



501 KAR 6:400
MIR Attached

Andy Beshear
GOVERNOR

JUSTICE AND PUBLIC SAFETY CABINET

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Keith L. Jackson
SECRETARY

October 14, 2024

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
083, Capitol Annex
Frankfort KY 40601

Re: 501 KAR 6:300. News media;
501 KAR 6:310. Monitoring and operation of private prisons;
501 KAR 6:320. Corrections policies and procedures: inmate funds;
501 KAR 6:340. Corrections policies and procedures: research and information;
501 KAR 6:360. Corrections policies and procedures: safety and critical incident notification;
501 KAR 6:370. Corrections policies and procedures: security and control;
501 KAR 6:380. Corrections policies and procedures: special management and restrictive housing inmates, safekeepers, and contract prisoners;
501 KAR 6:390. Corrections policies and procedures: inmate diet;
501 KAR 6:400. Corrections policies and procedures: inmate health care;
501 KAR 6:420. Corrections policies and procedures: inmate rules and discipline.
501 KAR 6:430. Corrections policies and procedures: communication, mail, and visiting.
501 KAR 6:440. Corrections policies and procedures: inmate reception, orientation, and personal property.
501 KAR 6:450. Corrections policies and procedures: classification.
501 KAR 6:460. Corrections policies and procedures: inmate work programs.
501 KAR 6:470. Corrections policies and procedures: inmate education and training.
501 KAR 6:490. Corrections policies and procedures: inmate recreation and activities.
501 KAR 6:500. Religious programs.

501 KAR 6:510. Corrections policies and procedures: release preparation and temporary release.

501 KAR 6:520. Citizen involvement, volunteer, and reentry mentor service programs.

501 KAR 6:530. Corrections policies and procedures: programs and sentence credits.

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 501 KAR 6:300. News media; 501 KAR 6:310. Monitoring and operation of private prisons; 501 KAR 6:320. Corrections policies and procedures: inmate funds; 501 KAR 6:340. Corrections policies and procedures: research and information; 501 KAR 6:360. Corrections policies and procedures: safety and critical incident notification; 501 KAR 6:370. Corrections policies and procedures: security and control; 501 KAR 6:380. Corrections policies and procedures: special management and restrictive housing inmates, safekeepers, and contract prisoners; 501 KAR 6:390. Corrections policies and procedures: inmate diet; 501 KAR 6:400. Corrections policies and procedures: inmate health care; 501 KAR 6:420. Corrections policies and procedures: inmate rules and discipline; 501 KAR 6:430. Corrections policies and procedures: communication, mail, and visiting; 501 KAR 6:440. Corrections policies and procedures: inmate reception, orientation, and personal property; 501 KAR 6:450. Corrections policies and procedures: classification; 501 KAR 6:460. Corrections policies and procedures: inmate work programs; 501 KAR 6:470. Corrections policies and procedures: inmate education and training; 501 KAR 6:490. Corrections policies and procedures: inmate recreation and activities; 501 KAR 6:500. Religious programs; 501 KAR 6:510. Corrections policies and procedures: release preparation and temporary release; 501 KAR 6:520. Citizen involvement, volunteer, and reentry mentor service programs; and 501 KAR 6:530. Corrections policies and procedures: programs and sentence credits, the Justice and Public Safety Cabinet proposes the attached substitutes to 501 KAR 6:300. News media; 501 KAR 6:310. Monitoring and operation of private prisons; 501 KAR 6:320. Corrections policies and procedures: inmate funds; 501 KAR 6:340. Corrections policies and procedures: research and information; 501 KAR 6:360. Corrections policies and procedures: safety and critical incident notification; 501 KAR 6:370. Corrections policies and procedures: security and control; 501 KAR 6:380. Corrections policies and procedures: special management and restrictive housing inmates, safekeepers, and contract prisoners; 501 KAR 6:390. Corrections policies and procedures: inmate diet; 501 KAR 6:400. Corrections policies and procedures: inmate health care; 501 KAR 6:420. Corrections policies and procedures: inmate rules and discipline; 501 KAR 6:430. Corrections policies and procedures: communication, mail, and visiting; 501 KAR 6:440. Corrections policies and procedures: inmate reception, orientation, and personal property; 501 KAR 6:450. Corrections policies and procedures: classification; 501 KAR 6:460. Corrections policies and procedures: inmate work programs; 501 KAR 6:470. Corrections policies and procedures: inmate education and training; 501 KAR 6:490. Corrections policies and procedures: inmate recreation and

activities; 501 KAR 6:500. Religious programs; 501 KAR 6:510. Corrections policies and procedures: release preparation and temporary release; 501 KAR 6:520. Citizen involvement, volunteer, and reentry mentor service programs; and 501 KAR 6:530. Corrections policies and procedures: programs and sentence credits.

Sincerely,



Nathan Goens, Attorney
Justice and Public Safety Cabinet
125 Holmes Street, 2nd Floor
Frankfort, Kentucky 40601

enclosure

SUGGESTED SUBSTITUTE

**JUSTICE AND PUBLIC SAFETY CABINET
Department of Corrections**

501 KAR 6:400. Corrections policies and procedures: inmate health care.

RELATES TO: KRS Chapters 196, 197, KRS 311.621-311.641, 439.3405

STATUTORY AUTHORITY: KRS 196.035, 197.020, 197.110

NECESSITY, FUNCTION, AND CONFORMITY: KRS 196.035 authorizes the secretary to promulgate administrative regulations deemed necessary or suitable for the proper administration of the functions of the cabinet or any division in the cabinet. KRS 197.020(1)(a) and (b) require the Department of Corrections to promulgate administrative regulations for the government and discipline of the penitentiary, government and official conduct of all officials connected with the penitentiary, government of the prisoners in their deportment and conduct, preservation of the health of the prisoners, and character of the labor and length of time during which the prisoners shall be employed daily. KRS 197.110 authorizes the department to promulgate administrative regulations for purposes as the department deems necessary and proper for carrying out the intent of KRS Chapter 197. This administrative regulation establishes policies and procedures concerning inmate health care for the Department of Corrections.

Section 1. Incorporation by Reference.

(1) "Department of Corrections Policies and Procedures, Chapter 13", **October**~~May~~ 15, 2024, are incorporated by reference. Department of Corrections Policies and Procedures Chapter 13 includes:

13.1	Pharmacy Policy and Formulary <u>(10/15/24)</u> (1/15/15)
13.2	Health Maintenance Services <u>(10/15/24)</u> (2/26/16)
13.3	Medical Alert System <u>(10/15/24)</u> (3/14/14)
13.5	Advance Healthcare Directives <u>(10/15/24)</u> (6/14/16)
13.7	Involuntary Psychotropic Medication <u>(10/15/24)</u> (10/14/05)
13.9	Dental Services <u>(10/15/24)</u> (10/14/05)
13.10	Serious Infectious Disease <u>(10/15/24)</u> (3/14/14)
13.11	Do Not Resuscitate Order <u>(10/15/24)</u> (8/9/05)
13.12	Suicide Prevention and Intervention Program <u>(10/15/24)</u> (5/15/24)
13.13	Mental Health Services <u>(10/15/24)</u> (5/15/24)
13.15	Inmate Observer Program <u>(10/15/24)</u> (8/12/16)

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Justice and Public Safety Cabinet, Office of Legal Services, 125 Holmes Street, 2nd Floor, Frankfort, Kentucky 40601, phone (502) 564-3279, fax (502) 564-6686, Monday through Friday, 8 a.m. to 4:30 p.m. This material may be obtained from the Department of Corrections Web site in the policies and procedures area at <https://corrections.ky.gov/About/cpp/Pages/default.aspx> or the regulation filing area at <https://corrections.ky.gov/about/pages/lrcfilings.aspx>.

Changes to Material Incorporated by Reference:

CPP 13.1

Page 1, Date Filed Box

Insert "October 15, 2024".

Delete "January 15, 2024".

Pages 1-2, Effective Date Box

Delete "July 31, 2015".

Page 1, Header

Insert "Supersedes Effective Date" box.

CPP 13.2

Page 1, Date Filed Box

Insert "October 15, 2024".

Delete "February 26, 2016".

Pages 1-11, Effective Date Box

Delete "August 5, 2016".

Page 1, Header

Insert "Supersedes Effective Date" box.

CPP 13.3

Page 1, Date Filed Box

Insert "October 15, 2024".

Delete "March 14, 2024".

Pages 1-2, Effective Date Box

Delete "August 1, 2014".

Page 1, Header

Insert "Supersedes Effective Date" box.

CPP 13.5

Page 1, Date Filed Box

Insert "October 15, 2024".

Delete "June 14, 2016".

Pages 1-4, Effective Date Box

Delete "August 5, 2016".

Page 1, Header

Insert "Supersedes Effective Date" box.

Page 3, II.F.1.

After "As part of the advance directive, an inmate", insert "may".

Delete "can".

Page 4, II.F.3.

After "3.", insert the following:

An inmate shall not appoint another inmate within the confines of the Kentucky Department of Corrections to be his health care surrogate except if the inmate surrogate is a relative.

Delete the following:

An inmate may not appoint another inmate within the confines of the Kentucky Department of Corrections to be his health care surrogate. An exception may be made if the inmate surrogate is a relative.

CPP 13.7

Page 1, Date Filed Box

Insert "October 15, 2024".

Delete "October 14, 2005".

Pages 1-6, Effective Date Box

Delete "February 3, 2006".

Page 1, Header

Insert "Supersedes Effective Date" box.

CPP 13.9

Page 1, Date Filed Box

Insert "October 15, 2024".

Delete "October 14, 2005".

Pages 1-3, Effective Date Box

Delete "February 3, 2006".

Page 1, Header

Insert "Supersedes Effective Date" box.

CPP 13.10

Page 1, Date Filed Box

Insert "October 15, 2024".

Delete "March 14, 2005".

Pages 1-8, Effective Date Box

Delete "August 1, 2014".

Page 1, Header

Insert "Supersedes Effective Date" box.

CPP 13.11

Page 1, Date Filed Box

Insert "October 15, 2024".

Delete "June 3, 2005".

Pages 1-4, Effective Date Box

Delete "September 20, 2005".

Page 1, Header

Insert "Supersedes Effective Date" box.

Page 1, Subject

After "DO NOT", insert "RESUSCITATE".

Delete "RESUSCIATE".

CPP 13.12

Page 1, Date Filed Box

Insert "October".

Delete "May".

Page 1, Header

Insert "Supersedes Effective Date" box.

Page 2, III.A.1.

After "The training", insert "shall".

Delete "will".

Page 4, IV.C.

After "meeting with the inmate individually", insert "shall".

Delete "must".

Page 7, VII.C.

After "level of monitoring, which", insert "shall".

Delete "will".

After "Continuous", insert "Observation".

Delete "Watch".

Page 8, VIII.B.3.

After "from 15 Minute Watch to Continuous", insert "Observation".

Delete "Watch".

After "downgrade suicide watch from Continuous", insert "Observation".

Delete "Watch".

Page 8, IX.G.

After "G. The Shift Supervisor", insert "shall".

CPP 13.13

Page 1, Date Filed Box

Insert "October".

Delete "May".

Page 1, Header

Insert "Supersedes Effective Date" box.

Page 1, I. Definition of Mental Illness

After "KRS 210.005", insert "(5)".

Delete "(2)".

Page 5, II.B.6.c.

After "to further assess the inmate's need or to", insert "diagnose".

Delete "diagnosis".

CPP 13.15

Page 1, Date Filed Box

Insert "October 15, 2024".

Delete "August 12, 2016".

Pages 1-2. Effective Date Box

Delete "January 6, 2017".

Page 1, Header

Insert "Supersedes Effective Date" box.



**KENTUCKY
CORRECTIONS**
Policies and Procedures

Policy Number	13.1	Total Pages	2
Date Filed	October 15, 2024	Effective Date	
Supersedes Effective Date			
Authority/References KRS 196.035, 197.020 CPP 15.7 ACA 4-4378, 2-CO-1E-01	Subject PHARMACY POLICY AND FORMULARY		

I. POLICY and PROCEDURES

A. PHARMACEUTICAL SERVICES

1. Pharmaceutical services shall be in conformity with federal and state statutes.
2. Pharmaceutical services shall be organized, directed and integrated with the total health care delivery system.
3. Corrections shall have available to medical staff a pharmaceutical formulary.
4. Corrections shall have access to the services of a pharmacy consultant.

B. NON-FORMULARY MEDICATION

1. Medical providers shall have the opportunity to justify and request the use of non-formulary medications by utilizing a written non-formulary request or an electronic non-formulary request mechanism.
2. Non-formulary requests shall be submitted to the Office of the Medical Director or designee for review.
3. In emergency situations requiring non-formulary medication use, the Central Office Medical Duty Officer may be contacted for verbal approval.

C. INMATE CO-PAY

1. An inmate shall not be charged for formulary medications.
2. An inmate shall not be charged for non-formulary psychiatric medications.

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3. Except for medications in C.2., an inmate shall be charged a \$3.00 co-pay for each non-formulary prescription and for each subsequent refill of that prescription, unless indigent as defined in CPP 15.7.



**KENTUCKY
CORRECTIONS**
Policies and Procedures

Policy Number

13.2

Total Pages

11

Date Filed

October 15, 2024

Effective Date

Supersedes Effective Date

Authority/References

KRS 196.035, 197.020, 439.3405
501 KAR 1:030
CPP 15.7, 16.1
ACA 4-4346, 4-4347, 4-4351(M), 4-4355,
4-4362(M), 4-4365(M), 4-4367, 4-4375,
4-4384(M), 4-4389(M), 4-4390, 4-4398
P&P ACA 3-3198
ACA 2-CO-3B-02, 2-CO-1E-01, 2-CO-4F-01

Subject

HEALTH MAINTENANCE SERVICES

I. DEFINITIONS

"Cosmetic services" means any procedure, treatment or surgery designed to enhance the appearance, but is non-essential to the maintenance of basic health.

"Elective services" means any procedure, including a diagnostic service, or surgical procedure that is considered optional within the standards of accepted medical practice within the organized medical community. These services shall not be for the convenience of the inmate, but may be evaluated by the primary care health team on a case-by-case basis.

"Medical emergency" means serious life threatening or disabling condition manifested by severe symptoms occurring suddenly and unexpectedly that may result in serious physical impairment or loss of life if not treated immediately.

"Physician consultant" means a doctor who is trained in a specific medical specialty, located within the community, who agrees to evaluate and recommend treatment for certain medical conditions, as requested by the primary care provider.

"Primary care provider" means the institutional physician, nurse practitioner or physician assistant who evaluates the inmate's total health needs; provides personal medical care; and, if medically needed, preserves continuity of care and coordinates other providers of health services.

"Recommended therapy" means

1. summary and any advisement regarding a specific problem provided to the primary care provider from a consulting practitioner; and

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2. any advisement made to the inmate by the primary care provider to alleviate a current problem, prevent worsening of a problem or improve general health. The recommendation may be largely behavioral and within the inmate's ability to carry out.

II. POLICY and PROCEDURE

- A. An inmate shall be provided access to health care services.

In providing needed services, the emphasis within the institution shall be preventive in nature. The following preventive hierarchy shall be established by Corrections to meet the inmate's needs and provide a guide for services.

1. Prevention of death
2. Prevention of disease
3. Prevention of permanent disability

- B. Basic Program Requirements

1. Credentials

- a. A physician, dentist, nurse practitioner, pharmacist, nurse or other allied health professional shall comply with applicable state and federal licensure, certification, or registration requirements.
- b. Verification of the current license, certification, or registration shall remain in the individual's institutional personnel file, if the individual is an employee of the Department of Corrections.
- c. If an employee of the Department of Corrections, the individual shall also meet the specifications established by the Kentucky Department of Personnel.
- d. Unlicensed or uncertified health care staff employed within the institution shall meet the Department of Personnel specifications and work under the direction of the professional staff person in the designated area.

2. Staffing

- a. In order to maintain a sound program of care, adequate personnel shall be available within the institution for health assessments, the triaging of complaints and problems and follow-up services.

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- b. The institutional health administrator shall prepare and approve a written job description for each employee category.
- c. Staffing patterns shall reflect current trends in patient care in correctional facilities.

3. Community Care

- a. Each institution shall arrange twenty-four (24) hour services with a fully licensed community hospital.
- b. Emergency services, major surgery and specialties shall be available to the inmate, as deemed appropriate, by the primary care provider.

C. Medical Services

1. Evaluation

- a. An initial evaluation of the inmate's health shall occur immediately after admission to Corrections.
- b. The receiving screening form shall be completed by a staff person prior to the inmate's placement in the assessment and classification unit or, if applicable, on death row.
- c. This screening shall aid in identifying an inmate with a health problem that requires immediate medical intervention.
- d. The health history shall be completed within forty-eight (48) hours after admission to the institution.
- e. The history may be completed by a member of the medical department or by the inmate under the direction of a health care staff member. A physical examination including T.B. skin testing and venereal disease testing shall be completed within ten (10) working days of admission to Corrections.
- f. The examining providers shall sign the physical examination report and health history to acknowledge the examination and review.

2. Medical Care

Based on the examining primary care provider's findings, the inmate's medical status shall be considered in developing the total incarceration plan. The following classification review shall be conducted for an inmate in each health category.

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- a. Any indication of a life threatening or potentially disabling condition: emergency action.
 - b. If a health problem is present on admission that, if left untreated, may cause deterioration of the inmate's general health or result in permanent disability:
 - 1) The classification of work or activity shall be dictated by the primary care provider.
 - 2) The care or services needed to maintain, at a minimum, the present level of health shall be provided within the institution.
 - c. If a health problem is present on admission that limits work and recreational activity but does not threaten the general health or welfare:
 - 1) Follow the regular classification procedure. Any work assignment may vary from light duty to medical release from work depending on the nature and extent of the problem.
 - 2) A work or activity assignment shall not be given that may aggravate the existing problem.
 - d. In good health: activity shall not be restricted.
3. Access
- a. Routine Services:
 - 1) Each institution shall establish a mechanism for addressing the routine health needs of the inmate population.
 - 2) This shall be facilitated through standardizing the time and location of sick call.
 - 3) Upon arrival at an institution, the inmate shall be informed about how to access health services and the grievance system. This information shall be communicated orally and in writing, and shall be conveyed in a manner that may be easily understood by each inmate.
 - 4) The inmate shall be informed of the procedure for obtaining care during weekends, nights or holidays.

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- 5) Custody staff shall not have the authority to deny access to these services within the institution.
- 6) An inmate shall be charged \$3.00 for each non-emergency visit to sick call unless the inmate is indigent as defined in CPP 15.7. An inmate shall not be charged for chronic care clinics, intake screenings and appraisals, transfer screenings, or appointments initiated by medical staff.
- 7) An inmate shall not address more than two clinical concerns on a single sick-call slip. If two clinical issues are listed on a single sick-call slip, then the provider shall not decide to schedule two different clinic appointments unless absolutely necessary.

b. Special Services:

- 1) Any visit to a specialist shall be scheduled on a referral from the primary care provider.
- 2) Each institution shall maintain a current list of community consultants used that represent various specialties. This listing with addresses and telephone numbers shall be maintained in the medical area and updated as needed.

c. Community Practitioners

- 1) Two (2) types of primary care provider referrals to community practitioners may be considered:
 - a) A referral may be made for diagnostic evaluation and recommendation for treatment.
 - b) Referrals to specialists or sub-specialists for treatment of specific medical conditions.
- 2) Primary care providers shall review an inmate's consult and findings prior to making a follow-up appointment. A second opinion, if appropriate, shall be obtained from an objective source within the same medical specialty.
- 3) An inmate desiring a second opinion of his medical needs may make arrangements with a licensed physician of the inmate's choice.

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- a) The examination shall be conducted within the institution after the inmate has assumed responsibility for contact.
- b) The inmate shall establish a reasonable appointment time, and make provision for full payment of expenses with the outside physician.
- c) The physician, a special visitor, shall be received under CPP 16.1 Inmate Visits and bound by the specific institution's visiting procedure.
- d) All recommendations made by the visiting physician shall be reviewed by the primary care provider before making a decision to implement the recommendation.
- e) Since the inmate may not be the responsibility of the visiting physician, the inmate shall be followed by the primary care provider in accordance with his medical judgment.

D. Prosthesis

A prosthesis, or artificial device to replace a missing body part or compensate for defective bodily functions, may be provided if deemed essential for overall health maintenance by the primary care provider.

1. The prosthesis shall meet the minimum requirement for function.
2. A prosthetic device of a cosmetic nature only shall not be provided unless approved by the Medical Director or designee.
3. Once the prosthesis is issued, it becomes the property of the inmate. Breakage or malfunction, excluding proven defective product, occurring during what is considered the normal service life of the appliance shall be at the inmate's expense. Replacement of a lost prosthesis shall be at the inmate's expense. The Department of Corrections, in consultation with the medical director, may approve replacement of prosthesis because of normal wear and tear. Replacement of a medically related prosthesis shall be in accordance with this policy.
4. An inmate shall be charged a \$10.00 co-pay for each prosthetic device issued including replacements, unless the inmate is indigent as defined in CPP 15.7.

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E. Hearing Aids

1. A hearing aid shall be provided to an inmate if a hearing aid is determined to be medically necessary by a healthcare provider or audiologist. The expense of a medically necessary hearing aid shall be paid by the Department of Corrections. An inmate shall be charged a \$10.00 co-pay for each hearing aid issued, including replacements. If the inmate is indigent as defined in CPP 15.7, the fee shall be waived.
2. The department shall maintain all medically necessary hearing aids in good working condition while the inmate is in DOC custody. A battery for a medically necessary hearing aid shall be provided at no cost to the inmate.

F. Eye Glasses

1. An inmate shall be charged a \$5.00 co-pay per pair of state-issued eyeglasses, unless indigent as defined in CPP 15.7.
2. Eyeglasses issued by the state shall have state-issued plastic frames with state-issued lenses. Metal or wire reinforced frames or ear pieces shall not be permitted.
3. The department shall pay for the repair or replacement of eyeglasses damaged from normal wear or defects in materials or workmanship. Normal wear for a pair of glasses shall be expected to be a minimum of one (1) year. The department shall not pay to repair or replace eyeglasses that are lost or damaged by careless handling or willful negligence, unless recommended by the optometrist or ophthalmologist due to absolute clinical need. Repair or replacement of damaged or lost state-issued eyeglasses occurring within one (1) year of issuance shall be borne at the inmate's expense. The co-pay as stated in subsection 1 of this section shall apply to the repair or replacement of eyeglasses.
4. The Department shall provide new eyeglasses if the prescription changes greater than ½ diopter sphere or cylinder or the addition of increased power are indicated. In these cases, the inmate's co-pay shall apply.
5. Reading glasses shall be available for inmate use if indicated at no additional cost to the inmate other than the cost of the co-pay. An inmate with appropriate prescriptions may be offered over-the-counter reading glasses in lieu of prescription bifocals.

G. Contact Lenses

1. The department shall not furnish contact lenses and or maintenance supplies to an inmate except if indicated for specific diseases or conditions as

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diagnosed by a licensed optometrist or ophthalmologist. In this case, the department shall issue lens solution to maintain the contact lenses.

2. An inmate who enters Corrections without other eyewear shall be allowed to keep contact lenses until state-issued glasses are provided. In this case, the department shall issue lens solution to maintain the contact lenses until the eyeglasses are available.
3. An inmate who currently has contact lenses shall not be allowed to replace them, except as provided in subsection 1 above. Regular issue prescription glasses may be acquired in accordance with subsection F of this policy.

H. Emergency Medical Services

1. Staff trained in first aid procedures shall be available on each shift.
2. Each institution shall have a standardized written emergency plan for providing emergency care at any location in the institution.
3. The plan shall be approved by the Warden and reviewed annually.
4. Each institution shall include in its plan the following.
 - a. The location of first aid kits.
 - b. The placement of medical emergency information with appropriate phone numbers.
 - c. A written agreement for providing treatment on a twenty-four (24) hour basis by the primary community facility.
 - d. A listing of community emergency transportation systems, including telephone numbers.
 - e. The method and route of transporting a patient to the hospital.
 - f. Directions to the receiving facility with approximate time and mileage.
 - g. The medical emergency plan shall reflect the method of emergency coverage on weekends, holidays or second and third shifts and in the situation of more than one (1) casualty.

I. Physical Examinations

1. An inmate shall have a physical examination at least every three (3) years

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until the age of fifty (50).

2. An inmate enrolled in a chronic care clinic shall have a physical examination every year.
3. An inmate over the age of fifty (50) shall have a physical exam every year.
4. The physical examination shall be documented in the medical record and shall include the date performed and the signature of the provider conducting the examination.
5. A physical examination occurring during an inpatient hospitalization shall satisfy the requirement of this policy. However, the DOC primary care provider shall document that the physical examination findings have been reviewed. This documentation shall include the date of review and the signature of the reviewing provider.

J. Cosmetic and Elective Services and Procedures

1. In maintaining the health of an inmate, Corrections shall ensure that equitable services are available and needs are met in a reasonable and responsible manner.
2. A cosmetic or elective procedure requires the use of resources that may best be utilized in providing essential care to maintain basic health. A cosmetic surgery or procedure shall not be undertaken while the inmate remains in Corrections' custody.
3. To convey this emphasis to a community practitioner, a consultation request shall be clearly tagged "Corrections shall not pay for cosmetic or elective procedures" and it shall be clear which relevant procedures Corrections considers cosmetic or elective for which payment shall not be made.

K. Over-The-Counter Items

Each institution shall maintain in the medical area a list of over-the-counter items available in the canteen or through an institutionally approved source that may be used for a cosmetic or hygiene problem.

1. This list may be increased by the primary care provider, in consultation with the warden or his designee, based on population needs but shall include topical preparations for acne, lotion for dry skin, a denture cleaner and an anti-fungal powder or cream.

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2. An inmate shall be directed to this source for a purchase for a problem that has a hygienic basis, is used to improve appearance, or to treat a minor health problem.

L. Elective Services

1. Elective services shall include a treatment or surgical procedure not requiring immediate attention and, therefore, planned for the inmate's convenience.
2. Any condition present prior to incarceration and those acquired during incarceration within this category shall be monitored by the primary care provider according to an individualized plan.
3. So long as the institution maintains the basic health of an inmate, corrective therapy shall not be undertaken if not in conflict with section II(C)(2)(b) of this policy.

M. In-patient and Outpatient Services

Corrections shall provide the most appropriate medical aids and level of service that may safely be provided. For a hospital stay, this means that acute care as an in-patient shall be necessary due to the kind of service the inmate is receiving or the severity of the inmate's condition, and that safe and adequate care cannot be received as an outpatient or in a less acute care medical setting.

N. Organ Transplants

Organ transplants are extraordinary medical procedures and shall be reviewed and approved by the Medical Director prior to being provided to an inmate through the Department of Corrections.

1. A request for an organ transplant shall be forwarded to the Medical Director, along with full documentation of the inmate's case, including complete medical diagnosis and prognosis, current sentence status, viability of options for early release or furlough of the inmate, and any other factor, including payment of costs that may affect the Medical Director's decision. Costs associated with an organ transplant shall be addressed, including available community resources and the inmate's ability to pay.
2. If the Medical Director confirms the inmate is a suitable candidate for an organ transplant that is needed to preserve the inmate's life or to prevent irreparable harm, he may request the Parole Board to consider an early release pursuant to 501 KAR 1:030. Any approval for an organ transplant to be provided by Corrections shall be fully documented in writing by the Medical Director.

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3. The Medical Director shall review the inmate's medical history to include his behavior, adherence to medical advice and living habits for the purpose of determining whether the inmate is deemed an appropriate candidate for a transplant.

O. Medical Recommendation for Early Parole Consideration

Corrections may recommend to the Parole Board that an inmate be reviewed for early parole consideration for medical reasons in accordance with KRS 439.3405.

DEPARTMENT OF CORRECTIONS

Receiving Screening Form

INMATE
NAME _____ DATE _____ TIME _____

INMATE NUMBER _____

VISUAL OPINION

- | | | | |
|----|---|-----|----|
| 1. | Is the inmate conscious? | Yes | No |
| 2. | Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for emergency service? | Yes | No |
| 3. | Are there visible signs of trauma or illness requiring immediate emergency or doctor's care? | Yes | No |
| 4. | Is there obvious fever, swollen lymph nodes, jaundice, or other evidence of infection that might spread throughout the institution? | Yes | No |
| 5. | Is the skin in poor condition or show signs of vermin, rashes? | Yes | No |
| 6. | Does the inmate appear to be under the influence of alcohol? | Yes | No |
| 7. | Does the inmate appear to be under the influence of any drug? | Yes | No |
| 8. | Are there any visible signs of alcohol or drug withdrawal symptoms? (Extreme perspiration, shakes, nausea, pinpoint pupils, cramping, vomiting) | Yes | No |
| 9. | Does the inmate's behavior suggest the risk of suicide? | Yes | No |

- | | | | |
|-----|---|-----|----|
| 10. | Does the inmate's behavior suggest the risk of assault to staff or other inmates? | Yes | No |
| 11. | Is the inmate carrying or claims to carry medication that requires constant availability? | Yes | No |
| 12. | Are there any obvious physical handicaps? | Yes | No |

IF ANSWERED YES TO ANY QUESTIONS FROM 2-12, PLEASE SPECIFY WHY IN COMMENT SECTION BELOW.

STAFF INMATE QUESTIONNAIRE

- | | | | | |
|-----|---|-----|----|-------------|
| 13. | Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure, or psychiatric disorder? Circle condition. | Yes | No | No Response |
| 14. | Do you have a special diet prescribed by a physician? Type _____ | Yes | No | No Response |
| 15. | Do you have history of venereal disease or abnormal discharge? | Yes | No | No Response |
| 16. | Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? | Yes | No | No Response |
| 17. | Are you allergic to any medication? | Yes | No | No Response |
| 18. | Have you fainted recently or had a recent head injury? | Yes | No | No Response |
| 19. | Do you have epilepsy? | Yes | No | No Response |
| 20. | Do you have a history of tuberculosis? | Yes | No | No Response |
| 21. | Do you have diabetes? | Yes | No | No Response |
| 22. | Do you have hepatitis? | Yes | No | No Response |
| 23. | Do you have a painful dental condition? | Yes | No | No Response |

24. Do you have any other medical problem we need know about? Yes No No Response


25. Do you have an alcohol or drug use history? Yes No No Response

If so, what type _____ How much _____
For how long _____ Last Used _____
How often _____

Any additional comments (i.e., unusual behavior):

For Staff Member to Complete: This inmate has been informed how to access health services and the grievance system upon his admission. YES NO

Staff Signature

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Authority/References KRS 196.035, 197.020 ACA 4-4350, 4-4363, 4-4389, 2-CO-1E-01	Subject MEDICAL ALERT SYSTEM	

I. DEFINITIONS

“Medical alert system” means a system designed to provide immediate recognition of inmates who have specific illnesses.

II. POLICY and PROCEDURES

Inmates diagnosed with chronic conditions like allergies, asthma, diabetes, epilepsy, high blood pressure, heart disease, glaucoma or thyroid disease shall have available and participate in a medical alert system. Additionally, any inmate requiring dialysis shall have this noted according to the medical alert system. Inmates with chronic health problems shall be afforded care according to the individual treatment plan established by the institutional physician.

A. Purpose

1. An inmate having a chronic health problem may be subject to complications from the condition and may require immediate medical assistance. The medical alert system shall aid any employee in relaying accurate information in an emergency situation.
2. An individual with these conditions frequently have adverse responses to medication. The medical alert system shall enable medical staff to rapidly assess an inmate's medical needs and treat the inmate in an emergency situation.

B. Implementation


1. The medical department at each facility shall obtain a medical alert card from the Correctional Industries print shop.

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2. After an inmate has been diagnosed as having a chronic medical condition, the medical record shall be tagged with this information. The medical department shall record the inmate's medical condition on a medical alert card and sign the card.
3. The card shall be laminated and issued to the inmate. It shall be worn at all times by the inmate along with the institutional identification card.
4. The medical department shall maintain a log of cards issued. Cards shall be numbered chronologically with the institutional designation or code letters following the number.
5. On transfer to another institution, the medical alert card shall remain with the inmate. On discharge, the card shall be filed with medical records.

CORRECTIONS CABINET MEDICAL ALERT CARD

Name _____ Number _____
_____ Asthma _____ Diabetes
_____ Diabetes _____ Heart Disease
_____ Glaucoma _____ Thyroid Disease
_____ Renal Dialysis _____ High Blood Pressure
_____ Other _____
Issuing Signature _____
Date _____ Card No. _____

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Authority/References KRS 197.020, 196.035, 311.621, 311.623, 311.6231, 311.625, 311.627, 311.629, 311.631, 311.633, 311.635, 311.637 and 311.641	Subject ADVANCE HEALTHCARE DIRECTIVES	

I. DEFINITIONS

“Advance directive” is defined in KRS 311.621.

“Decisional capacity” is defined in KRS 311.621.

“Living will” means a document in which a person states his desire to have or not have extraordinary life-prolonging measures used when recovery is not possible from his terminal condition and complies with KRS 311.625.

“Health Care Surrogate” means an adult who has been designated to make health care decisions in accordance with KRS 311.621 to 311.643

“Life-prolonging treatment” is defined in KRS 311.621.

“Do Not Resuscitate Order” means a written order which authorizes medical personnel to withhold cardiopulmonary resuscitation, including artificial respiration, and defibrillation, from a particular patient in the event of cardiac or respiratory arrest. Such an order does not authorize the withholding of other medical interventions such as intravenous fluids, oxygen, or other therapies deemed necessary to provide comfort care or to alleviate pain. A Do Not Resuscitate Order may hereinafter be referred to as a DNR Order.

“Permanently unconscious” is defined in KRS 311.621(13).

II. POLICY and PROCEDURE

A. Advance Directives

1. Advance directives are documents that specify end of life decisions and are signed only after the inmate receives appropriate information regarding the meaning and consequences of such decisions.

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2. The Department of Corrections (DOC) shall accept all properly executed, written advance directives and shall place the advance directives document after it is received in the inmate's medical record. The primary care provider or any medical department employee who receives an original or a copy of an inmate's advance directive upon admission, transfer, or commitment shall be responsible for ensuring that such original or copy is placed in the inmate's medical record.

B. Implementation

1. An inmate received by the Department of Corrections may upon admission be educated regarding the use of advance directives and Do Not Resuscitate Orders. The inmate may indicate his wishes through completion of an advance directive document that complies with Kentucky law.
2. The inmate may initiate advance directives at any time during incarceration.
3. The appropriate documents shall be read to an inmate who is not able to read, if the inmate is involved in the advance directive process during incarceration.
4. Any inmate whose decisional capacity is in question during the advance directive process shall be referred to a qualified mental health professional for a competency evaluation prior to completing any documents regarding advance directives.
5. Any inmate whose treating physician determines that his or her life expectancy is less than one year or who is to undergo a designated medical procedure shall be given the opportunity, before that procedure is performed, to sign or alter advance directives. The designated medical procedures shall include:
 - a. surgery
 - b. chemotherapy
 - c. admission to any outside hospital
 - d. admission to any DOC Medical Unit, including the Nursing Care Facility at Kentucky State Reformatory.

C. Changes in Directives

The inmate shall be offered the opportunity to update his advance directive document at least once each year, during the scheduled meeting with the Classification Committee.

D. Revocation

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An inmate may revoke or alter any of his advance directives including the request for a DNR Order at any time without regard to his or her mental or physical condition. Revocation of any advance directive or DNR Order may be accomplished using any of the following means:

1. By written, signed, and dated declaration of the intent to revoke. An oral statement of intent to revoke may be made by any inmate with decisional capacity in the presence of two adults, one of whom shall be a health care provider.
2. By destruction of the original advance directives document by the inmate or by some person in the inmate's presence and at the inmate's direction.
3. An oral statement by an inmate with decisional capacity to revoke an advance directive shall override any previous written advance directive made.
4. When a revocation is communicated to any healthcare professional, that professional shall document this revocation in the inmate's medical record and immediately notify the responsible physician.

E. Implementation of Directives:

The DOC shall implement the advance directives of any inmate by the following procedure:

1. Upon completion, the advance directives document shall be placed in the inmate's medical file.
2. If the inmate is to be transported to any outside medical facility, the advance directive document shall be delivered to that facility.
3. If the inmate is admitted to the Nursing Care Facility or any other long-term medical unit within the DOC, the advance directive shall be placed in the medical chart for that unit.


F. Health Care Surrogate:

1. As part of the advance directive, an inmate may appoint a surrogate to make health care decisions for him when he no longer has decisional capacity. When making any health care decision for the inmate, the surrogate shall consider the recommendations of the primary care provider and attending physician and honor the decisions made by the inmate as expressed in his advance directive.
2. The surrogate shall not make a health care decision in any situation in which

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the inmate's primary care provider or attending physician has determined in good faith that the inmate has decisional capacity.

3. An inmate shall not appoint another inmate within the confines of the Kentucky Department of Corrections be his health care surrogate except if the inmate surrogate is a relative.
4. Employees of the Department of Corrections shall not assume the role of designated health care surrogate for any inmate nor shall they witness advance directive documents or requests for DNR Orders unless they are a notary public.

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References/Authority KRS 196.035, 197.020 Washington v. Harper, 494 U.S. 210 (1990) ACA 4-4401	Subject INVOLUNTARY PSYCHOTROPIC MEDICATION	

I. DEFINITIONS

"Mental disorder" means any organic, mental, or emotional impairment which has a substantial adverse effect on an individual's cognitive and volitional functioning.

"Likelihood of serious harm" means a risk that a patient may inflict physical harm upon himself as evidenced by verbal or written threats, gestures, past behaviors or attempts to inflict physical harm on one's self; upon another; or upon the property of others.

"Gravely disabled" means a condition resulting from a mental disorder which causes a person to be in danger of serious physical harm resulting from a failure to provide for his own essential human needs for health or safety or in which the person manifests severe deterioration in routine functioning as evidenced by repeated and escalating loss of cognitive and volitional control over his actions and is not receiving care as essential for personal health and safety.

II. POLICY and PROCEDURES

Psychotropic medication shall be administered involuntarily only in emergencies or if special conditions exist and the due process procedures outlined below have been implemented. For involuntary medication to be administered, it shall be demonstrated that the patient suffers from a mental disorder and constitutes a likelihood of serious harm or is gravely disabled.

A. A physician may order involuntary medication in an emergency situation.

1. An emergency exists if, in the judgment of a physician, a patient suffers from a mental disorder and presents an imminent likelihood of serious harm to self or others, or is gravely disabled.

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2. Emergency involuntary medication shall be administered only upon the order of a physician.
 3. Emergency involuntary medication may be administered initially, and under the order of a physician, repeated if necessary for up to twenty-four hours; however, if a physician orders, the period may be extended an additional forty-eight hours. The period during which emergency involuntary medication is administered shall not exceed seventy-two hours from the initial administration of medication.
 4. If staff administers emergency involuntary medication, the patient shall be assessed and evaluated by medical personnel every hour for the initial four hours and every four hours during the designated time period.
 5. If staff administers emergency involuntary medication, the patient shall be continuously supervised until medical personnel determine he is stable. Then the patient shall be placed on an appropriate security watch.
 6. All actions regarding the administration of emergency involuntary medication shall be documented in the medical record and in an Extraordinary Occurrence Report.
 7. If the physician orders emergency involuntary medication, medical staff shall immediately notify the Shift Captain or Supervisor who shall immediately notify the Warden or Institutional Duty Officer.
- B. A psychiatrist may order non-emergency involuntary medication subject to the approval of the Involuntary Medication Hearing Committee if, in the judgment of a psychiatrist, a patient suffers from a mental disorder and poses a likelihood of serious harm to self, others or property, or may be gravely disabled.
1. The psychiatrist shall send written notification of the need to medicate to the institutional Warden.
 2. The notice shall include an evaluation of the patient's current mental condition, the psychiatrist's opinion regarding the risk of harm or grave disability, and a description of the efforts taken to achieve voluntary medication compliance that were unsuccessful.
 3. A staff person assigned by the Warden or designee to initiate procedures preparatory for convening an Involuntary Medication Hearing shall:
 - a. Appoint a staff representative who is at least a Unit Manager and has not been involved in the current diagnosis or treatment of the patient.

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- b. The patient and his staff representative, shall be given written, twenty-four hour advance notification of the intent to convene an Involuntary Medication Hearing. The notification shall include the following information:
- 1) Date and time of the hearing;
 - 2) Diagnosis;
 - 3) Information that reflects the factual basis for the diagnosis;
 - 4) The basis for the determination that there is a medical necessity to involuntarily treat.
 - 5) Notice of the patient's right to be present at the hearing and to present documentary evidence and to call witnesses on his behalf unless security and order dictate otherwise.
 - 6) Notice of the patient's right to confront and cross-examine witnesses called by the institution unless security and order dictate otherwise.
- c. The Warden or his designee shall appoint an Involuntary Medication Hearing Committee composed of members who are impartial, who have not been involved in the current diagnosis or treatment of the patient, and who have had appropriate training on this policy. The committee shall include:
- 1) A psychiatrist
 - 2) A psychologist
 - 3) An institutional or Central Office staff member Grade 13 or above who shall serve as the chair of the committee.
- d. The hearing shall be recorded by an audio recording device.
- 1) A mental health professional shall present the case supporting the need for the administration of involuntary medication.
 - 2) The committee shall decide the case by majority vote based on the evidence, provided the psychiatrist votes in the majority.

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- 3) The decision of the committee shall be submitted in writing to the following:
 - a) The Warden;
 - b) The patient and his staff representative.
 - e. Approval by the committee to involuntarily medicate shall be granted initially for a period not to exceed fourteen (14) consecutive days from the date of the hearing.
- C. If the treating psychiatrist determines continued involuntary medication shall be necessary beyond the initially approved fourteen day period, the psychiatrist shall send the Warden an involuntary medication progress report documenting the patient's response to medication, any changes in medication, any side effects and the patient's current attitude towards the medication.
1. Upon receipt of the psychiatrist's involuntary medication progress report, the Warden or designee shall appoint a second committee to review the need for continued involuntary medication.
 - a. The committee, if possible, shall consist of the same persons who participated on the initial Involuntary Medication Hearing Committee.
 - b. If any of the initial members are unavailable, the new committee shall include a psychiatrist, a psychologist and an institutional or Central Office staff member in accordance with Section II.B.3.c of this policy.
 - c. The committee shall decide the case after a review of the patient's treatment record, health record and previous involuntary medication hearing records.
 - d. The committee shall decide the case by majority vote provided the psychiatrist votes in the majority.
 - e. The second committee may approve continued involuntary medication for a period not to exceed 180 consecutive days from the date of the second committee meeting.
 2. The outcome of the second Involuntary Medication Committee's review shall be submitted in writing to the following:

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- a. The Warden;
 - b. The patient and his staff representative.
3. If the committee approves continued involuntary medication, the treating psychiatrist shall send the Warden an involuntary medication progress report every fourteen (14) days as long as medication administration remains involuntary.
- D. Each time the treating psychiatrist determines it necessary to continue involuntary medication for an additional period of 180 days after the second review, the psychiatrist shall so state in the appropriate involuntary medication progress report to the Warden.
1. Upon receiving the psychiatrist's report, the Warden or designee shall appoint another Involuntary Medication Committee as described in Section II., B., 3., c.. to approve or disapprove continued involuntary medication for a period not to exceed 180 consecutive days.
 2. Each committee shall decide the case based on the patient's treatment record, health record, and previous Involuntary Medication Committee hearing records.
 3. Voting shall be conducted in the same manner as provided in Section II. B. 3. d. 2.
 4. Each committee shall submit its decision in writing to the following:
 - a. The Warden;
 - b. The patient and his original staff representative.
 5. The treating psychiatrist shall send the Warden an involuntary medication progress report every fourteen (14)days during each 180-day period.
 6. If the psychiatrist discontinues medication or if the patient begins to take medication voluntarily, the psychiatrist shall send the Warden a final involuntary medication progress report.
 7. The patient through his staff representative has the right to appeal the decision of each Involuntary Medication Hearing or Committee review to the DOC Medical Director within forty-eight hours following receipt of written notification excluding weekends and holidays.

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- a. The Director or designee shall review the appeal and respond in writing within forty-eight hours of the receipt of the appeal excluding weekends and holidays.

- E. If the Warden has cause to believe that the continued administration of involuntary medication adversely affects the security of the institution or the safety of the staff or both, the Warden may reconvene the Involuntary Medication Hearing Committee for a second hearing with all the rights and procedures set out in Section II. B. 3.

- F. If it is determined that involuntary medication shall be necessary beyond 180 days after the second review a new hearing shall take place in accordance with subsections II. A and B of this policy.

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References/Authority KRS 196.035, 197.020 ACA 4-4360, 4-4362, 4-4375	Subject DENTAL SERVICES	

I. DEFINITIONS

See CPP 13.2.

II. POLICY and PROCEDURES

A. Dental Services

The department shall provide maintenance dental care for any inmate, with his consent.

1. Dental Examination

A documented dental examination shall occur within ten (10) working days excluding weekends and holidays, of admission to Corrections. This examination shall include a history and examination of the hard and soft tissue of the oral cavity.

2. Dental Classification

At the initial examination, the patient shall be classified in the appropriate category according to the categories listed below. Documentation shall be noted in the medical record.

Class A This category indicates teeth requiring extraction due to:

- a. Trauma
- b. Teeth decayed beyond possibility of filling or injurious to the individual's health.

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- c. Root fragments remaining indicating pathology and interfering with construction of prosthetic appliance.
- d. Pathology to hard and soft tissues.
- e. A periodontal condition with severe bone loss.
- f. Suspected ulcerative lesions or growths.

Class B Teeth with carious lesions that may be restored.

Class C Cases requiring oral prophylaxis and oral hygiene instruction.

Prophylaxis by the dentist or hygienist shall not exceed one (1) procedure per year.

Class D This category involves prosthetic procedures.

Class E The examination reveals dental work is not needed at this time.

3. Priorities for Treatment

- a. Class A and B cases shall be considered as the first priority.
- b. Class C and D cases shall be treated by appointment only and not during any period if work of a higher priority exists.
- c. If a patient refuses the Dentist's recommendation, the case shall be handled as a refusal of treatment.

4. Dental Prostheses, Orthodontic Devices or Root Canals

- a. Gold and Porcelain Crowns shall not be provided.
- b. Orthodontic devices shall be provided if an inmate's health is adversely affected without them.
- c. Prosthesis and any other procedure not included under classes A, B and C shall be provided at state expense only if necessary to address a serious medical need.
- d. If a prosthesis or orthodontic device is not deemed medically necessary it may be made available to the inmate at his own expense.

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5. Any procedure not included under Classes A, B and C require authorization of the Dental Director

B. Inmate Responsibility


1. The inmate shall provide accurate information during the initial screening, examination and classification phases of the admission process.
2. The inmate shall be present for the appointment for examination or treatment.

C. Appointments

1. Each institution shall have an employee who schedules appointments for medical and dental care.
2. An inmate may be charged for dental care pursuant to KRS 197.020 and CPP 13.2.
3. Any patient failing to report for his appointment shall not routinely be provided a new appointment. His name shall be removed from the waiting list. These patients shall be required to contact the appropriate staff person in order to be returned to the bottom of the waiting list. A legitimate excuse may be considered on an individual basis, however, in all cases a notation shall be made in the individual record. A Category IV, item three disciplinary charge under CPP 15.2, may also be considered.

D. Emergency Dental Services

Each facility shall develop a method of addressing dental emergencies.

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Authority/References KRS 196.035, 196.171, 197.020, 438.250 OSHA 1910.1030, 1910.134 CPP 4.7, 4.8, 4.9 ACA 4-4355, 4-4354(M), 2-CO-4D-01, 2-CO-1E-01	Subject SERIOUS INFECTIOUS DISEASE	

I. DEFINITIONS

“Blood-borne pathogens” means pathogenic microorganisms present in human blood which may cause disease in humans, including Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV). Other pathogenic microorganisms may be identified or present during acute phases of other infectious diseases.

“Employee disease exposure kit” means an informational packet on procedures to follow after an occupational exposure to a possible serious infectious disease.

“Environmental controls” means guidelines or processes for promptly detecting infectious disease and evaluating environmental concerns.

“High risk behavior” means behavior which creates the possibility of transmitting a serious infectious disease, including tattooing, sexual contact, needle use, fighting or assaultive behavior, self-mutilation and body piercing.

“Infectious disease coordinator” means a designated medical staff in the Health Services Division appointed by the Commissioner to oversee infectious disease issues in Adult Institutions throughout Corrections.

“Occupational exposure” means a specific eye, mouth or other mucous membrane, non-intact skin or wound which comes in contact with blood or other potentially infectious material that may occur in the performance of an employee’s duties.

“Personal protective equipment” (PPE) means specialized clothing or equipment which does not permit blood or other potentially infectious material to pass through or reach the employee’s clothes or body and may include protective gloves, mask, protective shield, eye protection, mouthpiece or gown.

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“Serious infectious disease” means tuberculosis, HIV or AIDS, hepatitis or other communicable disease that may pose a significant health risk.

“Universal precautions” means an approach to infection control that treats all human blood and certain human fluids, including semen and vaginal fluids, as if these are infected with HIV, Hepatitis B, Hepatitis C or other bloodborne pathogens.

II. POLICY AND PROCEDURE

A. Implementation

1. The Commissioner shall designate an Infectious Disease Coordinator.
2. The Infectious Disease Coordinator shall:
 - (a) be responsible for coordinating infectious disease issues at the institutional level throughout Corrections;
 - (b) remain informed of the current standards;
 - (c) maintain specific guidelines and recommendations; and
 - (d) advise and update the institutions of the guidelines and change in recommendations.
3. Each institution shall designate a medical staff manager to oversee serious infectious disease issues at the institutional level through the Infectious Disease Coordinator.
4. Under the direction of the Infectious Disease Coordinator, the medical staff manager of each institution shall implement procedures to identify and assess serious infectious disease related health risks and implement practices and procedures which reduce disease exposure.
5. All procedures shall conform to current standards of medical practice and take into consideration established guidelines and recommendations from:
 - (a) The Center for Disease Control and Prevention (CDC);
 - (b) The CDC’s Advisory Committee for Immunization Practices (ACIP);
 - (c) The Occupational Safety and Health Administration (OSHA);
 - (d) The National Institutes for Occupational Safety and Health (NIOSH); and
 - (e) The Department of Health and Human Services (DHHS).

B. Training

1. Staff shall receive training as required in KRS 196.171 and the Staff

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Training policies, CPPs 4.7, 4.8 and 4.9. This shall include training in universal precautions and airborne diseases precautions.

2. At the institution, staff shall receive training in bloodborne pathogens and tuberculosis in a two (2) hour orientation program. The person conducting this mandatory training shall be knowledgeable in the subject matter as it relates to the workplace.
3. Annual updates on bloodborne pathogens and tuberculosis shall be provided within one (1) year of the previous training.
4. Training records shall be maintained as required in CPPs 4.7, 4.8 and 4.9.

C. Disease Prevention

Serious infectious disease and health risks leading to disease may be identified by various means including health screening, risk assessment, physical examination, laboratory report, personal history, injury report and training and education. Staff shall be encouraged to participate in any immunization program offered by the institution for disease prevention.

D. Assessment

1. Upon entering Corrections, an inmate shall receive information regarding serious infectious diseases. The information shall be updated to reflect more recent medical findings. The staff involved in delivering this information shall be knowledgeable in the subject matter.
2. During the intake screening, all admissions shall be interviewed to identify an inmate who may have, or is at risk of, a serious infectious disease.
3. Upon receiving any intrasystem transfer, an inmate shall be interviewed by medical staff to identify the presence or risk of a serious infectious disease.
4. If an inmate is suspected of being in a situation involving a high risk of exposure to a serious infectious disease, he shall submit to testing deemed necessary by the appropriate medical staff, which may include:
 - (a) an x-ray;
 - (b) a skin test;
 - (c) a sputum test;
 - (d) a blood test; or
 - (e) other test necessary to diagnose a serious infectious disease.

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5. An inmate shall be tested for TB upon his admission to Corrections.
6. An inmate shall submit to TB testing annually in his birth month. The schedule for testing shall be established and conducted at the institution that the inmate is housed.
7. If an inmate is diagnosed with active TB or converts his TB Test, he shall submit to examination, testing and treatment determined necessary by the appropriate medical staff.
8. If an inmate is diagnosed with a serious infectious disease, he shall follow all reasonable precautions to prevent the transmission of the disease as instructed by the medical department, including:
 - (a) use of personal protective equipment; and
 - (b) avoidance of high risk behavior.

E. Universal Precautions

Universal Precautions shall be used to prevent contact with blood or other potentially infectious material.

1. Handwashing

Hands shall be washed:

- (a) after touching blood, body fluids, secretions, excrement, or a contaminated item, regardless of whether gloves are worn;
- (b) immediately after gloves are removed; and
- (c) if otherwise indicated to avoid transfer of a serious infectious disease.

2. Personal Protective Equipment (PPE)

PPE shall be available to each employee. If there is a high risk of exposure to a serious infectious disease, if administering cardio-pulmonary resuscitation (CPR) the appropriate PPE shall, if readily available, be used. PPE shall include:

(a) Disposable Gloves

Disposable, single use, gloves shall be worn during a procedure if there is contact with potentially infectious body fluids of another

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person. Hands shall be washed immediately after completing the procedure.

(b) Mask, eye protection, face shield or gown

A mask, eye protection or a face shield shall be worn to protect mucous membranes of the eyes, nose, and mouth during a procedure if conditions are likely to generate splashes or sprays of blood, body fluids, secretions and excretions.

(c) Reusable Equipment: shields, handcuffs, duffel bags, restraints, and so on.

Reusable Equipment shall not be used on another person until it is properly cleaned and disinfected. Commercial products shall be available for disinfecting.

(d) Microshields

A microshield shall be used if administering CPR.

If rescue breathing or other occupational exposure occurs during CPR in the absence of a microshield, the employee involved shall be issued an employee disease exposure kit and referred to the institution's Medical Department or to the local community medical facility for follow-up.

(e) Disposable Equipment

Disposable or a single-use item including a microshield, flexcuff or plastic bag shall be properly discarded.

(f) Any vehicle used to transport an inmate shall be equipped with the appropriate PPE.

F. Environmental Controls

All areas shall be routinely cleaned and disinfected according to institutional procedures which meet OSHA standards as outlined under (d) Method of Compliance and (4) Housekeeping, Bloodborne Pathogens 1910.1030 published by the Kentucky Labor Cabinet.

Environmental Controls may include negative pressure room, ventilation system, microbial filtration device, disinfectant including a germicidal, bleach, and soap that isolates or removes pathogens from the work and living environment.

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G. Occupational Health and Responsibilities

Staff shall be responsible for preventing injury if using a needle, scalpel or other sharp instrument or device. A used needle shall not be recapped or manipulated by hand. A used disposable syringe and needle, scalpel blade or other sharp item shall be placed in an appropriate puncture-resistant container located as close as practical to the area in which the item is used.

H. Airborne Precautions

1. Airborne precautions shall be used for a person known or suspected of being infected with a disease like TB that is transmitted through the air. Exposure may occur during coughing, sneezing or talking. Medical Staff shall advise of proper precautions.
2. An inmate suspected of having an airborne disease shall wear a surgical mask during contact with another person.
3. If having contact with an inmate suspected of having an airborne disease, an employee shall wear an OSHA approved mask and shall follow proper procedures as instructed by the medical department to insure an adequate fit. Airborne precautions shall meet OSHA Standard 1910.134.

I. Institutional Housing

1. If an inmate is diagnosed with a serious infectious disease, he shall be maintained in housing appropriate to:
 - (a) control and reduce the risk of transmission of the disease as long as medically necessary; or
 - (b) control the high risk behavior of the inmate.
2. The Medical Director shall work with the Classification Branch Manager to determine appropriate institutional housing to meet the medical and security needs of the inmate. Appropriate housing may include isolation or quarantine.

J. Work Assignments

An inmate diagnosed with a serious infectious disease shall be eligible to receive a work assignment, which is consistent with his medical status. The risk of transmission of the disease shall be considered in making a work assignment. An inmate known to have a serious infectious disease shall not be assigned to the Food Service Department.

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K. Laundry

All laundry that may be contaminated shall be double bagged using a water-soluble bag as the inner bag. A written notification shall be attached to the bag noting its contents. An employee who has contact with contaminated laundry shall wear protective gloves and PPE. Contaminated laundry shall be bagged at the location of use. Laundry shall not be sorted or rinsed at the location of use. The contaminated laundry shall be transported to the Laundry. Contaminated laundry shall be washed in hot water, preferably with bleach, to kill pathogenic microorganisms.

L. Infectious Waste

Infectious waste handling and discarding shall meet the specifications set forth in OSHA standard 1910.1030. Each institution shall follow its waste management and waste handling policies.

M. High Risk Behavior

1. The following shall be reported to the Medical Department as soon as possible for necessary testing and follow-up:
 - (a) an exposure to blood; or
 - (b) an inmate has engaged in, or is suspected of, high risk behavior.
2. If an employee has an occupational exposure to a possible serious infectious disease, he shall be issued an employee disease exposure kit.
3. An inmate involved in high risk behavior shall be referred to the Medical Department. The inmate may be charged with the appropriate offense outlined in CPP 15.2 Offenses and Penalties.
4. If an inmate is charged with an offense for high risk behavior, the investigating officer shall, prior to a disciplinary hearing, immediately notify the Medical Department. The medical staff manager shall review the offense to determine if testing is necessary.
5. The medical staff manager and designated security staff shall determine if additional action is necessary to control the inmate's behavior and reduce the risk of transmission of the disease. This information shall be forwarded to Classification Staff for appropriate classification action.

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6. An inmate who voluntarily engages in high risk behavior shall be charged the fee for testing in accordance with KRS 197.020 and CPP 13.2 and 15.2.

N. Refusal or Interfering with Health Care

1. If an inmate refuses the care that is deemed appropriate by medical staff for assessment or treatment pursuant to the provisions of this policy, he shall be subject to disciplinary action as a Category VI offense under CPP 15.2 Offenses and Penalties.
2. If an inmate creates a health hazard by conduct that may spread a serious infectious disease, he shall be subject to disciplinary action as a Category VI offense under CPP 15.2 Offenses and Penalties.

O. Confidentiality

The inmate's institutional file, offender record and medical record, including all information related to the inmate's serious infectious disease, shall be confidential. Access to a medical record shall be restricted to the medical staff who may communicate information within the medical department if necessary in the course of the inmate's medical care. Information regarding the inmate's medical condition may be provided to other staff if a legitimate need to know is established. This shall include any disciplinary report and life threatening situation. Every effort shall be made to contain sensitive information. Communication shall be limited to individuals who have to make a decision based on accurate information.

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Authority/References KRS 197.020, 196.035, 311.621, 311.623, 311.625, 311.627, 311.629, 311.631, 311.633, 311.635, 311.637, and 311.641	Subject DO NOT RESUSCITATE ORDER	

I. DEFINITIONS:

“Advance directive” is defined in KRS 311.621

“Decisional capacity” is defined in KRS 311.621.

“Designated health care surrogate” means a surrogate as defined in KRS 311.621.

“Do Not Resuscitate Order or DNR Order” means a written order which authorizes medical personnel to withhold cardiopulmonary resuscitation, including artificial respiration and defibrillation, from a particular patient in the event of cardiac or respiratory arrest. Such an order does not authorize the withholding of other medical interventions such as intravenous fluids, oxygen, or other therapies deemed necessary to provide comfort care or to alleviate pain.

“Life-prolonging treatment” is defined in KRS 311.621.

“Permanently unconscious” is defined in KRS 311.621.

II POLICY and PROCEDURES:

The Department of Corrections shall provide resuscitative measures as deemed medically necessary, except when the inmate has conferred with the inmate’s attending physician and completed a DNR order. The DNR order and advanced directive documents shall be placed in the inmate’s medical record. A DNR order shall be consistent with sound medical practice and shall not in any way be associated with assisting suicide, voluntary euthanasia, or expediting the death of an inmate.

A. Before a DNR order may be written, the following shall be documented:

1. The inmate’s attending physician has determined that the inmate is suffering from a terminal illness or injury and death is inevitable or likely to occur during the course of hospitalization.

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2. The inmate's attending physician shall fully discuss the medical condition with the inmate. A competent inmate shall be encouraged to participate in the decision and may voluntarily request and agree that a DNR order be placed in his medical record. The inmate shall be encouraged to discuss this subject with those persons close to him, including family members.
3. Community medical standards shall be used in determining an inmate's competency to voluntarily request or agree that a DNR order be placed in the medical record. If there are concerns regarding an inmate's competency, a consultation from another physician or qualified mental health professional may be requested. The conclusions and recommendations from the consultant physician or qualified mental health professional shall be documented in the inmate's medical record.
4. When the inmate is determined to be incompetent, unconscious, or otherwise unable to participate in the DNR decision, the ensuing guidelines shall be followed:
 - a) The inmate's institutional physician may rely on an advanced directive document. This declaration shall be substantially consistent with the form approved by Kentucky law. The original health care declaration shall be contained in the inmate's medical record at the time the DNR is written.
 - b) Every reasonable effort shall be made to obtain the written concurrence of a designated health care surrogate. If no advanced directive exists, reasonable efforts shall be made to obtain the written concurrence of one or several members of the inmate's immediate family. The inmate's attending physician shall document these efforts in the medical record. Resuscitative services shall not be withheld when a designated health care surrogate or an immediate family member is in disagreement.
5. A DNR order completed in an emergency situation outside a Department of Corrections facility shall not be honored once the emergency situation resolves and the inmate returns to a Department of Corrections facility. If a DNR order is appropriate at that time, a new, non-emergency DNR shall be completed upon return to the Department of Corrections facility.

B. Documentation:

1. Proper documentation of a valid DNR order in the inmate's medical record shall include, but not be limited to:

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- a) The diagnosis;
 - b) The prognosis;
 - c) If available, documentation of informed consent;
 - d) The inmate's expressed wishes (accompanied by written documentation by the patient), when possible. The DNR order shall be legibly written and signed by the inmate and witness. The witness shall not be a Department of Corrections employee unless the employee is a notary public;
 - e) The wishes of the immediate family member(s), when possible; and
 - f) The reference concerning the affected inmate's competency, when the decision was based on his concurrence.
2. The front of the inmate's medical record shall be appropriately marked to indicate the entry of the DNR order.

C. Review Process

1. A DNR order shall be subject to regular review by the inmate's attending physician. The physician's review of the DNR order shall be documented in the inmate's medical record.
2. Any member of the medical staff, including nursing staff, may notify the medical supervisor in documenting a conflict in the decision making process. If a conflict arises, the medical supervisor, in conjunction with the inmate's attending physician, shall thoroughly review the inmate's medical record to determine if the DNR order is in compliance with all applicable standards and policies.


D. Rescinding: A DNR order shall remain in effect unless rescinded by the inmate or the inmate's attending physician. An inmate may rescind a DNR order at any time either verbally or in writing. If the inmate rescinds the DNR verbally, then staff shall immediately document the inmate's decision in the medical record and have the inmate sign the documented request, or have a witness sign the documented request in the presence of the inmate. All DNR alerts in the medical record shall be immediately removed and the attending physician shall be immediately notified.

E. Privacy Considerations: Consent shall be obtained from the inmate prior to medical staff discussing a competent inmate's medical condition with a

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family member. An inmate's refusal to consent discussion of his medical condition and treatment decisions with family members shall be documented in the inmate's medical record. If an inmate becomes incompetent to make decisions on his behalf, the designated health care surrogate or immediate family members may be contacted to discuss the inmate's medical condition and treatment decisions.

- F. Related Medical Care: An inmate with a DNR order shall receive the maximal therapeutic efforts short of resuscitation. The DNR order shall not be justification for ignoring the inmate's welfare or comfort. The inmate's attending physician shall explain to the inmate that other treatment may be provided regardless of the DNR order in the medical record.

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Authority/References	Subject	
<p>KRS 196.035, 197.020 CPP 4.2, 8.4, 9.1, 10.2, 18.5, 18.11 ACA 5-ACI-4A-11, 5-ACI-6A-06, 5-ACI-6A-08(M), 5-ACI-6A-31(M), 5-ACI-6A-32(M), 5-ACI-6A-35(M), 5-ACI-6B-08(M), 5-ACI-6B-12, 5-ACI-6E-01, 5-ACI-6C-10, 5-ACI-5E-09</p>	<p>SUICIDE PREVENTION AND INTERVENTION PROGRAM</p>	

I. DEFINITIONS

“Continuous observation” means constant, uninterrupted supervision and is reserved for inmates believed to be at high-risk for harm as determined by a mental health professional. Continuous observation may be conducted by a Correctional Officer or by a trained inmate observer.

“Crisis Treatment Plan” means written tactic containing general objectives reflecting the overall strategy for managing a suicidal inmate.

“Inmate observer” means an inmate that is selected and approved by the mental health, medical, and administrative staff for a work assignment with specialized training to assist in the monitoring and observation of inmates on suicide watch.

“Restrictive Housing inmate” means an inmate separated from general population offenders who poses a direct and clear threat to the safety of persons or are a clear threat to the safe and secure operation of the institution.

“Special Management inmate” means an inmate requiring particular supervision for administrative, disciplinary, behavioral or other reasons.

“Suicide attempt” means a conscious, deliberate, self-injurious act intended to take one’s own life or commit suicide with non-fatal outcome. The conscious and deliberate act intended to take one’s own life or commit suicide may include injury by jumping, asphyxiation, laceration, overdose, hanging, drowning, injury by firearm, and poisoning. A determination concerning the act is the responsibility of the institution’s mental health

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professional.

“Suicide Watch” means that the inmate will be observed every 15 minutes if deemed by a mental health professional to not be actively suicidal but has expressed suicidal ideation or has a recent history of suicide and is exhibiting significant symptoms of mental illness.

II. POLICY AND PROCEDURE

A suicide prevention and intervention program that emphasizes training, screening and identification, communication and referral, housing, assessment, levels of supervision, documentation, intervention, and reporting and review has been developed and implemented by the Kentucky Department of Corrections (DOC). All staff with responsibility for inmate supervision, including Correctional Officers, mental health professionals, administrative staff, and medical personnel shall be trained and responsible for the implementation of this program. The goal of these procedures is to reduce the potential for suicides and suicide attempts by inmates and to minimize the harm when suicide attempts occur. The procedures are consistent with security requirements and accepted mental health practices.

III. Training

A. Basic Pre-Service Training

1. Special training in the supervision and interaction with an inmate who has experienced suicidal thoughts or prior suicide attempts shall be incorporated into basic pre-service training for all staff with responsibility for inmate supervision. This training shall be an integral part of a workshop, which shall focus on the Special Management inmate and Restrictive Housing inmate. The training shall be reviewed annually by the Division of Mental Health and Substance Abuse for revisions that reflect updates in the literature.
2. In general, this training module shall present a basic overview of the Special Management inmate and Restrictive Housing inmate and emphasis shall be placed on identification of individuals at-risk for suicide. The lesson plan shall also include methods for effective communication with a Special Management inmate and Restrictive Housing inmate and techniques for documenting observations regarding these individuals.
 - a. Identifying the warning signs and symptoms of impending suicidal behavior;
 - b. Understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors;

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- c. Responding to suicidal and depressed inmates;
- d. Communication between correctional and health care personnel;
- e. Referral procedures;
- f. Housing observation and suicide watch level procedures;
- g. Follow-up monitoring of inmates who attempt suicide;
- h. Review of institutional procedures regarding suicide prevention including the location, access to, and use of the approved cut-down device.

B. Annual In-Service Training

1. Suicide prevention and intervention shall be offered as a component of the mental health training provided as part of the annual in-service training for all institutional staff. The training lesson plan shall be reviewed annually by the Division of Mental Health and Substance Abuse for revisions that reflect updates in the literature.
2. In general, the purpose of the training shall be to enhance the knowledge base and set of skills designed to enable a correctional professional to perform the work of handling inmate crises and suicide prevention and intervention with a greater degree of confidence and efficiency.
3. The suicide prevention and intervention portion of the training shall include the following areas:
 - a. During the in-service training, the staff member shall review the major characteristics of behavior that indicate suicide symptomology.
 - b. The staff member shall be advised to document and report any threats, changes in behavior or warning signals that indicate an inmate may be contemplating suicide.
 - c. A review of appropriate therapeutic techniques that may be used with an inmate who has experienced suicidal thoughts or prior suicide attempts shall accompany this lesson plan (for example: specific methods of communicating with an inmate).
 - d. An emphasis on documenting, referring, and report writing, shall be included in this training.

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- e. An open forum shall be included to allow in-service trainees to ask questions that pertain to suicide related issues.

IV. Screening and Identification

- A. All inmates entering or transferring within the Department of Corrections shall be screened for suicide potential as part of the mental health screening and mental health appraisal procedure.
 - 1. A mental health screening shall be completed on all intra and intersystem inmate transfers upon admission.
 - 2. Mental health appraisals shall be completed within 14 days for intersystem inmate transfers.
- B. Special Management and Restrictive Housing Units including mental health units shall include routine monitoring for onset of depression and suicidal ideation among inmates assigned to their unit.
 - 1. A Classification and Treatment Officer shall tour an assigned walk or wing once each week and document these interactions.
 - 2. Mental health professionals shall conduct an initial 30-day screen and thereafter 90-day evaluation.
 - 3. Correctional Officers shall conduct rounds every 30 minutes.
- C. All inmates interviewed for identification and screening of suicide risk shall be seen in an environment that ensures privacy and protects confidentiality. Barriers to meeting with the inmate individually shall be documented in the mental health progress note.
- D. Inmates who are pregnant while in the custody of the DOC shall be provided pre- and post-natal, mental health services. All pregnant women shall be screened for depression at regular intervals throughout their pregnancy. Any results indicating depression or suicidal ideation or intent shall initiate a referral to mental health services in order that a treatment plan can be created to guide appropriate services or watch status.

V. Communication and Referral

- A. Any staff member that hears an inmate verbalizing a desire or intent to commit suicide, observes an inmate making an attempt or gesture, receives information from the community of an inmate's suicide risk, or otherwise believes an inmate is

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at risk for suicide shall take immediate steps to ensure that the inmate is continuously observed and prevented from self-harm until appropriate medical, mental health, or supervisory assistance is obtained, consistent with existing security procedures. The inmate shall remain on continuous watch in a safe cell until the inmate's mental health status can be assessed by a mental health professional.

- B. Any staff member shall immediately refer both verbally and in writing, an inmate who exhibits behavior that is indicative of potential suicide to the institutional mental health professional.
- C. The Major, Warden, or Deputy Warden shall ensure that appropriate correctional staff is properly informed of the status of each inmate placed on suicide watch. The previous shift captain shall be responsible for briefing the incoming shift captain on the status of all inmates on suicide watch.
- D. A summary Suicide Watch Log entry shall be completed on all inmates placed on suicide watch by the assigned observing officer and trained inmate observer, if applicable, each shift and for any unusual occurrences.

VI. Housing Placement in a Safe Cell

If physical plant permits, the following shall apply:

A. Safe Cells

Suicide watches shall only occur in approved locations:

- a. Single cell within a mental health unit; and
- b. Segregation cell, for brief assignment unless necessitated by documented security concerns.

B. Specifications of Safe Cells

A safe cell shall meet the following specifications:

1. Stainless fixture sink/toilet combination with push button flush and faucet. (Push button is important so the inmate cannot hang himself from the faucet handles, etc);
2. High security bed bolted to the floor are acceptable. The bed may be 12" off the floor. However, all bedposts or bars at the head and foot of the bed shall be removed and the sharp edges covered;
3. Fixtures, pipes, etc. that an inmate may use to hang himself shall be covered with steel or fine mesh. Fine mesh shall be placed over windows and should

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be hinged to allow cleaning on both sides. Hinging should be between the screen and windows with a key lock rather than a padlock;

4. No furniture attached or unattached to walls and floor, other than stated in this policy;
 5. Visibility to all areas of the cell. Convex mirrors may be used if needed. Convex mirror's edges shall be flush with the wall so that nothing can hang from them;
 6. If there is a shower, fixtures shall be breakaway or recessed with push buttons;
 7. Cuff port or tray slot;
 8. No functional electrical outlets or switch plates;
 9. Adequate ventilation;
 10. Adequate lighting; and
 11. Camera in cell, if available, although this shall not take the place of direct observation.
- C. For each inmate placed on suicide watch the following shall occur:
1. The inmate shall be housed in a safe cell, if available.
 2. The safe cell shall be inspected immediately before the inmate's placement. Documentation of the cell search shall be entered into the Suicide Watch Log.
 3. The inmate shall be strip-searched before being placed in the designated safe cell and the search shall be documented in the Suicide Watch Log.
 4. A Department of Corrections approved suicide-resistant gown or suicide blanket shall be provided at the conclusion of the strip search. Provision shall be made to supply the inmate with a security garment that promotes inmate safety in a way designed to prevent humiliation and degradation.

VII. Assessment

- A. All inmates placed on a suicide watch shall be evaluated by the institutional mental health professional as soon as possible, but no later than 24 hours after the initiation of the watch excluding weekends and holidays. Assessments shall be conducted

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following a review of the inmate's mental health file.

- B. A mental health professional's evaluation may include both subjective and objective methods of gathering information regarding the inmate's psychological state and intent to do self-harm.
- C. Based on this evaluation, the mental health professional shall determine the appropriate level of monitoring, which shall include either Continuous Observation or 15 Minute Watch.
- D. The mental health professional shall communicate to the Unit Administrator and security staff the level of monitoring required.
- E. Reassessment of the suicide status shall occur daily by the mental health professional. A reassessment shall not be conducted without access to, and a full review of, any day-to-day changes after the initial review of the mental health file.
- F. The mental health professional shall monitor inmate as needed and adjust the Watch Status as appropriate. The watch status may only be terminated by a mental health professional.
- G. While an inmate is on suicide watch, physical restraints for mental health purposes may only be used as a last resort for periods in which the inmate is physically engaging in self-destructive behavior. The restraint shall be in compliance with CPP 9.1.

VIII. Suicide Watch – Levels of Observation and Supervision

A. Continuous Observation

1. A Correctional Officer or trained inmate observer shall observe inmates on a continuous, uninterrupted basis at this level.
2. If the cells used for suicide watch at a given institution are physically located next to one another, with an unobstructed view of both inmates and their entire cells, one officer or trained inmate observer may be assigned to observe two inmates at this level of observation.
3. Property shall be limited to mattress, approved suicide-resistant gown or suicide blanket, and other items at the discretion of the mental health professional. Any property of an offender placed on continuous observation may have property removal or allowance reviewed by the Warden or designee for appropriateness.
4. Any staff member may place an inmate on Continuous Observation through

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the shift supervisor until the inmate is seen by a mental health professional.

B. 15 Minute Watch

1. This level of watch requires that staff observe inmates at irregular, staggered intervals, not to exceed 15 minutes, with documentation of the inmate's condition as the observation occurs.
2. The property of the inmate shall be determined at the discretion of the mental health professional. Any property of an offender placed on 15 Minute Watch may have property removal or allowance reviewed by the Warden or designee for appropriateness.
3. Any staff member may request upgrading the suicide watch level of an inmate from 15 Minute Watch to Continuous Observation by notifying the shift supervisor. However, only a mental health professional may downgrade suicide watch from Continuous Observation to a 15 Minute Watch or discontinue a suicide watch after a face-to-face assessment in an environment that ensures confidentiality.

IX. Documentation

- A. The Suicide Watch Log shall be completed on all inmates placed on suicide watch.
- B. The mental health professional shall respond as soon as possible upon notification of the watch request to conduct a face-to-face evaluation of the inmate in an individual session. A brief progress note shall be made in the inmate's medical record with reference to the completed suicide consultation, any clinical intervention used to stabilize the inmate, and the Crisis Treatment Plan.
- C. Reassessments or changes in watch status shall be completed by the mental health professional and documented in the medical record.
- D. The mental health professional shall make daily progress notes in the medical record of inmates on suicide watch. Any changes in property or Crisis Treatment Plan shall be included in the daily progress note.
- E. The discontinuation of or any changes in watch status shall be documented by the mental health professional in the medical record.
- F. The correctional officer or trained inmate observer shall maintain the Suicide Watch Log until the mental health professional removes the watch.
- G. The Shift Supervisor shall sign the Suicide Watch Log being used on their shift during the Shift Supervisor's institution rounds.

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Authority/References KRS 196.035, 197.020, 210.005, 211.470, Chapter 319 907 KAR 12:020 ACA 5-ACI-6A-28, 5-ACI-6A-33, 5-ACI-6A-37, 2-CO-4B-04 CPP 13.12, 18.7, 18.11, 18.12	Subject MENTAL HEALTH SERVICES	

I. DEFINITIONS

“Developmental disability” is defined by 907 KAR 12:020(3).

“DSM” means the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

“Intellectual disability” is defined by 907 KAR 12:020(6).

“Kentucky State Reformatory Correctional Psychiatric Treatment Unit (KSR CPTU) and Kentucky Correctional Institution for Women Psychiatric Care Unit (KCIW Lonnie Watson C-Wing)” mean units that provide specialized housing as well as mental health treatment programs provided by the Department of Corrections Division of Mental Health to meet an inmate’s mental health needs.

“Mental Health Authority” means the Director of the Kentucky Department of Corrections Division of Mental Health.

“Mental illness” is defined by KRS 210.005(5).

“Outpatient psychiatric services” means the psychiatric providers who conduct initial psychiatric reviews and conduct regularly occurring follow-up appointments with inmates who are diagnosed with mental illness.

“Program staff” means any employee of the Department of Corrections whose primary job tasks include classification or program functions as opposed to security functions and includes classification and treatment officers and unit administrators.

“Psychological provider” means a person who provides professional services for the Department of Corrections and is licensed or certified to practice psychology pursuant to KRS Chapter 319.

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“Recreational staff” means any employee of the Department of Corrections whose primary job tasks include supervision or management of inmate recreation or recreational programs at a DOC institution and includes recreation leaders.

“Serious mental illness” or “SMI” is defined through diagnosis, duration, and significant functional impairment and:

A. Means:

1. A current diagnosis by a Department of Corrections psychological or psychiatric provider that includes (in accordance with the DSM) one or more of the following:
 - a. Schizophrenia and the spectrum of diagnoses that make up psychotic disorders which result in a significant break from reality (delusional disorder, schizophreniform disorder, and schizoaffective disorder);
 - b. The subset of depression disorders classified as “severe” or “with psychotic features” including major depression disorder (single or recurrent episode);
 - c. The subset of bipolar and related disorder classified as “severe” or “with psychotic features” including bipolar I disorder; or
 - d. The subset of neurocognitive disorders with the specifier of “major” including: Neurocognitive Disorder related to Alzheimer’s, Lewy Bodies, Frontotemporal Disorder, Traumatic Brain Injury, HIV Infection, Prion Disease, Parkinson’s Disease, Huntington’s Disease, or Multiple Organic Etiologies including Vascular;
2. A duration of at least one (1) year; and
3. The manifestation of significant functional impairment that has been documented in the medical record, and is readily observable by custody or mental health staff; and

- B. Does not mean inmates with a primary diagnosis of substance abuse or dependence, developmental disorders, or personality disorders.

“Significant functional impairment” means a determination by a Department of Corrections psychological or psychiatric provider that the inmate has consistently demonstrated difficulty in his or her ability to engage in activities of daily living, including eating, grooming, personal hygiene, maintenance of housing area, participation in recreation, or ambulation as a consequence of any diagnosis set out in the definition of serious mental illness, or the inmate has consistently demonstrated serious dysfunctional or disruptive social interactions including withdrawal, bizarre or disruptive behavior as a consequence of any diagnosis set out in the definition of serious mental illness.

“Social Services Clinician” (SSC) means any employee of the Department of Corrections

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so designated by personnel specification.

“Traumatic brain injury” is defined by KRS 211.470(3).

II. POLICY AND PROCEDURE

It is the policy of the Kentucky Department of Corrections (DOC) to offer a comprehensive program of mental health services, staffed by qualified personnel, to meet the needs of the inmate population. The programs shall include various levels of treatment and inmates shall be evaluated and referred to specific program components based on need. An inmate may seek psychological or psychiatric services or may be referred by institutional staff.

A. Mental Health Services – General Provisions

1. All decisions involving medical judgment relative to mental health issues, including detection, diagnosis, treatment, and referral; shall be made by mental health or medical personnel, under the overall direction and supervision of the Health Services Division.
2. The DOC shall provide a variety of mental health services through psychologists, when indicated, including:
 - a. Initial diagnostic screening and appraisals;
 - b. Psychological evaluation;
 - c. Referrals to outpatient psychiatric services (OPS) to determine appropriateness of treatment with psychotropic medication;
 - d. Group counseling;
 - e. Brief, solution-focused individual counseling;
 - f. Sex Offender Treatment Program;
 - g. Referral to the Correctional Psychiatric Treatment Unit (CPTU) at Kentucky State Reformatory or to the Lonnie Watson C-Wing at Kentucky Correctional Institution for Women with programs provided by the Division of Mental Health;
 - h. Segregation reviews;
 - i. Pregnant and post-partum inmates;
 - j. Treatment plans; and
 - k. Crisis intervention and completion of an appropriate crisis follow-up

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treatment plan.

3. The psychiatric providers shall provide a variety of mental health services including:
 - a. Initial diagnostic screening;
 - b. Psychiatric evaluation;
 - c. Psychiatric follow up;
 - d. Referrals to Psychology; and
 - e. Referral to CPTU or Lonnie Watson C-Wing.
4. Mental health services shall be provided by, or under the supervision of, mental health professionals, who meet the educational and licensing or certification criteria of their professional discipline. These services may be provided by contract workers or state employees.
5. Institutional level policies, procedures and schedules of activities, that relate to mental health activities, shall be reviewed and approved by the Mental Health Authority, prior to implementation. Department level policies and procedures, controlling the Sex Offender Treatment Program (SOTP), CPTU, and Lonnie Watson C-Wing programs, shall be approved at the Central Office level by state employees.
6. Any student or intern providing mental health services shall work under the direct supervision of a mental health professional, commensurate with his or her level of training.

B. Mental Health Services Referral Process

1. Within twenty-four (24) hours of entry into any institution, an inmate shall receive an initial mental health screening by a mental health trained or mental health professional. All inmates shall receive a mental health appraisal by a mental health professional within 14 days of admission.
2. Within three (3) working days of the inmate's entry into the institution, the assigned Classification and Treatment Officer shall interview the inmate and review the inmate's institutional records.
3. Any inmate admitted with a guilty but mentally ill verdict shall be referred for services in accordance with CPP 18.12.
4. Non-Emergency Referrals by Non-Mental Health Staff

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- a. Non-emergency referrals shall include the inmate's identifying information and reason for referral. A mental health referral form may be completed by any staff member and forwarded to mental health.
- b. Upon receipt of the written referral, the psychologist shall schedule an appointment for the psychological evaluation and interview, directed toward determining the basis for the behavior and its remediation.
- c. Future appointments for individual counseling may be set up, provided the inmate agrees to further counseling and further counseling is indicated.
- d. If deemed appropriate, the inmate may be referred to the consulting psychiatrist for further evaluation or possible medication.
- e. An inmate may self-refer by signing up for sick call to see psychology staff at no charge.

5. Emergency Referrals by Non-Mental Health Staff

- a. During regular business hours, an inmate may be brought to Psychological Services by the referring person or a phone call may be made informing the psychologist of the need for evaluation. After regular business hours, a phone call may be made informing the psychologist of the need for evaluation. A suicidal inmate shall be managed as indicated in CPP 13.12. A transfer to a treatment unit shall be conducted as indicated in CPP 18.11.
- b. Disposition of the inmate including need for a mental health watch or psychiatric referral shall be determined by the mental health professional and communicated to the Warden or his designee.

6. Upon completion of the initial case review, the psychologist may:

- a. Find that no further action is needed. This finding shall be documented in the inmate's electronic medical record.
- b. Refer the inmate to the appropriate programming. Examples include: the Sex Offender Treatment Program, Alcoholics Anonymous, group counseling, and the Substance Abuse Treatment Program, and serious mental illness programs at CPTU or Lonnie Watson C-Wing.
- c. Conduct a full psychological evaluation, to further assess the inmate's need or to diagnose the inmate's problem. Evaluations may include any of the following: clinical interview; diagnostics for intellectual, personality, substance abuse, trauma, adaptive functioning;

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consultation with family members; record reviews; or review of offense in order to determine the most appropriate treatment decisions.

d. Refer the inmate for a psychiatric evaluation through the OPS.

7. If no mental health problems are apparent at admission, but possible problems are observed at a later date, the inmate shall be brought to the attention of the institutional psychologist and the above mentioned referral process shall be followed.

8. If a full psychological evaluation is prepared by the institutional psychologist:

a. The evaluation shall include a review of mental health screening and appraisal data.

b. The evaluation shall include direct observation of the inmate's behavior by the psychologist and other staff.

c. The psychologist may collect and review additional data from individual diagnostic interviews and tests assessing personality, intellect, and coping abilities.

d. The evaluation shall include a compilation of the individual's mental health history.

e. The evaluation shall include the development of an overall treatment management plan with appropriate referrals.

f. The evaluation shall be completed within fourteen (14) days of the date of referral.

C. Mental Health Services - Emergency Care

1. Mental health emergencies requiring on-site crisis intervention shall be handled in accordance with CPP 13.12.

2. In the case of mental health emergencies requiring emergency transportation of the inmate from the institution, the transportation shall be handled in accordance with CPP 18.7.

D. Assignment - Mental Illness or Intellectual/Developmental Disabilities or Neurocognitive Disorders

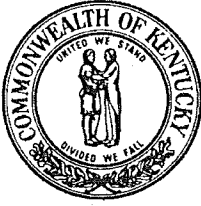
1. If possible, an inmate with intellectual/developmental disabilities or mental illness shall be housed in the general institutional population, provided the inmate is functioning at a level that permits general population living.

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2. An inmate, who is intellectually disabled to the degree that does not permit successful general population living, shall be referred for evaluation for placement in either a treatment program or a specially designed living area.
3. An inmate whose current mental health situation does not permit successful placement in general population shall be assigned to the least restrictive institutional environment, which may include CPTU, Lonnie Watson C-Wing, or a specially designed living unit for inmates that require more support.
4. An inmate presenting with a severe mental illness shall be housed in the least restrictive environment that is deemed safe by the multidisciplinary service team and does not adversely lead to imminent danger to the inmate, others, or the safety and security of the institution.
5. Except in emergencies, a representative of the warden and a representative of the Mental Health Authority shall consult prior to making housing and program assignments, transfer recommendations, and prior to the imposition of disciplinary action for an inmate who meets the criteria for serious mental illness.

E. Continuity of Care for Seriously Mentally Ill Inmates

1. At each regularly scheduled reclassification or other qualifying event, such as transfer, an inmate identified as mentally ill or seriously mentally ill shall be reviewed by the classification committee and psychology staff to ensure that an appropriate level of care is being provided.
2. Ongoing mental health services grounded in evidence based practices including individual and group counseling shall be provided to an inmate who agrees to such services and for whom ongoing treatment is indicated.

 <p>KENTUCKY CORRECTIONS Policies and Procedures</p>	Policy Number	Total Pages
	13.15	2
	Date Filed	Effective Date
	October 15, 2024	
	Supersedes Effective Date	
Authority/References KRS 196.035, 197.020	Subject INMATE OBSERVER PROGRAM	

I. DEFINITIONS

None

II. POLICY and PROCEDURE

The intent of the Inmate Observer Program is to utilize trained, specially selected offenders to monitor other offenders that have been placed on watch status.

A. Selection

1. Because of the sensitive nature of observation assignments, the selection of Inmate Observers shall be done with great care. Inmates wishing to be trained and employed as Inmate Observers shall be considered on an individual basis and shall require approval from mental health, medical, and administrative staff. The assignment shall be posted as required; except, an inmate shall not be considered for selection without a written endorsement from staff.
2. Criteria that may be used in the selection process includes:
 - a. Disciplinary history
 - b. Nature of crime
 - c. Mental and medical health status
 - d. Educational achievement
 - e. Interaction skills

B. Training

1. Selected Inmate Observers shall also complete a training program offered by a member of the mental health or health staff. The Classification and Treatment Officer (CTO) shall document completion of this training in the Inmate Observer's Institutional Record.
2. The training program shall include the following topics:

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- a. Confidentiality and privacy considerations
- b. Signs and symptoms of mental illness and self injurious behavior
- c. How to summon staff during any shift
- d. Appropriate recording of behavior
- e. Appropriate interaction with inmate being observed

3. Additional training may be offered or required for Inmate Observers

C. Hours of Compensation

1. Inmate Observers shall work eight (8) hour shifts and occasionally may be required to work seven (7) days per week. They shall receive a rate of pay commensurate with the assignment.
2. Inmate Observers shall have at least one (1) ten (10) minute break every hour and one (1) thirty minute break for a meal during the shift.

D. Monitoring of Inmate Observers

Although Inmate Observers are carefully selected, they shall be supervised by staff. The supervision shall be provided by staff in the immediate area and shall consist of checks, at least every fifteen (15) minutes. An inmate shall not be assigned to a watch without adequate provisions for staff supervision and the ability to obtain rapid assistance.

E. Removal

An inmate Observer may be removed from his positions as observer, upon the recommendation of any two (2) staff members. Removal may be a result of inattentiveness or other acts of indiscretion.



501 KAR 6:420
MIR Attached

Andy Beshear
GOVERNOR

JUSTICE AND PUBLIC SAFETY CABINET

Keith L. Jackson
SECRETARY

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Frankfort, Kentucky 40601
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October 14, 2024

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
c/o Emily Caudill
Administrative Regulation Review Subcommittee
Legislative Research Commission
083, Capitol Annex
Frankfort KY 40601

Re: 501 KAR 6:300. News media;
501 KAR 6:310. Monitoring and operation of private prisons;
501 KAR 6:320. Corrections policies and procedures: inmate funds;
501 KAR 6:340. Corrections policies and procedures: research and information;
501 KAR 6:360. Corrections policies and procedures: safety and critical incident notification;
501 KAR 6:370. Corrections policies and procedures: security and control;
501 KAR 6:380. Corrections policies and procedures: special management and restrictive housing inmates, safekeepers, and contract prisoners;
501 KAR 6:390. Corrections policies and procedures: inmate diet;
501 KAR 6:400. Corrections policies and procedures: inmate health care;
501 KAR 6:420. Corrections policies and procedures: inmate rules and discipline.
501 KAR 6:430. Corrections policies and procedures: communication, mail, and visiting.
501 KAR 6:440. Corrections policies and procedures: inmate reception, orientation, and personal property.
501 KAR 6:450. Corrections policies and procedures: classification.
501 KAR 6:460. Corrections policies and procedures: inmate work programs.
501 KAR 6:470. Corrections policies and procedures: inmate education and training.
501 KAR 6:490. Corrections policies and procedures: inmate recreation and activities.
501 KAR 6:500. Religious programs.

501 KAR 6:510. Corrections policies and procedures: release preparation and temporary release.

501 KAR 6:520. Citizen involvement, volunteer, and reentry mentor service programs.

501 KAR 6:530. Corrections policies and procedures: programs and sentence credits.

Dear Co-Chairs West and Lewis:

After discussions with Administrative Regulation Review Subcommittee staff of the issues raised by 501 KAR 6:300. News media; 501 KAR 6:310. Monitoring and operation of private prisons; 501 KAR 6:320. Corrections policies and procedures: inmate funds; 501 KAR 6:340. Corrections policies and procedures: research and information; 501 KAR 6:360. Corrections policies and procedures: safety and critical incident notification; 501 KAR 6:370. Corrections policies and procedures: security and control; 501 KAR 6:380. Corrections policies and procedures: special management and restrictive housing inmates, safekeepers, and contract prisoners; 501 KAR 6:390. Corrections policies and procedures: inmate diet; 501 KAR 6:400. Corrections policies and procedures: inmate health care; 501 KAR 6:420. Corrections policies and procedures: inmate rules and discipline; 501 KAR 6:430. Corrections policies and procedures: communication, mail, and visiting; 501 KAR 6:440. Corrections policies and procedures: inmate reception, orientation, and personal property; 501 KAR 6:450. Corrections policies and procedures: classification; 501 KAR 6:460. Corrections policies and procedures: inmate work programs; 501 KAR 6:470. Corrections policies and procedures: inmate education and training; 501 KAR 6:490. Corrections policies and procedures: inmate recreation and activities; 501 KAR 6:500. Religious programs; 501 KAR 6:510. Corrections policies and procedures: release preparation and temporary release; 501 KAR 6:520. Citizen involvement, volunteer, and reentry mentor service programs; and 501 KAR 6:530. Corrections policies and procedures: programs and sentence credits, the Justice and Public Safety Cabinet proposes the attached substitutes to 501 KAR 6:300. News media; 501 KAR 6:310. Monitoring and operation of private prisons; 501 KAR 6:320. Corrections policies and procedures: inmate funds; 501 KAR 6:340. Corrections policies and procedures: research and information; 501 KAR 6:360. Corrections policies and procedures: safety and critical incident notification; 501 KAR 6:370. Corrections policies and procedures: security and control; 501 KAR 6:380. Corrections policies and procedures: special management and restrictive housing inmates, safekeepers, and contract prisoners; 501 KAR 6:390. Corrections policies and procedures: inmate diet; 501 KAR 6:400. Corrections policies and procedures: inmate health care; 501 KAR 6:420. Corrections policies and procedures: inmate rules and discipline; 501 KAR 6:430. Corrections policies and procedures: communication, mail, and visiting; 501 KAR 6:440. Corrections policies and procedures: inmate reception, orientation, and personal property; 501 KAR 6:450. Corrections policies and procedures: classification; 501 KAR 6:460. Corrections policies and procedures: inmate work programs; 501 KAR 6:470. Corrections policies and procedures: inmate education and training; 501 KAR 6:490. Corrections policies and procedures: inmate recreation and



activities; 501 KAR 6:500. Religious programs; 501 KAR 6:510. Corrections policies and procedures: release preparation and temporary release; 501 KAR 6:520. Citizen involvement, volunteer, and reentry mentor service programs; and 501 KAR 6:530. Corrections policies and procedures: programs and sentence credits.

Sincerely,



Nathan Goens, Attorney
Justice and Public Safety Cabinet
125 Holmes Street, 2nd Floor
Frankfort, Kentucky 40601

enclosure

SUGGESTED SUBSTITUTE

**JUSTICE AND PUBLIC SAFETY CABINET
Department of Corrections**

501 KAR 6:420. Corrections policies and procedures: inmate rules and discipline.

RELATES TO: KRS Chapters 196, 197, KRS 197.045

STATUTORY AUTHORITY: KRS 196.035, 197.020, 197.110

NECESSITY, FUNCTION, AND CONFORMITY: NECESSITY, FUNCTION, AND CONFORMITY: KRS 196.035 authorizes the secretary to promulgate administrative regulations deemed necessary or suitable for the proper administration of the functions of the cabinet or any division in the cabinet. KRS 197.020(1)(a) and (b) require the Department of Corrections to promulgate administrative regulations for the government and discipline of the penitentiary, government and official conduct of all officials connected with the penitentiary, government of the prisoners in their department and conduct, and preservation of the health of the prisoners. KRS 197.110 authorizes the department to promulgate administrative regulations for purposes as the department deems necessary and proper for carrying out the intent of KRS Chapter 197. This administrative regulation establishes policies and procedures concerning inmate rules and discipline for the Department of Corrections.

Section 1. Incorporation by Reference.

(1) "Department of Corrections Policies and Procedures, Chapter 15", **October**~~May~~ 15, 2024, are incorporated by reference. Department of Corrections Policies and Procedures Chapter 15 includes:

15.1	Hair, Grooming and ID Card Standards (10/15/24) (5/15/24)
15.2	Rule Violations and Penalties (10/15/24) (5/15/24)
15.3	Meritorious Good Time (10/15/24) (1/13/20)
15.5	Restoration of Forfeited Good Time (10/15/24) (5/12/20)
15.6	Adjustment Procedures and Programs (10/15/24) (3/14/18)
15.7	Inmate Accounts (10/15/24) (5/15/24)
15.8	Possession or Use of Unauthorized Substance and Substance Abuse Testing (10/15/24) (4/12/18)

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Justice and Public Safety Cabinet, Office of Legal Services, 125 Holmes Street, 2nd Floor, Frankfort, Kentucky 40601, phone (502) 564-3279, fax (502) 564-6686, Monday through Friday, 8 a.m. to 4:30 p.m. This material may be obtained from the Department of Corrections Web site in the policies and procedures area at <https://corrections.ky.gov/About/cpp/Pages/default.aspx> or the regulation filing area at <https://corrections.ky.gov/about/pages/lrcfilings.aspx>.

Changes to Material Incorporated by Reference:

CPP 15.1

Page 1, Date Filed Box

Insert "October".

Delete "May".

Page 1, I. Definitions

Move the definitions for ""Dreadlocks" or "Locs"" and "Cornrows" to be in alphabetical order.

CPP 15.2

Page 1, Date Filed Box

Insert "October".

Delete "May".

Page 1, I. Definition for Security Threat Group or STG

After "organization and composition that", delete "have".

After "A. Have", delete "a".

CPP 15.3

Page 1, Date Filed Box

Insert "October 15, 2024".

Delete "January 13, 2020".

Page 1, Effective Date Box

Delete "September 1, 2020".

Page 1, Header

Insert "Supersedes Effective Date" box.

Page 1, Definitions

Move the definitions for "Trial run yes report" and "Trail run no report" to be in alphabetical order.

CPP 15.5

Page 1, Date Filed Box

Insert "October 15, 2024".

Delete "May 12, 2020".

Page 1, Effective Date Box

Delete "September 1, 2020".

Page 1, Header

Insert "Supersedes Effective Date" box.

CPP 15.6

Page 1, Date Filed Box

Insert "October 15, 2024".

Delete "March 14, 2018".

Pages 1-13, Effective Date Box

Delete "June 1, 2018".

Page 1, Header

Insert "Supersedes Effective Date" box.

CPP 15.7

Page 1, Date Filed Box

Insert "October".

Delete "May".

Page 1, Definitions

Move the definitions for "Indigent" and "Immediate family" to be in alphabetical order.

CPP 15.8

Page 1, Date Filed Box

Insert "October 15, 2024".

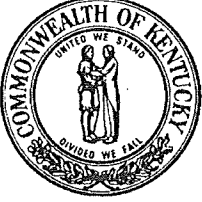
Delete "April 12, 2018".

Pages 1-5, Effective Date Box

Delete "June 1, 2018".

Page 1, Header

Insert "Supersedes Effective Date" box.

 <p style="text-align: center;">KENTUCKY CORRECTIONS Policies and Procedures</p>	Policy Number	Total Pages
	15.1	5
	Date Filed	Effective Date
	October 15, 2024	
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Authority/References KRS 196.035, 197.020 ACA 5-ACI-3D-18, 5-ACI-5D-15, 2-CO-4D-01 CPP 9.1, 9.17, 14.2, 17.1, 23.1	Subject HAIR, GROOMING, AND ID CARD STANDARDS	

I. DEFINITIONS

“Cornrows” means a hairstyle in which the hair is arranged in an intricate pattern of tight rows of braids close to the scalp. For people with tightly curled hair textures, this style is not removable by combing or brushing in a brief period of time.

“Dreadlocks” or “locs” means a hairstyle in which the hair is styled into ropelike sections formed by matting, braiding, or twisting that causes the strands of hair to lock together and due to the locking of the hair is not removable by combing or brushing in a brief period of time.

"Hair length" means the length of hair, as well as beard and mustache length.

"Inmate identification card" or "ID card" means the bar-coded card worn by all inmates.

“Religious exemption” means an approved justification to not be required to conform to a particular grooming standard set forth in this policy based upon a sincerely held religious belief.

“Removable” means a hairstyle that is removable by combing or brushing in a period of time that is less than one-half hour without the use of special tools or products.

“Weaves” means an artificial or natural extension of the hair that are sewn, braided or glued into a person’s own hair to give the appearance of having longer or thicker hair.

II. POLICY and PROCEDURES

- A. Inmates shall be neat, well-groomed, and adhere to the standards set forth in this policy. Inmates refusing to do so may be subject to disciplinary action and forced compliance with the policy.
- B. Inmates shall be provided with basic hygiene items without charge as authorized in CPP 14.2.

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- C. Inmates shall not perform any cosmetic procedure on another inmate, unless the inmate is classified to an authorized job assignment to perform cosmetic procedures, or the inmate has been authorized by the institution to perform such duties.
- D. Inmates shall be neatly and fully dressed at all times and shall be in uniform as required by CPP 17.1.
- E. An inmate may wear only one pair of ball post or ball stud type of earrings in the lobe of the ear. Body piercings shall not be permitted.
- F. An inmate may select the hairstyle of his choice within the requirements of this policy.
 - 1. An inmate may choose to wear a beard, sideburns, a mustache, or a combination of these choices. If worn, these shall be neatly trimmed and groomed.
 - 2. Cutouts, symbols, dyes, initials, or hair cut to be disproportionately longer in one area over another shall not be permitted for body hair, facial hair or hair on the head to include the eyebrows. Natural baldness is excluded from this requirement.
 - 3. Braided facial hair, weaves, and hair extensions shall not be permitted.
 - 4. If an institution documents a connection of a hairstyle to membership in a security threat group, the institution may require inmates to select a different hairstyle.
 - 5. Other hairstyles not specifically listed in this policy may be prohibited if the hairstyle is determined to be either a threat to security or orderly operations as determined by the Commissioner or designee.
 - 6. Haircuts shall be provided as necessary and according to established institutional schedules.
- G. Weaving or braiding of items into the hair shall not be permitted. Rubber bands, bread ties, and other similar items shall not be worn in the inmate's hair including facial hair. Hair accessories shall not be worn other than as authorized in CPP 17.1.
- H. Hair shall be subject to search for contraband at any time.
 - 1. Ordinary search procedure shall include:
 - a. Passing a hand-held metal detector over the inmate's hair and scalp

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to determine whether any metal object is present;

- b. Directing an inmate to turn his head upside down and run his fingers vigorously through his hair to include facial hair;
 - c. Pressing the hair with the thumb and forefinger to detect for a foreign object; or
 - d. Using a body scanner to search for contraband.
2. Inmates shall be required to remove pigtails, buns, braids, ponytails, woven hair, or other hairstyles that can be removed prior to transport outside of or return to the institution, and upon entry to and exit from a high security unit.
 3. Inmates with dreadlocks or locs, cornrows, or any other hairstyle that is not removable prior to transport outside of or return to the institution or upon entry to and exit from a high security unit shall be subject to a search by body scanner. If the body scanner is not functional or otherwise unavailable, the inmate's hair shall be searched using the other search procedures described in section II(H)1.
 4. If an inmate refuses to remove a hairstyle as required in II(H)2 or has a hairstyle that cannot be removed as set forth in II(H)3 and refuses to submit to a body scan or other hair search method as set forth in II(H)1, force may be used to complete a search.
 5. Staff shall search the hair of an inmate being transported by ambulance in the most thorough manner possible as the opportunity permits.

I. Safety and Sanitation Practices

1. Hair shall be kept clean at all times.
2. Inmates shall wear a hair net and beard and mustache covering if working in food service or in an area where long hair or a beard may increase the likelihood of food contamination.
3. An inmate who chooses long hair and works around machinery, shall wear the hair in a ponytail or in a bun to decrease the likelihood of a work injury.
4. Inmates who continue to maintain unsanitary hair or use their hair for unsafe practices such as self-harm may have hair restrictions imposed as determined by a clinical provider.
5. Inmates who attempt to use hair style or length to conceal contraband or aid


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in an attempted escape shall receive disciplinary action and be subject to prosecution.

6. Any inmate assigned to an institutional hair care job shall receive a medical review and clearance prior to assignment by the classification committee.
 7. Institutions shall require inmates to cut their fingernails and toenails. Fingernails and toenails shall not extend beyond one quarter inch past the tip of the finger or toe.
 8. Hair cuttings, nail clippings, or any other similar body parts shall not be retained by an inmate and shall be considered contraband.
- J. Inmates who request a religious exemption to any portion of this policy shall submit the request to the chaplain using the procedure set forth in CPP 23.1 II(G)(8).
- K. Every inmate shall maintain an identification card that matches the inmate's current appearance (hair length, beard, mustache).
1. An inmate ID card shall be made by the Assessment and Classification Center during intake.
 2. A new ID card shall be issued annually, according to a schedule established by the institution, and shall include an updated photograph.
 3. Updated photographs shall be placed in the inmate's record in the offender management system.
 4. A new ID card, with an updated photo, shall be issued if the Warden or designee determine the inmate has made a significant change in physical appearance. The cost of a new ID card issued due to an inmate who has made a significant change in physical appearance shall be at the cost of the inmate. The cost of the ID card shall be determined by the cost of the new ID card to the institution.
- L. Forced Hair Cut
1. A forced haircut shall only be given if a health care provider has determined and documented that the inmate has a medical or mental health condition that creates a safety or security risk to the inmate or others. Examples of a medical or mental health condition may include: lice infestation, mold, treatment requiring stitches or hair removal for further appropriate medical treatment, or the inmate is using the hair strands for self-harm. The health care provider's determination shall be documented in the inmate's medical record prior to the inmate receiving a forced haircut.

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2. When the health care provider determines and advises the warden of the need for a forced haircut for health reasons, the following procedures shall take place:
 - a. Staff performing the forced hair cut shall use the least amount of force necessary and follow all procedures established in CPP 9.1.
 - b. The process of a forced haircut shall be documented using a video camera beginning with the order given by staff to the inmate and shall include an explanation for the forced haircut.
 - c. An inmate shall be placed into a restraint chair during a forced haircut to ensure the safety of the inmate and staff. The authorization and procedures for a planned cell entry, to include usage of a compliance team and restraint chair, shall be followed as outlined in CPP 9.17.
 3. Staff shall remove only the amount of hair necessary to remedy the health or sanitation issue. Staff shall cut hair in the most dignified manner possible and remain professional at all times.
 4. Proper sanitation and medical treatment may be provided as determined by the health care provider.
 5. A log shall be maintained for all forced haircuts containing:
 - a. Inmate's name, number, and race;
 - b. Date of the haircut;
 - c. Official authorizing the haircut; and
 - d. Circumstances surrounding the reason for a forced haircut.
- N. Employees who do not comply with this policy shall be subject to disciplinary action.

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	15.2	12
	Date Filed	Effective Date
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Authority/References KRS 196.035, 197.020, 197.045, 197.525, 218A.500, 508.130 and 520.010(3) CPP 9.6, 10.2, 15.6; CI-05-03-01, CI-06-03-01 ACA 5-3C-4226, 5-3C-4231, 5-4A-4252, 5- 3D-4281, 2-CO-3C-01	Subject RULE VIOLATIONS AND PENALTIES	

I. DEFINITIONS

"Contraband" is defined by CPP 9.6.

"Dangerous contraband" is defined by CPP 9.6.

"Drug paraphernalia" is defined by KRS 218A.500. Other examples include syringes, balloons, plastic bags, rubber glove fingers or corners of envelopes, and recipes for making any illegal substance.

"Physical action" means any act of fighting, hitting, kicking, shoving, pushing, biting, using force or other similar types of physical contact, throwing, squirting or spitting any item, substance or fluid.

"Riot" means incites, instigates, organizes, plans, causes, aids, abets, assists or takes part in any disorder, disturbance, strike, or other organized disobedience to the rules of the institution.

"Security threat group" or "STG" means a formal or informal ongoing group of inmates varying in organization and composition that:

- A. Have common characteristics, interests, and goals distinguishing them from other offenders;
- B. Have a common name or common identifying signs, colors, or symbols;
- C. Individually or collectively engage in or have a pattern of continued criminal activity or departmental rule violations; and
- D. Have the potential to act in concert to interrupt the safe, secure and orderly operations of a correctional institution or any other Department of Corrections facility, or pose a threat or potential threat to public safety.

"Serious physical injury" means an injury requiring more than basic first aid.

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"Sexual assault" means the unconsented intimate physical contact with another person that may include an attempt or threat of physical violence.

"Sexual behavior" means seductive or obscene acts including masturbation, unwelcome touching, intimate touching, penetration of another's body cavity, and homosexual and heterosexual activity.

"Stalking" is defined by KRS 508.130.

"Unauthorized communication" means those forms of communication not allowed by any posted or published rule, including inducing contract personnel to carry items into or out of the institution, using a staff telephone or communicating with another inmate in a different housing status.

II. POLICY and PROCEDURES

All alleged violations of rules and regulations shall be fairly processed. An inmate shall be provided due process within the parameters of clearly established law.

A. Referral to Law Enforcement Authorities

1. A felony shall be referred to the appropriate law enforcement authority for investigation. A misdemeanor may be referred to the appropriate law enforcement authority on a case-by-case basis as determined by the Warden or his designee.
2. Referral of an event to the appropriate law enforcement authority shall not prevent an inmate from appearing before the Adjustment Committee or Adjustment Officer or from serving a penalty imposed by the Adjustment Committee or Adjustment Officer. Dismissal of a criminal charge shall not constitute a defense to an institutional violation.

B. Rule Violations and Penalties

Rule violations shall be divided into seven (7) major categories with specific penalty ranges for each category unless otherwise stated. See penalties listed by number in Section G.

C. Categories of Offenses and Penalty Range

Violation	Minimum Penalty	Maximum Penalty
Category I (Minor Violations)		
1. Faking illness or injury	1	4

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2.	Improper or unauthorized use of or possession of state equipment or materials	1	4
3.	DISCONTINUED		
4.	Illegal possession of canteen tickets	1	4
5.	Littering	1	4
6.	Improper or unauthorized use of a telephone	1	4
7.	Improper use of a pass	1	4
8.	Illegal possession of any item or quantities not on an authorized property list	1	4
9.	Failure to have and display I.D. card as required by institutional policy	1	4
10.	Failure to abide by any published institutional schedule or documented rule	1	4
11.	Unauthorized removal of food from any food service area	1	4
12.	Abusive, vulgar, obscene or threatening language, gestures or actions	1	4

Category II (Minor Violations)

1.	Possession of contraband	2	5
2.	Disruptive behavior	2	5

Category III (Major Violations)

1.	Interfering with an employee in the performance of his duty	2	7
2.	Refusing or failing to obey an order	2	7

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3.	Violation of mail or visiting regulations	2	7
4.	Breaking or entering into another inmate's locker, room, cell or living unit	2	7
5.	Unexcused absence from assignment	2	7
6.	Refusing or failing to carry out work assignment	2	7
7.	Bucking an inmate line	2	7
8.	Involvement in the writing, circulating or signing of petitions which may lead to disruption of institutional operations	2	7
9.	Failure to clean bed area or pass bed area inspection	2	7
10.	Unauthorized changing of bed assignment	2	7
11.	Physical action or force against another inmate if no injury has occurred, including horseplay	2	7
12.	Inflicting injury to self	2	7
13.	Charging another inmate for any services	2	7
14.	Violation of the Furlough Code of Conduct	2	7
15.	Being in a restricted or unauthorized area	2	7
16.	Unauthorized communication between inmates	2	7
17.	Forgery	2	7
18.	Violating a condition of any outside work detail	2	7
19.	Failure to abide by penalties imposed by Adjustment Committee, Adjustment Officer or Unit Hearing Officer	2	7

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20.	Abusive, disrespectful, vulgar, obscene or threatening language, gestures or actions directed toward or about an employee, visitor, or non-inmate	2	7
21.	Lying to an employee	2	7
22.	Unauthorized communication with any member of the public or staff	2	7
23.	Violating the institutional dress code or the dress code provided in CPP 17.1	2	7
24.	Violation of institutional telephone rules	2	7
25.	Use or possession of tobacco products in a community or minimum custody facility as described in CPP 18.5 EFFECTIVE as of 03-01-2022	2	7

Category IV (Major Violations)

1.	Physical action resulting in injury to another inmate	2	8
2.	Unauthorized use of drugs or intoxicants	2	8
3.	Failure to appear, without prior approval, at a classification hearing, orientation meeting, medical appointment or any other scheduled meeting	2	8
4.	Interfering with the taking of a drug urinalysis test, breathalyzer or search	2	8
5.	Smuggling of contraband items into, out of or within the institution	2	8
6.	DISCONTINUED as of 02-28-2022		
7.	Refusing or failing to comply with institutional count or lockup procedures	2	8
8.	Nonviolent demonstration or inciting a nonviolent demonstration that may lead to a disruption of institutional operations	2	8

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9.	Unauthorized absence from the institution	2	8
10.	Negligent or deliberate destruction, alteration or defacing of state, personal, or community property of less than \$100 in value	2	8
11.	Obtaining money, goods, privileges, or services under false pretenses	2	8
12.	Sexual behavior	2	8
13.	Gambling or possession of gambling paraphernalia	2	8
14.	Stealing or possession of stolen personal, state, community, or another's property under \$100	2	8
15.	Unauthorized transfer of money or property	2	8
16.	Possession of tattoo or body-piercing paraphernalia	2	8
17.	Indecent exposure	2	8
18.	Misuse of authorized or issued medication	2	8
19.	Making threatening or intimidating statements	2	8
20.	Refusing to submit to a breathalyzer or search	2	8
21.	Pursuing or developing a relationship that is unrelated to correctional activities with a non-inmate	2	8
22.	Possession of drug paraphernalia, including any recipes, directions and descriptions for producing unauthorized drugs	2	8
23.	Stalking	2	8
24.	Cruelty to animals	2	8

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|-----|---|---|---|
| 25. | Placing personal ads in any publication or with any internet provider that includes false, deceptive or misleading personal information, photographs, or drawings | 2 | 8 |
| 26. | Possession of unaccountable canteen items | 2 | 8 |

Category V (Major Violations)

- | | | | |
|-----|--|---|---|
| 1. | Negligently or deliberately destroying, altering or defacing of state, personal, or community property valued at \$100 or more | 4 | 9 |
| 2. | Destroying or tampering with life safety equipment, locking or security devices | 4 | 9 |
| 3. | Eluding or resisting apprehension | 4 | 9 |
| 4. | Loan sharking or collecting or incurring debts | 4 | 9 |
| 5. | Stealing or possession of stolen personal, state or community property over \$100 | 4 | 9 |
| 6. | Bribery | 4 | 9 |
| 7. | Tampering with physical evidence or hindering an investigation | 4 | 9 |
| 8. | Using mail to obtain money, goods or services by fraud | 4 | 9 |
| 9. | Possession of or displaying STG paraphernalia
EFFECTIVE as of 03-01-2022 | 4 | 9 |
| 10. | DISCONTINUED as of 02-28-2022 | | |
| 11. | Physical action against another inmate if three (3) or more inmates are involved | 4 | 9 |
| 12. | Violent demonstration | 4 | 9 |
| 13. | Engaging in extortion or blackmail | 4 | 9 |

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EFFECTIVE as of 03-01-2022

Category VI (Major Violations)

1.	Escape	6	10
2.	Deliberately or negligently causing a fire	6	10
3.	Possession or promoting of dangerous contraband	6	10
4.	Possession of money \$20 or more in excess of authorized amount if possession of money is authorized	6	10
5.	Possession of tokens or money if not authorized	6	10
6.	Possession of staff uniform clothing or uniform related items	6	10
7.	Taking property by force or threat of force	6	10
8.	Using an authorized object as a weapon or to facilitate escape	6	10
9.	Refusal to submit to medical testing	6	10
10.	Creating or causing a health hazard	6	10
11.	Involvement in, enforcing or threatening STG activity	6	10
EFFECTIVE as of 03-01-2022			
13.	Tattooing or piercing self or others or allowing self to be tattooed or pierced	6	10
14.	Unauthorized use of drugs or intoxicants after testing positive a third time or more, after July 13, 1998	6	10
15.	Refusing or failing to submit to a drug urinalysis test within three (3) hours	6	10
16.	Possessing, creating or distributing any		

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	writing or photography of which child pornography, including violence, bondage and the like, is the subject, whether factual or fictitious	6	10
17.	Prostitution as defined in KRS 529.020	6	10
18.	STG related physical action or force against another inmate EFFECTIVE as of 03-01-2022	6	10
19.	STG related tattoo or tattoo paraphernalia, including tattooing self or others EFFECTIVE as of 03-01-2022	6	10

Category VII (Major Violations)

1.	Physical action against an employee or non-inmate EFFECTIVE as of 03-01-2022	11	12
2.	Physical action resulting in the death or serious injury of another inmate EFFECTIVE as of 03-01-2022	11	12
3.	Sexual assault	12	12
4.	Physical action resulting in the death or injury of an employee or non-inmate	12	12
5.	Hostage taking	12	12
6.	Concealing an item that punctures or penetrates the skin of an employee conducting a search	12	12
7.	Inciting to riot or rioting	11	12
8.	Involved or convicted of 3 or more STG related offenses within a two (2) year period EFFECTIVE as of 03-01-2022	11	12
9.	Violence that is STG related toward another inmate where injury has occurred EFFECTIVE as of 03-01-2022	11	12

D. Dismissed Lawsuits

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1. An inmate who has filed a civil action that results in dismissal by a court based upon a finding that the action is malicious, harassing, or factually frivolous shall be charged with violating this section, which shall be a major violation, and issued a disciplinary report.
2. If the Adjustment Committee or Adjustment Officer finds the inmate to have violated this rule, the punishment shall be the forfeiture of one hundred eighty (180) days of non-restorable good time. This penalty, or any portion of it, may be suspended.
3. All other provisions of this policy shall apply to these charges.
4. For classification purposes, this violation shall be considered at the level of a Category VI. The penalty imposed shall also apply to an inmate serving a life sentence for record keeping and classification purposes.

E. Inchoate Violations

1. A person may be found to have committed the violation listed in this policy if he:
 - a. Attempts to commit the violation;
 - b. Solicits another or others to commit the violation;
 - c. Conspires with another or others to commit the violation;
 - d. Aids the action of another or others in committing the violation.

F. Penalty Code - General Principles

1. Two (2) penalties may be assessed for each violation so long as one (1) penalty is penalty 1 through 5.
2. Disciplinary segregation may be ordered to be served consecutively for each violation.
3. Time spent in detention shall be credited against any subsequent discipline imposed.
4. If two (2) minor violations are committed within ninety (90) days the penalty range for the second violation may be increased from 1-4 to 2-6.

G. Penalties

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The following may be assessed as penalties for violations:

1. Reprimand and warning;
2. Restriction of privileges not to exceed six (6) months, excluding exercise periods. This shall not exclude restriction from use of recreational facilities in the institution;
3. Extra duty assignment for a specific period of time not to exceed forty (40) hours;
4. Restitution

Notwithstanding the range of penalties set forth in C. above, the Adjustment Committee, Adjustment Officer or Unit Hearing Officer may order restitution for:

- a. destruction, injury, improper use, removal or theft of property of the state, employees, visitors or other inmates;
 - b. infliction of injury to staff members;
 - c. obtaining money, goods, privileges or services under false pretenses or other unauthorized means;
 - d. reimbursement for the costs of an escape; and
 - e. any other costs that have been incurred due to any rule violation;
5. Loss of privileged housing or meritorious living conditions;
 6. Assignment to disciplinary segregation for a maximum of fifteen (15) days, each offense;
 7. Loss of up to sixty (60) days good time, each offense;
 8. Loss of up to sixty (60) days good time and assignment to disciplinary segregation for a maximum of fifteen (15) days, each offense;
 9. Loss of up to ninety (90) days good time and assignment to disciplinary segregation for a maximum of thirty (30) days, each offense;
 10. Loss of up to one hundred eighty (180) days good time and

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assignment to disciplinary segregation for a maximum of thirty (30) days, each offense;

11. Loss of up to two (2) years NON-RESTORABLE good time, and assignment to disciplinary segregation for a maximum of thirty (30) days, each offense; and
12. Loss of up to four (4) years NON-RESTORABLE good time and assignment to disciplinary segregation for a maximum of thirty (30) days, each offense.

H. Reduction in assignment to Disciplinary Segregation

The Classification Committee may recommend a reduction of disciplinary segregation time to the Warden as provided in CPP 10.2.


1. The criteria for reduction shall be contained in CPP 10.2.
2. The warden, or institutional duty officer, may reduce disciplinary segregation time in an emergency situation if cell space is needed.

I. Suspension of Discipline

Any part of imposed discipline may be suspended for a period of up to six (6) months as provided in CPP 15.6.

J. Notification to Inmates and Staff

Inmates and staff shall be notified of changes in this policy. An inmate shall be notified of the changes as part of the orientation process upon reception at all institutions. Copies of changes shall be posted in areas accessible to inmates and staff.

 <p style="text-align: center;">KENTUCKY CORRECTIONS Policies and Procedures</p>	Policy Number	Total Pages
	15.3	7
	Date Filed	Effective Date
	October 15, 2024	
Authority/References KRS 197.045, 197.020, 196.035, 439.3401, 532.120 ACA 5-1E-4097	Subject MERITORIOUS GOOD TIME	

I. DEFINITIONS

“Extraordinary meritorious good time” means a sentence credit, not to exceed seven (7) days per month pursuant to KRS 197.045(1)(b)(3).

"Meritorious good time" means a sentence credit that may be awarded at the discretion of the Commissioner or his designee not to exceed seven (7) days pursuant to KRS 197.045(1)(b)(2).

“Sex offender” is defined by KRS 17.550(2) and KRS 197.410.

“Statutory good time” means a sentence credit that may be awarded pursuant to KRS 197.045(1)(b)(1).

“Trial run no report” means a computer generated list that applies meritorious good time credit toward an inmate’s sentence once the trial run yes report has been reviewed and approved by the designated authority.

“Trial run yes report” means a computer generated list of the names of inmates who shall be considered for meritorious good time.

“Violent offender” is defined by KRS 439.3401(1).

II. REVIEWS

- A. An inmate shall be considered for Meritorious good time monthly except for an inmate who:
1. Has more than ninety (90) days statutory good time loss outstanding that is subject to restoration. If an inmate is eligible for a restoration during the month of review which reduces his restorable good time loss to ninety (90) days or less, he shall be eligible for review for an award.
 2. Has lost non-restorable good time. The inmate shall not be eligible for meritorious good time until five (5) calendar years from the date of

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conviction which resulted in the non-restorable good time loss.

- a. This five (5) year period shall not be considered for an award of meritorious good time.
 - b. At the first annual review following the five (5) year period, the institution shall review the inmate for consideration of meritorious good time.
 - c. If appropriate, institutional staff may submit to the Director of Population Management a memorandum recommending a meritorious good time award.
 - d. For non-institutional inmates, staff in the Classification Branch shall review and, if appropriate, submit a memorandum to recommend a meritorious good time award to the Director of Population Management.
 - e. The Central Office Classification Committee shall review the recommendation for approval or disapproval.
 - f. If disapproved, the institution may submit, if appropriate, a recommendation once annually.
 - g. If approved, the recommendation shall be forwarded to Central Office Offender Information Services for review. Once reviewed the appropriate notation shall be made in the offender management system to restore meritorious good time eligibility.
 - h. After the recommendation is approved by the Central Office Classification Committee, a future award shall fall under the regular schedule of reviews.
3. Has one or more major disciplinary violation decisions during the month being reviewed.
 4. Returns from the Home Incarceration Program (HIP) due to a violation. The month the inmate returns shall not be reviewed for an award.
 5. Violates the rules of the jail or the HIP during the month being reviewed. The violation documentation shall be reviewed to determine what category the offense is. If determined to be the equivalent of a major disciplinary violation, the good time shall not be awarded.

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- a. The Director of Population Management shall review the violation documentation and determine the number of months a classified inmate shall not receive meritorious good time.
 - b. The Director of Population Management shall review the violation documentation for Controlled Intake inmates. The violation documentation shall be entered into the inmate's record for consideration and denial of meritorious good time during the classification process.
- B. An inmate convicted as a sex offender for a crime committed prior to July 15, 1998 may earn and be awarded meritorious good time as set forth in this policy.
 - C. An inmate convicted of, pleading guilty to, or entering an Alford plea as a sex offender for a crime committed on or after July 15, 1998 may earn, and be entitled to, meritorious good time as set forth in KRS 197.045(4).
 - D. A violent offender may receive meritorious good time to the extent authorized by KRS 439.3401(4).
 - E. If the inmate escaped custody, during the six (6) month period following his return to custody from escape status, he shall not be considered for an award of meritorious good time. Time spent out of DOC custody shall not count as a portion of that six (6) month period.
 - F. If the inmate is convicted of an additional felony that occurred while in custody, the six (6) month period following sentencing on that felony shall not be considered for an award of meritorious good time. Time spent out of DOC custody shall not count as a portion of that six (6) month period.

III. AMOUNT OF MERITORIOUS GOOD TIME AWARDED

- A. Meritorious good time may be awarded on jail credit or parole violation credit served after June 21, 1974 in accordance with KRS 197.045(1)(b)(2) and 532.120(3).
 - 1. Jail credit and parole violation credit shall be added together for calculation purposes. Following the initial award, any jail credit and parole violation credit not considered during the initial award shall be added to a future jail credit or parole violation credit and reviewed for an additional meritorious good time credit award.
 - 2. An inmate may be awarded seven (7) days for each full calendar month served as jail credit or parole violation credit. Example: An inmate who has three (3) months and fourteen (14) days of credit, jail credit or parole violation credit, shall only be reviewed for the three (3) full months served.

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3. Jail and parole violation credit shall be calculated in thirty (30) day increments only.
4. Institutional time shall be calculated in full month increments only.
5. Credit for time served shall not be considered for an award unless it is credit for time previously served on an indictment the inmate is presently serving.
6. Credit for time served as outlined above shall be added to jail credit and parole violation credit. The inmate shall be reviewed for meritorious good time for each thirty (30) day increment served.
7. Jail credit, parole violation credit and credit for time served that has not been considered for an award previously, shall be combined with institutional time and considered for an award as long as continuous custody was maintained for the entire calendar month.
8. An inmate shall be reviewed for an award on jail credit/parole violation credit and other sentence credit based on the inmate's status at the time the credit was earned.
9. A disciplinary report equivalent to a major violation received by an inmate housed in a county jail or with another agency prior to sentencing, while earning parole violation credit or receiving any credit for time served may prevent an award of one (1) month meritorious good time seven (7) days, for each month a violation occurred.

B. Meritorious good time may be awarded in the amount of five (5) days per month for months served prior to May 1, 2008, pursuant to KRS 197.045 effective June 21, 1974. Months beginning with May 2008 may be reviewed at the amount of seven (7) days per month pursuant to KRS 197.045 amended July 15, 2010.

C. Once an award period is reviewed, a future award shall not include a previously considered time period.

IV. AWARD AND REVIEW PROCEDURES

A. Institutions and Contract Facilities

1. A trial run yes report shall be generated and forwarded to the institutional Offender Information office at each institution prior to the 5th day of each month.
 - a. Program staff shall review the inmate record to determine the amount of the total award for which an inmate is eligible.

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b. Program staff shall:

- (1) review the information on the trial run yes report;
- (2) make any changes to the recommendation on the report; enter the recommendation into case notes in the offender management system if the amount is different than what is reflected on the report. The reason shall be noted;
- (3) forward the recommendation to the Warden for approval or disapproval and signature; and
- (4) forward the signed trial run yes report to Institutional Offender Information.

c. Institutional offender information staff shall:

- (1) enter any changes to the report manually and block any awards denied by the warden;
- (2) run trial run no report; and
- (3) forward both the signed trial run yes and trial run no reports to Central Office Offender Information Services.

B. Local Facilities

1. Central Office shall generate a trial run no report in the offender management system on a monthly basis for the inmate population in county jails and Community Service Programs.
2. Central Office Offender Information shall:
 - a. review the report for accuracy;
 - b. make any changes to the recommendation on the report and enter the recommendation in the case notes in the offender management system if the amount is different than what is reflected on the report. The reason shall be noted as well.

C. Extraordinary Meritorious Good Time

1. For an inmate to be considered for extraordinary meritorious good time, a memo shall be forwarded from the Warden or Jailer regarding exceptional service of an inmate pursuant to KRS 197.045(1)(b)(3) to the Commissioner.
2. The Commissioner shall review and may request from Offender Information Services the amount of extraordinary meritorious good time the inmate is eligible to receive.

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3. Offender Information Services shall return the memo to the Commissioner for review and determination of the amount of extraordinary meritorious good time to be awarded.
4. Central Office Offender Information Services staff shall apply the extraordinary meritorious good time as directed by the Commissioner and the memo shall be scanned into the offender management system.

D. Interstate Corrections Compact Inmates

1. A progress report on an inmate eligible for meritorious good time shall be obtained bi-annually from the housing state by the Interstate Compact Administrator or his designee.
2. The Interstate Compact Administrator shall determine the amount of award the inmate is eligible for and shall forward this amount to the Central Office Offender Information for approval or disapproval and entry into the offender management system.

E. Advanced MGT

1. MGT shall be entered on the fifteenth (15th) of the month, or next business day for the current month if:
 - a. Inmate is eligible for MGT pursuant to Section II of this policy, and
 - b. Inmate will be eligible for release by administrative minimum expiration or mandatory re-entry supervision in the month following, with this credit.
2. Inmates eligible for minimum expiration during the first week of the following month shall have a full or partial credit entered on the fifteenth (15th) of the month or next business day. The inmates' minimum expiration date shall not fall into the current month for which MGT is being applied.
3. If MGT is entered pursuant to this section, the inmate's record shall be reviewed prior to release. If it is determined the inmate is no longer eligible for MGT pursuant to section II of this policy, the credit shall be removed. Staff shall document the reason for removing the credit in the inmate's record in KOMS.

V. FORFEITURE

- A. Meritorious good time awarded under this procedure may be forfeited if the inmate is convicted of a major violation.
- B. All statutory good time shall be forfeited before meritorious good time is forfeited.

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If the inmate has no statutory good time to lose, meritorious good time shall be forfeited.

- C. Extraordinary meritorious good time shall not be subject to forfeiture.


VI. RESTORATION

Meritorious good time that was forfeited shall not be subject to restoration.

VII. EXPUNGEMENT

If a major disciplinary report is expunged after an inmate has been reviewed for an award of meritorious good time, and the month in which it occurred has been deducted from a previous award, the inmate may be reviewed immediately for an adjustment.

- A. The Offender Information Office completing the expungement shall notify the inmate when the expungement is complete.
- B. The institutional Offender Information Services office shall notify the classification and treatment officer of the expungement.
- C. The classification and treatment officer shall review for eligibility and, if appropriate, submit a supplemental recommendation to the warden.
- D. If the supplemental award has been approved by the warden, an adjustment shall be made to the inmate's previous meritorious good time award and be forwarded to Central Office Offender Information.

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	15.5	3
	Date Filed	Effective Date
	October 15, 2024	
	Supersedes Effective Date	
Authority/References KRS 196.035, 197.020, 197.045 CPP 15.2	Subject RESTORATION OF FORFEITED GOOD TIME	

I. DEFINITIONS

“Statutory good time” means a sentence credit that may be awarded pursuant to KRS 197.045(1)(b)(1).

“Trial run yes report” means a computer generated list of the names of inmates who shall be considered for a restoration of forfeited good time.

“Trial run no report” means a computer generated list that applies meritorious good time credit and restoration of forfeited good time toward an inmate’s sentence once the trial run yes report has been reviewed and approved by the designated authority.

II. POLICY and PROCEDURES

This policy and procedure provides for the restoration of good time which has been lost as the result of rule violations to promote an incentive for improved behavior and adjustment.

- A. Good time loss resulting from any Category III through Category VI rule violation, as described in CPP 15.2, may be restored.
- B. Good time loss resulting from any Category VII rule violation, as described in CPP 15.2, shall not be subject to restoration.
- C. Meritorious good time that was forfeited shall not be subject to restoration.

III. Award and review procedures

A. Institutions

A trial run yes report shall be generated and forwarded to the institutional Offender Information office at each institution prior to the 5th day of each month.

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1. Program staff shall review the inmate record to determine the amount of the total award for which an inmate is eligible.
2. Program staff shall:
 - a. Review the information on the trial run yes report;
 - b. Make any changes to the recommendation on the report;
 - c. Enter the recommendation into case notes in the offender management system if the amount is different than what is reflected on the report with the reason for the change stated;
 - d. Forward the recommendation to the Warden for approval or disapproval and signature; and
 - e. Forward the signed trial run yes report to institutional offender information staff.
3. Institutional offender information staff shall:
 - a. Enter any changes to the report manually and block any awards denied by the Warden;
 - b. Run trial run no report; and
 - c. Forward both the signed trial run yes and trial run no reports to Central Office Offender Information Services.

B. Local Facilities


1. Central office shall generate a trial run no report in the offender management system on a monthly basis for the inmate population in county jails and Community Service Programs.
2. Central Office Offender Information shall:
 - a. Review the report for accuracy; and
 - b. Make any changes to the recommendation on the report and enter the recommendation in the case notes in the offender management system if the amount is different than what is reflected on the report with the reason for the change stated.

IV. Reviews

- A. An inmate shall be continuously reviewed for eligibility for good time restoration. An inmate may be reviewed for restoration of forfeited good time six (6) months after conviction of any Category III or above offense, with the exceptions as previously noted in this policy. The following criteria shall be met:
 1. The inmate has completed six (6) consecutive months at an institution, community center, or in a controlled intake jail facility.

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2. During these six (6) consecutive months, the inmate shall not have received a conviction for a Category III or above offense while housed in an institution.
 3. While the inmate has been incarcerated at a controlled intake or local facility, an incident has not occurred in jail similar to a Category III or above incident as evidenced by: (a) documentation on the inmate record, (b) additional conviction for any crime committed while housed as a controlled intake inmate, or (c) other means of verification.
- B. A maximum of ten (10) days good time may be restored for each month since conviction of a Category III or above offense. For example, six (6) months after conviction of a Category III or above offense, a maximum of sixty (60) days good time may be restored; after nine (9) months, a maximum of ninety (90) days may be restored.
1. If a break in custody occurs prior to an inmate achieving an initial six (6) consecutive months period of clear conduct, time spent in custody prior to release shall not count toward the six (6) consecutive months required for review.
 2. Upon recommitment to an institution, community center, or a controlled inmate jail facility, an inmate shall achieve six (6) consecutive months to become eligible for review.
 3. Time served prior to a break in custody shall be reviewed only after an initial six (6) months period has been achieved.
- C. If good time restoration is denied or adjusted, a written reason shall be entered into the case notes of the offender management system.
- D. Even though an inmate may receive approval for restoration of statutory good time, Corrections shall retain authority to void or adjust the amount of the restoration at any time during the inmate's incarceration if a review of the record reveals the restoration or calculation is erroneous.

 <p style="text-align: center;">KENTUCKY CORRECTIONS Policies and Procedures</p>	Policy Number	Total Pages
	15.6	13
	Date Filed	Effective Date
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	Supersedes Effective Date	
<p>Authority /References</p> <p>KRS 196.035 and 197.020 Wolf v. McDonnell, 418 U.S. 539 (1974); Walpole v. Hill, 472 U.S. 445 (1985); Smith v. O’Dea, Ky. App., 938 S.W.2d 575 (1997); Haney v. Thomas, 406 S.W.3d 823 (Ky. 2013); Ramirez v. Nietzel, 424 S.W.3d 911 (Ky. 2014) ACA 4-4227, 4-4234, 4-4235, 4-4237 through 4-4248, CPP 3.23, 6.1, 15.2</p>	<p>Subject</p> <p style="text-align: center;">ADJUSTMENT PROCEDURES AND PROGRAMS</p>	

I. DEFINITIONS

“Adjustment Committee” means a committee appointed by the Warden of an institution empowered to hear, adjudicate and assess appropriate discipline for violations of rules or regulations.

“Detention” means placing an inmate in administrative segregation to ensure the safety and security of the institution, other inmates, staff or visitors pending appropriate administrative action.

“Disciplinary report” means a written report prepared by a staff member that alleges a violation of rules or regulations by an inmate.

“Fact finder” means the adjustment committee, adjustment officer, or unit hearing officer who hears and decides a disciplinary report.

“Major violation” means any violation of a Category III or higher rule contained in CPP 15.2.

“Minor violation” means any violation of a Category I or II rule contained in CPP 15.2.

“Unit Hearing Officer or Adjustment Officer” means a staff member appointed by the Warden or his designee, empowered to hear, adjudicate and assess appropriate penalties for violations of rules or regulations.

II. POLICY and PROCEDURES

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An alleged violation of rules and regulations shall be fairly processed. An inmate's due process rights shall be fully protected.

A. General

1. The Adjustment Committee is an independent body that shall consist of at least three (3) members appointed by the Warden or his designee.
 - a. At least one (1) member shall be a program staff member.
 - b. At least one (1) member shall be a security staff member.
 - c. The chairperson shall be at the supervisory level.
 - d. It shall be within the discretion of the Warden to use an Adjustment Committee, Adjustment Officer, or both.
2. Adjustment Officer
 - a. The Warden or his designee may appoint an Adjustment Officer.
 - b. The Adjustment Officer shall be a staff member at the supervisory level.
3. Unit Hearing Officer
 - a. The Warden or his designee may appoint a Unit Hearing Officer.
 - b. The Unit Hearing Officer shall be a staff member at the supervisory level.
 - c. The Unit Hearing Officer shall hear a minor violation if the inmate waives his right to be heard by the Adjustment Committee or Adjustment Officer.
 - d. A waiver to be heard by the Unit Hearing Officer shall be signed by the inmate and attached to the disciplinary report.
4. Disqualification
 - a. A committee member, Adjustment Officer or Unit Hearing Officer shall be disqualified in every case in which he has:
 - (1) Filed the complaint or witnessed the incident;
 - (2) Participated as an investigating officer; or

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(3) Been assigned the subsequent review of the decision.

B. Functions of the Adjustment Committee, Adjustment Officer and Unit Hearing Officer

1. The Adjustment Committee, Adjustment Officer or Unit Hearing Officer:

- a. Shall hear and decide a disciplinary report based solely on information obtained in the hearing process, including staff reports, the statements of the inmate charged, and evidence derived from witnesses and documents.
- b. Shall review all available video and consider as documentary evidence in making the final decision, if an inmate requests as an exhibit a video recording of the incident giving rise to the institutional charge. Any video evidence considered shall remain confidential and shall not be shown or provided to the inmate without written approval from the warden.
- c. Shall assess penalties for a violation of the rules or regulations as provided in CPP 15.2.
 - (1) If an amendment is made to another violation within the same category or to a lower category violation, and the committee is convinced the amendment will alter the inmate's defense to the amended violation, the committee or officer shall give the inmate the option of at least a twenty-four (24) hour continuance for preparation.
 - (2) However, nothing in this policy shall prohibit a charge from being amended to conform to the evidence presented. Amendment options before the committee or officer shall include amending to a lower category violation; amending the violation within the same category; or, dismissing the charged violation.
- d. May send back for further investigation and more appropriate charge.
 - (1) Prior to the hearing, if it appears that the charge is not proper, the committee chairperson or officer may send the disciplinary report back to an investigator for a more appropriate charge, including a higher charge.

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- (2) If during the hearing, the fact finder determines that the charge is inappropriate, the report may be returned to the investigator for a more appropriate charge, including a higher charge, but the committee or officer shall not participate in a subsequent re-hearing. This procedure shall be in addition to amending the charge within the same category or a lower category, whichever is more appropriate.
 - e. May make recommendations as to referrals for prosecution.
 - f. May suspend the discipline for a period not to exceed six (6) months.
 - (1) During the suspension period if the inmate has not been found to have an additional rule violation, the discipline shall be vacated, but the disciplinary report and related documents shall be retained in the inmate electronic record.
 - (2) Suspended discipline may be revoked during the period of suspension upon the finding of a Major Violation.
 - g. If more than one (1) disciplinary violation is heard, or the inmate is currently serving or waiting to serve disciplinary segregation and the decision is made to assess segregation time, it shall be designated as to whether the time shall be served consecutively or concurrently.
 - 2. The institution shall preserve the audio tape recording of the hearing for a period of two (2) years from the date of the Warden's review. If, through any mechanical malfunction, the recording is lost, nothing shall effect the ultimate decision of the committee or officer, pending the Warden's review.
 - 3. Function of Staff Counsel or Assigned Legal Aide
 - a. The function of staff counsel, if one is assigned, or assigned legal aide shall be to aid the inmate in preparing and presenting a defense.
 - b. Staff counsel or an assigned legal aide shall be appointed if it appears that an inmate is not capable of collecting and presenting evidence on his behalf.
 - c. In all cases, the inmate and staff counsel or the assigned legal aide shall leave the hearing during the deliberation phase.
- C. Adjustment Procedures
- 1. The Disciplinary Report

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- a. The disciplinary report shall be clear, concise and contain only the facts the reporting employee has personally witnessed or otherwise verified, including a statement of how verification is made.
 - b. A report shall be entered in the offender management system.
2. The disciplinary report shall include:
 - a. a description of the incident;
 - b. the date and time of the incident;
 - c. the date and time the report is completed;
 - d. list of witnesses to the incident;
 - e. disposition of physical evidence;
 - f. any immediate action taken, including use of force, or unusual inmate behavior;
 - g. the reporting employee's signature.
 3. Upon completion of the disciplinary report it shall be reviewed by the shift supervisor or other designated supervisor .
 4. Investigation
 - a. Supervisor's Review
 - (1) Upon receipt of a disciplinary report, the shift supervisor or other designated supervisor shall begin the initial investigation by reviewing the report to determine that it contains all pertinent data.
 - (2) The supervisor's review shall begin within twenty-four (24) hours of the completion of the disciplinary report unless circumstances prevent it, which shall be documented on Part I of the report.
 - (3) Upon the completion of his review, the supervisor shall sign the report, indicating the date and time the review was begun.
 - (4) The supervisor shall not be prohibited from completing the review if he witnessed or investigated the incident.

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b. Investigator's Review

(1) Following the supervisor's review:

- (a) The investigation shall be completed in a timely manner whenever possible, by an appropriate supervisor not involved in the incident. The investigator's review shall begin as soon as practicable after the completion of the supervisor's review.
- (b) Nothing in this policy shall prohibit the supervisor's review and investigator's review from being conducted by the same supervisor unless the individual witnessed the incident.

(2) During the course of the investigator's review, the investigator shall:

- (a) Collect evidence, documents and statements.
- (b) Interview witnesses, unless a witness is clearly irrelevant to the issues presented, and record a brief statement of what the witness reports.
- (c) Assign the most appropriate violation.
- (d) List witnesses the inmate indicates he wishes to have at the hearing.
- (e) Advise the inmate of his right to consult with an assigned legal aide of his choice at least twenty-four (24) hours prior to the hearing and list the choice in the space provided. If the inmate does not provide his choice, he shall be informed that unless he does so within twenty-four (24) hours of receiving the report, he has waived his legal aide. If the inmate submits a choice after the investigation, he shall do so in writing to the chairperson of the adjustment committee or to the adjustment officer.
- (f) Record on the form and advise the inmate of the anticipated date, time, and place of the hearing. An inmate transferred from another facility or a community service center shall be notified of the

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anticipated date and time of the hearing upon arrival to the institution provided the necessary documentation is received upon his arrival.

- (g) Advise the inmate of his right to waive his presence at the hearing.
 - (h) Nothing in this policy shall prohibit a disciplinary report from being re-investigated if deemed appropriate or necessary.
- (3) Upon completion of the investigation, the investigator shall:
- (a) Place the date and time the investigation is completed on the report and have the inmate sign the report.
 - (b) Provide the inmate a copy of the disciplinary report. If the report is not provided, the report shall be given to the inmate not less than twenty-four (24) hours prior to the hearing unless notice is waived.
 - (c) Provide the inmate with a copy of all documents to be used by the Adjustment Committee or Adjustment Officer unless the disclosure of those documents constitutes a threat to the safety and security of an inmate, the public, or the institution. The inmate is not entitled to documents or other evidence that is not submitted for the hearing. Documents include reports, photographs, tests, tape recordings or other written materials to be used as evidence.
 - (i) Excluding those documents prohibited from disclosure as noted above, documents not provided the inmate immediately following the completion of the investigation shall be provided not less than twenty-four (24) hours prior to the hearing.
 - (ii) If the documents are not provided, a summary of the information contained in the documents shall be provided. The summary may be included in and consist of the disciplinary report, which shall be noted on Part I of the disciplinary report.

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- (d) If during the investigation, the investigator determines there is insufficient evidence to support a charge against the inmate, he shall dismiss the disciplinary report. Further action shall not be taken on the report other than placing it in a designated file for record-keeping purposes.

5. Inmate Responsibilities

- a. If the inmate has not done so during the course of the investigation, the inmate shall:
- (1) Identify to the Adjustment Committee or Adjustment Officer what assigned legal aide or staff counsel, if one is available, he has chosen within twenty-four (24) hours of his receipt of the completed disciplinary report.
 - (2) Identify to the Adjustment Committee or Adjustment Officer what witnesses he has selected not less than twenty-four (24) hours prior to the initial hearing.
- b. Failure to identify an assigned legal aide, staff counsel or witnesses in accordance with this procedure shall constitute a waiver.
- c. Special consideration may be given to an inmate transferred from another institution or community center to identify his legal aide or staff counsel no later than twenty-four (24) hours before the hearing.

D. The Hearing

1. The hearing shall be held within seven (7) working days after the completion of the investigation. A delay beyond this time shall be justified and documented in writing on Part II of the report. This time limitation is to benefit staff and does not constitute a time in which the inmate has a right to a hearing.
2. At the hearing the inmate shall be entitled to the following:
 - a. An opportunity to be present during all phases of the hearing, except the deliberations phase, unless he waives this right or his unruly or aberrant behavior does not permit attendance. If an inmate is denied the right to be present during the hearing, the reason shall be stated in writing on Part II of the report. If the inmate has a legal aide and is ejected from the hearing, the legal aide shall remain in the hearing unless his conduct dictates otherwise. If an inmate is ejected from the hearing and does not have a legal aide, the assigned legal aide

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shall be directed to attend the remainder of the hearing, if one is available.

- b. Assistance by a chosen assigned legal aide or appointed staff counsel who has been given an opportunity to confer with the inmate at least twenty-four (24) hours in advance of the hearing unless denied under provisions of C.4 b.2.f.. If a legal aide or staff counsel is denied, the reason for denial shall be stated in writing on Part II of the report.
 - c. Consideration of those documents or a summary of those documents provided to the inmate at least twenty-four (24) hours before the hearing. If the documents or the summary is not provided to the inmate, the reason for failure to make these documents available to him shall be made a part of the record of the proceedings.
 - d. An opportunity to make a statement and to present documentary evidence.
 - e. To be informed of his right to remain silent during the hearing but that his silence may be used against him in the hearing.
 - f. An opportunity to call witnesses unless doing so is unduly hazardous to institutional safety and correctional goals; is irrelevant to the issues; is cumulative; or, is unnecessary. If an inmate is not permitted to call a witness, justification shall be made in writing on Part II of the report or, if the reason is based on security information that should not be revealed to the inmate, in a confidential supplement to the findings.
 - g. An opportunity to question the reporting employee and relevant witnesses, unless doing so will be unduly hazardous to institutional safety and correctional goals or a reason in f. above.
 - (1) A speaker phone, telephone, or written statements may be used at the hearing.
 - (2) If the Adjustment Committee or Officer denies the inmate the opportunity to call and confront the reporting employee or witness, justification shall be made in writing on Part II of the report.
 - h. May plead guilty.
3. The fact finder shall prepare a written record that includes:

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- a. The date and time of the hearing and reasons for a continuance, if any.
- b. A list of witnesses called or denied.
- c. A summary of the evidence upon which the decision and discipline is based.
- d. The decision shall have specific findings of fact. The findings may be based on facts contained in the employee's report. The findings shall explicitly state which facts were determined to be true if facts in the employee's report are relied upon.
- e. If an inmate requests documentary evidence regarding the incident giving rise to the disciplinary report, the fact finder shall:
 - (1) State in the written findings that:
 - (a) The documentary evidence was reviewed and considered in arriving at the final decision; and
 - (b) If any documentary evidence is not made available to the inmate for security reasons, a confidential supplement to the written findings exists regarding the documentary evidence.
 - (2) Prepare a supplemental, confidential finding describing any documentary evidence that is not made available to the inmate for security reasons that was considered in arriving at the final decision and retain a copy of the documentary evidence described in the supplemental confidential finding.
- f. If information from a confidential informant is relied upon in the findings of fact, the decision shall reflect evidence of the reliability of the information from the confidential informant or identify corroborating factors. The evidence may include:
 - (1) An oath or affirmation of the investigating officer as to the truth of his report containing confidential information with his appearance before the decision maker;
 - (2) Corroborating testimony;
 - (3) A statement on the record by the chairman or adjustment officer that he had firsthand knowledge of the sources of

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information and considered them reliable on the basis of their past record of reliability;

- (4) In camera review of material documenting the investigator's assessment of the credibility of the confidential informant;
 - (5) Multiple unnamed informants whose stories are consistent and corroborate one another; or
 - (6) Other factors that provide some corroboration of the information provided by the confidential informant.
- g. The discipline imposed and the reason for imposing it.
 - h. A statement as to whether the discipline may be stayed during an appeal and the reason.
 - i. The signature of all committee members or adjustment officer.
 - j. The signature of the inmate and assigned legal aide or staff counsel.
- 4. If the Adjustment Committee or Adjustment Officer finds the inmate did not commit the violation or if an appeal results in the reversal, the disciplinary report shall be removed from the inmate's file.
 - 5. After resolution of the adjustment proceeding, an adjustment officer or committee may refer the incident to the internal affairs officer for investigation pursuant to CPP 3.23.

E. Disposition of Disciplinary Report Forms

- 1. At the end of the hearing and completion of the form, a copy shall be given to the inmate.
- 2. The disciplinary report shall be routed to the Warden or his designee for his signature after action by the Adjustment Committee or Adjustment Officer.
- 3. If the inmate is scheduled to meet the Parole Board or has been recommended for parole and receives a disciplinary report, the institutional Offender Information office shall forward a copy of the disciplinary report to the Central Office Placement Office. The Placement Office shall forward the disciplinary report to the Parole Board.

F. Appeals

- 1. An inmate may appeal in writing the adjustment decision to the Warden.

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2. The appeal shall be directed to the Warden of the institution whose Adjustment Committee or Adjustment Officer heard the case.
3. The inmate has fifteen (15) days after the decision to detail the reasons for the appeal. If an inmate is due to be released by minimum expiration of his sentence within the fifteen (15) days, the Warden's review shall occur prior to the inmate being released and the inmate may still file his appeal for further review by the Warden.
4. The Warden or his designee shall respond in writing within thirty (30) days of the Adjustment Committee or Adjustment Officer decision.
5. The Warden or his designee may, during his review:
 - a. Order a rehearing because of procedural errors, substantive errors, or other appropriate reasons;
 - b. Reduce the penalty;
 - c. Suspend the penalty for a period of time not to exceed six (6) months;
 - d. Void the disciplinary report in its entirety;
 - e. Reduce the category of violations;
 - f. Remand the charge for a new hearing before a different Adjustment Committee or Adjustment Officer.
6. The Warden or his designee shall not during his administrative or appellate review:
 - a. Order a rehearing if the action has been dismissed;
 - b. Raise the discipline;
 - c. Order a rehearing on a new charge that carries a higher penalty.
7. An appeal may not be taken beyond the Warden.
8. The Warden has the authority at any time to order the disciplinary report to be vacated upon justification and may allow it to be re-investigated or re-heard, or both. This is at the Warden's level only and shall not create any new time for additional appeals. The Warden may also dismiss the report.


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G. Access to Disciplinary Hearing Tapes

1. Access to tapes shall be arranged pursuant to CPP 6.1.
2. Copies of that portion of the tape, pertaining to the particular hearing concerned, less the deliberation phase, shall be provided, if the audiotape is available.
3. A reasonable fee consistent with the cost of providing the materials involved may be charged.

H. Informal Resolution of Minor Violations

1. If an inmate waives his right to a hearing by the Adjustment Committee or Adjustment Officer on a Minor Violation:
 - a. The disciplinary report shall be heard by a Unit Hearing Officer.
 - b. At the unit hearing the inmate shall be entitled to make a statement and present documentary evidence.
2. At the conclusion of the unit hearing, the Unit Hearing Officer shall complete the disciplinary report and indicate:
 - a. The finding;
 - b. The discipline imposed;
 - c. The date and time of hearing;
 - d. The signature of the Unit Hearing Officer.
3. A copy of the completed report shall be given to the inmate.
4. Decisions of a Unit Hearing Officer shall not be subject to appeal.
5. The completed disciplinary report shall be forwarded to the Unit Director, Warden or appropriate designee for an administrative review.

 <p style="text-align: center;">KENTUCKY CORRECTIONS Policies and Procedures</p>	Policy Number	Total Pages
	15.7	4
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Authority/References KRS 196.035, 197.020 CPP 9.6, 9.8, 15.2, 16.2 ACA 5-ACI-5A-06, 2-CO-1B-14	Subject INMATE ACCOUNTS	

I. DEFINITIONS

“Immediate family” is defined in CPP 16.1.

"Indigent" means an inmate who has maintained a balance in his inmate account and media account for a combined total of \$5.00 or less for thirty (30) days prior to requesting indigent status.

“Media account” means funds an inmate may have available for the purchase of digital music through an approved vendor or for the purpose of email through an approved vendor as described in CPP 16.2.

II. POLICY and PROCEDURES

Each inmate may have a personal financial account. This account shall be maintained by the institution at which the inmate is assigned. While allowing freedom of control for each inmate, certain restrictions shall be necessary for institutional security. Any interest earned shall be used strictly for the benefit of inmates.

A. Receipt of Funds

An inmate may receive funds in accordance with the following:

1. Funds received shall be in the form of:
 - a. Electronic fund transfer through the Department of Corrections approved vendor;
 - b. Check from an insurance company, a stockbroker, or a governmental agency, except for a Social Security check. A Social Security check shall be returned to the Administrative Services Division, Social Security Administrator, or as otherwise instructed by the Social Security Administration;

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- c. Check for a dividend, pension, or refund from a vendor; or
 - d. Cashier's check or bank money order if an inmate is withdrawing funds from his savings account to be credited to his inmate account.
2. Other funds received shall only be accepted if justified by the inmate and approved by the Warden or his designee.

B. Disbursement of Funds

- 1. Transfer of funds between inmates shall not be permitted unless the inmates are legally married or are immediate family members as defined in CPP 16.1. Approval shall be obtained from both the Warden where the inmate receiving money is incarcerated and the Warden of the institution where the inmate sending funds is incarcerated before funds may be transferred.
- 2. Money of any dollar amount shall not be sent outside the institution except for:
 - a. Purchase of authorized items or periodicals from vendors approved by the Department;
 - b. Payment of restitution, child support, Crime Victim's compensation, or other court-ordered deductions or fees; or
 - c. Quarterly disbursement to an immediate family member not to exceed \$200 per quarter. The disbursement shall be during the months of March, June, September, and December.

C. Court Ordered Restitution

Court ordered restitution shall be deducted from an inmate's account as determined by court order. If the court order directs the institution to collect victim restitution from an inmate, the institution shall collect the money and forward it to the court for disbursement to the victim, the victim's survivors, or as dictated by the order. Any court order for the institution to collect monies or restitution from an inmate shall take precedence over institutional debts or restitution.

D. Payment of Restitution or Debts

- 1. If an inmate owes the institution money or restitution, incoming funds to the inmate's account shall be applied to outstanding debts or freezes.

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2. The percent frozen shall be in the discretion of the warden or designee, but shall not exceed fifty (50) percent if an inmate receives one hundred (100) dollars or less in incoming funds.
3. If an inmate receives more than one hundred (100) dollars, the institution shall fully apply the amount of incoming funds over one hundred (100) dollars to the restitution or debt. The institution may then apply up to fifty (50) percent of the remaining one hundred (100) dollars to the restitution or debt.

E. Account Balance Limit

1. An inmate account may have a maximum balance of one thousand dollars (\$1000.00).
2. An inmate may request an exception to this limit for exceptional circumstances in writing to the Warden or his designee.
3. The Warden or his designee may approve exceptions to this limit on a case-by-case basis.
4. An inmate media account may have a maximum balance of one hundred dollars (\$100.00).

F. Freezing Accounts

Reasonable Suspicion of Illegal Activity or Violation of Rule or Law

1. If there is reasonable suspicion to believe an inmate obtained money in his account by engaging in an illegal activity or by violating an institutional rule or federal or state law, the inmate's account shall be frozen to allow for a complete investigation.
 - a. If it is determined that the inmate's account will be frozen, a notification form shall be issued in writing. See Attachment I, "Notification of Restriction of Inmate Account" form.
 - b. After the notification is written, it shall be presented to the inmate to provide notice.
 - c. The inmate shall be given an opportunity to respond to the notice when the notification is delivered to the inmate. The response shall be recorded on the notification form and signed by the inmate.
 - d. A copy shall be given to the inmate after it is signed.

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- e. If the inmate refuses to sign, it shall be noted on the form with the signature of the witnessing staff member.
 - f. The notification form shall be reviewed by the Warden or his designee within seventy-two (72) hours excluding weekends and holidays and forwarded to the proper institutional fiscal authority.
 - g. Funds believed to be obtained through illegal methods shall be frozen. This may be accomplished by setting up a separate account for the inmate from which he shall not draw funds.
 - h. An account may be frozen for no longer than sixty (60) days, at which time it shall be re-opened or a new notification written, issued, and approved. Inmate funds frozen for investigative purposes shall not exceed a six (6) month period of time.
 - i. If investigation shows no cause for action, the account shall be re-opened.
2. If an inmate is transferred to another Kentucky Department of Corrections institution, his account shall remain frozen until the transferring institution completes the investigation by established timeframes.

G. Confiscation of Monies

- 1. All money confiscated shall be frozen on the inmate's account until the inmate is no longer incarcerated in a state institution or private prison facility. However, this shall be subject to any valid court order or a final institutional Adjustment Committee's order of restitution.
- 2. Confiscated money shall be frozen in the inmate's account, but the inmate shall not be allowed to withdraw funds from this account.
- 3. Funds shall remain frozen until the inmate is released from the institution on serve out or parole. Upon release, the money shall be unfrozen and given to the inmate.

ALL INFORMATION CONTAINED ON THIS DOCUMENT SHALL BE PRINTED OR TYPED.

NOTIFICATION OF RESTRICTION OF INMATE ACCOUNT

INMATE NAME AND NUMBER: _____

DATE AND TIME OF REVIEW: _____

The above named and numbered inmate's account shall be frozen for the following reasons: _____

_____ STAFF NAME AND TITLE _____ DATE AND TIME

INMATE'S RESPONSE TO RESTRICTION

The following is _____'s response to the restriction notice issued on _____, 20____, at _____, ____m.: _____

I have received a copy of this notification. The above accurately reflects my response.

_____ WITNESS SIGNATURE

_____ INMATE SIGNATURE

_____ WITNESS SIGNATURE

_____ DATE AND TIME

WARDEN'S REVIEW


Mark One: APPROVE _____ DISAPPROVE _____

COMMENTS: _____

_____ WARDEN OR DESIGNEE

_____ DATE AND TIME

White Copy to Institutional Records Office
Yellow Copy to Fiscal Authority
Pink Copy to Inmate

 <p>KENTUCKY CORRECTIONS Policies and Procedures</p>	Policy Number	Total Pages
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KRS 196.035, 197.020 <i>Byerly v. Ashley</i> , 825 S.W.2d 286, Ky.App., (1992) CPP 9.6, 13.8, 15.2	POSSESSION OR USE OF UNAUTHORIZED SUBSTANCE AND SUBSTANCE ABUSE TESTING	

I. DEFINITIONS

"Chain of custody" means a written record of the proper collecting and handling of a urine specimen or contraband typically furnished by the testing company.

"Drug screen" means a test conducted by qualified laboratory personnel to determine the presence of unauthorized substances.

"On-site screening test" means a field test done in the presence of the inmate, if possible when a urine specimen is collected.

"Unauthorized substance" means any drug or intoxicant not permitted for use by an inmate in the custody of Corrections.

II. POLICY and PROCEDURES

Each institution shall implement drug testing of inmates to control the use of unauthorized substances. Each Warden shall designate a drug testing coordinator who shall be responsible for implementing an inmate drug-testing program.

A. Inmate Selection Criteria

1. Testing shall not be used as a form of punishment, harassment or intimidation. Any inmate shall be subject to drug testing. Testing may be conducted randomly. At least ten percent 10% of the institutional population shall be tested each month. Random selection shall be made by a computer generated method.
2. Certain inmates may be targeted for additional testing, including any inmate:
 - a. suspected of unauthorized substance use.

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- b. living or working where a pattern of unauthorized substance use is discovered or suspected.
- c. who has a greater opportunity for unauthorized substance use due to work assignment, program assignment or furlough.
- d. with a history of illegal substance use, especially within the institution.
- e. participating in the First Incarceration Shock Treatment Program and the Substance Abuse Program.

B. Taking the Sample

1. A urine sample for drug testing shall be collected and witnessed by staff of the same sex as the inmate submitting the sample.
2. A urine sample shall be taken in a private, clean area.
3. If an inmate is called to submit a urine sample, the inmate shall not be allowed to urinate prior to giving the sample.
4. The inmate shall be ordered to thoroughly wash his hands prior to submitting a urine sample and if wearing long sleeves he shall be ordered to roll them up.
5. Staff shall wear latex gloves at all times during the procedure. Staff taking the sample may place dye in the toilet bowl to help ensure the sample is not tainted by the inmate.
6. A specimen bottle for the urine sample shall be labeled to positively identify the inmate.
7. The inmate shall submit an acceptable specimen in the presence of the staff member witnessing the collecting of the sample.
 - a. If an insufficient amount of urine is given for a drug screen and the inmate indicates he is unable to produce more at that time, the inadequate sample shall be properly disposed of; and
 - b. a newly labeled specimen bottle shall be used.
8. If an inmate indicates he is unable to submit a sample when requested, he shall be given:

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- a. a maximum of three 3 hours; and
 - b. at least one 1 eight (8) ounce glass of water per hour to induce urination.
 - c. The inmate shall be maintained in a secure area while waiting to submit a sample.
9. If the inmate does not provide an acceptable urine specimen within the three 3 hour period, he shall receive a disciplinary report charging him with refusing or failing to submit to a drug urinalysis test within three 3 hours.
10. If the sample is requested from an inmate who has an established physical or psychological inability to urinate in the presence of another, he shall:
- a. Be placed in a dry cell until a sample is produced;
 - b. Be stripped of all personal property except the sample container;
 - c. Be observed while consuming water;
 - d. Be provided a sack lunch, if meal time occurs during this period; and
 - e. Not produce a sample while food or drinks are in the cell.
11. If an on-site screening test is used, supervising staff shall perform the urine test in the presence of the inmate.
12. Each institution shall document a drug screen that shall detail:
- a. The inmate's name;
 - b. Date sample collected;
 - c. The name of the staff collecting the sample;
 - d. The date test returned; and
 - e. The results.

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13. Any deviation from 4 or 5, above, shall not be considered a violation of this policy as it does not affect the test results, but shall be reviewed administratively regarding staff compliance.

C. Chain of Custody

1. An institution that uses any outside delivery agent to deliver a urine sample to the laboratory shall ensure that the sample is released to the delivery agent by signature of staff packaging the sample.
2. The laboratory personnel conducting the testing shall sign and date the chain of custody certifying that the sample:
 - a. Was received intact; and
 - b. Is properly identified as the inmate's.
3. The laboratory shall report which substance the urine sample tested positive for, if any.
4. If the test indicates the use of an unauthorized substance:
 - a. The sending institution shall be notified of the results; and
 - b. The institution shall initiate a disciplinary report against the inmate.
5. If a positive test for an unauthorized substance occurs, the institution shall determine and document through consultation with medical or pharmacy staff whether the inmate is taking medication that may have resulted in the positive results.
6. The inmate shall receive a copy of the results of the test if a disciplinary report is filed against him.

D. Training

Each institution shall ensure that staff assigned to obtain urine samples shall receive proper instruction in the collection of urine samples, and conducting an on-site screening test.

E. Sanctions

Sanctions shall be imposed following a positive drug screen, refusal of drug screen or possession of an unauthorized substance defined as dangerous contraband in CPP 9.6. An alleged violation shall be fairly processed and

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an inmate's due process rights shall be fully protected. Sanctions shall include:

1. Penalties as provided in CPP 15.2.
2. Classification referral to a pretreatment drug or alcohol counseling or education course as outlined in CPP 13.8.
3. Administrative restriction of visitation privilege for six (6) months.
4. Program sanctions as outlined in CPP 13.8 for an inmate who is in the Intensive Residential Substance Abuse Treatment IRSAT program.