidates who accept the nomination along with the date the election is to be held (this will be posted a minimum of three days prior to the date of the election)
 - 1) If only one qualified inmate volunteers, the UMT may appoint that inmate as the inmate unit representative.
 - c. On the scheduled election day staff will supervise a secret ballot election.
 - d. At least two members of the UMT will tally the ballots and post the results of the election in the unit.
 - e. The inmate with the highest vote total will be the inmate unit representative for the designated term.

CII. Terms

1. Inmate unit representatives will serve a one-year term and may not reapply for minimum of 2 years to give other inmates equal opportunity to serve.
2. If an inmate unit representative resigns, transfers to another unit or institution, or is removed from the position for any reason, an election for a new Inmate Unit Representative will be held as soon as possible.
3. Inmate unit representatives may be removed from the position or have their term cancelled if any of the following occur:
 - a. The inmate unit representative fails to maintain a good disciplinary record by receiving a minor or major write-up.
 - b. The inmate unit representative misuses or abuses the position by engaging in

Subject: INMATE HOUSING UNIT REPRESENTATIVES

conduct that jeopardizes the safety, security or good order of the facility.

- c. The unit representative engages in any conduct or behavior that is determined to be inappropriate.
- d. The inmate unit representative exhibits an inability to interact or work appropriately with inmates or staff.
accusatory, inappropriate, or have the potential to affect the security or orderly operation of the facility.

F. Meetings

1. The UMT will meet monthly with the unit's inmate representative.
2. The UMT will schedule the day, time, and location of the meeting, and notify the unit representative.
3. The inmate unit representative must submit proposed agenda topics in writing to the UMT at least one week in advance of this meeting. Topics must relate to issues that affect the majority, or large groups, of inmates within the unit. The problems/concerns of individual inmates will be addressed through the inmate grievance procedure.
4. The UMT will fill out an *MSP Housing Unit Representative Monthly Meeting Form (attachment A)*, leaving the response/resolution sections blank. A copy of the form will be given to the representative prior to the meeting.
5. Discussion at the meeting will be restricted to the agenda topics on the form.
6. The UMT may invite additional staff or unit inmates to attend the meeting.
7. The UMT will fill in response/resolution sections on the form during or after the monthly meeting. Within ten working days of the meeting, the UMT will ensure copies of the completed form are forwarded to the unit representative, Warden, Associate Wardens, Bureau Chiefs, Command Post, housing unit Sergeants, Case Managers, Security Technicians, unit Correctional Officers and CSRT, and are posted in the living unit blocks/cubes and appropriate bulletin boards.
8. If an agenda item isn't addressed at the meeting, or requires input from others, it will be put on the agenda for the next meeting.
9. In the event the UMT and the unit representative are unable to reach an agreement on an issue, the matter will be held in abeyance until the next unit managers meeting. The issue will be addressed with the Associate Wardens making the final decision. When resolved the issue and response will be added to the next unit meeting form.
10. Any items initially approved by the UMT requiring IWF funding will be processed in accordance with *DOC 1.2.12, Adult Inmate Welfare Accounts*.

G. Supplies

1. The respective UMT will provide the inmate unit representative with the office supplies necessary for his duties.

H. Records

Subject: INMATE HOUSING UNIT REPRESENTATIVES

1. Each UMT will establish and maintain a filing system to archive the written discussion topics submitted by the representatives as documented on the *MSP Housing Unit Representative Monthly Meeting Forms*.

I. Inmate Welfare Fund Representatives

1. The MSP Administration will select two inmates (one from low-side, one from high-side) to serve as the representatives for the Inmate Welfare Fund. These representatives will not be current inmate unit representatives.

J. Stipends

1. The housing unit and IWF representatives will receive a monetary stipend from the IWF in accordance with *DOC Policies 5.1.1 Inmate Assignments* and *DOC 1.2.12 Inmate Welfare Accounts*.

IV. CLOSING:

Questions concerning this policy shall be referred to the Warden

V. REFERENCES

DOC 1.2.12 Inmate Welfare Account

DOC 5.1.1 Inmate Assignments

DOC 4.2.3 Unit Management

VI. ATTACHMENTS:

MSP Housing Unit Representative Monthly Meeting Form

attachment A



MSP HOUSING UNIT REPRESENTATIVE MONTHLY MEETING FORM

Date of Meeting: ____ / ____ / ____

Housing Unit: _____

Staff Present: _____

Unit Representative: _____ ID#: _____

1. Agenda Item/Issue: _____

Response/Resolution: _____

Resolution Date: ____ / ____ / ____

2. Agenda Item/Issue: _____

Response/Resolution: _____

Resolution Date: ____ / ____ / ____

3. Agenda Item/Issue: _____

Response/Resolution: _____

Resolution Date: ____ / ____ / ____

4. Agenda Item/Issue: _____

Response/Resolution: _____

Resolution Date: ____ / ____ / ____

5. Agenda Item/Issue: _____

Response/Resolution: _____

Resolution Date: ____ / ____ / ____

The above agenda items were discussed on the meeting date listed above and reflect the handling or resolution of the issues. My signature signifies that the Response/Resolutions noted are correct and accurate.

Staff Signatures: _____

Unit Representative Signature: _____

Copy to: Inmate Rep. Unit Bulletin Board(s) Unit Manager file Associate Wardens Bureau Chiefs Warden
Command Post Other: _____ Other: _____



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 5.6.1 RELIGIOUS PROGRAMMING
Effective Date:	December 8, 1999 Page 1 of 10 and 4 Attachments
Revision Date(s):	September 4, 2001, December 30, 2003, September 1, 2007, July 13, 2009, April 4, 2011, October 1, 2014, December 5, 2016, December 15, 2019, October 15, 2020, March 15, 2021
Reference(s):	DOC Policy 5.6.1
Signature:	<i>Is/ Jim Salmonsens I Warden</i>

I. PURPOSE

To provide inmates with reasonable and equitable opportunities to pursue religious activities consistent with the secure and orderly operation of the facility within budgetary limitations.

II. DEFINITIONS

Authentic Religion - A definable, sincerely held moral system that includes belief, behavior, participation, proficiency, and exclusivity. The scope of human religious experience demands that this definition be applied with great latitude. In short, every person is the steward of his or her own conscience, but religious expression in a conectional setting must, at a **minimum**, take some articulated shape. Feelings, philosophies, and personal preference do not, of themselves, constitute activity supported by this operational procedure.

Communal Articles - Those items deemed necessary by the governing body of a faith group for communal religious activities. Communal Articles will be secured in an assigned location in the Religious Activities Center (RAC) or other authorized area. See attachment A for approved communal items, their descriptions, dimensions, and quantities allowed.

Communal Groups - A group of individuals sharing beliefs and rituals, the size of which is determined as a function of demand on communal facilities. The Religious Issues Committee will make this determination once per fiscal year by reviewing the current level of use of time at the Religious Activities Center and raising or lowering the number of individuals required to constitute a group accordingly.

Disability- see DOC 3.3.15, Americans with Disabilities Act (ADA) Offender Accommodations, for the definition and an explanation of disability.

Personal Articles - Items deemed necessary by the governing body of a faith group for personal use by an inmate. These items must fit into the designated storage containers for personal possessions as outlined in MSP 4.1.3, Inmate Personal Property. See attachment A of MSP 4.1.3 for the descriptions, dimensions, and possession limits for religious items allowed for general population and locked housing unit inmates. Inmates confined at the Mar1z Diagnostic & Intake Unit (MDIU) will only be allowed those religious items listed in the MDIU housing unit rules.

RAB -Acronym for Religious Activities Building adjacent to the Work and Re-entry Center.

RAC - Acronym for Religious Activities Center.

Religious Activities Coordinator - An individual designated to coordinate religious programming for offenders.

Religious Activities Specialist - Institutional employee under the supervision of the Religious Activities Coordinator who facilitates inmate religious activities at MSP.

Religious Activity-Any rite, ceremony, event or program that is customarily associated with the practices of a religious faith group, including but not limited to corporate gatherings of adherents of a faith group for the purposes of worship, prayer, teaching and/or sharing.

Religious Issues Committee (RIC)-A committee convened by the Warden,, Associate Warden, Bureau Chief or Designee, to consider facility religious matters. Its members will include the following:

1. Warden, Associate Wardens, Bureau Chiefs, or designee.
2. Religious Activities Coordinator;
3. DOC Legal Chief or designee;
4. MSP Associate Warden of Security or designee; and
5. other staff as designated by the Warden.

WRC - Acronym for Work and Re-Entry Center

III. PROCEDURES

A. Religious Program Objectives

1. Provide opportunities for authentic religious expression.
2. Equitably distribute religious resources for the benefit of all inmates.
3. Protect the religious rights of all inmates.
4. Ensure spiritual care is available to all inmates.
5. Provide expertise on matters of religion in the conectional environment to staff.

B. Declaration of Religious Preference

1. An inmate's declaration of religious preference is the key to obtaining authorization to engage in religious activities at MSP. Inmates must declare a preference in order to:
 - a. attend communal religious activities;
 - b. possess approved religious property items; and
 - c. receive other religious accommodations (i.e., diets, work exception, hair style, etc.) in accordance with section ill, part E, of this procedure.
2. In order to facilitate the authentic expression of religious belief, MDIU staff will give each new inmate the opportunity to declare his sincere religious preference during the initial intake process. This process includes:
 - a. MDIU admissions staff will have each new inmate fill out an *MSP Inmate Religious Preference Statement/arm (attachment B)*. MDIV staff will forward the *Religious Preference Statement form* to RAC staff for input into the OMIS database; and
 - b. the Religious Activities Coordinator may conduct an assessment in order to verify an inmate's declared religious preference.

Subject: RELIGIOUS PROGRAMMING

3. Volunteers and MSP staff may not attempt to coerce or influence an inmate to change his religious preference while at MSP; however, inmates may change their declared preference once per calendar year using an *MSP Inmate Religious Preference Statement form (attachment BJ)*. The Religious Activities Coordinator may waive the time requirement for special circumstances. This process is as follows:
 - a. the inmate will complete the applicable sections of the form and mail it to the Religious Activities Coordinator;
 - b. upon receipt of the completed form, the Religious Activities Coordinator will conduct an assessment, which may include a structured interview with the inmate in order to verify the inmates newly declared religious preference;
 - c. Religious Activities Coordinator will make a decision to approve or deny the inmate's request based upon the outcome of this assessment. An inmate may utilize the established inmate grievance procedure to address the decision of the Religious Activities Coordinator;
 - d. RAC staff will update the OMIS database of approved changes in religious preference within three working days of approval; and
 - e. inmate identification cards may be marked with the inmate's religious preference.

C. Religious Activities

1. The Religious Activities Coordinator will maintain a list of active communal groups. While the list will be dynamic, reflecting ongoing program changes, a formal copy of the list will be kept at the RAC.
2. Inmates with a Low Side classification may attend any regularly scheduled communal religious activity, subject to space limitations and to institutional needs for scheduling.
3. For the reasons set out in this procedure in Section *III. Part B*, and the definition of "authentic religion" in *Section II Definitions*, Inmates with a High Side classification may only attend those regularly scheduled communal religious activities associated with their preference; if a High Side inmate has no declared religious preference, he may not attend regularly scheduled communal religious activities. Attendance at special activities is subject to the requirements of *MSP Procedure 5.5.101, Special Activities*.
4. Communal Religious activities are subject to cancellation without notice due to security or staffing requirements. RAC staff will reschedule those activities when, and if, the RAC schedule permits as determined by the Religious Activities Coordinator, in accordance with section III, part F, and number 6 of this procedure.
5. The Religious Activities Center and other religious activities will ensure equal opportunity for inmates with disabilities, including but not limited to ensuring that the RAC and other religious activities are accessible to such inmates, ensuring that accessible elements and routes are free of temporary obstructions, and providing reasonable accommodations to inmates with disabilities. All accommodations shall be documented in OMIS. (see *DOC Policy 3.3.15*.)

D. Religious Personal Property and Communal Items

1. Inmates with a declared religious preference may possess the associated religious property items for their faith group as listed on *MSP Procedure 4.1.3, Inmate Personal Property* (attachment A).

Subject: RELIGIOUS PROGRAMMING

2. In order to protect the sanctity of authentic religious expression, an inmate may not possess religious property items listed for a faith group that differs from his declared religious preference.
3. Inmates with no religious preference may not possess religious personal property items. This provision does not apply to publications. Inmates are free to possess any appropriate and authorized publication regardless of its religious distinction.
4. When deemed necessary by the Warden, Associate Warden, or Bureau Chief, the RIC will determine approved communal/personal religious property item quantities for faith groups not listed in *MSP Procedure 5.6.1, Religious Programming* and *MSP Procedure 4.1.3, Inmate Personal Property*. This process will include:
 - a. the RIC, in close coordination with the Prison Issues Board (PIB), will finalize the list of personal religious property items for inclusion on *MSP Procedure 4.1.3, Inmate Personal Property* (attachment A); and
 - b. the Religious Activities Coordinator will maintain an approved addendum to the communal and personal property lists until they are officially added to *MSP Procedure 5.6.1, Religious Programming* or *MSP Procedure 4.1.3, Inmate Personal Property* (attachment A).
5. An inmate may only use his personal religious property items in his cell or at communal religious activities. As stipulated in the *Traditional Native American Spiritual Program Highlights* (dated 7/2/10) (attachment F) and the attachment to *MSP Procedure 4.1.3, Inmate Personal Property*, inmates may bring their personal religious property for the corresponding religious service they are attending. MSP will provide the botanicals utilized at communal religious activities.
6. Inmates may only utilize their religious personal property items in accordance with the religious purpose for which they were designed. This includes, but is not limited to:
 - a. if an inmate chooses to wear his religious medallion (crucifixes, medicine bag, etc.), he must wear it around his neck using the necklace item that came with the medallion and keep it tucked under his shirt. He may wear it on the outside of the shirt/coat only when in cell or attending a religious service or activity;
 - b. inmates who choose to wear their religious skull caps outside their cell or communal services will wear the skull cap discreetly and fully covered underneath an approved cap. Staff may require an inmate to remove, and may search, the religious skull cap at any time for security reasons; and
 - c. violations of the above stipulations may result in confiscation of the item(s) as contraband in accordance with *MSP Procedure 3.4.1, Institutional Discipline*.

E. Religious Accommodations

1. Unless already approved, inmates who desire one of the following religious accommodations must write to the RAC Coordinator, using a *Religious Accommodation Request Form* (attachment D or E), requesting the specific religious practice accommodation. The accommodation review process will include, but is not limited to:
 - a. the Religious Activities Coordinator will determine which of the five (5) accommodation categories the request falls into. The 5 categories are as follows:
 - 1) personal property;
 - 2) communal activities;
 - 3) grooming exceptions;

Subject: RELIGIOUS PROGRAMMING

- 4) work exemptions; and
 - 5) special diets.
 - b. the Religious Activities Coordinator will make an initial determination on issues of grooming exceptions, work exemptions, and special diets (including special Holy Day meals). The Religious Activities Coordinator's actions may include, but are not limited to:
 - 1) the Religious Activities Coordinator will make an initial response in writing to the inmate and detail specific reasons for any decisions;
 - 2) the Religious Activities Coordinator may consult with the RIC on any such requests that are unusual or out of the normal circumstance; and
 - 3) the initial decision by the Religious Activities Coordinator will be forwarded to the RIC for review and the RIC will make a final determination by affirming or denying the initial decision at the next RIC meeting..
 - c. the RIC will make all determinations of religious accommodations in the category of personal property and communal activities;
 - d. the RIC will respond in writing to all religious accommodation requests and detail specific reasons for any decision;
 - e. abuse of the Religious Accommodation Request form by an inmate may include, but is not limited to, the use of profane, threatening, argumentative, abusive or demeaning language. Likewise, submitting an unreasonably excessive number of religious accommodation request forms in reference to past requests and decisions (with no change in circumstance) is prohibited. The Warden/Facility Administrator or designee will determine if a Religious Accommodation Request form qualifies as abusive, and any such form will be returned to the sender without Religious Issues Committee disposition. An explanatory notice will accompany the returned form; and
 - f. if an inmate demonstrates a pattern of abuse of the Religious Accommodation Request form, the Warden/Facility Administrator or designee will notify the inmate, in writing, that such actions are creating an administrative burden at the expense of legitimate requests, and that future requests must meet defined guidelines in regard to quantity and content. The abuse notice will contain specific reasons for the decision and clear instructions on how to rectify defined defects. Failure to adhere to these written instructions will result in returned and unprocessed forms, as well as disciplinary action. Abuse notices are not subject to appeal.
2. Approved accommodations may be recorded in *MSP Procedure 5.6.1, Religious Programming* (attachment A), *MSP Procedure 4.1.3, Inmate Personal Property*, OMIS, and/or other approved locations.
 3. If an inmate is not satisfied with the disposition of the Religious Activities Coordinator or the RIC, the inmate may utilize the grievance system presented in *MSP Procedure 3.3.3, Inmate Grievance Program*. Religious accommodation grievances adhere to the following:
 - a. any grievance submitted prior to the written response of the RIC will not be processed because of the premature state of the grievance.
 4. Religious accommodations will be approved/disapproved on a case-by-case basis within the constraints of facility security and order, to include, but is not limited to:
 - a. diet accommodations for religious holy days will be approved in accordance with *DOC Policy 4.3.2, Menu Planning* and as follows:
 - 1) religious diets are only provided for inmates with a sincere belief in a faith system that

- requires adherence to religious dietary laws;
- 2) religious diets will be approved/ disapproved on a case-by-case basis within the constraints of prison order, security, and budget;
- 3) an inmate who receives a religious diet accommodation must adhere to the approved diet plan, failure to abide by the plan will result in progressive discipline up to and including suspension or termination of the diet.
- 4) an inmate must request accommodation for Holy Day meals 30 days in advance. This stipulation may be waived on a case-by-case basis.
- b. religious exemptions from work must be in writing from the Religious Coordinator, and only when such days are recognized for a given group by national standards.

F. Religious Program Organization

1. Religious programs offered at MSP are under the direction of the Religious Activities Coordinator.
2. The Religious Activities Coordinator will provide for the equitable delivery of religious activities regardless of religion or affiliation.
3. Religious activities volunteers as defined in *MSP Procedure 1.3.16a, Religious Volunteer Services*, under the supervision and direction of the Religious Activities Coordinator may be used to assist in the implementation of religious activities. Volunteers must complete the following forms from *MSP Procedure 1.3.16a, Religious Volunteer Services*:
 - a. *MSP Volunteer Application Form* (attachment A);
 - b. *Montana State Prison Volunteer Service Agreement* (attachment B); and
 - c. *MSP Religious Volunteer Training & Orientation Checklist* (attachment C).
4. The Religious Activities Coordinator and Religious Activities Specialists will arrange for confidential and non-judgmental religious counseling to inmates who request it. Confidentiality is waived in regard to matters that constitute a threat to life or property. These requests must be responded to as promptly as possible according to the urgency of the situation.
5. Communal religious activities will comply with the standard practices of that faith's governing body and will comply with MSP security requirements. Staff in general and the Religious Activities Coordinator in particular will determine appropriate behavior.
6. The Religious Activities Coordinator will post a weekly religious activity schedule in locations available to all general population inmates. The RAC schedule will be archived. Changes to, or cancellation of, scheduled religious activity may occur at any time. If the cancellation impacts a faith group's major holiday, then, when requested by participants, the activity will be rescheduled as soon as practical. All other cancelled activities may be rescheduled at the discretion of the Religious Activities Coordinator, dependent on staffing and space availability. Whenever a scheduled religious activity is cancelled, the cancellation, reason for cancellation, and reschedule date (if applicable) must be maintained in a log.
7. When necessary, the Warden or designee may identify alternative activities and implement the least restrictive alternative consistent with the secure and orderly running of the facility.
8. The following activities are not authorized by MSP. This includes, but is not limited to:

Subject: RELIGIOUS PROGRAMMING

- a. animal sacrifice;
- b. language or behaviors that might constitute or be construed as a threat (e.g., curses);
- c. nudity;
- d. self-mutilation;
- e. use or display of any weapon;
- f. exclusion by race;
- g. paramilitary exercises;
- h. self-defense training;
- i. sexual acts;
- j. profanity;
- k. consumption of alcohol;
- l. ingestion of illegal substances;
- m. proselytizing;
- n. encryption; and
- o. disparaging other faith groups.

While the above activities are not authorized, publications containing information about such language or behavior will be reviewed on a case-by-case basis under *MSP Procedure 3.3.6, Inmate Mail*.

G. Religious Program Resources

1. To the extent practical, all religious/faith groups will have equal access to religious facilities and communal articles.
2. The RAC is available for scheduled religious activities.
3. The RAC will have secure and respectful storage compartments and space for communal articles according to practical needs.
4. Religious programming for Unit F and WRC is provided in both locations. A separate religious programming schedule will be generated and posted in their respective units.

H. Religious Program Staffing

1. There is one full-time Religious Activities Coordinator employed at MSP who will be allowed access to all areas of MSP in order to meet the inmate's need to access a religious/spiritual coordinator. All security procedures and requirements will be followed to gain such access.
2. There are two Religious Activities Specialists at MSP who facilitate religious activities under the direction of the Religious Activities Coordinator. RAC Specialists will be allowed access to all areas of MSP necessary to perform their duties. All security procedures and requirements will be followed to gain such access.
3. Religious volunteers will be selected and supervised in accordance with *MSP Procedure 1.3.16a, Religious Volunteer Services*, and *DOC Policy 1.3.12, Staff Association and Conduct with Offenders*. Volunteers will conduct religious activities under the supervision and direction of the Religious Activities Coordinator.

Subject: RELIGIOUS PROGRAMMING

4. When an approved volunteer for a faith group to which an inmate subscribes is not available, in response to an inmate's formal request providing contact information of a faith representative, the Religious Activities Coordinator will facilitate contact with an approved and credentialed representative by whatever correspondence is practical.
5. Security staff and additional resources (as available) will be provided to maintain security at MSP, and to assist in ensuring the safety of staff, volunteers, and inmate participants.
6. A staff member must monitor all religious group activities, and inmates may not direct, lead, or conduct religious activities.

I. Religious Activities Availability

1. The religious activities available to general population may be as follows:
 - a. religious services;
 - b. religious education;
 - c. religious rituals, meditation times, lectures, and musical programs;
 - d. religious advice, counsel, and individual prayer time;
 - e. notification of death or serious illness in an inmate's family with religious support in times of distress;
 - f. religious forums and discussions of timely issues;
 - g. religious self-studies and supervision of scripture cell study;
 - h. religious group counseling; and
 - i. religious exploration.
2. Religious exploration consists of the following:
 - a. this activity will be facilitated by the Religious Activities Coordinator. In the event that an offender wishes to learn more about a particular religious practice, the offender will send an OSR to Religious Activities Coordinator;
 - b. the Religious Activities Coordinator will make initial determinations on the level of commitment and experience, and will then recommend a course of action to the offender;
 - c. the determination will range from recommendation of reading material or other media for further education, to facilitating contact with a volunteer affiliated with that religion. The Religious Activities Coordinator will respond in writing, and will detail specific reasons for any decisions;
 - d. if the offender is permitted to contact a volunteer, the conversations with that volunteer will be facilitated by the Religious Activities Coordinator or designee. That volunteer will work with the inmate and the Religious Activities Coordinator and will make an ongoing assessment of the offender's willingness, ability, and commitment to learn and participate. At the volunteer's discretion, this may include one-on-one ceremonial activities to be facilitated by the Religious Activities Coordinator; and
 - e. this assessment will form the basis for any future change in religious preference, or religious accommodation, for the offender.
3. Religious Activities Available to Restrictive Housing or MDIU inmates is as follows:
 - a. out-of-cell religious activity will not be conducted in restrictive housing units or MDIU. Inmates are free to pursue matters of faith in their cell in a manner consistent with housing unit rules and the security requirements of their classification;

- b. if the need arises for an approved representative of a religious faith group to counsel or pray with a locked housing inmate, assigned staff will escort the representative to and from the locked housing unit. These visits must be coordinated with the housing unit's schedule in cooperation with the Unit Management Team and Command Post staff and will be non-contact. To ensure privacy and confidentiality, unit staff will provide direct supervision and a proper place for these services; and
- c. inmates who desire religious texts while in disciplinary detention may contact the Religious Activities Coordinator, who will facilitate access to a text appropriate to the inmate's stated religious preference.

J. Religious Publications and Printed Materials

1. Inmates may receive religious printed materials and publications that do not jeopardize security, rehabilitative goals, or violate policy/procedure. An inmate recognized religious organization, approved volunteer, or a person on the inmate's approved visiting list may order such materials and publications per approved processes; the materials and publications will be reviewed as per *MSP Procedure 3.3.6 Inmate Mail*. These publications will be included in the 15 publications limit of *MSP Procedure 4.1.3, Inmate Personal Property*.
2. Inmates who speak a non-English language may receive or have available non-English editions of the Bible, Koran, or like permanent texts, as is practical or as is available through recognized national bodies of the inmate's faith group.
3. RAC staff may distribute religious publications under the following guidelines:
 - a. incoming bulk publications will be processed in accordance with MSP procedure on incoming packages, and must meet the approval of the Associate Warden of Security or designee before going to the RAC for disbursement;
 - b. bulk items distributed at the RAC will be limited to approved religious pamphlets, denominational publications, flyers, news-type copy, and booklets; and
 - c. RAC staff will not distribute books (a publication with a glued binding over 5/16" thick) or other religious property.

K. Other Considerations

1. Donated communal articles will be allowed under the following guidelines:
 - a. donated religious communal articles and supplies must be from a recognized religious organization. All articles and supplies are subject to review per *MSP Procedure 3.3.6, Correspondence, Publications, & Packages*;
 - b. all such donated communal items must have prior approval from the Associate Warden of Security or designee for entry into MSP, and are subject to search and inspection by both the Religious Activities Coordinator and the Associate Warden of Security or designee;
 - c. after being searched and inspected the items will be delivered to the Religious Activities Coordinator, who will store them in the RAC or RAB;
 - d. these items will not be given to inmates for personal retention; and
 - e. sacred herbs/botanicals may be donated and are subject to the following:
 - 1) botanicals must be shipped in a clear "Ziploc" type bag;
 - 2) the contents of the bag must be clearly marked, e.g., "juniper," "sage," "cedar," and etc.; and

Procedure No.: 5.6.1	Chapter 5: Offender Programs	Page 10 of 10
Subject: RELIGIOUS PROGRAMMING		

- 3) botanicals must be mailed to the Religious Activities Coordinator and are subject to inspection by the Associate Warden of Security or designee.
2. The Religious Activities Coordinator will inventory and secure all communal botanicals in the Religious Activities Coordinator's office. Institutional pipe carriers must submit a written request, in advance, for sacred herbs.
3. Any religious item received for an inmate's personal retention must be listed in *MSP Procedure 4.1.3, Inmate personal Property* (attachment A), and must be processed through the MSP Property Office using the inmate property receipt system. This is necessary to provide official documentation of delivery (in case items are lost, stolen, transferred, or damaged), and to help prevent the introduction of contraband into MSP.
4. RAC staff and religious services volunteers will not conduct inmate weddings.
5. Religious activities will, to the extent possible, be allocated equitably among all faith groups represented at MSP.
6. Religious activities will be conducted indoors, unless the faith group practitioners receive prior approval for such an accommodation from the Religious Issues Committee.
7. No inmate will be compelled to attend any religious activity.
8. Food will not be consumed at scheduled religious activities. Food at special activities is subject to *MSP Procedure 5.5.101, Special Activities*. This provision does not preclude small amounts of approved ceremonial elements.
9. Inmates who attend religious activities are to follow the *RAC Inmate Rules* (see attachment C).
10. Inmates found guilty of disciplinary infractions related to the religious activities may receive exclusion (for a defined period) from religious activities as a component of their sanction(s).

IV. CLOSING

Questions concerning this operational procedure will be directed to the Warden.

V. ATTACHMENTS

Communal Religious Items List	attachment A
MSP Inmate Religious Preference Statement form	attachment B
RAC Rules	attachment C
Religious Accommodation Request Form	attachment D
Request For Accommodation of Religious Practices	attachment E
Native American Guidelines	attachment F



Communal Religious Items List

Religious Group or Identification: **Asatru/Odinist**

Communal items or articles allowable for services in the RAC/RAB

	Item Name/ Description	Dimensions	Quantity
1	Ceremonial rune set (oak wood cards)	1" diam.	24 pieces
2	Mead horn replica (oak wood horn)	9"x6"x3"	1
3	Thor's Hammer replica (oak wood hammer)	9"x11/2"x9"	1
4	Gandr staff replica (oak wood stick)	1/2"x1 1/2"x16"	1
5	Bowli replica (oak wood bowl)	9"x9"x3"	1
6	Sun wheel replica (oak wood wheel)	9"x6"x1"	1
7	Oath ring (wood)	6"x1 1/2"	1
8	Altar cloth	3'x6'	1
9	Religious media (books, CDs and or DVDs)		Variety
10	Evergreen twig	12" max.	1
11	Devotional Candles	Variety	3
12	SeidrDrum	12"	1
13	Staller Bell	2 1/2"	1
14	Ceremonial Drink (Apple Flavor)		Small
15	Ceremonial Crackers		1 each
16	Hlath (Headband)		6

Religious Group or Identification: **Buddhist**

Communal items or articles allowable for services in the RAC/RAB

	Item Name/ Description	Dimensions	Quantity
1	Sitting Pillow & 1 Meditation Bench (optional)		24
2	Bell		1
3	Incense Sticks		Variety
4	Religious Media (Books, CD's, and/or DVD's)		Variety
5	Incense Holder		1
6	Buddha Image		1
7	Candles		Variety
8	"Om" Symbol (Poster)		1

Religious Group or Identification: **Islam**

Communal items or articles allowed for services in the RAC/RAB

	Items Name/ Description	Dimensions	Quantity
1	Incense Sticks		Variety
2	Incense Holder		1
3	Religious Media (Books, CD's, and/or DVD's)		Variety
4	Prayer mat		6
5	Prayer cap		6

Religious Group or Identification: **Judaism**

Communal items or articles allowed for services in the RAC/RAB

	Items Name/ Description	Dimensions	Quantity
1	Candles		Variety
2	Menorah		1

3	Ram's Horn/ Shofar	12" max	1
4	Torah Scrolls		Set of 5
5	Religious Media <Books, CD's, and/or DVD's)		Variety
6	Matzah Crackers (Kosher for Passover variety)		Variety
7	Lulav & Etrog set		1 per year
8	Sukkah	Portable	1

Religious Group or Identification: **Rastafarian**

Communal items or articles allowed for services in the RAC/RAB

	Items Name/ Description	Dimensions	Quantity
1	Tam		6
2	Religious Media (Books, CD's, and/or DVD's)		Variety
3	Crystal r ylcULLid 1"		1

Religious Group or Identification: **Native American**

Communal items or articles allowed for services in the RAC/RAB

	Items Name/ Description	Dimensions	Quantity
1	Smudging Bowl		1
2	Sage	Clear Bag	Bulk
3	Sweetgrass Braids	Clear Bag	Bulk
4	Cedar	Clear Bag	Bulk
5	Bittenoot	Clear Bag	Bulk
6	OshaRoot	Clear Bag	Bulk
7	Juniper	Clear Bag	Bulk
8	Lavender	Clear Bag	Bulk
9	Sea Shell for Smudging		1
10	HandDmm	8"	1
11	Ceremonial Drums and Sticks		1 Set
12	Cloth for Ceremonial Ties		Variety
13	Ceremonial Feathers (No Eagle Feathers)		Variety
14	Ceremonial Rattle		1
15	Buffalo Horn		1
16	Buffalo Skull		1
17	Ceremonial Staff(Wood With Feathers, No Eagle Feathers)	8 ft.	1
18	Sacred Pipe & Pouch (May Be Beaded)	24" max	4
19	Religious Media <Books, CD's, and/or DVD's)		Variety
20	Native American Flute		1

NOTE:

1. Due to federal eagle feather regulations, inmates will only be allowed to mail out their eagle feathers or fans to the federal agency in charge of eagle pairs.
2. Excess and confiscated feathers of any type will be forwarded to the property officer for proper disposition.

Religious Group or Identification: **Protestant Denominations**

Communal items or articles allowed for services in the RAC/RAB

	Items Name/ Description	Dimensions	Quantity
1	Communion Set		1
2	Religious Media (Books, CD's, and/or DVD's)		Variety
3	Large Cross		1

Religious Group or Identification: **Roman Catholic**

Communal items or articles allowed for services in the RAC/RAB

	Items Name/ Description	Dimensions	Quantity
1	Chalice		2
2	Candles		2 PKGS.
3	Alter Clothes		Variety
4	Incense Carrier/ Thurifer		1
5	Charcoal Briquettes		1 Bag
6	Incense		Variety
7	Large Crncifix		1
8	Alter Breads		Variety
9	Religious Media (Books, CD's, and/or DVD's)		Variety

Religious Group or Identification: **Wiccan**

Communal items or articles allowed for services in the RAC/RAB

	Items Name/ Description	Dimensions	Quantity
1	Incense		Variety
2	Bell	Small	1
3	Altar Cloth	3' x 6"	1
4	Icon (God/Goddess) (Picture or Statue)	13" max	1
5	Bowl	6"	6
6	Candles		Variety
7	Pentacle (Wood)	12" max	1
8	Divination Cloth		1
9	Bread (Similar to Communion Wafer)	Small amount	
10	Chalice	12" max	1
11	Wand	½"x½"x 16	1
12	Feather		1
13	Minerals & Herbs (Salt, Sage, Lavender, Mugwort, and/or Cedar)	Communal Quantities	
14	Religious Media (Books, CD's, and/or DVD's)		Variety
15	Quartz C1ystal (Pyramid Style)	½" to 1" base	1
16	Alter Broom	21" long	1
17	Mmtar & Pestle (Marble)	3"	1
18	Offering Bowl (wood)	Small	1
19	Pentagram Wall Hanging		1
20	Ceremonial Drink (Grape Flavor)		small
21	3" Quaitz Ctystal Ball with Stand or Pendulum & Divination Cloth		1



MSP Inmate Religious Preference Statement

To: RAC Coordinator

From: _____
Inmate Name
ID/AO number
Housing Unit

Check one: ☐ Initial declaration of religious preference ☐ Change of religious preference*

My religious preference is (check one):

☐ Buddhist _____ (specify denomination or sect: _____),

☐ Christian _____ (specify denomination or sect: _____),

☐ Church of Jesus Christ of Latter-Day Saints

☐ Islam _____ (specify denomination or sect: _____),

☐ Jehovah's Witnesses

☐ Native American _____ { specify denomination or sect: _____ } -/

☐ Odinist

☐ Wicca

☐ None

Other: _____

*If this is a request for a change, please specify the reason for changing (if more space is needed, add a continuation page):

Inmate Signature

ID/AO number

 I I

Date

STAFF USE ONLY

Religious Activities Coordinator Signature

 I I

Date

Approved

Denied

(circle one)

Cc: Religious Activities Coordinator Main Records file



RAC Inmate Rules

Authenticity

The Religious Activities Center exists to cultivate authentic religious experience. Authentic religious experience is characterized by consistency in behavior and belief. Cultivation is defined as any act of nurture or support. So, to cultivate authentic religious experience is to nurture consistency between attitudes and actions.

The Religious Activities Center encourages, embraces, and facilitates an offender's individual authentic religious expression, helping cultivate and restore a personal moral center essential for a safer facility and successful reintegration into society.

On a fundamental level, religious activity at Montana State Prison is a correctional program. The following RAC rules are designed to reinforce the guiding principles of MSP, and to help create a safe and conducive environment where inmates can pursue matters of faith.

Responsibility and Rules

1. Inmates must have authorization from their housing unit before attending any RAC function and must present their identification card upon arrival.
2. The kitchen, utility room, storage room, copy room, offices, and women's restroom are unauthorized areas. Inmates must have permission to enter these rooms. Inmates may not leave the building without direction from staff.
3. Furniture and musical instruments will be used in accordance with their design. Musical instruments are available to authorized inmates as determined by staff and/or religious volunteers. The sound system is limited to authorized personnel and inmates under their direct supervision.
4. RAC inmate workers provide janitorial and grounds-keeping services. Other inmates may assist when directed by staff. Inmates will not appoint themselves to these duties.
5. Inmates must treat staff and volunteers with respect. Inmates will be held accountable with zero tolerance for insubordination.
6. Inmate's conduct at the RAC must reflect practices accepted by the proponents of the faith in question. Staff in general and the Religious Activities Coordinator in particular (who may consult with faith group volunteers) will determine appropriate behavior.
7. Horseplay which is any physical contact or attempted physical contact, done in a prankish or playful manner, without anger or intent to injure is not allowed during any religious activity or at any time at the RAB/RAC. Any conduct which disrupts any religious activity is subject to institutional discipline in accordance with *MSP Procedure 3.4.1, Institutional Discipline*.
8. Inmates are not allowed to "pass" anything at the RAC. Inmates may bring personal religious property to the RAC as defined by *Traditional Native American Spiritual Program Highlights* (dated 7/2/10), and the attachment to *MSP Procedure 4.1.3, Inmate Personal Property* for the corresponding religious service with the religious activity. No other property is allowed at the RAC unless specifically approved by the Associate warden of Programs. Personal property left at the RAC will be considered abandoned and will be processed as contraband. Any unauthorized property brought to the RAC will be confiscated as contraband.
9. Communal religious property is designated for use at the RAC only. Inmates may not remove communal property from the building or RAC/RAB grounds.
10. Inmates will remain fully dressed at the RAC at all times. Exceptions are Sweat Ceremony, baptisms, and work details as authorized by staff.
11. An Auxiliary Group is a faith-specific support group formed by the Religious Activities Coordinator in order to facilitate a communal activity (e.g. Worship Team supports Sunday morning Christian Protestant Service. Drum Group & Sweat Set-up supports Native American Sweat Ceremony). Offenders who wish to join an auxiliary group must be part of the respective faith group as indicated on their current religious preference form, must have 6 months clear conduct, and must demonstrate to the Religious Activities Coordinator that they work well with a team.

Proper Conduct

The RAC is a place to find answers to life's most important questions. The above rules are in place to protect genuine seekers from those who would utilize the RAC for selfish purposes. Our intention is that these rules, consistently communicated and enforced, become a tool to facilitate genuine spiritual growth.



REQUEST FOR ACCOMMODATION OF RELIGIOUS PRACTICES

INSTITUTION	HOUSING UNIT

INMATE NAME:		AONUMBER:
NAME OF THE RELIGIOUS GROUP FOR WHICH YOU ARE REQUESTING ACCOMMODATION:		
LIST WHERE YOU MOST RECENTLY WERE A MEMBER OF THIS GROUP:		
GROUP NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
WHAT SETS THIS GROUP APART FROM OTHER RELIGIOUS GROUPS?		
LIST THE NATIONAL OR INTERNATIONAL OFFICES:		
NAME OF RELIGIOUS FAITH GROUP:		
OTHER NAMES BY WHICH IT MAY BE KNOWN:		
NAME OF NATIONAL OR INTERNATIONAL LEADER:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
WHERE IS THE GROUP NEAREST TO YOUR FACILITY LOCATED?		
WHAT IS THE NAME OF THE PRIMARY RELIGIOUS TEXT OF THIS FAITH GROUP? (BIBLE, QUR'AN, ETC.)		
LIST SOME RELATED SOURCE BOOKS ABOUT THE RELIGIOUS PRACTICES AND WHERE THEY CAN BE OBTAINED:		
WHAT ARE THE MAJOR BELIEFS OR DOCTRINES OF THIS RELIGION:		

WHEN AND WHERE DID THIS RELIGION BEGIN?
ARE THERE FUNDAMENTAL BELIEFS OF THE RELIGION THAT MUST BE PRACTICED EVEN WHILE ONE IS INCARCERATED: YES _ NO IF "YES" PLEASE LIST:
LIST THE ARTICLES REQUIRED TO PRACTICE THIS RELIGIOUS ACTIVITY:
LIST THE MANDATORY HOLY OR SACRED DAYS:
LIST THE REQUIRED PERSONAL ITEMS WHICH ARE OF RELIGIOUS NATURE:
IS THE REQUESTED RELIGION SUPPORTED BY A PUBLISHED BODY OF LITERATURE (I.E., SACRED WRITINGS, ARTICLES OF FAITH, DIRECTIVES, COMMENTARIES, MAGAZINES, BOOKS, ETC.)? YES_NO_IF "YES", PLEASE IDENTIFY TWO OR MORE PUBLICATIONS:
IS THE GROUP A SECT, DENOMINATION, OR SUB-GROUP OF A RELIGIOUS BODY CURRENTLY INCLUDED IN INSTITUTIONAL RELIGIOUS PROGRAMMING: YES_NO_IF "YES", WHAT IS THE NAME OF THE GROUP ALREADY IN PLACE?
IS THE RELIGIOUS GROUP ACCOMMODATED IN OTHER CORRECTIONAL SYSTEMS: YES_NO_IF "YES", WHERE?
IN THE EVENT THIS INITIAL REQUEST IS NOT GRANTED, WOULD YOU BE WILLING TO CONSIDER ALTERNATIVES? YES_NO_
HOW MANY OTHER INMATES ARE INTERESTED IN THE ACCOMMODATION OF THIS GROUP?
ADDITIONAL COMMENTS NEEDED FOR FULL CONSIDERATION:



NATIVE AMERICAN RELIGIOUS PROGRAMMING GUIDELINES MONTANA STATE PRISON

UPDATE May 20, 2010

(And as revised June 8, 2012 pursuant to settlement agreement)

At Montana State Prison, the only religious faith group that is allowed to conduct activities on the outside of the Religious Activity Center (RAC) is the Native American. The sweat lodge ceremony is the only allowable religious activity that is not under direct supervision and line of sight of a correctional officer or RAC staff member. Because of this unique situation, and the special cultural and security concerns it presents, guidelines are appropriate to clarify the procedures and activities that will be allowed. However, DOC policies relating to treatment of inmates, e.g., the manner of conducting unclothed searches, etc., apply to these guidelines.

The purpose of these guidelines is to provide staff and inmates an overview of the operational procedures for religious programming and other activities specific to the Native American inmate population and to other inmates participating in Native American religious programs. These guidelines are advisory only; they do not guarantee a right to any specific practice or procedure. The guidelines are subject to change upon administrative review and approval by the Warden or his designee. Notwithstanding any other provision of these guidelines, the Warden may alter or depart from the guidelines if, in his or her discretion, the Warden determines that security interests justify such action.

Inmates who believe there has been a significant departure from these guidelines may grieve their concerns in accordance with the facility's inmate grievance procedures. Absent any other conduct, the inmate would not face reprisals for the filing of a grievance.

The Department shall continue to evaluate these guidelines on a periodic basis, taking into consideration comments of inmates, RAC advisors and others, as well as budgetary constraints, security concerns and changes in the law, and implement modifications as appropriate.

Native American DIVERSITY

Native American ("NA") spiritual activities available to inmates incarcerated at the regional prison in Glendive or Great Falls and the private prison in Shelby, as well as MSP and MWP, vary from facility to facility due to physical constraints, security concerns, staffing and building and facility schedules. What this procedure is attempting to outline is a "base line" for NA activities. Due to the diverse number of tribes in Montana, and based on best information available, we must consider the items mentioned above while also keeping in mind other activities/groups that are also entitled to space and time at the facility Religious Activity Center for their approved events.

	MSP	MWP	CCC	DCCF	GFRP
Treatment Programs					
White Bison (medicine wheel)	x	X	x		x
Spiritual programs					
Sweat Lodge	x	X	x		
Pipe Ceremony	x			x	x
Drum Group	x	X	x	x	x
Smudging	x	X	x	x	x
Talking Circle	x	X		x	
Cultural training to staff	x	X	x	x	x

Current Native American (NA) Programming through the Religious Activities Center (RAC) at Montana State Prison

Out-of-cell religious activities are not provided in the locked housing units (Max and Close ill) or the Male Diagnostic Intake Unit (MDITJ).

The following NA religious events will be scheduled by RAC staff and will be held either inside the RAC or outside at the Sweat Lodge. Religious activities at the Work and Reentry Center (WRC) will be held at that location. These events may be cancelled by the Warden or his designee due to weather, security concerns, or other legitimate penological reasons:

Sweat Lodge Ceremony- outside of the RAC and at the WRC. No more than forty-five minutes will be allowed for set-up of each sweat lodge ceremony, and approximately but not more than 2½ hours will be allowed for each ceremony, subject to the cancellation policies.

Pipe Ceremony- inside of the RAC (sometimes held outside of the RAC weather permitting) and at the WRC. One hour will be allowed for the Low Side, one hour for the High Side, and one hour for the WRC.

Talking Circle - inside of the RAC and at the WRC. One hour will be allowed for the Low Side, one hour for the High Side, and one hour for the WRC.

Drum Group Practice - inside of the RAC (outside of the RAC weather permitting) and at the WRC. One hour will be allowed for the Low Side, one hour for the High Side, and one hour for the WRC.

Based on inmate behavior, gang activity, or other events, allowed participation may be adjusted dependent on custody levels.

INMATE PARTICIPATION

Individual inmates wanting to study or practice the NA religion may do so through literature or information available through the RAC, prison library, or through the personal property procedures. In addition, specific programs for the NA religion are available through the RAC at designated times.

Subject to appropriate behavior, security and safety concerns, any inmate may participate in NA spiritual events as long as they have an expressed interest and participate appropriately. Inmates attending RAC activities must participate in the ongoing activities and will not be permitted to use these events as a meeting location with other inmates for non RAC related or disruptive activities.

Any inmate may designate the NA religion as his/her religious preference, regardless of race or ethnic background.

NA religious traditions are very diverse among the various tribes that are represented within the prison facility. Due to prison facility constraints with staffing, security concerns, and authorized time periods for inmate activities, general activities that all inmates with NA interests can participate in are established. Individualized activities for specific NA tribes or issues will not generally be established.

SWEAT LODGE CEREMONY - religious ceremony held for the purification of the inmate participant (currently available at MSP, CCC and MWP)

Sweat Lodge Setup at MSP

1. Setup for the sweat lodge ceremony will be conducted by an inmate setup crew at the time designated by RAC staff.
2. Sweat lodge setup will be limited to a maximum of four inmates who will be listed on the call-out with two alternates. Replacements for vacancies in the setup crew will be selected by RAC staff from a list of inmates who have submitted a request to be on the setup crew. An inmate must have at least six months clear conduct in order to be eligible for the setup crew.
3. Inmates on the setup crew will be called out at the authorized time and will go to the RAC and turn their inmate ID cards into RAC staff or Correctional Officer (C.O.).
4. RAC staff will provide access to the outside sweat supply shed (under direct supervision) next to the RAC building.
5. Plastic tarps and canvas will be layered over the sweat lodge structure. Blankets will be placed inside of the sweat lodge structure.
6. One cord of wood will be hauled into the sweat lodge location by facility maintenance staff prior to the designated sweat day.
7. Rocks, as needed, will be hauled into the sweat lodge location by facility maintenance staff and stored in a 50-gallon barrel.
8. The setup crew will build a pyre of wood and rocks which is approximately 4 feet in diameter and 4 feet high. The purpose of the pyre is to heat the rocks utilized for the sweat lodge.
9. Extra/excess wood will be placed in a rack and covered with a tarp to keep it dry.
10. The sweat lodge area will be cleaned and raked as needed.
11. RAC or correctional officer staff will monitor all activities and provide direction as needed.
12. Inmates should be randomly pat searched both coming in to and leaving the RAC. Unclothed body searches will be performed by staff on a case by case basis for reasonable suspicion, and with prior clearance from the Command Post, in accordance with standard procedures.
13. Smudging is allowed during the sweat lodge setup.
14. Staff will make a log entry in the RAC logbook of the inmates that were involved with the sweat lodge setup, their arrival and departure times, as well as any incident that is out of the ordinary or a security concern.
15. Inmates involved with the sweat lodge setup are not allowed to conduct any other business with staff or outside volunteers at the RAC during the time allotted for this function.

Sweat Lodge Ceremony

The ceremony will involve smudging, pipe ceremony, and the sweat. Procedures for the high side, low side, and WRC ceremonies will be the same. Inmates taking part in the sweat lodge ceremony are not allowed to meet with RAC staff or other volunteers for issues not related to sweat lodge ceremony activities. Inmates are to be actively taking part in the ceremony activities or they will be returned to their housing units. Maximum capacity of a sweat lodge at MSP is 20 participants. Inmates may rotate through the sweat lodge during the allotted time if the sweat lodge has reached capacity on a one-for-one basis (if one leaves the lodge one goes in, if two come out two go in, and so forth). The time allowed for each sweat lodge ceremony will be approximately but no more than 2½ hours, subject to cancellation policies.

1. Sweat lodge ceremony activities may be an "open call", where inmates are not listed on the call-out sheet or be based on a pre-signup process per direction of the MSP Administration.

2. At the authorized time, RAC staff will call the respective housing units to release the inmates who are attending the sweat ceremony. The inmates will check out of their housing units according to established protocols and proceed to the RAC, where they will turn their ID card in to RAC staff or the C.O. RAC or C.O. staff will make entries in the RAC logbook of the date, time and the number of inmates that attended each ceremony and make photocopies of every inmate ID card which will be retained on file as a record of inmate attendance.
3. Once checked in at the RAC, the inmates will be allowed to go to the sweat lodge area. Inmates involved with sweat will remain in the sweat lodge area during the ceremony. The only access to the RAC building is for rest room purposes. A Correctional Officer is on site to provide security functions and will observe activities outside of the sweat lodge and tepee to ensure inmates are in compliance with sweat protocol. The C.O. will rotate between the sweat lodge area and the RAC, as Catholic mass is usually in progress at the RAC during the same time period. As scheduling permits, Command Post staff may assign an extra C.O. to the RAC area to assist in supervising inmates.
4. The only personal property items outlined in MSP 4.1.3, Inmate Personal Property for the Native American religion that are allowed to be brought to the RAC by the inmates participating in the sweat lodge ceremony are their medicine bag and eagle feathers.
5. Smudging
 - a. Smudging will only be available at the start of the NA sweat ceremony at the RAC or WRC sweat lodge.
 - b. RAC staff or the correctional officer will provide the smudging ingredients, and the participating inmates will not be deprived of appropriate ingredients. The respective authorized institutional pipe carrier will request approved botanicals in advance of the ceremony through established procedures. Generally, one to two cups of smudging ingredients will accommodate up to fifty individuals.
 - c. Smudging is performed by igniting a mixture of botanicals (usually sage, cedar, and/or juniper) that has been placed on the approved ceremonial abalone shell and waving or wafting the smoke from the smoldering botanicals, by means of a hand or feather, over the area of the person being ceremonially cleansed.
 - d. Smudging may be done once per participant or repeatedly as needed for the group service being held.
 - e. Dry smudging (no smoke) with sweet grass is not utilized at MSP.
6. Sacred Pipe Ceremony
 - a. MSP will have designated pipe carriers selected by a process as determined by the MSP Administration and RAC staff and, when possible, consistent with NA traditional practices. Pipe carriers are responsible for handling and controlling the sacred pipe for their respective area during pipe ceremonies. RAC staff will monitor the ballot and selection process for selecting pipe carriers. The pipe carriers will remain in place unless they resign, leave the facility, are moved out of their respective area/unit, or receive a major disciplinary write-up.
 - b. Each of the sacred pipes will be kept in a suitable wrap or cloth and stored in a separate safe and secure storage unit at the RAC or WRC. The pipe carriers are responsible for placement of their assigned pipe in this storage unit with assistance from the assigned staff member. Proper care use and respect for the pipe are essential.
 - c. RAC staff will meet with the pipe carrier in a designated location to prepare the pipe mixture that is utilized at the sweat and pipe ceremony events. The pipe mixture will be an approved combination of pipe tobacco, bearberry and red willow.
 - d. The pipe mixture will be placed in sealable two fluid ounce capacity cups. At the applicable ceremony, designated RAC or C.O. staff will provide one cup of the mixture to the pipe carrier for each 15 inmates attending the ceremony.
 - e. The pipe carrier will fill the bowl of sacred pipe with the pipe mixture and light it.

- f. The pipe bowl will be refilled *as* needed to ensure all participants have the opportunity to utilize the sacred pipe.
 - g. The pipe carrier will return all unused pipe mixture to RAC staff at the conclusion of the sweat lodge ceremony.
 - h. MSP is a smoke free environment, and *as* such tobacco is not allowed inside of the facility except for the pipe ceremony. *As* a result, the tobacco and pipe mixture must be closely monitored and accounted for. RAC staff are responsible for establishing an inventory accountability system that accounts for all tobacco utilized for pipe ceremonies.
 - i. Tobacco restrictions are subject to change at the exclusive determination of MSP administration and upon approval of the Warden or his designee.
 - J. Inmates that inappropriately utilize or steal the pipe mixture will receive a major disciplinary infraction write-up.
 - k. At the end of each sweat and pipe ceremony, the sacred pipe, pipe wrap and other related items will be visually inspected by RAC or CO staff (with the pipe carrier handling the sacred pipe) and stored *as* indicated in section #6. b. above.
 - l. The pipe is smoked during sweat lodge ceremony and at weekly "stand alone" pipe ceremonies. For clarity: smudge is the opening part of a pipe ceremony (and any other NA religious activity for that matter), and a pipe ceremony is a component of a sweat lodge ceremony.
7. Drumming
- a. The drum group will provide drumming during the sweat lodge ceremony along with singing and chanting.
 - b. During the sweat lodge ceremony any inmate participant may utilize the drum items.
8. Teepee
- a. At MSP a teepee is located near the sweat lodge area. This teepee, though not necessary to the sweat lodge ceremony, is provided for limited shelter against the weather and to provide an area for participants to change clothing. Whenever inmates are present in the teepee, the "flap" will remain open as well as any section of the teepee walls that will allow assigned staff enough vision to inspect and view the inside of the teepee. Other than inmate clothing, there will be no other items allowed inside the teepee such *as* wood for a fire.
 - b. Currently the teepee provides an enclosed location for inmates to offer prayers and sit while they are waiting for their turn to enter the sweat lodge.
 - c. No fires or fire pit will be allowed in front of the teepee.
 - d. Inmates are not to use the teepee as a visiting location or for other functions not associated with sweat ceremony activities.
 - e. Use of the teepee is subject to change at the exclusive determination of MSP Administration and upon approval of the Warden or his designee.
9. Sweat Ceremony
- a. RAC or correctional officer staff will monitor the activities in the best manner possible without entering the sweat lodge.
 - b. Inmates are allowed to be either in the teepee, drum group, fire pit, sweat lodge or the immediate area of the sweat lodge location, as long *as* they are actively participating in the sweat ceremony.
 - 1) Inmates will not be allowed to only visit or loiter around.
 - 2) Inmates will not be allowed to sprawl out to sunbathe, use profanity, or engage in any gang, disruptive, or other behavior not typical of a sweat ceremony.
- Inmates not taking an active part in the sweat ceremony will be returned to their housing unit.

- c. While efforts are made to accommodate participation in traditional religious, cultural and spiritual activities, disruptive activity or violations of security or prison policies and procedures may result in greater restrictions being placed on the activities at the discretion of prison officials after administrative review and approval by the Warden or his designee.
- d. The wood in the fire pit will be lit using newspaper and a lighter controlled by the RAC staff. The purpose of the fire pit is to heat the rocks that will be utilized for the sweat activities. It takes approximately 45 minutes for the fire to adequately heat the rocks.
- e. Heated rocks from the fire pit will be canied to the sweat lodge area by the use of a shovel or heavy wire basket on a metal pole. Gloves are available as personal protective equipment for this process. Antlers will not be approved or utilized for this activity due to security issues.
- f. The heated rocks from the fire pit will be placed in a separate pit within the sweat lodge. This pit is approximately three feet in diameter and 18" deep.
- g. Water is available from the water fountain inside the RAC and through a water spigot located near the side of the RAC building where the sweat activities are occurring. The water is utilized for pouring on the heated rocks inside the sweat lodge to create steam for the sweat, to rinse off the participants, and for drinking.
- h. During the ceremony, heated rocks are regularly being brought from the fire pit to the sweat lodge area so that the sweat lodge activities can continue uninterrupted.
- i. The flap on the sweat lodge will be left closed to the extent possible during the sweat.
- J. At any one time there may be no more than 20 inmates in the sweat lodge.
- k. The number of sweat lodge rounds will depend on the number of paiticipants. Usually, four rounds of sweat are conducted with inmate paiticipants rotating through the sweat lodge. A fifth round may be conducted if it can be completed within the allotted time frame (2½ hours).
- l. During the ceremony inmates may have their shi1ts off, but they *ai-e* not allowed to be naked. Nudity is never permitted. At a minimum, eve1y inmate must have unde1wear and gym sh01ts on at all times.
- m. Unless there is reason to suspect inappropriate activity in the sweat lodge, RAC or correctional officer staff will not pull the sweat lodge flap open or enter the sweat lodge during a ceremony. Staff should not cross the area between the fire and the lodge but should walk around the fire or behind the lodge while a ceremony is mprogress.
- n. When the authorized time period has elapsed, the inmates will clean up the ceremonial area by placing broken rocks, fire ash, and other items in the barrel provided for this purpose.
- o. Used towels and blankets will be placed on the pallets at the location so they can be taken to the laundry for laundering.
- p. The plastic tarps and canvas will be rolled up and placed in the appropriate location in the designated storage shed.
- q. The inmates will be randomly sei·ched, given their ID cards, and sent back to their housing units. If information, suspicion, or activities of inmates justifies the need for random unclothed body sei·ches, Command Post staff will be notified and will provide the appropriate instruction. Any unclothed sei·ch shall be conducted in private unless emergency circumstances exist.
- r. The Correctional Officer(s) and/or RAC staff will thoroughly inspect the sweat ceremony area and perform normal search procedures when the sweat ceremony activities have concluded.
- s. The only beverage provided for sweat lodge ceremonies will be water. There will be no other foods or beverages.
- t. Scheduled inmate counts will be conducted utilizing the inmate ID cards turned in prior to the sweat lodge ceremony.
- u. Inmates should be pat searched both coming in to and upon depa1ture from the RAC. Unclothed body searches will be performed on a case by case basis for reasonable suspicion and as cleai·ed by Command Post staff and will be conducted in accordance with standai·d procedures.

Sweat Lodge Ceremony Cancellation

Sweat lodge ceremonies will generally occur on a weekly basis and will be cancelled when:

1. The temperature in degrees combined with the wind in miles per hour reaches a wind chill factor of 0 degrees or below;
 2. there are fire bans by the State, County or DOC authorities due to high fire danger conditions; or
 3. there are facility lockdowns, emergencies, gang activity, or other documented security concerns.
- If ceremonies have been cancelled for two or more consecutive weeks, consideration, based on the RAC schedule, will be made to allow for a substitution day. RAC staff will appropriately note any sweat lodge ceremony cancellations in the RAC logbook, but only after approval by Command Post staff or higher authority.

PIPE CEREMONY - religious ceremony involving the use of the sacred pipe (currently available at MSP, Glendive and Great Falls)

1. Pipe ceremonies occur as scheduled by RAC staff.
2. Pipe ceremony activities may be an "open call", where inmates are not listed on the call-out sheet or be based on a pre-signup process per direction of the MSP Administration.
3. At the authorized time, RAC staff will call the respective housing units to release the inmates who are attending the pipe ceremony. The inmates will check out of their housing units according to established protocols and proceed to the RAC, where they will turn their ID card in to RAC staff or the C.O. RAC or C.O. staff will make entries in the RAC logbook of the date, time and the number of inmates that attended each ceremony and make photocopies of every inmate ID card which will be retained on file as a record of inmate attendance.
5. Inmates are allowed to smudge at the beginning of the ceremony as outlined above for smudging (see item #5 on page four).
6. The sanctuary room in the RAC will be utilized for the stand-alone pipe ceremonies.
7. All inmate participants will sit in a circle and are not allowed to be up and walking about during the pipe ceremony.
8. The designated pipe carrier, under staff supervision, will facilitate the activity related to the pipe and pipe mixture provided by RAC staff, unless there is a NA volunteer advisor present to fulfill this role.
9. The bowl of the pipe will be filled with the pipe mixture which is an approved combination of pipe tobacco, bearberry and red willow. Botanicals may be allowed at the request of the pipe carrier, but only with the approval of RAC staff. All items used with the pipe will be controlled through RAC staff and the amounts distributed will be based on established procedures and the number of inmates attending the ceremony.
10. Inmate participants will pass the pipe around and offer their prayers as they conduct the ceremony. Generally, time and supplies will be provided to allow for four rounds. One additional round will be allowed if there is time to do so, but the allotted time must be according to the RAC schedule.
11. The only personal property items outlined in MSP 4.1.3, inmate Personal Property for the Native American religion that are allowed to be brought to the RAC by the inmates participating in the pipe ceremony are their medicine bag and eagle feathers.
12. RAC or correctional officer staff will monitor activities and provide direction as needed.
13. Inmates should be pat searched both coming in to and leaving the RAC. Unclothed body searches will be performed on a case by case basis for reasonable suspicion and as cleared by Command Post staff, and will be conducted in accordance with standard procedures. Unclothed searches shall be conducted in private unless emergency circumstances exist.
14. At the end of the pipe ceremony the sacred pipe, pipe wrap and any other items may be visually inspected by RAC or CO staff with the pipe carrier handling the sacred pipe. Prison staff should be aware of the high spiritual significance of the sacred pipe and reverence in which it is held. It should be visually rather than manually inspected. If the components of the sacred pipe need to be assembled or disassembled for inspection the pipe carrier should perform this task. If, after a visual inspection, it is suspected that the pipe has

been used to conceal contraband staff may confiscate the pipe for appropriate action, otherwise it will be placed in a suitable wrap or cloth and stored in a separate safe and secure storage unit at the RAC or WRC.

15. Smoking of the pipe by inmates or the pipe carrier is limited to the RAC or the sweat lodge ceremonial area during designated ceremonies.

16. If a scheduled pipe ceremony is cancelled due to facility need there will be no makeup or rescheduling.

TALKING CIRCLE CEREMONY- religious ceremony involving the use of a talking feather or another approved NA object. (currently available at MSP, MWP and Glendive.)

1. Talking circle ceremonies occur as scheduled by RAC staff.
2. Inmate participants will not be listed on the inmate call-out list.
3. At the authorized time, RAC staff will call the respective housing units to release the inmates who are attending the talking circle ceremony. The inmates will check out of their housing unit according to established protocols and proceed to the RAC, where they will turn their ID card to RAC staff or the C.O.
4. The sanctuary room in the RAC will be utilized for talking circle ceremonies. Inmates utilize the sanctuary room in the RAC and all inmates sit in a circle. No inmates are allowed to be up and walking about during talking circle.
5. Inmates are allowed to smudge at the beginning of the ceremony. See item #5 on page four for the smudging procedure.
6. The inmate with the feather has the floor to speak with no negativity. Sidebar conversations by the other participants are not allowed. Each inmate is given the opportunity to speak. If an inmate has taken too much time during his opportunity, another inmate will give a sign (usually a cough) that it is time to move to the next person.
7. Inmates participating in the talking circle ceremony will be accountable for following the rules and being respectful. Inmates who engage in disruptive behavior during the talking circle ceremony may be removed from the ceremony and sent back to their housing unit.
8. The only personal property items outlined in MSP 4.1.3, Inmate Personal Property for the Native American religion that are allowed to be brought to the RAC by the inmates participating in the talking circle ceremony are their medicine bag and eagle feathers.
9. RAC or correctional officer staff will monitor activities and provide direction as needed.
10. Inmates should be pat searched both coming in to and leaving the RAC. Unclothed body searches will be performed on a case by case basis for reasonable suspicion and as cleared by Command Post staff, and will be conducted in accordance with standard procedures.
11. RAC staff will make entries in the RAC logbook of the date, time and the number of inmates that attended each talking circle ceremony.
12. If Talking Circle is cancelled for the week due to facility need there will be no makeup or rescheduling.

DRUM GROUP PRACTICE (currently available at MSP, MWP, CCC and Great Falls)

1. Drum group practice for designated inmates is not considered part of any NA ceremony or religious activity.
2. To qualify and remain a member of the drum group an inmate must have at least 6 months clear conduct.
3. Only those inmates on the authorized callout list are allowed to attend the scheduled practice session.
4. At the authorized time, RAC staff will call the respective housing units to release the inmates who are on the call-out list to attend the drum group practice session. The inmates will check out of their housing unit according to established protocols and proceed to the RAC, where they will turn their ID card in to RAC staff or the C.O.
5. Drum group practice will be held in the RAC sanctuary room or outside, weather permitting.
6. Inmates are allowed to smudge at the beginning of the practice session. See item #5 on page four for the smudging procedure.
7. Auxiliary groups (chill group, worship team) are allowed 16 participants. RAC staff will interview potential participants, confirm clear conduct with housing unit staff, and add new members as needed.
8. Inmates should be pat searched both coming in to and leaving the RAC. Unclothed body searches will be performed on a case by case basis for reasonable suspicion and as cleared by Command Post staff, and will be conducted in accordance with standard procedures.
9. The only personal property items outlined in MSP 4.1.3, Inmate Personal Property for the Native American religion that are allowed to be brought to the RAC by the inmates participating in a drum group practice are their medicine bag and eagle feathers.
10. RAC or correctional officer staff will monitor activities and provide direction as needed.
11. RAC staff will make entries in the RAC logbook of the date, time, and the number of inmates that attended each drum group practice session.
12. If drum group practice is cancelled for the week due to facility need, there will be no makeup or rescheduling.



MSP HEALTH SERVICES PROCEDURES INDEX

(01/01/2020)

SECTION A Governance and Administration

- [HS A-02.0 Responsible Health Authority](#)
- [HS A-06.0 Quality Improvement Plan for Health Services](#)
- [HS A-09.0 Procedures in the Event of Inmate Death](#)

SECTION B Health Promotion, Safety, and Disease Prevention

- [HS B-01.0 Healthy Lifestyle Promotion](#)
- [HS B-02.0 Infectious Disease Prevention and Control Program](#)
- [HS B-02.1 Respiratory Protection Program](#)
- [HS B-02.2 Bloodborne Pathogens](#)
- [HS B-02.4 Disease Prevention-TB Control Plan](#)
- [HS B-02.5 Decontamination of Medical Equipment](#)
- [HS B-02.6 Community Acquired MRSA Control Plan](#)
- [HS B-02.7 Infirmary Food Service Sanitation](#)
- [HS B-02.8 Ectoparasite Control](#)
- [HS B-03.0 Clinical Preventive Services](#)
- [HS B-04.0 Medical Surveillance of Inmate Workers](#)
- [HS-B-07.0 Communication on Patients' Health Needs](#)
- [HS-B-08.0 Patient Safety/Clinical Error Reporting System](#)
- [HS-B-09.0 Staff Safety](#)

SECTION C Personnel & Training

- [HS C-01.0 Credentials](#)
- [HS C-02.0 Clinical Performance Enhancement](#)
- [HS C-03.0 Orientation for Health Staff](#)
- [HS C-05.0 Medication Administration Training](#)
- [HS C-06.0 Inmate Workers](#)
- [HS C-07.0 Medical Staffing Plan](#)

SECTION D Ancillary Health Care Services

- [HS D-01.0 Pharmaceutical Operations](#)
- [HS D-02.0 Discharge Medications](#)
- [HS D-02.1 Inmate Self-Medication](#)
- [HS D-02.2 Disposal of Expired, Discontinued or Damaged Narcotics](#)
- [HS D-02.3 Medication Box Self Administration System](#)
- [HS D-02.4 Medication Starter Doses](#)
- [HS D-02.5 Sterile Parenteral Products](#)
- [HS D-03.0 Clinic Space, Equipment, Supplies & Reference Materials](#)
- [HS D-04.0 Diagnostic Services](#)
- [HS D-05.0 Medical Diets](#)
- [HS D-07.0 Emergency Medical Services](#)
- [HS D-07.1 Urgent/Emergent Response](#)
- [HS D-07.2 Crash Cart](#)

MSP HEALTH SERVICES PROCEDURES INDEX

(01/01/2020)

SECTION E Patient Care & Treatment

- [HS E-02.0 Intake Health Screening and Physical Assessment](#)
- [HS E-03.0 Transfer Clearance](#)
- [HS E-05.0 Mental Health Screening & Evaluation](#)
- [HS E-06.1 Initial Dental Treatment](#)
- [HS E-06.2 Emergency Dental Evaluation](#)
- [HS E-06.3 Non-Emergent Dental Evaluation](#)
- [HS E-06.4 Periodontal Care](#)
- [HS E-06.5 Dental Prosthetic Services](#)
- [HS E-06.6 Outside Dental Consultation or Treatment](#)
- [HS E-06.7 Dental Services Review](#)
- [HS E-06.8 Dental Infection Control](#)
- [HS E-06.9 Dental Tool Control](#)
- [HS E-07.0 Non-Emergent Health Care Requests & Services](#)
- [HS E-08.0 Nursing Assessment Protocols and Procedures](#)
- [HS E-08.1 Wound Documentation With or Without Photography](#)
- [HS E-09.0 Continuity, Coordination, And Quality of Care During Incarceration](#)
- [HS E-10.0 Discharge Planning](#)

SECTION F Special Needs and Services

- [HS F-01.0 Chronic Disease Services](#)
- [HS F-01.1 Inmates with Special Health Needs](#)
- [HS F-02.0 Infirmary Level Care](#)
- [HS F-03.0 Mental Health Services](#)
- [HS F-04.0 Medically Supervised Withdrawal and Treatment](#)
- [HS F-06.0 PREA Mental Health Assessments](#)
- [HS F-07.0 Care for the Terminally Ill/End of Life Decision Making](#)

SECTION G Medical-Legal Issues

- [HS G-01.0 Mental Health Observation & Clinical Restraint](#)
- [HS G-02.0 Inmates in Restrictive Housing](#)
- [HS G-03.0 Involuntary Psychotropic Medications](#)
- [HS G-03.1 Emergency Medications](#)
- [HS G-04.0 Forensic Information, Therapeutic Relationship, and Disciplinary Actions](#)
- [HS G-05.0 Informed Consent](#)
- [HS G-05.1 Right to Refuse Medical Treatment](#)



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS A-02.0	Subject: Responsible Health Authority
Reference: DOC 4.5.2, Responsible Health Authority; NCCHC Standard P-A-02, 2018	Page 1 of 2 and no attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Dr. Rees M.D./ Medical Director	

I. PURPOSE

To specify the responsible authority for health care services provided to inmates at Montana State Prison.

II. DEFINITIONS

Designated Health Authority- The Clinical Services Manager, regardless of title i.e. *Medical, Mental Health or Treatment*, at the facility or program level who is responsible for health services, as designated by the Responsible Health Authority.

Responsible Physician –A designated person who holds a physician's license pursuant to 37-3-102 and 37-3-303, MCA who has the final authority at a given facility regarding clinical issues.

III. PROCEDURES

A. Designated Health Authority

1. The MSP Clinical Services Manager is the designated authority for overall operation of the clinical services program at Montana State Prison. The MSP Clinical Services Manager:
 - a. is responsible for all decisions regarding operational procedure and resource matters concerning the delivery of health care at Montana State Prison; and
 - b. administratively supervises the Dental Department, Medical Records, and the physicians/mid-level providers
2. The MSP Clinical Services Manager coordinates with the Department Medical Director and the Department Clinical Services Bureau Chiefs to ensure the delivery of all necessary and appropriate health services at MSP.

B. Responsible Physician

1. Montana State Prison physicians are responsible for clinical judgment regarding the care provided to inmates at the facility.
2. Operating under the guidelines established by the Department Medical Director (or designee), the physicians are responsible for the clinical aspects of the health services program, including monitoring all aspects of care and treatment.

Procedure No. MSP HS A-02	Subject: Responsible Health Authority
Effective Date: November 1, 2010	p.2 of 2

C. Medical Director

1. The Department Medical Director (or designee) will render the final medical judgment for offenders under Department jurisdiction.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENT

none



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS A-06.0	Subject: QUALITY IMPROVEMENT PLAN FOR HEALTH SERVICES	
Reference: NCCHC Standard P-A-06, 2018 Continuous Quality Improvement Program	Page 1 of 3 and no attachments	
Effective Date: November 1, 2010	Revised: October 1, 2020, October 29, 2021	
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief		
Signature / Title: /s/ Paul Rees / Medical Director		

I. PURPOSE

To implement a structured continuous quality improvement (CQI) program for MSP health care services operations that will be utilized to monitor and improve upon those services as delivered at the facility. The program process will examine specific root causes and analyze data to identify needed improvements in organizational structure and function.

II. DEFINITIONS

Continuous Quality Improvement Committee (CQI Committee) – Consists of health staff from various disciplines (e.g., medicine, nursing, mental health, dentistry, health records, pharmacy, laboratory). The committee designs continuous quality improvement monitoring activities, discusses the results, and implements corrective action. Committee membership can vary, depending on the issues being addressed.

Continuous Quality Improvement – CQI Committee programs include identifying and monitoring selected fundamental aspects of the facility's healthcare system (i.e., access to care, the intake process, continuity of care, emergency care and hospitalization, and adverse patient occurrences including all deaths) at least annually and establishing thresholds. A basic CQI program also has annual physician clinical chart reviews

Thresholds – Are the expected level of performance (of aspects of care) established by the CQI Committee.

CQI Program Coordinator – The Assistant Director of Nursing assigned responsibility for the MSP health services CQI program.

Outcome Quality Improvement Study – Examining whether expected outcomes of patient care were achieved by the following:

1. identifying a patient clinical care problem (e.g. poor asthma control, poor diabetes control, high volume of off-site visits);
2. conducting a baseline study;
3. developing and implementing a clinical corrective plan; and
4. restudying the problem to assess the effectiveness of the corrective action plan.

Process Quality Improvement Study - Examining the effectiveness of the health care delivery process is as follows:

Procedure No. MSP HS A-06.0	Subject: Quality Improvement Plan for Health Services
Effective Date: November 1, 2010	p.2 of 3

1. identifying a facility problem (e.g. delayed sick-call appointments, discontinuity of medications, lack of follow-up on positive lab values);
2. conducting a baseline study (e.g. task analysis, root cause, staffing plan);
3. developing and implementing a corrective plan; and
4. restudying the problem to assess the effectiveness of the corrective action plan

III. PROCEDURES

A. The CQI Program

1. The MSP Clinical Services Manager, or designee, will establish a multidisciplinary CQI committee that meets at least quarterly and designs quality improvement monitoring activities, discusses the results, and implements corrective action.
2. The MSP Clinical Services Manager, or designee, is responsible to assure an annual review of the effectiveness of the CQI program by reviewing CQI studies and minutes of its committees' meetings.
3. Health record reviews are done under the guidance of the responsible physician or designee to ensure that appropriate care is ordered and implemented, and that care is coordinated by all health staff, including medical, dental, mental health, and nursing.
4. The identification of health care problems and high-risk, high volume, or problem-prone aspects of health care provided to patients will occur through quality improvement monitoring and the establishment of thresholds by the CQI committee. Analysis of factors leading to less than threshold performance and implementation of improvement strategies of targeted areas of concern will occur through process and outcome studies (as per the above definitions). A process and/or outcome study will be deemed successful by the relevance of the problems examined and the effectiveness of the corrective action plan or improvement strategies from the study.
5. The following quality performance measures will be used to guide evaluating and identifying health care problems:
 - a. accessibility;
 - b. appropriateness of clinical decision making;
 - c. continuity;
 - d. timeliness;
 - e. effectiveness (outcomes);
 - f. efficiency;
 - g. quality of clinician-patient outcome; and
 - h. safety.
6. All problems addressed by process and/or outcome studies need to be restudied in follow-up to assess the effectiveness of the corrective plan or improvement strategies.
7. At least one CQI process and/or outcome quality improvement study is completed per year.
8. The CQI program Coordinator will prepare monthly statistical reports of health services. This data may also allow for identification of

Procedure No. MSP HS A-06.0	Subject: Quality Improvement Plan for Health Services
Effective Date: November 1, 2010	p.3 of 3

problem areas to be studied via process and outcome studies. The statistical data may also be used during Administrative meetings.

9. The number and types of statistics to be documented include, at a minimum:
 - a. the number of inmates receiving health services by category of care;
 - b. referrals to specialists;
 - c. deaths;
 - d. incidence of certain illnesses, diseases, and injuries targeted for risk management
 - e. infectious disease monitoring (e.g., hepatitis, HIV, STDs, TB);
 - f. emergency services provided to patients;
 - g. dental procedures performed; and
 - h. access, timeliness, and follow-up.
10. In addition to the required areas, CQI activities may be selected from previous quality assurance activities or reports, and ideas or concerns raised by staff, inmates, or others.
11. As much as possible, CQI activities should always involve representatives from various disciplines, including custody staff, which have an interest or responsibility for the subject selected.
12. The results of the CQI studies are discussed during CQI committee meetings as an agenda item.
13. CQI minutes need to be thorough and provide enough detail in order to be used to guide future decisions. CQI minutes will be made available for review by all health staff.
14. The format for reporting CQI studies is to include the following area:
 - a. identification of a facility problem and how the topic was selected;
 - b. question to be analyzed;
 - c. methodology;
 - d. baseline study;
 - e. plan for improvement;
 - f. implementation; and
 - g. outcome/ restudy of the problem to assess effectiveness of plan for improvement.
15. The Medical Director (or designee) is a member of the CQI committee and is responsible for the selection and review of clinical services using CQI methodology. Clinical events such as acute care hospital admissions, medical emergencies, and deaths must be reviewed routinely. These reviews are discussed at meetings of the prescribing providers.
16. The CQI Program Coordinator will complete an annual review of the effectiveness of the CQI program by reviewing CQI studies and minutes of CQI, administrative, and or staff meetings, or other pertinent written materials.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENTS

none



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS A-9.0	Subject: PROCEDURES IN THE EVENT OF INMATE DEATH	
Reference: NCCHC Standard P-A-9, 2018; 46-4-122 MCA, 50-22-101 MCA, DOC 4.5.34 Offender Death	Page 1 of 3 plus 3 attachments	
Effective Date: November 1, 2010	Revised: October 1, 2020	
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief		
Signature / Title: /s/ Paul Rees M.D. / Medical Director		

I. PURPOSE

To establish procedures to thoroughly review all deaths in custody in an effort to improve care and prevent future death. Notification of appropriate administrators, next of kin, and local authorities in the event of the death of an inmate.

II. DEFINITIONS

Death – When an individual has sustained either irreversible cessation of circulatory and respiratory functions or irreversible cessation of all functions of the entire brain, including the brainstem. A determination of death must be made by a physician or coroner.

Investigations Bureau – The office that oversees investigations for the Department of Corrections.

Clinical mortality review – An assessment of the clinical care provided and the circumstances leading up to a death in order to identify areas of patient care or system policies and procedures that can be improved.

Psychological autopsy – A written reconstruction of an individual's life with an emphasis on factors that led up to and may have contributed to the individual's death. This is typically conducted by a psychologist or other qualified mental health professional.

III. PROCEDURE

A. Notifications

1. In the event of inmate death, the nurse or staff in charge must, as soon as possible, but no more than eight hours later, notify the Clinical Services Manager, the appropriate physician, and the facility administrator or designee.
2. In the event of inmate death, the Clinical Services Manager, or designee, must notify the Department medical director and the Medical Bureau Chief.
3. The Medical Bureau Chief, or designee, will consult with the medical director and decide whether to request a postmortem examination. Unattended deaths and suicides require a postmortem examination.
4. The Medical Bureau Chief, or designee, will immediately notify the Department Director by phone of any inmate death.

Procedure No.: MSP HS A-09	Subject: PROCEDURES IN THE EVENT OF INMATE DEATH
Effective Date: January 1, 2020	p.2 of 3

B. Progress Notes and Incident Reports

1. Medical Staff will complete progress notes as soon as possible, but no later than the end of the shift, citing witnessed facts concerning:
 - a. time of expiration;
 - b. nature of death;
 - c. circumstances surrounding nature of death at that time;
 - d. treatment rendered (if any);
 - e. persons notified of death; and
 - f. whether an autopsy was requested.
2. All staff who witnessed the death will complete incident reports as soon as possible, but no later than the end of the shift.

B. Release of Information

1. Employees must not release information concerning inmate death to outside media, e.g., newspapers, reporters, etc. Employees must refer all such questions to the Warden or MSP Public Information Officer.

C. Report of Inmate Death and Health Record

1. Within 24 hours or the next business day, the Clinical Services Manager, or designee, will complete and forward the report of inmate death and a copy of the inmate's health record to the Department Clinical Services Division Administrator, and the Department Investigations Bureau Chief.
2. The MSP Clinical Services Manager or designee, will ensure that all health record entries are complete, all pages numbered, and that the original inmate health record is kept in a locked cabinet on-site.

D. Mortality Review

1. The Department Medical Director and/or the Medical Bureau Chief or designee will:
 - a. coordinate a multi-disciplinary mortality review that includes a clinical mortality review, and a psychological autopsy review (if the death was by suicide). within 30 working days of an inmate's death (*see attachment*);
 - b. notify all the necessary disciplines involved, i.e., legal, medical, mental health, and custody staff, that the review will be conducted to:
 - 1) determine if there was a pattern of symptoms that may have precipitated an earlier diagnosis and intervention; and
 - 2) determine whether the events immediately surrounding the death show the appropriate interventions occurred.
 - c. When the medical autopsy is completed after the clinical mortality review has occurred, the review is appended with information from the autopsy report;
 - d. for expected deaths, a modified death review process, which focuses on the relevant clinical aspects of the death and preceding treatment, may be followed; and
 - e. once completed, the clinical mortality review and administrative review results are communicated to the unit health staff involved through the monthly Medical Review Panel.
2. Corrective action identified through the mortality review process is monitored and reviewed as needed through the facility CQI process. (see HS-A-06.0)

Procedure No.: MSP HS A-09	Subject: PROCEDURES IN THE EVERN OF INMATE DEATH	
Effective Date: November 1, 2010		p.3 of 3

3. The medical examiner or coroner will review all inmate deaths and subsequent reports.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. FORMS

CSD New Mortality Review Form page 1.docx

MSP Report of Inmate Death form

CSD New Mortality Review Form page 3.docx



MSP MORTALITY/MORBIDITY REVIEW

Date _____

Personnel Present: _____

INMATE/PATIENT ID: _____

DATE & LOCATION OF DEATH: _____

CAUSE OF DEATH:

SUMMARY:

CORRECTIVE RECOMMENDATIONS:

Medical Director

Facility Health Services Administrator

Health Services Bureau Chief



DEATHS IN CUSTODY
MONTANA STATE PRISON INMATE DEATH REPORT

State: _____

1. What was the inmate's name?

Last First MI

2. On what date did the inmate die?

Month Day Year

3. What was the name and location of the correctional facility involved?

4. What was the inmate's date of birth?

Month Day Year

5. What was the inmate's sex?

Male 01 ☐ Female 02 ☐

6. What was the inmate's race/ethnic origin?

- 01 ☐ White (not of Hispanic origin)
02 ☐ Black or African American (not of Hispanic origin)
03 ☐ Hispanic or Latino
04 ☐ American Indian/Alaskan Native (not of Hispanic origin)
05 ☐ Asian (not of Hispanic origin)
06 ☐ Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
07 ☐ Two or more races (not of Hispanic origin)
08 ☐ Additional categories in your information system—Specify ☐

09 ☐ Not known

7. On what date had the inmate been admitted to one of your correctional facilities?

Month Day Year

8. For what offense(s) was the inmate being held?

a. _____

b. _____

c. _____

d. _____

e. _____

9. Since admissions, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- 01 ☐ Yes
02 ☐ No
03 ☐ Don't know

10. Where did the inmate die?

- 01 ☐ In general housing in the facility or on prison grounds
02 ☐ In segregation unit
03 ☐ In special medical unit/infirmery within your facility
04 ☐ In special mental health services unit within your facility
05 ☐ In medical center outside your facility
06 ☐ In mental health center outside your facility
07 ☐ While in transit
08 ☐ Elsewhere – Specify ☐

Name of deceased Inmate _____

11. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, post-mortem exam, or review of medical records) available in order to establish an official cause of death?

- 01 ☐ Yes – Complete items 12 through 16.
02 ☐ Evaluation complete, results are pending – Skip remaining items; you will be contacted later for those data.
03 ☐ No such evaluation is planned – Complete items 12 through 16.



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS B-01	Subject: HEALTHY LIFESTYLE PROMOTION
Reference: NCCHC Standard P-B-01, 2018; P-D-05, 2018 Medical Diets	Page 1 of 2 and no attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees M.D./ Medical Director	

I. PURPOSE

To offer health education and training to all inmates through classes, audio and video tapes, one-on-one instructions, brochures, and pamphlets on a wide variety of health-related topics including information and services that promote health status, prevent disease, provide early detection and treatment of disease, and teach self-care.

II. DEFINITIONS

Health Education – information on preventing disease and maintaining a healthy lifestyle.

Self-Care – care for a condition that can be treated by the inmate and may include over-the-counter medication.

Administrator – The official, regardless of local title (division or facility administrator, bureau chief, warden, superintendent), ultimately responsible for the division, facility or program operation and management.

DGAs - Dietary Guidelines for Americans, as established by the U.S. Departments of Agriculture and Health & Human Services.

DRIs - Dietary Reference Intakes, as established by the Food and Nutrition Board, Institute of Medicine, National Academies of Sciences.

Food Service Director (FSD) – The employee, regardless of local title, (food service manager, food service supervisor), responsible to manage the facility food service or food product operations.

Qualified Nutritionist - A registered dietitian (RDN) or a person eligible for registration by the American Dietetic Association, authorized by state scope of practice.

III. PROCEDURES

A. General requirements

1. Health care staff, program staff, custody staff, and volunteers provide education and counseling to inmates concerning general health maintenance and self-care throughout their term of incarceration.
2. Information on the health hazards of tobacco or e-cigarettes is available to inmates.
3. As necessary, health care staff may offer individual and group programs designed to improve the

Procedure No. MSP HS B-01	Subject: HEALTHY LIFESTYLE PROMOTION
Effective Date: November 1, 2010	p. 2 of 2

health status of inmates on a case-by-case basis.

4. Health care staff will provide inmates with chronic diseases information that is designed to increase their ability to monitor and manage their health status.
5. Health care staff will consult with the MSP Dietician, recreation staff, substance abuse program staff, and others to provide opportunities for inmates to enhance their knowledge of health and healthy lifestyles.
6. At the end of an inmate's admission health assessment the health care staff member conducting the assessment will inform the inmate of the recommended schedule for preventive health care exams.
7. Health care staff will keep and update bulletin boards with general health related information and relevant topics in both the high and low side waiting areas of the infirmary clinic. Bulletin boards will also be kept and maintained in the common areas of the high and low side units.
8. Health care staff will document health education and instruction in self-care for appropriate health conditions in the patient's health record.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. Attachments None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS B-02.0	Subject: INFECTIOUS DISEASE PREVENTION AND CONTROL PROGRAM	
Reference: NCCHC Standards for Health Services in Prison, 2018; Center for Disease Control Guidelines; OSHA and Environmental Protection Agency Standards; HS B-02.2, Bloodborne Pathogens; HS B-02.3, Rapid HIV Testing; HS B-02.4, Disease Prevention /TB Control Plan; HS B-02.5, Decontamination of Medical Equipment; HS B-02.7, Infirmary Food Service Sanitation;	Page 1 of 4 and no attachments	
Effective Date: April 8, 2013	Revised: October 1, 2020	
Signature / Title: /s/ Paul Rees/ M.D./ Medical Director		
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief		

I. PURPOSE

To track the incidence of infectious and communicable disease among inmates through monitoring and surveillance; promote a safe and healthy environment; prevent the incidence and spread of disease; assure that infected inmates receive prompt care and treatment; and assure the completion and filing of all applicable reports consistent with local, state, and federal laws and regulations.

II. DEFINITIONS

Blood – human blood, human blood components, and products made from human blood.

CDC – Centers for Disease Control

DPPHS–Department of Public Health and Human Services in Montana

Health Care Unit Services – The full complement of facility health care services that range from infirmary care to sick call, including appropriate referrals.

Hepatitis A – is a vaccine-preventable, communicable disease of the liver caused by the hepatitis A virus (HAV). It is usually transmitted person to person by the fecal-oral route or through consumption of contaminated food or water. Hepatitis A is a self-limited disease that does not result in chronic infection. Symptoms include fatigue, low appetite, stomach pain, nausea, and jaundice, that usually resolve within 2 months of infection.

Hepatitis B – is a vaccine-preventable, communicable disease of the liver caused by the Hepatitis B virus (HBV), HBV is transmitted when blood, semen, or another body fluid from a person infected with a virus enters the body of someone who is not infected. This can happen through sexual contact; sharing needles, syringes, or other drug-injection equipment; or from mother to baby at birth. For some it is a short-term illness but for others it can become a long-term, chronic infection. Chronic hepatitis B can lead to serious health issues, like cirrhosis or liver cancer.

Hepatitis C – is a liver infection caused by the Hepatitis C virus (HCV). HCV is a blood-borne virus. Most people become infected with the hepatitis C virus by sharing needles or other equipment to inject drugs. For some HCV is a short-term illness but for more than 50% of the people who become infected with the hepatitis C virus, it becomes a long-term chronic infection. There is no vaccine for hepatitis C.

imMTrax – Montana’s Immunization Information System is a free program administered by DPHHS containing immunization records for participating Montanans of all ages. imMTrax brings together multiple immunization records from Montana healthcare providers (public and private) and parental “shot cards” to form one complete electronically preserved record.

Standard Precautions – Designed to reduce the transmission of pathogens from moist body substances by applying them to all patients receiving care, regardless of their diagnosis or presumed infection status.

Medical Isolation – Housing an inmate in a separate room with a separate toilet, hand washing facility, soap, and single-service towels, with appropriate accommodations for showering.

NCCHC – National Commission on Correctional Health Care. _

VIS – vaccine information statement is an informational statement that is provided on CDC site that provides current and relevant vaccine information that is required by law to be provided to a person receiving any vaccinations

III. PROCEDURE

A. General Requirements

1. Health care staff will provide prompt care and treatment to inmates afflicted with infectious or communicable diseases, including providing information about disease transmission and methods to prevent future infection of self or others.
2. The designated Infection Prevention RN is responsible for monitoring, surveillance, and appropriate reporting of infectious and communicable diseases in an effort to minimize their occurrence in accordance with state and federal guidelines.
3. Health care staff will:
 - a. use “Standard Precautions” when providing inmate health care in accordance with current *CDC guidelines*.
 - b. health care staff will use Personal Protective Equipment that must be readily available for routine and emergency care; and
 - c. health care staff will follow procedures to account for equipment and attend annual in-service training on its use coordinated by the Infection Prevention RN.

B. Infection Control Program

1. The designated Infection Prevention RN will be responsible for the Infection Prevention Program at Montana State Prison and will work with the DOC Infection Prevention Manager to arrange training, developing procedures and ensuring compliance.
2. Health care staff assigned to the Martz Diagnostic and Intake Unit will screen inmates for tuberculosis and acute infectious disease according to guidelines established by the DOC Medical Director in accordance with NCCHC guidelines and *MSP HS B-02.4*.
3. Health care staff will make immunizations available to inmates without adequate immunizations or whose medical conditions would be severely compromised if they are infected with vaccine preventable diseases.

Procedure No. MSP HS B-02	Subject: Infection Disease Prevention and Control Program
Effective Date: April 8, 2013	p.2 of 4

4. Health care staff will offer an influenza vaccine program to inmates identified at risk for complication of influenza. In the event adequate vaccine is available, the vaccine will be offered to the remaining inmate population.
5. Health care staff will provide HIV and Hep C counseling, education, and testing to all inmates.
 - a. Testing will be done with rapid HIV and rapid HCV according to manufacture instructions.
 - b. Testing is conducted as part of the intake process, and every inmate will be offered HIV & Hep C testing.
 - c. Risk factors (e.g., IV drug use, multiple sex partners) will be determined as part of the intake assessment and H&P;
 - d. All inmates will be strongly encouraged to participate in the HIV & Hep C testing
 - a. The general consent for medical care is sufficient for HIV & Hep C testing.
 - b. Testing is “opt-out testing,” and in the event of a refusal the inmate is not required to submit a refusal form;
 - c. No inmate will be tested without prior knowledge that the test will be conducted;
 - d. Oral testing for HIV and finger stick for Hep C will be the testing method of choice unless contraindicated;
 - e. in the event of a body fluid exposure to staff or another inmate, the source of the exposure must give consent to be tested;
 - f. patients with positive rapid test results will be scheduled for an appointment with a provider to discuss results in a private setting. Blood test confirmation will be drawn automatically.
 - g. all inmates who test positive for HIV and/or Hep C will be managed by the physicians at MSP, and all those following the current guidelines for standards of care. Complicated cases, and those co-infected with Hep C will be referred to an infectious disease consultant for treatment plan development and follow up as indicated. All inmates who test positive for HIV or Hep C will be enrolled in chronic care.
 - h. New HIV patients will be referred to chronic care nurse for extensive education.
 - i. Testing will not be utilized to screen for blood and tissue donors.
 - j. Inmates will be informed by written notice of the results of the negative HIV & Hep C test in a timely and confidential manner
 - k. Infection Prevention RN will complete all required paperwork for positive results to state public health
6. Health care staff will provide a two-part hepatitis A and a two part hepatitis B vaccination (**not twinrix**).
 - a. First dose to be given at intake as part of the intake process to every inmate by the nurse who completes the inmate’s intake.
 - b. The inmate will have the option of Opting out.
 - c. The second dose of the hepatitis B vaccine will be given in one month and the second dose of hepatitis A will be given 6-12 months after first dose per CDC recommendations.
 - d. The hepatitis A and B vaccine consent will need to be completed by the offender indicating acceptance/declination of the vaccines, indication of receipt of VIS, and imMTrax consent.

Procedure No. MSP HS B-02	Subject: Infection Disease Prevention and Control Program
Effective Date: April 8, 2013	p.3 of 4

- e. Health care staff will be provided education on Hepatitis A and Hepatitis B approved by Infection Prevention Manager for DOC.
 - f. Inmates who have been started on Twinrix will be continued until complete.
7. Tuberculosis will be handled as follows:
 - a. the Infection Prevention RN will coordinate tuberculosis screening inmates annually as outlined by the *HS B-02.4, Disease Prevention - TB Control Plan*;
 - b. health care staff will address all issues relating to tuberculosis in accordance with *HS B-02.4 Disease Prevention- TB Control Plan*.
8. MSP health care providers will follow the treatment guidelines that have been established by the Department Medical Director in healthcare standard operating procedure, *Hepatitis C Management*.
9. All inmates will also be tested for syphilis, gonorrhea, and chlamydia at intake. All inmates will be given the option to opt out. The Infection Prevention RN will meet with inmates who test positive to complete state paperwork and offer treatment per the Medical Director Standing Orders. Health care providers will treat inmates presenting with acute or chronic infectious or communicable diseases in accordance with the 2014 CDC Sexually transmitted Diseases Treatment Guidelines. The Infection Prevention RN will provide information to inmates about disease transmission and methods to prevent future infection of self or others.
10. When a physician orders an inmate to be isolated for an infectious disease, health care staff will follow:
 - a. the Centers for Disease control current guidelines; and
 - b. the [*MAXAIR protocol*](#).
 - c. In the event the negative pressure rooms at the infirmary are non-functioning inmates will be transferred to a facility with a negative pressure room.
11. An integral component of the infection control program is prevention of the occurrence and spread of infectious and communicable diseases. The Infection Prevention RN will ensure health care staff will proceed as follows:
 - a. offer ongoing education on communicable disease prevention to facility staff and inmates as part of the health education program;
 - b. maintain essential ongoing communication with the respective County Health Department and the Montana Department of Public Health and Human Services;
 - c. instruct facility employees on measures to prevent disease transmission, including additional precautions that may be necessary during transport, hospital supervision, or while in an infirmary; and
12. The Infection Prevention RN will assure that continuity of care is established with appropriate community resources prior to releasing inmates who are diagnosed with communicable or infectious disease. The Infection Prevention RN will ensure staff report infectious and communicable diseases to the Montana Department of Public Health and Human Services and the Department's medical director or designee.
13. Health care staff will handle and treat bodily fluid exposure incidents and ensure employees use standard blood and body fluid precautions when providing inmate care.

Procedure No. MSP HS B-02	Subject: Infection Disease Prevention and Control Program
Effective Date: April 8, 2013	p.4 of 4

14. Health care staff will dispose of medical sharps and biohazardous waste using methods and materials that are in compliance with Environmental Protection Agency standards.
15. Inmate workers who are required to assist with disposal of biohazardous waste will be properly trained by Correctional Health Service Technicians (CHST) and/or designated nurses with the oversight of the Infection Prevention RN as stipulated in the inmate worker assignment description. The Infection Prevention RN will coordinate with the MSP warehouse for the proper disposal of biohazardous waste utilizing resources available in local communities.
16. The Infection Prevention RN will ensure that contaminated non-disposable medical equipment is decontaminated using appropriate methods as specified by the manufacturer, OSHA guidelines, and *HS B-02.5, Decontamination of Medical Equipment*.
17. The CHSTs will ensure the Infirmary kitchen and food storage area is kept clean and sanitary for preparing and serving meals. Food handlers will follow hygienic practices and must be medically cleared to avoid contamination of others in accordance with *HS B-02.7, Infirmary Food Service Sanitation*.
18. The MSP Continuous Quality Improvement committee will function as the Infection Prevention Committee and will proceed as follows:
 - a. the Infection Prevention RN will report to the committee and issues will be addressed at the meeting;
 - b. the Infection Prevention RN will report facility-wide infection control issues at the monthly MSP Safety Committee meeting; and
 - c. the Infection Prevention RN will keep, and maintain on file, all committee meeting notes.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS

none



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS B-02.1	Subject: Respiratory Protection Program
Reference: NCCHC Standards for Health Services in Prison, 2018; OSHA's Respiratory Protection standard (29 CFR 1910.134),	Pg. 1 of 8
Effective Date: June 15, 2020	Revisions: None
Signature / Title: /s/ Cindy Hiner/ Medical Bureau Chief	
Signature / Title: /s/ Paul Rees M.D./ Medical Director	

I. Purpose:

To protect the health and safety of clinical services employees by complying with both NCCHC standards for Health Services in Prison and OSHA this will be achieved through:

- A. eliminating hazardous exposures where feasible;
- B. using engineering and administrative controls to minimize hazardous exposures that cannot be eliminated; and
- C. using respiratory protection and other personal protective equipment when the frequency and duration of exposures cannot be substantially reduced or eliminated. Additionally, it is to maximize the protection afforded by respirators when they must be used. It establishes the procedures necessary to meet the regulatory requirements described in OSHA's [Respiratory Protection standard \(29 CFR 1910.134\)](#)

II. Definitions:

Aerosol-generating procedures -Procedures that may increase potential exposure to aerosol transmissible disease pathogens due to the reasonably anticipated aerosolization of pathogens. Aerosol-generating procedures may also be known as high hazard or cough-inducing procedures.

Aerosol transmissible disease (ATD) or aerosol transmissible disease pathogen - Any disease or pathogen requiring Airborne Precautions and/or Droplet Precautions.

Airborne infection isolation room (AIIR) - A single-occupancy patient-care room designed to isolate persons with suspected or confirmed airborne infectious diseases. Environmental factors are controlled in AIIRs to minimize the transmission of infectious agents that can be spread from person-to-person by the airborne route. AIIRs should maintain negative pressure relative to adjacent rooms and halls (so that air flows under the door gap into the room), an air flow rate of 6–12 air changes per hour, and direct exhaust of air from the room to the outside of the building or recirculation of air through a HEPA filter.(

Airborne Precautions - A category of Transmission-Based Precautions that CDC and HICPAC may recommend when Standard Precautions alone are not sufficient to prevent the transmission of disease. When Airborne Precautions are required patients should be placed in airborne infection isolation rooms and healthcare personnel sharing patients' airspaces should wear respirators.
Clinical Services Employee – Anyone who is under the clinical services division including medical employee, mental health, and dental employee.

Droplet Precautions - A category of Transmission-Based Precautions that CDC and HICPAC may recommend when Standard Precautions alone are not sufficient to prevent the transmission of disease. When Droplet Precautions are required, patients should be spatially separated, preferably in separate rooms with closed doors. Healthcare personnel should wear surgical masks for

Procedure No. MSP HS B-02.1	Subject: Respiratory Protection Program
Effective Date: October 1, 2020	p.2 of 8

close contact and, if substantial spraying of body fluids is anticipated, gloves and gown as well as goggles (or face shield in place of goggles). Patients should be masked during transport.

Facemask - A loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. Facemasks may be labeled as surgical, laser, isolation, dental, or medical procedure masks and are cleared by the FDA for marketing. They may come with or without a face shield. Facemasks do not seal tightly to the wearer's face, do not provide the wearer with a reliable level of protection from inhaling smaller airborne particles, and are not considered respiratory protection.

Facepiece - The part of a respirator that covers the nose and mouth of the wearer. Respirators may have half facepieces covering just the nose and mouth, or they may have full facepieces covering the nose, mouth, and eyes. They are designed to form a seal with the face.

Filtering facepiece respirator - A type of disposable (single-use), negative-pressure, air-purifying respirator where an integral part of the facepiece or the entire facepiece is made of filtering material.

Fit test—The use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual.

Healthcare Infection Control Practices Advisory Committee (HICPAC) - A federal advisory committee assembled to provide advice and guidance to the CDC and the U.S. Department of Health and Human Services regarding the practice of infection control and strategies for surveillance, prevention, and control of healthcare-associated infections and antimicrobial resistance in United States healthcare settings. CDC and HICPAC authored the 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, which describes Standard and Transmission-Based Precautions used for infection control.

Hood - The portion of a respirator that completely covers the head and neck and may also cover portions of the shoulders and torso, and through which clean air is distributed to the breathing zone.

Loose-fitting facepiece - The portion of a respirator that forms a partial seal with the face but leaves the back of the neck exposed, is designed to form a partial seal with the face, and through which clean air is distributed to the breathing zone.

N95 filter - A type of NIOSH-approved filter or filter material, which captures at least 95% of airborne particles and is not resistant to oil.

N95 respirator - A generally used term for a half mask air-purifying respirator with NIOSH-approved N95 particulate filters or filter material (i.e., includes N95 filtering facepiece respirator or equivalent protection).

NCCHC - National Commission on Correctional Health Care.

NIOSH - National Institute for Occupational Safety and Health

OSHA Respiratory Protection Standard (29 CFR 1910.134) – requires employers to include certain policies and procedure in their respiratory protection program.

Personal protective equipment (PPE) - Specialized clothing or equipment worn by an employee to protect the respiratory tract, mucous membranes, skin, and clothing from infectious agents or other hazards. Examples of PPE include gloves, respirators, goggles, facemasks, surgical masks, face shields, footwear, and gowns.

Powered air-purifying respirator (PAPR) - An air-purifying respirator that uses a blower to force air through filters or cartridges and into the breathing zone of the wearer. This creates a positive pressure inside the facepiece or hood, providing more protection than a non-powered or negative-pressure half mask APR.

Respirator - A device worn over the nose and mouth to protect the wearer from hazardous materials in the breathing zone. Respirators must be certified by NIOSH for the purpose for which they are used.

Procedure No. MSP HS B-02.1	Subject: Respiratory Protection Program
Effective Date: October 1, 2020	p.3 of 8

Respirator program administrator (RPA) - Individual designated to oversee a facility's respiratory protection program (RPP).

Respiratory protection program (RPP) - Program required by OSHA under the Respiratory Protection standard that includes development and implementation of detailed policies and worksite-specific procedures for respirator use for control of respiratory hazards.

Surgical mask - A loose-fitting, disposable type of facemask that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. Surgical masks are fluid resistant and provide protection from splashes, sprays, and splatter. Surgical masks do not seal tightly to the wearer's face, do not provide the wearer with a reliable level of protection from inhaling smaller airborne particles, and are not considered respiratory protection.

Surgical respirator - A filtering facepiece respirator with spray- or splash-resistant facemask material on the outside to protect the wearer from splashes. Also known as a surgical N95 respirator.

User seal check - An action conducted by the respirator user to determine if the respirator is properly seated to the face. For all tight-fitting respirators, the employer shall ensure that employees perform a user seal check each time they put on the respirator using the procedures in Appendix B-1 of OSHA's Respiratory Protection standard or equally effective procedures recommended by the respirator manufacturer. User seal checks are not substitutes for qualitative or quantitative fit tests.

III. Procedures:

A. Applicability

1. This program applies to all employees and contractors who are required to wear respiratory protection due to the nature of their work in the clinical services area. It applies to the use of air-purifying and air-supplying respirators, including filtering facepiece respirators.

B. Responsibilities:

1. The DOC Infection Prevention Manager in coordination with the Director of Nursing will oversee the RPP
 - a. Conduct a hazard assessment and select the appropriate level of respiratory protection for each task or job title with potential exposure and record this information in the "Respirator Assignments by Task or Location"
 - b. Develop and monitor respirator maintenance procedures.
 - c. Coordinate the purchase, maintenance, repair, and replacement of respirators.
 - d. Routinely evaluate the effectiveness of the RPP, with employee input, and make any necessary changes to the program.
 - e. Provide or arrange for annual training on the use and limitations of respirators.
 - f. Ensure that medical evaluations are provided.
 - g. Ensure that annual respirator fit testing is provided.
 - h. Maintain records of respirator training, medical clearance, and fit testing as required by [29 CFR 1910.134](#) and [29 CFR 1910.1020](#).
 - i. Maintain a copy of this written RPP and program evaluations and ensure that they are readily accessible to anyone in the program.
2. The MSP Clinical Service Manager will be responsible for ensuring employees and contractors are appropriately trained prior to using respiratory protection.
 - a. Participate in the hazard assessment by evaluating all potential exposures to respiratory hazards, including exposure to chemicals and aerosol transmissible disease pathogens, and communicating this information to the DOC Infection Prevention Manager.

Procedure No. MSP HS B-02.1	Subject: Respiratory Protection Program
Effective Date: October 1, 2020	p.4 of 8

- b. Identify employees and/or tasks for which respirators may be required and communicate this information to the DOC Infection Prevention Manager.
 - c. Be responsible for ensuring that employees in their areas follow the procedures outlined in the RPP. Schedule employees for medical evaluations, training, fit testing and ensure that they are allowed to attend these appointments during work hours if possible.
3. Employees assigned to jobs/tasks requiring the use of a respirator will:
 - a. Complete the required questionnaire for medical clearance and participate in a medical examination if necessary.
 - b. Adhere to CDC recommendation procedures on facial hair and respirator seal protection.
 - c. Attend annual training and respirator fit testing as required in the RPP.
 - d. Use, maintain, and dispose of respirators properly in accord with training and the procedures in the RPP.
4. Respirator Selection –
 - a. Hazard Assessment - The DOC Infection Prevention Manager will follow recommendation of State Health Department and CDC guidelines in selecting the types of respirators to be used by clinical services employees based on the hazards to which employees may be exposed. With input from the respirator user, the DOC Infection Control Manager and supervisor will conduct a hazard assessment for each task, procedure, or work area with the potential for airborne contaminants. The hazard assessment will include the following as needed:
 - i. Identification of potential exposures. The most common potential exposure for clinical services employee involved in patient care will be pathogens such as tuberculosis.
 - ii. A review of work processes to determine levels of potential exposure for all tasks and locations.
 - iii. Quantification or objective determination of potential exposure levels, where possible. This may not be feasible for ATD pathogens.
 - b. NIOSH – All respiratory protective equipment shall be approved by the National Institute for Occupational Safety and Health (NIOSH) for the configuration and environment in which it is going to be used.
 - c. Assignment of Respirators by Task and Location - The Infection Prevention and Control RN (IPC RN) will use the hazard assessment to assign appropriate types of respirators for use by specific types of personnel during specific procedures or in specific areas of the facility.
 - d. Updating the Hazard Assessment - The DOC Infection Control Manager in coordination with the Director of Nursing will revise and update the hazard assessment any time an employee or supervisor identifies or anticipates a new exposure or changes to existing exposures. Any employee who believes that respiratory protection is needed during a particular activity must contact his or her supervisor or the IPC RN. The supervisor or must contact the DOC Infection Control Manager whenever respiratory protection is requested. The DOC Infection Control Manager will assess the potential hazard with the employee and supervisor. If it is determined that respiratory protection is needed, all elements of this program will be in effect for those tasks and the program will be updated accordingly.
5. Medical Evaluation – The State of Montana contractor for medical surveillance and monitoring services will be utilized for medical clearance.

Procedure No. MSP HS B-02.1	Subject: Respiratory Protection Program
Effective Date: October 1, 2020	p.5 of 8

- a. Whenever possible before being assigned to work in an area where respirators are required supervisors will provide any clinical services employees, who could be at risk for exposure a form to enroll the employee with the contractor which must be the contractor for medical surveillance and monitoring services.
 - b. The contractor will then send the clinical services employee the questionnaire to fill out along with medical release of information.
 - c. The employee will complete the paperwork and return it to the contractor to be reviewed by a qualified healthcare professional and the employee will be given opportunity to talk to the qualified healthcare professional.
 - d. The qualified healthcare professional will review the completed questionnaires and make a medical determination as to whether the employee can wear a respirator safely. The qualified healthcare professional may make this determination based on the questionnaire alone but may also require a physical examination of the employee and any tests, consultations, or procedures they deem are necessary.
 - e. The qualified healthcare professional will provide a written recommendation to the employer, which may clear the employee for all respirator use, or may specify restrictions or limitations on use, such as the type of respirator that may be worn, the duration that it may be worn, and the acceptable level of exertion while wearing the respirator.
 - f. A copy of this written determination shall also be provided by the qualified healthcare professional to the employee.
6. Fit testing - The employee will then work with the contractor to schedule an appointment for a fit test at a site closest to where the employee lives.
 - a. Before an employee is required to use any respirator with a tight-fitting facepiece (anything except a PAPR with loose-fitting facepiece, hood, or helmet that does not rely upon a tight-fitting facepiece-to-face seal), the employee will be fit tested by The contractor, with the same make, model, style, and size of respirator to be used. Employees who use tight-fitting respirators are not permitted to have facial hair that interferes with the facepiece seal or valve function
 - b. All employees who must wear respiratory protection shall receive medical clearance before fit testing is performed or the respirator is worn. Fit tests will be provided at the time of initial assignment and annually thereafter. Additional fit tests will be provided whenever the employee experiences or the supervisor observes physical changes that could affect respirator fit. These changes include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.
 - c. Employees who will be using only a PAPR with loose-fitting facepiece, hood, or helmet do not need to be fit tested. Any employee who cannot be successfully fit tested with a tight-fitting respirator may be assigned a PAPR with a loose-fitting facepiece, hood, or helmet for all tasks requiring a respirator. See MaxAir Procedure.
 - d. Employees will be offered (dependent on national supply chain availability) a selection of several models and sizes of respirators from which they may choose the one that correctly fits and is most acceptable/comfortable.
7. Training- Annual respirator training will be provided for all employees covered by this program. The training will be approved by the DOC Infection Prevention Manager and provided by the IPC RN or designated qualified person and includes the following:
 - a. The general requirements of the OSHA Respiratory Protection standard.
 - b. The specific circumstances under which respirators are to be used.

Procedure No. MSP HS B-02.1	Subject: Respiratory Protection Program
Effective Date: October 1, 2020	p.6 of 8

- c. Respiratory hazards to which employees are potentially exposed during routine and emergency situations.
 - d. Why the respirator is necessary and how proper fit, usage, and maintenance can ensure the protective effect of the respirator as well as how improper fit, usage, and maintenance can compromise the protective effect of the respirator.
 - e. The limitations and capabilities of the respirators that will be used.
 - f. How to effectively use the respirators, including emergency situations and situations in which the respirator malfunctions.
 - g. How to inspect, put on, remove, use, and check the seals of the respirator (for tight-fitting respirators such as N95 filtering facepiece respirators).
 - h. The procedures outlined in this program for maintenance, storage, and cleaning or disposal of respirators.
 - i. Employees who are to wear PAPRs shall be educated in procedures for charging and maintaining the batteries, and for checking the air flow rate of the system.
 - j. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
 - k. How and when to decontaminate (or safely dispose of) a respirator that has been contaminated with chemicals or hazardous/infectious biological materials.
8. Respirator Use
- a. Employees will follow procedures for proper use of their respirators under conditions specified by this program and in accordance with the training they receive on the use of each particular model or type of respirator. The appropriate types of respirators to be used and the exposure conditions are listed in the respirator selection chart
 - b. Respirators relying on a tight facepiece-to-face seal must not be worn when conditions prevent a good seal. Such conditions may be a beard, long moustache, sideburns, or even razor stubble, as well as scars, other facial deformities such as piercings, and temple pieces on glasses. In addition, the absence of one or both dentures can seriously affect the fit of a facepiece.
 - c. Employees and supervisors are expected to be diligent in observing practices pertaining to ensuring the safe use of respirators. To ensure proper protection, the wearer will perform a user seal check, in accord with manufacturer's instructions and the training provided at the time of fit testing, each time he or she puts on a tight-fitting respirator. Employees who wear corrective glasses or other personal protective equipment must wear these during their fit testing to ensure that it does not interfere with the facepiece seal.
 - d. Employees must leave the respirator use area:
 - i. To adjust their respirator if the respirator is not fitting correctly or impeding their ability to work.
 - ii. To wash their face if the respirator is causing discomfort or rash.
 - iii. To change the respirator, filters, cartridges, or canister elements.
 - iv. To inspect the respirator if it stops functioning as intended, such as detection of vapor or gas breakthrough, changes in breathing resistance or leakage of the facepiece (e.g., fogging of eyeglasses).
9. Storage, Reuse, Maintenance and Care of Respirators
- a. Storage and Reuse
 - i. Reusable respirators will be stored in designed area to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals.

Procedure No. MSP HS B-02.1	Subject: Respiratory Protection Program
Effective Date: October 1, 2020	p.7 of 8

- ii. When caring for infectious patients, disposable filtering facepiece respirators will be discarded after each use (i.e., patient encounter). It should be noted that Tuberculosis is not transmitted via contact and, therefore, reuse by the same wearer in the care of the same patient is acceptable as long as the filtering facepiece respirator is not damaged or soiled. The respirator must be discarded when it is no longer in its original working condition, whether that condition results from contamination, structural defects, or wear.
 - iii. Disposable filtering facepiece respirators that will be reused in patient care areas should be stored in a breathable container such as a paper bag labeled with the user's name, as per CDC conservation strategies.
 - iv. PAPRs will be cleaned and stored after use in designated area for use by individuals who are unable to wear a respirator with a tight-fitting facepiece. PAPRs must be stored at room temperature in a dry area that is protected from exposure to hazardous contaminants as per the manufacturer's instructions
- b. Inspection, Maintenance and Repairs
 - i. All respirators will be inspected by the user prior to each use. Inspections should include a check of:
 - 1. Condition of the various parts including, but not limited to, the facepiece, head straps, valves, and cartridges, canisters, or filters.
 - 2. All rubber or plastic parts, for pliability and signs of deterioration.
 - 3. PAPR connecting tubes or hoses, air flow, and batteries.
 - ii. Any defective respirators shall be removed from service. Defective disposable respirators will be discarded and replaced. Defective reusable respirators will be turned in to the IPC RN for repair, adjustment, or disposal.
 - iii. Storeroom CHST is responsible for charging and maintaining PAPR pumps, filters, and batteries when they are stored or not in use weekly.
 - iv. Filters on reusable particulate respirators will be changed by the wearer whenever it becomes difficult to breathe
- c. Cleaning and Disinfection
 - i. MAXAIR system respirators.
 - 1. The employee using the MAXAIR system should remove the system only when safe to do so. Follow standard Donning and Doffing Procedure.
 - 2. Once the mask is removed change your gloves.
 - 3. Begin by removing the cuff from the helmet and wipe down with Micro kill wipes, (do not use heavily saturated wipes) allow to dry and then place in your labelled bag in the designated area.
 - 4. Wipe all components of the helmet with the same germicidal wipes and allow to dry.
 - 5. Check that the filter has not become damaged or contaminated with blood and then place the helmet into the grey storage bag designated for each unit to protect from dust and contamination.
 - 6. Place battery on charger if less than 3 green lights.

10. Program Evaluation

- a. The DOC Infection Prevention Manager will conduct a periodic evaluation of the RPP to ensure that all aspects of the program meet the requirements of the OSHA Respiratory Protection standard and that the RPP is being implemented effectively to protect

Procedure No. MSP HS B-02.1	Subject: Respiratory Protection Program
Effective Date: October 1, 2020	p.8 of 8

employees from respiratory hazards. This evaluation will be done annually and as necessary.

- b. Program evaluation will include, but is not limited to:
 - i. A review of the written program.
 - ii. Completion of a program evaluation checklist based on observations of workplace practices.
 - iii. A review of feedback obtained from employees (to include respirator fit, selection, use, and maintenance issues) that will be collected during the annual training session.
- c. The RPP will be revised as necessary and records of revisions will be kept on file with the written program. Any procedural changes that are implemented as a result of program evaluation will be communicated to the employees and reinforced by their supervisors.

11. Recordkeeping

- a. The DOC Infection Prevention Manager will ensure that the following records are maintained:
 - i. Personnel medical records such as medical clearance to wear a respirator shall be retained by HR as part of a confidential medical record. Medical clearance records must be made available in accordance with the OSHA Access to Employee Exposure and Medical Records standard (29 CFR 1910.1020), and maintained for a minimum of thirty (30) years after an employee's separation or termination.
 - ii. Documentation of training and fit testing will be kept by the nurse educator until the next training or fit test.
 - iii. A copy of this RPP and records of program evaluations and revisions shall be kept by DOC Infection Prevention Manager and made available to all affected employees, their representatives, and representatives of OSHA upon request.

IV. Closing:

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. Forms:

Respirator Assignment by Task or Location.docx
 MT DOC PPE guidance
 User Seal Check Procedure.docx
 B-01.0 MAXAIR system protocol



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS B-02.2	Subject: BLOODBORNE PATHOGENS
Reference: NCCHC Standard P-B-02, 2018; Occupational Safety and Health Administration (OSHA) standards	Page 1 of 5 and 2 Attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees, M.D. / Medical Director	

I. PURPOSE

To assist in protecting employees from infection from bloodborne pathogens, utilizing Occupational Safety and Health Administration (OSHA) standards as a guide for managing occupational exposure to blood, blood products, and other potentially infectious materials (OPIM). To provide guidelines for implementation of written and enforceable bloodborne pathogen procedures and establishing responsibilities for the systemic review and monitoring of compliance.

II. DEFINITIONS

Blood – human blood, human blood components, and products made from human blood.

Bloodborne pathogens – pathogenic micro-organisms that are present in human blood, and can cause disease in humans. These pathogens include, but are not limited to – Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV).

Contaminated – the presence of the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Exposure Incident/Occupational Exposure – a specific eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of the employee's duties.

Montana State Prison Safety Committee – a committee comprised of representatives from administration, health services, maintenance, food service, security, and Montana Correctional Enterprises, which meets monthly to review safety practices and review accident reports.

Other Potentially Infectious Materials (OPIM) – human body fluids which could be infectious. These include: semen, vaginal secretions, cerebrospinal fluid, joint fluids, lung or chest fluids, abdominal fluids, amniotic fluids and saliva in dental procedures. It also includes any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult to impossible to differentiate between body fluids.

Parenteral – piercing the mucous membrane or the skin barrier through such events as needle-sticks, human bites, cuts and abrasions.

Personal Protective Equipment (PPE) – specialized clothing or equipment worn by an employee for protection against a hazard. PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's clothing, undergarments, skin, eyes, mouth, or mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. General work clothes not intended to function as protection against a hazard are not considered to be personal protective equipment.

Procedure No. MSP HS B-02.2	Subject: Bloodborne Pathogens
Effective Date: November 1, 2010	p.2 of 5

Standard Precaution – work practices which require everyone to assume that all blood and body substances are potential sources of infection, independent of perceived risk.

III. PROCEDURE

A. General Requirements

1. Post exposure evaluation and follow-up immediately through Deer Lodge Medical Center's Emergency Room (primary), Community Hospital of Anaconda's Emergency Room (back up), or their primary physician. Any employee involved in an exposure incident should immediately report the incident to their supervisor.
2. Post exposure treatment, counseling and follow-up will be made available to all employees (as listed in *attachment A, Management of Occupational Blood Exposures*) at no expense to the employee through the Worker's Compensation system.
3. The exposed employee's blood should be tested as soon as possible, i.e., within hours, as referenced in the *Post-Exposure Follow-Up and Treatment form (attachment B)*. A copy of this form should also be given to the employee at the time of exposure.
4. Information regarding exposure incidents will be reported to and retained confidentially by MSP's Worker's Compensation coordinator.
5. The list of reporting contacts for confidential documentation is as follows:
 - a. immediate supervisor;
 - b. designated worker's compensation physician;
 - c. MSP worker's compensation coordinator; and
 - d. health services administrator.
6. The office of Human Resources will be responsible for maintaining a separate confidential medical file on all employees who have occupational exposure. These records to include:
 - a. name of employee;
 - b. social security number of employee;
 - c. copy of employees Hep B vaccination status including:
 - 1) dates of vaccinations; and
 - 2) medical records relative to the employee's ability to receive vaccinations.
 - d. copies of the results of examinations, medical testing, and follow-up procedures which took place as a result of an employee's exposure to bloodborne pathogens;
 - e. a copy of the information provided to the consulting physician as a result of any exposure to bloodborne pathogens;
 - f. these records will be maintained for a period of employment plus 30 years: these records are confidential; and
 - g. training records for employees will be maintained for at least 3 years and are not confidential.
7. The Montana State Prison Safety Committee will review all accident reports related to exposures of inmates and staff at its monthly meeting. Recommendations for changes in unsafe work practices, or suggestions for safety equipment, will be discussed by the committee.

B. Education/Training

Procedure No. MSP HS B-02.2	Subject: Bloodborne Pathogens
Effective Date: November 1, 2010	p.3 of 5

1. Any staff involved with employee training will develop and approve all training curricula in standard precautions, the use of PPE, and other necessary procedures for assuring prevention of contamination as part of every new employee's pre-service training program.
2. All staff will be trained on or have access to:
 - a. The regulatory text of bloodborne pathogen standards and an explanation of its content.
 - b. A general explanation of the epidemiology and symptoms of bloodborne diseases.
 - c. An explanation of the modes of transmission of bloodborne pathogens.
 - d. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
 - e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or OPIM.
 - f. An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate controls, work practices, and PPE.
 - g. Information about the types, proper use, location, removal, handling, decontamination, and disposal of PPE.
 - h. An explanation of the basis for selection of PPE
 - i. Information about the HBV vaccine, including information about its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
 - j. Information about the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
 - k. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be available.
 - l. Information about the post exposure evaluation and follow-up that the employer is required to provide for the employee after the exposure incident.
 - m. An explanation of the signs and labels and/or color coding by OSHA regulation 1910.1030 (g)(vii)(1).
 - n. An opportunity for interactive questions and answers with the person conducting the training sessions.

C. Standard Precautions

1. Standard precautions will be followed throughout MSP, according to the Centers for Disease Control.
2. A standardized list of personal protective equipment (PPE) will be provided to all areas within MSP.
3. Protective equipment will be used by all staff when it can be reasonably anticipated that skin, eye, mucous membrane, or parenteral contact with blood, or other potentially infectious materials, may result from the performance of their duties.
4. Hands and other skin surfaces that have been contaminated should be washed immediately and thoroughly. Hand washing should be used in conjunction with PPE. Hands should be washed before putting on gloves and after taking them off, and after hand to skin contact with any person.
5. Mucous membranes that have been contaminated should be immediately flushed with water.

Procedure No. MSP HS B-02.2	Subject: Bloodborne Pathogens
Effective Date: November 1, 2010	p.4 of 5

D. Personal Protective Equipment (PPE)

1. MSP will ensure that protective equipment, in appropriate sizes, will be readily accessible to the employee whether issued to the employee or at work sites. This equipment will include gloves, gowns, face masks, eye wear, and mouth pieces, and for Clinical services, laboratory coats. Staff will not be discouraged from using any PPE.
2. MSP will provide any cleaning, laundering, or disposal of contaminated PPE; there will be no cost to the employee for this service.
3. MSP will replace or repair any PPE that becomes damaged (torn, broken, leaks, and so on) and loses its original effectiveness.
4. Staff will remove all PPE before leaving the facility and place it in an appropriate area or storage container for laundering, storage, decontamination, or disposal. This includes:
 - a. gloves will be worn when it can be reasonably anticipated that staff may have hand contact with body products, contaminated items, or surfaces which would result in an occupational exposure. This includes the following:
 - 1) disposable (single use) gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised; and
 - 2) disposable (single use) gloves shall NOT be washed or decontaminated for re-use.
 - b. gowns, appropriate protective clothing, will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.
 - c. masks, in combination with eye protection devices, such as goggles, or glasses with solid side shields, will be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and nose or mouth contamination can be reasonably anticipated; and
 - d. all employees will have easily accessible respiratory equipment, resuscitation bags, or one-way valve pocket masks to be used any time mouth to mouth resuscitation is required.

E. Regulated Waste Management

1. Clean up of medical infectious waste will be done with appropriate PPE and approved solutions.
2. MSP will have containers which meet the standards for medical waste disposal. This includes the following:
 - a. containers will be closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping. Additionally, containers will be color-coded and labeled with the official biohazard seal; and
 - b. all containers will be labeled, locked and stored in a designated area for pick-up and disposal.
3. MSP will maintain the services of a licensed medical waste disposal company for appropriate infectious waste disposal.
4. All used disposable PPE will be removed and placed in a color-coded and labeled biohazard container for proper disposal prior to leaving the work area.

Procedure No. MSP HS B-02.2	Subject: Bloodborne Pathogens
Effective Date: November 1, 2010	p.5 of 5

5. Inmate clothing and linen which are contaminated will be placed in a color-coded and labeled biohazard bag. The closed bag will be placed for collection by the laundry service. This includes the following:
 - a. the laundry bag will be opened, and the contents deposited in a washing machine without handling; and
 - b. if the contents must be handled, protective equipment will be worn by laundry staff.

F. Housekeeping

1. Equipment and work surfaces that have become contaminated with blood or OPIM shall be cleaned and disinfected as soon as feasible as well as at the end of the work shift if the surfaces have become contaminated since the last cleaning.
2. Protective coverings used to cover equipment and/or surfaces shall be removed and replaced when overtly contaminated or after treatment of a patient.
3. All pails, cans, bins, or similar receptacles intended for reuse shall be inspected, cleaned, and decontaminated immediately or as soon as feasible when visibly contaminated.
4. Broken glass shall not be picked up by hand but shall be swept up or picked up with tongs.
5. Bags to be used for regulated waste are red and/or have the biohazard symbol on them, or a placard, slip, or tag shall be affixed to the bag pursuant to OSHA regulation 1910.1030 (g)(1)(i)(e).

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENTS

Management of Occupational Blood Exposure
Post Exposure Follow-Up and Treatment

attachment A
attachment B



MANAGEMENT OF OCCUPATIONAL BLOOD EXPOSURES

MSP Infirmiry Staff will provide immediate care to the exposure site.

- Wash wounds and skin with soap and water.
- Flush mucous membranes with water.

The Following procedures will be done by Deer Lodge Memorial Hospital Emergency Room (primary), Community Hospital of Anaconda's Emergency Room (back up), or their primary care physician.

Determine risk associated with exposure by

- Type of fluid (e.g., blood, visibly bloody fluid, other potentially infectious fluid or tissue, and concentrated virus) and
- Type of exposure (i.e., percutaneous injury, mucous membrane or nonintact skin exposure, and bites resulting in blood exposure).

Evaluate exposure source

- Assess the risk of infection using available information.
- Test known sources for HBsAg, anti-HCV, and HIV antibody.
- For unknown sources, assess risk of exposure to HBV, HCV, or HIV infection.
- Do not test discarded needled or syringes for virus contamination.

Evaluate the exposed person

- Assess immune status for HBV infection (i.e., history of hepatitis B vaccination and vaccine response).

Give PPE for exposure posing risk of infection transmission.

- HBV: see table 1.
- HCV: PEP not recommended.
- HIV: see table 2 .
- Initiate PEP as soon as possible, preferably within hours of exposure.
- Offer pregnancy testing to all women of childbearing age not known to be pregnant.
- Seek expert consultation if viral resistance is suspected.
- Administer PEP for 4 weeks if tolerated.

Perform follow-up testing and provide counseling.

- Advise exposed persons to seek medical evaluation for any acute illness occurring during follow-up.

HBV exposures

- Perform follow-up anti-HBs testing in persons who receive hepatitis B vaccine.
- Test for anti-HBs one to two months after last dose of vaccine.
- Anti-HBs response to vaccine cannot be ascertained in HBIG was received in previous 3 to 4 months.

HCV exposures

- Perform baseline and follow-up testing for anti-HCV and alanine amino-transferase (ALT) 4 to 6 months after exposure.
- Perform HCV RNA at 4 to 6 weeks if earlier diagnosis of HCV infection desired.
- Confirm repeatedly reactive anti-HCV enzyme immunoassays (IEAs) with supplemental tests.

HIV exposures

- Perform HIV antibody testing for at least 6 months post exposure (e.g., at baseline, 6 weeks, 3 months, and 6 months).
- Perform HIV antibody testing if illness compatible with an acute retroviral syndrome occurs.
- Advise exposed persons to use precautions to prevent secondary transmission during the follow-up period.
- Evaluate exposed persons taking PEP within 72 hours after exposure and monitor for drug toxicity for at least 2 weeks.

Table 1. Recommended PEP for exposure to Hepatitis B			
Vaccination and antibody response status of exposed workers	Treatment		
	Source is HBsAG positive	Source is HBsAG negative	Source is unknown or not available for testing
Unvaccinated	HBIG x 1 and initiate vaccine series	Initiate HB vaccine series	Initiate HB vaccine series
Previously Vaccinated			
Known Responder	No treatment	No treatment	No treatment
Known Unresponder	HBIG given immediately, ideally within 12 hrs of exposure. A second dose of HBIG should be given at 4 weeks. Initiate revax series, same time as HBIG, different site. Continue HBV vax at normal intervals.	No treatment. Consider revax of HBV.	If known high risk source, treat as if source were HBsAG positive.
Antibody response unknown	Test exposed person for HBsAB: 1. if adequate, no treatment is necessary 2. if inadequate, administer HBIG x 1 and vaccine booster 3. Consider testing exposed person for HBsAG	No treatment	Test exposed person for HBsAB 1. if adequate, no treatment is necessary 2. if inadequate administer vaccine booster and recheck titer in 1-2 months

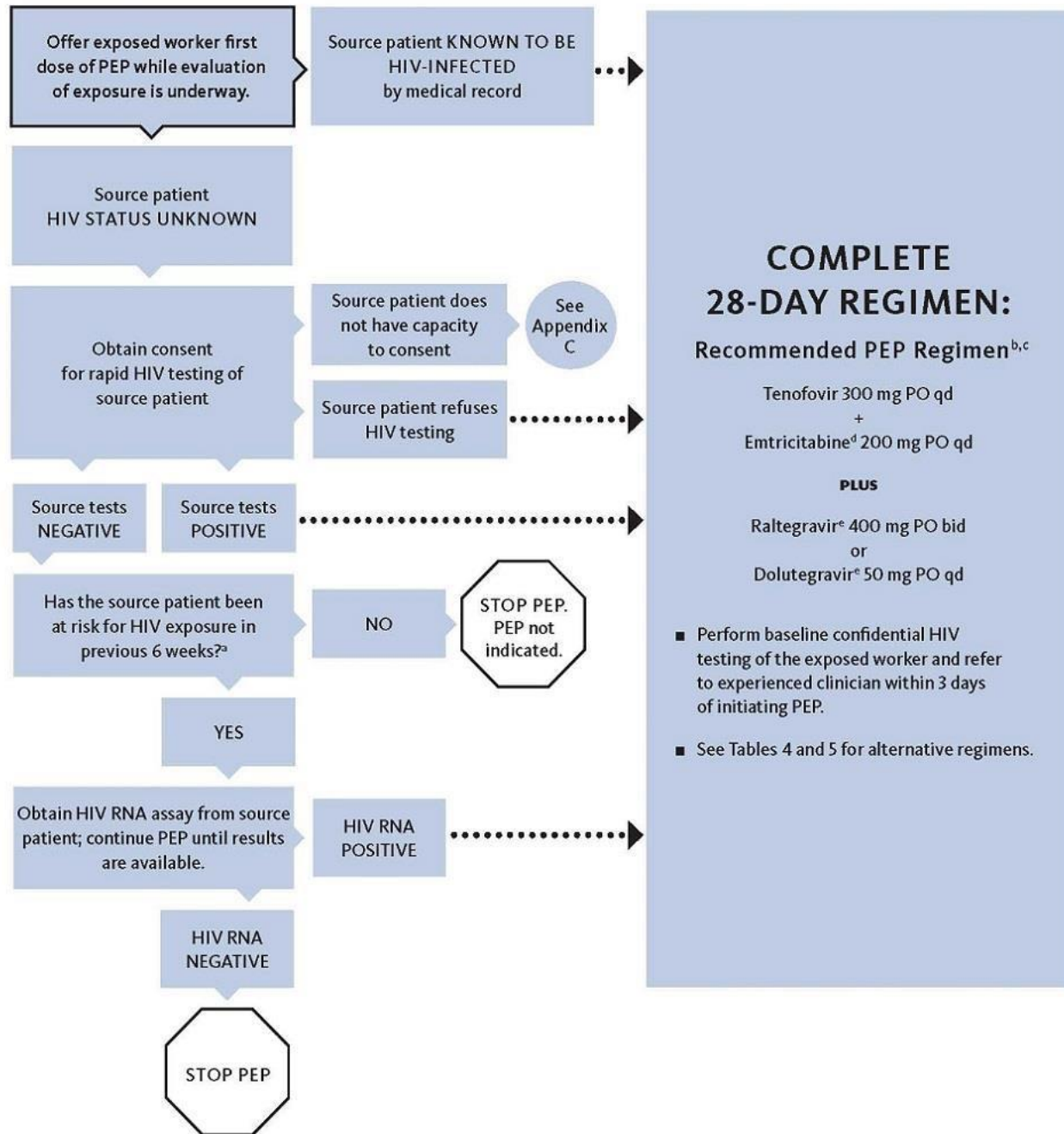
Table 2. Recommended HIV PEP

Exposure Type	Infection status of source				
	HIV Positive	HIV/HCV Positive	Unknown HIV Status	Unknown Source	HIV Negative
If info on the source is unknown, and the decision to start PEP is made (based on risk factors, exposure type, etc.) PEP should not be delayed. Changes can be made as needed after PEP is started and addt'l info about the source is obtained.	Preferred regimen for PEP: raltegravir PLUS tenofovir and emtricitabine (Truveda). This regimen can be admin'd in the case of a pregnant woman although safety data in pregnancy are limited. When initiating an expanded regimen for HIV with known resistance variants, expert consult is recommended.	Consider PEP for positive HIV exposure.	Consider PEP on an individual basis, accounting for severity of exposure.	Consider PEP on an individual case basis, accounting for severity of exposure.	No PEP warranted.

Exposed sites should be cleansed of contaminated fluid as soon as possible after exposure. Wounds and skin sites are best cleansed with soap and water, avoiding irritation of the skin. Exposed mucous membranes should be flushed with water. Alcohol, hydrogen peroxide, Betadine or other chemical cleansers are best avoided. HCWs should be trained to avoid “milking” or squeezing out needlestick injuries or wounds. Squeezing the wound may promote hyperemia and inflammation at the wound site, potentially increasing systemic exposure to HIV if present in the contaminating fluid.

Exposures for Which PEP Is Indicated

- Break in the skin by a sharp object (including hollow-bore, solid-bore, and cutting needles or broken glassware) that is contaminated with blood, visibly bloody fluid, or other potentially infectious material, or that has been in the source patient's blood vessel.
- Bite from a patient with visible bleeding in the mouth that causes bleeding in the exposed worker.
- Splash of blood, visibly bloody fluid, or other potentially infectious material to a mucosal surface (mouth, nose, or eyes).
- A non-intact skin (e.g., dermatitis, chapped skin, abrasion, or open wound) exposure to blood, visibly bloody fluid, or other potentially infectious material.



^a Depending on the test used, the window period may be shorter than 6 weeks. Clinicians should contact appropriate laboratory authorities to determine the window period for the test that is being used.

^b If the source is known to be HIV-infected, information about his/her viral load, ART medication history, and history of antiretroviral drug resistance should be obtained when possible to assist in selection of a PEP regimen.¹³ **Initiation of the first dose of PEP should not be delayed while awaiting this information and/or results of resistance testing.** When this information becomes available, the PEP regimen may be changed if needed in consultation with an experienced provider.

^c See [Appendix A](#) for dosing recommendations in patients with renal impairment.

^d Lamivudine 300 mg PO qd may be substituted for emtricitabine. A fixed-dose combination is available when tenofovir is used with emtricitabine (Truvada 1 PO qd).

^e See [Appendix A](#) for drug-drug interactions, dosing adjustments, and contraindications associated with raltegravir and dolutegravir.



POST EXPOSURE FOLLOW-UP AND TREATMENT

(please give to exposed employee)

Recommendations from the Worker's Compensation System

1. HIV Exposure (source known or unknown)

- A. A baseline blood test for HIV antibody should be obtained by the designated workers compensation physician as soon as possible.
- B. If the baseline result is *negative*, treatment with post exposure prophylaxis will be offered. (This must be done as soon as possible after the exposure).
- B. Further testing will be conducted per current Worker's Compensation policy.
- C. If further testing is negative for one year after exposure, the employee has not contracted the disease.
- D. If the baseline result is *positive*, no liability for MSP exists, because the employee would have contracted the disease prior to the time of this exposure.
- E. If the employee refuses baseline blood work their worker's compensation benefits could be compromised.
- F. **ALL INFORMATION IS TO REMAIN CONFIDENTIAL.**

2. Hepatitis B Exposure

- A. A baseline blood test for Hepatitis B and C should be obtained by the designated worker's compensation physician.
- B. If the employee has had the Hepatitis B vaccine and the baseline shows that the employee has antibody, no treatment is indicated.
- C. If the employee has not been vaccinated for Hepatitis B, treatment should be started immediately with Hepatitis B Immune Globulin (HBIG) and Hepatitis B vaccine.



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS B-02.4	Subject: DISEASE PREVENTION – TB CONTROL PLAN
Reference: NCCHC Standard P-B-02, 2018	Page 1 of 5 and 2 attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees, M.D. / Medical Director	

I. PURPOSE

Ensure that transmission of tuberculosis infection (TB) does not occur or is minimized through surveillance and containment activities and to provide appropriate care to infected inmates.

II. DEFINITION

Assessment – monitoring and evaluating the surveillance and containment activities.

Containment – management of persons who have active tuberculosis to prevent the transmission of tuberculosis as well as inmates and staff who have recently converted from negative to positive screening tests.

Education – providing information to staff and inmates regarding tuberculosis.

Screening and Surveillance – identifying and reporting of active tuberculosis as well as inmates and staff who have recently converted from negative to positive screening tests.

III. PROCEDURE

A. General Requirements

1. Montana State Prison will have a TB infection control plan. The MSP Infection Control Committee is a designated team of staff responsible for the following TB infection control program throughout MSP:
 - a. screening and surveillance, which includes identifying and reporting of active tuberculosis as well as inmates and staff who have recently converted from negative to positive screening tests;
 - b. Containment and management of persons who have active tuberculosis to prevent the transmission of tuberculosis as well as inmates and staff who have recently converted from negative to positive screening tests;
 - c. the assessment will include the monitoring and evaluating the surveillance and containment activities; and
 - d. the education will provide information to staff and inmates regarding tuberculosis.
2. Screening and Surveillance procedures are aimed at identifying those inmates who have active TB, LTBI or at high risk for future development of active TB. These inmates will then be offered regimes to treat either active or latent disease and minimize the risk of transmission throughout MSP.
3. This procedure is subject to variance, based on Centers for Disease Control and MT Department of Health and Human Services Guidelines for the Detection, Control and Treatment of Tuberculosis, as well as MT Department of Corrections Policies. Any variance will be documented in the inmate's medical record and should include a narrative describing the nature of the variance and clinical, procedural, and administrative reasons for that variance.

Procedure No. MSP HS B-01.4	Subject: Disease Prevention – TB Control Plan
Effective Date: November 1, 2010	p.2 of 6

B. Screening Methods

1. Initial Intake Screening is as follows:
 - a. symptom assessment is designed to identify key signs and symptoms that the inmate may have which indicate previous or current TB. These include:
 - 1) productive, prolonged cough;
 - 2) coughing up blood;
 - 3) weight loss;
 - 4) loss of appetite;
 - 5) fever;
 - 6) chills;
 - 7) night sweats;
 - 8) fatigue and/or malaise; and
 - 9) recent exposure to anyone with TB.
2. Inmates identified with the above symptoms should be placed in a surgical mask immediately and referred to a health care provider (HCP) for further evaluation as soon as possible. It should be noted that these symptoms are common with other medical conditions and do not constitute a diagnosis of tuberculosis. Additionally, the following evaluation should include the following diagnostic tests:
 - a. IGRA Blood Test (QuantiFERON-TB Gold test)
 - b. Chest X-Ray (PA/Lat);
 - c. Blood Tests: CBC, C Reactive Protein (CRP), Complete Metabolic Panel (CMP), HIV and Hepatitis C screening; and
 - d. Induced Sputum Smears for Acid Fast Bacilli (AFB) and AFB Cultures.
3. Upon clinical evaluation by a HCP, the inmate may be placed on medication until confirmatory testing is complete. The inmate may also remain in respiratory isolation until such time as he is determined to be non-infectious.
4. The HCP is encouraged to consult with the State Medical Director, Montana Public Health Department and other local authorities to determine whether other diagnostic and treatment modalities are applicable.
5. IGRA Blood Testing is required by all incoming inmates with or without a documented positive Mantoux IPPD test or treatment for a documented positive IPPD, LTBI or active TB infection. A history of BCG (Bacille Calmette-Guerin) vaccination is not a contraindication for receiving an IGR A Blood Test. Inmates reporting the above positive reactions or a necrotic or allergic reaction to an IPPD will be interviewed and evaluated by a HCP. Inmates refusing an IGRA Blood Test will likewise be interviewed by a HCP.
6. All inmates with positive IGRA Blood Test will be seen by infection control nurse and be provided education on LTBI, 12 week (once a week dosing) LTBI treatment, complete state report for LTBI and have a chest x-ray ordered.
7. Documentation will be made in the appropriate area of the Receiving Screening form.
8. Annual Screening will be performed on all inmates utilizing the DOC Clinical Services Division Tuberculosis Screening Form for Offenders.

Procedure No. MSP HS B-01.4	Subject: Disease Prevention – TB Control Plan
Effective Date: November 1, 2010	p.3 of 6

C. Containment

1. The Health Care Provider (HCP) is responsible for full evaluation and treatment of inmates who either present with signs and symptoms of active TB infection or LTBI. As outlined in the above intake screening section, a thorough history (symptom assessment) along with diagnostic testing is performed. It includes but is not limited to the tests outlined above.
 - a. consultation with the Department of Corrections Medical Director and Montana State Department of Public Health and Human Services (DPHHS), Tuberculosis Program is recommended. In all SUSPECTED cases of active TB, the HCP will contact the DOC Medical Director and DPHHS;
 - b. if an active case is confirmed at MSP, a Tuberculosis Information Exchange for Active Cases report form, which is mailed to MSP by the State TB Program Office each calendar quarter, will be completed and submitted to the State TB Program Office, for active case tracking and follow-up purposes;
 - c. a treatment regime will be developed on a case-by-case basis in consultation with the DOC Medical Director and State TB Program Coordinator to ensure full compliance with accepted standards of medical practice and State and Federal Medical Guidelines for the Prevention and Treatment of Tuberculosis;
 - d. if an inmate is to be released from MSP prior to completing treatment or preventative therapy, the State TB Program Office must be notified as far in advance as possible to ensure continued adherence with therapy. This may include transfer to an appropriate medical facility where respiratory isolation can be maintained until the risk of minimal infectivity can be determined; and
 - e. before release or transfer of an inmate on direct observed therapy for treatment of TB disease, provisions will be made for the local health department or receiving facility to oversee continued adherence and to ensure the timely completion of therapy. Notification will also be given to the State TB Program manager to ensure coordination of TB care for the inmate upon release, with as much advance notice as possible.
2. Respiratory Isolation will be guided by *DOC Policy 4.5.11, Infection Control Plan*. Appropriate personal protective devices will be used until the patient is considered non-infectious:
 - a. in general, inmates who have or who are suspected of having active pulmonary or laryngeal TB should be considered infectious if they are coughing, undergoing cough-inducing or aerosol-generating procedures, or their sputum smears contain AFB, and they are not receiving therapy, have just started therapy, or have a poor clinical or bacteriological response to therapy;
 - b. inmates who have suspected or confirmed pulmonary or laryngeal TB disease will be immediately placed in TB isolation in infirmary. In the event the negative pressure room/s in the infirmary are non-functional the inmate and upon consultation with the DOC Medical Director the inmate will transfer to an outside medical facility with a negative pressure room. The inmate must remain isolated until infectiousness is ruled out.
 - c. LTBI, undergoing prophylactic treatment, are not considered infectious and do not require isolation;
 - d. inmates suspected of having active pulmonary or laryngeal TB can be placed in a negative pressure isolation room; and

Procedure No. MSP HS B-01.4	Subject: Disease Prevention – TB Control Plan
Effective Date: November 1, 2010	p.4 of 6

- e. an inmate may be released from respiratory isolation when they are considered non-infectious, according to the following criteria:
 - 1) they have received adequate therapy for 2 to 3 weeks;
 - 2) they have a favorable clinical response to therapy;
 - 3) they have three consecutive negative sputum smear results from sputum collected on different days; and
 - 4) other diagnostic modalities show minimal risk for infectivity, especially when in consultation with the DOC Medical Director and State TB Program Coordinator.
3. Continuity of Care in the treatment of patients with active but not infectious TB and prophylaxis of LTBI is ensured through cooperative efforts of the MSP medical staff:
 - a. once inmates are considered non-infectious, they may be required to continue medical treatment after they are released from the infirmary. Additionally, those patients who do not demonstrate active disease but have positive IGRA Blood Test (*ie.* LTBI), will be offered 12 week (once a week dosing) treatment per medical director standing orders. Inmates will be placed on a 3 month hold in to ensure completion of treatment. In the event the inmate refuses to take the medication; education on importance of the medication will be provided and it will be documented in the inmate's medical chart.
 - b. treatment will be continued on an outpatient basis:
 - 1) mandatory attendance by the inmates at directly observed therapy for all outpatient TB treatment is required;
 - 2) nursing staff will report any failure for the inmate to take TB medication as prescribed to the infection control nurse and/or HCP;
 - 3) the infection control nurse and/or HCP will see the inmate as soon as possible to counsel the patient on the importance of completing the prescribed regime;
 - 4) failure on the part of the inmate to continue treatment will be discussed with the DOC Medical Director for further action, including isolation from the general population and possible disciplinary action; and
 - 5) inmates for whom TB preventive therapy is recommended but who refuse or are unable to complete a recommended course of therapy will be counseled to seek prompt medical attention if signs or symptoms suggestive of TB develop. Screening for symptoms of tuberculosis will be completed and recorded annually. Routine periodic chest radiographs will not be done in the absence of symptoms. Chest radiographs will be taken if symptoms develop, especially a persistent cough.
 - 6) education will be provided to inmate as many anti-tubercular drugs have significant side effects including peripheral neuropathy and hepatotoxicity; and
 - 7) any sign of deterioration of the patient's condition warrants full evaluation to see if an active TB infection has developed.

D. Annual Screening – Employees

1. The NCCHC recommends that all correctional employees should be tested/screened for TB initially and annually as a condition of employment. The AFL-CIO states in their fact sheet on Tuberculosis that the spread of TB can be prevented through "*screening programs to identify contagious individuals in hospitals, long-term care facilities, prisons, and other institutions. Identification of TB cases is made through medical examinations, skin tests, and laboratory tests.*"
2. All employees will receive two step Mantoux (IPPD) TB skin test on employment.

Procedure No. MSP HS B-01.4	Subject: Disease Prevention – TB Control Plan
Effective Date: November 1, 2010	p.5 of 6

3. Tuberculosis screening is required for continued employment with Montana State Prison due to the health care concerns it raises. Mandatory tuberculosis screening is free to the employee. Mandatory screening of all MSP employees will occur annually. Further testing may be recommended to be done based on screening criteria.
 - a. The DOC Clinical Services Division Annual Tuberculosis Screening Form for Staff will be reviewed by the infection control nurse who will review information reported and make recommendations for further testing or Chest x-ray based on screening criteria. The further testing may include Mantoux skin test, IGRA blood test or chest x-ray.
 - b. Employees who refuse to voluntarily submit Annual TB surveillance Form or further testing shall be counseled by a licensed health care provider.
 - i. If the employee continues to refuse to complete an Annual TB surveillance form or complete further testing the employee shall have 72 hours to provide documentation of the required further testing or agree to be tested within the Department of Corrections.
 - ii. If the employee fails to comply with a mandatory screening/testing program, the appropriate union, if applicable, will be notified that the employee poses a potential threat to the health and safety of the work environment.
 - iii. Refusal to participate in any mandated screening or testing will be, at a minimum, considered insubordination or noncompliance. and will subject the employee to disciplinary action (one to three-day suspension).
 - iv. If the test or required documentation is not submitted within 10 days of the suspension, the suspension will be changed to a termination from employment for insubordination.
 - v. Montana State Prison will provide adequate information in order that an employee may make an informed decision. Every effort shall be made to supply the employee with information to afford voluntary participation in this screening program.

E. Continuous Quality Improvement

1. Health care staff involved in annual testing will complete the DOC Clinical Services Division Tuberculosis Screening form for Staff and the DOC Clinical Services Division Tuberculosis Screening form for Offenders. These forms will then be turned in to the infection control nurse (offenders) or personnel (staff), along with the names of inmates and employees who did not complete the annual TB surveillance form. The purpose of this form will be to monitor for TB within the facility and to improve the process of TB surveillance.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENT

[DOC Clinical Services Annual Tuberculosis Screening Form for Offenders.doc](#)
[Doc Clinical Services Annual Tuberculosis Surveillance Form for staff.doc](#)

attachment A
 attachment B

Procedure No. MSP HS B-01.4	Subject: Disease Prevention – TB Control Plan	
Effective Date: November 1, 2010		p.6 of 6



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS B-02.5	Subject: DECONTAMINATION OF MEDICAL EQUIPMENT
Reference: NCCHC Standard P-B-02, 2018	Page 1 of 1 and no attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees, M.D. / Medical Director	

I. PURPOSE

To assure that all pieces of medical equipment are appropriately decontaminated in order to eliminate the spread of infectious and communicable diseases.

II. DEFINITIONS none

III. PROCEDURES

A. General requirements

1. The designated Infection Prevention RN will monitor to ensure that:
 - a. Medical equipment (exam tables, wheelchairs, stretchers, etc.) are cleaned on a regular basis using an approved disinfection cleaner that is EPA registered. Gloves and other appropriate protective equipment are worn by the individuals conducting these cleaning duties.
 - b. Medical instruments are never used more than once without proper decontamination between uses.
 - 1) Reusable sharps must be discarded into a container in the room where the procedure occurred. The container must be:
 - a) puncture resistant;
 - b) leak proof on bottom and sides;
 - c) color-coded or labeled;
 - d) maintained in an upright position;
 - e) closeable; and
 - f) sealed for transport.
 - 2) Reusable instruments are to be:
 - a) soaked in a surgical and laboratory ware detergent solution for a minimum of ten minutes;
 - b) scrubbed with a brush, being sure to open all hinges, locks, etc.;
 - c) rinsed carefully;
 - d) dried thoroughly;
 - e) placed in sterilization pouches or wrapped in autoclavable wrap;
 - 3) staff must wear a gown, gloves and face protection when scrubbing instruments; and
 - 4) packaged instruments are to be taken to the dental office and sterilized in the autoclave by trained personnel.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS none



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS B-02.6	Subject: COMMUNITY ACQUIRED MRSA CONTROL PLAN	
Reference: NCCHC Standards P-B-02, 2018		Page 1 of 3 and no attachments
Effective Date: November 1, 2010		Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief		
Signature / Title: /s/ Paul Rees, M.D. / Medical Director		

I. PURPOSE

To have a CAMRSA infection control plan to ensure:

- A. Transmission of CAMRSA infection does not occur or is minimized through surveillance and containment activities.
- B. Appropriate care is provided to infected inmates.

Objectives

Screening and Surveillance: Identifying and reporting of CAMRSA skin and soft tissue infections.

Containment: Management of persons who have CAMRSA infection to prevent further transmission.

Assessment: Monitoring and evaluating the surveillance and containment activities.

Education: Providing information to staff and inmates regarding CAMRSA.

II. DEFINITIONS

Colonization – occurs when a person is found to have MRSA organisms living on their body. Areas commonly affected are nasal mucosa, axilla, pharynx, rectum and perineum.

Community acquired methicillin resistant staphylococcus aureus (CAMRSA) – the CDC identifies CAMRSA based on the following criteria:

- A. The diagnosis of MRSA is made in the outpatient setting or within 48 hours of being admitted to the hospital.
- B. The patient has no history of MRSA infection or colonization.
- C. The patient has not been admitted to a health care facility, had surgery or dialysis within the last year.
- D. The patient has no indwelling catheters or percutaneous medical devices.

Health Care acquired Methicillin resistant staphylococcus aureus – occurs when a patient contracts a nosocomial infection through contact with a hospital or nursing home. This strain is usually more drug resistant and involves more severe and life-threatening infection such as pneumonia, bacteremia, or deep wound infections.

The Infection Control Committee – the designated team responsible for the following CAMRSA infection control program at MSP.

III. PROCEDURE

A. Background Information

1. MRSA infections are staphylococcal infections that are resistant to beta-lactam antibiotics.
2. An infection with MRSA has long been associated with exposure to the health care environment, particularly the inpatient hospital setting. Recently, new strains of MRSA have developed in the community. These strains are different in that they infect previously healthy people with no direct

Procedure No. MSP HS B-02.6	Subject: Community Acquired MRSA Control Plan
Effective Date: November 1, 2010	p.2 of 3

or indirect association to health care facilities. These community-onset MRSA infections have particularly affected inmate populations.

3. Persons with complicating medical conditions such as diabetes, HIV infection, chronic skin conditions, indwelling catheters, post-surgical wounds, and decubiti are at increased risk of MRSA infections. However, even otherwise healthy individuals can develop serious MRSA infections such as cellulitis, deep-seated abscess, necrotizing fasciitis, septic arthritis, necrotizing pneumonia and sepsis.
4. MRSA is transmitted from person to person by contaminated items such as towels, personal hygiene items, athletic equipment, close-contact sports, sharing injection drug items or tattoo equipment. Persons with MRSA pneumonia in close contact with others can transmit MRSA by coughing up large droplets of infectious particles. Persons with asymptomatic MRSA nasal carriage can also transmit MRSA, especially when symptomatic from a viral upper respiratory infection. MRSA can also cause a toxin-mediated food borne gastroenteritis.

B. Screening

1. Screening will be carried out to identify those who may have CAMRSA infection so they can be started on appropriate therapy.
2. Intake Symptom screening:
 - a. during the admission health screening, inmates will be interviewed and observed to determine whether they have experienced any of the following symptoms in the past few weeks:
 - 1) skin conditions;
 - 2) any draining lesions or bleeding;
 - 3) any other alterations in skin integrity such as an open wound;
 - 4) exposure to anything contagious; and
 - 5) seen by a doctor in the past year or hospitalized within the past year.
 - b. Inmates with symptoms suggestive of CAMRSA will be scheduled to be seen;and
 - c. nurses conducting the screening will ensure that all draining wounds are covered, and the inmate does not have systemic symptoms such as fever, hypotension or tachycardia.
3. General Population screening includes:
 - a. correctional staff will be educated on CAMRSA and will report any skin or soft tissue infections that they observe to infirmity staff;and
 - b. inmates reporting boils or “spider bites” through health care request forms will be assessed by nursing according to protocol.
4. Inmates at greater risk for serious MRSA infections are inmates with risk factors such as diabetes, immunocompromised conditions, open wounds, recent surgery, indwelling catheters, implantable devices, chronic skin conditions or paraplegia with decubiti should be evaluated for skin infections during routine medical examinations.

C. Diagnosis

1. All skin and soft tissue infections will be cultured by the health care provider (midlevel or doctor) to identify CAMRSA and ensure proper antibiotic selection if antibiotic treatment is deemed necessary.

Procedure No. MSP HS B-02.6	Subject: Community Acquired MRSA Control Plan
Effective Date: November 1, 2010	p.3 of 3

2. All bacterial culture results should be reviewed in a timely manner to detect new MRSA infections.
3. Obtaining bacterial cultures of the nares is not routinely indicated, unless recommended by the public health authorities in the context of a significant MRSA outbreak or as part of an inpatient surveillance program.
4. Providers will notify the Infection Control Prevention RN of all positive case diagnosis.

D. Containment

1. Patients with MRSA pneumonia should be housed in a singlecell.
2. Food handlers: All inmate food handlers should be advised on the necessity of self-reporting all skin infections, no matter how minor. Food handlers should be routinely examined for visible skin infections. Food handlers with suspected or confirmed contagious MRSA should be removed from their duties until no longer infectious.
3. Patients with MRSA infection are not considered contagious as long as the wound is covered. Inmates with wound drainage that is not able to be contained should be in a single cell or housed in the infirmary.

E. Treatment

1. With the increasing resistance of CAMRSA, antibiotic therapy needs to be reserved for those patients who are immunocompromised or show systemic signs of illness.
2. Patients with localized infection should first undergo incision and drainage of the wound. If the wound is not resolving within 72 hours an antibiotic can be prescribed.
3. Patients who show signs of systemic illness, such as fever or are immunocompromised, should be started on an antibiotic with known susceptibility to CAMRSA.
4. Decolonization is not recommended, except in the case of recurrent infection. This should be considered on a case by case basis.

F. Monitoring

1. Patients who fail antibiotic therapy or have recurrent infection; directly observed therapy is recommended to ensure compliance with treatment, reduce the risk of further resistance and to rule out noncompliance in the case of treatment failure. This can be decided on a case by case basis by the health care provider.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENTS none



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS B-02.7	Subject: Infirmary Food Service Sanitation
Reference: DOC 4.3.3, Food Service Safety and Sanitation; NCCHC Standard P-B-02, 2018	Page 1 of 2 and one attachment
Effective Date: November 1, 2010, October 1, 2021	Revised: October 1, 2020
Signature / Title:/s/ Cindy Heiner/Medical Bureau Chief	
Signature / Title:/s/ Paul Rees M.D./Medical Director	

I. Purpose:

To contribute to a healthy inmate population by ensuring that proper and sanitary protocols are followed in food storage, handling, and preparation.

II. Definitions: None

III. Procedures:

A. Health and Cleanliness

1. Infirmery staff will not allow an inmate to work in the infirmery who has been diagnosed within the last four weeks with any of the following illnesses and until the diagnosis is resolved:
 - a. Salmonella spp.
 - b. Shigella spp.
 - c. Pathogenic Escherichia coli
 - d. Campylobacter spp.
 - e. Cryptosporidium parvum
 - f. Giardia lamblia
 - g. Acute or chronic diarrhea, nausea, or vomiting
2. If an inmate infirmery worker is diagnosed with one of the above illnesses, infirmery staff will restrict him from working and make arrangements with housing unit staff to have him held in his housing unit from work until the diagnosis is resolved. If and when the diagnosis is resolved the inmate will be allowed to return to work.
3. If an inmate infirmery worker claims he is not available to work due to an illness or injury, infirmery staff will make arrangements with housing unit staff to have him held in his housing unit from work until he is medically assessed, and the illness or injury is resolved.
4. Infirmery staff who observe an inmate infirmery worker displaying any of the following symptoms will immediately send the inmate back to his housing unit and make arrangements with housing unit staff to have him held in his housing unit from work until the symptoms are resolved and no danger of communication of the illness remains:
 - a. Acute GI illness involving diarrhea, fever, or vomiting.
 - b. Symptoms specific to COVID, i.e., shortness of breath, known exposure to someone who has COVID, loss of taste and/or smell.
 - c. Jaundice.
 - d. Respiratory symptoms causing sneezing or cough.
 - e. Discharge from the eyes, nose or mouth.
 - f. Sore throat with a fever.
 - g. A lesion containing pus such as a boil or infected wound that is open or draining and is on the hands or wrist or arm, unless the lesion is protected by an impermeable cover. The worker will not be allowed to return to work until the wound is healed or there is no drainage from the wound.
 - h. A lesion containing pus such as a boil or infected wound that is open and draining on any other part of the body unless the lesion is covered by a dry, durable, tight-fitting bandage. The worker will not be allowed to return to work until the wound is healed or there is no

Procedure No. MSP HS B-02.7	Subject: Infirmary Food Service Sanitation
Effective Date: November 1, 2010	p.2 of 2

i. drainage from the wound.

5. At the time of hire, the on duty Correctional Health Services Technician (CHST) will obtain written confirmation from each inmate infirmary worker that he understands the need to report contraction of, or exposure to, a disease that is transmissible via food, and that he agrees to follow the *Inmate Worker's Rules and Regulations (attachment A)*.
6. The designated CHST will ensure that the inmate worker contracts are retained on-site for the duration of the employment period.

B. Safety and Sanitation:

1. Infirmary staff will post signs in the kitchen area to remind staff and inmate workers of the need to maintain hygienic food service standards and practices.
2. Staff and inmate workers are not allowed to eat or drink in the kitchen area. Meals will be eaten only in authorized areas.
3. The on duty CHST must instruct and continually monitor all inmate infirmary workers for compliance with standard personal hygiene requirements, including:
 - a. Presenting a clean appearance when reporting for work.
 - b. Frequent hand washing especially after eating, drinking, using the restroom, touching chemicals, touching his face or hair, sneezing, coughing, or touching any un-sanitized inanimate object.
 - c. Keeping fingernails neatly trimmed.
 - d. Wearing freshly laundered clothing to work.
 - e. Wearing the supplied disposable gloves, hairnets, caps, or beard guard (if ANY facial hair) when handling, preparing, or serving food.

C. Food Storage:

Inmate workers under the direct supervision of a CHST will ensure:

1. Food and dairy products are stored properly for no longer than the specified storage period.
2. Foods and dairy products are maintained at safe and appropriate temperatures. To ensure food is being stored at the proper temperatures designated inmate infirmary workers will be instructed by a CHST to maintain daily temperature logs for retherm, fridge and food trays.
3. Staff and inmate infirmary workers will not keep prepared food from one patient meal service to another.

D. Meals

1. Patient meals will be served under sanitary conditions as soon as possible after final preparation, at safe and appropriate temperatures. To ensure food is being prepared at the proper temperatures designated inmate workers will be instructed by a CHST to maintain daily temperature logs for retherm, fridge and food trays.
2. Once the patient meal service is complete all trays, utensils, and unconsumed food must be collected from the patients and returned to the kitchen where inmate infirmary workers will reload the food carts and return them back to the low side kitchen.

IV. Closing:

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. Attachments:

Infirmary Inmate Worker's Rules and Regulations

attachment A



MSP Infirmary Inmate Worker's Rules and Regulations

You are being assigned to work in the Infirmary. Know that your employment may be terminated for unsatisfactory work performance and failure to abide by the rules and regulations of MSP and the Infirmary. These rules and regulations will get you started correctly as an Infirmary employee. Your positive attitude, willingness to take direction, and compliance with the rules and regulations can create a rewarding and educational experience for you.

1. You are to report to work every time that you are called in by the Infirmary, unless your housing unit staff or the Infirmary staff determines that you are currently too sick/injured to attend work.
2. CONFIDENTIALITY IS A MUST! IF YOU HEAR MEDICAL INFORMATION REGARDING ANOTHER INMATE, BY FEDERAL LAW, YOU MUST NOT REPEAT THE INFORMATION.
3. Do not remove food or other items from the Infirmary. Do not pass unintended/extra food or other items to other inmates. A disciplinary infraction as well as the loss of your job will result from either of these actions.
4. Stay in your assigned work area at all times. Do not enter a restricted area without direct staff supervision, i.e., Nurse's Station, exam rooms, break room, and store room.
5. The black lines on High and Low Side are not to be crossed without permission.
6. The medication cart is never touched by an inmate.
7. Stockpiling of food is forbidden. Food not eaten from the prepared meals must be sent back before the next meal service is to begin. (breakfast goes back before lunch).
8. No eating or drinking allowed in the kitchen or laundry area. Inmate meals will be eaten in a designated area.
9. You must perform any duty that is assigned to you by Infirmary Staff. You may be required to perform different jobs on different days and times, depending on need.
10. No horseplay (running, fighting, punching, play boxing) is allowed in the Infirmary.
11. You will be pat searched entering and exiting the Infirmary at all times, do not proceed until this has been completed.
12. You must maintain clear conduct to work in the Infirmary. When you receive a write-up, you will not be allowed to resume work until after your disciplinary hearing. You may be restricted from working in the Infirmary if you are found guilty or suspected of any offense.
13. As a Low Side inmate you are to keep interactions with High Side inmates to a minimum and conversations are work related only.
14. While you are at the Infirmary working, you are not to question staff regarding a medical issue you may have - use the kite system.
15. You are to only assist only with activities of daily living (ADLs), not direct patient care.

INFECTION CONTROL

16. By signing you are confirming that you are currently free from disease that may be transmittable via food. If you are in doubt you may ask an Infirmary Staff for more specific information about these types of illness. Your signature also verifies that you understand the importance and agree to report to Infirmary Staff if you contract or are exposed to any such disease.
17. You must report any illness to an Infirmary Staff when you report to work. This includes colds, flu, diarrhea, skin infections or other illnesses transmissible by food or utensils.
18. Practice good sanitation and personal hygiene at all times in the Infirmary.
 - a. Shower daily.
 - b. Wear clean clothes.
 - c. Wash hands before starting work, handling soiled laundry, and after using the bathroom or eating.
 - d. Wear a hairnet/ponytail for hair that touches the collar.
 - e. Beard guard will be worn over any beard/moustache.
 - f. Wear clean plastic gloves when ever handling food items.
19. If it's wet, warm and not yours; always wear personal protective equipment. At a minimum, wear gloves and wash your hands after you have removed and discarded the gloves. If spilling, splashing, or splattering is anticipated, add a fluid-resistant gown and face protection.
20. When handling soiled linen, place the linen in a sugar bag, then place in a blue bag for laundering. Do not separate the soiled laundry; you increase your risk of exposure.

I, _____, AO# _____,

Acknowledge that I have been properly trained to work in the Infirmary. Also, I have read and understand these rules and regulations and I agree to abide by them.

SUPERVISOR'S

SIGNATURE _____ DATE _____



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS B-02.8	Subject: ECTOPARASITE CONTROL
Reference: NCCHC Standard P-B-02, 2018	Page 1 of 2 and no attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees, M.D. / Medical Director	

I. PURPOSE

To define control procedures used to effectively treat inmates infected with ectoparasites and to disinfect bedding and clothing.

II. DEFINITIONS

Ectoparasite – pediculosis (lice) and scabies parasites that live on the skin.

III. PROCEDURE

A. General

1. Screening for ectoparasites generally occurs during the inmate admissions health screening, and any time an outbreak occurs among inmates in general population.
2. Ectoparasites are communicable and may lead to secondary infections.
3. Incoming inmates will take a full shower using an anti-lousing agent.
4. When a staff member has reason to believe an inmate is infected with lice/scabies they will immediately contact the Infirmary to make arrangements to have the inmate assessed by medical staff.

B. Follow-up and Disinfection

1. If medical staff diagnose an inmate as being infected with an ectoparasite they will immediately contact housing unit staff and brief them on what protocols must be implemented. The following protocols will be implemented:
 - a. the inmate's bed linens and clothing must be isolated until machine washed and dried;
 - b. the inmate's mattress and housing cell must be cleaned with a disinfectant; and
 - c. the inmate's cellmate must be evaluated and treated, if indicated.

C. Treatment

1. The agent of choice in treating lice infestation is piperonyl butoxide 4% (RID) applied once in a shampoo form and then repeated 7 to 10 days later.
2. The agent of choice in treating scabies infestation is permethrin cream 5%. Thoroughly massage the cream into skin from head to the soles of the feet. Generally, one application is curative however; a follow up appointment will be schedule with medical to ensure a successful treatment.

D. Documentation

Procedure No. MSP HS B-02.8	Subject: ECTOPARASITE CONTROL
Effective Date: November 1, 2010	p. 2 of 2

1. Health services staff will document the clinical findings and the treatment instructions in the inmate's medical record.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS none



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS B-03.0	Subject: Clinical Preventive Services	
Reference: NCCHC Standards P-B-03; P-B02; P-F-01, 2018	Page 1 of 2 and no attachments	
Effective Date: October 1, 2020	Revised: October 1, 2020	
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief		
Signature / Title: /s/ Paul Rees M.D./ Medical Director		

I. PURPOSE

To assure inmates are provided with clinical prevention services as medically indicated.

DEFINITION

Responsible Physician- Designated person who holds the physicians' licensure pursuant to 37-3-102 and 37-3-303, MCA who has the final authority at a given facility regarding clinical issues.

II. PROCEDURES

A. General requirements

1. The responsible physician determines the medical necessity and or timing of screenings and other preventative services
2. The responsible physician determines the frequency of content of periodic health assessments.
3. The dentist determines the frequency and content of periodic dental evaluations
4. The responsible physician determines the medical necessity and or timing of screening for communicable diseases (e.g., HIV, syphilis, gonorrhea, chlamydia), to include laboratory confirmation, treatment, and follow up as clinically indicated.
5. Immunizations are administered to patients as clinically indicated. (*see MSP HS B-02.0, 2018; Infection Disease Prevention and Control Program*)

III. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager

IV. Attachments None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS B-04.0	Subject: MEDICAL SURVEILLANCE OF INMATE WORKERS
Reference: NCCHC Standard P-B-04, 2018	Page 1 of 2 and no attachments
Effective Date: October 1, 2020	Revised: No revisions
Signature / Title: /s/ Cindy Hiner /Medical Bureau Chief	
Signature / Title: /s/ Paul Rees, M.D./ Medical Director	

I. PURPOSE

To assure the protection of the health and safety of the inmate worker population and to identify and reduce work related health risks. This is to be done through an integrated approach to identifying and mitigating hazards whether they are occupational, environmental, infections, or from other sources.

II. DEFINITIONS

Medical Surveillance – a prevention oriented public health assessment and analysis of health information in population exposed to specific health risks, usually related to specific activities (e.g. occupation). Quality medical surveillance programs lead to the identification and reduction or elimination of health hazards.

Medical Screening- a component of a medical surveillance program with an emphasis on clinical preventive activities. It is focused on identifying effects of exposures in specific patients and then preventing or reducing sequelae.

III. PROCEDURES

A. Screening and Surveillance

1. There is an institutional committee or equivalent body that identifies and oversees inmate occupational-associated risks through a *medical surveillance* program.
 - a. The MSP/Clinical Services Division (CSD) Quality Improvement Committee (CQI) will review inmate occupational-associated risks.
 - b. The Responsible physician will review CQI minutes and approve health aspects of the *Medical Surveillance* program.
 - c. Inmate illness or injury potentially related to occupational exposure or with occupational implication that are identified through the MCE/MSP Initial Action Report, are reported to the quality improvement committee for review.
 - d. As needed the CQI committee will communicate concerns related to workplace hazards to the appropriate work area supervisor.
2. An initial medical screening of an inmate for contraindications to a work program, based on job risk factors and patient condition, is conducted prior to enrollment in the inmate worker program.
 - a. The admissions History and Physical (H&P) will include a medical screening to identify restrictions prohibiting from certain inmate occupational opportunities.
 - b. The inmate hiring manager will review these restrictions prior to offer of employment. If the hiring manager has concern, he/she may request more information from medical staff.
 - c. If the documented restriction is greater than a year old the inmate may request, via HCR, an updated health screening by a review of the inmate health record.
3. Ongoing medical screening of inmates in work programs is conducted in a way that affords the same health protections as medical screening of employee workers in equivalent jobs.

Procedure No.: MSP HS B-04.0	Subject: MEDICAL SURVEILLANCE OF INMATE WORKERS
Effective Date: October 1, 2020	Revised: No revision

- a. Routine Clinical Preventive Services (e.g. Chronic Care Services or routine health evaluations) may be utilized to review work restrictions.
- b. Frequency of these visits will be determined by the Qualified Medical Professional conducting the assessment.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager

V. Attachments

None

Procedure No.: MSP HS B-04.0	Subject: MEDICAL SURVEILLANCE OF INMATE WORKERS
Effective Date: October 1, 2020	Revised: No revision

Procedure No.: MSP HS B-04.0	Subject: MEDICAL SURVEILLANCE OF INMATE WORKERS
Effective Date: October 1, 2020	Revised: No revision



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS B-07	Subject: Communication on Patients' Health Needs
Reference: NCCHC Standards: P-B-07, 2018 MSP HS F-01.1, 2018 Inmates with Special Needs	Page 1 of 2 and 2 attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/Dr. Rees, M.D. / Medical Director	

I. PURPOSE

To provide guidelines and procedures to ensure health care staff communicate with custody staff regarding any significant health needs that should be considered in decisions regarding an inmate's housing, work, programming, and disciplinary management in order to preserve the health and safety of the inmate, other inmates, and/or staff.

II. Definitions:

Health Status Report (HSR) – the document used to identify and communicate to facility staff any accommodations or restrictions to an inmate's housing, movement, work assignments, clothing and appearance and activities of daily living or programming related to his health needs.

Special needs patient – a patient with health conditions that require multidisciplinary individual treatment planning for optimal care. These conditions might include but are not limited to adolescence, developmental disability, frail or elderly patients, physical disabilities including vision and hearing, patients with serious mental health disorders, patients with recent hospitalizations or ER visits and patients receiving end of life/palliative care.

Treatment plan – a series of written statements specifying a patient's particular course of therapy and the roles of qualified health care professionals in carrying it out.

III. PROCEDURE

A. General Requirements

1. Health care staff will notify facility custody or administrative staff regarding inmates who require accommodations based on: chronic illness, dialysis, adolescents in adult facilities, communicable diseases, physical disability, terminal illness, unique medication modalities, frail or elderly, mental illness or suicidal, developmental disability, suspected victims of physical/sexual abuse, or other health conditions requiring arrangements for housing, movement, work or other program activities related to their health needs.
2. Communication of patient health needs is documented. (*Attachment B*)
3. A Health Status Report (HSR) is completed by a provider/nurse when he/she identifies a health condition(s) during the initial health assessment or for new health condition(s) discovered during subsequent exams which results in the need for:
 1. further diagnostic procedures;
 2. specialty consults;
 3. activity limitations;
 4. medical equipment or supplies
 5. facility restrictions or special housing requirements; or

Procedure No. MSP HS B-07.0	Subject: Communication on Inmate Health Needs
Effective Date: November 1, 2010	p.2 of 2

6. other special needs or work restrictions.

The provider/nurse will refer to the *HSR Criteria Table* prior for finalizing any HSR.

4. In general, the notification will be via an [HSR form](#), copies of which will be filed in the medical chart and provided to the inmate and to staff who operate the inmate's housing unit (a copy should be placed in the inmate's mini-file.
5. The white copy of the completed HSR form is to be placed in the inmate medical chart. The yellow copy is for the inmate. The pink copy of the HSR form is to be forwarded to the unit manager of the appropriate unit for entry into the OMIS system and placement into the inmate's mini-file. Entries will include pertinent information, restrictions, special allowances etc. but not medical diagnosis.
6. Medical records staff will enter work restriction data on the adult Offender Management Information System (OMIS) database. Entries will be based upon initial health assessment information and subsequent work status changes / updates generated by an HSR.
7. Mental Health clinicians will share pertinent information with custody or administrative staff regarding inmate mental health needs.
8. The Infirmary Special Needs Committee will review complex inmate cases and requests for restrictions/accommodations from housing unit staff, ADA staff, and administrators at its regular meetings.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS

[HSR Criteria Table](#)
[HSR Request form.docx](#)

attachment A
attachment B



HSR FORM

Inmate Name: _____ Inmate #: _____

Age: _____ Housing location: _____ Date Requested ____ / ____ / ____

Inmates current work status and work location: _____

☐ Initial Treatment

☐ Renewal

☐ Supplies Issued

PROVIDER/NURSE MUST COMPLETE

HSR Requested: _____ Duration: _____

Directions: _____

Prescriber: _____

Reason HSR is necessary, check all that applies:

☐ Inmate strictly meets criteria for HSR

☐ Nursing protocol treatment

☐ Alternative treatments have been explored and found ineffective

☐ Other – Explain: _____

Nurse Signature: _____ Date: ____ / ____ / ____

PA/NP/Physician Signature: _____ Date: ____ / ____ / ____

Comments:

Quality Assurance Manager

☐ Approved as Requested ☐ Approved with Modification ☐ Denied until Further Review

Explanation: _____

Name: _____

Signature: _____ Date: ____ / ____ / ____

Instructions:

1. Requests will be reviewed and returned within 48 hours. Requests received after 11:00 a.m. on Fridays will be reviewed on the next working business day.
2. If HSR's are needed **ASAP** such as lay-ins, dressing supplies, crutches or ice, the form will be filled out and the supplies provided. A copy is then placed in the Quality Assurance Manager's mail box for review.



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS B-08.0	Subject: PATIENT SAFETY/CLINICAL ERROR REPORTING SYSTEM
Reference: NCCHC Standard P-B-08, 2018. HS A-06.0, 2018 Continuous Quality Improvement Program	Page 1 of 2 and two attachments
Effective Date: November 1, 2010	Revised: October 1, 2020, October 1, 2021
Signature / Title: /s/ Cindy Heiner/Medical Bureau Chief	
Signature / Title: /s/ Paul Rees M.D./Medical Director	

I. PURPOSE

To promptly document and report all adverse or near-miss clinical events that may affect or jeopardize the safety of patient and cause potential harm. The intent is to reduce risk and promote patient safety in a non-punitive, professional, and supportive environment.

II. DEFINITIONS

Adverse clinical event – an injury or death caused by medical management rather than by the patients underlying disease or condition. Adverse clinical events occur by omission (failing to do something that is supposed to be done) or commission (doing something that is not supposed to be done).

Near-miss clinical event – an error in clinical activity without a consequential adverse patient outcome.

III. PROCEDURES

A. Documentation Requirements

1. Facility staff will implement patient safety systems to prevent adverse and near-miss clinical events.
2. All health staff must document any observed incident that they believe may affect patient safety by completing an Incident Report in OMIS 3.0. Clinical errors resulting from improper medication administration (i.e., wrong dose, wrong patient, wrong medication) will be documented on an *MSP Infirmary Medication Error Reporting Form*.
3. Incidents requiring documentation include, but are not limited to, clinical errors, whether the error occurs by omission or by commission. Staff must write incident reports in a clear, concise, legible, complete, and accurate manner.

B. Reporting Requirements

1. Health staff will submit completed incident reports to their immediate supervisor. The supervisor will review the report for adequacy, completeness, and clarity.
 - a. Supervisors will return reports found lacking in these areas to the reporting staff member with instructions and appropriate guidance for correcting and re-submitting the report(s).
 - b. The supervisor will sign adequate reports.
2. The immediate supervisor will determine the routing/distribution of each report, including necessary precautions to protect confidentiality issues, and ensure copies are distributed accordingly.
3. The Clinical Services Manager or designee will analyze each adverse or near miss event in order to drive changes or adjustments to the current operating system.

Procedure No.: HS B-08	Subject: PATIENT SAFETY/CLINICAL ERROR REPORTING SYSTEM
Effective Date: November 1, 2010	Page 2 of 2

4. In most cases, the affected patient will be informed when an adverse event has occurred. Patient competency and the significance of the event may determine the appropriateness of disclosure.
5. Written incident reports will be maintained in a secure filing system.
6. Monitoring and evaluation of adverse clinical and near miss events will occur through CQI committee.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENTS

MSP Infirmery Medication Error Reporting Form [New Medication Error Form 2015 revision 1.docx](#)



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS B-09.0	Subject: STAFF SAFETY
Reference: NCCHC Standard P-B-09, 2018; MSP HS D-03.0 2019	Page 1 of 2 and no attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees, M.D. / Medical Director	

I. PURPOSE

To implement measures that provide readily accessible, functional and adequately stocked medical supplies within Montana State Prison and to ensure a safe work environment.

II. DEFINITIONS none

III. PROCEDURES

A. General requirements

1. Staff are encouraged to obtain and carry radio communication devices to facilitate communications regarding safety/security or emergent needs in accordance to *DOC 3.1.33 Radio Communication Systems*.
2. Custody staff are available when requested by health care staff.
3. Inventories will be maintained, per shift, on items in the infirmary tool cribs which are subject to abuse (e.g., syringes, needles, scissors, and other sharp instruments).
4. Instruments will be packaged and stored in locked treatment cabinets in specified treatment areas.
5. Inventory sheets will be maintained for each treatment area.
6. Any disposable items will be discarded in the sharps container.
7. Non-disposable items will be cleaned and placed in the infirmary laboratory to be cleaned and prepared for sterilization by the assigned Correctional Health Services Technician (CHST).
8. Non-disposable items will be transported to the dental area/offices for sterilization and then returned to be placed back into inventory.
9. Inventories will be documented by the assigned nurse or CHST.
10. Out-lying satellite clinic areas will operate under the same guidelines.
11. Any discrepancies will be documented on MSP incident and missing tool reports, and immediately reported to the supervisor and security staff.
12. Needle and syringes will be obtained only from medical supply storage.
13. Needles and syringes will be received by the assigned CHST from the MSP Warehouse and inventoried for verification of contents.
14. Safety barriers and personal protective equipment should be utilized for modern equipment, when used

Procedure No. MSP HS B-09.0	Subject: Staff Safety
Effective Date: November 1, 2010	p.2 of 2

15. Needles and syringes will then be transferred to “blue room” storage where daily inventories will be recorded.
16. Laboratory needles will be transferred from count one time only to the locked lab storage cabinet located in the main infirmary lab room.
17. When an item is removed from the “medical storage room,” staff will initial each item on the appropriate log in descending order.
18. Staff will discard all needles and syringes only in biohazard sharps containers.
19. The biohazard sharps container will be kept in a locked storage area until removed from the facility by authorized methods.
20. Assigned dental staff will inventory and maintain written logs of all dental disposable and non-disposable items which are subject to abuse. (i.e. syringes, needles, scissors, and other sharp items.)
21. First Aid Kits will be labeled and located at individual workstations and throughout the facility.
22. Each First Aid Kit will contain supplies necessary to handle minor emergencies. A complete inventory of each kit will be located on the outside of the kit and the kit will be sealed.
23. Maintenance of each First Aid Kit is the responsibility of the respective work area supervisors.
24. Blood Spill Kits:
 - a. blood Spill Kits will be located alongside all First Aid Kits;
 - b. if disposable, once a Blood Spill Kit is utilized, it is the responsibility of the work area supervisor(s) to contact the Health Services Unit for replacement; and
 - c. if restocking is necessary, the maintenance of each Blood Spill Kit is the responsibility of the respective work area supervisor.
25. Health staff will be vigilant for personal safety and security issues and actions that may compromise the safety of themselves, other staff and MSP. Safety concerns/issues will be reported via written incident report to the nursing supervisor “on-duty”.
26. The Clinical Services Manager, or designee, will sit on the facility Safety Committee board to advocate for circumstance to improve staff safety.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS none



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS C-02.0	Subject: CLINICAL PERFORMANCE ENHANCEMENT
Reference: NCCHC Standard P-C-02, 2018	Page 1 of 2 and no attachments
Effective Date: November 1, 2010	Revised: December 30, 2021
Signature / Title: /s/ Cindy Hiner/ Medical Bureau Chief	
Signature / Title: /s/ Paul Rees/ Medical Director	

I. PURPOSE

To establish a process for evaluating the appropriateness of services delivered by all Qualified Health Care Professionals.

II. DEFINITIONS

Clinical Performance Enhancement – the process of conducting a review of a health professional’s work by another health professional of at least equal training in the same general discipline

Direct patient care clinicians – all licensed practitioners providing medical, dental, and mental health care including physicians, dentists, midlevel practitioners (e.g. nurse practitioners, physicians’ assistants), and *qualified mental health professionals*.

Qualified Health Care Professional – Physicians, physician assistants, nurses, nurse practitioners, dentists, and others who by virtue of their education credentials, and experience are permitted by law to evaluate and care for offenders, including contracted or fee-for-service professionals.

Qualified Mental Health Professional – psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, licensed professional counselors and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for mental health needs.

Independent Review – the assessment of a health care professional’s compliance with discipline specific and community standards. The review includes an analysis of trends in a practitioner’s clinical practice. This review may be conducted by someone who may or may not be directly employed by the institution, as long as the reviewing practitioner had not been previously involved in the care of the patient/s involved.

Electronic Health Record (EHR)- digital version of a patient’s medical chart. EHRs are real-time, patient-centered records that make information available instantly and securely to authorized users.

III. PROCEDURE

A. General requirements`1`1

1. All *Qualified Health Professionals* clinical work will be reviewed by another professional of at least equal training in the same general discipline.
 - a. all reviews will be confidential and shared only with the individual being reviewed, the MSP Clinical Services Manager or designee and the Medical Director.
 - b. at a minimum, clinical reviews will incorporate the following:
 - 1) the name of the individual being reviewed.
 - 2) the date of the review.
 - 3) the name and credentials of the person conducting the review.
 - 4) confirmation that the review was shared with the individual being reviewed; and

Procedure No. MSP HS C-02.0	Subject: Clinical Performance Enhancement
Effective Date: December 30, 2021	p.2 of 2

- 5) a summary of the findings and corrective action, if any.
 - c. Appropriate follow-up (i.e. *independent review*) or corrective action will be implemented by the Clinical Services Manager as indicated.
2. A basic review will be completed, at least annually; from a selection of each direct patient care clinician's clinic encounters(see [*Medical Chart Review Worksheet*](#)). Electronic Health Records will be reviewed covering multiple areas, including:
 - a. Chronic care.
 - b. Urgent care.
 - c. Routine medical care.
 - d. Infirmary care; and
 - e. Psychiatric care.
3. Assessment will be based on community standard of care and will include:
 - a. completeness/relevancy of present and past history.
 - b. physical exam pertinence.
 - c. lab/diagnostics.
 - d. procedures.
 - e. mental status exam.
 - f. risk factors.
 - g. treatment plan; and
 - h. appropriateness of consults and charting legibility.
4. Peer case reviews may be conducted on selected individual cases.
5. Tracking will be captured in the EHR to include names of the Qualified Health/Mental Health Care Professional and the dates of their reviews and will be verified by the MSP Clinical Services Manager or designee.
6. The professional practice review of RNs and LPNs (including Supervisory staff that provides clinical care) will focus on clinical skills with the purpose of enhancing competence and addressing areas in need of improvement:
 - a. this review will be designed and conducted through the Nurse Educator.
 - b. peer case reviews may be conducted on selected individual cases; and
 - c. tracking will be captured in the EHR. The names of the RN/LPN and will be verified by the Nurse Educator.
6. An Independent Review will be implemented by the DON and/or RHA when serious concerns are noted regarding an individual provider's competence.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS

None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS C-03.0	Subject: ORIENTATION FOR HEALTH STAFF	
Reference: NCCHC Standard P-C-09, 2018; MSP Nursing Skills Checklist and Self Evaluation form; Chicago: ISBN 0-929561-22-8	Page 1 of 2 and 2 attachments	
Effective Date: November 1, 2010	Revised: October 1, 2020	
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief		
Signature / Title: /s/ Paul Rees M.D. / Medical Director		

I. PURPOSE

All health staff receives an in-depth orientation to the health services program and participate annually in continuing education appropriate for their positions.

II. DEFINITIONS

Competency – a job related task that can be observed and measured.

Continuing Education – courses or seminars that allow staff to earn continuing education units (CEUs) that may be required by state regulatory boards for renewal of licensure or certification.

Mandatory Training – training that is required or specifically designated by the Department director or administrator to be completed during any given training year.

New Employee Orientation – position, site-specific, or on the job training for newly hired employees that includes review of specific department and program purposes, goals, policies, and procedures.

Performance-oriented Training – training that tests an employee's ability to perform specific tasks and meet set standards to successfully complete the training.

Qualified Instructor – an individual who has successfully completed an instructor development course or an equivalent program and has met additional specialty instructor or curriculum orientation training as necessary.

Specialized Training – training that requires staff to maintain necessary knowledge and skills and demonstrate their technical competencies on a predetermined basis.

Training – an organized, planned, and evaluated activity designed to achieve specific learning objectives and enhance the job performance of personnel that may include classroom instruction, distance learning, on-the-job training, independent study, meetings, and conferences where proof of completion and attendance is required.

III. PROCEDURES

A. General requirement

1. Upon completion of Montana State Prison basic staff orientation, and within 90 days of employment, all full-time health staff will receive a complete, formal, in-depth orientation to the health services program.

Procedure No. MSP HS C-09.0	Subject: ORIENTATION FOR HEALTH STAFF
Effective Date: November 1, 2010	p.2 of 2

2. Health staff will review all health service policies and procedures (*DOC policies, Chapter 4, Healthcare, section 5, numbers 4.5.2-38, MSP 4.5.100, & MSP 4.5.101*) not addressed in basic orientation.
3. The [MSP Nursing Skills Checklist and Self Evaluation form](#) will be implemented by the RN Nurse Educator and reviewed by a member of the nursing management team to identify and develop an individual orientation plan specific to the needs of that individual and the institution.
4. Initially, the full-time nursing staff member will be given the MSP Orientation Competency Template Revised RN/LPN Packet and assigned a preceptor to orient and cover every area in the Packet. The full-time staff member will be assigned tasks with the preceptor to gain the needed knowledge in all areas of the health care delivery system. Once the individual nurse/nurses have completed orientation with assigned preceptor/preceptors, the full-time nurse will be scheduled to meet with the nurse educator. During the meeting with the Nurse Educator, the Packet will be reviewed for understanding and questions. Skill competencies will be reviewed and tested by the nurse educator.
5. The length of each individual's orientation phase will be directly dependent upon the knowledge they exhibit in all areas of the health care delivery systems. This will be related to years of experience and exhibited clinical knowledge.
6. Skills competencies will be tested at the annual skills fair. Skills competencies tested at annual skills fairs will be tailored to each staff member's level of licensure or job duties.

B. Education

1. All qualified health care professionals will participate in annual continuing education appropriate for their position and licensure.
2. Full-time qualified health care professionals are required to obtain 12 hours of health-related continuing education per year.
3. This education will be provided by qualified instructors who possess knowledge in the subject matter or by persons possessing current instructors' certificate from an approved body:
 - a. this education may be obtained through distance learning, health related conferences, seminars, and/or independent study; and
 - b. the training records and current CEU's will be held by department training personnel and may be accessed by each individual employee.
4. All health care professionals are required to have current healthcare professional cardio-pulmonary resuscitation certification which will be provided by the RN Nurse Educator.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS

[MSP Nursing Skills Checklist and Self Evaluation form](#)

MSP Infirmary Competency Checklist: ORIENTATION RN, LPN.



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS C-05.0	Subject: MEDICATION ADMINISTRATION TRAINING
Reference: NCCHC Standard P-C-05, 2018; Inmate Self Medication MSP HS D-02.1, -Medication Box Self Administration System MSP HS D -02.3, Disposal of Expired, Discontinued, or Damaged Narcotics MSP HS D-02.2	Page 1 of 2 and no attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees, M.D. / Medical Director	

I. PURPOSE

To describe the training requirements for personnel who administer medication at Montana State Prison. All medications at Montana State Prison will be administered only by professional nurses who are properly licensed to administer medications. Medications will be administered in accordance with state and federal laws and regulations pursuant to direct medical orders from a provider. All prescription medications are to be recorded within the Sapphire Electronic Medication Administration Record (EMAR) according to written procedure.

II. DEFINITIONS

Sapphire Electronic Medication Administration Record (EMAR) - The web-based electronic system used by Montana State Prison Health Services for ordering, administering and managing medications.

Medication Box - A box to hold medications that is clearly labeled with the inmate's name and days of the week and stored in a secure medication mailbox in the housing unit for the inmate to self-administer under the supervision of correctional staff.

Medication Mailbox - A locked mailbox located in the housing units that secures and holds pre-setup medication boxes. All housing units with the exception of the Martz Diagnostic Intake Unit and the two Restricted Housing units have the medication mailbox system.

III. PROCEDURES

A. General requirement

1. All personnel who are assigned to administer medications will receive orientation, in-service training, and continuing education with respect to the following:
 - a. security aspects of medication delivery;
 - b. accountability for administering medications in a timely manner according to prescriber orders;
 - c. recording the administration of medications in the Sapphire EMAR system.
 - d. routes of administration; and
 - e. common side effects of specific drugs.
2. Documentation of training will be kept on file by the designated Nurse Educator.

Procedure No. MSP HS C-05.0	Subject: MEDICATION ADMINISTRATION TRAINING
Effective Date: November 1, 2010	p. 2 of 2

3. A contract pharmacist will attend the semi-annual Department All Facilities meetings to educate staff concerning the side effects of medications.
4. Designated nurses and/or pharmacy staff will ensure all prescription medications are secured in the pharmacy, in a locked medication cart/room, medication box, or transportation boxes.
5. Assigned nurses will count all narcotics/controlled drugs at the end of each shift, and maintain written records documenting these counts. If a discrepancy is found during the count, the assigned nurse will immediately complete an incident report and notify the on-duty nursing supervisor. As a measure of ensuring the systems integrity, the Clinical Services Manager or designee will perform routine checks on all narcotics.
6. The Clinical Services Manager, or designee, will arrange shipment of expired narcotics to contract reverse distributor in accordance with Federal Drug Enforcement Agency regulations (*see HS D-02.0*).
7. To ensure adequate control and accountability for all areas of medication administration, continuous quality improvement studies will be completed by nurses or pharmacy aides as areas of need are identified.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS none



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS C-06.0	Subject: INMATE WORKERS
Reference: NCCHC Standard P-C-06, 2018	Page 1 of 2 and no attachments
Effective Date: November 1, 2010	Revised: October 1, 2020, October 1, 2021
Signature / Title: /s/ Cindy Hiner/Medical Bureau Chief	
Signature / Title: /s/ Paul Rees, M.D./Medical Director	

I. PURPOSE

To describe guidelines for the utilization of inmates within the health care delivery system and prohibit inmate workers from being utilized as health care workers and providing direct medical care for inmate patients.

II. DEFINITIONS

Activities of daily living (ADL) – generally refers to ambulation, bathing, dressing, feeding, and toileting.

III. PROCEDURES

A. Inmate Assignments

1. An inmate worker, with appropriate training, may be permitted to:
 - a. provide assistance in the facility health care unit with routine tasks (e.g., cleaning the floor) under the direct, visual supervision of staff.
 - b. assist designated inmates with their ADLs (*except for infirmity-level care patients*)
 - c. participate in support groups that assist other inmates with health problems (e.g., hospice programs, buddy systems for non-acutely suicidal inmates, etc.).
2. Staff will not allow inmates to:
 - a. distribute or collect sick-call slips.
 - b. schedule appointments.
 - c. handle medical records, medications, or surgical instruments and sharps; or
 - d. provide direct patient care or make treatment decisions.
3. Inmate Worker Orientation:
 - a. prior to beginning their duties, the designated health care staff or designee, will instruct/train each inmate worker on all required tasks.
 - b. the designated CHST, or designee, will have the inmate sign his assignment description upon successfully completing the instruction/training; and
 - c. documentation of Inmate training will be tracked and kept by the designated CHST.

B. Security Precautions

1. Security procedures will be developed to ensure that inmates do not have access to:
 - a. needles.

Procedure No.: MSP HS C-06.0	Subject: Inmate Workers
Effective Date: November 1, 2010	p.2 of 2

- b. syringes.
 - c. sharps.
 - d. Medications.
 - e. inmate health care records or files; or
 - f. other prohibited items.
- 2. Security precautions will include:
 - a. appropriate inventory procedures; and
 - b. required supervision and routine searches of all inmates working in the health care unit.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager

V. ATTACHMENTS

None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS C-07.0	Subject: MEDICAL STAFFING PLAN
Reference: NCCHC Standard P-C-07, 2018	Page 1 of 2 and no attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees M.D. / Medical Director	

I. PURPOSE

To ensure sufficient number of health care staff of varying types (medical, dental, and mental health) are available 24 hours/day 7days/week to provide the inmates at MSP adequate and timely evaluation and health care treatment consistent with nationally accepted standards of care.

II. DEFINITION

Daily Assignment sheet - daily scheduling of staff to individual areas and assignments.

Position - a job filled by a specific staff member which has tasks that can usually be deferred until the staff member is available.

Staffing Plan - a detailed schedule on which classifications of staff are assigned to posts or positions for the health care unit. Full-time equivalent (FTE) staff coverage required, lists current incumbents and vacancies, and addresses how full coverage will be accomplished if all positions are not filled.

Staffing Schedule – a monthly schedule indicating FTE coverage for nursing staff and clinician coverage.

III. PROCEDURE

A. General requirements

1. A staffing plan will be developed by the clinical services management team to address required health care coverage:
 - a. There must be sufficient Qualified Health Care Professionals and Health Care Staff to ensure there is no unreasonable delay in patients receiving necessary care;
 - b. Each position will be allocated an FTE equivalency; and
 - c. Each FTE physician/mid-level position will be assigned a daily patient load should not exceed 30 patients and should include enough time for administrative duties.
2. Staffing schedules will be completed monthly by health services managers:
 - a. Physician/mid-level coverage will be posted on a separate calendar, which will be developed and maintained by the designated in-house appointment scheduler.
3. Daily assignment sheets will be completed by the Clinical Services Manager, and are subject to change at a moment's notice dependent upon unexpected staffing shortages i.e. call-offs:
 - a. assignment sheets will include only nursing and certified Correctional Health Service Technician staff members.

Procedure No. MSP HS C-07.0	Subject: Medical Staffing Plan	
Effective Date: November 1, 2010		p.2 of 2

4. Coverage of shortages to staffing needs:
 - a. overtime will be posted according to union contract for permanent/full-time staff; and
 - b. contract agency staff will be given opportunity to fill shortages only when overtime cannot be filled internally.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENT none



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS C-01.0	Subject: CREDENTIALS
Reference: NCCHC Standard P-C-01, 2018;	Page 1 of 1 and no attachments
Effective Date: January 1, 2017	Revised: October 1, 2020, October 1, 2021
Signature / Title: /s/ Cindy Heiner/Medial Bureau Chief	
Signature / Title: /s/ Paul Rees M.D./ Medical Director	

I. PURPOSE

All qualified health care professionals have credentials and provide services consistent with licensure, certification, and registration requirements of the jurisdiction.

II. DEFINITIONS

Designated Health Authority- The Clinical Services Manager, regardless of title i.e., *Medical, Mental Health or Treatment*, at the facility or program level who is responsible for health services, as designated by the Responsible Health Authority.

Responsible Mental Health Authority - Regardless of local title, the individual at the facility or program level who is responsible for mental health services, as designated by the Responsible Mental Health Authority.

Qualified Health Care Professional- Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for offenders, including contracted or fee-for-service professionals.

III. PROCEDURE

A. General requirements

1. Each Department Qualified Health Care Professional, including telehealth providers, will:
 - a. submit a copy of current license or appropriate credentials to the Human Resources Specialist and Clinical Services Manager upon hire; and
 - b. maintain current license or credentials and provide verification of renewal to the Human Resources Specialist and respective Clinical Services Manager.
 - c. not perform tasks beyond those permitted by their credentials
2. The designated health and mental health authorities will:
 - a. assure verification of current licenses and credentials through the appropriate licensing board.
 - b. inquire regarding sanctions or disciplinary actions of state boards, employers, and the National Practitioner Data Bank (NPDB)
 - c. maintain verifications in individual personnel files; and
 - d. provide copies of verifications to the Department's contract monitor in contracted facilities.
3. Licenses with limits restricted to practice only in correctional institutions are not permitted.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager

V. ATTACHMENTS None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS D-01.0	Subject: Pharmaceutical Operations
Reference: NCCHC Standard P-D-01, P-D-02, 2018	Page 1 of 3 with 3 attachments.
Effective Date: July 28, 2016	Revised: October 1, 2020
Signature / Title: /s/ Cindy McGillis-Hiner / Medical Bureau Chief	
Signature / Title: /s/ Dr. Paul Rees M.D. / Medical Director	

I. Purpose:

To assure that pharmaceutical operations are sufficient for the needs of the facility and conform to state and federal law and regulations. To assure that medications services are clinically appropriate and provided in a timely, safe, and sufficient manner.

II. Definitions:

Dispensing: Placing one or more doses of a prescribed medication into containers that are correctly labeled to indicate the name of the patient, the contents of the container, and other vital information.

Administering: The act in which a single dose of an identified medication is given to a patient.

Drug Formulary: A written list of prescribed and non-prescribed medications available to authorized prescribers working in the facility.

KOP Medication: a designation for a medication approved by a provider for an inmate to keep in his cell and self-administer as prescribed

III. Procedures:

- A. MSP will comply with all applicable state and federal regulations concerning prescribing, dispensing, administering, procuring, and disposing of pharmaceuticals.
 1. Prescription medications will be administered and delivered to the patient only on the order of a prescribing clinician.
 2. Inmates will not handle medication except for their own individual medication boxes or approved KOP medications.
- B. A drug formulary will be maintained and updated annually by the Clinical Services Division/Medical Director.
 1. Prescribers may order non-formulary medications. These medication orders will be entered into the Sapphire e-MAR as usual and will be automatically placed in the non-formulary approval queue for authorization by the Medical Director.
 2. Non-formulary medications will not be administered until approved. The approved medication will be started upon receipt of blister packs from the contract pharmacy unless otherwise specified by the provider.
- C. Routine medications entered into the Sapphire eMAR before 10am will be packaged and shipped to arrive the next day. If the medication is not in stock or on back order, the pharmacy staff will be notify and follow up with the contract pharmacy and the prescribing provider.

Procedure No. MSP HS D-01.0	Subject: Pharmaceutical Operations and Medication Services
Effective Date: July 28, 2016	p. 2 of 3

1. When a medication is ordered STAT or ASAP by the provider and is not in stock, it will be ordered utilizing the emergency back-up pharmacy in the Sapphire e-Mar. These meds will be processed immediately by the contracted pharmacy through a designated back-up pharmacy and will be picked up in a timely manner by MSP staff.
 - a. The primary backup pharmacy is Keystone Family Pharmacy, 406-846-2120. In the event the medication is not available from Keystone Family Pharmacy, the contract pharmacy will contact hospital pharmacies in the area to obtain medication.
2. MSP pharmacy assistants will explore reasons when a medication does not arrive from the contracted pharmacy as expected. The assistants will follow up to assure the earliest possible re-ship of the medication.
3. Delayed arrival medications may be started from stock, ordered through emergency back-up, or started upon arrival per the ordering clinician's preference.
- D. All medications will be accounted for and stocked in the MSP infirmery pharmacy room upon receipt from the contracted pharmacy through the Sapphire e-MAR system. In addition, all controlled substance medications will be added to the narcotic count upon receipt.
- E. Providers will check the renewal queue on the Sapphire e-MAR and renew medications as needed.
- F. Providers will schedule appropriate follow up appointments for medication renewals.
- G. All medication removed from the MSP pharmacy area by qualified staff will be signed out using the Stock Medication Sign-Out Log. Narcotic medications will be signed out using the daily narcotic tracking sheet.
- H. Designated nurses will count all narcotics/controlled drugs at the end of each shift, and maintain written records documenting these counts. If a discrepancy is found during the count, the designated nurse will immediately complete an incident report and notify the on-duty nursing supervisor. As a measure of ensuring the systems integrity, designated medical staff will perform routine checks on all narcotics.
- I. Drug storage and medication areas will be devoid of outdated, discontinued, or recalled meds.
 1. All medication carts in the facility will be inspected and documented by a MSP pharmacy assistant or nursing staff at least once monthly for expired or discontinued medications. Inspections will be tracked by the ADON Nurse Educator or designee.
 2. The MSP pharmacy area will be inspected and documented by a MSP pharmacy assistant at least once monthly for expired or discontinued medications. Inspection will be tracked by the ADON Nurse Educator or designee.
 3. All expired or discontinued medications will be labeled as such and stored in the appointed area of the MSP pharmacy until shipped to the contract pharmacy for disposal.
 4. Disposal of expired or discontinued narcotic medications will happen according to DEA regulations. Single doses will be disposed of via the "Rx Destroyer" receptacle and documented as per DEA regulations.
- J. Medications will be stored under proper conditions.
 1. Refrigeration temperature logs will be maintained on a daily basis by assigned staff and tracked by the ADON Nurse Educator or designee.
- K. A consulting pharmacist from the contract pharmacy will conduct an on-site inspection and consultation quarterly.
 1. A report documenting the findings of the visit will be prepared by the consulting pharmacist.
 2. Reports will be reviewed and kept on file by the Director of Nursing.
- L. The poison control number will be posted on telephones used by nursing staff.
- M. Emergency medications will be stocked and maintained.

Procedure No. MSP HS D-01.0	Subject: Pharmaceutical Operations and Medication Services
Effective Date: July 28, 2016	p. 3 of 3

- N. Pill bottles of medications arriving with inmates will not be maintained at MDIU. Medication bottles will be transported to MSP infirmary for disposal in the “Rx Destroyer” or destroyed by Diamond Pharmacy staff during quarterly visits. Blister packs with appropriate patient specific labeling from the sending facility may be utilized and maintained.
1. All incoming medication and medication administration records will be reviewed by nursing staff with a provider and continued as appropriate.
 2. Intake medications will be ordered on Sapphire e-MAR by the provider.
 3. Medications that require STAT or consistent dosing and not sent in blister pack form from the sending facility will be emergency ordered so that missed doses are kept to an absolute minimum. All other medications without adequate supply from sending facility will begin upon arrival from Diamond Pharmacy.
- O. Narcotic medications arriving with inmates will be managed per DEA regulations.

IV. Closing:

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. Attachments:

[Night Locker Sign out log.xls](#)
[PRN Narcotic Count.docx](#)
[Patient Specific Narcotic Count.docx](#)

Attachment A
Attachment B
Attachment C



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS D-02.0	Subject: DISCHARGE MEDICATIONS
Reference: NCCHC Standard P-D-02, 2018	Page 1 of 2 no attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees M.D. / Medical Director	

I. PURPOSE

To provide discharge medications and medical supplies for continuity of care through proper coordination with Diamond pharmacy and the designated Discharge Planner. Coordination of care may be worked out with a receiving facility or community resource.

II. DEFINITIONS none

III. PROCEDURES

A. General requirements

1. Inmates may receive up to a 60-day supply of current/active medication and medical/supplies as needed for continuity of care at the time of their discharge or transfer.
 - a. When IPPO or Contract Placement Bureau office staff sends notification of discharge to the med room staff that an inmate will be leaving Montana State Prison, med room staff will request discharge medications from Diamond Pharmacy.
 - b. Once the discharge medications are received by the med room staff, they will securely package and date them. These will be provided to the inmate upon his departure.
2. When an inmate transfers, the secured medications will be provided to the Transportation Department by the med room staff, to deliver with the inmate to the transfer location.
 - a. In the event an inmate is transferred without notice, the med room staff will immediately fax a copy of the inmate's Medication Administration Record to the receiving facility. The medication will then be mailed to the inmate by med room staff at the address provided. Inmate addresses can be found on the transfer paperwork received from the IPPO or Contract Placement Office.
 - b. All medications will be provided in a child proof container.
3. Upon inmate discharge:
 - a. Medication are packaged, secured and provided to the Transportation Department to transfer to the inmate on the day of his discharge from the facility. Command Post will be utilized for this on weekends and holidays.
 - b. All medications will be provided in a child proof container.
 - c. If an inmate is released without essential prescribed medication, the medication will be mailed to the inmate at the address given to the pharmacy. Inmate addresses can be found on the discharge paperwork from the MSP IPPO office.
4. Injectable medications will be reviewed by the prescribing practitioner and coordinated with the Medical Case Manager to determine the appropriate discharge supply and when necessary, coordinate with outside referral sources administration needs.

Procedure No. MSP HS D-02.0	Subject: DISCHARGE MEDICATIONS
Effective Date: November 1, 2010	p. 2 of 2

5. The designated Correctional Health Service Technician (CHST) will be responsible for providing essential supplies (i.e.; diabetic syringes, blood sugar testing material and other supplies) as ordered by a provider.
6. Documentation of discharge medications and supplies will happen through the Medical Discharge Services Confirmation form. (*See HS E-10.0*)

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS D-02.1	Subject: INMATE SELF-MEDICATION- KOP
Reference: NCCHC P-D-02, 2018; Montana Administrative Rules, Montana Board of Pharmacy; Diamond Pharmacy Services Policies and Procedure Manual	Page 1 of 3 and one attachment
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees M.D./ Medical Director	

I. PURPOSE

To outline the process by which inmates possess and self-administer identified prescription medications ordered by licensed medical providers.

II. DEFINITIONS

Blister Pack – a sealed card of prescribed medication containing individual unit dosages.

Keep on Person (KOP) – A designation for a medication approved by a provider for an inmate to keep in his cell and self-administer as prescribed.

Long Term – a period of time more than 30 days.

Nursing Protocol Medications – non-prescription medications pre-approved by the Medical Director.

Prescribed Medication – medication ordered by the treating practitioner to be used by the inmate.

Short Term – a period of time 30 days or less.

Unit Dose – Medications that are not approved for inmates to keep in their cells.

III. PROCEDURES

A. Prescribed Medication Packaging

1. All approved medication will be pre-packaged in blister packaging or unit dose form except for inhalers, ointments and other medication not conducive to blister packaging. These medications will be provided in appropriate alternative packaging. All prescribed medication (pills) will remain in the blister pack until immediately prior to ingestion.
2. Designated health care staff will ensure all prescribed medications are labeled with the following:
 - a. Inmate's name;
 - b. Inmate's AO/ID number;
 - c. issuance date;
 - d. expiration date of medication;
 - e. discontinued date of order;
 - f. medication name;
 - g. unit dosage;
 - h. prescribing practitioner;
 - i. medication instructions;
 - j. prescription number; and

Procedure No. MSP HS D-02.1	Subject: INMATE SELF-MEDICATION- KOP
Effective Date: November 1, 2010	p.2 of 3

k. KOP status

B. KOP blister pack distribution

1. Health care staff will distribute KOP medications using the Sapphire EMAR system.
2. KOP blister packs will be checked and verified by the pharmacy aides to ensure the inmate has a current medication order and the medication in the blister pack matches the medication order.
3. The staff member signing out the medication will sign them out utilizing the Sapphire EMAR system, noting the amount of pills.
4. Health care staff issuing the KOP medication will:
 - a. Issue the medication only to the inmate whom the medication is prescribed for, requiring the inmate to show his inmate ID card when receiving his medications; and
 - b. require the inmate to sign for the medication he receives.
5. Health care staff will inform inmates who report they did not receive their medications to submit a Health Care Request form (HCR) to the infirmary.
6. Staff will consider any loose (unpackaged) pill(s) found in the facility as contraband and will complete an incident report for any inmate who violates this procedure.
7. Any inmate found subverting (i.e. cheeking, hoarding, selling, etc.) his medication will be subject to disciplinary action. The medication subversion incident will be documented in an incident report and forwarded to the prescribing provider and to the Command Post as per facility procedure.
8. Licensed health care staff may administer Nursing Protocol Medication to inmates:
 - a. when indicated on the specific nursing protocol for inmates having or complaining of minor problems (e.g. cough, cold, sore-throat, heartburn, constipation, diarrhea, headaches, minor aches, etc.); and
 - b. for no longer than three to five days, unless indicated otherwise by a physician. Health care staff will document Nursing Protocol Medications on the nursing protocol forms and in the Sapphire EMAR system.

C. Medication Completion

1. Health care staff will request inmates to return the following to the Infirmary:
 - a. approved medication cards that are not empty, but are no longer valid;
 - b. medication cards that have reached expiration date; or
 - c. medication cards that are not desired by the inmate.
 Health care staff will return these cards/medications to the pharmacy for destruction.

D. Medication Accountability

1. Health care staff will set up medications in a medication box or will unit dose medications for inmates who are unable or unwilling to comply with an order for prescribed medication.
2. Health care staff will require inmates to keep all prescribed medication (pills) in the blister pack until immediately prior to ingestion.

Procedure No. MSP HS D-02.1	Subject: INMATE SELF-MEDICATION- KOP	
Effective Date: November 1, 2010		p.3 of 3

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENT

Unit Dose List

attachment A



UNIT DOSE ONLY MEDICATIONS

	ALL Narcotics					Norpramine / Desipramine			
	Amitriptyline / Elavil					Nortriptyline / Pamelor			
	Aripirazole / Abilify					Olanzapine / Zyprexa-Zyids			
	Benztropine mesylate / Cogentin					Oxybutynin / Ditropan			
	Bupropion / Wellbutrin					Perphenazine / Trilafon			
	Chlorpromazine HCL / Thorazine					Prednisone <u>*titrated doses only*</u>			
	Clozapine / Clozaril					Prochlorperazine / Compazine			
	Cyclobenzaprine / Flexeril					Promethazine / Phenergan			
	Dicyclomine / Bentyl					Pseudoephedrine / Actifed			
	Duloxetine / Cymbalta					Quetiapine / Seroquel			
	Enoxaparin injection / Lovenox					Ribavirin / Ribashere			
	Fluphenazine / Prolixin					Risperdone / Risperdal			
	Gabapentin / Neurontin					Seinequan / Doxepin			
	Haloperidol / Haldol					Sumatriptan / Imitrex			
	Hydroxyzine HCL / Atarax					Thiothixene / Navane			
	Hydroxyzine pamoate / Vistaril					Tofranil / Imipramine			
	Isoniazid / INH					Trazadone / Desyrel			
	Lamotrigine / Lamictal					Trifluoperazine / Stelazine			
	Lioresal / Baclofen					Trihexyphenidyl / Artane			
	Lithium carbonate / Lithobid					Venlafaxine / Effexor			
	Methocarbamol / Robaxin					Ziprasidone / Geodon			



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS D-02.2	Subject: DISPOSAL OF EXPIRED, DISCONTINUED or DAMAGED NARCOTICS	
Reference: NCCHC Standard P-D 01, 2018 DEA Office of Diversion Control, 21CFR, 1300 et seq.; Title 21, Code of Federal Regulations, Section 1307.21; 1970 Controlled Substances Act, Section 307	Page 1 of 2 and no attachments	
Effective Date: November 1, 2010	Revised: October 1, 2020	
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief		
Signature / Title: /s/ Paul Rees M.D. / Acting Medical Director		

I. PURPOSE

To establish and maintain accountability for expired, discontinued, or damaged (“wasted”) DEA controlled medications. Formal arrangements will be put into place, in accordance with applicable state and federal laws, for their secure disposal and for inventory accountability until the disposal process can be accomplished.

II. DEFINITIONS none

III. PROCEDURES

A. General guidelines

1. DEA Controlled medications, packaged/labeled by Diamond Pharmacies, that have discontinued or expired will be removed from count, packaged, and shipped to our “Reverse Distributer”. A record must be kept for any controlled medications sent to “Reverse Distributer” for credit or destruction for future reconciliation and auditing.

B. Damaged or “wasted” DEA controlled medication doses

1. Single doses of narcotics will be considered “wasted” when a single unit (tablet, capsule, etc.) of medication is removed from a blister pack or other container, signed out to intended inmate and is not issued to an inmate for various reasons (refusal, altered tablet, tablet dropped on floor, etc.). The medication will not be placed back into the blister pack and will not be held for a later time due to pharmacy labeling laws. Hence, the medication is “wasted”.
2. Wasted medications are to be accounted for on the Narcotic Log by licensed healthcare staff. When “wasting” a controlled substance, the nurse must document that the drug was *wasted* on the DEA Narcotic Log on the row the medication was signed out on. Two nursing staff must witness the medication being wasted, and both nurses must sign the Narcotic Log.

Procedure No. MSP HS D-02.2	Subject: DISPOSAL OF EXPIRED, DISCONTINUED or DAMAGED NARCOTICS
Effective Date: November 1, 2010	p.2 of 2

C. Receipt of DEA controlled medications from sources other than Diamond Pharmacies

1. These also apply to medications from a retail pharmacy, from a health care entity, or from the intake process.
2. The nurse receiving the medication will fill out an Inmate Patient Specific Controlled Substance Medication Waste Report, noting the inmate's name, the name of the controlled substance received, and the amount received. The medication will be wasted, utilizing the RX Destroyer, by two nurses and the form will be turned into the assigned ADON for future auditing purposes.

D. Destruction of Controlled Substance

1. Single dose medications once removed from count will be transferred to the RX Destroyer.
2. DEA Controlled medications packaged/labeled by Diamond Pharmacies as "stock" will be removed from count by a Nursing Manager and cosigned by an RN. The medication will be inventoried, packaged by the Nurse Manager and sent to our Reverse Distributer for destruction per service agreement and federal DEA regulations.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS

[Inmate Patient-Specific Medication Waste Report.docx](#)

[Attachment A](#)



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS D-02.3	Subject: MEDICATION BOX SELF ADMINISTRATION SYSTEM
Reference: DOC Policy No. 4.5.25	Page 1 of 4 and 4 Attachments
Effective Date: May 29, 2014	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees M.D. / Medical Director	

I. PURPOSE

To explain the process for setting up medication boxes for inmate self-administration, including defining medication administration terms and the procedure for nursing documentation of compliance in the Sapphire Electronic Medication Administration Record (EMAR). The medication administration terms utilized by the electronic system are unique to the system and are defined below.

II. DEFINITIONS

Sapphire Electronic Medication Administration Record (EMAR) – The web-based electronic system used by Montana State Prison Health Services for ordering, administering and managing medications.

Keep on Person (KOP) – a designation for a medication approved by a provider for an inmate to keep in his cell and self-administer as prescribed.

Medication Box – a box to hold medications that is clearly labeled with the inmate's name and days of the week and stored in a secure medication mailbox in the housing unit for the inmate to self-administer under the supervision of correctional staff.

Medication Mailbox – A locked mailbox located in the housing units that secures and holds pre-setup medication boxes. All housing units with the exception of the Martz Diagnostic and Intake Unit and the two Restricted Housing units have the medication mailbox system.

Directly Observed (*Sapphire only) – the term used by the Sapphire EMAR system to indicate a unit-dose medication (medications not approved for inmates to keep in their cells).

Administered (*Sapphire only) – the term used by the Sapphire EMAR system to indicate a medication was taken by an inmate. When documenting an inmate's compliance with the medication box in the Sapphire system, the term administered is used only to indicate that the medications that were setup the previous week are no longer in the box. It is implied that the inmate took the medications. This term does not indicate that the documenting nurse observed the inmate taking the medication, nor does it indicate that the documenting nurse was the one who setup the medication the previous week.

III. PROCEDURES

A. Medication Orders


1. Each patient who has prescribed medications will have orders entered into the Sapphire system by the provider. If the order is a verbal or phone order, a nurse will enter the order into the system.
2. When medications are ordered, the provider/nurse will indicate that the medication is either KOP or directly observed (i.e. unit dose). If the medication is ordered for longer than a week and the

Procedure No.: MSP HS D-02.3	Subject: MEDICATION BOX SELF ADMINISTRATION SYSTEM
Effective Date: May 29, 2014	Page 2 of 4

inmate is housed in a unit with a medication mailbox the medication will be setup in a medication box for self-administration by the inmate under the supervision of correctional staff.

3. The ordered medication will be assigned standard administration times set up in the Sapphire EMAR:
 - a. QD or Am is 0700;
 - b. PM or HS is 1900;
 - c. BID is 0700 and 1900;
 - d. TID is 0700 1200 and 1900; and
 - e. QID is discouraged for the medication box system.
4. Any medication not provided through the medication box system will be assigned the following times and issued by an assigned nurse at the infirmary:
 - a. all injections will be set for 1000;
 - b. all narcotics/controlled substances will be given at PRN times 0600, 1100, 1800.
 - c. all orders written for less than a week will be ordered for PRN times (0600, 1100, 1800).

B. Medication Box Setup Procedure using Sapphire

1. Utilize the Desktop computer in the pill box setup room, ensuring it is connected to the internet. Log into sapphire at <https://www.sapphireemr.com>. Go to the med pass area on the Sapphire main page and click on the icon that looks like paper (next to the bar) for total .
2. On the left side of the page, change the date to the first day for the box you are filling (today is 12/9/15 but you are filling for week of 12/15/15 to 12/21/15) so you would change the date to 12/15/15.
3. On the left side of screen there is a box that says unit. Click on area to open dropdown to select all units except INF, RHU, SAU and MDIU.
4. After that is completed make sure only times for box setup are checked (0700, 1200, 1900), then click the box that says, "Update Live Prelist". Fill medication boxes with medications starting the Monday 1900 pill pass thru the 0700 pill pass on the next Monday.
5. Go to the top of the page and open a second window and go to <https://www.sapphireemr.com>. This window will be used to document box fills and double check medications. This ensures that every-other-day orders and mid-week dosage changes are not missed.
6. All medication boxes will be up on the shelves in the pill box setup room grouped by letter. All units except RHU, SAU, MDIU will be setup at this time.
7. All medication boxes must have the inmate's name and offender DOC ID # labeled on both sides of the boxes. When new orders are started or inmates are moved from MDIU, RHU or SAU; the nurse must make two boxes so there will be one to replace the one pulled on Monday night.
8. The Medication locker must have a picture located on the front of the individual door with name and offender DOC ID# and must also have one on the inside of the box.

Procedure No.: MSP HS D-02.3	Subject: MEDICATION BOX SELF ADMINISTRATION SYSTEM
Effective Date: May 29, 2014	Page 3 of 4

9. Fill the boxes according to the orders:

- a. If the medications in the cart are low or not available order the medication utilizing the button for refill on the right side of the medication order;
- b. If stock is available, it may be used to fill the box until the refill is available. In the event that medications are not available in the cart or in stock, the nurse will fill out two slips: one to notify the inmate the medication is on order and the other will be put in the pharmacy so the pharmacy aid can let nursing know that medication needs to be put in the box when it arrives;
- c. If the medication will be here on Monday, the box should be left in the pill box setup room on the designated shelf with a detailed note stating what needs to be placed in the box once the medication arrives; and
- d. If a medication changes shape or color, please complete slip to notify the inmate of shape, color or size change and tape to top of box.

10. All routine new orders received in the week following the assigned box fill dates (section B. above) will not start until the next box fill unless specifically instructed by the provider writing the new order. The provider must indicate this to the clinic nurse and will document on the order to start immediately (approved through medical director). The clinic nurse or assigned nurse will add these to the medication box.
11. All filled medication boxes will be placed on the shelves designated by units. 12. As the medication boxes are filled, the nurse filling the box will create a note on each patient's electronic chart and document the box fill as (ie: med box filled for week 12/15/15-12/21/15 Jane Doe RN).
13. Sunday the nurse will then go to OMIS and print out unit alpha rosters and load up the live prep list for each unit. With the live prep list the nurse shall mark on the alpha rosters AM, PM, BID, TID this will be used to sort the boxes into bins for each unit.
14. Monday dayshift will fix remaining boxes that are missing meds on the designated shelf and fill the boxes with narcotic per orders.
15. Every Monday-afternoon, the assigned pharmacy aide and assigned nursing staff will deliver medication boxes to the units and exchange them with the previous week's box. The boxes will be returned to the med box preparation room.
 - e. The nurse will then document the inmate's name and doc id number on the compliance log if they had any missed doses. The doses missed will be marked by highlighting the corresponding date and time of the missed dose on the compliance log. The date should be filled in on the top of the compliance log to make documentation within the sapphire system easier
 - f. The nurse will check any boxes that are not on the list to see if the orders have been discontinued, inmate has left, or the inmate is on detention status and will document them on separate sheet. The nurse will also document any boxes that are missing to see if the inmate has new order or the box is missing. These issues will be documented in sapphire as a hold or an issue when the compliances are documented in sapphire.
16. The night shift nurses are assigned to document in the Sapphire EMAR compliance of each inmate with the self-administration medication box system:
 - g. Using the Sapphire system, the nurse will open the pill passes for each day and time of the week the box was in the unit. (ie: box picked up on 12/14/15 will be documented for week 12/8/15 to 12/14/15);
 - h. The nurse will utilize the Sapphire System buttons "administered" and "refused" and then select noncompliance button in the popup box to document patient compliance for each medication box collected. The use of the "administered" button in the Sapphire system when dealing with self-administration medication boxes implies inmate compliance (ie: administered means that the medications were not in the box when it was collected).

Procedure No.: MSP HS D-02.3	Subject: MEDICATION BOX SELF ADMINISTRATION SYSTEM	
Effective Date: May 29, 2014		Page 4 of 4

- i. Administered does not mean direct administration by the nurse. The use of the “refused” button in the Sapphire system when dealing with self-administration med boxes implies the inmate chose not to take his medications (ie: meds are left in box) for that day/days or time/times. This does not imply the inmate verbally refused or that the nurse witnessed refusal; and
- j. Utilizing the “hold button” for new orders that were written for the week when the box was in the unit indicates the medication was not started (as approved by the medical director/s). If the medication is ordered to start right away, the nurse who adds the medication to the box in the unit will add a note on the patient chart and document that the new medication was added to the box in the unit.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS

Self-Administration Rules

attachment A

Medication Out Refill slips

attachment B

Medication Change slips

attachment C

[NEW missed medications Compliance log.xlsx](#)

attachment D



ALL UNIT MEDICATION RULES

- You will be assigned a medication locker.
- Medications will be set up weekly by nursing in your inmate assigned medication locker.
- **Morning pill pass will be held between 6:00 am and 8:00 am as set by Unit.**
- **Noon pill pass will be held between 11:00 am and 13:00 pm as set by Unit.**
- **Evening pill pass will be held between 18:00 pm and 22:00 pm as set by Unit.**
- You will report as instructed to the pill pass lockers in your individual unit at the assigned time; if you do not report at the assigned time, you will **NOT** receive your medication at an alternate time.
- The security officer will unlock and open your assigned medication locker.
- You will retrieve your medication from your unlocked medication locker and self administer the appropriate corresponding morning or evening dose; you are not to pick and choose what medication you are taking from that day. **Either take all or none.**
- **On Tuesday you are to check your medication box for the whole week for any discrepancy. If you feel there is a discrepancy in your medication, do not take your medication! You will clearly print your name, DOC number and the problem with your medication box on that unit's log book located in pill box area. A nurse or designated infirmiry staff member will come to the unit after am/pm pill pass to collect slips and medication boxes that need to be fixed. The medication boxes will be fixed and returned to the unit before next pill pass. This will be your only opportunity to have discrepancies fixed for that week.**
- You will be required to show the officer your mouth after swallowing your pills and abide by any reasonable request of the supervising staff member such as reciting your Offender number and/or name. **(Reasonable request include: lifting tongue, visualizing the roof of the mouth, having you pull out your cheeks with your fingers, do a finger sweep, and drink extra water if requested.)**
- Return your unused medication to your medication locker which will then be secured by the security officer. **DO NOT** save any of your medication for later, if you choose not to take a medication or miss a dose, you must leave it in your dispenser.
- If you have a new medication ordered by the Provider it will not show up until the next fill after medication is received. It takes 2-3 days for medication to arrive and boxes are filled on weekends. General questions regarding your medication should be submitted utilizing a Health Care Request "kite".

By signing below you are acknowledging that you understand and agree to abide by the above rules.

Inmate Name (Please Print)

DOC #

Inmate Signature

Date

Infirmiry Staff Signature

Date

Compliance Log for week of **Monday PM**_____to **Monday Noon**_____

[illegible]

<p>Your _____ is on order. (medication)</p> <p>Will be filled when it arrives</p> <p>Inmate: _____</p> <p>AO# _____</p>	<p>Your _____ is on order. (medication)</p> <p>Will be filled when it arrives</p> <p>Inmate: _____</p> <p>AO# _____</p>
<p>Your _____ is on order. (medication)</p> <p>Will be filled when it arrives</p> <p>Inmate: _____</p> <p>AO# _____</p>	<p>Your _____ is on order. (medication)</p> <p>Will be filled when it arrives</p> <p>Inmate: _____</p> <p>AO# _____</p>
<p>Your _____ is on order. (medication)</p> <p>Will be filled when it arrives</p> <p>Inmate: _____</p> <p>AO# _____</p>	<p>Your _____ is on order. (medication)</p> <p>Will be filled when it arrives</p> <p>Inmate: _____</p> <p>AO# _____</p>
<p>Your _____ is on order. (medication)</p> <p>Will be filled when it arrives</p> <p>Inmate: _____</p> <p>AO# _____</p>	<p>Your _____ is on order. (medication)</p> <p>Will be filled when it arrives</p> <p>Inmate: _____</p> <p>AO# _____</p>

Your medication has changed:

Shape

Color
(circle change)

Size

Medcation: _____

Inmate: _____

AO# _____

Your medication has changed:

Shape

Color
(circle change)

Size

Medcation: _____

Inmate: _____

AO# _____

Your medication has changed:

Shape

Color
(circle change)

Size

Medcation: _____

Inmate: _____

AO# _____

Your medication has changed:

Shape

Color
(circle change)

Size

Medcation: _____

Inmate: _____

AO# _____

Your medication has changed:

Shape

Color
(circle change)

Size

Medcation: _____

Inmate: _____

AO# _____

Your medication has changed:

Shape

Color
(circle change)

Size

Medcation: _____

Inmate: _____

AO# _____

Your medication has changed:

Shape

Color
(circle change)

Size

Medcation: _____

Inmate: _____

AO# _____

Your medication has changed:

Shape

Color
(circle change)

Size

Medcation: _____

Inmate: _____

AO# _____



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS D-02.4	Subject: MEDICATION STARTER DOSES
Reference: NCCHC Standard P-D-02, 2018	Page 1 of 2 and no attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees M.D. / Medical Director	

I. PURPOSE

To initiate emergency medication therapy for inmates at Montana State Prison prior to them receiving patient specific medication from the contract pharmacy.

II. DEFINITIONS

Expiration Sticker – a sticker or stamp attached to the packaging of all keep on person medication provided to inmates, indicating the end date of the medication.

Nursing Protocol Medications – non-prescription medications pre-approved by the Medical Director.

Stock Medication Card – a card containing medications not labeled for a specific patient. Stock Medication Cards are authorized for use during pill pass. The stock medication card may also be given to the inmate as keep on person, but must be labeled with dosing instructions and signed by a provider.

Sapphire Electronic Medication Administration Record (EMAR) – the web-based electronic system used by Montana State Prison Health Services for ordering, administering, and managing medications.

III. PROCEDURES

A. General guidelines

1. Medications are only to be removed from the MSP pharmacy on a practitioner's order.
2. All approved medication will be prepackaged in blister packaging or unit dose form, except for inhalers, ointments and other medication not conducive to blister packaging. These medications will be provided in appropriate alternative packaging.
3. Designated health care staff will ensure all prescribed medications are labeled with the following:
 - a. Inmate's name;
 - b. The inmate's AO/ID number;
 - c. Issuance date;
 - d. Expiration date of medication;
 - e. Discontinued date of order;
 - f. Medication name;
 - g. Unit dosage;
 - h. Prescribing practitioner medication instructions;
 - i. Prescription number;
 - j. Instructions; and
 - k. KOP status if appropriate.

Procedure No. MSP HS D-02.4	Subject: MEDICATION STARTER DOSES
Effective Date: November 1, 2010	p. 2 of 2

4. Any stock medication removed by licensed health care staff from the medication room must be documented in the "Medication Sign Out" book noting:
 - a. The inmate's name;
 - b. the inmate's AO/ID number;
 - c. the inmate's current housing unit;
 - d. name of medication;
 - e. the amount of pill removed; and
 - f. their initials.
5. Pharmacy Aides will monitor the stock medication binder daily and utilize the log for tracking and ordering purposes. Pharmacy Aides will fax completed logs Monday through Friday to Diamond Pharmacy for pharmacy review.
6. Upon issuing prescription medications from stock each nurse will:
 - a. Utilize the order within the Sapphire EMAR system to clearly note the dosing instructions on the medication package.
 - b. Request the provider to review the medication and noted instructions, then initial the stock medication card.
 - c. Document the number of pills provided in the Sapphire EMAR system.
7. The Pharmacy Aides will review all medications in the pharmacy at least once each week to ensure adequate stock.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS D-02.5	Subject: STERILE PARENTERAL PRODUCTS
Reference: NCCHC Standard P-D-02, 2018; Medication Services OAR 855-014-0063	Page 1 of 2 and no attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees M.D. / Medical Director	

I. PURPOSE

To ensure sterile parenteral products are prepared as prescribed by the practitioner in a manner that ensures the product is free from microbial or particulate contamination according to pharmacy practice.

II. DEFINITIONS

Large Volume Parenteral (LVP) – a sterile solution of 100ml. or more, intended for infusion, excluding blood.

Piggyback (IVPB) – a sterile solution, usually less than 100ml, intended for periodic infusion.

Intravenous Admixture – a piggyback or large volume parenteral that has one or more additional products added.

III. PROCEDURES

A. General requirements

1. Pharmacy personnel will be responsible for receiving all shipping cartons containing intravenous fluids.
2. Intravenous products will be stored according to manufacturer instructions or contract pharmacist recommendations.
3. All orders for intravenous products will be entered into the Sapphire EMAR system by licensed health care staff.
4. The designated registered nurse will follow strict sterile technique when mixing intravenous products. Preparation will occur to ensure that physician orders are implemented in a timely manner.
5. The nurse will determine with the assistance of the Diamond pharmacist if:
 - a. The admixture will be prepared at MSP pharmacy or Diamond Pharmacy.
 - b. The medication additive and intravenous solution are compatible.
 - c. The intravenous admixture will be physically and chemically stable.
 - d. The medication additive will dilute appropriately to assure completed solubility and minimize chemical irritation to the vein.
 - e. The administration rate is appropriate for the specific medication concentration.Internet and/or medication reference books are available on-site for all nursing personnel.

Procedure No.: MSP HS D-02.5	Subject: STERILE PARENTERAL PRODUCTS
Effective Date: November 1, 2010	Page 2 of 2

6. A label will be affixed to all admixtures by the designated RN. The label will permit the unobstructed view of the contents and allow the name, type of solution, and lot number of the manufacturer's label to be read. The label will include:
 - a. Inmate's name
 - b. The inmate's AO/ID number
 - c. Name and amount of ingredients, including primary solution
 - d. Infusion rate – ml/hr or gtts/min
 - e. Expiration date and time
 - f. Prescriber's name
 - g. Storage requirements or special conditions if necessary
 - h. Handwritten initials of pharmacist or nurse to certify accuracy
 - i. Initials of compounder if different than those of individual preparing admixture.
7. The intravenous solutions will be examined by the nurse before administration for turbidity, particulate matter, discoloration, cracks or leaks. Any questionable product(s) will not be utilized.
8. Nursing staff will use aseptic technique as outlined in the nursing procedures text when administering the intravenous solution.
9. Peripheral intravenous sites will be covered with op-site barriers. Op-sites will be labeled with the date and time of start and initialed by the nurse. Nursing personnel will assess sites on every shift for signs of patency and inflammation with dressing change prn and will document the site assessments on the Nursing Assessment Form.
10. Peripheral intravenous sites will be rotated every 72 hours and prn by nursing personnel. The 72-hour time may be extended by practitioner review and authorization.
11. Tubing used to deliver sterile parenteral products will be changed by nursing personnel every 72 hours or more often as directed by product guidelines. A label will be affixed to the tubing indicating the date and time use of the tubing was initiated.
12. Nursing personnel will immediately report any complications to the practitioner, and document them in the patient health care record.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS D-03.0	Subject: CLINICAL SPACE, EQUIPMENT, SUPPLIES, & REFERENCE MATERIALS	
Reference: NCCHC Standard P-D-03, 2018	Page 1 of 3 and no attachments	
Effective Date: November 1, 2010	Revised: October 1, 2020	
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief		
Signature / Title: /s/ Paul Rees M.D. / Medical Director		

I. PURPOSE

To ensure the availability of sufficient clinic space, medical equipment, supplies and reference materials to provide for the delivery of health care at Montana State Prison.

II. DEFINITIONS none

III. PROCEDURES

A. General guidelines

1. Montana State Prison Clinical Services shall designate space for the provision of on-site health care that includes at a minimum, privacy for the health care provider and patient to evaluate health problems. Designated equipment and space is inspected regularly and will include:
 - a. Examination and treatment rooms for medical care large enough to accommodate the necessary equipment, supplies, and fixtures, and to permit privacy during clinical encounters.
 - b. Pharmaceuticals, medical supplies, and mobile emergency equipment that is available and checked regularly.
 - c. Adequate office space with administrative files, secure storage of health records, and writing desks.
 - d. Laboratory, radiology, or other ancillary services are provided on site that is adequate to hold equipment and records.
 - e. Patient waiting areas that have proper seating, access to drinking water, and toilets.
2. The facility will have at a minimum, the following equipment, supplies, and materials for the examination and treatment of patients:
 - a. hand-washing facilities or appropriate alternate means of hand sanitation;
 - b. personal protective equipment (PPE);
 - c. examination tables;
 - d. a light capable of providing direct illumination;
 - e. scales;
 - f. thermometers;
 - g. blood pressure monitoring equipment;
 - h. pulse oximeter;
 - i. stethoscope;
 - j. ophthalmoscope;
 - k. otoscope;
 - l. transportation equipment (e.g., wheelchair, stretcher); and
 - m. trash containers for biohazard materials and sharps.
 - n. oxygen
 - o. automated external defibrillator

Procedure No. MSP HS D-03.0	Subject: CLINICAL SPACE, EQUIPMENT, SUPPLIES & REFERENCE MATERIALS	
Effective Date: November 1, 2010		p.2 of 2

3. The dental exam areas will have at a minimum the following items:
 - a. hand-washing facilities or appropriate alternate means of hand sanitation
 - b. dental examination chair/s
 - c. examination light
 - d. sterilizer (for reusable medical equipment)
 - e. appropriate instruments
 - f. trash containers for biohazard materials and sharps
 - g. a dentist's stool
 - h. personal protective equipment
4. The dental operator areas will have and maintain the additional equipment:
 - a. an x-ray unit with developing capability
 - b. blood pressure monitoring equipment
 - c. oxygen (kept and maintained by infirmary)
5. Medical and health care reference books, periodicals, audiotapes, video tapes, and computer resources are available to staff. Publications include the most current medical pharmacological and nursing textbooks, and a medical dictionary which are listed as follows:
 - a. Lippincott's Nursing Procedures
 - b. Lippincott's Manual of Nursing Practice
 - c. PDR- Medical Dictionary
 - d. Drug Handbook (*most current addition*)

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS None



**MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE**

Procedure No.: MSP HS D-04.0	Subject: Diagnostic Services
Reference: NCCHC Standard P-D-04, 2018	Page 1 of 2 and no attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Dr. Rees M.D. / Medical Director	

I. Purpose:

To develop a program that assures on-site diagnostic services are registered, accredited, or otherwise meet applicable state and federal law. Diagnostic services not on-site will be scheduled at the appropriate referral site.

II. Definitions:

Diagnostic Services - biomedical or imaging services and results that are used to make clinical judgments. These diagnostic services may be provided by reference laboratories, hospital radiology and laboratory departments, public health agencies, or correctional facilities.

III. Procedures:

A. CLIA waiver

1. The MSP Clinical Services Manager will ensure an updated and current Clinical Laboratory Improvement Amendment (CLIA) waiver and contracts are kept on file with individual off-site facility laboratory services.
2. Laboratory specimens will be drawn in-house and evaluated at an off-site facility in accordance with practitioner's order.

B. On-site CLIA waived diagnostic services

1. At a minimum, the Montana State Prison Clinical Services will have the following on-site diagnostic services:
 - a. Finger stick blood glucose monitoring
 - b. Ora-Quick HIV testing
 - c. Ora-Quick HEP C testing
 - d. Rapid Strep testing
 - e. Peak flow testing (as indicated by the shortness of breath protocol)
 - f. Multiple test dipstick urinalysis
 - g. Acute blood stool testing
 - h. Influenza swab
2. Other diagnostic services available onsite may include x-ray, electro cardio gram/automated external defibrillator (AED), EKG, etc.
3. Health care staff will document, according to manufacturer's recommendations, test controls, calibration, and equipment service checks which are outlined in individual on-site diagnostic service procedure manuals.

B. Biomedical and Imaging Services

1. Will be completed by off-site facility with the exception of Dental panogram.
2. The Clinical Services Manager will ensure updated and current contracts are kept on file with individual off-site facilities for biomedical and imaging services.

IV. Closing

Procedure No. MSP HS D-04.0	Subject: Diagnostic Services	
Effective Date: November 1, 2010		p. 2 of 2

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. Attachments: none



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS D-05.0	Subject: MEDICAL DIETS
Reference: NCCHC Standard P-D-05, 2018	Page 1 of 2 and no attachments
Effective Date: January 1, 2017	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Dr. Paul Rees M.D./ Medical Director	

I. PURPOSE

Medical diets are provided to enhance patients' health and are modified when necessary to meet requirements related to clinical conditions.

II. DEFINITIONS

Administrator – The official, regardless of local title (division or facility administrator, bureau chief, warden, superintendent), ultimately responsible for the division, facility or program operation and management.

DGAs - Dietary Guidelines for Americans, as established by the U.S. Departments of Agriculture and Health & Human Services.

DRIs - Dietary Reference Intakes, as established by the Food and Nutrition Board, Institute of Medicine, National Academies of Sciences.

Food Service Director (FSD) – The employee, regardless of local title, (food service manager, food service supervisor), responsible to manage the facility food service or food product operations.

Qualified Nutritionist - A registered dietitian (RDA) or a person eligible for registration by the American Dietetic Association, authorized by state scope of practice.

III. PROCEDURES

A. General requirements

1. The facility administrator, or designee, will establish a daily food allowance which satisfies basic nutrition standards and ensure the facility provides offenders three daily meals, except for special weekend and holiday brunch meals or other food service options authorized by the administrator to provide variety or to accommodate other activities.
2. The facility administrator, or designee, will implement and maintain operational procedures that ensure the following:
 - a. Designated staff plan menus in advance considering food appearance, palatability, texture, temperature, portioning, and appropriate food nutrient content and staff follow menu plans whenever possible;
 - b. Designated staff make available for review all recipes and menus, including special diets, at least one week in advance and document that any substitutions in the meals served will be of equal nutritional value;
 - c. Special therapeutic and religious diet needs are met and conform as closely as possible to the food served to other offenders;
 - d. A therapeutic diet manual is maintained and available in the health care and food service areas for reference and information.
3. A qualified nutritionist must document at least annually that each facility satisfies basic nutrition standards as provided by Daily Guidelines for Americans (DGAs) and Dietary Reference Intakes (DRIs).

Procedure No. MSP HS F-05.0	Subject: MEDICAL DIETS
Effective Date: January 1, 2017	p. 2 of 2

B. Special Diets

1. A registered dietitian must approve and document special diets.
2. Qualified Health Care Professionals will prescribe therapeutic diets in response to a real and documented medical need in accordance with the following:
 - a. A therapeutic diet will consist of a complete meal service and will not be used as a reward or to provide a choice between meals; and
 - b. Therapeutic diet prescriptions must be specific and complete, furnished in writing to the food service director (FSD), and reviewed routinely, except in the case of chronic diagnoses such as diabetes.
3. An offender observed violating the special diet terms will be reported to the appropriate authority and may be removed from a therapeutic diet by a medical authority or removed from a religious diet by an administrator in consultation with Legal Services Bureau staff.
4. Religious diets are provided to offenders whose religious beliefs require close adherence to religious dietary laws and will be approved by a religious activities' director must provide requests monthly and in writing with specific and complete details to the FSD.
5. An offender who wishes to be removed from a special diet may submit a request in writing to the FSD.

Special Management Menus

1. Staff may not withhold food or vary the standard menu as a disciplinary sanction for an offender.
2. When an offender uses food or utensils in a disruptive manner or as a weapon against self or others, designated staff will provide nutritionally adequate, specially prepared, or packaged meals to minimize the potential for such actions.
3. Staff may use a special management menu when authorized within the offender's written management plan.

C. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

CI. Attachments None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS D-07.0	Subject: EMERGENCY MEDICAL SERVICES
Reference: NCCHC Standards P-D-07 2018	Page 1 of 3 and no attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Dr. Paul Rees M.D. / Medical Director	

I. PURPOSE

To ensure that emergency medical, dental and mental health services are available 24 hours a day.

II. DEFINITIONS

Emergency Care – health care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic.

Qualified Health Care Professionals – licensed health care providers (e.g., physicians, nurses, psychiatrists, dentists, and mental health practitioners), including contracted or fee-for-service providers, responsible for inmate health care and treatment.

Health Care Staff – includes licensed health care providers and non-licensed health care staff (e.g., medical records staff, health care aides) responsible for inmate health care administration and treatment.

Mass Disaster Drill – a simulated emergency potentially involving mass disruption and multiple casualties that require triage by the health staff.

Man-down Drill – simulated or actual health care emergency affecting one individual who requires immediate medical attention.

III. PROCEDURES

A. Training

1. All health care staff will be trained in cardiopulmonary resuscitation (CPR) and emergency medical response procedures.
2. All correctional staff will be trained in CPR, the recognition of medical emergencies, the location of first response emergency equipment, and procedures to obtain emergency assistance. First aid supplies will be available in each housing unit and replenished after use.
3. MSP will:
 - a. Conduct mass disaster drills on each shift over a three-year period
 - b. Conduct man down drills once a year on each shift
 - c. Document actual drill events or critiques to address response time, staff actions, and recommendations for improvement.

B. AED's

1. AED's will be placed in specific areas throughout the institution.
2. Areas with AED's in place will have signage indicating placement in the building.

Procedure No. MSP HS E-07.0	Subject: EMERGENCY MEDICAL SERVICES
Effective Date: November 1, 2010	p.2 of 3

3. AED's will be tested and monitored as per manufacturer recommendation.
4. AED's in need of maintenance or repair will be reported to the warehouse personal for either repair or replacement.
5. As is possible, a temporary unit will be placed in the unit until theirs is returned from repair. If this is not possible, a sign will be placed on the AED storage locker stating that the AED is temporarily removed for maintenance. Signage indicating an AED in the building will also be removed until the unit is repaired/replaced.

C. Emergency Response and Services

1. Health care staff will immediately respond to emergencies with appropriate equipment.
2. In response to an emergency, trained personnel must assess the inmate's health status and, when possible, stabilize the inmate's condition.
3. Health care providers must respond to medical emergencies in accordance with specified protocols.
4. Health care staff will have a written plan for accessing emergency services that includes the following:
 - a. Emergency patient transport from the facility;
 - b. Use of an emergency medical vehicle;
 - c. Use of one or more designated hospital emergency departments or other appropriate facilities;
 - d. Emergency on-call physician, mental health, and dental services when the emergency health care facility is not located nearby;
 - e. Security procedures for the immediate transfer of patients from emergency medical care; and
 - f. Notification of the facility administrator.
5. Assigned health care staff will routinely check and maintain availability of emergency drugs, supplies, and medical equipment using the appropriate check-off log.
6. Assigned health care staff will assure that restocking of all emergency drugs, supplies, and medical equipment is attended to immediately upon use or discovery.

D. Documentation

1. Health care staff will record the date and time of emergency response in the inmate's health record, include assessment and treatment information, and sign the document.

E. Transportation

1. When necessary to transport the inmate to an off-site health care facility, the following guidelines will determine the appropriate mode of transportation:
 - a. An ambulance will be used if the emergency is life threatening or deemed necessary by attending staff;
 - b. The facility will transport or arrange transportation for ambulatory inmates in non-emergent situations; or
 - c. MSP security procedures will be followed for all transported inmates.

F. Written Information

1. Health care staff will provide, when possible, written information to emergency medical technicians that includes:
 - a. History of the emergency condition;

Procedure No. MSP HS E-07.0	Subject: EMERGENCY MEDICAL SERVICES
Effective Date: November 1, 2010	p.3 of 3

- b. Treatment given;
 - c. Present status with most recent vital signs;
 - d. Suspected diagnosis;
 - e. Allergies; and
 - f. Other pertinent information.
2. Health care staff will inform by telephone, when possible, the staff at the receiving medical facility with a report on the incoming emergency.

G. Resuscitation

1. If staff initiates resuscitation measures, they will continue to resuscitate until they transfer the inmate's care to emergency personnel, or a physician makes a finding of death.

H. Notification

1. The on-call physician will be notified for direction concerning emergencies requiring transportation off-site. In the event the on-call physician cannot be contacted the on-call nursing supervisor will be notified and give needed direction.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS D-07.1	Subject: URGENT/EMERGENT RESPONSE
Reference: NCCHC Standard P-D-07, 2018	Page 1 of 4 and no attachments
Effective Date: November 1, 2010	Revised: December 30, 2021
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees / Medical Director	

I. PURPOSE

To respond to all medical emergencies and provide inmates prompt access to emergent health care at all times.

II. DEFINITIONS

Emergency – any medical or dental condition for which evaluation and treatment, as determined by health care staff, are immediately necessary to prevent death, severe or permanent disability, or to alleviate or lessen objectively apparent and disabling pain. Signs of objectively apparent and disabling pain may include visible injuries, high blood pressure, rapid heart rate, sweating, pallor, involuntary muscle spasms, nausea and vomiting, high fever, and facial swelling. Emergency also includes necessary crisis intervention for inmate's suffering from situational crises or acute episodes of mental illness.

Urgent/Emergent Health Care Request – an Urgent/Emergent Health Care Request for immediate medical attention based on the inmate's belief that a medical condition, symptom, or sign requires immediate attention by personnel trained in the evaluation or treatment of medical problems.

III. PROCEDURES

A. Staffing

1. Montana State Prison will have at least one Registered Nurse (RN) available on-site 24 hours a day, seven days a week, to provide and or assist in emergency health care. During those hours when a physician is not on-site, the highest priority duty for the RN/LPN will be emergency care.
2. A physician will be available to provide on-site emergency care during the regular scheduled workdays, or to provide scheduled on-call consultation 24 hours a day, seven days a week.

B. Urgent

1. Inmates will request medical attention for urgent/emergent health care needs from the correctional officer on duty, who will in all instances notify health care personnel.
2. Direct contact with the inmate by an RN/LPN or physician, in person, will be provided for all inmates requesting urgent/emergent medical attention. The RN/LPN or physician on duty will:
 - a. Arrange to have the inmate brought to the medical unit for evaluation by health care personnel; or

Procedure No. MSP HS D-07.1	Subject: Urgent/Emergent Response
Effective Date: November 1, 2010	p.2 of 4

- b. Arrange for health care personnel to go to the housing unit and transport the inmate to the medical unit for evaluation by health care personnel.
3. The health care personnel will document the evaluation in the electronic health record utilizing the appropriate nursing protocol.
4. Each urgent/emergent request will be documented in the Urgent/Emergent Tracking System log:
 - c. The Urgent/Emergent Tracking System log will be maintained in the medical unit for all unscheduled requests for medical care.
 - d. The Urgent/Emergent Tracking System log will include the name of the inmate, the inmate's ID/AO number, the housing unit, the time and date of the call, description of the complaint, final disposition of the inmate (i.e., back to housing, emergency room, etc.) and if a Primary Care Provider was notified.
 - e. All encounters must be documented in the Urgent/Emergent Tracking System log.
5. The Qualified Health Care Professional will review the Urgent/Emergent flow sheet to ascertain the following: indicated follow-up; documentation of inmates who have presented with urgent/emergent problems.
6. The Qualified Health Care Professional will initial and date the Urgent/Emergent flow sheet.
7. All completed emergent assessment documentation will be captured in the inmate's electronic health record.

C. Emergency

1. Medical emergency responders will be notified immediately upon discovery of an inmate in acute distress (inmate down). Notification may be made by two-way radio or telephone.
2. Upon notification of a medical emergency within the institution, a qualified health care professional will respond immediately to the scene with an emergency kit:
 - a. Whenever possible, two medical staff members will respond to an emergency.
 - b. Housing unit staff will arrange for emergency responders to have immediate access to the housing unit or area where the emergency has occurred. If safety and security issues are identified, custody staff will secure the area and allow emergency responders to have immediate access to the ill or injured inmate.
 - c. The qualified health care professional will initiate emergency medical care when the area has been controlled by custody staff.
 - d. Custody staff may assist with the movement and transportation of ill or injured inmates under the supervision of a licensed health care staff
 - e. Inmates will not provide any direct inmate care and will not have access to any health care information.
3. Health care staff involved in the response will complete an Incident Report. The Incident Report is a custody form; therefore, to maximize inmate confidentiality involved health care staff will document assessment and treatment provided in the inmate's electronic health record.
4. If there is no Qualified Health Care Professional, the Correctional Health Service Technician (CHST) will determine the presence of the inmate's airway, breathing, and circulation (ABC's). CHST's will not make nursing judgments in connection with an emergency, however they may take the following immediate actions:
 - a. Initiate Cardiopulmonary Resuscitation (CPR), if indicated.
 - b. Control any bleeding.
 - c. Obtain vital signs.

Procedure No. MSP HS D-07.1	Subject: Urgent/Emergent Response
Effective Date: November 1, 2010	p.3 of 4

- d. The CHST will contact the Emergency Treatment Area RN/LPN to report the inmate's condition and receive clinical direction regarding treatment and transportation.
5. The first responder to a medical emergency will take immediate action to preserve life. When responding to the aid of a person who appears to be choking or is unconscious and not breathing, the first priority is to restore an open airway.
6. CPR will be initiated in all cases of cardiac/respiratory arrest, except when the following signs of death are present:
 - a. Rigor mortis.
 - b. Dependent lividity as evidenced by venous congestion (i.e., bruising, or reddish discoloration on dependent parts of the body).
 - c. Tissue decomposition; and
 - d. Obvious fatal trauma including, but not limited to, decapitation and incineration.
 Health care providers will utilize the above criteria when deciding whether to initiate CPR. When there is a questionable or borderline case, health care staff will proceed with the initiation of CPR.
7. While preservation of a crime scene is a valuable investigatory tool, this will not preclude or interfere with the delivery of health care. Preservation of life takes precedence over preservation of the crime scene.
8. Emergency responders who initiate CPR will continue resuscitation efforts until one of the following occurs:
 - a. Effective spontaneous circulation and ventilation have been restored.
 - b. Resuscitation efforts have been transferred to other trained personnel who continue Basic Life Support.
 - c. Care is transferred to a physician who determines that resuscitation should be discontinued.
 - d. The emergency responders are unable to continue resuscitation because of exhaustion or safety and security issues that could jeopardize the lives of others; and
 - e. A valid Do-Not-Resuscitate order is presented to the emergency responders.
9. If the inmate is unable to be resuscitated, the decision to terminate CPR will be made by a physician. Pronouncement of death will be made by a physician, according to acceptable medical standards.
10. If a physician is present, the physician will determine whether:
 - a. Medical treatment will be continued at the facility; and
 - b. The inmate's condition warrants transport to an acute care facility outside of the institution.
11. Upon arrival at the Emergency Treatment Area, the qualified health care professional will perform an assessment of the inmate's condition and determine whether or not the inmate's care can be continued in the Emergency Treatment Area:
 - a. This assessment must be documented in the electronic health record.
 - b. The RN/LPN will continue emergency care until the physician on call is contacted for further instructions, or until a physician arrives at the scene to provide for the inmate's care.

Procedure No. MSP HS D-07.1	Subject: Urgent/Emergent Response
Effective Date: November 1, 2010	p.4 of 4

12. If a physician is not immediately available, the RN on duty assumes responsibility for the emergency evaluation.
13. When it is determined that the inmate has a condition requiring services outside the scope of those available at the institution, and requires emergency transfer, the inmate will be transported to an acute care facility:
 - a. When transfer to an acute facility is required, the RN/LPN will notify the Command Post.
 - b. When an ambulance is required, Command Post staff will be notified of the level of emergency. The Shift Commander will coordinate transportation and custody requirements. Under no circumstances will custody requirements delay medical care in a life-threatening situation.
 - c. When the inmate is to be transported utilizing an MSP vehicle, the Command Post will be notified in order to coordinate custody requirements and a transport vehicle:
 - 1) This will be done within a time frame determined by the physician;
 - 2) The RN/LPN on duty will notify the nursing staff at the receiving acute care facility of the inmate's medical status at the time of departure from the institution.
 - 3) The facility physician will give a report to the emergency room physician, when possible, to ensure continuity of care.
 - d. When the decision to transport an inmate is made by the RN/LPN team in the absence of an on-site physician, the on-call physician will be notified by telephone as soon as possible.
 - e. The RN/LPN or designee will send a copy of the Emergent Flow Sheet to the receiving facility; and
 - f. All inmates seen in the Emergency Department will be followed up by a qualified health care professional within a timely manner to ensure appropriate implementation of the discharge orders and to arrange appropriate follow-up.
14. The Clinical Services Manager or designee will review the Urgent/Emergent Tracking System log Monday through Friday to determine if any specific medical records should be reviewed.
15. The logbook and subsequent documentation will be used by the nursing supervisor to perform at least quarterly training for the nurses to upgrade their skills:
 - a. Records of inmates with a specific presenting complaint should be reviewed and utilized for this training, being sure to identify both strengths and opportunities for improvement in the current performance; and
 - b. A different incident should be reviewed through this process each quarter.
16. Monthly statistics will be gathered and reviewed regularly at CQI meetings.

IV. CLOSING

Questions concerning this operational procedure will be directed to the MSP Clinical Services Manager.

V. ATTACHMENTS

None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS D-07.2	Subject: CRASH CART
Reference: NCCHC Standard P-D-07, 2018	Page 1 of 2 and one attachment
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Dr. Paul Rees M.D. / Medical Director	

I. PURPOSE

To have the crash cart and defibrillator constantly ready for use in the case of a life-threatening condition such as cardiopulmonary arrest.

II. DEFINITIONS

Crash Cart – a special cart, with drawers containing emergency medications and equipment, needed when a cardiac-pulmonary arrest occurs. It provides simpler access to the emergency drugs and equipment.

III. PROCEDURES

A. General requirements

1. To establish standard practice, which is required to maintain and utilize the crash cart and the defibrillator. The crash cart procedures will assist nursing staff to:
 - a. describe the role of nursing staff in maintaining crash cart medication and equipment;
 - b. establish a uniform method of documentation and inspection of emergency medication and equipment;
 - c. establish a procedure of re-supplying (topping-up) the crash cart;
 - d. establish the quantity of medication and equipment required, as well as the location of these items in the crash cart; and
 - e. describe the exact location of the crash cart.
2. All Qualified Health Care Professionals will familiarize themselves with the contents and locations of all medication and equipment in the crash cart.
3. The crash cart will be readily available and stocked with medication and equipment needed for immediate emergency intervention. All supplies in the crash cart will be maintained and topped-up on an ongoing basis. In addition, periodic staff inspections will ensure that there are no outdated drugs and/or supplies in the cart.
4. A staff nurse will be assigned and is responsible for checking the crash cart, including all external contents, (e.g. oxygen cylinders levels, defibrillator) then documenting the inspections.
5. The crash cart will be kept locked unless in use. If opened and/or used, the cart will be checked and “topped-up”.
6. The defibrillator and vital signs monitor will be checked and appropriately serviced (according to user manual). The defibrillator will remain plugged into an electrical outlet at all times, except during battery testing. The Nursing Supervisor will be contacted immediately when a defibrillator problem is detected.

Procedure No. MSP HS D-07.2	Subject: CRASH CART
Effective Date: November 1, 2010	p.2 of 2

7. Laryngoscopes will be checked prior to placement in the cart, and monthly thereafter.
8. Nursing staff will check the emergency cart for proper medication storage and stock level determined by Pharmacy procedures.
9. The crash cart checklists and test load strips will be maintained.
10. Drawers of the crash cart will be clearly labeled to identify contents in general categories (e.g. medication, circulation, breathing and airway).
11. The crash cart will be stored in the trauma room when not in use.
12. Responsibilities include the following:
 - a. The list of medication and equipment to be maintained in the crash cart will be determined by the Medical Director, Pharmacy, and Clinical Services Manager.
 - b. The Pharmacy Aid is responsible for weekly inspection of the medication box and replacement of that box once opened or expired.
 - c. All nursing staff will be trained as to the crash cart contents and location to prevent any delays during cardiac arrest.
 - d. Crash cart and emergency supplies will be checked and documented daily by assigned nursing staff.
 - e. The staff nurse is responsible for cleaning the carts, inspecting and replacing items, as well as, checking the defibrillator, cardiac monitor, suction unit, and oxygen tank.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENTS

Daily check-off log [Crash Cart.xlsx](#)

attachment A



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-02.0	Subject: Intake Health Screening & Physical Assessment
Reference: NCCHC Standards P-E-02, P-E-01, and P-E-05, P-E-04, P-E-03, 2018, DOC 4.5.13, Intake/Reception Health Screening	Page 1 of 4 and no attachments
Effective Date: November 1, 2010	Revised: October 1, 2020, October 29, 2021
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees / Medical Director	

I. Purpose:

To establish procedures to ensure all inmates arriving at Montana State Prison are screened to identify urgent or emergent health needs and receive initial health assessments.

II. Definitions:

Health Assessment and Physical Examination (H&P) - a head-to-toe history and physical performed by a physician, physician assistant, nurse practitioner, or other practitioner as permitted by law.

- The **health assessment** is the process whereby the health status of an individual is evaluated, including questioning the patient regarding symptoms.
- The **physical examination** is an objective, hands-on evaluation of an individual. This evaluation includes the inspection, palpation, auscultation, and percussion of a patient's body to determine the presence or absence of physical signs of disease.

Receiving Questionnaire - a self-reporting form completed by an inmate immediately upon his arrival at the intake facility and reviewed ASAP by health care staff or admitting staff only if health care staff are unavailable.

Receiving Screening - an initial intake assessment completed by the nursing staff. This screening is a process of structured inquiry and observation designed to prevent newly arrived inmates who pose a threat to their own or others' health or safety from being admitted to the facility's general population, and to get them rapid medical care. It is intended to identify potential emergency situations among new arrivals, and to ensure that those inmates with known illnesses and/or are currently on prescribed medications are identified for further assessment and continued treatment.

Medical Clearance - a documented clinical assessment of medical, dental, and mental status before an individual is admitted into the facility. The medical clearance may come from on-site health staff or may require sending the individual to the emergency room.

III. Procedures:

- A. Admissions Staff will ensure that each inmate arriving at the Martz Diagnostic & Intake Unit (MDIU) completes a [*Receiving Questionnaire*](#) as part of the initial intake process. This questionnaire will be reviewed by MDIU admissions staff immediately upon completion by the inmate.
 1. Information should be provided to the offender during intake processing on how to access health services, including emergency, routine medical, dental and mental health services including how to utilize the grievance process for health-related complaints.

Procedure No. MSP HS E-02.0	Subject: Intake Health Screening & Physical Assessment
Effective Date: January 1, 2020	p.2 of 4

2. MDIU admissions staff will immediately refer any inmate who has impaired consciousness, are bleeding, or are otherwise in need of medical attention to the appropriate on-site medical/mental health staff for care and medical clearance into the facility.
 3. MDIU intake staff will immediately refer any inmate who reports (via the Receiving Questionnaire) positive answers for symptoms of contagious diseases or illness, to be on chronic medications (e.g., insulin), or to have significant mental problems to medical or mental health staff for care and medical clearance into the facility. In the event that health care staff are not currently on-duty at the MDIU for immediate referrals, admissions staff will contact and notify other MSP health care or mental health staff of the inmate's condition.
 - a. If hospitalization or outside emergency care occurs, admission or return to the facility will be predicated upon written medical clearance from the hospital.
- B. Receiving Screening will be completed by the qualified health professional on all incoming inmates within 24 hours of their arrival in order to identify any acute or current health related conditions or requirements. Nursing staff will use the Receiving Screening/Health & Assessment form as approved by the RHA. Receiving Screening will be conducted using a form and language fully understood by the inmate. Nursing staff will also consider appropriate communication for inmates who may have a physical (speech, hearing, sight) or mental disability.
1. At a minimum, MDIU health care staff will inquire about:
 - a. Current and past illnesses, health conditions, or special health requirements (e.g. hearing impairment, visual impairment, ambulation impairment);
 - b. Current assistive devices (e.g. ambulation aids, eyeglasses, hearing aids, sleep apnea machine, monitors, implanted devices);
 - c. Past serious infectious disease;
 - d. Recent communicable illness symptoms (e.g., chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, night sweats);
 - e. Past or current mental illness, including hospitalization;
 - f. History of or current suicidal ideation;
 - g. Dental problems (decay, gum disease, abscess);
 - h. Allergies;
 - i. Special dietary needs;
 - j. Prescription medications (including type, amount, and time of last use)
 - k. Legal and illegal drug use (including type, amount, and time of last use);
 - l. Current or prior drug withdrawal symptoms;
 - m. Current symptoms or need for testing for Chlamydia, Gonorrhea, HIV, Hep C, Syphilis, etc.; and
 - n. Other health problems as designated by the responsible physician.
 2. MDIU health care staff, using the Receiving Screening/Health & Assessment form will record observations of the inmate's:
 - a. Behavior (e.g. disorderly, appropriate, insensible);
 - b. State of consciousness (e.g. alert, responsive, lethargic);
 - c. Ease of movement (e.g. body deformities, gait);
 - d. Breathing (e.g. persistent cough, hyperventilation);
 - e. Skin (including lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks or other indications of drug abuse); and
 - f. Appearance (e.g. sweating, tremors, anxious, disheveled).

Procedure No. MSP HS E-02.0	Subject: Intake Health Screening & Physical Assessment
Effective Date: January 1, 2020	p.3 of 4

3. MDIU health care staff will pay attention for signs of trauma and will report suspected abuse of inmates in custody to the appropriate authorities. Inmates with recent signs of trauma are to be treated or referred immediately for medical and/or mental health treatment if needed.
4. When clinically indicated, MDIU health care staff will immediately refer inmates to the appropriate health care service and note this referral on the receiving screening form.
5. MSP Clinical Services may request any individual with comprehensive medical issues or needs to be a priority for prioritized classification and movement into a main compound housing unit.
6. MDIU health care staff will indicate the disposition of the inmate (e.g., immediate referral to an appropriate health care service, placed in general population) on the receiving screening form and will assure that disposition is appropriate to the findings of the receiving screening.
7. MDIU health care staff will initiate a request for outside medical records at the time of the intake assessment as deemed necessary by that staff. This will include obtaining a signed release from the inmate. This request will be documented in the appropriate area on the Intake Health Screening form.
8. MDIU health care staff will date and time the receiving screening form immediately upon completion, and will include the name, signature and title of the person completing the form.
9. MDIU health care staff will isolate inmates identified as having pulmonary tuberculosis disease from the general inmate population and will initiate immediate treatment for the disease (see *MSP HS B-01.4, Disease Prevention –TB Control Program*).
10. MDIU health care staff will identify and address immediate health needs and isolate potentially infectious inmates.
11. All incoming medication and medication administration records will be reviewed by nursing staff with a provider and continued as appropriate.
12. MDIU health care staff will complete a screening test for tuberculosis (see *MSP HS B-01.4, Disease Prevention –TB Control Program*).
13. MDIU health care staff will offer all incoming inmates an oral HIV screening test (see *MSP HS B-01.3, Rapid HIV Testing*).

C. The Health Assessment and Physical Examination (H&P) will be completed by a physician, physician assistant, nurse practitioner, or other practitioner as permitted by law as soon as possible, but no later than seven (7) calendar days after the inmate's arrival. The H&P is conducted with the intent that clinicians assess, identify, and develop a plan for meeting the health needs of the individual.

The initial H&P will include, but is not limited to:

1. A review of the receiving screening results;
2. The collection of additional data to complete the medical, dental, and mental health histories;
3. Review of past, available health records;
4. A recording of vital signs collected by qualified health care professionals which includes height, weight, pulse, blood pressure, and temperature};
5. Physical examination (including rectal and testicular exams as indicated by the patient's gender, age, risk factors, and clinical practice guidelines);
6. Laboratory and/or diagnostic tests for communicable diseases including sexually transmitted disease as indicated per DOC 4.5.11;
7. Other diagnostic labs when appropriate;
8. Immunizations when appropriate;
9. Specific problems are integrated into an initial problem list in the individual medical chart;

Procedure No. MSP HS E-02.0	Subject: Intake Health Screening & Physical Assessment
Effective Date: January 1, 2020	p.4 of 4

10. Diagnostic and therapeutic plans for each problem are developed as clinically indicated;
11. Enrollment in the appropriate chronic care category; and
12. Documentation is to be done using a [*Receiving Screening and Health Assessment form*](#).

D. Transfer Screening will assure that inmates transferred within the Montana DOC system continue to receive appropriate health services.

1. Intra-system transfers into MSP will receive a nursing screening assessment and will be scheduled for a provider H & P as outlined above. This will happen in a timely manner.
2. When transferred from an intake facility, inmates who have not had initial medical, dental, or mental health assessments are to be evaluated as outlined above in a timely manner.
3. Documentation in the electronic health record will demonstrate continuity of health care and medication administration.
4. If health records have not been forwarded with the inmate, they should be requested in a timely manner to assure continuity of health care and medication administration.

E. Mental Health Screening and Evaluation will occur as outlined in MSP HS E-05.0.

IV. Closing

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. **Attachments:** none

VI. References:

NCCHC Standards P-E-02, P-E-03, 2018
 Receiving Questionnaire form
 Receiving Screening and Health Assessment form
 DOC 4.5.13, Intake/Reception Health Screening
 DOC 4.5.14, Offender Health Assessments
 DOC 4.5.11, Infection Control Program
 MSP 4.1.1, Inmate Admission Procedures
 MSP HS E-05.0, Mental Health Screening and Evaluation



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-03.0	Subject: Transfer Clearance	
Reference: NCCHC Standard P-E-02, P-E-03, 2018	Page 1 of 1 and 2 attachments	
Effective Date: November 1, 2010	Revised: December 31, 2019	
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief		
Signature / Title: /s/ Paul Rees M.D./ Medical Director		

I. PURPOSE

To outline the process used by MSP health care staff to ensure inmates who are candidates for transfer to contract facilities and pre-release centers are medically screened and cleared for transfer and that the receiving facility/center is aware of the inmate's health needs and has the resources to meet those needs.

II. DEFINITIONS

Contract Facility – a facility that the Department contracts with to house adult male inmates, including the private prison at Shelby (CCA), the regional prisons at Glendive and Great Falls, and community operated pre-release centers.

III. PROCEDURE

A. General Requirements

1. Medical Clearances will be completed by a Qualified Health Care Professional following the procedure outlined in the *Medical Clearance Procedures (attachment A)*.
2. Qualified Health Care Professional will review all pertinent medical information including:
 - a. The inmate's general state of health
 - b. The inmate's pending medical appointments
 - c. The availability of health care at the receiving facility
 - d. The inmate's mental health or dental issues
 - e. The inmate's medications
 - f. The inmate's special needs (equipment, assistive devices, etc.)
3. Qualified Health Care Professional will document medical clearances in the following manner:
 - a. Pre-Release clearances will be documented on an *Institutional Transfer Form*, (*attachment B*).
 - b. Inmates being screened for placement in other contract facilities will be assigned medical points based on the inmate's current health status (*see Attachment A*). The medical points will be sent to Contract Placement Bureau office staff and recorded in the inmate's medical chart.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENTS

Medical Clearance Procedure
Institutional Transfer Form

attachment A
attachment B



MEDICAL CLEARANCES

Medical clearance requests come from two sources:

1. Pre-release Clearance Requests - MSP IPPO office staff; and
2. Contract Placement Bureau ("Contract Beds") office staff.

Each of these offices sends weekly requests for clearances, but they need us to return to them slightly different sets of information.

Pre-release Clearance Requests (IPPO)

Institutional Transfer Forms (ITFs) are to be completed and sent to IPPO. These forms contain the basic medical information that pre-release centers need to assist the inmate in transitioning into the community.

Generally, if an inmate has had a TB Gold or screening within the last year and a health physical on the chart they can be cleared medically for pre-release.

Theoretically, inmates cannot be denied pre-release for medical reasons. However, if they have serious mental health or medical problems, some recommendations may be in order. For instance, if an inmate is a diabetic with poor or fair control you may want to enter, as a recommendation, that the inmate follow-up with a provider in the community within 30 days of reaching pre-release. The pre-release center will counsel the inmate concerning the recommendations.

If an inmate has a complicated medical history you may wish to consult a provider for recommendations before completing and sending the ITF to IPPO.

To process a pre-release medical clearance request, take the following steps:

1. Complete an "Institutional Transfer Form" (ITF) for each clearance requested (copy attached).
2. Obtain recommendations from a provider as necessary.
3. Photocopy the ITF and send a copy to IPPO office staff.
4. Retain the original ITF in the medical record at the front of the chart just under the plastic cover containing the problem sheet.
5. On the list of requested ITFs ("clearances") highlight in yellow those that have been completed and sent to IPPO. Note the date the ITF was sent to IPPO.
6. For those inmates who have not had a physical or a TB Gold/screening we cannot send the final ITF right away. This situation must be resolved as soon as possible.
 - a. If the inmate lacks a current TB Gold/screening:
 - 1) Call the housing unit and have them sent to the Infirmary;
 - 2) Administer TB Gold/screening;
 - 3) Document the TB results on the appropriate paperwork; and
 - 4) Give the paperwork to the Infirmary nurse so the TB Gold/screening may be reviewed and entered in an appropriate time frame.
 - 5) After the TB Gold/screening has been documented finish the ITF and send it to IPPO as outlined above.
 - b. If the inmate lacks a physical:
 - 1) Submit their name to the provider's scheduler for an appointment with the notation "Needed to complete medical clearance for pre-release."
 - 2) Recheck the chart in a week to see if the physical is complete. When it is complete finish the ITF and send to IPPO as outlined above.
7. Each week review the Medical Clearance request memos for names that have not been highlighted as done and follow-up on them.

Contract Beds Medical Points Request (CPB)

Generally speaking, the Contract Placement Bureau (“Contract Beds”) office staff only want to know the medical points assigned to an inmate when they consider placement. However, a few of our regional prisons are not equipped for inmates with certain medical conditions:

1. **Insulin dependent diabetics - not appropriate for Glendive.**
2. HIV+ and Hep C patients receiving treatment must stay at MSP and be marked as **Medical Hold** for CPB.
3. Patients in need of significant off-site referral – **not appropriate for Shelby.**
4. Patients needing cardiac care or management by a physician – **not appropriate for Great Falls or Glendive.**

To process contract beds medical point requests, take the following steps:

1. Take the list sent by CPB office staff or print a master list from the “I” drive – “shared” – “Medical Requests”.
2. For all inmates who do not have their medical points entered on the database some chart review must be conducted.
3. The medical points assigned by providers will be noted on either the Intake Physical or in Progress Notes. Find and record these points on the list you have printed.
4. Then review the chart for the conditions mentioned above and mark on the list, next to the points whether the inmate is:
 - a. **“Not appropriate for Glendive”** if they are **Insulin Dependent** Diabetic.
 - b. **“Not appropriate for Shelby”** if they are in need of significant off-site referrals.
 - c. **“Not appropriate for Great Falls”** if they are in need of cardiac care or medical management by a physician.
 - d. **“Medical Hold”** for inmates **receiving treatment** for HIV, Hep C or a chronic condition that is not in “fair” control as described by a provider (see the most recent Chronic Care progress sheet.
5. If, on review of the chart, there are not medical points assigned, mark **“points not yet assigned”** on the list and submit the chart to a provider for assignment of medical points.
6. If on review of the chart no physical has been done submit the name to the scheduler to schedule an appointment for a physical to be done and mark on the list, **“physical scheduled for (date)”**.
7. Send a copy of the list to Contract Placement Bureau (“Contract Beds”) office staff.
8. Retain a copy of the list in the Medical Clearance Request book for follow-up the next week.



Clinical Services Division – Montana State Prison Institutional Transfer Form

Inmate Last Name: _____ First Name: _____

DOC ID# _____ DOB: ____/____/____

Date of TB Gold Lab: ____/____/____ Result: Positive / Negative

If Positive, date of Clear Chest X-Ray: ____/____/____

Date completed latent TB medications (12 week treatment of Priftin & Isoniazid): ____/____/____

Medication Allergies: _____

List of current medications and dosage:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Medical Diagnoses: (Common listed below, check all that apply.)

___ Allergies	___ Diabetes	___ Headaches	___ HIV	___ Osteoarthritis
___ Asthma	___ Edema	___ Heart Condition	___ Hyperlipidemia	___ Seizures
___ Back Pain	___ GERD	___ Hepatitis	___ Hyperthyroidism	___ Substance Use Disorder
___ Chronic Pain	___ Gout	___ High Blood Pressure	___ Tinea Pedis	

Other: _____

Pending Medical Appointments: _____

Recommendations: _____

Signature & Title: _____ Date: ____/____/____



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-05.0	Subject: Mental Health Screening and Evaluation
Reference: NCCHC Standards P-E-05, 2018	Page 1 of 4 and 3 attachments
Effective Date: November 1, 2010	Revised: December 31, 2019
Signature / Title: /s/ Steffani Turner CSD Mental Health Bureau Chief	
Signature / Title: /s/ Paul Rees, M.D./Medical Director	

I. Purpose:

To establish procedures for mental health screening and assessment of newly admitted inmates to identify offenders who have mental health needs and ensure timely referral to mental health services

II. Definitions:

Intra-system transfer – an inmate who is being admitted into MSP from a contract facility.

Mental health staff - include qualified health care professionals and others who have received special instruction and supervision in identifying and interacting with individuals who need mental health services, e.g., mental health technicians.

Qualified Mental Health Professional (QMHP) – includes psychiatrists, psychologists, psychiatric social workers, licensed professional counselors, psychiatric nurses, or others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.

III. Procedures:

A. Structured Interview Screenings

1. Level 1 Initial Mental Health Screening

- a. A QMHP or mental health staff will conduct an initial Level 1 mental health screening through a structured interview process on an *Intake Mental Health Screening [Level 1] form (Attachment A)* on each newly admitted inmate, including inmates returning from contract facilities, soon as possible but no later than 14 calendar days after admission
- b. The person conducting the screening will obtain a signed *Disclosure and Consent for Services form (Attachment B)*.
- c. The person conducting the screening will prepare the necessary documentation, sign it, and ensure it is filed in the inmate's mental health and infirmary records.
- d. The person conducting the screening will ensure:
 - 1) Each inmate with a positive screening for mental health problems is referred to QMHP for further evaluation.

Procedure No. MSP HS E-05.0	Subject: Mental Health Screening and Evaluation
Effective Date: November 1, 2010	p.2 of 4

- 2) Each acutely suicidal and/or psychotic inmate is placed in a setting where they are closely monitored until a Level 2 evaluation is completed by a QMHP. These inmates will be referred as an emergency *Clinical Intake Assessment [Level 2] (Attachment C)* evaluation case.
- e. The Level 1 screen will include, but is not limited to the following:
 - 1) Psychiatric hospitalization, psychotropic medication (including the name of the prescriber, if known), and outpatient treatment, current and past mental illnesses, as well as gathering releases of information from other facilities
 - 2) Hospitalization due to substance use
 - 3) Withdrawal seizures
 - 4) Sexual abuse
 - 5) Drug or alcohol withdrawal or intoxication
 - 6) Suicidal behavior
 - 7) Violent behavior
 - 8) Victimization
 - 9) Special education placement
 - 10) Cerebral trauma or seizures
 - 11) Sex offenses
 - 12) The current status of mental health symptoms and psychotropic medications, substantiated or unsubstantiated diagnosis, with or without records review.
 - 13) Suicidal ideation
 - 14) Drug or alcohol use
 - 15) Physical trauma or abuse
 - 16) Orientation to person, place, and time
 - 17) Emotional response to incarceration
 - 18) Screening for intellectual functioning
2. Level 2 Mental Health Evaluation
 - a. Level 2 mental health evaluations will be conducted in accordance with the urgency of the problem identified from the Level 1 screen by a QMHP or mental health staff. The specific problem will determine the response time for the Level 2 evaluation, but in all cases the Level 2 evaluation must be completed within 30 days or sooner if clinically indicated.
 - b. Emergent referrals require follow-up within 48 hours.
 - c. The QMHP will review the mental health record, if it is available, before interviewing the inmate.
 - d. Intra-system transfers:
 - 1) All intra-system transfer inmates will receive a Level 1 screening within 14 days of admission.
 - 2) In the event of a positive Level 1, the QMHP will review the mental health record and interview the client using a Level 2 form.

Procedure No. MSP HS E-05.0	Subject: Mental Health Screening and Evaluation
Effective Date: November 1, 2010	p.3 of 4

- 3) If the inmate was assessed by a QMHP at Montana State Prison within the past year, and has a current (within the past year) Level 2 in the mental health file, the QMHP can attach the old Level 2 with the new Level 2 and need only document changes in the assessment on the new Level 2. If, during the interview, it is found that there are no changes in each assessment item from the old Level 2, document “no change” on the new Level 2.
 - 4) Attention regarding medication continuity and new or recent changes in mental illness or diagnosis must be documented on the Level 2 form.
 - 5) The qualified mental health professional conducting the interview will prepare the Level 2, sign it, and ensure it is filed in the inmate’s mental health and infirmary records.
 - e. The Level 2 evaluation will include, but is not limited to the following:
 - 1) Reason for evaluation/chief complaint/current symptoms.
 - 2) History of present illness.
 - 3) Risk factors such as: suicide ideation, homicidal ideation, hallucinations, history of violence, recent chemical abuse.
 - 4) Prescribed medication, dosage, and prescribing physician.
 - 5) Legal history.
 - 6) Past psychiatric history.
 - 7) Alcohol and drug history.
 - 8) Medical history.
 - 9) Family medical and psychiatric history.
 - 10) Social and developmental history.
 - 11) Mental status exam.
 - 12) Assessment and summary.
 - 13) Plan of care, referrals, and information/patient instruction.
 - 14) Obtaining releases of information from pertinent facilities.
 - f. The QMHP who conducts the Level II evaluation will prepare the necessary documentation, sign it, and ensure it is filed in the inmate’s mental health and infirmary records.
 - g. If an inmate came in on psychotropic medications or is assessed as having a serious mental illness or developmental disability the mental health professional will refer him for further evaluation and/or psychological testing by the psychiatrist or psychologist as appropriate.
 - h. In the event that an inmate did not require a Level 2 evaluation, as indicated by a negative Level 1 Screening, and that inmate later during incarceration requires a mental health evaluation and subsequent referral to the psychiatrist, a Level 2 will be completed prior to the psychiatry visit.
- B. Intelligence Screening
- 1) Mental health staff will conduct a screening for intellectual functioning during the Level 1 screening process.

Procedure No. MSP HS E-05.0	Subject: Mental Health Screening and Evaluation
Effective Date: November 1, 2010	p.4 of 4

- 2) Mental health staff refer inmates for further evaluation by a QMHP whose education and credentials allow them to perform such evaluations as determined by the developer of the specific instrument used during the evaluation.
- 3) Results of intelligence screening and evaluations are filed in the inmate's mental health file.

IV. Closing

Questions concerning this operational procedure will be directed to the Mental Health Clinical Services Manager.

V. Attachments:

Intake Mental Health Screening (Level 1) form	attachment A
Disclosure and Consent for Services form	attachment B
Clinical Intake Assessment	attachment C



INTAKE MENTAL HEALTH SCREENING

Mental Health Services
Montana State Prison

No further follow-up needed: check here **D**
Level 2 needed: **D** Yes **D** No
D Routine **D** Urgent **D** Emergency **D** PREA

Last Name: _____ First Name: _____ AO Number: _____
Intake Date: _____ Screening Date: _____ Status: _____ Type: _____

Mental Health Screening, Assessment, and Evaluation:

1. Have you ever been diagnosed with a mental illness, mental condition, or emotional problem? Yes: **D** No: **D**
- | | | | |
|---------------------------|--|---|---|
| D Schizophrenia | D Substantiated with records
D Symptoms observed
(Describe under observations) | D Unsubstantiated with records
When: _____ | D Records unavailable
Who: _____ |
| D Schizoaffective | D Substantiated with records
D Symptoms observed
(Describe under observations) | D Unsubstantiated with records
When: _____ | D Records unavailable
Who: _____ |
| D Bipolar Disorder | D Substantiated with records
D Symptoms observed
(Describe under observations) | D Unsubstantiated with records
When: _____ | D Records unavailable
Who: _____ |
| D Depression | D Substantiated with records
D Symptoms observed
(Describe under observations) | D Unsubstantiated with records
When: _____ | D Records unavailable
Who: _____ |
| D Mild | D Moderate | D Severe
(Describe under observations) | |
| D Other: _____ | When diagnosed: _____ | Who diagnosed: _____ | |
| D Other: _____ | When diagnosed: _____ | Who diagnosed: _____ | |

2. Have you ever been on medication for mental, emotional, or behavioral problems? Yes: **D** No: ☐
If Yes, list medications, when they were prescribed, and by whom?

Medication:	When prescribed:	When last taken:	Who prescribed:
<input type="checkbox"/> Amitriptyline	_____	_____	_____
<input type="checkbox"/> Adderall	_____	_____	_____
<input type="checkbox"/> Ativan	_____	_____	_____
<input type="checkbox"/> BuSpar	_____	_____	_____
<input type="checkbox"/> Celexa	_____	_____	_____
<input type="checkbox"/> Depakote	_____	_____	_____
<input type="checkbox"/> Effexor	_____	_____	_____
<input type="checkbox"/> Haldol	_____	_____	_____
<input type="checkbox"/> Klonopin	_____	_____	_____
<input type="checkbox"/> Lithium	_____	_____	_____
<input type="checkbox"/> Paxil	_____	_____	_____
<input type="checkbox"/> Plavox	_____	_____	_____
<input type="checkbox"/> Remeron	_____	_____	_____
<input type="checkbox"/> Risperdal	_____	_____	_____
<input type="checkbox"/> Ritalin	_____	_____	_____
<input type="checkbox"/> Seroquel	_____	_____	_____
<input type="checkbox"/> Valium	_____	_____	_____
<input type="checkbox"/> Wellbutrin	_____	_____	_____
<input type="checkbox"/> Xanax	_____	_____	_____
<input type="checkbox"/> Zoloft	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

3. Did you bring psychiatric medicines with you? Yes: **D** No: **D**
If yes, Name themeds: _____

Intake Mental Health Screening (Level 1)

Mental Health Services
Montana State Prison

4. Have you had outpatient mental health treatment including individual or group counseling? Yes: ☐ No: ☐
If Yes, What treatment have you had? _____
When? _____
5. Have you ever been a patient in a psychiatric or state hospital? Yes: ☐ No: ☐
If Yes, Where? _____
When? _____
6. Have you ever attempted suicide or tried to harm yourself? Yes: ☐ No: ☐
If Yes, When was your last attempt? _____ How did you attempt? _____
-
7. Do you currently have any thoughts of killing or harming yourself? Yes: ☐ No: ☐
If Yes, fill out the Emergency Interview Form and attach to this paper. ☐ Done.
8. Do you ever hear voices or sounds or see things which other people cannot or do not hear or see? Yes: ☐ No: ☐
If Yes, Explain: _____
-
9. Do you have a history of violent behavior? Yes: ☐ No: ☐
If Yes, Explain: _____
-
10. Are you presently experiencing withdrawal symptoms from drugs or alcohol? Yes: ☐ No: ☐
If Yes, what drugs, and when was your last use?
Illicit drug: _____ Last use: _____ Alcohol: _____ Last use: _____
History of withdrawal seizures? Yes: ☐ No: ☐
11. Are you currently experiencing thoughts or emotions which you feel are too difficult to deal with on your own? Yes: ☐ No: ☐
If Yes, Explain: _____
12. Have you ever received outpatient treatment for substance abuse or detoxification? Yes: ☐ No: ☐
If Yes, Name of facility and provider? _____
Were you ever hospitalized for substance use? Please describe: _____
13. What current feelings are you experiencing regarding your incarceration? _____
14. Have you abused medication, alcohol, or used illegal drugs? Yes: ☐ No: ☐
If Yes, Name of substance(s), when was your last use and are they currently experiencing withdraw? (List Below)

Medication:	Last use:	Medication(s) Name:
<input type="checkbox"/> Opiates:	_____	_____
<input type="checkbox"/> Benzodiazepines:	_____	_____
<input type="checkbox"/> Psychotropic:	_____	_____
<input type="checkbox"/> Other: _____		

Illicit drug:	Last use:		Last use:		Last use:
<input type="checkbox"/> Meth:	_____	<input type="checkbox"/> Inhalants:	_____	<input type="checkbox"/> Cocaine:	_____
<input type="checkbox"/> Heroin:	_____	<input type="checkbox"/> Ecstasy:	_____	<input type="checkbox"/> Amphetamines:	_____
<input type="checkbox"/> Bath Salts:	_____	<input type="checkbox"/> PCP:	_____	<input type="checkbox"/> Hallucinogens:	_____
<input type="checkbox"/> Cannabis:	_____	<input type="checkbox"/> Spice:	_____	<input type="checkbox"/> Other:	_____
Alcohol:	Last use:		Last use:		Last use:
<input type="checkbox"/> Beer:	_____	<input type="checkbox"/> Wine:	_____	<input type="checkbox"/> Hard Alcohol:	_____
<input type="checkbox"/> Other: _____					



Intake Mental Health Screening (Level 1)

Mental Health Services
Montana State Prison

15. Were you in special education classes in school? Yes: ☐ No: ☐
16. Have you ever been diagnosed with a developmental disability or other conditions indicating difficulties with intellectual functioning? (If yes, initiate RAVEN testing of intellectual functioning) Yes: ☐ No: ☐
17. Have you had head trauma in the past? Yes: ☐ No: ☐
If Yes, How many times? _____ Did you lose consciousness? _____
18. Were you ever convicted of a sex offense? Yes: ☐ No: ☐
If Yes, When? _____
19. Were you ever victimized or sexually abused? Yes: ☐ No: ☐
If Yes, Explain? _____

Observations: Alert to: ☐ Person ☐ Place ☐ Time

General Appearance:

☐ Good ☐ Fair ☐ Unkempt

Mood:

☐ Normal ☐ Sad ☐ Anxious ☐ Angry ☐ Elevated

Behavior:

☐ Cooperative ☐ Uncooperative ☐ Evasive
☐ Suspicious ☐ Hostile

Thinking:

Level of Consciousness:
☐ Alert and Oriented ☐ Disoriented

Eye Contact:

☐ Appropriate ☐ Staring ☐ Glaring
☐ Infrequent ☐ None

Quality of Thinking:

☐ Logical ☐ Paranoid ☐ Delusional
☐ Disorganized ☐ Tangential

Speech:

☐ Normal ☐ Slow ☐ Rapid ☐ Loud
☐ Soft ☐ Pressured

Social Well-Being:

☐ Normal ☐ Isolates ☐ Frequent Disciplinary Action

Body Movements:

☐ Normal ☐ Restless ☐ Poor Balance
☐ Abnormal Movements

Breathing problems:

☐ Yes, Explain _____
☐ No

Affect:

☐ Normal ☐ Sad ☐ Angry ☐ Flat
☐ Blunted

Skin abnormalities:

☐ Yes, Explain _____
☐ No

Information on Mental Health Services:

1. Information on mental health services provided and questions answered: Yes: ☐ No: ☐ If no, why?
2. Information on mental health services understood and Disclosure and Consent form signed: Yes: ☐ No: ☐ If no, why?

☐ Inmate refuses level 1 _____

Mental Health Tech's Comments: _____

☐ Releases of information obtained

Screening Completed by:

Name: _____

Title: _____

Signature: _____

Date: _____

Attachment A



DISCLOSURE AND CONSENT FOR SERVICES

Mental Health Services
Montana State Prison

Mental health services at Montana State Prison are provided by QMHP. If necessary, you may receive services from a psychiatrist, a clinical psychologist, a mental health specialist, a psychiatric nurse, and/or mental health technician.

Mental health services available to you at Montana State Prison include:

- Mental health assessments
- Psychological testing
- Emergency mental health evaluations
- Psychiatric medication treatment
- Inpatient mental health treatment
- Outpatient mental health treatment
- Disciplinary segregation assessments
- Parole Assessments

You may participate in these services, depending on your individual needs. You have the right to refuse services at any time.

The information you provide to the mental health staff will be potentially available to all Montana State Prison staff members. The mental health staff have set up policies and procedures designed to keep the information confidential and only available to staff members with a need to know the information for treatment, classification, security, or parole purposes.

Mental health staff are obligated to break confidentiality and report any threat of harm to yourself, threat of harm to others, child abuse, elder abuse, or threat of escape.

The information you provide to mental health staff will be written down and kept in files. In general, the information will not be released to third parties without your written consent.

I have read or have had read to me, and understand, the above information. My questions about Mental Health Services have been answered. I consent to participation in Mental Health Services in Montana State Prison:

Printed Name: _____

Signature: _____ **Date:** _____

DOC/MSP #: _____

Witness Name: _____

Witness Signature: _____ **Date:** _____

Attachment B



Montana State Prison Clinical Intake Assessment (Level 2)

ROUTE TO: ☐ Medical Records ☐ Psychiatrist ☐ Therapist ☐ PREA Coordinator

REFERRAL: ☐ Group Therapy ☐ Individual Therapy ☐ Dx. Clarification ☐ Psychiatrist ☐ PREA Coordinator

DEMOGRAPHICS:

LAST NAME:	FIRST NAME:	AO #:
DOB:	AGE:	RACE:
INTAKE DATE:	ASSESSMENT DATE:	COMPLETED BY:
STATUS: <input type="checkbox"/> GBMI <input type="checkbox"/> AT <input type="checkbox"/> DOC	TYPE: <input type="checkbox"/> RETURN <input type="checkbox"/> NEW <input type="checkbox"/> TRANSFER	

REASON FOR EVALUATION/HISTORY OF PRESENT ILLNESS:

Level 2 due to a positive level 1

INMATE'S SELF-REPORTED CHIEF COMPLAINT/CURRENT SYMPTOMS:

[Click here to enter text.](#)

PREA: Referred for a PREA evaluation due to a positive PREA Risk Assessment: ☐ No ☐ Yes

Does the offender identify as or present any concerns related to transgender/gender identity/gender dysphoria? ☐ No ☐ Yes

Is the offender currently taking any medications associated with treatment of gender identity/dysphoria (either legally or illegally obtained)? ☐ No ☐ Yes

Does the offender express any concerns about personal safety related to transgender/gender identity/gender dysphoria? ☐ No ☐ Yes

Has the offender EVER received any medical or mental health care related to **transgender/gender identity/gender dysphoria**? ☐ No ☐ Yes

What is the offender's preferred pronoun to be used when referring to the offender? He

Does the offender currently meet criteria for Gender Dysphoria as defined in the current edition of the DSM?
☐ No ☐ Yes

CURRENT PRESCRIBED MEDICATIONS: Please list ALL current

--

PSYCHIATRIC MEDICATIONS DISCONTINUED IN MDIU:

NAME	REASON FOR DISCONTINUATION

CURRENT SUICIDE/HOMICIDE IDEATION:

Current suicide ideation: ☐ No ☐ Yes: please fill out a Suicide Risk Assessment form

Current homicidal ideation: ☐ No ☐ Yes

HISTORY OF SUICIDE IDEATION/SELF-INJURIOUS BEHAVIOR/VIOLENCE:

History of suicide ideation/suicide attempt: ☐ No ☐ Yes

Number of previous attempts:

Methods:

Did attempts require medical attention: ☐ No ☐ Yes

Antecedent stressors: [Click here to enter text.](#)

History of self-injurious behavior: ☐ No ☐ Yes

Number of previous incidents:

Date of last incident:

Method(s) and location on body:

Did any incidents require medical attention: ☐ No ☐ Yes

Antecedent stressors:

History of violence: ☐ No ☐ Yes

PSYCHIATRIC HISTORY:

Outpatient psychiatric/mental health treatment:

Inpatient psychiatric treatment:

Past psychiatric medications:

NAME	Dr.	PURPOSE	REASON DISCONTINUED

Any negative or allergic reactions to psychiatric medications: ☐ No ☐ Yes

Past Psych. Diagnosis	Date	Location	Provider

Family history of suicide attempts or completed suicides (include who, how, when):

☐ No ☐ Yes

Family history of mental illness or psychiatric hospitalizations (include who, when, where):

☐ No ☐ Yes

SUBSTANTIATION OF PAST DIAGNOSIS:

Objective findings of current symptoms:

Subjective findings of current symptoms by other staff: N/A

Objective findings of current symptoms by chart review:

Other collateral information: N/A

DRUG USE HISTORY

Type of Drug or Alcohol Used	Method of administra tion:	Date of Last Use:	Days used per month:	Age at first use:	Years of regular use:	Treatment sought
<input type="checkbox"/> Amphetamine s						

<input type="checkbox"/> Benzodiazepines						
<input type="checkbox"/> Cannabis		Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Cocaine						
<input type="checkbox"/> ETOH						
<input type="checkbox"/> Hallucinogens						
<input type="checkbox"/> Hashish						
<input type="checkbox"/> Heroin	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	
<input type="checkbox"/> Inhalants						
<input type="checkbox"/> Methadone						
<input type="checkbox"/> Methamphetamine						
<input type="checkbox"/> Opiates						
<input type="checkbox"/> PCP						
<input type="checkbox"/> Suboxone						
<input type="checkbox"/> Synthetic drugs (spice, bath salts, salvia, "meow"):						
<input type="checkbox"/> Other						
*Inmate denied additional substance use. *						

CHEMICAL DEPENDENCY TREATMENT HISTORY:

Outpatient chemical dependency treatment:

Inpatient chemical dependency treatment: [Click here to enter text.](#)

Substance Abuse in Family (what/whom): ☐ No ☐ Yes

MEDICAL HISTORY:

Current Illnesses: ☐ No ☐ Yes

Head Injuries/Loss of Consciousness: ☐ No ☐ Yes

Number of injuries:

Method of injury:

Did the injury result in hospitalization or other medical follow up: ☐ No ☐ Yes

Past medical prescription medications:

NAME	Dr.	PURPOSE	REASON DISCONTINUED
Denied	Denied	Denied	Denied

Any negative or allergic reactions to medical prescription medications: ☐ No ☐ Yes

Family history of significant medical issues including allergies or negative reactions to prescription medications: ☐ No ☐ Yes

LEGAL HISTORY:

Adult History:

Past Offenses:

Current Offense and Sentence:

Number of imprisonments/locations:

Juvenile History:

Age of first crime/trouble with the law:

Offenses/Sentences/Probation/Parole:

Number of juvenile imprisonments/locations:

SOCIAL AND DEVELOPMENTAL HISTORY:

Adverse Childhood Experiences: ☐ No ☐ Yes

History of physical or sexual abuse: ☐ No ☐ Yes

Exposure to alcohol or other drugs in utero: ☐ No ☐ Yes

Developmental delays: ☐ No ☐ Yes

Living Situation Prior to Incarceration:

Marital and Relational History:

Education (last grade completed):

IEP while in school: ☐ No ☐ Yes

Work History:

Military History (branch, dates of service, type of discharge): ☐ No ☐ Yes

Spiritual and Cultural Alliances: ☐ No ☐ Yes

Enrolled tribal member: ☐ No ☐ Yes

FINANCIAL RESOURCES: Select all that apply and describe

☐ Disability benefits ☐ Food stamps ☐ Medicaid ☐ Medicare ☐ MHSP ☐ Savings ☐ SSI
☐ VA benefits ☐ Other

MENTAL STATUS:

Affect:	<input type="checkbox"/> Within normal range	<input type="checkbox"/> Outside normal range*
Appearance:	<input type="checkbox"/> Within normal range	<input type="checkbox"/> Outside normal range*
Behavior:	<input type="checkbox"/> Within normal range	<input type="checkbox"/> Outside normal range*
Cognition:	<input type="checkbox"/> Within normal range	<input type="checkbox"/> Outside normal range*
Consciousness:	<input type="checkbox"/> Within normal range	<input type="checkbox"/> Outside normal range*
Cooperation:	<input type="checkbox"/> Within normal range	<input type="checkbox"/> Outside normal range*
Memory:	<input type="checkbox"/> Within normal range	<input type="checkbox"/> Outside normal range*
Mood:	<input type="checkbox"/> Within normal range	<input type="checkbox"/> Outside normal range*
Orientation:	<input type="checkbox"/> Within normal range	<input type="checkbox"/> Outside normal range*

Speech: ☐ Within normal range ☐ Outside normal range*

Thought Content: ☐ Within normal range ☐ Outside normal range*

Thought Process: ☐ Within normal range ☐ Outside normal range*

Other Observations: ☐ Within normal range ☐ Outside normal range*

Provisional Diagnosis:

Reported History of:

Testing:

Adverse Childhood Experiences (ACE):

PTSD Checklist:

Montreal Cognitive Assessment (MOCA):

PQH-9:

SUD: (*consideration: remission due to being in a controlled environment*):

[NAME] *is / is not being* referred on to the psychiatrist for follow up due to current psychiatric medication prescriptions, observed/reported behaviors/symptoms, and/or diagnostic clarification.

Vulnerability factors to consider: ☐ No ☐ Yes

PLAN OF CARE: MENTAL HEALTH LEVEL/SMI _____ 00000 _____		
Recommended follow up	Referral	Information/Patient Instructions
<input checked="" type="checkbox"/> Psychiatric Evaluation/Treatment/Med Review	MSP Psychiatrist	Kite for any mental health concerns, talk to staff immediately for emergencies
<input checked="" type="checkbox"/> Diagnostic Clarification	MSP Mental Health Therapist	As needed
<input checked="" type="checkbox"/> Mental Health Group	MSP Mental Health Therapist	As appropriate
<input checked="" type="checkbox"/> Individual Psychotherapy	MSP Mental Health Therapist	Kite for any mental health concerns, talk to staff immediately for emergencies
<input checked="" type="checkbox"/> Wellness Checks (Frequency)	MSP Mental Health	As needed

<input checked="" type="checkbox"/> Discharge Planner	MSP Case Manager	Kite for any mental health concerns, talk to staff immediately for emergencies
<input checked="" type="checkbox"/> Psychological Testing	MSP Mental Health Therapist	
<input checked="" type="checkbox"/> Mental Health, as needed (via <i>mental health request form</i>)	MSP Mental Health	Kite for any mental health concerns, talk to staff immediately for emergencies

RELEASES OF INFORMATION OBTAINED:

Name	Agency	Location	Purpose
N/A	N/A	N/A	N/A

Completed By:

Credentials: [Click here to enter text.](#)

Signature

Date

Co-Signature/Clinical Licensure Supervisor

Date

Co-Signature/Mental Health Services Manager

Date



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-06.1	Subject: Initial Dental Treatment
Reference: NCCHC Standard P-E-06; NCCHC Standards Appendix G; DOC 4.5.26, Offender Dental Services;	Page 1 of 4 and no attachments
Effective Date: November 1, 2010	Revised: August 10, 2020
Signature / Title: /s/ Daniel W Hash / Director, Dental Services	
Signature / Title: /s/ Cindy McGillis-Hiner / Medical Bureau Chief	

I. Purpose:

To provide initial dental assessment and to determine the oral and dental needs of the Inmate, determine if any emergent dental needs exist and to provide personal oral health care instructions to assist the Inmate in caring for their own oral hygiene.

II. Definitions:

Oral Screening – A visual observation of the teeth and oral structures and making notations of any obvious or gross abnormalities requiring immediate referral to a dentist.

Comprehensive Oral Examination – An evaluation of the patient's oral history, hard and soft tissues of the oral cavity, extra oral evaluation and detailed examination of the dentition.

Triage – A systematic prioritization of health care to maximize the overall benefit of care provided with the resources available.

III. Procedures:

A. Intake Oral Screening

1. All Inmates arriving at Montana State Prison will receive an oral screening, as part of the Initial Health Intake Screening process or by a member of the dental staff, within 7 days of admission.
2. The intake oral screening can be performed by a dentist, dental support staff or by another trained health care professional.
3. All dental support staff or other qualified health care professionals providing intake oral screenings must be appropriately trained. Such training must be done by a dentist and the standardized training program must consist of more than completion of a self-study program.
4. The oral screening is to include a visual observation of the teeth and surrounding soft tissue. Notations should be made of any obvious abnormalities, severe painful conditions, acute infection or facial trauma requiring immediate referral to a dentist.

B. Comprehensive Oral Examination

1. All Inmates arriving at Montana State Prison will receive a comprehensive oral examination within 30 days of admission.
2. The comprehensive oral examination shall be performed by a dentist currently licensed in the State of Montana.
3. All notations concerning the comprehensive oral examination will be made in a standardized MT DOC dental chart. Guidelines set forth by the [MT DOC Guide to the Dental Chart](#) will be utilized when documenting information resulting from the comprehensive oral examination.
4. Radiographs, necessary for the comprehensive oral examination to appropriately develop a triaged dental treatment plan, will be utilized.

Procedure No.: MSP HS E-06.1	Subject: Initial Dental Treatment
Effective Date: November 1, 2010	p.2 of 4

5. The comprehensive oral examination should include an evaluation of the Inmates medical history, the Inmates oral history, current complaints, extra oral head and neck evaluation, oral hard and soft tissue evaluation, periodontal screening, examination and charting of teeth, as well as evaluation of current radiographs.
6. If an Inmate is re-admitted or transferred from another MT DOC facility within the previous 12 months and there is a properly documented oral examination on record, a new comprehensive oral examination is not required. If an initial comprehensive examination is not done, the Inmate should be placed on the annual Re-care Examination list appropriate to the date of their last oral examination.

C. **Triaged Dental Treatment Plan**

1. Through the comprehensive oral exam, a triaged dental treatment plan will be developed identifying existing dental and oral needs and proposed dental treatment.
2. To ensure the most urgent and important dental treatment is completed in a timely manner on all Inmates, the proposed clinically-indicated dental treatment is prioritized.
3. The triaged dental treatment provided will be subject to the amount of time the Inmate is under MT DOC care.
4. The Inmates dental care is part of a continuum of care, unaffected by the Inmates transfer from one Secure facility to another (not including Community Correction facilities).
5. Clinically-indicated dental treatment needs will be prioritized:
 - a. Phase 1(P1): Conditions requiring treatment for the elimination of severe pain, acute infections and trauma. These conditions should be treated as high priority conditions and should be addressed within 24 – 48 hours once a dentist is available.
 - b. Phase 2 (P2): Conditions which if left untreated, will in time likely become a phase 1 condition, or affect the Inmates ability for adequate mastication of food. Phase 2 conditions will be divided into 2 categories in order of priority.
 - 1) P2a: Conditions, while currently not resulting in severe pain or acute infection, will require expedited treatment to prevent the condition from becoming a Phase 1 condition. If in the estimation of the dentist, the tooth condition needs to be addressed within the next 12 months it is to be classified as P2a.
 - 2) P2b: Conditions recognized as requiring treatment, however, in the estimation of the dentist, will not likely result in acute infection, severe pain, pulpal exposure or significant tooth structure loss even if left untreated for 12–18 months, or longer. P2b restorative needs will in most cases not be treated. At the annual Periodic (Re-care) Examination, dental treatment needs classified as P2b, will be re-evaluated and if necessary, re-classified.
 - c. Phase 3 (P3): Conditions which are not expected to deteriorate significantly if left untreated, areas to be evaluated at subsequent examination appointments or conditions requiring treatment beyond the dental treatment normally provided by the MT DOC. At the annual Periodic (Re-care) Examination P3 conditions will be re-evaluated.
 - d. A more in depth discussion of prioritizing the dental treatment needs can be found in the [*MT DOC Guide to the Dental Chart*](#)

D. **Intake Unit Dental Treatment**

Procedure No.: MSP HS E-06.1	Subject: Initial Dental Treatment
Effective Date: November 1, 2010	p.3 of 4

1. Urgent / Emergent (Priority 1) Dental Treatment for severe discomfort, acute infection and trauma will be of highest priority.
 2. ART. Alternative Restorative Technique (ART) is a provisional restoration designed to remove the majority (but not all) of the decay on teeth with large or open areas of decay and placing a provisional restoration. Generally, after the gross decay is removed, a layer of a CaOH paste, or equivalent liner, is placed over the remaining deep decay and the tooth is provisionally restored with a glass ionomer material. If the condition is due to a broken restoration or tooth structure, where there is minimal or no decay present, a liner may not be necessary. Except for anterior teeth where esthetics is a consideration, a colored glass ionomer, such as Fuji Triage, should be considered, as it would be obvious to another dentist that the tooth was provisionally restored. During the Comprehensive Oral Exam, the tooth can be charted as a P2a ART with the second line in the treatment planned. The goal is to resolve (temporarily) a significant dental condition and allow for potential secondary dentin formation, especially with teeth that are symptomatic due to food impaction, exposed broken tooth structure or with a broken restoration. ART restorations are not normally effective if the patient is experiencing significant spontaneous, throbbing type pain.
 3. Priority 2a (P2a) treatment. As time permits, and if does not interfere with Intake Comprehensive Oral Exam requirements, select routine P2a treatment can be provided. Especially if the Inmate has minimal treatment needs; when a specific treatment need is of high risk of becoming symptomatic within a very short time frame, or for extractions and other surgical procedures to allow for healing time prior to commencement of follow-on dental care.
 4. Initial Debridement. An initial debridement, while the Inmate is at MDIU, can be done when the periodontal health of the Inmate is a major or urgent area of concern, or would greatly assist the restorative phase.
 5. Denture adjustments, repairs and temporary relines.
 6. Stash Inmates. Only Urgent / Emergent dental care is provided for these Offenders, as they are only at MDIU for a short time and require complete separation from all other Inmates. Coordination is required with the MDIU Unit Administrator and the MDIU Medical Staff.
- E. Oral Hygiene Instruction.
1. Instruction in oral hygiene and preventive oral education will be given within 30 days of admission.
 2. Interactive education, concerning systemic health care risk associated with poor oral hygiene, proper brushing and flossing techniques, the need for regular dental cleanings and examinations and general information concern dental health care in a correctional environment will be provided.
 3. The Oral Hygiene Instruction label will be utilized, signed by the instructor and inmate and placed on the lower left portion of the Dental Chart cover. If, during an annual examination or dental cleaning appointment there is no Oral Hygiene Instruction label on the cover, then presume no formal instruction has been given and present to the inmate instructions in oral hygiene and preventive oral education.
 4. For more information concerning oral hygiene instruction consult the *MT DOC Guide to the Dental Chart*.
 5. Subsequent oral hygiene education should be documented in the Daily Treatment Sheet or the Dental Hygiene Record in the dental chart. Additional oral hygiene education should be provided whenever it is evident the inmate's oral health would benefit from the additional instruction.
 6. The inmate should be offered a copy of the [MT DOC Dental Health Care brochure](#) and, if applicable the Denture Care handout.

Procedure No.: MSP HS E-06.1	Subject: Initial Dental Treatment
Effective Date: November 1, 2010	p.4 of 4

F. Privacy Notification.

1. Privacy Notification information should be presented to each Inmate in MT DOC custody.
2. The Inmate should have been presented an opportunity to review the [MT DOC Privacy Practices Notification handout](#). This document should also be made available to the Inmate at any time.
3. An overview of the Privacy Notification should be presented at the Intake Screening Evaluation or at the initial Comprehensive Examination. Those Inmates already in MT DOC custody and have not already received the Privacy Notification information should have this information presented at their next Oral Examination appointment.
4. A Privacy Practice Notification label (see below) should be placed in the lower right area of the MT DOC dental chart.
5. The two boxes should be checked off indicating the subject material has been covered and the Inmate has been given an opportunity to review and receive a copy of the Privacy Practice Notification Handout.
6. Ensure the Inmate understands the material and has been given an opportunity to ask questions.
7. After the Presenter signs and dates the label, the Inmate initials, signs and date the label.

G. Tobacco Cessation.

1. Inmates who have indicated, in the Drug Use section of the MT DOC Dental Chart, a history of tobacco usage should be presented information concerning tobacco cessation.
2. The presentation should be tailored to whether the past tobacco usage was cigarettes, smokeless or both.
3. Since Montana State Prison is a smoke-free prison, the Inmates should be encouraged to take advantage of this and avoid re-starting unhealthy habits.
4. The Inmate should be offered a copy of the MT DOC Tobacco Cessation brochure.

IV. Closing

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. Attachments

None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-06.2	Subject: Emergency Dental Evaluation
Reference: NCCHC Standard P-E-06, 2008; NCCHC Standards Appendix G; DOC 4.5.26; MSP Nursing Dental protocols	Page 1 of 2 and no Attachments
Effective Date: November 1, 2010	Revised: August 10, 2020
Signature / Title: /s/ Daniel W Hash / Director, Dental Services	
Signature / Title: /s/ Cindy McGillis-Hiner / Medical Bureau Chief	

I. Purpose:

To provide emergency dental treatment for all inmates with severe dental related pain, acute dental infection and oral-facial trauma.

II. Definitions:

Emergency dental care – dental care for severe dental related pain, acute dental infection and oral-facial trauma requiring immediate or prioritized dental evaluation and treatment.

III. Procedures:

A. Access

Inmates may access emergency dental treatment through:

1. Medical Sick Call. The inmate can request emergency dental treatment through the Medical Sick Call system or medical staff visits.
2. Request for Medical Services – Dental (kite). The inmate can request dental treatment for severe pain, acute infection, or oral-facial trauma by utilizing the Request for Medical Services – Dental form available in all inmate housing units.
3. Intake Dental Screening appointment. These appointments are designed to ensure any dental conditions requiring emergent dental care are determined.
4. Oral Examination appointments. Emergent dental care may be provided at this appointment.
5. Referral from MSP medical staff members. Inmates can request emergency dental evaluation and treatment through any MSP medical staff member.
6. Referral from non-health care staff. Inmates can request emergency dental evaluation and treatment through any MSP staff member. In addition, any MSP staff member can request emergency dental evaluation and treatment on behalf of an inmate.

B. Treatment

1. Dental emergency evaluation and treatment shall be determined and prioritized through the nursing dental protocols and/or emergency dental protocols during regular clinic hours.
2. Nursing dental protocols (after hours).
 - a. Primary focus of treatment is alleviation of pain, control of acute infection and oral-facial trauma.
 - b. [MSP Nursing Dental protocols](#) are to be utilized by MSP medical staff after regular dental clinic hours.
 - c. Documentation of any treatment provided, concerning the dental emergency should be forwarded to the dental department in a timely manner.

Procedure No.: MSP HS E-06.02	Subject: Emergency Dental Evaluation	
Effective Date: November 1, 2010	Revised: August 10, 2020	p.2 of 2

- d. Depending on the severity of the condition, the request for emergency dental treatment can be forwarded immediately to the dental department, or when after the normal dental clinic hours, to the on-call dentist.
- e. Inmates with life threatening dental emergencies or combination of medical and dental issues may be directed to the medical department.

C. Special Consideration Offenders.

1. Stash Inmates

Only Urgent / Emergent dental care is provided for these Offenders, as they are only at MDIU for a short time and require complete separation from all other Inmates. Coordination is required with the MDIU Unit Administrator and the MDIU Medical Staff.

D. Urgent / Emergent Dental Protocols

- 1. The request, once received by the dental department will be expedited and the inmate should be scheduled for evaluation and treatment at the earliest available clinic appointment time.
- 2. Treatment may include, but not be limited to:
 - a. No treatment, if not deemed appropriate.
 - b. Medications for relief of pain or acute infection.
 - c. Sedative or permanent restoration.
 - d. Extractions or other oral surgical treatment.
 - e. Adjustment of tooth structure, restorations or prosthetic appliances.
 - f. Treatment for acute periodontal conditions.
 - g. Pulpotomy or pulpectomy (first step endodontic treatment).
 - h. Referral to outside practitioners, the MSP Infirmary or the hospital emergency center.

E. Treatment Follow-up

- 1. When appropriate, the inmate should receive an appointment for follow-up dental treatment or post-op evaluation.
- 2. Inmates referred to the MSP Infirmary shall be monitored by the MSP Dental Department staff. Documentation, including appropriate admission and release documentation, should be made in both the inmate's medical and dental charts. See the Infirmary Admittances and Maxillofacial Trauma Care document for further guidance. Follow-up care should be coordinated through the MSP Dental Clinic Manager.
- 3. All inmates referred to outside practitioners or hospital emergency centers, for emergency treatment, should be set up for a post-op evaluation appointment.

IV. Closing

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. Attachments

Infirmary Admittances and Maxilla-facial Trauma Care



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-06.3	Subject: Non-Emergent Dental Treatment
Reference: NCCHC Standard P-E-06; NCCHC Standards Appendix G; DOC 4.5.26; MT DOC Guide to the Dental Chart;	Page 1 of 6 and no Attachments
Effective Date: November 1, 2010	Revised: August 10, 2020
Signature / Title: /s/ Daniel W Hash / Director, Dental Services	
Signature / Title: /s/ Cindy McGillis-Hiner / Medical Bureau Chief	

I. Purpose:

To make available to all inmates an opportunity to receive non-emergent dental care with the goal of maintaining or improving their dental and general health.

II. Definitions:

Comprehensive Oral Examination – an evaluation of the patient’s oral history, hard and soft tissues of the oral cavity, extra oral evaluation and detailed examination of the dentition.

Treatment phases – a system to divide the levels of care based on urgency of need.

Triage – a systematic prioritization of health care to maximize the overall benefit of care provided with the resources available.

III. Procedures:

A. Access to Care

Inmates may access non-emergent dental treatment through:

1. Comprehensive Oral Examination. The inmate will be given an option to be placed on the appropriate dental treatment list.
2. The inmate will then be brought to the dental clinic when their name is at (or near) the top of the treatment list.
3. The inmate will be rotated back onto the dental treatment list, as needed until all their prioritized dental care is completed.
4. Periodic (Re-care) Oral Examination. During each Periodic Oral Examination, the inmate’s dental health needs will be re-assessed. If additional dental treatment is indicated, the inmate, if desired will be placed on the appropriate dental treatment list.
5. Re-instatement on Treatment List. If an inmate originally did not desire to be placed on a dental treatment list, had requested their name to be removed from a dental treatment list, or signed a general refusal for dental treatment, the Inmate can at any time request that thier name be placed back on the dental treatment list.
 - a. If the request is less than 12 months since the last Oral Examination, the Inmate will be placed on the appropriate dental treatment list (as well as the Periodic (Re-care) Oral Examination list).
 - b. If the request comes after 12 months from the inmate’s last oral examination, he will be placed on Periodic (Re-care) Oral Examination list). At the Oral Examination appointment, the Inmate will be placed on the appropriate dental treatment list.

Procedure No.: MSP HS E-06.3	Subject: Non-Emergent Dental Treatment	
Effective Date: November 1, 2010	Revised: August 10, 2020	p.2 of 6

- c. If the request for dental treatment is due to an oral condition causing severe pain, acute infection or oral-facial trauma, the MSP Emergency Dental Evaluation protocols will be followed.

B. Triage Treatment Plan

1. At the Comprehensive or Periodic Oral Examination appointment a triaged dental treatment plan will be established to ensure proper prioritization of the inmate's dental needs. This prioritization system will assist in providing for the inmate's most urgent and important dental needs are completed as expeditiously as possible, on all Inmates.
2. Specific dental / oral treatment needs will be assigned a priority code and treatment will be divided into phases.
 - a. Phase 1 (P1): Conditions requiring treatment for the elimination of severe pain, acute infections and trauma. These conditions should be addressed utilizing Emergency Dental protocols and should be addressed within 24 – 48 hours once a dentist is available.
 - b. Phase 2: Conditions which if left untreated, will in time likely become a phase 1 condition, or result in conditions that do not allow for the adequate mastication of food. Phase 2 conditions will be divided into 2 categories bases on priority.
 - i. Category A (P2a). Dental conditions, while currently not resulting in severe pain or acute infection, will require expedited treatment to prevent the condition from becoming a Phase 1 condition. Although these urgent conditions do not require immediate treatment, time is of the essence and these conditions need to be scheduled for treatment.
 - ii. Category B (P2b). Dental conditions which have been deemed not likely to develop significantly in the next 12 – 18 months. These dental conditions will be re-assessed at the Inmates next Periodic Oral Examination appointment and re-classified if necessary. In select cases, such as restorations on abutment teeth prior to construction of partial dentures, P2b treatment will be authorized.
 - c. Phase 3: Conditions designated to be re-evaluated in future oral examination appointments or conditions beyond the basic dental treatment normally provided by the MT DOC.

C. Dental Care Scheduling

1. The treatment goals at each appointment will be to take care of the most urgent treatment need (s). This will normally be treatment that can be accomplished in 60 – 90 minutes or less.
 - a. P2a Operative treatment: Treatment generally limited to one or two teeth.
 - b. P2a Extractions / oral surgery: Treatment for a single tooth or limited area for extractions (such as a posterior quadrant).
2. As needed, the Inmate is rotated back onto the P2a treatment list for additional dental care.
3. When the patient comes to the top of the treatment list again the patient's highest priority need(s) will be addressed. This cycle will continue until all of the patient's priority dental care needs are resolved or the Inmate is released.
4. This will allow for the most urgent dental care needs of the largest possible number of Inmates to be taken care of.

Procedure No.: MSP HS E-06.3	Subject: Non-Emergent Dental Treatment	
Effective Date: November 1, 2010	Revised: August 10, 2020	p.3 of 6

5. Dentures / Partial Dentures. If the Inmate is at the top zone of the Denture list, then all necessary restorative treatment, for completion of the partial denture, will be expedited.
6. The dentist will still retain the ability to set additional appointments in select cases. The provider can request (thru the NV notes) the Inmate be rescheduled as a priority if deemed necessary. This could occur if the provider feels that another appointment is needed with minimal delay. This should be the exception not the rule for rescheduling dental care.
7. Dental care that normally requires multiple appointments for a given procedure are scheduled by the provider thru the NV notes in the timeline that is appropriate.
8. This scheduling system should maximize the number of patients seen in a given amount of clinic time. This will address the desire distribute dental services equitably. In addition, this guideline should ensure that the highest priority dental care needs are address first.

D. Dental Treatment

1. Restorative (Operative): Basic restorative dental treatment will be provided. Restorative materials utilized will be based on the dentist assessment as to which material will be best suited for the specific situation, the Inmates age, general health and the Inmates oral hygiene. The inmate will not be given the option of choosing the restorative materials to be utilized.
2. Oral Surgery. All basic needed oral surgery, within the scope of ability of the dentist is authorized.
 - a. Assessment of current diagnostic radiographs, the inmate's health history and pertinent medical information should be made.
 - b. A pre-operative consult with the Inmate, concerning the surgical risk factors should be signed and documented in the Surgery Data Sheet (lilac chart insert).
 - c. The inmate should be informed of any complications that may arise during the actual procedure, as well as expected prognosis. This should be documented, and the inmate should be placed on the follow-up treatment list. The medical staff may be notified if their involvement in follow-up care is likely.
 - d. Oral and written post-operative instructions should be provided to the inmate.
 - e. Potential pathological conditions not immediately biopsied or referred should be re-evaluated 14 - 21 days.
 - f. Any surgical conditions beyond the ability or comfort level of the dentist should be reviewed for referral.
3. Endodontic Treatment. Endodontic (Root Canal) treatment is authorized in select cases, where endodontic treatment would significantly enhance the inmate's oral health, arch integrity or if a required abutment for a partial denture. The following considerations should be evaluated:
 - a. The inmate's overall oral health.
 - b. Partial denture considerations.
 - c. Likelihood of the inmate following through with a cast crown after release.
 - d. Overall condition and restorability of the tooth, periodontal condition, bone support and long-term prognosis.
 - e. Whether significant contribution to the maintenance of the inmate's oral health that would be gained by saving the tooth.
4. Endodontic treatment is not recommended if:
 - a. The Inmate does not have the ability or desire to have a cast restoration (if needed) placed on the tooth once they are released from MT DOC custody.

Procedure No.: MSP HS E-06.3	Subject: Non-Emergent Dental Treatment	
Effective Date: November 1, 2010	Revised: August 10, 2020	p.4 of 6

- b. The overall poor condition of the Inmates dentition would make a partial (or full) denture a recommended choice for the Inmate.
 - c. The Inmate would benefit significantly from a partial denture and the tooth is not an essential abutment tooth for the partial.
 - d. The long-term prognosis of the tooth is poor or guarded due to the overall poor condition or lack of long-term restorability of the tooth, significant periodontal involvement or lack of adequate bone support for the tooth.
5. The Inmates desire to “keep the tooth” is not an over-riding factor in determining whether endodontic treatment is to be performed. If the Inmate is scheduled for release within a very short time period, and the Inmate desires to “keep the tooth”, a first step endodontic procedure may be provided. However, the Inmate must be informed (and the dental chart well documented) that the inmate, not the MT DOC, will be responsible for completion of the endodontic treatment and subsequent restoration. The pre-endodontic consult with the inmate should be signed and documented in the RCT Data Sheet (salmon chart insert).
6. Periodontal Care
 - a. Non-surgical periodontal care. Discussed in *HS E-06.4, Periodontal Care*.
 - b. Surgical Periodontal treatment. Can be provided, in select cases for inmates who have limited areas of periodontal disease where periodontal surgery can correct or reduce the periodontal defect. Inmates scheduled to receive a partial denture, who have correctable periodontal defects should have the periodontal surgery, if indicated prior to construction of the partial denture.
7. Removable Prosthodontics. Complete dentures, partial dentures and occlusal splints are discussed in *HS E-06.5, Dental Prosthetics Services*.
8. Orthodontics
 - a. Orthodontic services are not normally provided. In special circumstances orthodontic treatment can be considered through the Dental Services Review process.
 - b. Inmates entering the correctional facility with fixed or removable orthodontic appliances:
 - i. Consult with the inmate’s Orthodontist to determine, based on the inmate’s projected incarceration time, whether to continue or terminate the orthodontic treatment.
 - ii. In select cases the inmate may be transported to the orthodontist office for evaluation or treatment.
 - iii. If the orthodontic treatment is to be continued the inmate should be set up for regular follow-up appointments with the MSP dental staff. Periodontal care and personal oral hygiene, with patients with fixed orthodontic appliances is very important and should be closely monitored.
 - iv. If the orthodontic appliances are to be removed, written informed consent from the inmate should be obtained. In some cases, the orthodontic appliances can be inactivated by removing the wires and elastics but leaving the brackets and bands in place. This should not be done with inmates with long sentences. If the inmate refuses to allow the recommended removal of the orthodontic appliance, a documented Refusal of Treatment form will be completed.
9. Fixed Prosthodontics: Fixed Prosthodontics (cast crowns and bridges) are not normally provided. In special circumstances fixed prosthodontic treatment can be considered through

Procedure No.: MSP HS E-06.3	Subject: Non-Emergent Dental Treatment	
Effective Date: November 1, 2010	Revised: August 10, 2020	p.5 of 6

the Dental Services Review process. If the inmate has a crown or bridge being fabricated but not cemented, arrangements should be made to have the appliance delivered to the MSP Dental Department to enable completion of the treatment. The MT Department of Corrections is not financially responsible for any cost related to prosthodontic treatment started prior to the inmate entering the correctional system but completed while the Inmate is under the care of the MT Department of Corrections.

10. Implants. Dental implant services are not normally provided. In special circumstances dental implants can be considered through the Dental Services Review process. In cases where dental implants and associated restorative treatment have been initiated, but not completed, a consultation with the originating dentist should be made. A determination should be made whether the treatment can be suspended until the inmate's release, the restorative phase can be finished at MSP, or if the inmate needs to be transported to the originating dentist office for continued treatment.
11. Preventive services
 - a. Preventive dental services including periodontal care, oral health education and preventive fluoride treatment. Discussed in *HS E-06.4, Periodontal Care*.
 - b. Sealants may be placed on an individual bases when recommended by a MSP staff dentist, as a preventive measure. Any teeth recommended for sealants, to be placed by a staff dental hygienist should, be evaluated for incipient decay and possible pre-sealant tooth preparation.
12. Periodic (Re-care) Oral Examination. Inmates will be given an option to be placed on the Periodic (Re-care) Oral examination treatment list.
 - a. Inmates are authorized to receive a re-care examination on an annual basis.
 - b. If medically necessary, an inmate may be scheduled for more frequent oral examinations. These inmates will be placed on the Special Needs List to allow for tracking of their Special Needs dental care.
 - c. New bitewing radiographs may be taken during the re-care examination. New Panograph radiographs should be taken every five years, or as deemed necessary by the dentist.
 - d. The medical history update section should be completed during the re-care examination. A new Medical History Sheet should be completed after 5 years since completion of the current Medical History Sheet.
13. Infirmary Dental Care: When necessary an inmate can be transferred to the MSP Infirmary for treatment or 24-hour monitoring of the inmate.
 - a. The inmate should be admitted to the Infirmary, with appropriate physician orders, completion of the MSP Infirmary Admission Orders form, and notes placed in the inmate's Medical Chart.
 - b. The Director, Dental Services should be notified, who shall notify the appropriate administrative medical staff.
 - c. An Infirmary Care Treatment Plan should be developed, including expected length of stay in the Infirmary and assignment of staff.
 - d. Consult, as needed, with the appropriate clinical medical staff, concerning the inmate's medical and dental care and make notations concerning these consultations. Medical consultation, for medically compromised Inmates receiving dental treatment, is encouraged.
 - e. Document dental care provided in the inmate's Medical and Dental Charts.

Procedure No.: MSP HS E-06.3	Subject: Non-Emergent Dental Treatment	
Effective Date: November 1, 2010	Revised: August 10, 2020	p.6 of 6

- f. When the inmate is to be released from the Infirmary, submit a release order in the medical chart, determine any post-release follow-up dental care and notify the Director, Dental Services.
 - g. Medical test can be ordered for the inmate through the Infirmary.
- 14. Documentation: All notations concerning the provision of dental care will be made in a standardized MT DOC dental chart. Guidelines set forth by the [*MT DOC Guide to the Dental Chart*](#) will be utilized.

IV. Closing

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. Attachments

Special Management Inmate Dental Care



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-06.4	Subject: Periodontal Care
Reference: NCCHC Standard P-E-06; NCCHC Standards Appendix G; DOC 4.5.26, Offender Dental Services; MT DOC Guide to the Dental Chart	Page 1 of 6 and no Attachments
Effective Date: November 1, 2010	Revised: August 10, 2020
Signature / Title: /s/ Daniel W Hash / Director, Dental Services	
Signature / Title: /s/ Cindy McGillis-Hiner / Medical Bureau Chief	

I. Purpose:

To provide Inmates with access to emergent and non-emergent periodontal care as well as instruction in personal oral health care instruction.

II. Definitions:

Periodontal – refers to the supporting hard and soft tissues of the teeth.

Oral Hygiene Instruction – refers to instruction in personal oral hygiene and oral home care.

Debridement – removal of hard and soft debris from the teeth and gingival tissues.

III. Procedures:

To provide for treatment and maintenance of the Inmate's periodontal health, all Inmates should receive an evaluation, diagnosis, and treatment plan for their periodontal care. Periodontal care may also include emergent and non-emergent dental debridement, as well as periodic periodontal evaluation and treatment. Inmates should receive instruction in personal oral hygiene, as well as periodic assessments and follow-up oral hygiene instruction to assist them in improving and maintaining their own oral health.

A. Comprehensive Oral Examination

1. An assessment of the Inmate's overall periodontal condition should be made and a periodontal treatment plan determined.
2. As part of the Inmates initial Comprehensive Oral Examination the dentist should complete and document:
 - a. A Periodontal Screening Record (PSR).
 - b. An evaluation of the Inmate's general periodontal condition, calculus and plaque levels.
 - c. An assessment of the Inmate's personal oral hygiene.
 - d. A periodontal care treatment plan for the Inmate.
 - e. Discussions concerning significant periodontal conditions and recommendations.
3. Notations should be made in the Periodontics section at the bottom of page 1 of the Comprehensive Treatment Plan (goldenrod) Dental Chart insert.
4. Instruction in oral hygiene and preventive oral education, Privacy Practice Notification and if applicable Tobacco Cessation, should be provided to each Inmate. The Oral Hygiene Instruction (OHI) and Privacy Practice Notification labels should be utilized and signed by the instructor and Inmate. The label should be affixed to the lower left and right corners of the Dental Chart cover.

B. Periodontal Screening Record (PSR)

Procedure No.: MSP HS E-06.4	Subject: Periodontal Care	
Effective Date: November 1, 2010	Revised: August 10, 2020	p.2 of 6

1. A PSR will be determined on each Inmate. The PSR is the standardized periodontal screening developed by the American Dental Association and the American Periodontal Association. It is an efficient method to determine the Inmate's overall periodontal condition. The PSR will determine the course of periodontal treatment the Inmate will receive.
2. PSR readings of two or less generally indicate minimal periodontal involvement. The Periodontal Care program for these Inmates will consist of a Dental Prophyl (dental cleaning) appointment, if desired, in coordination with the first Re-care Oral Examination appointment, followed by annual Re-care Dental Prophyl's and Oral Examinations
3. PSR readings of 3 or 4 indicate generalized periodontal disease, or the existences of specific periodontal conditions or defects. The Periodontal Care program for Inmates with PSR readings of 3 or 4 (2 sextants of code 3 or 1 sextant of code 4) should consist of:
 - a. An Initial Debridement (ID) appointment, as appointment availability permits. This appointment may occur prior to the first Re-care Examination.
 - b. A Dental Prophyl.
 - c. At the Inmates second Dental Prophyl (dental cleaning) appointment a complete periodontal evaluation, including full mouth probing should be done.
 - d. Annual re-care dental cleanings and oral examinations thereafter.
 - e. Additional periodontal care appointments can be scheduled in a case by case basis.
4. PSRs of * 3 or *4. If an Inmate has a 3 or 4 reading in only a specific area in a sextant, such as distal to # 18 only, a *3 or *4 will be recorded. Specific notes concerning this should be documented, which could include specific periodontal probe readings for the area. If more than one area has a PSR record of 3 or 4 in the sextant the *3 or *4 coding should not be utilized. The Periodontal Care protocol for PSR Records of 2 or less is followed with Inmates with * 3 or *4 as long as all of the other PSR readings are 2 or less. However, the condition leading to the *3 or *4 should be documented and if appropriate, the Inmate's treatment plan should reflect the plan for resolving the condition.
5. A new PSR should be taken at each annual Re-care Dental Cleaning appointment.

C. General Prophyl (Dental Cleaning) Appointments

1. Inmates will be given an option to be scheduled for a General Prophyl appointment at or around the time of their first re-care oral examination appointment.
2. This appointment will be a basic periodontal cleaning with the purpose of removing the majority of the Inmate's calculus and plaque build-up and to further educate the Inmate in personal oral health care.
3. The Dental Prophyl appointment will consist of:
 - a. A basic dental cleaning utilizing ultrasonic and / or hand instrumentation.
 - b. A Periodontal Screening Record (PSR).
 - c. An assessment of the Inmates personal oral hygiene.
4. Additional oral hygiene instruction should be provided, as needed to improve and re-enforce the Inmate's personal oral health care. Oral Hygiene Instruction will be given and recorded on the OHI label (placed on the front cover of the Inmate's dental chart) at this appointment, if this was not done at a prior appointment.

Procedure No.: MSP HS E-06.4	Subject: Periodontal Care	
Effective Date: November 1, 2010	Revised: August 10, 2020	p.3 of 6

5. Complete periodontal evaluations, including full mouth probing will not usually be done at this appointment unless the Inmate has had a prior Initial Debridement (ID) appointment.
6. Preventive fluoride treatment may be given, if deemed beneficial for dental caries management.
7. If the Inmate does not desire a dental cleaning appointment, they will be instructed to “kite in”, if they should desire an appointment in the future. The MSP Refusal of Treatment form should be completed, signed and placed in the Dental Chart.

D. Initial Debridement Appointment.

1. Inmates with 2 or more sextants with PSR readings of 3 or one sextant (or more) of PSR readings of 4 will be given an option of receiving an Initial Debridement (ID appointment), if the clinical appointment schedule times are available. This appointment may be scheduled prior to the Inmates first annual Re-care Oral Examination / Dental Prophylaxis appointment
2. The ID appointment will be an abbreviated periodontal cleaning with the purpose of removing the majority of the Inmate’s calculus and plaque build-up and to further educate the Inmate in personal oral health care.
3. If an ID-2 appointment is completed prior to the Inmates first annual Re-care Oral Examination / Dental Prophylaxis appointment, then the Inmate should receive a complete periodontal evaluation, if indicated by the PSR results, including full mouth probing at the first Dental Prophylaxis appointment. If not, this should be done at the next Re-care Oral Examination / Dental Prophylaxis appointment.
4. An assessment of the Inmate’s personal oral health care should be made. Additional OHI will be given to the Inmate as necessary.
5. If the Inmate is scheduled to receive a partial denture, a dentist should evaluate the Inmate’s periodontal condition prior to placement of the partial denture. This evaluation can occur at the time of the Dental Prophylaxis appointment or in a follow-up appointment.
6. If the Inmate still has not significantly improved their oral hygiene condition, the OHI should be repeated. The Inmate may be scheduled for re-evaluation of their oral hygiene condition.

E. Oral Hygiene Re-evaluation

1. If, after the Initial Debridement appointment, the Inmate presents with an apparent lack of desire or ability to properly maintain their oral health, they may be placed in an Oral Hygiene Re-evaluation program.
2. The Inmate should again receive the complete OHI program, including interactive instruction and instructive aids such as dental models, disclosing tablets and educational literature.
3. The Inmates current oral health condition and details related to the OHI provided should be documented in the Daily Treatment Sheet or Periodontal Treatment Sheet.
4. Any member of the dental staff, properly trained to provide OHI instruction, can provide the instructions.
5. If the Inmate still has not improved their oral hygiene condition, the OHI should be repeated.

Procedure No.: MSP HS E-06.4	Subject: Periodontal Care	
Effective Date: November 1, 2010	Revised: August 10, 2020	p.4 of 6

6. The Inmate should again be scheduled for re-evaluation of their oral hygiene condition. This process can be repeated as often as necessary and as long as the Inmate desires to improve their personal oral health care.
 7. If, after 3 - 4 sessions, the Inmate seems to have the desire to improve their personal oral health care, but is not making significant improvements, the Inmate should be referred to a dentist to evaluate for possible medical or physical factors relating to their poor oral health care.
- F. Pre-prosthetic Periodontal Evaluations
1. Inmates scheduled to receive a partial denture should have a dentist evaluate the Inmate's periodontal health prior to starting construction of the partial denture.
 2. Any periodontal compromised teeth should be evaluated to determine if the teeth should be removed or have periodontal surgery prior to placement of the partial. Teeth with poor long-term prognosis should not be maintained unless the loss of these teeth will not have an adverse effect on the partial denture.
 3. The dentist evaluating the Inmates periodontal condition should date and initial the Pre-prosthetic Evaluation section at the bottom of page 3 of the Comprehensive Treatment Plan (goldenrod) dental chart inserts.
 4. The Pre-Prosthodontic Evaluation can be completed intra-orally or by reviewing the Dental Chart records, including the documentations made in the Periodontal Treatment (blue) dental chart insert.
 5. Unless the Inmates PSR is class 2 or less, the Inmate should have a full mouth periodontal probing record as part of the Pre-prosthetic Evaluation.
- G. Periodic (Re-care) Dental Cleaning (prophylaxis, prophy)
1. Normally the Inmate will receive one Dental Prophylaxis appointment per year. In select cases, a staff dentist may authorize additional dental cleaning appointments, including quadrant scaling and root planing appointments.
 2. When possible, the Re-care (annual) Oral Examination will be provided at the same time as the annual Dental Prophylaxis appointment. If a dentist is not available, then the Inmate should be scheduled for an Oral Examination.
 3. Radiographs will be ordered at intervals requested by a staff dentist or as set forth by guidelines from the Director, Dental Services.
 4. The Inmate's Medical History (green chart insert) should be updated at each Dental Prophylaxis Re-care Oral Examination.
 5. The dentist needs to evaluate the periodontal condition of the Inmate by reviewing the latest (and current) Periodontal Treatment Record notations (blue dental chart insert). It may be useful to evaluate the progression of the Inmates periodontal health, by evaluation of the series of periodontal treatment record notations.
 6. Topical fluoride treatment may be provided at each periodic dental clinic as directed by a staff dentist or as set forth by guidelines from the Director, Dental Services.
- H. Emergent Periodontal Care
- Emergent periodontal care is available to all Inmates. The Inmate should be scheduled according to MSP Emergency Dental protocols with the purpose of treating periodontal conditions causing severe pain, severely swollen gingival tissues and/ or excessive gingival bleeding. Treatment will generally consist of a localized or full mouth debridement.

Procedure No.: MSP HS E-06.4	Subject: Periodontal Care	
Effective Date: November 1, 2010	Revised: August 10, 2020	p.5 of 6

- I. Surgical Periodontal Treatment and Care (discussed in *HS-E-06.3, Non-Emergent Dental Treatment*).
- J. Fluoride Treatment
 1. All Inmates shall be given the option to receive topical fluoride treatments.
 2. This may occur at the Dental Prophylaxis appointments and subsequent Re-care Dental Prophylaxis appointments.
 3. Additional applications of topical fluoride can be prescribed by a staff dentist on a case by case basis. These Inmates will be placed on the Special Needs List as long as they are receiving additional fluoride treatment care.
 4. Daily topical fluoride gel can be prescribed, in select cases when medically indicated. A dental prescription label is placed on the fluoride gel container and a packet of cotton swabs to allow the Inmate to take the fluoride to their living quarters.
- K. Oral Hygiene Instruction (OHI)
 1. Each Inmate should be provided Oral Hygiene Instruction within 30 days of arrival at MDIU. If any Inmate is lacking an Oral Hygiene Instruction (OHI) label on the front cover of the dental chart, the Inmate is to receive instructions on oral hygiene and personal oral care during their ID or Re-care Dental Prophylaxis or Oral Examination appointment.
 2. Tobacco Cessation instructions should be part of the OHI if the Inmate has a history of tobacco use.
 3. The OHI label should be placed on the lower left corner of the Dental Chart cover. A check mark should be placed on each area of instruction given. The Inmate should initial, sign and date the OHI label.
 4. The instructor should also sign and date the OHI label.
 5. Additional OHI sessions can be recommended by the dental hygienist or dentist.
 6. The Inmate should be offered a copy of the [*MT DOC Dental Health Care Brochure*](#) and, if applicable the *Denture Care* *handout*.
- L. Chlorhexidine Mouth Rinses

In select cases the Inmate can be prescribed Chlorhexidine mouth rinse.

 1. Alcohol containing Chlorhexidine mouth rinse is more effective; however, it has to be provided to the Inmate in unit doses and must be utilized in the infirmary area.
 2. 'Alcohol free' Chlorhexidine mouth wash should be utilized if the Inmate has a history of alcohol addiction or is in a unit which prevents easy access the Infirmary. The 'Alcohol free' mouth rinse can be taken back to the Inmates housing cell.
- M. Special Needs Care.
 1. Special Needs List. Inmates with special periodontal care needs, where additional Oral Examinations are recommended or customized topical fluoride applications are advised, will have this therapy tracked on the Special Needs List.
 2. Special Needs Watch List. Inmates with specific high-risk situations concerning their oral health will be tracked on the Special Needs Watch List. This will include:
 - a. Inmates with HIV.
 - b. Inmates on Amitriptyline or other medications known to cause severe dry mouth.

Procedure No.: MSP HS E-06.4	Subject: Periodontal Care	
Effective Date: November 1, 2010	Revised: August 10, 2020	p.6 of 6

- c. Special Management Inmates (SMI). These Inmates are tracked due to their high security status. Dental care for these Inmates should be closely coordinated with the Command Post.
- d. Select 'at risk' Inmates, referred from the Mental Health Department, as being potentially susceptible to having dental issues.
- e. Any Inmate that is on the Special Needs Watch List, who require customized periodontal care, additional Oral Examinations or fluoride therapy, should be transferred to the Special Needs List.
- 3. The Special Needs List will track the type of customized dental care recommended, frequency of the recommended care and the care provided will be documented.
- 4. Inmates should be removed from the Special Needs List if their need for this customized dental care is no longer deemed necessary.

N. Dental Chart Documentation

All notations concerning periodontal care will be made in a standardized MT DOC dental chart. Guidelines set forth by the [*MT DOC Guide to the Dental Chart*](#) will be utilized when documenting information in the dental chart.

IV. Closing

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. Attachments

None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-06.5	Subject: Dental Prosthetic Services
Reference: NCCHC Standard P-E-06; NCCHC Standards Appendix G; DOC Policy 4.5.26: Offender Dental Services	Page 1 of 4 and no Attachments
Effective Date: November 1, 2010	Revised: August 10, 2020
Signature / Title: /s/ Daniel W Hash / Director, Dental Services	
Signature / Title: /s/ Cindy McGillis-Hiner / Medical Bureau Chief	

I. Purpose:

To make available dental prosthetic devices, for Inmates with extended time of sentence, when deemed necessary for the proper consumption of food or physical wellbeing of the Inmate.

II. Definitions:

Dental Prosthetic – a removable appliance designed to replace teeth or serve to be worn in the mouth to protect the teeth and temporal-mandibular joint.

III. Procedures:

To provide guidelines for determining the Inmates eligibility, as well as the process for Inmates to receive dental prosthetic devices. With the availability of nutritionally adequate soft diets, the lack of a dental prosthesis rarely causes deterioration of the Inmates general health and therefore in most cases is not a medically necessary or required dental service.

A. Access

Inmates may request an evaluation to receive a complete denture, partial denture, repair or adjustment to an existing dental prosthetic device or occlusal (night guard) splint through:

- i. Comprehensive Oral Examination or Periodic Oral Examination appointments.
- ii. Request for Medical Services – Dental (kite). The Inmate can request to be evaluated concerning need for new dental prosthetic devices or relines, repair or adjustment to existing dental prosthetic devices.

A. Treatment – New Dental Prosthetic Devices

- i. Inmate will be evaluated for need and eligibility to receive a new dental prosthetic device. If eligible, the Inmate will be placed on the appropriate dental treatment list.
- ii. The request will be prioritized depending on the number of functional teeth the Inmate has per dental arch and medical necessity.
- iii. The Inmates dental prosthetic devices will be started when they are in the top range of the treatment list.
- iv. Inmates transferred to regional correctional will continue to be tracked on the treatment list. Once the Inmate comes to the top of the treatment list arrangements should be made to have the dental prosthetic device constructed and delivered.
- v. Once the dental prosthetic devices has been delivered, access to follow-up care must be provided.

B. Complete and partial dentures

- a. Qualifications for complete dentures and partial dentures and relines.
 - i. Inmates who have teeth extracted at a MT DOC secure facility. The new denture or partial should not be started for at least 6 months after extractions and after a total of 18 months after arriving at a MT DOC secure facility.

Procedure No.: MSP HS E-06.5	Subject: Dental Prosthetic Services	
Effective Date: November 1, 2010	Revised: August 10, 2020	p.2 of 4

- ii. Inmates who did not have extractions while currently at a MT DOC secure facility and presented without complete or partial dentures. The new denture or partial should not be started prior to a minimum of 18 months after arriving at a MT DOC secure facility.
- iii. Inmates with ill-fitting dentures or partials. If relining the dentures or partials will rectify the deficiencies the Inmate should be placed on the appropriate dental prosthetic list. Relines normally will not be started prior to a minimum of 18 months after arriving at MSP or another MT DOC secure facility unless, approved by the Dental Services Review process. If dentures and or partials need replacement the patient will be prioritized as if they did not have a denture or partial.
- iv. Additional qualifications for partial dentures.
 - 1. If the Inmate has 9 or less functional teeth on a given dental arch, the Inmate is classified as a Denture Priority A
 - 2. If the Inmate has 10 or more functional teeth, then the Inmate is classified as a Priority B. Currently MT DOC is not authorizing partials classified as Priority B without written approval from the Dental Services Review process.
 - 3. Partial dentures are not authorized where mastication would not be significantly improved (such as molars where no opposing teeth exist) or partials or replacement dentures for mainly esthetic considerations, as well as minor repairs such as adding a missing posterior tooth in a denture.
 - 4. Acrylic temporary partials can be constructed, where significant esthetics issues can be corrected, for long term Inmates. These are normally for replacement of one or two anterior maxillary teeth. The minimum 18 month wait time applies for these temporary partials.
- b. Inmates with teeth scheduled to be removed prior to placement of a complete or partial denture, can have their name placed on the appropriate dental prosthetic list during the treatment planning session. However, the start of construction of the denture should not occur until after a minimum healing period.
- c. The wait time for complete dentures, partial dentures and relines may be significantly longer than the minimum wait time listed above.
- d. Partial denture patients should have a pre-prosthetic evaluation prior to commencing construction of the partial denture. This evaluation should include:
 - i. Evaluation of current radiographs.
 - ii. Evaluation of planned restorative treatment.
 - iii. A periodontal evaluation.
 - iv. Overall evaluation of existing teeth to ensure the best long-term prognosis of the teeth and partial denture are considered.
 - 1. The Pre-prosthetic Evaluation section located at the bottom of page 3 of the Treatment Plan (goldenrod) dental chart insert should be dated and signed by the evaluating dentist.
- e. Minor surgery such as minor ridge bone re-contouring or small root removal may allow for a shortened healing period.
- f. Construction of a complete denture may precede that of the Inmate's partial denture to accommodate completion of restorative or periodontal treatment or if the Inmate marginally meets the requirements for a partial denture.
- g. The Inmate must be able to demonstrate an ability and desire to maintain their personal oral health. If a minimum oral hygiene standard is not met, the Inmate should be referred for

Procedure No.: MSP HS E-06.5	Subject: Dental Prosthetic Services	
Effective Date: November 1, 2010	Revised: August 10, 2020	p.3 of 4

periodontal care and oral hygiene re-evaluation. Once the Inmate has demonstrated an acceptable level of personal oral hygiene the partial denture construction should continue.

- h. Necessary restorative care can be prioritized, for teeth that should be restored prior to the construction of a partial denture, to ensure that no significant delays occur in the Inmate receiving the prosthesis, once they have passed the minimum wait time.

C. Repairs, adjustments and relines

1. The request for a repair, adjustment or reline to an existing denture should be evaluated for urgency and medical necessity.
2. Normally request for relines will be placed on the same treatment list for new dentures, with the minimum 18-month wait list. If, however, the denture or partial is causing significant discomfort or resulting in an inability to utilize the prosthesis, the treatment request may be placed on a priority list or taken care of immediately.
3. A temporary reline may be placed, at the discretion of the dentist, to aid in improving function or act as a tissue conditioner until the permanent reline or new denture can be made.
4. Adjustments to new complete or partial dentures should be made in a timely manner. If necessary an improperly fitting new denture can be re-made or relined.
5. Repair or adjustment appointments, if causing significant discomfort or resulting in an inability to utilize the dental prosthesis should be done as soon as time is available.

D. Lost dentures

If a denture is lost the Inmate may be placed on the appropriate treatment list. Only if it can be substantiated that the correctional facility is responsible for the lost dental prosthetic device will a prioritization of the replacement be made. If an Inmate has lost multiple dental prosthetic devices, additional delays in constructing the replacement may be warranted, not to exceed 5 years.

E. Prosthetic devices in an outside location

If an Inmate has a dental prosthetic device outside of the correctional facility, it may be mailed to the Director, Dental Services utilizing signed-receipt documentation to enable the dental prosthetic device to be delivered to the Inmate.

F. Occlusal splints / night guards

1. Inmates may be provided occlusal splints (night guards) if medically necessary to minimize signs and symptoms of significant TMJ disorders.
2. All necessary restorative treatment of the dental arch in which the occlusal splint is to be placed should be completed prior to placement of the device.
3. In cases of severe TMJ disorders the construction of the occlusal splint can be prioritized.

G. Rehabilitation considerations prior to an Inmates release.

As part of the Montana Department of Correction's vision to provide Inmates an opportunity for rehabilitation, the Dental Services department may provide dental prosthetic devices prior to release. This effort could improve the Inmates ability to secure employment and function within society.

1. Qualifications.

Procedure No.: MSP HS E-06.5	Subject: Dental Prosthetic Services	
Effective Date: November 1, 2010	Revised: August 10, 2020	p.4 of 4

- a. Complete and partial dentures. The Inmate is required to have been in the secure facility for a minimum of 18 months beyond arriving at a MT DOC secure facility and 6 months after extraction of required teeth for a temporary.
 - b. Temporary acrylic partials. Replacement of anterior maxillary teeth, and select cases with mandibular teeth, extracted while at a MT DOC secure facility. A temporary acrylic partial may be constructed to replace the extracted anterior teeth with a minimum healing period, in most cases, of six months.
2. The Inmate must kite the Dental Department as soon as they have documented confirmation of impending release, parole, or transfer to a Community Corrections facility.
3. An effort will be made, as time allows, to provide the Inmate the treatment planned complete dentures, partial dentures, or acrylic temporary partials, prior to release.
4. The emphasis for these cases is providing esthetics as well as function. An increase in the Inmates confidence and ability to smile may be a contributing factor in the Inmates ability to function in society, secure meaningful employment and may even reduce recidivism rates for these Inmates.
5. If necessary, with the Inmates cooperation a Dental Hold may need to be placed on the Inmate to ensure the dental prosthetic devices are delivered prior to their release.
6. Montana Department of Corrections will not be held responsible if it is not possible to deliver the dental prosthetic devise prior to the Inmates release.

IV. Closing

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. Attachments:

None.



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-06.6	Subject: Outside Dental Consultation or Treatment
Reference: NCCHC Standard P-E-06; NCCHC Standards Appendix G; DOC Policy 4.5.26, Offender Dental Services	Page 1 of 3 and 1 Attachment
Effective Date: November 1, 2010	Revised: 12 AUG, 2020
Signature / Title: /s/ Daniel W Hash / Director, Dental Services	
Signature / Title: /s/ Cindy McGillis-Hiner / Medical Bureau Chief	

I. Purpose:

To provide an option to refer an inmate to a community practitioner, specialist, or facility when approved dental treatment, laboratory test and/or diagnostic consultation services cannot be performed at an MSP dental clinic.

II. Definitions:

Dental Services Review Committee – a committee comprised of the two dentists and the DOC/MSP Dental Director.

Outside dentist, practitioner or specialist - a medical or dental practitioner licensed in the State of Montana who is not employed or under contract with Montana State Prison.

Outside guest - a medical or dental practitioner licensed in the State of Montana who is not employed or under contract with Montana State Prison who has been invited to Montana State Prison.

III. Procedures:

A. Request for Referral – Dental Conditions

1. For conditions involving primarily the oral, dental or maxilla-facial region.
2. MSP dental staff submits a recommendation for a referral to an outside practitioner or specialist utilizing the MT DOC Clinical Services Department Dental Referral Request Form.
3. The referral request is forwarded, along with documentation and radiographs to the MT DOC Director, Dental Services and the MSP Dental Clinic Manager. The request may be forwarded to the Dental Services Review Committee, if appropriate.
4. The MT DOC Director, Dental Services or the Dental Services Review Committee determines if the treatment, diagnostic consultation or laboratory services are necessary, whether the services could be accomplished by a member of the MSP dental staff, or approves the referral request to an outside practitioner or specialist.
5. A copy of an approved or denied referral request is forwarded to the MSP Outside Medical Scheduler.
6. The inmate is placed on the MSP Outside Appointment Tracker follow-up list. This allows for tracking of inmates scheduled for a consultation or treatment with an outside dentist or other health care provider. In addition, this ensures post-referral follow-up care is completed.
7. Notations are made in the Daily Treatment Sheet in the inmate's dental charts concerning the referral.

B. Request for Referral – Dental / Medical Conditions

Procedure No.: MSP HS E-06.6	Subject: Outside Dental Consultation or Treatment	
Effective Date: November 1, 2010	Revised: 12 AUG, 2020	p.2 of 3

1. For conditions where there is an overlap of medical and dental concerns, head and neck conditions (other than dental conditions, above) or for complex conditions where involvement of dental and medical practitioners in the Inmates care are anticipated.
2. MSP dental staff submits a recommendation for a referral to an outside practitioner or specialist utilizing the MT DOC Clinical Services Department Preauthorization Request Form.
3. The referral request is forwarded, along with documentation and radiographs to the Director, Dental Services. The request is then forwarded to MT DOC Medical Director through the MT DOC Managed Care Administrator.
4. If approved, the Inmate will be scheduled with outside practitioner or specialist by the medical staff member designated to schedule off-site appointments.
5. The inmate is placed on the MSP Outside Appointment Tracker follow-up list, to allow for tracking of inmates scheduled for a consultation or treatment with an outside health care provider. In addition, this ensures post-referral follow-up care is completed.
6. In an Emergent situation, referral or direct consultation with a medical provider should be considered.
7. Notations are made in the Daily Treatment Sheet in the inmate's dental charts concerning the referral.

C. Results of the Referral

1. Resulting documentation from the referral is forwarded to the Director, Dental Services, and if appropriate to the medical department.
2. Determination is made concerning the need for further follow-up or post treatment evaluation or consultation.
3. All documentation concerning the referral should be placed in the inmate's dental chart. Notations are made in the dental chart concerning recommended follow-up appointments or routine dental care.
4. After all treatment, follow-up appointments or consultations are completed, the inmate is removed from the MSP Outside Appointment Tracker follow-up list. If additional follow-up care is recommended, such as a 6 month radiograph or evaluation, the inmate is left on this treatment list.

D. Community practitioners or specialist treating patients at MSP

1. Security checks need to be completed on the practitioner or specialist and their staff members prior to entering the facility.
 - a. An *MSP Authorization for Outside Guest* form (available from the Warden's office) must be completed and delivered to Command Post staff at least 48 hours prior to visit to allow for a background security check.
 - b. Subsequent visit authorization forms need to be delivered to Command Post staff for authorization at least 24 hours prior to the visit.
2. To minimize scheduling conflicts, scheduling should be made in consultation with the MSP Medical Scheduling Coordinator, especially with inmates requiring a Correction Officer escort to the dental clinic.
3. All referred dental consultations or treatment should be reviewed by the MT DOC Director, Dental Services, prior to the planned treatment date, to ensure the referral is necessary and that the treatment cannot be accomplished by MSP dental staff.

Procedure No.: MSP HS E-06.6	Subject: Outside Dental Consultation or Treatment	
Effective Date: November 1, 2010	Revised: 12 AUG, 2020	p.3 of 3

4. Scheduling of inmates should be made to minimize non-productive time for the visiting practitioner.
5. MSP dental staff can assist the practitioner or specialist to a limited extent; however the visiting practitioners or specialist should provide their own support staff, if needed.
6. The practitioner or specialist must document all consultations and treatment in the inmate's dental chart in accordance to the [*MT DOC Guide to the Dental Chart*](#). The practitioner or specialist will have future access to the inmate's dental chart, if needed, for medical or legal requirements.
7. To ensure follow-up requirements are taken care of and dental chart documentation is complete, all dental charts seen by the visiting practitioner or specialist should be reviewed by the MSP Director, Dental Services.
8. All requests for laboratory or referral to outside practitioners or facilities made by the community provider or specialist should follow the standard referral process (above). In cases where it is deemed necessary for immediate referral, MT DOC Director, Dental Services approval can be made after the fact.

E. MSP Outside Appointment Tracker

1. A log of all dental referrals for consultation, treatment and/or laboratory services will be maintained to monitor whether:
 - a. Referrals have been made in a timely manner.
 - b. The scheduled appointments have been kept.
 - c. The report back from the outside practitioner or specialist were received and reviewed by MSP dental staff.
 - d. Appropriate follow-up care was made by MSP dental staff. If needed, additional follow-up care, such as additional follow-up imaging or consultations after a specified future date can also be tracked.
 - e. The inmate was consulted concerning the referral or laboratory report.
 - f. Notations were properly made in the Inmates dental chart.
2. A separate section of the MSP Outside Appointment Tracker will track treatment for inmates seen at Montana State Prison, provided by visiting practitioners or specialist.

IV. Closing

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. Attachments:

MT DOC Dental Referral Request – Montana State Prison



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-06.7		Subject: Dental Services Review	
Reference: NCCHC Standard P-E-06; NCCHC Standards Appendix G; DOC Policy 4.5.26, Offender Dental Services		Page 1 of 3 and one Attachment	
Effective Date: February 11, 2014		Revised: August 12, 2020	
Signature / Title: /s/ Daniel W Hash / Director, Dental Services			
Signature / Title: /s/ Cindy McGillis-Hiner/ Medical Bureau Chief			

I. Purpose:

To provide a process for reviewing request for dental care not normally provided by the MSP Dental Department and to provide a review process for proposed dental treatment plans.

II. Definitions: None.

III. Procedures:

To allow for a standardized process to determine if requested non-standard dental treatment should be authorized by the MSP Dental Department. In addition, provide a method to review a proposed dental treatment plan when requested by a member of the dental staff or the Inmate.

A. Request for non-standard dental treatment

1. Request.

- a. MSP dental staff may request a review of a dental treatment plan or specific proposed dental treatment, not normally provided by the MSP Dental Department. This review request can be for treatment proposed by themselves or by other MSP dental staff members. This request should be in writing to the MSP Dental Clinic Manager and notations made in the patients Dental Chart.
- b. Inmates may request special consideration for dental treatment not normally provided by the MSP Dental Department. In addition, the Inmate may request a review of proposed specific dental treatment or the proposed dental treatment plan. This request may be through a Request for Medical Services – Dental (kite) or directly to a member of the Dental staff.

2. Review Process – Dental / Oral Care.

- a. The request will be forwarded to the MSP Dental Clinic Manager.
- b. The MSP Dental Clinic Manager will compile information on the specific request, complete the MT DOC Dental Services Review form and forward the data to the members of the Dental Services Review committee.
- c. The requested non-standard dental treatment will be reviewed and a decision determined by the Dental Services Review committee.
- d. The MSP Health Services Bureau Chief should be consulted if the requested non-standard dental treatment expenditures would exceed two thousand, five hundred dollars for materials, laboratory fees or referral expenditures.
- e. The requesting dental staff member or Inmate should be provided in writing, or consulted orally concerning the decision made by the Dental Services Review committee.
- f. The MSP Health Services Bureau Chief and the MT DOC Director, Dental Services retains ultimate responsibility for dental care provided by the MSP

Procedure No.: MSP HS E-06.7	Subject: Dental Services Review	
Effective Date: February 11, 2014	Revised: August 12, 2020	p.2 of 3

Dental Department and can overrule decisions of the Dental Services Review committee.

- g. Appeals may be made to the MT DOC Director, Dental Services and then, if needed, to the MSP Health Services Bureau Chief.

3. Review Process – Maxilla-facial or overlapping medical and dental care

- a. With cases involving extensive maxilla-facial treatment or complex overlapping medical and dental considerations, the request will be forwarded to the MSP Dental Clinic Manager.
- b. The MSP Dental Clinic Manager will compile information on the specific request and complete the **Medical Review Panel (MRP) Disposition** document.
- c. The MSP Dental Clinic Manager, or an assigned dentist may wish to review this with the MSP Medical Director.
- d. The MRP Disposition document is forwarded, with supporting information, to the MT DOC Health Services Bureau Office. It will then be placed on the agenda for the next MRP meeting.
- e. The MSP Dental Clinic Manager and/or assigned representative should present the case at the MPR meeting.
- f. The MPR Committee will review the Level of Therapeutic Care and appropriateness of the proposed Inmate medical / dental care.
- g. If approved, then the treatment plan will be implemented with consultations with the medical staff when appropriate.
- h. If the MRP Committee denies the request, then the requesting dentist and patient should be notified in writing or consulted orally.
- i. Appeals may be made to the MSP Health Services Bureau Chief.

B. Dental Treatment requiring authorization. The dental Services Review committee must review all request for:

- a. Orthodontic treatment exceeding single tooth movement appliances
- b. Fixed prosthetic appliances. Cast dental crowns, veneers, bridges and implant restorations.
- c. Dental implants and bone grafting for preparation of placement of dental implants.
- d. Advanced periodontal treatment, including comprehensive full mouth periodontal surgery, periodontal bone grafting and referrals, to an outside dentist or periodontist.
- e. Referrals to an outside dentist or endodontist for endodontic treatment or endodontic surgery.
- f. Referrals for advanced elective oral surgery.
- g. Request for outside dental laboratory or diagnostic services exceeding one thousand dollars.
- h. Request for completion of dental treatment, started prior to Inmate arriving to MSP, requiring laboratory or referral expenditures.
- i. Extensive maxilla-facial treatment.
- j. Complex cases involving complex or overlapping medical and dental considerations.
- k. Other dental services not normally provided by the MSP Dental Department.

C. Dental Services Review Committee

Procedure No.: MSP HS E-06.7	Subject: Dental Services Review	
Effective Date: February 11, 2014	Revised: August 12, 2020	p.3 of 3

- a. Membership. 3 members of the MSP Dental Department may be requested by the MT DOC Director, Dental Services to serve on the Dental Services Review committee. Membership on the Dental Services Review committee is open to full or part time MSP dental staff and MSP contract dental staff.
- b. Term. MT DOC Director, Dental Services will appoint and remove members of the Dental Services Review committee. The term of service will normally be 3 years and re-appointment is at the discretion of the MT DOC Director, Dental Services. All appointments, re-appointments and removals of members of the Dental Services Review committee will be made in writing.
- c. Consultation. The Dental Services Review committee may request non-voting participation by outside dentist, specialist or medical personnel.
- d. The MSP Dental Clinic Manager is encouraged to attend the Dental Services Review meetings.

IV. Attachments:

Dental Services Review form

VI. References:

NCCHC Standards P-E-06

NCCHC Standards Appendix G

DOC Policy 4.5.26: Offender Dental Services

DOC Policy 4.5.10: Level of Therapeutic Care



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-06.8	Subject: Dental Infection Control
Reference: NCCHC Standard P-E-06; NCCHC Standards Appendix G; DOC Policy 4.5.26, Offender Dental Services; DOC Policy 1.3.35, Bloodborne Pathogens Exposure Control Plan	Page 1 of 8 and no Attachments
Effective Date: November 1, 2010	Revised: August 12, 2020
Signature / Title: /s/ Daniel W Hash / Director, Dental Services	
Signature / Title: /s/ Cindy McGillis-Hiner / Medical Bureau Chief	

I. Purpose:

To provide an effective infection control program to assure a safe and healthy environment for both Inmates and staff by preventing the transmission of disease and pathogens in the dental health care setting at MSP.

II. Definitions: none

III. Procedures:

A. Dental Staff

1. Education and Training

- a. All dental staff is required to attend the MSP Dental Services Department Infection Control training program upon initial employment within the MSP Dental Services Department.
- b. All dental staff should attend annual training concerning Infection Control, Bloodborne Pathogens and Occupational Exposure to bloodborne pathogens.

2. Immunization

- a. All dental staff should receive the Hepatitis B vaccine series, or provide proof of prior vaccination, upon initial employment with the MSP Dental Services Department.
- b. Dental staff may request, or be requested, to receive a Hepatitis B booster or a HBV titer evaluation to ensure adequate protection from Hepatitis B.
- c. MSP policies currently recommend annual flu vaccines and Tuberculosis testing.

3. Post exposure prevention and Management. Refer to MSP Health Care procedures related to exposure to bloodborne pathogens and other potentially infectious materials.

4. Work related illness

- a. Dental staff that have developed an illness or medical condition which could render them more susceptible to opportunistic infection or exposures should strongly consider staying away from work or request temporary reassignment to a non-clinical setting.
- b. Dental staff with an illness which could be transmitted to other staff members or inmates should strongly consider staying away from work. If deemed necessary, the Director, Dental Services can request a staff member stay away from the work area.
- c. Dental staff with suspected occupational contact dermatitis or suspected latex allergy should seek medical treatment. Temporary restrictions may be placed on the dental staff member as part of the treatment plan for the condition.

Procedure No.: MSP HS E-06.8	Subject: Dental Infection Control	
Effective Date: November 1, 2010	Revised: August 12, 2020	p.2 of 8

- d. Dental staff members should not be penalized because of time off taken or work restrictions, due to developing an illness or medical condition. In cases of long term restrictions or time off, the MSP Human Resources will need to be involved and related procedures followed.

- B. Bloodborne Pathogens and other potentially infectious material
 - 1. HBV Vaccination. MSP procedures and CDC recommendations should be followed for all dental staff.
 - 2. Medical Sharps. Consider all medical sharps (needles, scalpel blades, sharp instruments, wires, etc.) as potentially contaminated with bloodborne pathogens.
 - a. Appropriately utilize commercially produced sharps containers for disposal of all medical sharps, anesthetic carpules, extracted teeth and other small solid medical waste materials.
 - b. Utilize needle capping devices such as disposable needle protectors or needle cap holders for anesthetic syringes.
 - c. Evaluate and consider new devices as they come available which could assist in the reduction of potential exposure to bloodborne pathogens.
 - d. MSP and CDC post-exposure management recommendations should be followed after exposure to potential bloodborne pathogens or other potential infectious material.
 - 3. Hand Hygiene
 - a. Hand Hygiene products.
 - 1) Soap and water. Always utilize antimicrobial or non-antimicrobial soap and water when hands are visibly contaminated with blood or other potentially infectious material.
 - 2) Alcohol-based hand cleaner. Alcohol-based hand cleaner may be utilized when hands are not visibly contaminated.
 - b. Always clean hands when visibly soiled, after touching potentially contaminated surfaces, before donning gloves and after removing gloves when treating patients.
 - c. Store liquid hand care products in disposable closed containers or in containers that can be washed and dried before refill. Do not refill partially empty containers.
 - d. Glove use - consider compatible lotions to prevent dry or chaffed hands. Keep fingernails short and smooth. Wear only hand jewelry that will not compromise the integrity of the gloves.
 - 4. Personal protective equipment
 - a. Mask - surgical face mask should be utilized whenever there are risks from splattering or aerosol contamination. Change mask between patients or if the mask becomes moist.
 - b. Glasses and face shields - utilize glasses and face shields whenever there is a potential for splattering or aerosol contamination. Clean and disinfect between patients.
 - c. Protective clothing - wear protective clothing to cover personal clothing and exposed skin. Change the protective clothing when they become visibly soiled. Remove protective clothing before leaving the dental clinic at the end of the work day.

Procedure No.: MSP HS E-06.8	Subject: Dental Infection Control	
Effective Date: November 1, 2010	Revised: August 12, 2020	p.3 of 8

- d. Gloves - appropriately sized disposable medical gloves should be utilized, whenever there exist, a potential for contacting blood, saliva or other potentially contaminated material. Always change gloves between patients, after contacting contaminated surfaces or before touching non-contaminated surfaces or objects. Change gloves if they become torn, cut or punctured as soon as possible and wash hands before donning new gloves. Do not clean gloved hands with the intent of re-using the disposable gloves. Utilize appropriately sized, puncture and chemical resistant utility gloves when cleaning instruments and performing housekeeping tasks in potentially contaminated areas. It is recommended to utilize sterile surgeon's gloves when performing oral surgical procedures.
- e. If one is needed, (gloves, mask, eye protection) for chair side and cleaning instruments, then all three should be utilized.
- f. Hearing protection. Disposable ear plugs are available in the MSP dental clinics and their utilization is encouraged. Hearing damage has been attributed to long term exposure to noises common in dental clinics, such as that from dental drills. and suction.

C. Sterilization

1. Always clean and sterilize all dental instruments utilized in direct or indirect patient care.
2. Cold sterilize any non-disposable dental instruments which cannot withstand the heat sterilization process.
3. Whenever possible, utilize disposable items (or instruments which can be heat sterilized) to replace instruments which cannot be heat sterilized. Do not reuse disposable items.
4. Always confirm the instrument count and transport the instruments to the sterilizing room before releasing the Inmate from the dental chair.
5. Minimize handling of loose contaminated instruments during transport to the sterilization room or area. Utilize containers, when possible, to minimize potential for exposure.
6. Clean all visible blood and material from the instruments. The ultrasonic cleaner should be utilized as part of this process.
7. When hand scrubbing instruments prior to placing in the ultrasonic cleaner, use great care to decrease potential to exposure to contaminants and bloodborne (or other) pathogens. Utilize long handled scrub brushes for manual cleaning.
8. Clean, lubricate, and heat sterilize all removable handpieces following manufacturer's recommendations.
9. Utilize appropriately sized, puncture and chemical resistant utility gloves and personal protective equipment when processing un-sterile instruments.
10. Always keep non-sterile instruments or items in the designated non-sterile instrument processing areas.
11. Inspect the instruments for cleanliness before placing the instruments in sterilization pouches or instrument cassettes.
12. It is recommended that instrument pouches should be placed paper side up, as this allows for proper drying. If the plastic side is up, moisture may collect and prevent complete drying.
13. Brushes or other devices utilized to clean instruments or burs should be heat sterilized after each use.
14. Use an internal or external chemical indicator with each sterilization packet or kit.
15. Do not over pack the sterilizer as this may impede penetration of the sterilant.

Procedure No.: MSP HS E-06.8	Subject: Dental Infection Control	
Effective Date: November 1, 2010	Revised: August 12, 2020	p.4 of 8

16. Always allow the heat sterilization process to proceed to completion. Never remove instruments for utilization during the sterilization phase.
17. If the sterilizer is opened during the drying phase to remove a needed instrument, remove that instrument only and then allow the process to proceed to completion.
18. Allow packages and instruments to dry after heat sterilizing. Moist instrument packaging may allow for wicking of contaminants through the packaging and thus will not serve as an effective barrier.
19. Allow the instruments to cool before handling.
20. Move sterile instruments from the sterilizer directly to their proper secure storage area.
21. Do not start the sterilization process unless it will be completed (including the drying phase) before the “end of shift” Tool Control verification.
22. The dental staff member who secures the sterilization room prior to closing the dental clinic is responsible to start the sterilizer.
23. The sterilization room should be cleaned at the end of each day. This should include disinfecting the sink, counters and autoclave. The ultrasonic cleaner should be drained and disinfected. The towel should be replaced at the end of each day.
24. Monitor the sterilizer at least weekly with a biological indicator with a matching control. Send the processed indicator and control for testing as soon as possible.
25. If a spore test result is positive, immediately remove the sterilizer from service. Review the sterilization process and re-test the sterilizer with biological, mechanical and chemical indicators. Re-sterilize all instruments which may have been sterilized since the previous negative (passing) test utilizing another sterilizer. The sterilizer can be returned to service once all indicator results are negative. If the sterilizer again produces a positive spore test the sterilizer should be taken out of service and may need to be sent off for inspection and service.
26. Place all instruments and instrument sets in their proper secure and closed instrument storage area.
27. Re-package and re-sterilize any opened or compromised instrument sets or packets.
28. All instrument sets should be periodically re-sterilized if not used.
29. Dental staff should receive annual training in the sterilization process, sterilizer operation, safety and prevention of contamination of clean areas.
30. Sterilization and sterilization monitoring records should be maintained.
31. The dental instruments and instrument sets should be date stamped every six months.
 - a. Any instrument or instrument set packages that are stamped from the previous six month date stamp session should be repackaged and re-stamped.
 - b. Instrument or instrument set packages should be date stamped if no date is evident on the package. This would indicate the package has been sterilized within the previous six months and therefore will be within the manufactures recommendation, even if not used until the next date stamp session.
 - c. All packages should be inspected during the date stamp session for tears or damage that could compromise the sterility of the instruments within. If the package integrity is suspected or confirmed the instrument or instrument set should be repackaged, stamped and sterilized.

D. Disinfection

Procedure No.: MSP HS E-06.8	Subject: Dental Infection Control	
Effective Date: November 1, 2010	Revised: August 12, 2020	p.5 of 8

1. Utilize only FDA approved and EPA-registered hospital grade disinfectant materials or solutions. The disinfectant should be germicidal, tuberculocidal, and viricidal (including influenza, Coronavirus, HBV and HIV).
2. Follow manufacturer's instructions. If the disinfectant solution requires mixing, follow mixing instructions precisely and dispose of the solution prior to the expiration date.
3. Do not use chemical sterilants and high-level disinfectants as environmental surface (clinical contact and/or housekeeping) disinfectants or instrument holding solutions.
4. It is recommended that the disinfectant spray and disinfectant wipes contain the same ingredients to prevent potential chemical incompatibility issues.
5. Utilize appropriately sized, gloves and personal protective equipment when disinfecting the clinical area.
6. Utilize surface barriers to protect clinical contact surfaces, especially those which are difficult to clean or which receive frequent contact during the procedures.
7. Always change surface barriers between patients.
8. All patient care items and clinical contact surfaces should be cleaned and disinfected if not barrier-protected.
9. Clean housekeeping surfaces (walls, floors, sinks, etc.) with detergent (or disinfectant / detergent) and water on a routine basis and when visibly soiled or contaminated.
10. Clean and dry mops and cloths after use on housekeeping surfaces or utilize single use items.
11. Follow manufacture directions and prepare fresh housecleaning solutions daily.
12. Clean blood (or other potentially infectious materials) spills then disinfect the area with an EPA-registered hospital disinfectant.
13. End of the day disinfection should include the film processor, radiograph machine switches and controls, phones, door knobs, light switches, as well as any other surface that would be commonly touched throughout the day. In addition, the clinic bathroom should be cleaned at the end of each clinic day.
14. Carpet and cloth covered furnishings should be avoided in the clinical areas.
15. Dental staff should receive annual training in the disinfection process and safe utilization of disinfectant materials.

E. Medical Waste

1. Follow the MSP Medical Waste procedures.
2. All State and Federal guidelines must be followed concerning disposal and transportation of medical waste.
3. Only utilize red, properly labeled medical waste bags for non-sharps medical waste. Ensure the medical waste bag is not leaking, if so double bag.
4. Commercially produced red sharps containers should be utilized for all medical sharps, discarded burs, teeth and tissue debris.
5. Pour all blood, suctioned fluids and other liquid medical waste carefully into the drain and rinse the sink afterward. Always utilize personal protective equipment when disposing of liquid medical waste.
6. All dental staff who handles medical waste should receive annual training in proper handling and disposal of medical waste.
7. Amalgam Separator devices are required for all dental operatories, where any restorative care is provided. Follow manufacturers guidelines concerning maintenance and filter replacements.

Procedure No.: MSP HS E-06.8	Subject: Dental Infection Control	
Effective Date: November 1, 2010	Revised: August 12, 2020	p.6 of 8

- F. Dental unit / waterlines
1. Use only distilled water for the dental clinic chair-side water system.
 2. Place eight pumps of Microclear® Waterline Cleaner in the water bottles every time they are re-filled to aid in preventing biofilm build-up and maintain water line quality.
 3. Discharge both air and water from the air/water syringe and handpieces for a minimum of 20 seconds after each patient.
 4. Suction traps should be changed at least monthly and the master suction trap should be changed every six months.
- G. Dental radiology
1. Place surface barriers on the radiograph collimator and any controls contacted while taking radiographs.
 2. Wear gloves, mask and glasses while taking radiographs.
 3. When possible utilize barrier-protected dental radiograph film.
 4. If barrier-protected, remove the film, while in the operatory, from the cover without contacting the film packet and deliver the non-contaminated film to a clean service. Then process the film utilizing clean gloves.
 5. If the film is not barrier protected, surface disinfect the film packet before placing in the film processor.
 6. No contact with the film processor should be made with contaminated gloves or film. If contaminated the entire film processor should be cleaned and disinfected
 7. Utilize surface barriers for the Panograph machine and utilize disposable bite tabs when possible.
- H. Parental medications
1. Only utilize single use syringes when dispensing medications from a syringe.
 2. Use single use vials when possible and ensure no cross contamination when using multi-use vials. Dispose of multi-use vials if sterility is compromised.
- I. Biopsy specimens should be placed in a sturdy, leak proof container which is clearly labeled as medical waste. If visibly contaminated on the outside of the container, clean and disinfect the container and place in a clear bag or medical waste labeled bag. Glass or plastic liquid specimen containers should be placed in a labeled and sealed package.
- J. Dental laboratory
1. The dental laboratory should follow the same infection control practices as the dental clinical areas, in order to protect lab personnel and prevent cross-contamination between patients.
 2. Hands should be cleaned before and after handling each case, after handling contaminated items, after self-contamination of hands and before eating or handling food.
 3. Clean and heat sterilize all heat-tolerant laboratory tools and instruments.
 4. Laboratory burs, instrument kits and rag wheels should be sterilized after each patient case.
 5. Pumice mixes or slurries, as well as rag wheels or lathe attachments should not be utilized for more than one patient case.

Procedure No.: MSP HS E-06.8	Subject: Dental Infection Control	
Effective Date: November 1, 2010	Revised: August 12, 2020	p.7 of 8

6. Protective mask (ventilator mask when necessary) and eyewear should be used when performing laboratory procedures. Ear protection is encouraged when utilizing noise generating equipment.
7. To reduce potential injury from aerosols, dust and particulates, utilize safety shields and ventilation when operating rotary equipment.
8. Gloves should be worn when handling contaminated items.
9. Each employee is responsible for maintaining and disinfecting his/her work area, instrument and laboratory materials and dental prosthetics. The work area should be cleaned, disinfected and items stored in the proper place after the work is completed.
10. Work cases, instruments, burs, wax and other items related to a given lab case should be confined, when possible, to a covered lab tray. The disposable lab tray cover should be changed between cases.
11. Lab cases should be disinfected and sealed with mouth rinse prior to delivery.
12. End of day dental laboratory disinfection.
 - a. Counter surfaces should be disinfected utilizing disinfectant spray and wipes in the same manner as the dental clinic counter surfaces.
 - b. Trash should be removed and the floor cleaned.
 - c. Sinks should be cleaned and disinfected. The sinks may require cleaning, as needed, several times per day.
 - d. Laboratory equipment, such as the lathes, model trimmer, lab vibrator, handpiece units, and light cure machine, should be disinfected.
13. The pressure pot should be cleaned after every use and stored. Never place more than one prosthetic item (unless for the same patient) in a pressure pot for curing at the same time.
14. No oral impression, dental prosthesis, wax occlusal rims, oral appliances, or other potentially infectious materials should enter the dental laboratory until it is properly disinfected. The ideal time to clean and disinfect impressions, oral appliances, and prosthesis is as soon as possible after removal from the oral cavity before drying of blood and saliva.
15. Disinfecting impressions, wax occlusal rims and other potentially infectious materials or items.
 - a. While in the clinic operatory.
 - 1) Rinse infected impression with running water and shake off excess water.
 - 2) Place the rinsed impression into a zip-lock or sealable plastic bag
 - 3) Prior to sealing the plastic bag, spray all surfaces of the item with an EPA-registered hospital grade disinfectant.
 - 4) Place the sealed plastic bag on a disinfected and barrier covered dental tray for transporting to the dental laboratory.
 - b. In the dental laboratory.
 - 1) The sealed plastic bag should be taken to the decontamination station and should not be placed anywhere else in the dental laboratory.
 - 2) The item should stay in the sealed plastic bag for the appropriate disinfection time.
 - 3) The impression is then rinsed with running water in the decontamination station sink and excess water removed.
 - 4) The item is now ready to be moved to the work space or model pouring station.

Procedure No.: MSP HS E-06.8	Subject: Dental Infection Control	
Effective Date: November 1, 2010	Revised: August 12, 2020	p.8 of 8

16. The decontamination (receiving) station should be considered a non-sterile area of the dental laboratory. All items, instruments or equipment placed in this area must be disinfected prior to transferring to another area of the dental laboratory or to the dental clinic.
17. Ultrasonic cleaning of oral prosthesis, such as a denture, partial denture or night guard.
 - a. Rinse the oral prosthesis under running water to remove saliva and debris.
 - b. Disinfect utilizing the same process (J-17, above) for impressions and other potentially infectious materials or items.
 - c. Place in a new zip-lock plastic bag with ultrasonic cleaner for 10 minutes.
 - d. Rinse thoroughly under running water.
 - e. Seal in a clean zip-lock plastic bag with mouthwash or other mild non-toxic disinfectant for delivery to Inmate.
18. Light curing of contaminated items such as a chair side reline or custom impression tray.
 - a. After removing the item from the inmate's mouth, the item is placed in a plastic bag without contaminating the outside of the plastic bag or placed in a second non-contaminated plastic bag.
 - b. The non-contaminated plastic bag is placed in the lab light cure machine for the appropriate time.
 - c. The bag can be removed and taken directly to the clinic area.
 - d. The light cured item can be disinfected utilizing the same process (J-17, above) for impressions and other potentially infectious materials or items. Then the item can be worked on in the lab work area.
 - e. If it is suspected that the lab light cure machine could be contaminated, it should immediately be disinfected, inside and out.
 - f. Eating food in the laboratory is strongly discouraged. Eating utensils should never be cleaned in the dental laboratory sinks nor should they be stored in the dental lab.

K. Annual review.

1. The infection control program should be re-evaluated at least annually.
2. The infection control training program should be reviewed to insure all dental staff has participated and all aspects of the infection control program are being reviewed.
3. Any violations of the infection control protocols should be brought to the attention of the dental staff member in charge of the Dental Department Infection Control program or the MSP Dental Clinic Manager. Continued violations can lead to disciplinary actions.
4. Any suggested improvements or recommended changes intended to improve the Infection Control program should be communicated to the staff member in charge of the Dental Department Infection Control program or the MSP Dental Clinic Manager.
5. The MSP Infection Control Program may be consulted for further guidance.

IV. Closing:

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. Attachments

None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS 06.9	Subject: Dental Tool Control
Reference: NCCHC Standard P-E-06; NCCHC Standards Appendix G; DOC Policy 4.5.26: Offender Dental Services	Page 1 of 5 and no Attachments
Effective Date: October 1, 2020	Revised: October 1, 2020
Signature / Title: /s/ Daniel W Hash / Director, Dental Services	
Signature / Title: /s/ Cindy McGillis-Hiner/ Medical Bureau Chief	

I. Purpose:

To provide a system to ensure all dental tools, sharps and instruments are secured and accounted for as part of the seamless security program of Montana State Prison.

II. Definitions: None.

III. Procedures:

Each dental clinic must insure accurate accounting of all tools, instruments and sharps. The Tool Control procedures are designed for accurate verification of all tools, instruments and sharps in a system which is simple and efficient to implement and maintain.

A. Treatment Procedure sets.

1. Instruments utilized for specific procedures will be assigned to Procedure Sets. To simplify the instrument count and improve accuracy, the least number of instruments possible should be placed in a Procedure Set. It is recommended that an Exam Set be utilized for each treatment case plus Procedure Set. This way the Procedure Set will have fewer instruments. It is much easier to track 2 smaller sets of instruments than one large set.
2. A Master Tool Control – Procedure Set list will be maintained for each clinic. This list will indicate the number of sets of each procedure type; the number of instruments in each set; and a complete descriptive list of the instruments for the Procedure Set.
3. Color coding. One color coded band will indicate the type of Procedure Set. The second color coded band will designate the instruments belonging to a specific Procedure Set. Instrument sets with easily identifiable instruments not found in other sets may have only one unique color code band.
4. Storage. All Procedure Sets will be stored in a locked cabinet designed for the Procedure Sets. The Procedure Set cabinet does not need to be locked during work hours; however, the doors should remain closed when not in use. The cabinets must be locked at all times when no employees are in the clinic. Each Procedure Set is assigned a specific slot. The slots should be labeled.
5. Procedure Set Count. At the beginning and end of each shift (or day) the Procedure Sets are counted and recorded. This is only a count of the Procedure Sets, not the instruments within the sets.

B. Individual Instruments and Tools Count.

1. All instruments and sets should be counted at the beginning and end of each shift.

Procedure No.: MSP HS 06.9	Subject: Dental Tool Control	
Effective Date: October 1, 2020	Revised: October 1, 2020	p.2 of 5

2. Instrument drawers are designed to hold two instruments or tools per shadow box slot. Each shadow box slot is labeled to indicate the correct instruments to be placed there.
3. If only one instrument is assigned to a shadow box slot then a 'dummy' instrument is placed in a sterilization bag and placed in the shadow box.
4. Individual instruments are tracked as they are removed from the instrument box slot(s) and taken to the dental operatory.
5. Before the Inmate is seated and before they leave the dental operatory, the individual instruments and sets are counted and taken to the sterilization area.
6. Once sterilized the individual instruments and tools should be returned to their correct shadow box slot.
7. A master Tool control – Individual Instruments list should be available and current. This list should indicate which drawer and shadow box a given instrument is located. To facilitate accurate and efficient counting of the individual instruments or tools there should be no more or no less than two instruments or tools in each shadow box.
8. Individual instruments or tools should not have any color coding bands.

C. Instrument Boxes.

1. Excess instruments, replacement instruments and occasional use instruments and tools are stored in designated tool boxes.
2. Separate tool boxes may exist for surgical, operative and denture instruments and tools.
3. Removing / adding instruments or tools. Inventory list of all instruments can be found in each of the Instrument Boxes. Always document the removal / addition immediately on the Inventory Box Inventory Sheet. If possible re-inventory the Instrument Box at that time. If needed, however, the inventory can take place at a later time during the same shift. Send a copy of changes to the MSP Tool Control Officer.
4. Instrument Box Inventory documents. Each Instrument Box contains a detailed instruction sheet, Seal Control Sheets and Instrument Box Inventory Sheets.
5. Once the instruments have been verified against the inventory sheet and additions / subtractions noted on the inventory sheet a seal is selected.
6. The Seal #, employee's initials and date are placed on the label on the outside of the Instrument Box.
7. The seal is affixed to the Instrument Box through the open slot in the front of the box after the box is locked. This seal prevents the Instrument Box from being opened unless the seal is broken.
8. At the beginning and end of each shift the Instrument Boxes are checked to ensure the seal is un-broken and the seal # matches the most current notation on the Instrument Box label. There is no need to unseal the Instrument Box if the seal is secure and properly documented.
9. If the seal is broken or missing, the Instrument Box must undergo a complete inventory. The inventory results must be documented and a new documented seal placed. The Missing Instruments / Tools procedure should be followed if any instruments or tools are missing.

D. Dental sharps.

Procedure No.: MSP HS 06.9	Subject: Dental Tool Control	
Effective Date: October 1, 2020	Revised: October 1, 2020	p.3 of 5

1. An accounting of all sharps, including anesthetic needles, suture needles and disposable blades should be made at the beginning and end of each procedure and these sharps should be disposed of prior to the release of the Inmate from the dental operator chair.
2. In addition, an accounting of all sharps, including sutures, needles and disposable blades should be made at the beginning and end of each shift, as part of the Instrument / Tool Count.
3. Suture, anesthetic needles and Scalpel Blades. These can be sealed into sealing tubes or in other ways to insure accurate tracking and accountability.
 - a. Reserve Stock Inventory
 - 1) A complete box of scalpel blades, needles or sutures can be divided up into groups.
 - 2) Place a small label marked on each group and the expiration date, if applicable.
 - 3) An identification tag with ordering codes can be placed on the last group.
 - 4) The Reserve Stock of Suture, needles and Scalpel blades can be accounted for at the beginning and end of each shift (or day). An alternative is to place the suture and scalpel blades in a sealed tool box.
 - b. Daily Use Stock Inventory.
 1. Suture, needles and Scalpel blades are transferred, as need from the Reserve stock to the Daily Use Stock Inventory.
 2. A single group is opened, as necessary.
 3. Every time a scalpel blade, needles or sutures is removed for clinical use a notation is made on the Daily Use Stock Inventory list including the date, the number of items used, the inmates AO#, as well as the staff member's initials.

E. Missing or lost Instruments.

1. A failure in Tool Control can never happen if the instruments are not allowed to leave the clinic. If an instrument is missing from the operatory area, recount the instruments carefully, looking around the area and ensuring another staff did not remove it from the operatory. If not located, then quietly summons security.
2. If an instrument or tool cannot be located:
 - a) Immediately recount the instruments / tools in the area where the instrument or tool became missing.
 - b) Scan the entire area, including any other clinical areas one of the attending staff may have gone during the procedure.
 - c) Do not allow any Inmates to leave the dental clinic.
 - d) If an Inmate is suspected of taking the missing instrument or tool follow the Compromised Instrument / Tool protocol below.
 - e) Check with the other staff and enlist the assistance of other staff members in locating the missing instrument or tool.
 - f) Look in lab, sterilization area, waste containers and other areas in the dental clinic where an instrument or tool may have been inadvertently carried off to.

Procedure No.: MSP HS 06.9	Subject: Dental Tool Control	
Effective Date: October 1, 2020	Revised: October 1, 2020	p.4 of 5

- g) Evaluate log entries, broken/ repair list boxes to confirm the instrument is not there.
- h) If an instrument is brought into or moved from the Clinic it should be entered into the Tool Control Log book.
- i) If the instrument or tool is still not located notify the Tool Control Officer, without delay.

F. Compromised Instrument / Tools.

- 1. If it is suspected the missing instrument or tool may be in the possession of an Inmate. Re-evaluate the area, in an attempt to locate it. Then discretely contact the Security Office or a Corrections Officer, without raising suspicion with the inmate. Stay at a safe distance until a security team arrives.
- 2. Do not dismiss the Inmate from the dental chair or indicate to the inmate that there is any problem.
- 3. Contact the Command Post, preferably without the Inmates knowledge. Place the phone call from dental lab phone if possible.
- 4. Alert the area Correctional Officer concerning the potential situation as soon as possible.
- 5. Safety of the dental staff and other Inmates is the primary concern. The dental lab is considered the safe room.

G. Missing Instrument / Tool during the Daily Instrument / Tool Count.

- 1. Recount all the instruments and tools in the clinic.
- 2. Evaluate log entries, broken/ repair list boxes to confirm the instrument is not there.
- 3. Contact other clinical support staff, if possible.
- 4. Search through all dental cabinets; clinic carts; sterilization areas; dental lab and staff areas.
- 5. Carefully search the garbage and waste containers. Always use personal protective barriers while searching through and clinical waste materials.

H. Bi-annual Inventory Control Count. Twice every year the MSP Tool Control Officer makes a thorough and complete inventory of all Clinic tools and instruments should be made.

I. **Broken / Defective Instruments.** An Instrument or tool that is broken, and needs to be replaced, still be accounted for. When an instrument is removed from an instrument set or shadow box slot it must be noted in the Tool Control Log and placed in a secure area. This can be the clinic Extras Tool Box or a Secure Broken Instrument Container. Once transferred, a complete accounting of all instruments or tools must be made of the Extras Tool Box or Secure Broken Instrument Container, notations made of the instrument additions and then re-sealed.

J. **Instrument Repairs or Servicing.** When sending out a broken instrument or tool for repairs or servicing, it must be entered in into the Tool Control Logbook when sent out and returned. A marker or 'dummy' instrument must be placed in the instrument set or Shadow Box slot indicating the instrument or tool is accounted for and has been sent out for repairs or servicing.

K. **New Instruments.** When ordering a new instrument or tool a New Instrument Order form must be completed and sent to the Tool Control Office. Receipt of new Instruments and tools must be verified with the MSP Tool Control Officer. When new instruments are brought into the clinic, the addition needs to be reflected on the Tool Control Inventory Sheets and entered into the Tool Control Logbook. Extra new instruments should be stored in the appropriate Instrument Boxes.

Procedure No.: MSP HS 06.9	Subject: Dental Tool Control	
Effective Date: October 1, 2020	Revised: October 1, 2020	p.5 of 5

The Instrument Box Inventory Sheet should be adjusted to show the addition. The Instrument Box should then be inventoried and sealed.

- L. Controlled Medications. Always track controlled medications. A Medications Log Book should be maintained.

IV. Attachments: None

VI. References:

NCCHC Standards P-E-06
NCCHC Standards Appendix G
DOC Policy 4.5.26: Offender Dental Services



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-07.0	Subject: NON-EMERGENT HEALTHCARE REQUESTS & SERVICES	
Reference: NCCHC Standards P-A-01, P-A-09, P-E-07, P-I-06, P-D-03, P-C-07, P-G-05 2018, MSP HS E-08.1, DOC 4.5.16,Offender Non-emergency Health Requests and Sick Call; DOC 4.5.32, <u>Right to Refuse</u>	Page 1 of 5 and 1 attachments	
Effective Date: November 1, 2010	Revised: December 30, 2021	
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief		
Signature / Title: /s/ Paul Rees / Medical Director		

I. PURPOSE

To maintain a system that provides inmates the ability to request health care attention for health complaints orally or written on a daily basis. This procedure also provides an organized system for the collection, triage, treatment, and referral of inmate health care requests (HCR) by health care staff and guidelines for the treating clinician's clinic practices.

II. DEFINITIONS

Health Care Request form (HCR) – the form, paper or electronic, utilized by inmates at MSP to request health care, that is received and reviewed by qualified health care staff, who act on the request for attention.

Clinical Setting - an examination or treatment area appropriately supplied and equipped to address the patient's health care needs

Triage – the sorting and classifying of inmates' medical, dental, and mental health requests to determine priority of need and the proper place for health care to be rendered.

Provider – a physician, nurse practitioner, or physician assistant.

III. PROCEDURES

A. General requirements

1. Inmates are expected to initiate access to health care services by completing and submitting a Health Care Request form (HCR) available from housing unit staff or on electronically on the Edovo tablets. Offenders are encouraged to utilize electronic submission to assure timeliness of response.
 - a. HCR forms, paper and electronic, are available to all inmates in the housing units within the main compound, the Martz Diagnostic/Intake Unit (MDIU), the Work and Re-entry Center (WRC), the Treatment Center (F-unit), and/or from staff.
 - b. Completed HCR forms are a confidential medical document used to assess the priority of the request (triage) and to route to the appropriate discipline, provider, or nurse for assessment.
 - c. Each housing unit will maintain a clearly marked, locked box designated for depositing completed paper HCRs by the inmates, except restrictive housing units.
 - d. A health care staff member will collect paper HCR forms daily from the housing unit boxes. HCR's are picked up daily by nursing staff during scheduled pill pass times in the restrictive housing units from each unit block.

Procedure No. MSP HS E-07.0	Subject: NON-EMERGENT HEALTHCARE REQUESTS & SERVICES
Effective Date: December 30, 2021	p.2 of 5

- e. If an inmate is unable or refuses to complete a HCR request, health care staff will assist or complete the form on behalf of the inmate reporting the complaint and will document reason the inmate did not personally complete the form. In this instance, the request form must be signed and dated by the medical staff member completing the form.
- f. Inmates having medical emergencies will receive medical services with or without having submitted an HCR. Inmates may access emergency care by making their needs known to custody staff or medical staff. Inmates with life threatening conditions will receive immediate medical attention (MSP HS E-08.1).
2. Correctional Health Service Technicians (CHST) will not make nursing assessments that exceed their scope of training, license, or departmental policies or procedures.
3. All health care staff will ensure that communication with inmate patients occurs in private whenever possible. When cell-side triage is required in restrictive housing units or other situations, health care staff will take precautions to promote private communication between staff and inmates.

B. Processing Health Care Service Request forms

1. HCR's will be triaged daily by a health care staff member and appropriate disposition of the request will be made.
2. Triage forms will be organized and distributed to the appropriate EHR cue in accordance with the service requested (e.g., medical, dental, pharmacy, mental health, etc.).
3. Monday-Friday, all Sick Call HCR's will be reviewed daily by a nursing supervisor to assure appropriate triage, distribution, and completion.
4. An HCR request that is deemed urgent/emergent during triage will have the assessment encounter with a Qualified Health Care Professional occur immediately as necessary.
5. A health care staff member will enter each paper HCR with a clinical symptom description into the "HCR Sick Call appointment cue in the EHR". Sick Call entries will capture, electronically, date, time of entry, inmate's name, inmate's DOC identification number, inmate's housing unit, symptom/issue, date of nursing assessment, whether provider referral was made, and whether protocol medications were issued.
6. All Medical provider referrals will be assigned to the appropriate EHR appointment cue by nursing staff. Entries will electronically capture date, time, name, unit, DOC ID number, reason/issue for referral, and nurse initiating the appointment.
7. Non-medical staff are not expected or allowed to approve or deny requests for health care attention made by an inmate.
8. Completed HCR's will be scanned into the appropriate section of the inmate's electronic health care record. Sick Call HCR's with completed nursing protocol assessments will be captured in the EHR.

C. Responding to Health Care Requests

Procedure No. MSP HS E-07.0	Subject: NON-EMERGENT HEALTHCARE REQUESTS & SERVICES
Effective Date: December 30, 2021	p.3 of 5

1. Medical Provider clinics will consist of:
 - a. Sick Call HCR triage.
 - b. Urgent/emergent encounters; and
 - c. Routine referrals and follow-ups
2. All HCR requests requiring a face-to-face assessment with a Qualified Health Care Professional will be seen within 24 hours of receipt of the HCR. The encounter will happen in a clinical setting as indicated.
3. After the assessment by a Qualified Health Care Professional per protocol recommendations, a referral may be made if the inmate is to be seen by a physician immediately (emergency), within 24 hours (urgent), or next available appointment.
4. Appointment referrals will be captured in the electronic record under the appointment type "Medical Provider" and include date, time, name, ID number, reason for referral, and time frame for the referred appointment to occur.
5. Appointments will be reviewed each morning by the Clinic Health Services Manager for urgent or ASAP prior to the start of the clinic operations.
6. The staff responsible for inside appointment scheduling will prepare the following days clinic list to include Sick Call HCR's.
7. Inmates seen and assessed by nursing staff more than two times for the same complaint who have not seen a Medical provider for the complaint will be scheduled for follow up in the provider's clinic.
8. Nurse may provide treatment based upon physician approved protocols and standing orders consistent with the Nursing Scope of Practice. Nurse will schedule patients for the next appropriate Medical provider's clinic when indicated by the nursing assessment.
9. Daily clinics to address Sick Call HCR's will take place in a private area to avoid conversation and assessment from being overheard by security staff or other inmates. Typically, this will occur in satellite clinic areas throughout the institution or the main infirmary as is appropriate.
 - a. Security personnel will only be present if the patient poses a probable risk to the safety of the health care professional or others or as per procedure in restrictive units.
 - b. If conditions exist that require staff other than health care professionals to be present, health services staff will instruct those staff on maintaining patient confidentiality.

D. Provider's Clinic

1. Providers will be on site to see inmates as scheduled. Provider's clinics are held at a frequency and staffing level that meet the health needs of the MSP population and will be sufficient to prevent unreasonable delay in patients receiving necessary care.
2. The provider's appointments will consist of, but are not limited to, the following inmates:
 - a. Those assessed and referred by a nurse.
 - b. Those seen during off hours in the emergency room as deemed necessary by the physician on call.
 - c. Those returning from follow up appointments as ordered by the provider.

Procedure No. MSP HS E-07.0	Subject: NON-EMERGENT HEALTHCARE REQUESTS & SERVICES
Effective Date: December 30, 2021	p.4 of 5

- d. Those returning from the outside diagnostics/procedures as deemed necessary by the provider.
- e. Those referred by receiving nurse on intake from the intake/diagnostic housing unit.
- f. Routine chronic care appointments.
- g. Those scheduled for follow up by the provider during a previous appointment.
- h. Inmates seen for more than two nursing assessments in response to HSR's for the same complaint.
- i. Daily emergencies as needed.

E. Documentation

1. Information will be collected from each inmate requesting medical service and captured in the Electronic Health Record. At a minimum, the information collected will include items such as nature and history of complaint, current medications, allergies, vital signs, and other physical findings. Documentation will also include date, time, name, title, and electronic signature of the staff providing the service.
2. Inmate information will be properly documented on the appropriate form and maintained in the inmate's electronic health record. Recorded medical documentation will be in Subjective, Objective, Assessment, and Plan format that is defined as follows:
 - a. Subjective: This is what the inmate tells the provider about his medical complaint during the interview. Often this includes the inmate's own words. The elicited history will include details pertinent to the provider's observation of the inmate's medical complaint.
 - b. Objective: This includes vital signs, the physical assessment, and the review of the record for diagnostic tests.
 - c. Assessment: This is the medical staff's assessment findings of the inmate's medical complaint. These findings generate the decision for emergent, urgent, next available appointment or if no follow up is indicated.
 - d. Plan: *NURSE* - This includes action to be taken by the nurse so that the inmate receives appropriate medical care. This includes, but is not limited to, referral to the provider or scheduling a clinic appointment after consultation with a provider. RN/LPN's may provide treatment following the established nursing protocols and approved standing orders in which they have been trained.
 - e. Plan: *PHYSICIAN*: - The provider will list in detail the medical plan including, but not limited to, follow-up, medications, tests, procedures, consultations, and X-rays. Patient Education by providers will also be included in the plan.
3. Provider documentation will occur on a progress note or chronic care form in the patient's electronic health record.
4. Nursing documentation will occur on nursing protocols and in some cases progress notes in the patient's electronic health record.

F. Appointments

1. Inmates are expected to initiate access to medical care through an electronic HCR within the Edovo tablet platform. If an inmate is unable access electronic means, then the inmate may submit a paper HCR. If the inmate is unable to walk or requires a security escort, arrangements will be made for transportation to the Infirmary. All medical interviews will be conducted in a confidential manner, subject to security concerns.

Procedure No. MSP HS E-07.0	Subject: NON-EMERGENT HEALTHCARE REQUESTS & SERVICES	
Effective Date: December 30, 2021		p.5 of 5

- a. The inmate has reported to sick call more than two times with the same complaint and has not seen a physician.
2. The inmate will be scheduled to see the provider for the earliest possible appointment if:
 - a. The inmate was assessed by the RN/LPN and findings indicate referral.
 - b. The medical complaint is outside the scope of practice of the RN/LPN.
3. In the event that a scheduled provider is absent, the schedule is to be reviewed by a health services manager to approve the canceling or rescheduling of appointments. Inmates with highest priority will be added to another on-site provider's schedule for that day. All rescheduled appointments will be documented in the inmate's electronic medical record and on the provider's daily appointment schedule.
4. Inmates scheduled to be seen by a provider will be 'held in' their housing unit for the day of scheduled appointment.
5. Infirmiry staff will provide the housing unit notification prior to the expected provider's appointment. A call-out sheet of inmate names for those with appointments will also be distributed to appropriate security staff.
 - a. The inmate is expected to arrive to the infirmary at his prearranged appointment time.
 - b. If an inmate is a "no-show" for an appointment an inquiry will be made to the unit as to the reason.
 - 1) If an inmate refuses to come to a scheduled appointment, a signed, informed refusal will be initiated. By refusing treatment at a particular time the inmate does not waive his right to subsequent health care, and the inmate may not be punished for exercising his right to refuse.
 - 2) The refusal form will be captured into the inmate's electronic medical record and the refusal will be documented in the progress notes.
 - 3) If a "no-show" is related to institutional measures, it is the responsibility of the clinic staff to remedy the cause if possible and/or refer to the Clinical Services Manager
 - 4) Refused appointments may be rescheduled as deemed appropriate by the provider.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENTS

HCR form

Attachment A



Clinical Services Division HEALTH CARE REQUEST (KITE) ***ONLY ONE (1) ISSUE per kite***

INMATE **MEDICAL/DENTAL** REQUEST TO STAFF MEMBER

TO: INFIRMARY STAFF DATE: _____ UNIT: _____ DOC ID# _____

INMATE NAME: _____
(Last) (First)

SUBJECT: Completely state the problem with which you desire assistance. **(Please type or print).**

DO NOT WRITE IN SPACE BELOW

Name of Staff Member Receiving Request: _____ Date/Time Received: _____

- | | | |
|---|--|---|
| <input type="checkbox"/> ADMINISTRATIVE | <input type="checkbox"/> LAB | <input type="checkbox"/> SCHEDULING |
| <input type="checkbox"/> CHRONIC CARE | <input type="checkbox"/> MEDICAL RECORDS | <input type="checkbox"/> SICK CALL |
| <input type="checkbox"/> DENTAL | <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> SUPPLIES/EQUIPMENT |
| <input type="checkbox"/> DISCHARGE | <input type="checkbox"/> OPTICAL | |
| <input type="checkbox"/> PLANNER | <input type="checkbox"/> PHARMACY | |
| <input type="checkbox"/> FNP/PA/DO/MD | | |

DISPOSITION:

STAFF SIGNATURE: _____ DATE/Time COMPLETED: _____

White-Medical File

Canary-Response to Inmate

Pink-Inmate Receipt



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-08.0	Subject: Nursing Assessment Protocols and Procedures
Reference: NCCHC Standard P-E-08, 2018	Page 1 of 2 and no attachments
Effective Date: November 1, 2010	Revised: December 30, 2021
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature /Title: /s/ Paul Rees/ Medical Director	

I. Purpose:

To define the procedure to be used by all nursing staff in completing nursing protocols.

II. Definitions: none

III. Procedure:

- A. Nursing protocols must be appropriate to the level of competency and preparation of the nurses who carry them out.
 1. Protocols and procedures are developed and reviewed annually by the Clinical Services Manager responsible physician based on the level of care provided in the facility.
 2. Protocols and procedures must be available to all nursing staff.
 3. Documentation of nurses' training in the use of nursing assessment protocols and nursing procedures based on the level of care provided by the nurse to include:
 - a. Evidence new nursing staff are trained and demonstrate knowledge and competency for the protocols and procedures that are applicable to their scope of practice.
 - b. Evidence annual review of competency
 - c. Evidence of retraining when protocols or procedures that are introduced or revised.
- B. All nurses who assess patients based upon submission of a health care request are to complete a nursing protocol based on the assessment.
 1. Assessments are essential in providing continuity of care and help ensure nursing staff gather enough data to support their nursing plan.
 2. The importance of using the protocol at the visit cannot be overemphasized (a poorly documented record could indicate that the nurse did not see the patient or did not have the protocol at the visit and completed it at a later time and/or date).
- C. Steps:
 1. Choose the nursing protocol based on the chief complaint, not a diagnosis. All protocols need to be completed and will include the following:
 - a. Patient data: include name, ID/AO number, age, allergies, and current meds. If the patient cannot list his meds.
 - b. Subjective: enter any information the patient gives you. If they say it, document it. If the patient is too unstable to give a complete history, indicate the reason why (e.g., "Subjective data limited by clinical condition-decreased LOC").
 - c. Objective: enter your observations. If you see it, document it. Use blank lines to

Procedure No. MSP HS E-08.0	Subject: Completing Nursing Protocols
Effective Date: November 1, 2010	p.2 of 2

record pertinent information to patient's care. The protocol is not intended to replace your clinical judgment. If it isn't on the protocol it doesn't mean you can't add it.

- d. Assessment Decision: check the choice for referral. If subjective and objective data support referral be sure you add a Medical Provider appointment type. If you think a referral is not appropriate, yet the protocol states referral required, document a consult with the Infirmary RN or a provider, and determine why a referral is not being made.
 - e. Plan: protocols are standing orders. Protocols allow the nurse to follow the orders just as if written by a provider. If something is not included in the plan (certain meds, treatments, etc) do not initiate unless receiving a physician order.
 - f. Protocols used for nonemergent health care requests include standing orders for over-the counter medications only.
 - g. Protocols pertaining to emergency life-threatening conditions (e.g., chest pain, shortness of breath) may contain prescription medications and must include immediate communication with a provider.
 - h. Emergency administration of prescription medication requires a provider's order before or immediately after administration.
 - i. Nurse's Signature and date.
2. Marking the protocols.
 - a. Complete all areas of the electronic protocol. Check all boxes that apply and document in all test boxes as appropriate.
 3. Be prepared to jump to different areas of the protocol during the assessment. The patient may not follow the same order as the protocol does.
 4. Be sure to check the "complete" box in the upper right-hand corner of the electronic nursing protocol in order to preserve it in the inmate's electronic health record.

D. Review:

1. The nurse who completed the medical kite and protocol will place it in the "scheduled to be seen" mailing basket (the same basket medical kites are placed).
2. A Clinical Services Manager will periodically review the HCR Sick Call cue to assess protocol completeness.
3. If the manager finds inconsistencies, incompleteness, inappropriateness, or any other issue, he/she will talk to the nurse who completed the protocol as soon as possible to correct the problem.

IV. Closing

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. Attachments

None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-08.1	Subject: WOUND DOCUMENTATION WITH OR WITHOUT PHOTOGRAPHY	
Reference: DOC Policy 4.5.2		Page 1 of 4 and no attachments
Effective Date: March 16, 2014		Revised: December 30, 2021
Signature / Title:/s/ Cindy Hiner / Medical Bureau Chief		
Signature / Title: Paul Rees / Medical Director		

I. PURPOSE

To document wounds accurately and efficiently with or without the use of photography and monitor the progression of wound healing; and to define the procedure for nursing documentation of wound care.

II. DEFINITIONS

Wound Assessment Tool – An easy-to-use full color ruler and wound assessment tool that standardizes and improves the quality and accuracy of wound assessment and treatment.

Olympus Tough TG-820 Digital Camera – The facility designated camera to be used for photographic wound documentation.

Wound Care Nursing Protocol– A standardized documentation tool to be used in conjunction with wound photographs or at the bedside while directly visualizing the wound. Not recommended for tunneling wounds with small openings or those covered by thick eschar. This tool is best used for, but not limited to the following types of wounds:

1. chronic full thickness diabetic foot ulcers, venous leg ulcers, and pressure ulcers where at least 50% of the wound base can be visualized.
2. wounds with distinct wound edges.
3. wounds that can be visualized all at once- *not* circumferential; and
4. wounds that have been cleansed and debrided (if appropriate), removing loosely adherent debris and/or dressing residue. If debris is still present after the wound cleansing, it will be considered to be part of the wound.

III. PROCEDURES

A. Infection Control & Prevention

1. Keep camera stored in designated case away from patient and wound supplies.
2. Wash hands before accessing the camera.
3. Remove the camera from its storage case and place next to the patient on a clean surface.
4. Take the photos while ensuring the camera does not touch the patient.
5. Place the camera back on the clean surface and wipe it with sanitizing wipes before removing it from the patient area.
6. Return camera to designated storage case and area.

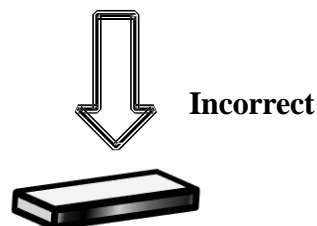
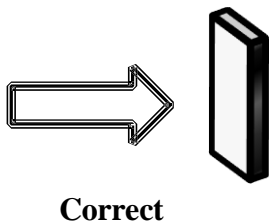
B. Camera & Equipment Use

Procedure No. MSP HS E-08.1	Subject: WOUND DOCUMENTATION WITH OR WITHOUT PHOTOGRAPHY
Effective Date: March 16, 2014	p.2 of 4

1. Remove the camera from the designated storage area and case.
2. Press the 'ON' button located on the top of the camera.
3. Do not change camera settings. Settings are preset to '**P**' (Program Auto) mode for best color and detail.
4. The '**P**' (Program Auto) mode settings are as follows:
 - a. Flash Setting- "Auto"
 - b. Macro Setting- "Macro"
 - c. Self-Timer Mode- "Off"
 - d. Exposure Comp.- "+0.3"
 - e. White Balance (WB)- "One Touch 1"
 - f. ISO- "Auto"
 - g. Drive- "Single"
 - h. Image Size- "12M"
5. If the camera is reset see the instruction manual, "Menu Index, p. 10" for instructions on how to program defined settings.

C. Image Composition & Consistency Techniques

1. Use natural light (no flash) when possible.
2. If the light source is behind you be sure your body does not cast a shadow.
3. Showcase the wound on a solid background. Dark blue or black draping's are best because they absorb the flash, if used, and decrease reflection off the patient's skin.
4. Avoid shiny or glossy under pads that reflect the flash, if used.
5. Avoid clutter in the background and towels or clothing with prints.
6. Position the patient in the same position for each set of photos to ensure consistency as the wound progresses.
7. Take the photos from the same angle each time. Hold the camera perpendicular to the wound *not* top down.



8. Take a minimum of three (3) photos per wound site.
9. Take photos at a distance of 12 inches with to highlight tissue texture, drainage, and color.
10. Preview shots taken to ensure the quality of the photos. Retake if necessary.

Procedure No. MSP HS E-08.1	Subject: WOUND DOCUMENTATION WITH OR WITHOUT PHOTOGRAPHY
Effective Date: March 16, 2014	p.3 of 4

D. Photographic Documentation Standards

1. All wounds requiring regular visualization will be documented using Wound Care Nursing Protocol with each assessment.
2. All wounds requiring regular visualization will be photographed once (1) per week or more frequently per physician's orders.
3. If there is no visual progression of healing after two (2) weeks will be reported to the provider.
4. If there are additional wounds in separate areas there must be a separate Wound Care Nursing Protocol for each wound.
5. After the photo documentation session is complete photos must be printed in color, and then deleted from the camera and computer.
6. To delete photos from the camera the directions are as follows:
 - a. press the "Menu Button".
 - b. use the joystick and arrow to the left once; and
 - c. use the joystick to arrow down to delete.

E. Wound Site Preparation

1. Be sure to position patient in the same manner for photos, position should promote muscle relaxation.
2. Label the wound assessment tool with the proper information as follows:
 - a. date.
 - b. patient's name and the time.
 - c. patient's housing unit (in place of Loc.); and
 - d. clinician's name, printed.
3. Remove wound dressing if applicable.
4. Apply a wound assessment tool around the wound. Do not fold around the body.
5. Drape the surrounding area with dark blue or black to allow the wound to stand out. Use solid patterns for the background.

F. Photograph Documentation

1. Use the USB connection cable to connect the camera to the authorized computer.
2. Review the photos that were taken and choose the photo with the best color, quality, and clarity to print.

Procedure No. MSP HS E-08.1	Subject: WOUND DOCUMENTATION WITH OR WITHOUT PHOTOGRAPHY	
Effective Date: March 16, 2014		p.4 of 4

3. Upload the photo to your PC/Photos
4. Drag photo to the electronic health record utilizing the attach documents tab in the patients record. Save as “Clinical Photo”.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Medical Clinical Services Manager.

V. Attachments - None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-09.0	Subject: CONTINUITY, COORDINATION, AND QUALITY OF CARE DURING INCARCERATION	
Reference: NCCHC Standards PE-09 and PD-08, 2018	Page 1 of 2 and one attachments	
Effective Date: November 1, 2010	Revised: December 31, 2019	
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief		
Signature / Title: /s/ Paul Rees M.D./ Medical Director		

I. PURPOSE

To provide appropriate diagnosis, treatment, and follow up for inmate health care needs inclusive of medical, dental, and mental health needs throughout the inmate's incarceration. Appropriate diagnostic testing and referral to community practitioners is utilized as indicated to enhance health care treatment plans.

II. DEFINITION none

III. PROCEDURES

A. General requirements

1. Patients receive medical, dental and mental health services from admission to discharge per prescribers' recommendations, orders, and evidence-based practices.
2. Health care provider orders for patient care will be noted and implemented by health care staff in a timely manner.
3. All health care encounters and refusals will be documented in the health care record.
4. Ordered diagnostic tests and specialty consultations will be completed in a timely manner, with evidence in the record of the ordering clinician's review of results.
 - a. if changes in treatment are indicated, the nurse will contact the provider on call to discuss outside provider recommendations;
 - b. the changes will be implemented or a clinical justification for an alternative course will be noted. The provider will review the findings with the patient in a timely manner;
 - c. these findings will be used to modify treatment plans as appropriate; and
 - d. all diagnostic tests and screening results will be communicated to the patient either through scheduled follow up appointment (including regularly scheduled Chronic Care appointments) with the appropriate clinician or health care provider and/or confidential written correspondence. The correspondence will not include specific disease processes or indicate positive results.
5. When an inmate returns from hospitalization or an emergency room visit, the qualified health care professional will see the patient, when appropriate, review the discharge orders, and issue follow-up orders as clinically indicated. If the physician is not on site, a designated health care staff member will immediately review the hospital's discharge instructions and contact the on-call physician for orders as needed.
6. Further follow up appointments related to hospitalizations and emergency room visits will be ordered by the provider or designated health care staff member as appropriate.

Procedure No. MSP HS E-09.0	Subject: Continuity, Coordination, and Quality of Care During Incarceration
Effective Date: November 1, 2010	p. 2 of 2

7. Individual treatment plans will be developed to guide treatment for episodes of illness. The responsible physician will determine the frequency and content of periodic health assessments on the basis of protocols promulgated by nationally recognized professional organizations.
8. The treatment plan and any changes to the treatment plan will be discussed with the patient and the discussion and justification for the change will be documented during the clinician appointment.
9. Referrals to the Special Needs Committee should be utilized as needed for collaborative involvement in the care and medical management of complex patients (see MSP HS B-07.0).

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager

V. Attachments

[result notification form \(002\) revised.docx](#)



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-10.0	Subject: DISCHARGE PLANNING	
Revised: NCCHC Standard P-E-10, 2018, HS D-02.6 Discharge Medications, DOC 4.6.7 Medical Parole	Page 1 of 3 and 5 attachments	
Effective Date: November 1, 2010	Revised: October 1, 2020	
Signature / Title: /s/ Cindy Hiner / /Medical Bureau Chief		
Signature / Title: /s/ Paul Rees M.D. / Medical Director		

I. PURPOSE

To offer discharge planning to inmates with serious health needs upon notification of their imminent release (discharge, probation parole, etc.).

II. DEFINITIONS

Discharge planning – the process of providing sufficient medications and arranging for necessary follow-up health services before the inmate's release to the community.

Health care staff – includes qualified health care professionals and non-licensed health care staff (e.g., medical records staff, health care aides) responsible for offender health care administration and treatment.

III. PROCEDURES

A. General requirements

1. Health Care Staff will initiate a discharge plan for an inmate with medical, dental or mental health conditions when notified of the inmate's anticipated release. If adequate notification is not provided, health care staff still have the responsibility to ensure that continuity of care is extended into the community for that inmate.
2. The designated Clinical/Mental Health Services Discharge Planner, in consultation with a Qualified Healthcare Professional, will review current Medical Points assigned to each offender who is either paroling or discharging their sentence.
 - a. Inmates who have been assigned 40 or more Medical Classification Points or a Mental Health Code of 3-4 will receive a discharge plan that will include as needed: referral to a community agency, supervised aftercare plan/housing or a community clinician; an exchange of clinically relevant information with the community resource, assistance in application for SSDI, SSI and Medicaid insurance benefits if necessary, a Clinical Services Discharge Summary, a 30-day supply of medications (HS D-02.6), medical equipment defined by condition, and a 30-day supply of medical supplies, as appropriate.
 - b. Inmates who have been assigned 20-30 Medical Classification Points or a Mental Health Classification Code of 2 will receive a discharge plan that will include as needed: referral to a community agency or clinician, as appropriate, and an exchange of clinically relevant information with that resource, assistance in application for SSDI, SSI and Medicaid insurance benefits, a Clinical Services Discharge Summary, and a 30-day supply of medications.
 - c. Inmates who have been assigned no more than 0-10 Medical Classification Points or a Mental Health Code of 0-1 will receive a discharge planning packet that will include as needed: a list of community agencies or clinicians, a discharge summary, a 30-day supply of medications,

Procedure No.: MSP HS E-10.0	Subject: DISCHARGE PLANNING
Effective Date: November 1, 2010	Page 2 of 3

- and instructions for access of health records.
 - d. All medications will be provided in a child-proof container.
 - e. If an inmate is released without essential prescribed medication, the medication will be mailed to the inmate at the address given to the pharmacy. Inmate addresses can be found on the discharge paperwork from the MSP IPPO office.
 - f. The unit case manager, IPPO staff, and the designated Clinical/Mental Health Services Discharge Planner are available as a resource for assistance with discharge planning.
 - g. All discharging inmates will be given a written document that details contact information for the MSP Records Department and the process for accessing their health records after discharge into the community.
3. Prior to release, the designated Clinical/Mental Health Services Discharge Planner will provide inmates with discharge health care instructions.
 - a. Inmates who have been assigned 40-50 Medical Classification Points or a Mental Health Code of 3-4 will be scheduled by the Clinical/Mental Health Services Discharge Planner to discuss verbal and written discharge instructions.
 - 1) Discussion with the inmate will emphasize the importance of appropriate follow-up care and the recommendation for community follow-up care, as needed.
 - 2) When an inmate is being released with a reportable disease or other serious medical need the designated Clinical/Mental Health Services Discharge Planner will refer the inmate to the Montana Department of Public Health and Human Services, as required by public health laws, or specialized clinics and community health providers. An exchange of clinically relevant information will be communicated to the community provider or DPHHS via fax or electronic transferring of records at the time the appointment or referral is made.
 - 3) When appointments with community providers are made prior to discharge; the inmate will be provided with written instructions for the appointment/s including; date, time, name of provider, and address of provider with telephone contact number will be given to the inmate as part of the discharge plan.
 - 4) The designated Clinical/Mental Health Services Discharge Planner will confirm all scheduled community appointments prior to the discharge date and give the community provider any known contact information for the discharging inmates. i.e. known discharge address or telephone number.
 - 5) The designated Clinical/Mental Health Services Discharge Planner will assure that the community provider has all necessary and relevant medical information.
 - b. The designated Clinical/Mental Health Services Discharge Planner will provide written discharge instructions to inmates with less than 40 Medical Classification Points or a Mental Health Code of 2 or less.
 - c. Discharging inmates will receive a 30-day supply of current medications and information concerning access of health records.
 4. All aspects of the medical discharge process will be maintained in the Inmate's health record.
 5. An inmate may refuse any part of the discharge plan. A refusal of treatment form will be signed by the inmate and witnessed by an MSP staff member. It will include detailed specifics of the refusal. Refusals will be in accordance to with *DOC 4.5.32, Right to Refuse Medical Treatment*.

Procedure No.: MSP HS E-10.0	Subject: DISCHARGE PLANNING
Effective Date: November 1, 2010	Page 3 of 3

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager

V. ATTACHMENTS

MSP Clinical Services Discharge Summary form	attachment A
Health Information Request to Release Records (Release of Information)	attachment B
Clinical Services Discharge Form	attachment C
Mental Health Codes	attachment D
Medical Classification/Points	attachment E



MSP Clinical Services Discharge Summary NEED FOR FOLLOW-UP CARE

Name of Inmate: _____

It has been explained to me that I have _____

(Name of Condition)

which requires medical follow-up with a health care provider. I understand that the recommended follow up includes:

1.

2.

3.

I understand that I am responsible for seeking health care services in the community. I understand that before the supply of medication provided by the Department of Corrections is depleted, I must see a community practitioner for renewal of the medication. I understand that I am financially responsible for the health care services that I seek.

SIGNED: _____ DATE: _____

Printed Name: _____

Witness: _____

(DOC Health Care Provider)



Health Information Request to Release Records

Patient Name: _____

DOC ID/AO Number: _____

Date of Birth: _____

Social Security Number: _____

1. I authorize the use or disclosure of the above named individual's health information as described below:
2. All health care information in your possession, whether generated by you or by any other source, may be released to me or to _____ [name person] for:

[purpose of the disclosure].

3. Covering the period(s) of healthcare:

From (date) _____ to (date) _____

From (date) _____ to (date) _____

4. Information to be disclosed:

☐ Discharge Summary

☐ History & Physical

☐ Consultation Reports

☐ Immunization Record

☐ Progress Notes

☐ Laboratory Tests

☐ Emergency Room Report

☐ Complete Health Record

☐ Operative Notes

☐ Pathology Report

☐ X-ray/imaging Reports

☐ Other (please specify) _____

5. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) or Hepatitis A, B or C. It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse. I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

6. The revocation is effective from the time it is communicated to the health care provider, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization is valid for up to 30 months from the date of execution below. If no expiration is specified this authorization will automatically expire six (6) months from the date of signing. This authorization does not permit the release of health care information relating to health care that the patient receives more than 6 months from the date of execution below. Mont. Code Ann. §50-16-527.

7. The Montana Department of Corrections, Montana State Prison, its health care providers, employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information pursuant to the Uniform Health Care Information Act, Mont. Code Ann. §50-16-501 through §50-16-553 or the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d..

8. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

Signature of patient or patient's representative

Date

Relationship to the patient

Witness

Date



Montana State Prison Clinical Services Discharge Form

NAME: _____ DOC ID# _____
Last First

DATE OF DISCHARGE: _____

DATE FORM INITIATED: _____

MEDICAL RECORD ACCESS LETTER GIVEN: YES/NO

MEDICAL RECORDS STAFF INITIALS: _____

MEDICATION BOTTLES/BLISTER PACKS ISSUED: YES/NO

PHARMACY STAFF INITIALS: _____

WRITTEN PRESCRIPTION WRITTEN (AS NEEDED): YES/NO

DISCHARGE PLANNER INITIALS: _____

DATE TO TRANSPORTATION: _____

PHARMACY STAFF INITIALS: _____

MEDICAL PACKET RECEIVED: YES/NO

TRANSPORTATION STAFF INITIALS: _____

PHARMACY STAFF INITIALS: _____

MEDICATIONS RECEIVED: YES/NO

TRANSPORTATION STAFF INITIALS: _____

DISCHARGE SUPPLIES: ☐ wheelchair ☐ diabetic supplies ☐ walker ☐ none

☐ other medical supplies: (list) _____

INMATE SIGNATURE: _____ DATE: _____

(By signing above, you verify that you have received your medical packet and all of your medications as indicated by stickers below)

WERE MEDICATIONS MAILED TO DISCHARGE ADDRESS: YES/NO

STAFF INITIALS: _____

PLACE MEDICATION STICKERS IN THIS AREA

Please route COPY of completed form to Discharge Planner
Please route ORIGINAL completed form promptly to medical records



Mental Health Codes

Code	Diagnosis?	How are they currently doing?		How are they managing symptoms?
0	N	No evidence of MH needs	----	-----
1	Y	Has history of MH issues OR has current MH symptoms but is stable	OR	High Degree of symptom management
2	Y	Mild impairment/needs	OR	Properly managing significant symptoms
3	Y	Moderate impairment/experiencing significant symptom severity/needs	OR	Typically, cannot function in the general population for extended periods of time and requires on-going mental health monitoring
4	Y	Acute symptoms severity/needs	—	May be danger to self/others or may be substantially unable to care for self

Modifier	Meaning	Examples
C	Cognitive Impairment	Dementia, FASD, Developmental Disorders
P	Psychotic Disorder	Not oriented to reality, hallucinations, delusions (Many times comes with an "S" criteria as well)
M	Mood Disorder	Depression, Bipolar
A	Anxiety Disorder	PTSD, Anxiety, Acute Stress Disorder
PD	Personality Disorder	Antisocial, Borderline, Narcissistic, Histrionic (May not be picked up on initial assessment)

*Primary issue/diagnosis/concern = which modifier to use

Temporary (T) = Want to staff more or get more records but have a very strong inclination of some kind of specific disorder. May need further evaluation.

Acute Symptoms = Highly impact ability to function on a daily level. (Example: Hearing voices)

S: Meets Serious Mentally Ill (SMI) criteria (Page 1)

N: Does not meet SMI criteria

Qualified Mental Health Provider: _____ Date/Time: _____

Assigned MH Code: _____ Entered into OMIS? Y / N

Attachment: C



Medical Classification/Points

50 points - MSP placement or facility approved by DOC Medical Director

Inmate has:

1. disabling physical condition requiring periodic infirmary care
2. elderly or one or more unstable chronic illness
3. unstable chronic disease requiring physician services every 2 to 4 weeks
4. requires significant nursing resources
5. pending surgery or current intensive medical management (Cancer, HIV or HEP C treatments)

40 points - MSP or CCC/Shelby placement is acceptable

Inmate has:

1. orthopedic problems that may require frequent intervention/physical therapy
2. chronic disease and/or condition requiring on-going services or frequent monitoring

30 points - MSP, CCC/Shelby, or Great Falls Regional Prison

Inmate has:

1. stable chronic medical conditions or requiring minimal monitoring

20 points - MSP, CCC/Shelby, Great Falls Regional, or Dawson County Correctional Facility

Inmate has:

1. orthopedic or gastric problems which may require meds or braces but not physical therapy or Surgery

10 points - MSP, CCC/Shelby, Great Falls Regional, Dawson County Correctional Facility

Inmate has:

1. good health or minor health related problems

** Dawson County cannot accept insulin dependent diabetics*



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS F-1.0	Subject: CHRONIC DISEASE SERVICES
Reference: NCCHC Standard P-F-01, P-B-01, P-E-09, 2018, DOC 4.5.22, Offender Health Care Continuity, DOC 4.5.24, Offender Health Education and Promotion	Page 1 of 3 and no attachments
Effective Date: November 1, 2010	Revised: December 31, 2019
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees M.D./ Medical Director	

I. PURPOSE

To identify patients who have chronic disease, other significant health conditions, and disabilities and assure they receive multidisciplinary care aligned with evidence-based standards through a Chronic Care program. The goal, to provide quality patient care, decrease frequency and severity of symptoms, prevent disease progression and complication, and improve patient outcomes. Clinical protocols will be used for the management of chronic illness and will be consistent with national clinical practice guidelines.

II. DEFINITIONS

Chronic Care Program – an institutional program which incorporates a treatment plan and regular clinic visits. The clinician monitors the patient's progress during clinical visits and, when necessary, changes prescribed treatment plans. The program also includes patient education for symptom management.

Treatment Plan - a series of written statements specifying a patient's course of therapy and the roles of qualified health care professionals in carrying it out.

Chronic Disease – an illness that affects an individual's well-being for an extended interval, usually at least six months, and generally is not curable but can be managed to provide optimum functioning within any limitations the condition imposes on the individual.

Clinical Practice Guidelines – systematically developed, science-based statements designed to assist the practitioner and patient with decisions about appropriate health care for specific clinical circumstances. These guidelines are used to assist clinical decision making, assess and assure quality of care, educate individuals and groups about clinical disease, guide allocation of health care resources, and reduce the risk of legal liability for negligent care.

National Clinical Practice Guidelines – guidelines presented by national professional organizations and accepted by experts in the respective medical fields.

III. PROCEDURES

A. Guidelines

1. The responsible physician should develop a program, using nationally recognized clinical guidelines, to decrease the frequency and severity of symptoms, prevent disease progression and complication, and foster improved function.

Procedure No. MSP HS F-01.0	Subject: CHRONIC DISEASE SERVICES
Effective Date: November 1, 2010	p.2 of 4

2. Patients will be enrolled in the chronic care program upon initial provider physical intake assessment and/or throughout the remainder of their incarceration as identified.
 - a. Patients enrolled in chronic care will be seen for their chronic disease within one month of initial enrollment.
 - b. A qualified healthcare professional will be assigned to administer the chronic care program and will track and monitor all inmates in the program.
3. All orders for enrollment into chronic care will be given to the chronic care nurse. The chronic care nurse will be responsible for entering those patients into the chronic care database and tracking them for the remainder of their incarceration and/or discontinuation from chronic care.
4. Chronic diseases monitored through the chronic care program are: Diabetes, Hypertension, Hyperlipidemia, Pulmonary Disorders, Hypo/Hyper Thyroid, Seizure Disorder, Cardiovascular Disease, HIV/AIDs, and Sickle cell, Tuberculosis Mood disorders, and psychotic disorders. Chronic illnesses requiring a treatment plan will be listed on the master problem list in the patient chart.
5. Laboratory tests and diagnostic tests for chronic care visits will be ordered at chronic care visit and completed prior to the chronic care appointment, to allow for a review of the data at the time of the patient encounter with the practitioner.
 - a. Laboratory and diagnostic testing will be ordered in accordance with accepted national clinical practice guidelines. Providers will use the *Chronic Care Follow-up* forms as a guideline for timely lab and follow-up intervals.
 - b. All labs and diagnostic testing ordered by providers for the purpose of Chronic Care visits will be discussed by the provider with the patient at the next Chronic Care appointment following the lab or test.
 - c. The chronic care nurse will review each chart following the chronic care visit to assure appropriate labs and diagnostic tests were ordered, as indicated. If labs and /or diagnostic tests were not ordered and are due, the chronic care nurse may write an order for those needed labs and diagnostic tests within accepted national clinical practice guidelines.
6. Documentation for each chronic care visit will be filed in the patient's health record under the chronic care tab and on the appropriate chronic care visit flow sheets and chronic care follow up forms.
 - a. The nurse assigned as the clinic nurse on the day of the chronic care encounter will enter the patient's most recent lab result on the [CC Flowsheet Form.docx](#) under the appropriate chronic disease prior to the chronic care visit. Vitals for each visit will also be noted in the appointed area at the top of the flow sheet.
 - 1) Patient's chronic disease will be highlighted on the chronic care flow sheet and will be highlighted and circled on the chronic care follow-up form.
 - b. The [Chronic Care Follow-up form](#) will be completed by the provider, and all areas of the form will have documentation.
 - 1) The provider may write additional information or other condition information in the progress note as long as the chronic care follow-up form is completed.
 - 2) The provider will document all health education and instruction in self-care from the appointment on the Chronic Care Follow-up form.
 - 3) The provider will document improvement or digression of disease progress and appropriate follow-up using the appropriate areas on the *Chronic Care Follow-up form*.

Procedure No. MSP HS F-01.0	Subject: CHRONIC DISEASE SERVICES
Effective Date: November 1, 2010	p.3 of 4

- 4) The provider will indicate on the Follow-up form the type and frequency of diagnostic testing and therapeutic regimens. (i.e. diet, exercise, medication)
- 5) The chronic care nurse will review each chart following the chronic care visit to verify that each area of the follow-up form has been addressed.
- c. The same forms are used for the above listed chronic care diseases except for HIV/AIDs. This disease has a separate [*HIV/AIDs flow sheet*](#). This flow sheet will be filled in by a qualified health care professional prior to appointment with the provider.
- d. The forms are reminders of guidelines for practice, monitoring, and documentation. Any clinically indicated deviations from the guidelines are to be documented and explained. Follow-up orders and, when indicated, labs and diagnostic tests will be ordered after every patient's chronic care visit based on the guidelines and/or the provider's examination and treatment.
- e. Follow-up orders for chronic care will be based on the patient's health at the time of the visit and will follow guidelines from the Chronic Care Follow-up form. Any deviation from those standards will be documented per the provider. Should the provider fail to write orders for follow-up appointments or labs, the chronic care nurse will schedule the patient for a chronic care visit within the timelines prescribed on the Chronic Care Follow-up form.
7. Follow-up appointment and labs will be entered into the computer system by laboratory and scheduling.
 - a. Labs will be entered through lab and scheduled for draw based on time period ordered for next chronic care appointment.
 - b. Scheduling will then receive the order and will schedule a chronic care appointment within the time period ordered by the provider and within a two-week time period after the lab draw is scheduled.
 - c. All providers' orders for chronic care will be routed to the chronic care nurse. The chronic care nurse will track information concerning the appointment and the next scheduled appointment into the chronic care database.
8. All charts seen for chronic care will be given to the chronic care nurse for review and data entry into the database.
 - a. The chronic care nurse will enter all current lab work, diagnostic tests, and other pertinent information as it pertains to that patient's chronic disease, into the chronic care database, (ie: hypertension will have blood pressures, pulmonary will have peak flows, etc.)
 - b. This is the time when the providers' documentation and orders will be reviewed by the chronic care nurse.
9. The chronic care nurse may be requested by the practitioner to follow-up with chronic care patients to help assure compliance with medication, diet, and treatment plan as well as education on their disease and self-care.
 - a. The chronic care nurse may also initiate education to inmates individually or in groups through the use of classes, audio and videotapes, brochures and pamphlets, or other available medical information. The education will be based on chronic diseases, self care, medication compliance, diets, exercise, and other medical and healthy lifestyle needs.
 - b. All health education and instruction in self-care done by the Chronic Care nurse will be documented in the patient health care record.
10. Patients may be discontinued from the chronic care program if they have been asymptomatic subjectively and objectively (including labs) for two years while off all medications or treatments and the clinician writes orders and documents rationale for discontinuation from chronic care.

Procedure No. MSP HS F-01.0	Subject: CHRONIC DISEASE SERVICES	
Effective Date: November 1, 2010		p.4 of 4

11. All refused Chronic Care appointments will be documented and rescheduled including utilizing the Refusal of Appointment form as per procedure.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENTS: None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS F-01.1	Subject: INMATES WITH SPECIAL HEALTH NEEDS
Reference: NCCHC Standards: P-F-01 2018; MSP HS B 07.0 Communication on Inmate Health Needs, HS F-03.0 Mental Health Services	Page 1 of 2 attachments
Effective Date: November 1, 2010	Revised: December 31, 2019
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees M.D. / Medical Director	

I. PURPOSE

To develop a proactive program that provides care for special needs patients who require specific medical supervision or multidisciplinary care.

II. DEFINITIONS

Health Care Request form (HCR) – the form utilized by inmates at MSP to request health care.

Treatment Plan – a series of written statements specifying a patient’s particular course of therapy/treatment and the roles of qualified health care professionals in carrying it out.

Special Needs Committee – a committee which consists of providers, nursing staff (including Chronic Care RN, Discharge Planning Nurse), and health care administrators that meet a minimum of two times per month.

Special Needs Patient – a patient with health conditions that require multidisciplinary individual treatment planning for optimal care. These conditions might include but are not limited to adolescence, developmental disability, frail or elderly patients, physical disabilities including vision and hearing, patients with serious mental health disorders, patients with recent hospitalizations or ER visits and patients receiving end of life/palliative care.

Aids to Reduce Effects of Impairment - includes any device or needed accommodation that aids in daily functioning. i.e. eyeglasses, hearing aids, canes, crutches, sleep apnea machines, and wheelchairs.

III. PROCEDURES

A. Guidelines

- Inmates with special needs requiring medical management are identified and referred to the Special Needs Committee by:
 - The Chronic Care or Discharge Planning nurse.
 - Nursing staff after sick call encounters utilizing the clinic scheduling process.
 - Martz Diagnostic and Intake staff during the initial health screening process.
 - Security and housing unit staff.
 - The designated MSP ADA coordinator
 - Provider referrals.
 - Mental health staff
- Criteria for special need treatment plans will be determined by the Special Needs Committee.

Procedure No. MSP HS F-01.1	Subject: Inmates with Special Health Needs
Effective Date: November 1, 2010	p.2 of 2

3. The treatment plan will be developed according to diagnosis and relevant criteria that have been agreed upon and implemented by the Special Needs Committee.
4. The treatment plan and assistive devices will be discussed amongst committee participants to coincide with evidence-based practice and security guidelines.
5. When requested, security staff, unit managers, mental health staff, and other support staff may be invited to the Special Needs Committee meeting to provide additional information concerning the patient's living conditions and situations in the housing unit.
6. Mental Health staff may utilize the Special Needs Medical Committee for coordination of inmate care as needed. They will refer and communicate with Medical Special Needs Committee as appropriate. Documentation will occur in the form of a treatment plan (see MSP HS F-03.0).

B. Documentation of discussion/plan of care

1. Documentation of committee discussion will be kept in the inmate's permanent medical record under treatments tab.
 - a. The Special Needs Treatment Plan form will be utilized by the Special Needs Committee for documentation.
 - b. Documentation under chronic care may also be utilized for those individuals with chronic illness requiring special needs intervention.
 - c. Special needs will be identified on the patient's master problem list as "Special Needs".
 - d. A running list of Special Needs patients will be collected and maintained by the Chronic Care Nurse and updated as appropriate.
2. A pertinent [Health Status Report \(HSR\) form](#) will be completed as needed. The original copy will be maintained in the patient's medical chart. The yellow copy will be given to the inmate. The pink copy is for the housing unit staff. HSR's are written and distributed when deemed necessary, and must take into account medical, facility, and security needs (ie. special housing, assistive devices, or security exceptions).

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENTS

Specials needs treatment plan form

attachment A



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS F-02.0	Subject: Infirmary Level Care
Reference: NCCHC Standard P-F-02, P-E-09, P-D-08, P-A-08, 2018	no attachments
Effective Date: November 1, 2010	Revised December 31, 2019
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees M.D. / Medical Director	

I. Purpose:

To house inmates who do not require general acute care level of services but are in need of skilled nursing care to manage serious medical needs which cannot be managed safely in an outpatient setting. To provide inmates with inpatient services consistent with their needs that are necessary to protect life, prevent significant illness or disability, or to alleviate significant pain.

Infirmary services consist of isolation, observation, first-aid, preoperative preps, postoperative care, psychiatric care and/or restraint, suicide watch, short- or long-term nursing, treatment of minor illnesses, sheltered living, convalescence, and end-of-life care.

II. Definitions:

Infirmary Level Care - care provided to patients with an illness or diagnosis that requires daily monitoring, medication and/or therapy, or assistance with activities of daily living at a level needing skilled nursing intervention.

Qualified Health Care Professional – “Provider“ is defined as a nurse practitioner, physician assistant, or physician.

Qualified Health Care Professional - includes physicians, PA's, nurse, NP, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.

III. Procedures:

A Staffing

- I. A Provider-on-call (POC) is available 24 hours a day, seven days a week. When health care assistance/guidance from a POC is required the on duty Registered Nurse (RN) / Licensed Practical Nurse (LPN) will contact the POC.
- II. RN coverage will be a minimum of 12 hours per day, seven days a week.
- III. A designated call RN (typically a nursing supervisor) will be assigned at all times when an RN is not on site.
- IV. The infirmary will be staffed appropriately with qualified health care professionals based upon the number of patients, the severity of their illness, and the level of care required for each.

B. Criteria for Infirmary Placement

Infirmary placement includes one of three categories:

1. Medical Observation - this is used to determine a diagnosis, to collect biological samples,

Procedure No. MSP HS F-02.0	Subject: Infirmary Care
Effective Date: November 1, 2010	p.2 of 5

monitor an inmate's food intake prior to an invasive procedure, pre-op care, and behavioral observation or for other reasons. Observation status is defined as placement in the Infirmary for less than 24 hours and may be performed by a qualified health care professional other than a physician.

2. Acute Care - an inmate may be placed in an infirmary bed to diagnosis or treat an illness. Services may include postoperative care, first aid, isolation, treatment of minor illness, short term nursing care e.g. administration of IV medications, and special procedures. Acute care status may also include individuals admitted for mental health disorders, including suicide observation, psychiatric care, and/or restraint. Acute care patients are admitted and discharged only by a physician order, or by another clinician where permitted by virtue of his or her credentials and scope of practice.
3. Chronic Medical Housing - inmates may be placed in the infirmary for "medical housing." This is needed for inmates with chronic medical problems inappropriate for housing in a typical general population bed. Examples include inmates who are in need of sheltered living, convalescence, end of life, or long term nursing care.
4. Inmates whose level of care or medical needs include any of the following will not be housed in the Infirmary, and will be transferred to a general acute care hospital:
 - cardiac monitoring
 - chest tube
 - hyperbolic oxygen
 - major surgery
 - intensive care
 - ventilator care
 - central pressure monitoring
 - transplant procedures

This list is not exhaustive; other medical conditions may require transfer from the Infirmary, as specified by a physician.

C. General Instructions

1. Only a member of the medical staff within the scope of his/her license may diagnose illness or prescribe treatment.
2. Initiation, transfer, and discontinuation of infirmary level care is by provider order.
3. The inmate's condition and provisional diagnosis will be written on the Admissions Sheet and Progress Notes of the Medical Record within 24 hours of the admission by the admitting member of the health care staff.
4. Patients are always within sight or hearing of health care staff and a qualified health care professional will be available to respond to patient needs at all times as needed.
5. Within 24 hours after admission, every inmate will have an evaluation for immediate care planning. Health care staff will be responsible for the content and completeness of the Medical Record. This will include appropriate history and physical, assessment, and treatment of each inmate who is admitted.
6. At least daily, a supervisory RN will ensure that care is being provided as ordered.
7. Should an inmate refuse medical treatment against the advice of the attending provider, a notation of the incident will be made in the Progress Notes and a Refusal of Medical Treatment sheet will be signed, if possible, and placed in the Medical Record. Although an inmate may refuse all treatment the inmate may not refuse the location in which they are housed and may be required to be housed in the Infirmary at the Medical staff's discretion.
8. Inmates returning from hospitalization, urgent care, emergency department or specialty

Procedure No. MSP HS F-02.0.0	Subject: Infirmary Care
Effective Date: November 1, 2010	p.3 of 5

- visits are seen by a qualified health care professional upon return to ensure proper implementation of any orders and to arrange appropriate follow up. (P-E-09)
9. An admission note will be completed, on the Progress Note Sheet, by the admitting provider on the day of admission or the first day the inmate is seen by the provider.
 10. Admission orders will contain: admission diagnosis; diet; condition; level of activity; orders for vital signs including frequency; lab and x-ray orders; code status-
 11. Admission medications will be added to the patient eMAR on Sapphire by the provider.
 12. A Progress Note completed by the provider during infirmary rounds will be required at least every day (excluding weekends) or more often as the inmate's condition requires. Nursing staff will record events that may require particular attention by the physician in the Progress Note in addition to the Assessment Flow sheet on a daily basis, when appropriate.
 13. Verbal orders given over the telephone will be signed and confirmed by the licensed nurse to whom the order was given with the name of the provider. All verbal orders will be signed by the prescriber within 48 hours, excluding weekends and holidays.
 14. Inmates admitted to the Infirmary for dental and mental health care will be given the same basic medical appraisal as those inmates admitted for other services. Inmates admitted for dental and mental health care are a dual responsibility of the disciplines.
 - a. Dentist or Psychiatrist responsibilities:
 - A detailed dental/mental health history justifying admission.
 - Detailed description of the examination and diagnosis.
 - An operative report describing the findings and technique, where appropriate.
 - Progress notes pertinent to the condition.
 - Clinical resume.
 - b. Provider Responsibilities:
 - Medical history pertinent to the general health.
 - A physical examination to determine the inmate's condition.
 - Supervision of the inmate's health care while in the Infirmary.
 - Discharge summaries.
 15. When an inmate is transferred to an outside health care facility, the transfer summary will include the following: treatment course; dietary requirements; allergies; emergency medical services record; history and physical examination; adequate documentation of the inmate's present status entered by the transfer provider including lab, x-ray, and current medication. A copy of the transfer summary must accompany the inmate.
 16. An inmate will be released from the Infirmary only on a written order of the attending provider or his/her designee. At the time of the release, the attending provider will determine that the record is complete, state the final diagnosis, and sign the discharge summary.
 17. The discharge summary will provide the provisional diagnosis, the primary and secondary diagnoses, clinical resume. The discharge summary should be concise and will briefly recapitulate the significant findings and events of the inpatient stay, including prescribed medications, aftercare plans, and condition at the time of discharge. In the event of an inmate's death, a summations statement of the circumstances leading to the death will be added to the discharge summary in accordance with MSP HS A-10.0.
 18. The Nursing Admission Initial Assessment narrative will commence at the time of admission and will be completed by nursing staff. The Assessment Record will be used for every 24 hour period and will reflect nursing care performed at 12 hour intervals. On

Procedure No. MSP HS F-02.0	Subject: Infirmary Care
Effective Date: November 1, 2010	p.2 of 5

each watch, the nurse responsible for the care of the inmate will complete a systems assessment; document the time of the assessment, and will sign, date, and time the assessment form. Activity, physical care, elimination equipment, and teaching status will also be documented.

19. The Daily Nursing Assessment will contain a head-to-toe assessment which is to be conducted at least each shift. If an abnormality is noted a description of the abnormality, action taken (if necessary) and the inmate's response to the action taken is noted in the narrative nurses notes. The Graphic Record is included in the daily nursing assessment and the documentation of blood glucose checks, diet and percentage eaten, vital signs, intake and output, height, and weight will be included. Weight will be documented for all inmates on admission and as the inmate's conditions warrants but no less than weekly. Where appropriate, the nurse responsible for charting on the inpatient record will be responsible for totaling the inmate's intake and output. The Daily Nursing Assessment and Graphic Record will be used for every inmate admitted to the Infirmary.
20. Nursing assessment of decubitus ulcers will be performed at the first sign of skin breakdown on an inmate and followed by assessments every 12 hours thereafter.
21. Inmates will be afforded a shower at least three times per week unless otherwise indicated by a provider's order.
22. Inmates returning from hospitalization, urgent care, emergency department or specialty visits, who require Infirmary admission, are seen by a qualified health care professional upon return to ensure proper implementation of any orders and to arrange appropriate follow up. (P-E-09)
 - All paperwork and records will be obtained at this time.
 - The inmate's vital signs and assessment will be obtained and documented.
 - The provider will be contacted and given a report on the status of the inmate-- and will make the determination for placements.
 - If the inmate is released to the general population, follow-up instructions for care will be given to the inmate and housing unit staff.
23. When an inmate is discharged from the Infirmary by written, verbal or telephone provider's order, an inmate discharge form will be completed by the provider or RN on duty at the time of the discharge. The form will be completed as follows:
 - Date of discharge
 - Full name and AO number
 - Special Procedures - document any special procedures that the inmate needs to continue after discharge such as: 1) monitoring vital signs, 2) checking wound(s) for bleeding, or 3) reporting chills or fever after surgery. Also, any equipment needed will be noted.
 - Medications - the discharging provider will order any discharge medications, specifying the medication name, dose, frequency, and/or length of administration. If the discharging provider is unable to sign these discharge instructions, as in the case of a telephone order or after hour discharge, the RN will sign under the physician's signature, indicating that the discharge medication was a telephone order. The physician will sign the order within 48 hours.
 - Discharge medications will be ordered using the Sapphire eMar.
 - Activity - as ordered by the provider such as: 1) no lifting, 2) no running, or 3) normal activity.
 - Diet - as ordered by the physician. Nursing staff will instruct the inmate on any dietary restrictions and request a dietitian's consultations as needed.
 - Follow-up - document the timeframes, if applicable, of any follow-up

Procedure No. MSP HS F-02.0.0	Subject: Infirmary Care
Effective Date: November 1, 2010	p.3 of 5

appointments.

- Special Treatments - document any follow-up treatments such as: 1) dressing changes and 2) wound checks.
- Medical Staff Signatures - provider signature, with date and time will indicate that the instructions are completed. A RN may sign as long as discharge instructions are concurrent with a written discharge or verbal order from the provider.

24. The Discharge Instruction Sheet documentation will include but is not limited to inmate education regarding a specific health problem, medication, or follow-up care appointment.
25. Infirmary admissions, discharges and continued inpatient stays will be monitored for utilization appropriateness and quality of care.
26. Infirmary admissions, discharges, average daily census, and average length of stay will be tabulated on a monthly statistical report submitted to the Clinical Service Division Administration.

D. Responsibilities:

1. The Responsible Health Authority will be a licensed physician. He/she will arrange for all levels of health care and is responsible for the daily administration and clinical management of the MSP Infirmary.
2. The facility, in coordination with the Warden, Associate Warden, security staff and health care staff will be responsible for ensuring that security is maintained in the Infirmary.
3. All staff will be responsible for adherence to these procedures.
4. MSP medical services is licensed by the State of Montana Department of Public Health and Human Services as an infirmory, pursuant to the provisions of Montana Code Annotated; Title 50; Chapter5; part 1 and part 2.

IV. Closing

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. Attachments: None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure:	MSP HS F-03.0 MENTAL HEALTH SERVICES	
Reference:	NCCHC Standard P-F-03, 2018	
Effective Date:	02/27/2013	Page 1 of 7
Revision Date(s):	10/01/2020; 05/20/2024	
Signature / Title: Scott Eychner, Rehabilitation and Programs Chief		
Signature / Title: Paul Rees, M.D., Medical Director		

I. Purpose:

To identify the range of mental health services provided at Montana State Prison and clarify the process of requesting and receiving mental health services based on individual mental health needs in order to maintain the inmate's best level of functioning, ensure continuity of care, alleviate symptoms of serious mental disorders, and prevent relapses.

Mental health services are available for all inmates who require them. Montana State Prison employs QMHPs who provide treatment services to the inmate population. Treatment services minimally include on-site crisis intervention, individual and/or group therapy as clinically indicated, psychotropic medication management, and a mental health treatment unit.

II. Definitions:

Mental Disorder – Exhibiting impaired emotional, cognitive, or behavioral functioning that interferes seriously with an individual's ability to function adequately except with supportive treatment or services. The individual must also have or have had within the past year exhibited signs and symptoms of a mental disorder. See *MCA 53-21-102*. Specific classifications of mental disorders are elaborated in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and are to be designated by a QMHP.

Mental Health Services – The sum of all actions taken for the mental well-being of the offender population, including a range of diagnostic, treatment, and follow-up services.

Mental Health Staff – Qualified health care professionals and others who have received special instruction and supervision in identifying and interacting with individuals who need mental health services, e.g., mental health technicians.

Qualified Health Care Professional (QHCP) – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who, by virtue of their education, credentials, training, and experience are permitted by law to evaluate and care for patients, including Department staff and contracted or fee-for-service professionals.

Qualified Mental Health Professional (QMHP) – Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, psychiatric nurse practitioners, licensed professional counselors, licensed clinical social workers, and others who, by virtue of their education, credentials, training, and experience are permitted by law to evaluate and care for the mental health needs of patients, including Department staff and contracted or fee-for-service professionals. This definition excludes Mental Health technicians.

Restrictive Housing – A placement that typically requires an inmate to be confined to a cell for up to 22 hours per day for the safe and secure operation of the facility. The term includes cells designated

for pre-hearing or temporary confinement, disciplinary detention, administrative segregation, special management, and/or maximum-security offender housing.

Safety Management Plan (SMP) – An immediate response to an inmate's conduct that indicates an imminent danger of harm toward self, others, or the institution.

Secure Adjustment Unit (SAU) – A transitional housing unit within Montana State Prison which houses inmates who are separated from general population during their continued progression through the step-down program which prepares them for integration back into general population. This unit includes step down levels 3, 4 and 5 where the conditions of confinement do not require inmates to be confined to a cell for up to 22 hours a day.

Severe Mental Illness (SMI) – A substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory which significantly impairs judgment, behavior, or ability to cope with the basic demands of life. Intellectual disability, epilepsy, other developmental disability, alcohol or substance abuse, brief periods of intoxication, or criminal behavior do not, alone, constitute severe mental illness. The individual must also have or have had within the past year exhibited signs and symptoms of a mental disorder. See *MCA 53-21-102*. Specific classifications of mental disorders are elaborated in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and are to be designated by a QMHP.

III. Procedures:

A. Access to Care

1. Information about the availability of, and access to, mental health services is communicated orally and in writing to inmates on their arrival at the facility, in a form and language they understand.
2. Signs explaining how to access mental health services are posted in the intake/processing area and throughout MDIU.
3. Within 24 hours of their arrival, inmates are given written orientation manuals (that have been approved by the mental health authority) about:
 - a. how to access emergency and routine mental health services;
 - b. availability of services, including the types of programs offered; and
 - c. the grievance process for mental-health-related complaints.
4. Inmates that have difficulty communicating are assessed according to their needs and abilities and are given an interpreter or assistance accordingly.
5. Custody and support staff are able to refer inmates to mental health staff at any time during the inmate's incarceration. Inmates are able to use mental health service request forms to access mental health care at any time during their incarceration.
6. All inmates in all units have daily access to requesting mental health services at any time during their incarceration.

B. Receiving Screenings, Mental Health Assessments, and Mental Health Evaluations. (see MSP HS E-05.0)

1. All inmates received at Montana State Prison will be screened immediately by admissions officers and infirmary staff to ensure that emergent and urgent mental health needs are being met. Mental health staff will perform a Mental Health Screen on all new inmates within 14 days of admission or sooner.
2. Inmates coming to MSP with current prescriptions for psychiatric medicines will automatically receive a Mental Health Screening and Mental Health Evaluation. The inmate will be referred to the psychiatrist for medication management.

3. Inmates screened by admissions staff that endorse suicidal thoughts or are having serious emotional or mental problems will be referred emergently to mental health emergency services.
4. Inmates that endorse mental health problems on the Screen will be referred for a routine Mental Health Evaluation. The Evaluation will be completed within 30 days of the inmate's admission by a QMHP.
5. Release of information for records containing an inmate's psychological and/or psychiatric treatment will be sought by mental health services.

C. Treatment Programs and Placements

1. Appropriate treatment setting.
 - a. Inmates identified as having a significant, active mental illness will be referred to an appropriate treatment setting.
2. Montana State Hospital
 - a. Inmates may be considered for transfer or commitment to Montana State Hospital if they suffer from a serious mental illness resulting in imminent danger to self or others or are gravely disabled and treatment options have been exhausted.
3. Infirmary placement (see MSP HS I-01.0)
 - a. Inmates may be admitted to the Infirmary for observation, evaluation, and treatment. Criteria for an infirmary admission: 1) Require 24-hour monitoring; 2) Need more intensive observation, treatment, and supervision than offered in other units; 3) Pose an imminent danger to themselves or others; 4) Are suicidal or self-harming.
4. Outpatient services
 - a. Inmates identified as having mental health needs may be referred to a range of "outpatient" services to include, at a minimum:
 - b. Identification and referral of inmates with mental health needs;
 - c. Crisis intervention services;
 - d. Psychotropic medication management, when indicated;
 - e. Individual counseling;
 - f. Group counseling and/or psychosocial/psychoeducational programs; or
 - g. Treatment documentation and follow-up.
 - h. Inmates receiving basic outpatient mental health services are seen as clinically indicated, at least every 90 days. Those inmates with a severe mental illness (SMI) are seen as prescribed in their individual treatment plans.
 - i. Health education materials are available on a variety of mental health topics, including healthy lifestyle choices in the library or by requesting information from mental health staff.
 - j. All inmates are encouraged to participate in programs that encourage healthy lifestyle choices.
 - k. Prison suicide risk management procedures shall include the provision of mental health treatment and observation of inmates identified as exhibiting moderate to high suicide risk as identified in MSP 4.5.100, *Suicide Risk Management and Prevention*.

D. Treatment Plans

1. A QMHP will develop an individualized treatment plan for all SMI inmates and for any other inmates receiving services. The treatment plan will be updated no later than every 90 days, but sooner if necessary. Treatment plans shall include, at minimum, the following information:
 - a. a statement of the nature of the inmate's mental health condition;
 - b. a statement of the specific treatment needs of the inmate;
 - c. an objective description of treatment goals, with a projected timetable for their attainment;
 - d. measurable outcomes that will indicate the attainment of treatment goals;

- e. a description and allocation of staff responsibility for attaining each treatment goal;
 - f. all recommended unstructured and structured activities to be provided to the inmate; and
 - g. a suicide safety plan with the input of the inmate, in cases where the inmate has shown signs that the inmate will engage in severe self-harm or attempt suicide.
2. If the inmate is housed in restrictive housing, the QMHP must follow the protocols set out in *MSP 3.5.1 Restrictive Housing Operations and Step-Down Program*. If an SMI inmate is housed in restrictive housing, the QMHP shall follow the protocols set out in *MSP 3.5.1 Restrictive Housing Operations and Step-Down Program*.
3. Overall development, implementation, and supervision of the treatment plan must be assigned to a QMHP.
4. SMI inmates have the right:
 - a. To obtain a copy of their individual treatment plan;
 - b. To ongoing participation, to the extent of the inmate's capabilities, in the planning and revision of those mental health services provided under the treatment plan;
 - c. To a reasonable explanation by a QMHP, in terms and language appropriate to the inmate's condition and ability to comprehend:
 1. The inmate's general mental and physical condition;
 2. The objectives of treatment;
 3. The nature and significant possible adverse effects of recommended treatments;
 4. The reason why a particular treatment is considered appropriate;
 5. The reasons why access to certain visitors may not be appropriate; and
 6. Not to receive treatment pursuant to the treatment plan, in the absence of the inmate's informed, voluntary, and written consent to the treatment, except treatment during an emergency situation if the treatment is pursuant to the written opinion of a QMHP and as permitted by law.

E. Restrictive Housing Assessments

A QMHP will conduct rounds of all inmates in restrictive housing units weekly. A QMHP will conduct rounds 3 times a week on RHU and SAU. QMHPs will conduct one medical round per week in both RHU and SAU per week. QMHPs will conduct two mental health rounds per week in both RHU and SAU. QMHPs will conduct an additional round for SMI inmates in SAU per week. Documentation of rounds will be maintained on Guard 1 or individual logs and placed in the electronic health records.

1. Restrictive housing inmates with a Severe Mental Illness may be seen in therapy sessions with a QMHP as frequently as necessary, as determined by the QMHP.
2. If it is determined by the QMHP that an inmate is decompensating, based on the inmate's mental health, they can remove the inmate from restrictive housing unless written justification is provided by prison administration that it would be unsafe to do so, as set out in *MSP 3.5.1 Restrictive Housing Operations and Step-Down Program*.
3. All inmates in restrictive housing units have daily access to requests for mental health services.
4. Care of SMI inmates in restrictive housing is addressed in *MSP 3.5.1 Restrictive Housing Operations and Step-Down Program*.

F. Psychiatric Services

1. Inmates on psychiatric medications and/or those identified as having a mental health need may receive outpatient psychiatric evaluation, treatment, and medication management by a psychiatric provider as indicated.
2. Any inmate referred for psychiatric treatment should also be considered for a referral to individual or group psychotherapy as needed.

3. Involuntary and emergency psychotropic medications procedures are addressed in HS G-03.0 and HS G-03.1.

G. Psychological Testing

1. Inmates identified as having a mental health need which requires further psychological assessment may receive psychological testing administration and evaluations as indicated.
2. Assessment for intellectual functioning includes inquiry into history of developmental and educational difficulties and, when indicated, referral for application of standardized psychological intelligence tools as appropriate.
3. Inmates may be referred to additional testing as clinically indicated.

H. Mental Health Emergency Services and Crisis Management

1. Emergency mental health care is available 24 hours a day, 7 days a week, by a QMHP.
2. In the event of mental health emergencies when no mental health staff are on site, the QMHP on-call has the ability to consult with nursing staff regarding patient mental health information in the electronic health record.
3. QMHPs provide consultation, planning, and various crises management techniques.

I. Discharge Planning for Planned Discharges

1. Inmates identified as meeting criteria for a Severe Mental Illness will be referred for discharge planning before being released from MSP.
2. The Case Manager will create a discharge plan prior to the inmate's discharge or parole date in collaboration with the QMHP. The individualized discharge plan may include preparation needed to go before the Parole Board, arrangements made for follow-up in the community, preparing information packets to community programs, assisting inmates in their applications to various programs, and documentation of phone conversations with community providers. The discharge planner may be involved in arranging for psychiatric hospitalizations as needed.
3. The Qualified Health Care Professional, in collaboration with the psychiatrist, will arrange for a sufficient supply of medications to last until the inmate can be seen by a community mental health provider.
4. Arrangements or referrals are made for follow-up services with community prescribers, including exchange of clinically relevant information.
5. The facility has a process to assist inmates with health insurance applications prior to release.

J. Continuity of Mental Health Care during Incarceration

1. Evaluations and other specialty consultations (e.g., lab work, imaging procedures) are completed in a timely manner and evidence of the ordering clinician's review of the results is maintained in the inmate's electronic health record. If changes in treatment are indicated, the changes are implemented or clinical justification for an alternative course is noted. The clinician reviews the findings with the patient in a timely manner.
2. When an inmate returns from an emergency room visit involving mental health care, a QMHP will see the patient, reviews the ER discharge orders, and issues follow-up orders as clinically indicated. If a QMHP is not on site, mental health staff or infirmary staff will contact the QMHP on-call to review the ER discharge orders and follow up as appropriate.

3. When an inmate returns from Montana State Hospital, the QMHP will see the inmate, review the discharge orders, and issue follow-up orders as clinically indicated. If the QMHP is not on site, medical or mental health staff will immediately review the hospital's discharge instructions and contact the QMHP on-call for orders, as needed.
4. Diagnostic and treatment results are used by QMHPs to modify treatment plans as appropriate. If changes in treatment are indicated but not followed, clinical justification for an alternative course is noted in the clinical record.
5. The Clinical Services Mental Health Manager (a QMHP), or designee, will periodically review inmate charts to ensure the continuity of mental health care. Chart reviews, deliberations, and action taken as a result of the reviews are documented.

K. Interdisciplinary Collaboration

1. Mental health staff and medical staff coordinate inmate care when each discipline impacts the other. Consultations can occur between individual staff or within a group meeting setting. Documentation will be placed in the electronic health record.
2. The Substance Use Disorder and Sex Offender program manager and mental health staff will coordinate care when each discipline impacts the other. Consultations can occur between individual staff or within a group meeting setting. Documentation of these consultations will be maintained in electronic health records.
3. A QMHP will attend weekly Multi-Disciplinary Team meetings to assess the appropriateness of inmates being placed in administrative segregation or restrictive administrative segregation based on their mental health status and history. Documentation will be completed by the QMHP in the electronic health records.
4. A QMHP will advise nonclinical staff regarding an inmate's mental health needs that may affect admissions to and transfers from institutions by filling out the mental health portion of institutional transfer forms.
5. QMHPs advise the Contract Beds Placement Bureau on mental health holds. Inmates on a mental health hold will remain at MSP until their parole or sentence discharge date, or until such time as a QMHP determines the inmate may be released from the Mental Health Hold. SMI inmates are placed on mental health holds, unless deemed stable based upon an assessment by a QMHP.
6. A QMHP will be assigned to each housing unit at MSP. The QMHP will be the mental health liaison for the inmates in their assigned housing units and custody staff. Communication may occur regarding special accommodations and considerations for inmates with severe mental illness, suicidal intent or behavior, developmental disability, significant addiction, or other serious mental health problems.
7. Mental health staff routinely consults with disciplinary staff regarding inmate disciplinary infractions. Staff considers the inmate's mental health to ascertain when mental illness is a contributor to inmate misconduct. See *MSP 4.2.1 Institutional Discipline*.

L. Releases of Information

1. Mental health staff will provide mental health records to community providers with the appropriate release of information documentation to ensure confidentiality.
2. Mental health staff will obtain releases of information from inmates when collateral outside information enhances continuity of care.

M. Access to Custody Information

1. QMHPs and mental health staff have access to the inmate's custody information, including the Pre-Sentence Investigation (PSI) when it is available.

N. Mental Health Documentation

1. Mental health staff will maintain appropriate documentation of mental health evaluations, treatment plans, testing data, and treatment in the electronic health record.
2. The management of this documentation will be governed by standard practices to ensure confidentiality and appropriate use of mental health information.

IV. Closing

Questions about this operational procedure should be directed to the Mental Health Manager.



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS F-04.0	Subject: Medically Supervised Withdrawal and Treatment	
Reference: NCCHC Standard-P-F-04, 2018; Guidelines for Disease Management; Alcohol Detoxification and Opioid Detoxification guidelines, DOC 5.4.1.	Page 1 of 2 and no attachments	
Effective Date: November 1, 2010	Revised: December 31, 2019	
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief		
Signature / Title: /s/ Paul Rees M.D. /Medical Director		

I. Purpose

To identify inmates exhibiting signs and symptoms of acute withdrawal during the MDIU intake/receiving screening process and to detoxify identified inmates from the addictive substance under close supervision. This procedure also begins the process for identification of inmates that have alcohol or other drug addiction problems and that medical issues associated with these are addressed during the incarceration period.

II. DEFINITIONS

Addictive Substance – any drug or chemical taken regularly for mood altering purposes to which the person develops a physiological need.

Adverse Affect – a medical complication of a disease or medical procedure that may negatively affect the medical prognosis.

Detoxification – a process by which an individual is gradually withdrawn from a drug by the administration of decreasing doses of the drug on which the person is physiologically dependent on or one that is cross tolerant to it, or one that medical research has demonstrated to be effective. Detoxification will be completed only under provider supervision in accordance with local, state, and federal laws.

Clinical Institute Withdrawal Assessment for Alcohol (CIWA) - The Clinical Institute Withdrawal Assessment for Alcohol, commonly abbreviated as CIWA, is a 10-item scale used in the assessment and management of alcohol withdrawal.

Medically Assisted Treatment (MAT) - The use of medications in combination with counseling and behavioral therapies, which is effective in the **treatment** of opioid use disorders (OUD) and can help some people to sustain recovery.

III. PROCEDURES

A. General requirements

1. Upon admission, each inmate will be assessed for chemical dependence and health concerns relating to the withdrawal and detoxification process as part of the routine nursing intake assessment and mental health screening.

Procedure No. MSP HS F-04.0	Subject: Medically Supervised Withdrawal and Treatment
Effective Date: November 1, 2010	p. 2 of 2

2. Correctional officers will be trained as part of the NEO process in recognizing the signs and symptoms of intoxication and withdrawal. NEO training for all staff will also incorporate suicide prevention knowledge related to increased risk for potential suicide due to intoxication and withdrawal.
3. The applicable nursing protocol will be utilized by nursing staff when assessing inmates experiencing symptoms of alcohol and drug withdrawal and detoxification or for those actively under the influence of drugs or addictive medications.
4. The affected inmates will be:
 - a. Referred to a provider for specific treatment modalities.
 - b. Admitted as appropriate to the infirmary for observation and assessment throughout the withdrawal/detoxification period, per the provider's orders and under the provider supervision. If the provider feels the patient needs more intensive treatment for acute life-threatening symptoms than the infirmary services can provide, the inmate will be transferred to the nearest hospital for acute management of symptoms.
5. Inmates receiving Medically Assisted Treatment (MAT) or similar substances will be:
 - a. Referred to a Qualified Health Care Professional for specific treatment modalities.
 - b. Admitted as appropriate to the infirmary for observation and assessment per the provider's orders and under the provider's supervision.
 - c. Provided treatment for methadone withdrawal syndrome per current treatment standards and provider's and supervision. If the provider feels the patient needs more intensive treatment for acute life-threatening symptoms than the infirmary services can provide, the inmate will be transferred to the nearest hospital for acute management of symptoms.
6. Every inmate patient identified as experiencing withdrawal will be referred to:
 - a. Mental health staff based on the patient's status.
 - b. Chemical dependency treatment staff for substance abuse information and possible recommendation for chemical dependency programming.
 - c. Documentation of referrals and individual education will be added to the progress note in the patient's health care record or on the nurse protocol.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENTS

[intoxication and withdrawal protocol.docx](#)



**MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE**

Procedure No.: MSP HS F-06.0	Subject: PREA Mental Health Assessments
Reference: NCCHC Standards P-F-06, 2018, MSP 4.5.100, Right to Refuse Medical Treatment; DOC 1.3.14, Prison Rape Elimination Act of 2003 (PREA)	Page 1 of 2 and 4 attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Steffani Turner, CSD Mental Health Bureau Chief	
Signature / Title: /s/ Paul Rees, M.D./Medical Director	

I. Purpose:

To establish guidelines and procedures governing the mental health care of inmates who are identified as victims of sexual assault or sexual misconduct as outlined in the PREA (2003).

II. Definitions:

Mental Health Staff - includes qualified health care professionals and others who have received special instruction and supervision in identifying and interacting with individuals who need mental health services.

Mental Health Therapeutic Intervention - any intervention by a licensed or license-eligible clinical therapist or clinical psychologist.

PREA - Prison Rape Elimination Act of 2003.

Qualified Mental Health Professionals: includes psychiatrists, psychologists, psychiatric social workers, licensed professional counselors, psychiatric nurses, or others by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.

III. Procedures:

A. Offender Reporting.

Mental health staff receiving initial reports of sexual misconduct / sexual assault from inmates will immediately write an incident report and notify the Command Post of the incident.

B. Access to Emergency Mental Health Services.

1. Immediately upon receiving information from custody staff and/or medical staff that an inmate has been a victim of sexual assault, the mental health staff member who received the information will complete an *MSP Mental Health PREA Follow-Up Questionnaire (Attachment A)* to ascertain suicide ideation. If mental health staff is not available, Command Post staff will complete the *MSP Emergency Interview*

Questionnaire (Attachment BJ f01m and contact the on-call qualified mental health professional to confirm and coordinate the findings of the MSP Emergency Interview Questionnaire (Attachment BJ f01m.

2. After interviewing the inmate, the mental health staff member will contact the on-call qualified mental health professional for further instructions.
 3. If the *MSP Emergency Interview Questionnaire (Attachment BJ* indicated cmTent suicide risk, the on-call qualified mental health professional will perform a suicide risk assessment utilizing the *MSP Mental Health PREA Follow-Up Questionnaire (Attachment AJ and PREA Risk Assessments Questions# 1 & 2 Follow-Up forms (Attachment C & DJ*
 4. If the on-call qualified mental health professional deems the inmate a suicide risk, the inmate will be placed in the infirmary, with the appropriate level of observation, and will be seen by the qualified mental health professional within 12 hours.
 5. The on-call qualified mental health professional will refer the victimized inmate to a clinical therapist for follow-up treatment interventions. Inmate victims of sexual abuse shall receive timely, unimpeded access to crisis intervention services, the nature and scope of which are determined by the clinical therapist according to their professional judgment.
 6. The on-call qualified mental health professional will refer the inmate perpetrator to a clinical therapist for follow-up treatment interventions. Clinical therapists will conduct a mental health evaluation of inmate perpetrators of sexual abuse within 60 days of learning of such abuse history and will offer treatment when deemed appropriate.
 7. Staff documentation and completed f01ms, including a treatment plan, will be placed in the inmate's mental health file.
- C. Ongoing Mental Health Care for Sexual Abuse Victims and Perpetrators of Inmate Abuse
1. Clinical therapists will offer mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.
 2. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
 3. Follow-up meetings with a clinical therapist will occur within 14 days of an initial intake screening if the inmate indicates to a staff member that they experienced prior sexual victimization or was the perpetrator of sexual abuse and would like to meet with mental health.
 - a. Clinical therapists shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.
- D. Inmate Refusal of Care
1. If the inmate victim or inmate perpetrator refuses mental health therapeutic interventions following a sexual assault or misconduct, the clinical therapist will document the refusal utilizing a Montana State Prison Refusal of Treatment F01m (see attachment C).

IV. Closing:

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. Attachments:

Montana State Prison Refusal of Treatment

Attachment A

PREA Risk Assessment Question# 1 Follow-up

Attachment B

PREA Risk Assessment Question# 2 Follow-up

Attachment C

MSP Mental Health PREA Follow-up Questionnaire

Attachment D



Montana State Prison

Refusal of Treatment

Print:

Unit

Inmate / Date

Resident Name (last, First)

I, , DOC ID #: , an Inmate at

Montana State Prison **refuse** to have the following recommended treatment:

☐ MEDICAL

☐ MENTAL HEALTH

☐

Description of treatment or therapy refused:

Purpose of treatment or therapy refused:

recommended by:

I acknowledge that I have been informed of the below risk and possible consequences that include, but are not limited to the following and which may result in serious adverse health effects including death.

a)

b)

a)

b)

To be completed by Inmate:

Reason for Refusal:

Comments:

I hereby release Montana State Prison and their employees, agents, contractors and Independent Providers from **all** responsibility for any and all affects that may result from the above refusal.

Inmate's Signature

DOC ID#:

Date/Time:

Witness

Position

Date/Time:

Revised: 29 AUG, 2013

Yellow copy is given to the Inmate, the pink copy is the unsigned record, the signed white copy is placed in the Inmates Health Record

Montana State Prison
PREA Risk Assessment
Question #1 Follow-Up Form

Report Date: _____

Inmate Name: _____ AO#: _____

Reporting Person Name: _____ Title: _____ Unit: _____

Ask following questions:

1. Name of facility where incident occurred?

City: _____ State: _____

2. When did the incident occur?

3. Who was the abuser(s)?

4. Was the incident reported to the facility?

5. Was the incident investigated by the facility?

6. Brief explanation of type of sexual abuse?

7. Additional comments:

Inmate Signature: _____ Date: _____

(If inmate refuses to sign, note on form and forward to PCM.)

Reporting Person Signature: _____ Date: _____

*Forward signed report to PCM.

Montana DOC
PREA Risk Assessment
Question #2 Follow-Up Form

Report Date: _____

Inmate Name: _____ AO/JO#: _____

Inmate Date of Birth: _____ Inmate Current Age: ____ _

Inmate Social Security Number: _____

Reporting Person Name: _____ Title: _____ Unit: _____

Ask following questions:

8. How old were you when this occurred? _____

9. Was the incident reported to law enforcement? ____ _

10. Was the incident investigated by law enforcement? ____ _

{If answer to #2 and #3 is yes, stop here and send report to PCM and upload to OMIS/SharePoint.}

{If answer to #2 and #3 is no, continue report.}

11. When did the incident occur? _____

12 ~~W~~. **Where** did the incident occur? City: _____ State: _____

13 ~~W~~ **Who** was the abuser? Name: _____ Relationship to victim:

14. Brief explanation of type of sexual abuse?

15. Additional comments:

Inmate Signature: _____ Date: _____

Reporting Person Signature: _____ Date: _____

Reviewed by PCM: _____ Date: _____ Reported By PCM: YES / NO

***Forward signed report to PCM.**

NOTE: The PCM will report to CPS@ 866-820-5437 or APS@ 1-800-551-3191 if victim is under 18 or a vulnerable adult. For clarification see explanation from legal dated 08/14/19.

*Vulnerable adult: older person (at least 65 years old) or person with a developmental disability (neurologically disabling condition, results in the person having a substantial disability); See 52-3-811, MCA and 53-20-102, MCA

Montana State Prison Mental Health PREA Follow-Up Questionnaire

This is used to screen for and offer mental health services to victims and alleged perpetrators of sexual assault in accordance with laws, sections 115.82 and 115.83. Copies of this assessment are to be kept strictly **confidential** unless release is required by law.



A. Information:

Inmate Name and AO# _____
Date: _____ Time: _____ hrs. Un.it: _ _

B. Reason for Referral:

Describe what triggered this referral:

☐ Stated sexual assault victim

☐ Stated sexual assault perpetrator

☐ Physical evidence of possible sexual assault

☐ Other inmates' statements regarding sexual assault

☐ Increase or decrease in normal behaviors possibly indicating sexual assault

☐ Other: _____

C. Statements from the Inmate:

What did the inmate say to you? _____

D. Inmate appearance:

How does the inmate appear?

☐ Normal ☐ Anxious ☐ Sad

☐ Tearful ☐ Happy ☐ Other _____

E. Inmate behavior:

How did the inmate act during interview? _____

When you talked to him was he:

☐ Cooperative ☐ Uncooperative

☐ Hostile ☐ Suspicious

F. Mental Health/Security issues:

What does the inmate want to happen now?

☐ Nothing further

☐ To receive additional medical follow-up

☐ To receive evaluation from mental health staff

☐ To speak to a clinician or mental health tech

☐ To speak to a religious activities staff member

☐ To speak to the PREA coordinator or investigator

☐ Other: _____

Explain: _____

MSP 45-100, Suicide Risk management

Attachment B

Effective July 13, 2009

**Please fill out Section G for suicide or self-harm after speaking to Command Post and Mental Health Staff:*

G. *Suicide or self-harm intent:

1. Does the inmate report any thoughts of suicide or self-harm? ☐ Yes ☐ No

If yes, what statements were made?: _____

2. Does the inmate report any intent to harm others?

☐Yes ☐No

If yes, what statements were made? _____

3. What further action do you think is necessary?: ____ _

4. Refenal made to:

☐Mental Health Clinician ☐Infin:ruuy

☐Case Manager ☐Classification/Placement

☐PREA Coordinator/Investigator ☐Legal Department

☐ Other:_____

5. Is there anything that secmity or other staff cando to help this situation in the meantime? ☐Yes ☐No

If yes, what? _____

H. Outcome:

Mental Health person contacted:_____

Mental Health and/ or Staff Comments: _ _ _ _ _

Staff Signature:_____

Date:_____ Time:_____ Position: _____



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS F-07.0	Subject: CARE FOR THE TERMINALLY ILL/END OF LIFE DECISION MAKING	
Reference: NCCHC Standard P-F-07, 2018, DOC policy 4.6.7 Medical Parole, Montana POLST form	Page 1 of 2	
Effective Date: November 1, 2010	Revised: December 31, 2019	
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief		
Signature / Title: /s/ Paul Rees M.D./ Medical Director		

I. PURPOSE

To provide for the needs of terminally ill. The care will include protecting the patient's rights regarding end-of-life decisions, including the opportunity to execute advance directives, POLST orders, do-not-resuscitate orders, and appoint health-care proxies.

II. DEFINITIONS

Medical parole – the release of an inmate before the end of his sentence based on the inmate's terminal condition as authorized by the Parole Board.

Palliative care – medical care and support services aimed at providing comfort, including adequate pain management. Treatment is focused on symptom control and quality-of-life rather than curative.

Terminally ill – refers to an inmate whose physical condition has deteriorated to the point where the prognosis is less than a year to live.

Advance directives - expression of the patient's wishes as to how future care should be delivered or declined, including decision that must be made when the patient is not capable of expressing those wishes. These directives are useful for terminally ill patients but can be used by any inmate regardless of health status.

Do-Not-Resuscitate (DNR) order - a document which serves as a patient's specific refusal of certain measure that may prolong his life.

Provider's Orders for Life-Sustaining Treatment (POLST) - a state of Montana program designed to improve the quality of care for people at the end of life. This is accomplished by the development of an effective communication process to assure patient wishes are communicated to the medical providers. The process utilizes a POLST form as the official documentation of medical orders on a standardized form coupled with a promise by health care professionals to honor those wishes. The POLST form is portable from one care setting to another and translates the wishes of an individual into actual medical orders. The form is dynamic and may be updated by the patient with the provider as preferences change. (definition from the MT Dept of Labor and Industry-Business Standards)
http://bsd.dli.mt.gov/license/bsd_boards/med_board/polst.asp

Procedure No. MSP HS F-07.0	Subject: Care for the Terminally Ill
Effective Date: November 1, 2010	p.2 of 2

III. PROCEDURES

A. Advance Directives

1. Advance Directives, health care proxies, POLST, and "do not resuscitate" (DNR) orders are available when medically appropriate for terminally ill patients. An advance directive can be requested by any inmate regardless of health status.
2. The POLST form may be utilized for terminal patients at MSP unless requested otherwise by the patient.
3. Healthcare staff will provide the documents needed to complete the advance directive and will ensure appropriate education regarding the meaning and consequences is understood prior to the inmate signing any advance directive. All education will be documented in the patient medical chart.
4. Advance Directives are dynamic documents and may be changed/updated by the inmate at any time upon request. Changes will always include appropriate, documented education from the provider.
5. The original or updated POLST or another Advance Directive will be dated, timed, signed and filed in the patient medical chart.
6. All documentation concerning advance directives will include how the patient's competency to make their decisions was evaluated.
7. Healthcare staff cannot serve as Health Care Proxies for inmate patients.
8. Inmates cannot serve as Health Care Proxies for inmate patients.
9. Before the POLST or any other advance directive is utilized as the basis for withdrawing or withholding care, there will be a review of the patient's care and prognosis by a provider not directly involved with the course of care of that patient.

B. Palliative Care

1. Patients become eligible for palliative care when they are diagnosed with a terminal disease and have a prognosis measured in months rather than years.
2. The treating provider will discuss the diagnosis, prognosis, and treatment options with the patient which will include palliative care. Palliative care includes encouraging the patient to come to terms with his physical, mental, spiritual, and emotional capacity, while providing a safe, pain-controlled, and comfortable environment.
3. Enrollment into palliative care will be at the discretion of the terminally ill patient and includes adequate patient education for an informed choice. When the patient is incapacitated, palliative care will automatically be initiated.
4. Patients diagnosed with terminal illness who choose not to participate in palliative care will be provided with care respectful of physical, emotional, and spiritual needs specific to the end of life.
5. The Palliative Care Team will create a care plan for patients with terminal illness.
 - a. Members of the Palliative Care Team may include healthcare service staff, religious services staff, mental health staff, and security staff, and when appropriate, inmate workers.

Procedure No. MSP HS F-07.0	Subject: Care for the Terminally Ill
Effective Date: November 1, 2010	p.2 of 2

- b. Inmate workers providing services related to palliative care in the housing units will be properly trained and supervised by infirmary staff.
- c. Upon written request, inmate workers who provide assistance for terminal patients will be provided opportunities for support through the religious services and mental health departments.
 - 1) The palliative care plan should include:
 - a) The desired goals and outcomes;
 - b) the patient's problems/issues/needs;
 - c) the frequency and type of services to be provided;
 - d) necessary pharmaceuticals;
 - e) any medical equipment to be provided; and
 - f) as security allows attention to language, culture, religion, and as much as possible inmate relationships with family, friends, and other inmates
- 6. Visits from family to terminally ill patients in the infirmary will be coordinated by Command Post and Health Services staff in accordance with *MSP 5.4.4, Inmate Visiting*.
- 7. Consideration of placement for inmates with appropriate diagnosis in the Riverside Facility will happen as per established process.
- 8. Requests for medical parole for those patients diagnosed with a terminal illness will be processed in a timely and efficient manner pursuant to *DOC 4.6.7*
- 9. Support will be available to all staff involved in providing care to terminally ill inmates in accordance with *MSP 3.7.8, Post Trauma Response*, including critical incident stress debriefing.
- 10. Documentation of appropriate therapies and education for terminally ill inmates will be dated, timed, and signed on the progress notes in the health care record.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENTS none

[Montana POLST Updated September 2019.pdf](#)



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS G-01.0	Subject: Mental Health Observation & Clinical Restraints
Reference: NCCHC Standard P-G-01.0, 2018	Page 1 of 12 and 5 Attachments
Effective Date: June 20, 2012	Revised: October 1, 2020
Signature / Title: Steffani Turner/ CSD Mental Health Bureau Chief	
Signature / Title: Paul Rees, M.D./Medical Director	

I. Purpose:

To establish procedures governing the use of Mental Health Observation & Clinical Restraints which are to be used only when an inmate is in imminent risk of significant violence or self-destructive behavior that may cause permanent bodily damage/harm or death to themselves or others. To ensure all other less restrictive intervention has been attempted prior to utilization of restraints. To ensure Mental Health Observation & Clinical Restraint procedures are used in accordance with state law and federal regulations.

II. Definitions:

Infirmery Observation - two levels of inmate observation (Level 1 and Level 2 Observation) are provided in the infirmary in rooms South Isolation 7 (SI 7) and South Isolation 6 (SI 6). Infirmery observation is not an alternative to disciplinary segregation. Infirmery observation is not seclusion because the cells are not isolated from the infirmary, are within the infirmary, and are readily accessible to health care personnel. Health care personnel are within visual and auditory reach of the infirmary observation cells at all times.

Level 1 Observation – more restrictive of the two infirmary observation levels. Level 1 is reserved for inmates who are actively suicidal, either threatening or engaging in suicidal behavior. Level 1 Observation is used when an inmate is agitated, threatening, or poses an imminent risk of harm to self or others, and the use of the locked housing unit isolation cell is not indicated.

Level 2 Observation – the least restrictive of the two infirmary observation levels. Level 2 is reserved for inmates that are not actively suicidal but express suicide ideation (e.g., expressing a wish to die without a specific threat or plan) and/or have psychiatric symptoms that need to be observed closely and documented. Inmates may also be placed in Level 2 Observation if they need to be separated from the general population of the prison for short periods of time to regain self-control over disruptive or disturbing behaviors that interfere with their ability to function in the prison environment, and/or the inmate needs a brief “time out” due to stressful events or altercations with other inmates or staff. Generally, Level 2 Observation inmates will be observed by staff at least every 15 minutes via the video monitor and at least every 60 minutes face to face. Inmates will usually have infirmary issued clothing. Property and meals will vary and will be ordered by a QMHP according to the inmate’s risk level.

Procedure No. MSP HS I-01.0	Subject: Mental Health Observation & Clinical Restraints
Effective Date: June 20, 2012	Page: 2 of 2

Clinical restraints – a therapeutic intervention initiated by qualified medical or mental health staff to use devices designed to safely limit an inmate’s mobility. The following terms will be used when ordering restraints:

Restraint Chair(5 points): refers to the placement in an authorized chair designed for the purpose of restraint. The chair is designed to secure ankles, wrists and torso in an upright sitting position.

Full soft restraints (5 points): refers to the placement of a patient on a bed with restraints applied to the waist, each ankle, and each wrist.

Three point restraints: refers to the placement of a patient on a bed with restraints applied to the waist and both ankles.

Two point restraints: refers to the placement of a patient on a bed with restraints applied to either both wrists or both ankles.

All restraints, with the exclusion of the restraint chair, will be securely fastened to the frame of the bed in the infirmary South Isolation room 6. All buckles and protrusions from restraint devices will be padded or located so that they do not rub against the inmate’s body. Inmates are not to be restrained in a way that would jeopardize their health. Any time that any form of bed restraint is used for behavioral interventions, the room must be locked when a staff member is not present in order to prevent the entry of unauthorized persons.

If the restraint chair is authorized it may be applied in South Isolation room 7 in the main infirmary or in Locked Housing Unit Isolation cells at the Psychiatrist/Physicians order/discretion.

Other clinical restraints - occasionally it is necessary to use other restraint procedures such as a helmet to prevent head injury. In such a case, the Psychiatrist/Physician’s order must specifically designate the procedure to be carried out, and a progress note must be written by the Psychiatrist/Physician providing the rationale for the action taken. All documentation and care procedures will be completed in the same manner used for other restraint procedures.

Custody-ordered restraints – measures or conditions initiated and applied by custody staff that keep inmates under control.

Clinical assessment for the use of Infirmary Observation and Clinical Restraints - an assessment in which a Qualified Mental Health Professional (QMHP) and Psychiatrist/Physician substantiates, through documentation in the medical record, the reason observation/restraint is necessary to manage violent or self-destructive behavior that jeopardizes the immediate physical safety of the inmate or staff and other less restrictive means are not feasible.

Criteria/clinical justification for Infirmary Observation and Clinical Restraints: to prevent the inmate from imminent risk of significant violence or self-destructive behavior to others or themselves when less restrictive interventions are inadequate to prevent the behavior.

Emergency: a situation in which action is necessary to prevent an imminent risk of significant violence or self-destructive behavior to others, and/or self.

Procedure No. MSP HS I-01.0	Subject: Mental Health Observation & Clinical Restraints
Effective Date: June 20, 2012	Page: 2 of 2

Qualified mental health professional staff (QMHP) - includes psychiatrists, psychologists, psychiatric nurses, licensed clinical social workers, licensed clinical professional counselors, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of the inmates.

III. Procedure: A.

General

1. Approved clinical restraints are located in the main infirmary shadow box. The restraint chair and shadow box key are located in the Command Post. The level of restraint used may vary according to the Psychiatrist/Physician's order and clinical judgment. At a minimum, the patient is to be restrained at the waist and one ankle.
2. Mentally ill and medically ill inmates will be free from physical restraint and seclusion except for emergency situations in which there is an imminent risk that inmates could harm themselves or others and other means to control the behavior is not feasible or has failed.
3. Infirmary observation and clinical restraints are emergency procedures used only to prevent inmates from harming others or oneself as a result of medical and/or mental illness.
4. With regard to *clinically* ordered restraint and seclusion:
 - a. Policies and procedures specify:
 - i. The types of restraints or conditions of seclusion that may be used
 - ii. When, where, how and for how long restraints or seclusion may be used
 - iii. How proper peripheral circulation is maintained when restraints are used
 - iv. That proper nutrition, hydration, and toileting are provided
 - b. In each case, use is authorized by a Psychiatrist/Physician or other QMHP, where permitted by law, after reaching the conclusion that no other less restrictive treatment is appropriate.
 - c. Unless otherwise specified by a Psychiatrist/Physician, QMHP, health-trained personnel or health staff evaluate any patient placed in clinically ordered restraints or seclusion at an interval of no greater than every 15 minutes and document their findings.
 - d. The treatment plan provides for removing inmates from restraints or seclusion as soon as possible.
 - e. The same types of restraints that would be appropriate for individuals treated in the community are used in the facility.
 - f. Inmates are not restrained in a position that could jeopardize their health.
5. With regard to *custody-ordered* restraints:
 - a. When restraints are used by custody staff for security reasons, health services staff are notified immediately in order to:
 - i. Review the health record for any medical and mental health contraindications or accommodations required, which, if present, are immediately communicated

Procedure No. MSP HS I-01.0	Subject: Mental Health Observation & Clinical Restraints
Effective Date: June 20, 2012	Page: 2 of 2

- to appropriate custody staff
 - ii. Initiate health monitoring, which continues at designated intervals as long as the inmate is restrained. If the health of the inmate is at risk, it is immediately communicated to appropriate custody staff
 - iii. Except for monitoring of health and mental status, health care staff do not participate in the restraint of an inmate ordered by custody staff
 - iv. If mental health staff are not on duty when custody-ordered restraints are initiated, the on-call QMHP is notified via phone call.
 - b. When health staff note use of restraints that may be jeopardizing an inmate's health, this is communicated to custody staff immediately.
 - c. If the restrained inmate has or develops a medical or mental health condition the provider is notified immediately so that appropriate orders can be given.
6. Infirmary observation and restraints are not treatment and may not be implemented as a behavior consequence in response to a previously occurring behavior, or imposed as a means of harassment, punishment, coercion, discipline, convenience, or retaliation by staff.
 7. Infirmary observation and restraint procedures may only be used when clinically justified in accordance with the Psychiatrist/Physician's order and used only when less restrictive interventions have been determined to be ineffective. The type of infirmary observation or restraint must be the least restrictive procedure to effectively protect the inmate, staff, or others from harm. Infirmary observation and restraint procedures must end at the earliest possible time.
 8. Orders for the use of Infirmary observation and restraint are never written as a standing order or on an as needed basis (PRN).
 9. When Infirmary observation and restraint procedures are implemented, the inmate must be assessed face to face by a Psychiatrist/Physician every 24 hours and a QMHP daily.
 10. When clinical restraints are implemented, a correctional officer will be stationed outside of the inmate's door to provide one-on-one observation. The correctional officer will document the inmate's status every 15 minutes and alert infirmary staff to any problems that may occur.
- B. Non-licensed infirmary staff and security staff general procedures:
1. Non-licensed infirmary staff and security staff will promptly inform licensed nursing staff about any changes in an inmate's behavior or condition.
 2. Security staff will apply clinical chair restraints only under the supervision of qualified medical/mental health professionals.
 3. Non-licensed infirmary staff and security staff will seek direction from licensed nursing staff, QMHP's, and appropriate security staff when direct care staff has questions about whether the level of restrictions placed upon the inmate should be increased or decreased.

Procedure No. MSP HS I-01.0	Subject: Mental Health Observation & Clinical Restraints
Effective Date: June 20, 2012	Page: 2 of 2

4. Non-licensed infirmiry staff and security staff will complete an incident report whenever any adverse outcome occurs (falls, injuries, or allegation of abuse) as a result of the procedure.
 5. Non-licensed infirmiry staff and security staff will follow orders given by the mental health professional staff on the *Infirmiry Observation and Management Plan or the Infirmiry Clinical Restraints and Management Plan (Attachment # 1 and # 2)*.
 - a. **Non-licensed infirmiry staff procedures for Infirmiry Observation:**
 - 1) Assist in providing necessary care to the inmate as directed by a psychiatrist/physician, licensed nurse, or qualified mental health professional.
 - 2) Provide the level of required observation and restrictions as ordered by the mental health professional or psychiatrist/physician.
 - b. **Non –licensed infirmiry staff procedures for Clinical Restraints.**
 - 1) Closely monitor the inmate in restraints and make adjustments as necessary in order to ensure that the inmate is as physically comfortable as possible while restrained. No restraint or body positioning of the inmate shall place excessive pressure on the chest or back of the inmate or inhibit or impede the inmate’s ability to breathe. Inmates are to be restrained in a manner to minimize potential medical complications.
 - 2) Assist in providing necessary care to the inmate as directed by a psychiatrist/physician, licensed nurse, or qualified mental health professional.
 - 3) Change the inmate’s linen, bedding, and clothing promptly as it becomes soiled.
 - 4) Offer fluids at least every two hours or more frequently if the inmate is dehydrated, unless fluids are restricted by a physician’s order. Meals and snacks will be offered at regular intervals.
 - 5) Offer the inmate use of the toilet facilities or a bedpan/urinal at least hourly, and whenever an inmate requests the need.
 - 6) Allow and/or assist inmates to bathe or shower at least daily when procedures are used for an extended period of time. When necessary, a bed bath may be given. Inmates will be provided AM and HS care including oral care, washing of face, hands, hair care, and other care and comfort measures as appropriate. Staff will prompt and assist the inmate to wash hands before meals and after toileting.
- C. Licensed Infirmiry staff general procedures
1. Licensed Infirmiry staff will obtain verbal or written order from the psychiatrist/physician for the procedure prior to implementation or as soon as possible after an emergency implementation of Infirmiry observation or clinical restraints and document the order in the medical record. The order will include the level of observation, type of clinical restraints, clinical rationale for use of the procedure, and

Procedure No. MSP HS I-01.0	Subject: Mental Health Observation & Clinical Restraints
Effective Date: June 20, 2012	Page: 2 of 2

behavior criteria the inmate must meet to release/remove from infirmary observation or clinical restraints.

a. **Licensed Infirmary staff procedures for an inmate in Infirmary Observation Level 1:**

- 1) The on-call QMHP will communicate their desire to place an inmate in infirmary observation Level 1. They will report the rationale, restrictions, and criteria for release. After receiving this information, then:
- 2) Notify the psychiatrist/physician within one hour of an inmate being placed in Level 1 observation and write the order to admit to the infirmary with restrictions, rationale, and criteria for release in the medical record.
- 3) Explain all steps of the intervention to the inmate, including why intervention is necessary, and criteria for termination of the Level 1 observation.
- 4) Document all behaviors and interactions with the inmate in the medical record on the Nursing Notes/Assessment Flow Sheet and on the *Monitoring Checklist for Level 1 or 2 Observation (Attachment # 3)*.
- 5) Document all care rendered to an inmate, e.g., hygiene, diet, fluid, intake, bowel/bladder functions, physical observations, and vital signs (when ordered) Nursing Notes/Assessment Flow Sheet.
- 6) Provide video and in-person observation as ordered by the qualified mental health professional and the psychiatrist/physician.
- 7) Insure proper documentation by non-licensed infirmary staff.
- 8) Direct the reduction of the level of restrictions or termination of the intervention when the criteria set by the qualified mental health professional or the psychiatrist/physician has been met or the inmate demonstrates a decreased risk of imminent danger to himself or others.
- 9) Obtain additional psychiatrist/physician orders should an increased level of intervention become necessary (e.g., change in placement of the inmate from Level 1 observation to clinical restraints).
- 10) Obtain psychiatrist/physician orders to discontinue the intervention and discharge from the infirmary.

b. **Licensed Infirmary staff procedures for an inmate in Infirmary Observation Level 2:**

- 1) The on-call qualified mental health professional will communicate their desire to place an inmate in infirmary observation Level 2. They will report the rationale, restrictions, and criteria for release. After receiving this information, then:
- 2) Notify the psychiatrist/physician within one hour of an inmate being placed in infirmary observation Level 2, and write the order designating the restrictions, rationale, and criteria for release in the medical record.
- 3) Explain all steps of the intervention to the inmate including why intervention is necessary and criteria for termination of infirmary observation Level 2.

Procedure No. MSP HS I-01.0	Subject: Mental Health Observation & Clinical Restraints
Effective Date: June 20, 2012	Page: 2 of 2

- 4) Document all behaviors and interactions with the inmate in the medical record Nursing Notes/Assessment Flow Sheet and on the *Monitoring Checklist for Level 1 or Level 2 Observation (Attachment # 3) if ordered*.
- 5) Document all care rendered to an inmate, e.g., hygiene, diet, fluid, intake, bowel/bladder functions, physical observations, and vital signs (when ordered) on Nursing Notes/Assessment Flow Sheet.
- 6) Insure proper documentation by non-licensed infirmiry staff.
- 7) Direct the reduction of the level of restrictions or termination of the intervention when the criteria set by the qualified mental health professional or the psychiatrist/physician has been met or the inmate demonstrates a decreased risk of imminent danger to himself or others.
- 8) Obtain additional psychiatrist/physician orders should an increased level of intervention become necessary (e.g., change in placement of the inmate from Level 2 observation to Level 1 observation).
- 9) Obtain psychiatrist/physician orders to discontinue the intervention and discharge from the infirmiry.

Licensed Infirmiry staff procedures for an inmate in Clinical Restraints:

- 1) The psychiatrist/physician or the on call qualified mental health professional will ask you to place an inmate in clinical restraints and report the rationale, type of restraint, and criteria for release, then:
- 2) Notify the psychiatrist/physician within one hour of an inmate being placed in clinical restraints and write the order with the type of restraint (e.g., full restraints), restrictions, rationale, and criteria for release in the medical record.
- 3) Restraint orders are valid for a maximum of 24 hours. If procedures are continued, orders must be renewed by the psychiatrist/physician every 24 hours.
- 4) Face to face evaluation of an inmate in restraints by a psychiatrist or physician must occur every 24 hours before writing a new order for the continued use of restraints. The psychiatrist/physician visit must be documented by nursing staff on the Nursing Assessment Flowsheet.
- 5) Explain all steps of the intervention to the inmate including why the intervention is necessary and criteria for termination of the intervention. This is documented in the medical record on the Nursing Assessment Flowsheet.
- 6) Ensure that proper documentation and reporting procedures have been completed by other infirmiry and security staff involved in the procedure.
- 7) Provide constant video observation when the correctional officer stationed at the cell door for one-on-one observation is on break. Provide face-to-face observation every 15 minutes for restraints used in the Infirmiry.
- 8) Monitor vital signs every two hours or more often as directed. In the event the inmate's behavior renders this impossible or unsafe for either the

Procedure No. MSP HS I-01.0	Subject: Mental Health Observation & Clinical Restraints
Effective Date: June 20, 2012	Page: 2 of 2

inmate or the staff, this will be documented in the medical record on the Nursing Assessment Flowsheet.

- 9) Provide the inmate with an opportunity for range-of-motion (ROM) exercise to both the upper and lower extremities for at least 10 minutes every two hours, unless the inmate's behavior renders this impossible or unsafe for either the patient or staff, or it is contraindicated by condition of the joint or limb, or the inmate is asleep. Document ROM in the medical record on the Nursing Assessment Graphic Record.
- 10) Assess the inmate's respirations for irregular, gasping, or gurgling breath sounds. Assess for skin color changes, changes in the color of the nail beds or lips, bulging neck veins, and inappropriate vital signs. Notify the psychiatrist/physician of abnormal results.
- 11) Document on the *Monitoring Checklist for Clinical Restraints form (Attachment # 4)* every 15 minutes while clinical restraints are being utilized in the infirmary and every 2 hours while clinical restraints are being utilized in Locked Housing Units I and II.
- 12) Document in the medical record on the Nursing Assessment Flowsheet: inmate's behavior, physical condition, care provided including hygiene, diet, fluid intake, bowel/bladder functions, physical observations, range-of-motion, vital signs, and any exceptions to care with reason/rationale at least once a shift.
- 13) Notify the psychiatrist/physician when renewal of the restraint order is needed.
- 14) Notify the on-call qualified mental health professional if any changes occur in the inmate's behavior, or if changes are needed in the management plan.
- 15) Obtain additional psychiatrist/physician orders should an increased level of intervention become necessary (e.g., any modification that increases the level of restraint).
- 16) Supervise and assist staff with the safe implementation of clinical restraints.
- 17) Direct the reduction of the level of clinical restraints and the termination of the procedure when the criteria for release is met as set by the psychiatrist/physician and the patient is no longer an imminent risk of significant violence or self-destructive behavior.

D. Qualified Mental Health Professional staff general procedures:

1. Will respond promptly when requested to assist with an intervention or to check an inmate that has been placed in infirmary observation or clinical restraints. Will document each emergency assessment on the *Infirmary Clinical Restraints and Management Plan (Attachment #2)*, and complete a DAP note with all relevant information.

Procedure No. MSP HS I-01.0	Subject: Mental Health Observation & Clinical Restraints
Effective Date: June 20, 2012	Page: 2 of 2

2. Respond by phone within one hour regarding an inmate placed in infirmary observation or clinical restraints and assist the infirmary staff with establishing adequate Infirmary mental health treatment planning and interventions.
3. Document and discuss the *Infirmary Clinical Restraints and Management Plan (Attachment #2)* and *Treatment Plan (Attachment # 5)* with the psychiatrist/physician, or the mental health director, or the clinical psychologist if the inmate remains in the infirmary after three working days.
4. Promptly review with the psychiatrist/physician any significant changes in the inmate's condition, status, or management plan.
5. Assist in processing the incident with the inmate and staff.
6. Notify the receiving housing unit that an inmate is being discharged back to them, give them a summary of the outcome of the intervention, and assist staff with any concerns that may arise.
 - a. **Qualified Mental Health Professional staff procedures for an inmate in Infirmary Observation, Level 1, and Level 2:**
 - 1) Consult with the Licensed Infirmary staff and ask them to place an inmate in Infirmary observation, Level 1 or 2, and give them rationale, modifications to the standard admission orders, criteria for release, and what they need to observe and document.
 - 2) Will see an inmate face-to-face who was placed in Infirmary observation, Level 1 or 2, within 12 hours of his admission to assess the current status of behaviors and symptoms and signs of psychological trauma
 - 3) At the time that the inmate is seen face-to-face will document on the *Infirmary Observation and Management Plan (Attachment # 1)* and the *Individual Treatment Plan (Attachment #5)*.
 - 4) Ensure that the level of intervention is reduced per the criteria set in the form: *Infirmary Observation and Management Plan (Attachment # 1)* are met or when the inmate demonstrates a decreased risk to self or others.
 - 5) Document and update forms: *Infirmary Observation and Management Plan (Attachment #1)*, with a supporting DAP note each time a patient is assessed in the infirmary.
 - 6) Monitor the use of Infirmary observation at least every 24 hours by telephone on weekends and holidays or at least every 24 hours face-to-face during regular working hours as long as the intervention continues. Document interaction and communication with infirmary staff and the condition of the inmate on forms: *Infirmary Observation and Management Plan (Attachment # 1)* and the *Individual Treatment Plan (Attachment #5)*, with a supporting DAP note.
 - 7) When an inmate is discharged from the infirmary, documentation of the interaction and communication with the unit where the inmate will discharge to will be done on the *Infirmary Observation and Management Plan (Attachment # 1)* and the *Individual Treatment Plan (Attachment #5)*,

Procedure No. MSP HS I-01.0	Subject: Mental Health Observation & Clinical Restraints
Effective Date: June 20, 2012	Page: 2 of 2

with a supporting DAP note including the name of the staff person that the case was discussed and follow-up plans for mental health services.

- 8) All documentation will be copied for both the medical file and mental health clinic file.

b. **Qualified Mental Health staff procedures for an inmate in Clinical Restraints:**

- 1) Consult with the Licensed Infirmary staff and ask them to place an inmate in clinical restraints with rationale, restrictions, visual checks, and criteria for release.
- 2) Assess the inmate within three hours of placement in clinical restraints unless the psychiatrist/physician has already done so. If the psychiatrist/physician justified the patient within three hours, the on-call mental health professional will assess the inmate within 12 hours and justify the use of restraints. Justification of restraints must occur during this assessment.
- 3) Provide the inmate with a clear explanation of the reason for clinical restraints, the monitoring procedure, the desired outcome, and the criteria the inmate must meet for the procedure to be discontinued.
- 4) Documentation of justification for restraints must be done at the time that the inmate is initially seen by the on-call mental health professional using the *Infirmary Clinical Restraints and Management Plan*(Attachment # 2) and the *Individual Treatment Plan* (Attachment # 5) with a supporting DAP note.
- 5) Document and update forms: *Infirmary Clinical Restraints and Management Plan*(Attachment # 2) and the *Individual Treatment Plan* (Attachment # 5), with a supporting DAP note, each time a patient is assessed after the initial assessment. Documentation will include the inmate's behavior when seen by the mental health professional, continued justification for the intervention, and specify behavior that will allow termination of the intervention.
- 6) Monitor the use of clinical restraints at least every 24 hours by telephone on weekends and holidays or by face-to-face interview on regular workdays (in accordance with appropriate clinical judgment) as long as the intervention continues. Document that you talked with the infirmary staff, the condition of the inmate, and your plans for seeing the inmate next on forms: *Infirmary Clinical Restraints and Management Plan* (Attachment # 2), with a supporting DAP note.
- 7) Consult with the Psychiatrist/Physician each day that the inmate remains in restraints. Document the results of the consult. Consultation with the Physician/Psychiatrist during weekends and holidays may occur via the Infirmary staff.

Procedure No. MSP HS I-01.0	Subject: Mental Health Observation & Clinical Restraints
Effective Date: June 20, 2012	Page: 2 of 2

- 8) When an inmate is discharged from the Infirmary, documentation of the interaction and communication with the unit where the inmate will discharge will be done on the *Infirmary Clinical Restraints and Management Plan*(Attachment # 2) and the *Individual Treatment Plan* (Attachment # 5), with a supporting DAP note to include the name(s) of the staff person that the case was discussed and follow-up plans for mental health services.
- 9) All documentation will be copied for both the medical file and mental health clinic file

E. Psychiatrist or Physician general procedures:

1. To provide verbal or written orders within one hour for the use of Infirmary Observation or Clinical Restraints, and to ensure that all procedures carried out are consistent with these orders, the orders must clearly state:
 - a. the reason or justification for the procedure;
 - b. the specific type of procedure to be used;
 - c. the maximum time period allowed for the procedure;
 - d. the criteria for release; and
 - e. the date and time.
2. Orders for Infirmary Observation are valid for the entire infirmary stay. Orders for Clinical Restraint need to be renewed every 24 hours.
3. To provide verbal or written orders to discharge from Infirmary Observation or from Clinical Restraints.
4. To direct staff members at all levels in the provision of care and treatment of inmates for whom Infirmary Observation or Clinical Restraint interventions are used.
5. To order changes in the inmate's treatment program which are intended to reduce reliance on Infirmary Observation or Clinical Restraints.
6. To provide assistance by phone or in person, if requested, for the mental health professional on call and for the licensed infirmary staff.
7. To perform a face-to-face examination of an inmate placed in restraints within 24 hours after initiation of the intervention.
8. To re-examine an inmate placed in restraints at least every 24 hours and provide a written order for the continuation of restraints. This order should justify continued use of the intervention, the specific type of intervention to be used, and the criteria for release.
9. To enter a progress note in the inmate's medical record each time an inmate in Infirmary Observation or Clinical Restraints is examined. Documentation must address the inmate's medical and psychiatric condition and needs, the episode requiring intervention, and a plan for continuing care including need to continue or terminate the procedure. Copies of the progress note will be placed in the medical chart and the mental health clinic file.

F. Mental Health Services Manager general procedures:

Procedure No. MSP HS I-01.0	Subject: Mental Health Observation & Clinical Restraints
Effective Date: June 20, 2012	Page: 2 of 2

1. Will be available for consultation and review of the procedures.
2. Will ensure the review of the use of Clinical Restraints as indicated.
3. Will ensure that appropriate staff are trained in the application and removal of Clinical Restraints.

G. Responsibilities:

1. Staff who have received facility approved training in safe management of therapeutic restraint application may participate in physically restraining inmates. All staff shall make efforts to preserve the privacy, safety, human dignity, and the physical and emotional comfort of the inmate at all times.
2. Equipment Maintenance:
 - a. Mechanical restraints are kept in the infirmary, in a locked shadow box.
 - b. The key to the shadow box is in the Command Post. The key to the restraints is on the restraint bag. Instructions on how to access the shadow box are located on the shadow box.

IV. Attachments:

Infirmery Observation and Management Plan	Attachment #1
Infirmery Clinical Restraints and Management Plan	Attachment #2
Monitoring Checklist for Level 1 or Level 2 Observation	Attachment #3
Monitoring Checklist for Clinical Restraints	Attachment #4
Individual Treatment Plan	Attachment #5

V. References:

NCCHS Standard P-G-01, 2018
 Montana Code Annotated: 53-21-146, 53-21-145, and 53-21-147
 MSP 3.1.8, Use of Force & Restraints



Infirmery Observation and Management Plan

Inmate Name: _____ ID#: _____ Housing Unit: _____ Date: _____

(Last) , (First)

(Check appropriate boxes): ☐ Admission Orders: ☐ Follow-up ☐ Discharge

☐ Level 1 Observation

1. Admit to South Isolation Cell 7
2. Mattress
3. Safety blanket
4. Safety gown
5. Finger Foods
6. Safety Spoon
7. No Personal Property
8. Level of Observation:
 - ☐ Q 15 minute checks via monitor
 - ☐ Q 30 minute checks face-to-face
 - ☐ One on one supervision
 - ☐ Other: _____

☐ Level 2 Observation

1. Admit to South Isolation Cell 6
2. Standard bedding
3. Infirmery issued clothing
4. Meals:
 - ☐ Regular
 - ☐ Safety Spoon
 - ☐ Finger Foods
5. Personal Property:
 - ☐ None
 - ☐ Pen, paper, one regular book, one religious book, and eye glasses.
6. Level of Observation:
 - ☐ Q 15 minute checks via monitor
 - ☐ Q 60 minute checks face-to-face
 - ☐ One on one supervision
 - ☐ Other: _____

• Infirmery staff- please document the following:

- ☐ Monitoring checklist for Level 1 or 2 observation ☐ Abnormal behavior(s)
- ☐ Medication compliance ☐ Interaction with staff ☐ Response to medication(s)
- ☐ Evidence of decompensation ☐ Other: _____

☐ Reason for admission: • See Emergency Questionnaire Completed: _____.

☐ Follow-up plan: • : _____.

☐ Discharge plan: • : _____.

• Consultation with Infirmery

Staff- Name: _____ Date: _____

• Qualified Mental Health Professional:

(QMHP Signature)

(Title)

(Date)



Infirmery Clinical Restraints and Management Plan

Inmate Name: _____ ID#: _____ Housing Unit: _____ Date: _____
(Last) , (First)

(Check appropriate boxes): ☐ **Admission Orders:** ☐ **Follow-up** ☐ **Discharge**

(Full Restraints): ☐ **5-Point Bed** ☐ **Chair**

1. Admit to South Isolation Cell 6 (Or state location below)
2. Patient to lay on his back (Supine) on bed
3. Elevate head of bed or prop with a wedge
4. Apply both wrist restraints
5. Apply both ankle restraints
6. Apply waist restraint
7. Finger Foods
8. Safety Spoon
9. No Personal Property
(May have underwear while in restraint chair)
10. Privacy sheet and pillow
11. Level of Observation:
 - ☐ Constant video observation
 - ☐ Q 15-minute checks face-to-face
 - ☐ One on one supervision
12. ROM to all extremities q 2 hrs
13. Offer fluids q 2 hrs.
14. Offer toilet facilities q hr
15. Vital signs q 2 hrs
16. Additional orders: _____

2, 3, or 4- Point Restraints (Choose below):

- ☐ **2-Point restraints: (pick one)**
 - ☐ Both wrists, **or**
 - ☐ Both ankles
 - ☐ **3-Point restraints:**
 - ☐ Waist **AND**
 - ☐ Both ankles
 - ☐ **4-Point restraints:**
 - ☐ Both wrists **AND**
 - ☐ Both ankles
1. Admit to South Isolation Cell 6 (Or state location below)
 2. Patient to lay on his back (Supine) on bed
 3. Elevate head of bed or prop with a wedge
 4. Privacy sheet and pillow
 5. Finger Foods
 6. Safety Spoon
 7. No Personal Property
 8. Level of Observation:
 - ☐ Constant video observation
 - ☐ Q 15 min checks face-to-face
 - ☐ One on one supervision
 9. ROM to all extremities q 2 hrs
 10. Offer fluids q 2 hrs
 11. Offer toilet facilities q hr
 12. Vital signs q 2 hrs
 13. Additional orders: _____

☐ Monitoring checklist for clinical restraints ☐ Abnormal behavior(s)
☐ Medication compliance ☐ Interaction with staff ☐ Response to medication(s)
☐ Evidence of decompensation ☐ Other: _____

☐ **Follow-up plan:** _____

*** Order given by _____

☐ **Discharge plan:** _____

_____ **Date restraints discontinued:** _____

Staff- Name: _____ Date: _____

(QMHP Signature)

(Title)

(Date)

*****Restraint orders must be renewed every 24 hours by a Psychiatrist/Physician**



MONITORING CHECKLIST FOR LEVEL 1 or LEVEL 2 OBSERVATION (Page 1)

TIME	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45								
BEHAVIORS	0600				0700				0800				0900				1000				1100				1200				1300				1400				1500				1600				1700			
Awake																																																
Asleep																																																
Calm/Quiet																																																
Agitated/Loud																																																
Cooperative																																																
Uncooperative																																																
Education																																																
Record Meals																																																
I/O (if ordered)	I		O		I		O		I		O		I		O		I		O		I		O		I		O		I		O		I		O		I		O		I		O					
INITIALS																																																

COMMENTS: _____

Nurse Signature: _____ Date/Time: _____

Inmate Name: _____ ID#: _____



MONITORING CHECKLIST FOR LEVEL 1 or LEVEL 2 OBSERVATION (Page 2)

TIME	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45
BEHAVIORS	1800			1900			2000			2100			2200			2300			2400			0100			0200			0300			0400			0500										
Awake																																												
Asleep																																												
Calm/Quiet																																												
Agitated/Loud																																												
Cooperative																																												
Uncooperative																																												
Education																																												
Record Meals																																												
I/O (if ordered)	I		O		I		O		I		O		I		O		I		O		I		O		I		O		I		O		I		O		I		O		I		O	
INITIALS																																												

COMMENTS: _____

Nurse Signature: _____ Date/Time: _____

Inmate Name: _____

ID#: _____



MONITORING CHECKLIST FOR CLINICAL RESTRAINTS (Page 1)

TIME	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45								
RESTRAINTS	O6	00			O7	00			O8	00			O9	00			10	00			11	00			12	00			13	00			14	00			15	00			16	00			17	00		
<i>Must Check every Fifteen Minutes</i>																																																
2 Point																																																
3 Point																																																
5 Point/Chair																																																
Waist																																																
Other																																																
ROM Q2hr while awake																																																
Hygiene 2xday																																																
Fluids Q2hr WA																																																
INITIALS																																																

COMMENTS: _____

Nurse Signature: _____ Date/Time: _____

Inmate Name: _____ ID#: _____



MONITORING CHECKLIST FOR CLINICAL RESTRAINTS (Page 2)

TIME	OO	15	30	45	OO	15	30	45	OO	15	30	45	OO	15	30	45	OO	15	30	45	OO	15	30	45	OO	15	30	45	OO	15	30	45	OO	15	30	45	OO	15	30	45	OO	15	30	45				
RESTRAINTS	1800				1900				2000				2100				2200				2300				2400				0100				0200				0300				0400				0500			
<i>Must Check every Fifteen Minutes</i>																																																
2 Point																																																
3 Point																																																
5 Point/Chair																																																
Waist																																																
Other																																																
ROM Q2hr while awake																																																
Hygiene 2xday																																																
Fluids Q2hr WA																																																
INITIALS																																																

COMMENTS: _____

Nurse Signature: _____ Date/Time: _____

Inmate Name: _____ ID#: _____



Individual Treatment Plan

I/M Name _____ DOC AO# _____ Date _____

☐ Routine ☐ Infirmary Admission

Current Problem List:

1.
2.
3.

Strengths: (I/M own words)	Weaknesses: (I/M own words)

Short-Term Goals

Goals Related to Problem List	Objectives (What I/M will do)	Interventions (What Staff will do)	Date Established	Target Date	Date Goal Obtained
1.					
2.					
3.					

Long-Term Goals

Goals Related to Problem List	Objectives (What I/M will do)	Interventions (What Staff will do)	Date Established	Target Date	Date Goal Obtained
1.					

- Psychotropic Medications Reviewed: (circle one) Y / N / NA

- **Medication Changes Ordered** (list if any) _____

- **Referral:** ☐ Psychological testing ☐ Medical testing ☐ Lab monitoring ☐ Other _____
- **Educated:** (check all that apply) ☐ Coping Skills ☐ Personal hygiene ☐ Diet ☐ Exercise
☐ Adapting to correctional environment ☐ Other _____
- **Plan:** ☐ Continue current status ☐ Place on SMP ☐ Recommend PHC/CD placement
☐ Admit to Infirmary ☐ Discharge from Infirmary ☐ Move to Housing Unit _____
- **Follow-up:** ☐ Follow-up PRN ☐ Refer to therapist ☐ Refer to psychiatrist ☐ Refer for Wellness Checks ☐ Refer for MHU/SAU admission ☐ Reassess in 24 hours if in the Infirmary

This treatment plan has been explained to me, and I am giving informed consent for treatment. I understand that I should bring any concerns about my treatment to the attention of a Qualified Mental Health Professional (QMHP).

Initial Signatures:

Inmate Signature _____ Date _____
 QMHP Signature _____ Date _____

Treatment Plan Reviewed:

Inmate Signature _____ Date _____
 QMHP Signature _____ Date _____

Treatment Plan Reviewed:

Inmate Signature _____ Date _____
 QMHP Signature _____ Date _____

Please fill out a new Treatment Plan whenever substantial changes are made and Treatment Plans must be reviewed every 90 days.



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure:	MSP HS G-02.0 MENTAL HEALTH EVALUATIONS OF INMATES IN RESTRICTIVE HOUSING	
Reference:	NCCHC Standards P-G-02, 2018	
Effective Date:	11/01/2010	Page 1 of 3
Revision Date(s):	10/01/2020; 05/20/2024	
Signature / Title: Scott Eychner, Rehabilitation and Programs Chief		
Signature / Title: Paul Rees, M.D., Medical Director		

I. Purpose:

To establish and clarify the operational procedure for identifying medical and mental health contraindications and needs and continued monitoring of the medical and mental health status of all inmates who are placed in restrictive housing units for any reason at Montana State Prison.

II. Definitions:

Administrative Segregation – A non-punitive housing status for offenders who request removal from the general population or require protection for their safety and well-being.

Disciplinary Detention (DD) – See *MSP 3.5.1 Restrictive Housing Operations* for the definition of disciplinary detention.

Emergency – An unforeseen combination of circumstances or the resulting state that calls for immediate action.

Mental Disorder – Exhibiting impaired emotional, cognitive, or behavioral functioning that interferes seriously with an individual's ability to function adequately except with supportive treatment or services. The individual must also have or have had within the past year exhibited signs and symptoms of a mental disorder. See *MCA 53-21-102*. Specific classifications of mental disorders are elaborated in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and are to be designated by a QMHP.

Pre-Hearing/Temporary Confinement (PHC) – A short-term, non-punitive housing status that is used to safely and securely control high-risk or at-risk offenders (see *MSP 3.5.1 Restrictive Housing Operations*.)

Protective Custody – See *MSP 3.5.1 Restrictive Housing* for definition of Protective Custody.

Qualified Health Care Professional (QHCP) – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who, by virtue of their education, credentials, training, and experience are permitted by law to evaluate and care for patients, including Department staff and contracted or fee-for-service professionals.

Qualified Mental Health Professional (QMHP) – Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, psychiatric nurse practitioners, licensed professional counselors, licensed clinical social workers, and others who, by virtue of their education, credentials, training, and experience are permitted by law to evaluate and care for the mental health needs of patients, including Department staff and contracted or fee-for-service professionals. This definition excludes Mental Health technicians.

Restrictive Housing – See *MSP 3.5.1* - A placement that requires an inmate to be confined to a cell up to 22 hours per day for the safe and secure operation of the facility that includes administrative segregation, prehearing confinement, protective custody and disciplinary detention.

Safety/Observation Cell – a temporary and non-punitive separation from regular housing to establish the safety of an inmate in cooperation with mental health services.

Safety Management Plan (SMP) – An immediate response to an inmate's behavior and/or conduct that indicates an imminent danger of harm toward self, others, or the institution.

Severe Mental Illness (SMI) – A substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory which significantly impairs judgment, behavior, or ability to cope with the basic demands of life. Intellectual disability, epilepsy, other developmental disability, alcohol or substance abuse, brief periods of intoxication, or criminal behavior do not, alone, constitute severe mental illness. The individual must also have or have had within the past year exhibited signs and symptoms of a mental disorder. See *MCA 53-21-102*. Specific classifications of mental disorders are elaborated in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and are to be designated by a QMHP.

III. Procedures:

- A. A qualified health care professional will review the inmate's health record upon notification, but no later than 24 hours of the inmate's placement in restrictive housing and will determine if there are any medical or mental health contraindications or accommodations to be considered regarding the placement in accordance with *DOC 4.5.21*.
 1. The qualified health care professional will immediately refer inmates to mental health if it is determined that the inmate has mental health needs.
 2. Inmates identified as having a mental health need will be evaluated by a QMHP within 24 hours of the referral. A mental health appraisal form will be completed within 72 hours.
 3. Inmates identified as having a severe mental illness should be diverted from restrictive housing placement if/when placement is available in the least restrictive environment that would also maintain the safety of the inmate, staff, other inmates, and overall facility operations.
 - a. An inmate diagnosed with serious mental illness may not be placed in restrictive housing for more than 14 days unless a multidisciplinary service team determines there is an immediate and present danger to others or to the safety of the institution.
 - b. Inmates identified as having a severe mental illness (SMI) shall receive clinically appropriate mental health treatment as determined by the QMHP and within the parameters outlined in *MSP 3.5.1*.
- B. A QMHP will continually monitor the mental health status of all inmates in restrictive housing units.
 1. The Psychiatric RN or other QMHP will conduct, document and retain evidence of restrictive housing rounds for all inmates in restrictive housing units as indicated below:
 - a. Face-to-face interaction between the inmate and QMHP is required weekly during mental health rounds.
 - b. Administrative segregation and restrictive administrative segregated inmates are allowed periods of recreation and other routine social contact among themselves while being segregated from the general population. These inmates are checked weekly by the Psychiatric RN or other QMHP.
 - c. Inmates housed in PHC and disciplinary detention have routine contact with staff and are allowed limited time out of their cells. These inmates are checked weekly by the Psychiatric RN or other QMHP.
 - d. An inmate's placement in restrictive housing may not exceed 22 hours in a 24-hour period and is limited to circumstances that pose a direct threat to the safety of persons or a clear threat to the safe and secure operations of the facility.

2. The Psychiatric RN or other QMHP will document and retain evidence of restrictive housing rounds in each inmate's mental health records.
 3. A QMHP will complete a mental health appraisal at least every 14 days for an inmate with a diagnosed behavioral or mental disorder, and more frequently if clinically indicated. The QMHP will document each appraisal in each inmate's mental health records.
 4. For an inmate without a behavioral disorder, the assessment must be completed every 30 days and more frequently if clinically indicated.
 5. Significant mental health findings during weekly rounds or face-to-face evaluations are noted in the inmate's health record and immediately communicated to custody officials and other health care staff who require the information to ensure the safety of the inmate, staff, and overall facility operations.
 6. Based on mental health evaluations and rounds in segregation, inmates may be temporarily released from segregation in order to receive appropriate and necessary mental health care.
- C. A QMHP will monitor all inmates placed on Safety Management Plans.
1. Inmates who are placed on Safety Management Plans are monitored 3 days per week by the Psychiatric RN or other mental health nurse for mental health or medical problems or complaints.
 2. Mental Health Services Staff will document restrictive housing rounds in each inmate's mental health record.
 3. Inmates who are placed on a Safety Management Plan will be assessed face-to-face daily by the QMHP. The assessment is documented in each inmate's mental health record, if significant changes occur, or when discharged from SMP status.
 4. Correctional staff will document routine interactions and security observations on the SMP Segregation Checks forms, located on the offender's door.
 5. Any significant physical problems will be referred to medical staff.
- D. A QMHP will participate in weekly Classification Review Committee meetings, as set out in *MSP 3.5.1 Restrictive Housing Operations and Step-Down Programs* which includes:
1. weekly MSP Multi-Disciplinary Team meetings to review the appropriateness of an inmate's placement in administrative segregation based on their current mental status and history.
 2. restrictive housing status review planning meetings arranged by the unit management team for inmates who are placed in Administrative Segregation custody initiated within 30 days of the inmate's placement in Administrative Segregation custody and every 30 days thereafter.
- E. Qualified health care professionals conduct medical rounds daily to ensure the physical well-being of inmates in restrictive housing.
1. Significant medical findings during daily medical rounds are noted in the inmate's health record and communicated to custody officials and other health care staff to ensure the safety of the inmate, staff, and overall facility operations.
 2. Appropriate medical referrals are made as clinically indicated.
- F. All staff may initiate an emergency referral in the event of an urgent medical or mental health issue by contacting the on-call medical and/or on-call mental health providers.

IV. Closing

Questions about this operational procedure should be directed to the Mental Health Manager.



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS G-03.1	Subject: Emergency Psychotropic Medications
Reference: NCCHC Standards P-G-03, 2018	Page 1 of 2 and no attachments
Effective Date: November 1, 2010	Revised: October 1, 2020
Signature / Title: /s/ Steffani Turner/ CSD Mental Health Bureau Chief	
Signature / Title: /s/ Paul Rees M.D./ Medical Director	

I. Purpose:

To describe circumstances under which an inmate may be given prescription medication over his objection or without his consent. Inmates refusing medication may be administered prescription medication over their objection in an emergency situation. Emergency psychotropic medications may not be used simply to control behavior or as a disciplinary measure.

II. Definitions:

Emergency condition - the inmate is in imminent danger of injuring himself or others as evidenced by symptoms which have in the past reliably predicted imminent dangerousness in the particular inmate. The inmate has committed an overt act, including but not limited to, a credible threat of bodily harm, an assault on another person, or self-destructive behavior. The inmate's life is in imminent danger due to toxicity arising from the use or abuse of another medication, drug, or other substance. The patient's life is in imminent danger because of a severely debilitated condition or other severe mental health condition.

Qualified Mental Health Professional - this includes the positions of Psychiatrist, Psychologist, Psychiatric Nurse, Social Worker, and other persons with Masters Degree or a further advanced degree in counseling or social sciences, who are licensed by the State of Montana

III. Procedures:

A. Qualified Mental Health Professional (QMHP) Responsibilities:

- a. Will initiate an order verbally or in writing at the time of the intervention and thereafter will renew the emergency medication order verbally or in writing every 72 hours.
- b. The QMHP will initially evaluate the inmate within 24 hours, or the next working day after the intervention, and at least every 72 hours thereafter excluding weekends and holidays.
- c. The QMHP will initiate a transfer or commitment to Montana State Hospital or will initiate proceedings for Involuntary Psychotropic Medications (HS I-02.0) if emergency medication is indicated beyond 7 working days.
- d. The QMHP may not administer emergency medications exceeding a period of 14 working days without authorization from the Treatment Review Committee (see HS I-02.0).

B. Documentation:

1. The QMHP will document the following in the medical file within 24 hours of initiating the intervention and every 72 hours thereafter, as long as the emergency exists. (excluding weekends and holidays):
 - a. the inmate's condition;

Procedure No. MSP HS G-03.1	Subject: Emergency Medications
Effective Date: November 1, 2010	p.2 of 2

- b. the threat posed;
- c. the reason for forcing the medication;
- d. other treatment modalities attempted, if any; and
- e. treatment goals for less restrictive treatment alternatives as soon as possible.

C. Consultation:

- 1. If emergency medications are indicated beyond seven working days, the QMHP, i.e. Psychiatrist or Physician will obtain a documented, concurring consultation with another physician, to include an examination of the inmate and review of the patient's record.
- 2. If consultation cannot be obtained within seven working days, then no medication will be administered until such concurring consultation is obtained and documented.

D. Location:

- 1. Emergency medications will only be administered in the infirmary, unless the inmate's behavior is deemed too disruptive or dangerous for the infirmary environment.
- 2. If the inmate's behavior is deemed too disruptive or dangerous for the infirmary environment, the inmate will be given the medications in an appropriate housing unit.

E. Monitoring and Documentation:

- 1. Once intramuscular medication has been administered, follow up documentation is made by nursing staff at least once within the first 15 minutes, then every 30 minutes until transfer to an inpatient setting or the patient no longer requires monitoring. (*This does not apply to long term involuntary medication administration*).
- 2. Other supporting documentation to support that appropriate follow-up care was provided includes:
 - a. Assessing mental status, such as alert and oriented, motor activity, speech, excess sedation
 - b. Monitoring extrapyramidal symptoms, such as dystonia, parkinsonism, akathisia, tremor, dyskinesia
 - c. Observing behavior, such as psychosis (e.g., hallucinations, delusions, disorganized speech or behavior), assaultive, agitated
 - d. Monitoring for dehydration, muscle rigidity, diaphoresis, alteration in consciousness, autonomic dysfunction (orthostatic hypotension, drooling, urinary incontinence, unusually rapid breathing) to avoid neuroleptic malignant syndrome
 - e. Taking vital signs, to include blood pressure, pulse, temperature, and respirations (as clinically indicated).
- 3. Licensed nursing staff will continue to closely monitor each inmate who is undergoing emergency medication treatment, and will document, every 24 hours, in the inmate's medical file, a description of the desired/undesirable effects, so long as the emergency exists

IV. Closing

Questions concerning this operational procedure will be directed to the Mental Health Clinical Services Manager.

V. Attachments:

None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS G-03.0	Subject: INVOLUNTARY PSYCHOTROPIC MEDICATIONS
Reference: DOC Policy 4.5.29	Page 1 of 4 and 2 attachments
Effective Date: April 30, 2013	Revised: October 1, 2020
Signature / Title: /s/ Steffani Turner / CSD Mental Health Bureau Chief	
Signature / Title: /s/ Paul Rees M.D./ Medical Director	

I. Purpose:

To establish procedures for the involuntary administration of psychotropic medications. These procedures are modeled after *Harper v. State of Washington*, and only apply to non-emergency situations where psychotropic medications may be utilized to involuntarily treat inmates. It applies to all staff involved in the process of assessing the need for and administration of these medications. The Department of Corrections requires three conditions to be identified to justify the use of involuntary psychotropic medications:

1. the inmate suffers from a mental illness or mental disorder;
2. the medication is in the best medical interest of the inmate; and
3. the inmate is either gravely disabled or poses a likelihood of serious harm to self or others.

II. Definitions:

Gravely Disabled - the inmate, as a result of a mental disorder, is in danger of serious physical harm resulting from the failure to provide for his essential human needs of health or safety or manifesting severe deterioration in routine functioning, evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health and safety.

Lay Advisor - an individual appointed by the Mental Health Services Manager who can advocate for the inmate in the presentation of his arguments and who can understand and represent the inmate's rights and interests during the Involuntary Psychotropic Medication Hearing proceedings. The lay advisor should have an understanding of mental health issues but should not be involved in the inmate's treatment.

Mental Disorder – Exhibiting impaired emotional, cognitive or behavioral functioning that interferes seriously with an individual's ability to function adequately except with supportive treatment or services. The individual also must: a) currently have or have had within the past year a diagnosed mental disorder, and b) currently exhibit significant signs and symptoms of a mental disorder.

Qualified Mental Health Professional - this includes the positions of Psychiatrist, Psychologist, Psychiatric Nurse, Social Worker, and other persons with Masters Degree or a further advanced degree in counseling or social sciences, who are licensed by the State of Montana.

Treatment Review Committee - a committee comprised of two members appointed by the Mental Health Services Manager or designee to conduct Involuntary Psychotropic Medication Hearings. Both committee members will be mental health professionals, one member must be a psychiatrist or a physician with mental health experience, and both members must not be involved in the inmate's current

Procedure No. MSP HS G-03.0	Subject: Involuntary Psychotropic Medications
Effective Date: November 1, 2010	p.2 of 4

treatment. The psychiatrist or physician will serve as chairperson of the committee. The Treatment Review Committee has the authority to: 1) authorize the use of involuntary medications requested by the treating practitioner, and 2) to determine whether or not involuntary medications may be continued.

III. Procedures

A. General Requirements

1. Criteria for administration of involuntary psychotropic medications:
For involuntary medication to be approved, the treating psychiatrist, or in the absence of the psychiatrist, a physician with mental health experience has determined that:
 - a. the inmate suffers from a mental disorder;
 - b. the medication is in the best interest of the inmate; and
 - c. the inmate is either gravely disabled or poses a likelihood of serious harm to himself or others.

Prior approval or a hearing will not be required when the medication is administered in an emergency situation (*see HS G-03.1, Emergency Medications*).
2. Involuntary Medication Hearing process (for controlled involuntary medication of the inmate):
 - a. when the treating psychiatrist/physician requests the administration of an involuntary medication, s/he will prepare a complete evaluation, which documents the facts and underlying reasons supporting the decision as well as the inmate's mental condition for the Treatment Review Committee. This is to include, but not limited to:
 - 1) the DSM diagnosis;
 - 2) indications from the medical record or direct observation that the inmate is either gravely disabled or poses a likelihood of serious harm to self or others;
 - 3) methods used to motivate the inmate to accept medications voluntarily and the inmate response to these efforts; and
 - 4) also to be included would be the patient's expected prognosis and behavior on and off of medications.
 - b. The inmate must receive a *Notice of Hearing for Involuntary Medication form* (see attachment B) that involuntary medication is being considered. The notice must include:
 - 1) date and time the Involuntary Medication Hearing will be held;
 - 2) the provisional diagnosis;
 - 3) data which reflects the factual basis for such a diagnosis; and
 - 4) the basis on which it has been determined that there is medical necessity for involuntary treatment.
 - c. Inmate rights at the Involuntary Medication Hearing:
 - 1) the inmate has an opportunity to be present and to be heard in person at the hearing and to present documentary evidence on his behalf;
 - 2) the inmate may have a lay advisor to advise him during the hearing process. The lay advisor will meet with the inmate prior to the hearing to discuss procedures and mental health issues involved. The lay advisor will document the interaction with the inmate on a DAP note;
 - 3) at the hearing, the treating psychiatrist/physician is obligated to disclose to the inmate the evidence used for the proposed involuntary treatment;

Procedure No. MSP HS G-03.0	Subject: Involuntary Psychotropic Medications
Effective Date: November 1, 2010	p.3 of 4

- 4) the inmate has a limited right to present testimony through his own witnesses and to cross-examine witnesses that are called by the treating psychiatrist/physician and witnesses provided by mental health staff;
 - 5) when Montana State Prison staff members are called as witnesses by the Treatment Review Committee, every effort will be made to have such witnesses present to testify at the hearing. Written statements of such staff members may be considered in their absence; and
 - 6) the Chair of the Involuntary Medication Hearing will document reasons for not allowing an inmate to present or cross examine a witness orally at the hearing and in writing as part of the final decision. Reasons for not allowing an inmate to present witnesses or to cross examine witnesses include, but are not limited to, irrelevance, lack of necessity, redundancy, possible reprisals, or other reasons related to institutional interests of security and order.
- d. Treatment Review Committee process and hearing:
- 1) the Treatment Review Committee will base its decision upon the treating psychiatrist/physician's recommendation and report, information provided by other mental health professionals and involved staff members, a review of the inmates' health record, and a face to face interview/evaluation of the inmate;
 - 2) the committee chairperson will document the findings of the hearing on a *Treatment Review Committee Documentation Form (attachment A)*. This includes the following:
 - a) documentation will include the evidence relied upon and rationale for the committee's final decision;
 - b) the chairperson may choose to table the request for involuntary medication, request further evidence, or conduct another hearing.
 - 3) following the hearing, the inmate may receive involuntary medications based upon the Treatment Review Committee recommendations.
 - 4) the inmate will be given a copy of the *Treatment Review Committee Documentation Form* within seven days. Copies will also be placed in the mental health and medical files;
 - 5) treatment reviews will only be done if the inmate requests a review in writing. Reviews can be requested by the inmate after one year following the initial hearing and once per year thereafter. The Treatment Review Committee will conduct a review in accordance with committee procedures. If the inmate does not request a review, the administration of involuntary medicines is in effect indefinitely without further action from the committee;
 - 6) in the event that the inmate agrees to voluntarily submit to treatment following a positive committee decision for involuntary medicine, involuntary procedures can be suspended. However, the order remains in effect and the treating psychiatrist can resume involuntary procedures as necessary, depending on the inmate's compliance with treatment; and
 - 7) per *MSP 3.1.8, Use of Force and Restraints*, both force and restraints may be utilized in the administration of involuntary medication.

Procedure No. MSP HS G-03.0	Subject: Involuntary Psychotropic Medications
Effective Date: November 1, 2010	p.4 of 4

- e. Once the Treatment Review Committee has made the decision to authorize involuntary treatment with psychotropic medications, the treating psychiatrist will have the responsibility to:
 - 1) order medications according to the accepted medical standard of care in the community;
 - 2) order any necessary laboratory tests or other procedures to monitor prescribed medications; and
 - 3) temporarily discontinue the involuntary medications as a result of the following (this may be done without affecting the involuntary status of the patient):
 - a) excessive side effects, or medical problems suspected to be due to medications; or
 - b) toxic levels of the medications in the inmate's blood.
3. Inmate appeal process is as follows:
 - a. the inmate will be permitted to submit a written appeal concerning the decision of the Involuntary Medication Hearing to the Mental Health Clinical Services Manager. The appeal must be submitted within seven days from his receipt of the committee's decision;
 - b. the Mental Health Clinical Services Manager will serve as the Department's designee for the Department of Corrections, and will review all appeals concerning involuntary medication to determine if all procedures were followed;
 - c. the Mental Health Clinical Services Manager will take action within five days of receipt of the appeal, exclusive of holidays or weekends; and
 - d. this procedure will be reviewed annually by the Mental Health Clinical Services Manager.

IV. Attachments:

Treatment Review Documentation form	attachment A
Notice of Hearing for Involuntary Medication form	attachment B



Forced Psychiatric Medication Hearing
Treatment Review Committee Documentation Form

Inmate Name: _____

AO# _____

Date: _____

Committee Members Present for Hearing: _____

Treating Psychiatrist: _____

Lay Advisor: _____

Other staff members present: _____

Hearing Notes/Subjective and Objective Observations:

Committee Findings:

All three of the below criteria must be met in order to approve forced medicines:

1. Does the inmate suffer from a mental illness or mental disorder?
Yes _____ No _____
2. Is the inmate a danger to self or others or gravely disabled?
Yes _____ No _____
3. Is medication in the best medical interest of the inmate?
Yes _____ No _____

Inmate Name and AO# _____

Should psychiatric medicines be administered involuntarily?

Yes _____ No _____

Summary of Treatment Committee Findings:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Signature:

Treatment Review Committee Chairman

Date _____

Warden's Comments:

Warden's Signature _____

Date

NOTICE OF HEARING FOR INVOLUNTARY MEDICATIONS



To: (Inmate's Name)
AO#

The Montana State Prison Treatment Review Committee will be reviewing your case for possible treatment with involuntary medications. This letter is intended to inform you in writing of the scheduled hearing and your rights at that hearing.

The hearing will tentatively be held on ____ / ____ / ____ at _____ to consider the administration of involuntary medicines for the diagnosis of

“(state the diagnosis).” This diagnosis is based on your history of (example: delusions, paranoia, loss of touch with reality, pressured speech, confused thinking and dangerous behaviors that are a direct result of your mental illness).

It is believed that involuntary treatment is necessary due to your continued noncompliance with recommended treatment, and your high risk for *(example: assaulting other inmates or staff)* as the result of your mental illness.

Rights

You have the right to be present and to be heard in person at the hearing and to present evidence on your behalf

You have the right to hear evidence that is being relied upon in the consideration of involuntary treatment

You have a limited right to present testimony through your own witnesses and to cross-examine witnesses called by Montana State Prison

You have the right to have a Lay Advisor appointed by the Mental Health Director to advise you during the hearing process.

If involuntary medicines are approved, you have the right to request another hearing on this matter every 6 months.

Chairperson, Treatment Review Committee

Date:



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS G-04.0	Subject: FORENSIC INFORMATION, THERAPEUTIC RELATIONSHIP, AND DISCIPLINARY ACTIONS	
Reference: NCCHC Standard P-G-04, 2018; DOC 1.5.13, DNA Testing/Collection of Biological Samples; DOC 1.3.14, Prison Rape Elimination Act of 2003 (PREA) MSP 1.1.17, PREA, MSP 3.1.17a Searches	Page 1 of 1 and no attachments	
Effective Date: November 1, 2010	Revised: December 31, 2019	
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief		
Signature / Title: /s/ Paul Rees M.D. / Medical Director		

I. PURPOSE

To define the role of the health staff in the collection of certain information for forensic purposes and to protect the integrity of the therapeutic partnership with the inmate/patient.

II. DEFINITIONS

Forensic Information – physical or psychological data collected from an inmate that may be used against him or her in disciplinary or legal proceedings.

III. PROCEDURES

A. Guidelines

1. Health Staff are not involved in the collection of forensic information.
 - a. State law and court ordered laboratory tests may be drawn by MSP health care personnel, so long as there is consent of the inmate and the health services staff is not involved in any punitive action taken as a result of an inmate's nonparticipation in the collection process.
 - b. The order for laboratory collection must be requested by an attending physician who is not involved in a therapeutic relationship with the inmate.
2. Health staff do not participate in disciplinary action nor are compelled to provide clinical information solely for the purposes of discipline.
 - a. Health staff may advocate for mitigating circumstances in cases of medical and mental health disorders.
3. Treatments and medications are never withheld as a form of punishment.
4. Segregation and restraints are never clinically implemented as disciplinary action.
5. Body Cavity Searches
 - c. MSP health care staff may not, under any circumstances, participate in a body cavity search.
 - d. If the need for body cavity search is required, the Facility Administrator, or designee, may request that health service staff from a community health care facility perform the procedure. See MSP 3.1.17a.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENTS None



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS G-05.1	Subject: RIGHT TO REFUSE MEDICAL TREATMENT
Reference: NCCHC Standard P-G-05, 2018;	Page 1 of 3 and 1 attachments
Effective Date: November 1, 2010	Revised: December 31, 2019
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paul Rees M.D./ Medical Director	

I. PURPOSE

To establish procedures to ensure inmates are granted the right to refuse medical care and treatment.

II. DEFINITIONS

Qualified Health Care Professional – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for offenders, including contracted or fee-for-service professionals.

Health Care Staff – includes qualified health care professionals and non-licensed health care staff (e.g., medical records staff, health care aides) responsible for inmate health care administration and treatment.

III. PROCEDURES

A. Assurances

1. All inmates have the right to refuse medical treatment.
2. Facility and health care providers and staff will not punish inmates for exercising their right to refuse medical treatment.
3. Health care staff will:
 - a. ensure that the inmate is informed of the purpose for a recommended procedure or medication; and
 - b. provide an explanation of the potential risk involved in the inmate's refusal of treatment.

B. Refusal Procedures

1. The inmate or a staff member notifies the health care staff of the refusal of treatment or therapy.
2. The health care staff will complete the following sections of an MSP [Refusal of Treatment form](#):
 - a. description of treatment or therapy refused;
 - b. purpose for the treatment or therapy refused; and
 - c. risk and possible consequences of refusal of treatment or therapy.
3. The pink copy of the Refusal of Treatment form will be removed from the form, and the remaining white and yellow copy will be delivered in person or by institutional mail to the inmate. The un-signed, pink copy of the Refusal of Treatment form will be placed in the inmate's medical or dental health record until the signed white copy is inserted in its place.
4. The staff member who delivers the white and yellow copies to the inmate will ensure:
 - a. the inmate completes the reason for refusal of treatment or therapy section of the form;
 - b. writes down any additional comments; and
 - c. the inmate signs the form, noting his ID/AO# and the date.

Procedure No. MSP HS G-05.1	Subject: RIGHT TO REFUSE MEDICAL TREATMENT
Effective Date: November 1, 2010	p.2 of 2

5. The staff member who delivers the form will then:
 - a. sign the form as a witness to the inmate's refusal;
 - b. notate their position;
 - c. date the form;
 - d. give the yellow copy of the form to the inmate; and
 - e. forward/bring the white copy to the Infirmary where medical records staff will place it in the inmate's health records. Once the signed white copy is secured in the inmate's health record, the unsigned pink copy can be eliminated.
6. If the inmate refuses to sign the form, two staff witnesses must countersign and document the refusal on the form.
 - a. One witness will notate the inmate was informed of the purpose of treatment or therapy and the refusal of the inmate to sign the Refusal of Treatment form.
 - b. This witness will sign, notate their position and date in the lower portion of the Comments Section of the Refusal of Treatment form.
 - c. A second witness will countersign, notate their position, and date the Refusal of Treatment form.
7. Health care staff will not allow inmates to sign a blanket refusal for treatment.
8. If an inmate refuses routine sick call or a single dose of medication, health care staff will only require the inmate to sign the medical refusal form, provided the refusal does not seriously jeopardize the inmate's health.
9. An inmate does not waive his or her right to subsequent health care by refusing treatment at a particular time.

C. Counseling Procedures

1. Health Care Staff will counsel any inmate who repeatedly refuses assessments, clinic appointments, or medication pass. When the inmate's refusal may seriously jeopardize his or her health the Health Care Staff will:
 - a. inform the inmate concerning the benefits and risks of the proposed treatment or medication;
 - b. provide the counseling in the health services area or other private clinical setting; and
 - c. document the meeting in the inmate's health record.

D. Separate Housing

1. When an inmate refuses treatment, and he has a medical condition that poses a health risk to others, health care staff may isolate him from the general population.
2. In such cases, designated health care staff will consult with custody and classification staff to determine the appropriate housing for the inmate.

E. Life Threatening Situations

1. When an inmate's life is threatened by his refusal to accept medical treatment, the Clinical Services Manager, Medical Director and Facility Administrator or designee will immediately pursue legal counsel through DOC Legal Services Bureau.

Procedure No. MSP HS G-05.1	Subject: RIGHT TO REFUSE MEDICAL TREATMENT	
Effective Date: November 1, 2010		p.3 of 3

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENTS

Refusal of Treatment form

attachment A



Montana State Prison

Refusal of Treatment

Print:

Inmate / Resident Name (last, First)

Date

Unit

I, _____, DOC ID #: _____, an Inmate at
Montana State Prison **refuse** to have the following recommended treatment:

☐ **MEDICAL**

☐ **DENTAL**

☐ **MENTAL HEALTH**

Description of treatment or therapy refused:

Purpose of treatment or therapy refused:

recommended by: _____

I acknowledge that I have been informed of the below risk and possible consequences that include, but are not limited to the following and which may result in serious adverse health effects including death.

- a) _____
- b) _____
- c) _____
- d) _____

To be completed by Inmate:

Reason for Refusal:

Comments:

I hereby release Montana State Prison and their employees, agents, contractors and Independent Providers from **all** responsibility for any and all affects that may result from the above refusal.

Inmate's Signature

DOC ID #:

Date / Time:

Witness

Position

Date / Time:

Procedure No. MSP HS I-05.1	Subject: RIGHT TO REFUSE MEDICAL TREATMENT	
Effective Date: November 1, 2010		p.5 of 2



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS G-05.0	Subject: INFORMED CONSENT
Reference: NCCHC Standard P-G-05, 2018	Page 1 of 2 and two attachments
Effective Date: November 1, 2010	Revised: December 31, 2019
Signature / Title: /s/ Cindy Hiner / Medical Bureau Chief	
Signature / Title: /s/ Paull Rees M.D. / Medical Director	

I. PURPOSE

To identify circumstances under which risks and benefits of medical intervention are explained to the patient.

II. DEFINITIONS

Informed Consent – written agreement by a patient to a treatment, examination, or procedure after patient receives the material facts about the nature, consequences, and risks of the proposed treatment, examination, or procedure; the alternatives to it, and the prognosis if the proposed action is not undertaken.

Invasive Care – care above and beyond “Routine Care” examples would be, invasive procedures including surgeries, invasive diagnostic testing, dental extractions or reconstructive work, and inpatient/outpatient surgeries including meditations that would require consent in a community setting.

Routine Care/Non-Invasive Care – medical procedure that does not penetrate or break the skin or body cavity, i.e., physical evaluation, vital signs, medication administration, dressing change, and basic diagnostic tests to include inpatient infirmary care and treatment.

III. PROCEDURES

A. Routine Care

1. During the receiving screening process medical staff will inform each inmate of the definition for “Routine Care”.
2. Inmate will be requested to sign written agreement for consent to “Routine Care”.

B. Invasive Care

1. At any time that medical care or treatment considered invasive, is provided, and there is risk and benefit to the patient, informed consent is documented on an appropriate care agreement containing the signatures of the patient and health services staff witness.
2. Inmates receiving care from outside facilities/specialties will receive facility specific informed consent prior to procedure.

C. Documentation

1. The consent for Routine Care or Invasive Care will be preserved in the patient’s permanent health record under the consults tab.
2. Consent for invasive dental procedures will be preserved in the patient’s dental record utilizing a dental consent for procedure form.

Procedure No. MSP HS G-05.0	Subject: INFORMED CONSENT
Effective Date: November 1, 2010	

3. Consent for administration of psychotropic medications will be included in the original routine care agreement initiated upon intake and preserved in both the inmates' permanent health record and also in individual mental health files. Exceptions would be forced psychotropic medications which will follow *MSP HS G-03.0 Involuntary Psychotropic Medication Administration*.

D. Exceptions to Informed Consent

1. Certain situations do not require health care staff to obtain informed consent. Examples of exceptions are:
 - a. life threatening conditions that require immediate medical intervention for the safety of the patient;
 - b. emergency care of a patient who does not have the capacity to understand the information given; and
 - c. certain public health matters.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Clinical Services Manager.

V. ATTACHMENTS

Informed Clinical Consent

attachment A

Consent for Routine Medical, Dental, Mental Health Services

attachment B



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON**

INFORMED CLINICAL CONSENT

I understand that the following clinical procedure; _____

Is recommended by _____.

(MDOC Health Care Provider Name)

I have received a clear explanation of my condition, the recommended clinical procedure, the probability of success, treatment alternatives and post procedure expectations/care.

The expected benefit(s) from this clinical procedure is/are _____

I have been advised of any significant risks in relation to this clinical procedure. The following reasonably foreseeable risks were discussed: _____

I understand that if the procedure is NOT performed the possible risks are: _____

I am aware of my right to give informed consent or informed refusal I, _____ give
my informed consent to the recommended procedure. *(do or do not)*

Patient comments: _____

Signature of Patient _____ Date/Time _____

Signature of Witness _____ Date/Time _____

Patient Refused to Sign _____ Date/Time _____

Witness Signature



Dental, Medical, and Mental health services at Montana State Prison are provided by qualified health professionals. If necessary, you may receive routine services from a dentist, dental hygienist, physician, nurse practitioner, physicians assistant, psychiatrist, clinical psychologist, mental health specialist, psychiatric nurse, registered nurse, licensed practical nurse, and/or a mental health technician.

Routine medical services available to you at Montana State Prison include:

- Oral, intramuscular, and intravenous Medication administration
- Medical/physical assessment
- Outpatient clinical services
- Routine diagnostic testing i.e. lab draws, urinalysis
- Infirmary inpatient care

Routine dental services available to you at Montana State Prison include:

- Exams/Cleanings
- Routine diagnostic testing
- Fillings, impressions, crowns

Mental health services available to you at Montana State Prison include:

- Mental health assessments
- Psychological testing
- Emergency mental health evaluations
- Psychiatric medication treatment
- Inpatient mental health treatment
- Outpatient mental health treatment
- Disciplinary segregation assessments
- Parole assessments

You may participate in these services, depending on your individual needs. You have the right to refuse services at any time.

The Department of Corrections and Montana State Prison personnel have set up policies and procedures designed to keep the information confidential and only available to staff members with a need to know the information for treatment, classification, security, or parole purposes.

Health services staff are obligated to break confidentiality and report any threat of harm to yourself, threat of harm to others, child abuse, elder abuse, or threat of escape.

The information you provide to health services staff will be documented and kept in files. In general, the information will not be released to third parties without your written consent.

I have read or have had read to me, and understand, the above information. My questions about Health Services have been answered. Any invasive procedures will require informed consent prior to or at the time of the needed procedure. I consent to participation in Medical, Dental, and Mental Health Services in Montana State Prison:

Printed Name: _____

Signature: _____ Date _____

DOC ID Number: _____

Witness Name: _____

Witness Signature: _____ Date _____



Montana State Prison Restricted Procedures

The following procedures are **restricted**; if you have authorization please click the links below to continue.

[*MSP 3.1.7 RD Emergency Equipment and Armory Operations*](#)

[*MSP 3.1.12 RD Inmate Escort and Transport*](#)

[*MSP 3.1.13 RD Key Control*](#)

[*MSP 3.1.31 RD Firearms*](#)

[*MSP 3.1.105 RD Tower Regulations*](#)

[*MSP 3.2.1B RD Correctional Incident Command \(previously 3.7.4\)*](#)

[*MSP 3.2.2 RD Tactical Teams \(previously 3.7.9 and 3.2.9\)*](#)

[*MSP 3.2.3 RD Airspace Security \(previously 3.7.10\)*](#)

[*MSP 3.2.4 RD Bomb Threats, Suspicious Objects \(previously 3.7.11\)*](#)

[*MSP 3.2.5 Internal Evacuation \(previously 3.7.14\)*](#)

[*MSP 3.2.6 RD External Evacuation \(previously 3.7.15\)*](#)

[*MSP 3.2.7 RD Emergency Perimeter Security \(previously 3.7.17\)*](#)

[*MSP 3.2.8 RD Facility Lockdown \(previously 3.7.18\)*](#)

[*MSP 3.2.11 RD Escapes \(previously 3.2.2\)*](#)

[*MSP 3.2.26 RD Disturbances / Riots \(previously 3.7.26\)*](#)

[*MSP 3.2.102 RD CISC Exercise Design and Evaluation*](#)

[*MSP 3.2.103 RD Emergency Response Management \(previously 3.7.6\)*](#)

[*MSP 3.2.104 RD Emergency Media Relations \(previously 3.7.7 & 3.2.104\)*](#)

[*MSP 3.2.106 RD Emergency Staffing / job Action Plan \(previously 3.7.13\)*](#)

[*MSP 3.2.107 RD Negotiations Management \(previously 3.7.21\)*](#)

[*MSP 3.2.110 RD Critical Incident Fact Finding*](#)

[*MSP 3.2.122 RD Natural Disasters*](#)

[*MSP 3.2.123 RD Utility Failure*](#)

[*MSP 3.4.101 RD Informant Information Reports*](#)