

Burleigh Morton Detention Center

Policy and Procedure Manual

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Sheriff Jully # 2
Reviewed _____
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**Burleigh County Sheriff's Department
Policy and Procedure
Response to Resistance**

I. POLICY

It is the policy of the Burleigh County Sheriff's Department to authorize personnel the ability to use force in the execution of their duties. This authority is derived from legal precedence and resulting training requirements. Use of force has always been a necessary part of law enforcement. Deputies may employ only that level of force that is reasonably necessary to control hostile situations. It is not possible to envision every circumstance that may develop in which a deputy may be justified or not in using force.

II. PURPOSE

To provide familiarization as to type of force options, the force continuum and specific procedures of certain uses of force. It is also the purpose of this policy to implement the Response to Resistance Report when force is used.

III. DEFINITIONS

Force – Physical action (N.D.C.C. 12.1-01-04(11)), threat or menace against another including confinement.

Use of Force – The amount of effort required by personnel to compel compliance from a person.

Physical Force – Use of any part of a deputy's/detention officer's body to compel compliance.

Chemical Force – Use of any CN, CS, Mace or OC aerosol or foam spray to compel compliance.

Impact Force – Use of any object (i.e. baton, flashlight, body shield, etc.) as a less lethal weapon to compel compliance.

Electronic Force – Use of any electronic equipment (i.e. electronic control device, etc.) to compel compliance.

Firearms Force – The discharge of a firearm of any type to compel compliance (exception: less lethal weapons and munitions are considered to be a hard intermediate weapon).

Deadly Force – Means force which a person uses with the intent of causing, or which he/she knows creates a substantial risk of causing, death or serious bodily injury. A threat to cause

death or serious bodily injury by the production of a weapon or otherwise, so long as the actor's intent is limited to creating an apprehension that he/she will use deadly force if necessary, does not constitute deadly force (N.D.C.C. 12.1-05-12).

Reasonable Belief – When facts or circumstances within a deputy's knowledge, and of which he/she has reasonable trustworthy information, are sufficient to warrant a person of reasonable caution in believing an event has or is about to occur (N.D. vs. Dorendof).

Exception: Staff actions not included in the above definitions are the usage of handcuffs when utilized as a restraint device in arrest and transport activities, transport by vehicle, physical removal of peacefully resisting demonstrators, display of weapon (unholstering or brandishing of firearm), staff issuance of tactical commands (i.e. verbal judo).

IV. LEVELS OF CONTROL/LEVELS OF RESISTANCE

A. Force Continuum

The Department utilizes the following use of force continuum as developed by PPCT Management Systems, Inc. The use of force continuum is divided into levels of control and levels of resistance.

1. Levels of Control

- a) Sheriff's Deputy Presence – Identification of authority.
- b) Verbal Direction – Commands of direction or arrest.
- c) Soft Empty Hand Control – Techniques that have minimal chance of injury.
- d) Hard Empty Hand Control – Techniques that have a probability of injury.
- e) Intermediate Weapon – Impact weapon strikes, chemical agents, electronic control device.
- f) Deadly Force – Deadly force actions.

2. Levels of Resistance

- a) Psychological Intimidation – Non-verbal cues indicating subject's attitude, appearance and physical readiness.
- b) Verbal Non-Compliance – Verbal responses indicating unwillingness or threats.
- c) Passive Resistance – Physical actions that do not prevent deputy's attempt of control.
- d) Defensive Resistance – Physical actions which attempt to prevent deputy's control, but never attempts to harm the deputy.
- e) Active Aggression – Physical actions of assault.
- f) Aggravated Active Aggression – Deadly force encounter.

V. INTERMEDIATE WEAPONS

The use of intermediate weapons is justified when empty hand control has failed or the deputy believes that empty hand control will be insufficient to establish control and the use of lethal force is not justified.

A. Intermediate Weapon – Chemical Force, Pepper Ball Launcher

The Department trains and authorizes personnel on the use of a Pepperball Launcher System. The Department has provided the Pepperball Launcher System for use by employees with additional use of force options for gaining compliance of resistant or aggressive subjects in enforcement situations. Employees may use the Pepperball Launcher System when warranted but only in accordance with their training along with the guidance set forth:

1. Authorization
 - a) Only employees who have completed the prescribed course of instruction on the use of the Pepperball Launcher System are authorized to utilize this force option.
2. Usage Criteria
 - a) Deployment of the Pepperball Launcher System is considered use of force and shall be employed in a manner consistent with the Department's Response to Resistance Policy.
 - b) The Pepperball Launcher System may be deployed when:
 - i. Verbal dialogue has failed to bring about the subject's compliance.
 - ii. The subject has signaled his/her intention to actively resist the deputy's efforts to perform his/her duties.
 - c) An employee may use lethal force to protect himself/herself from the use or threatened use of the Pepperball Launcher System when the employee reasonably believes that deadly force will be used against him/her if he/she becomes incapacitated.
3. Employee Response
 - a) Employees shall deploy the Pepperball Launcher System in the manner in which they were trained.
 - b) The effects of the Pepperball Launcher System vary among individuals. Therefore, all subjects shall be restrained (handcuffed) after deployment of the Pepperball Launcher System. Also, an employee should be prepared to employ other means to control the subject to include, if necessary, other force options consistent with Department policy if the subject does not respond sufficiently to the Pepperball Launcher System and cannot be subdued.
 - c) The employee shall be alert to any indications that the individual needs medical care. This includes, but is not limited to: breathing difficulties, gagging, profuse sweating and loss of consciousness. Upon observing these or other medical problems or if the subject requests medical assistance, the employee shall immediately summon emergency medical aid. No subject who has been exposed to the pelargonyl vanillylamide powder (PAVA) shall be denied medical care if it is requested.
 - d) Subjects that have been exposed to PAVA shall be monitored continuously for indications of medical problems until cleared by Detention nursing staff.
 - e) An employee may begin decontamination procedures as soon as practical.
 - f) Assistance shall be offered to any individual accidentally exposed to the PAVA powder who feels the effects of the agent. All such incidents shall be reported to the administration, DOCR and medical personnel as soon as possible.
4. Reporting Procedures
 - a) Accidental discharges as well as intentional uses of the Pepperball Launcher System against a subject in an enforcement capacity shall be reported to the officer's immediate supervisor as soon as possible.
 - b) A Response to Resistance Report documenting the use of the Pepperball Launcher System shall be completed following all discharges of the Pepperball Launcher System except during testing, training, malfunction or accidental discharge. This report will include details of the incident, what areas of the individual were exposed to the PAVA powder, how the individual responded to the PAVA powder, what decontamination procedures were used and any other relevant information concerning the PAVA powder exposure.
5. Replacement

- a) All Pepperball Launcher Systems shall be maintained in an operational and charged state by assigned personnel.
- b) The high pressure air (HPA) tank shall be maintained by assigned personnel. Empty HPA tanks shall be filled by assigned personnel.
- c) All Pepperball Launcher Systems and HPA tanks shall be available for inspection by supervisory personnel.
- d) All equipment will be stored in the Administrative Section.

B. Intermediate Weapon – Electronic Force

The Burleigh County Sheriff's Department trains and authorizes personnel on the use of Taser. The Department has issued Tasers to provide authorized employees with additional use of force options for gaining compliance of resistant or aggressive subjects in arrest or other enforcement situations. Authorized employees may use a Taser when warranted, but only in accordance with their training along with the guidelines set forth:

1. Authorization
 - a) Only authorized employees who have completed the prescribed course of instruction on the use of Taser and have been exposed to the Taser are authorized to carry and utilize this force option.
 - b) Authorized employees shall carry only Department issued Tasers in a support side carry.
2. Usage Criteria
 - a) Taser is considered a use of force and shall be employed in a manner consistent with the Burleigh County Sheriff's Department's Response to Resistance Policy.
 - b) Taser may be deployed when:
 - i. Verbal dialogue has failed to bring about the subject's compliance.
 - ii. The subject has signaled his/her intention to actively resist the authorized employee's efforts to perform his/her duties.
 - c) An authorized employee may use lethal force to protect himself/herself from the use or threatened use of Taser when the authorized employee reasonably believes that deadly force will be used against him/her if he/she becomes incapacitated.
3. Authorized Employee Response
 - a) Authorized employees shall deploy Taser in the manner in which they were trained.
 - b) The effects of Taser vary among individuals. Therefore, all subjects shall be restrained (handcuffed) during/after a Taser deployment. Also, an authorized employee should be prepared to employ other means to control the subject to include, if necessary, other force options consistent with Department policy if the subject does not respond sufficiently to the Taser and cannot otherwise be subdued.
 - c) The authorized employee shall be alert to any indications that the individual needs medical care. This includes, but is not limited to: breathing difficulties, gagging, profuse sweating and loss of consciousness. Upon observing these or other medical problems, the authorized employee shall immediately summon emergency medical aid. No subject shall be denied medical care if it is requested.
 - d) Subjects shall be monitored for indications of medical problems and shall not be left alone while in custody. Detention personnel shall be informed by the authorized employee what use of force was employed and what post-deployment steps were taken.

- e) All such incidents shall be reported to the authorized employee's supervisor as soon as possible.
 - f) Authorized employees shall remove probes from the subject in accordance with the training they received. Medical personnel must remove probes from soft tissue areas (i.e. head, neck, eyes and groin).
 - g) Authorized employee will collect expended air cartridge, probes and several AFID ID tags after deployment. These items will be sealed as evidence and placed into evidence.
4. Reporting Procedures
- a) Accidental discharges as well as intentional uses of Taser against a subject in an enforcement capacity shall be reported to the authorized employee's immediate supervisor as soon as practical.
 - b) A Taser Use Report documenting the use of Taser shall be completed following all discharges of Taser except during testing, training, malfunction or accidental discharge. This report will include details of the incident, what areas of the individual were exposed to the Taser, how the individual responded to the Taser and any other relevant information concerning the Taser exposure.
5. Replacement
- a) Authorized employees will replace any damaged cartridge as soon as practical. Damaged cartridges will be returned to the Training Section.
 - b) Authorized employee will replace expended air cartridges as soon as possible. Training and Division supervisors will have replacement cartridges for their staff.
- C. Intermediate Weapon – Impact Force
- 1. The use of any impact weapon shall conform to the force continuum utilized by the Department.
 - 2. Training and periodic refresher training will be provided to those deputies carrying a baton.
 - 3. Under no circumstances shall a deputy leave a baton in a place where it may fall into the possession of prisoners or person not authorized to use the baton.
 - 4. A Response to Resistance Report will be completed whenever an impact weapon is used.
- D. Intermediate Weapon – Impact Force – Less Lethal Weapons
- 1. Hard Intermediate Weapon (extended range impact weapons)
 - a) Less Lethal Weapons and Munitions
 - 2. Procedures
 - a) Authorization
Less lethal weapons and munitions may be used in place of conventional weapons when deadly force is authorized. Less lethal weapons and munitions are intended to only momentarily incapacitate a subject.

Deputies must be trained by a less lethal weapons and munitions instructor.

This force option will be used only by deputies who have had specific training regarding the use of less lethal weapons and munitions.
 - b) Usage Criteria

Deputies should not sacrifice their own safety or that of another in an attempt to use less lethal weapons. The Department has established priorities as follows:

1. Hostages.
2. Involved non-subject civilians.
3. Sheriff's deputies.
4. Involved subjects.

A subject is defined as the person(s) who is the focus of the Department's operation.

Less lethal weapons may be employed in a variety of circumstances to include, but not limited to:

1. Riot or demonstration incidents.
2. Control of aggressive animals.
3. Destruction of lighting which may endanger the Department's operations.
4. Detention riots or disturbances.
5. Disarming of subjects armed with knives or clubs where the standoff distance is great enough to present no immediate threat to deputies.
6. The apprehension and control of aggressive subjects that fail to respond to verbal commands/directives.
7. Individual's intent on causing harm to one's self.
8. To support tactical operations.

Deputies must have a contingency plan to employ in the event that the less lethal weapon and munition malfunctions or fails to have the desired effect on the target subject.

If a less lethal weapon malfunctions or becomes inoperable, deputies may transition to a conventional Department issued shotgun for less lethal use. When transitioning to a conventional Department shotgun, the following procedures must be adhered to:

1. Two deputies must be present.
2. One deputy will remove and secure the conventional ammunition from the weapon to include all rounds stored in the speed feed stock or any other storage device.
3. The second deputy will then inspect the firearm to ensure all ammunition has been removed.
4. The second deputy will inspect each less lethal round and hand each round to the first deputy.
5. The first deputy will inspect each round to ensure that it is the desired less lethal munition prior to inserting the munition into the firearm.

Deputies should take the following factors into account while making their decision to use less lethal weapons and munitions:

1. Level of threat the subject present.
2. The presence of at least two deputies.
3. Deputy safety requirements:
 - i. Training.
 - ii. Distance to the threat.

- iii. Reaction time to the threat.
 - iv. Available lethal cover for deployment.
4. The desired target areas of the subject that is exposed/presented.

c) Usage Procedures

Deputies will use only Department issued weapons and less lethal munitions.

All Deputies at the scene will be notified of the intended use of less lethal weapons. The discharge of a less lethal weapon may sound similar to gunfire. This warning is to reduce the risk of contagious fire from other deputies who may assume the gunfire is coming from the target subject.

The desired effect is blunt trauma resulting in momentary incapacitation. The primary target areas of the body will include the buttocks, thighs and calves. Secondary target areas will include the shoulders, arms and abdominal area. Intentional impact(s) to the head/neck will be avoided unless the use of deadly force is justified.

d) After Action Procedures

Whenever a deputy uses less lethal weapons and munitions, the deputy will, as soon as possible, determine the extent of injury, render first aid as required and request emergency medical assistance for the injured, if necessary. If the subject does not require emergency transportation by ambulance, a deputy shall transport the subject to a medical facility for examination.

The deputy and/or immediate supervisor shall notify the officer-on-call. The officer-on-call will determine the extent of the investigation concerning the use of the less lethal force option based on the subject's injuries. Upon review, the Sheriff may order further investigation.

Photographs will be taken of the subject struck by the munition(s) to include the point(s) of impact.

If possible, the projectile(s) should be recovered and placed into evidence.

Deputies shall complete a Response to Resistance Report. The report must include the deputy who fired the munition(s), the number of rounds expended, a description of the location(s) of the impact(s) to include the impact of any projectile(s) that missed, medical attention given to the subject and whether or not the projectile(s) was secured as evidence.

As in all critical incidents, the Critical Incident Stress Debriefing program is available to personnel.

In the event an investigation of the incident involving less lethal weapons and munitions is conducted, the investigation will be done in an objective and expeditious manner in order to minimize the potential emotional/psychological effects of being involved in a use of force incident. If necessary, further investigation into the use of force may consist of:

1. An administrative investigation to determine compliance with agency standards and policies; and/or
 2. A criminal investigation conducted by an outside law enforcement agency to determine compliance with applicable state or federal statutes.
- e) **Approved Less Lethal Weapons and Munitions**
 A shotgun will be dedicated for the use of deploying less lethal munitions. This shotgun will be marked with white-colored reflective tape on both the fore-end and the stock.

The less lethal munitions shotgun will be clearly marked and stored in a case which is marked "Less Lethal".

Each marked case will contain five bean bag rounds.

At no time will there be any shotgun ammunition other than the bean bag shotgun rounds stored in the dedicated less lethal bean bag shotgun case.

A designated deputy will be responsible for the inventory and rotation of less lethal munitions.

VI. LETHAL FORCE

A deputy may only use lethal force against a subject:

- A. When a deputy reasonably believes that such action is necessary to defend himself/herself or others from death or serious bodily injury from another person, and that the use of a lesser degree of force would subject the deputy or others to unnecessary and substantial risk of death or serious bodily injury; or
- B. Deputies may use lethal force to affect the arrest or prevent the escape of a subject who has committed or attempted to commit a felony involving the infliction or threatened infliction of serious bodily injury when the deputy has knowledge based on facts, that the person's escape may pose a direct threat to the life or safety of others. A fleeing felon should not be presumed to pose an immediate threat to life in the absence of actions that would lead one to believe otherwise, such as previously demonstrated threat to or wanton disregard for human life.
- C. The use of deadly force against a fleeing felon must meet the requirements for the use of deadly force as listed above.
- D. Whenever a deputy uses deadly force in the line of duty he/she shall:
 1. Immediately determine the physical condition of any injured person(s) and render aid when appropriate and safe to do so.
 2. Secure prisoner(s) as necessary.
 3. Request necessary emergency medical aid.
 4. Notify Dispatch of the incident and location if not already done.
 5. Remain on scene (unless deputy is injured) until the arrival of supervisory personnel/investigators. However, if the circumstances are such that the continued presence of the deputy at the scene might cause a more hazardous situation to develop (violet crowd, etc.) the ranking deputy at the scene shall have the discretion to instruct the deputy to respond to another, more appropriate location.
 6. Protect his/her weapon(s) for examination and submit said weapon to the appropriate investigation personnel.

7. Not discuss the case with anyone at the scene except supervisory and assigned investigative personnel.

VII. USE OF FORCE REVIEWS

A Response to Resistance review committee will review all use of force by Department personnel. The committee will be four employees comprised of sworn and non-sworn personnel. Three of the committee members will be members of the Department with instructor level training in the force options available to the Department. The fourth committee member will serve as a chairman and be a ranking member of the Department with experience in conducting internal investigations, appointed by the Sheriff. The chair of the committee will determine the level of review of each incident. Minor incidents may be reviewed by a committee member with experience in the area of force used. All other incidents will be reviewed by the committee with a quorum. A quorum shall be reached with three members present.

All completed written reviews shall be forwarded to the Enforcement Division Major.

**BURLEIGH COUNTY SHERIFF'S DEPARTMENT
RESPONSE TO RESISTANCE REPORT**

SUBJECT: _____

DATE/TIME: _____

CASE NUMBER: _____

Indicate, in order, levels of resistance by subject:

_____ Psychological Intimidation – nonverbal cues indicating subject's attitude, appearance and physical readiness.

_____ Verbal Non-Compliance – verbal responses indicating unwillingness or threats.

_____ Passive Resistance – physical actions that do not prevent deputy's control, but never attempts to harm the deputy.

_____ Defensive Resistance – physical actions which attempt to prevent deputy's control, but never attempts to harm the deputy.

_____ Active Aggression – physical actions of assault.

_____ Aggravated Active Aggression – deadly force encounter.

METHODS OF RESPONSE/CONTROL:

1. DEPUTY PRESENCE
2. VERBAL DIRECTION
3. SOFT EMPTY HAND CONTROL
4. HARD EMPTY HAND CONTROL
5. INTERMEDIATE WEAPON
 - 5A. AEROSOL CHEMICAL WEAPON
 - 5B. IMPACT WEAPON
 - 5C. LESS LETHAL WEAPON
 - 5D. ELECTRONIC CONTROL DEVICE
6. DEADLY FORCE
 - 6A. FIREARMS
 - 6B. OTHER

METHOD _____

_____ Fully Effective _____ Subject Surrendered
_____ Moderately Effective _____ Subject Overwhelmed
_____ No Observed Effects _____ Changed Tactics to _____

METHOD _____

_____ Fully Effective _____ Subject Surrendered
_____ Moderately Effective _____ Subject Overwhelmed
_____ No Observed Effects _____ Changed Tactics to _____

METHOD _____

_____ Fully Effective _____ Subject Surrendered
_____ Moderately Effective _____ Subject Overwhelmed
_____ No Observed Effects _____ Changed Tactics to _____

INJURY OR COMPLAINT OF INJURY:

DEPUTY _____ YES _____ NO
SUBJECT _____ YES _____ NO

CONTRIBUTING FACTORS:

SUBJECT

SIZE and CONDITION _____
EXPRESSED INTENTIONS _____
PROXIMITY TO WEAPONS _____
HISTORY AND URGENCY OF CONTROL _____
MULTIPLE SUBJECTS/CROWD _____

DEPUTY

SIZE and CONDITION _____
WEAPONS AVAILABLE _____
DEFENSIVE TACTICS ABILITY _____
AVAILABLE ASSISTANCE _____
FATIGUE _____

NARRATIVE:

Complete the narrative explaining factors leading to the response used. If injuries occurred, describe, including medical attention given. If the methods of response/control had "no observed effect", explain why.

Sheriff Tully #2
Reviewed _____
Effective Date 10/20/20
Revised _____

Burleigh Morton Detention Center
Policy and Procedure
Active Shooter
Reference: N/A

I. POLICY

The Burleigh Morton Detention Center (BMDC) will take appropriate actions to reduce the potential threat of an active shooter and to preserve and safeguard the wellbeing, safety and security of staff by minimizing the risk of injury during an active shooter incident.

II. DEFINITIONS

Active Shooter – An individual(s) actively shooting at people in a confined or populated area. In most cases, active shooters use firearms and there is no pattern to their selection of victims.

Shelter in Place – Remaining in an immediate location, using available cover and/or concealment to shield oneself from the view of an active shooter.

Incident Command System – A standard, on-scene, best practices operating procedure employed by the BMDC to consistently establish command in a correctional setting and to provide a system for the effective management of personnel and resources responding to an incident.

Incident Action Plan - An oral or written plan containing general objectives reflecting the overall strategy for managing an incident, identification of institutional resources and assignment of staff. The Incident Action Plan may include various attachments, documents and forms, such as incident reports, disciplinary reports, use force documentation that must be completed as the incident progresses.

Simulations – A staged incident in which responding staff react in terms of planning, directing and communicating as if the incident were actually occurring. An effective simulation is a controlled group training activity that has objectives and outcomes directly related to on-the-job performance of staff.

III. PROCEDURE

A. Active Shooter Incident Action Plans

1. BMDC will develop an Incident Action Plan for response during and after an active shooter incident.
 - a) BMDC will designate staff to serve as the Detention Incident Commander(s).
Detention Incident Commanders will develop and implement an Incident Action

Plan for assisting and facilitating responding law enforcement personnel during an active shooter incident.

- i. During an active shooter incident, staff will follow the lead of the Detention Incident Commander. Detention Incident Commanders should be prepared to:
 - A. Take immediate action.
 - B. Remain calm and notify as many staff members as possible of the danger.
 - C. Lock and barricade doors, if safe to do so. Isolate the active shooter.
 - D. Evacuate staff and others in the building via a preplanned evacuation route to a safe area.
 - E. Provide direct assistance to help those with special needs and/or disabilities safely evacuate the area or to shelter in place.
 - F. Cooperate and coordinate with responding law enforcement personnel, and their incident commander.
- b) BMDC will establish evacuation routes.
 - i. Evacuation routes will remain clear of obstructions at all times.
 - ii. All exits will remain operational and in good working order.
 - iii. Evacuation plans will include provisions for inmates & staff who are disabled.
- c) It is the responsibility of each staff member assigned to the facility/office to:
 - i. Know the evacuation route for their area. Evacuation routes are available for review in each work stations post orders. Staff needs to have a plan in mind to safely evacuate. Be ready to evacuate, regardless of whether others are willing or able to follow.
 - A. If you are in a safe location within the facility, do not attempt to evacuate until instructed to do so by responding law enforcement personnel.
 - ii. Leave your personal belongings behind.
 - iii. Help others evacuate, if possible and safe to do so.
 - iv. Once evacuated, prevent others from entering the area where the active shooter may be located.
 - v. Call 911 immediately upon safe evacuation from the scene.
- d) All Incident Action Plans will include options for staff to shelter in place if evacuation is not possible. Sheltering in place includes:
 - i. Educating staff on the differences between cover and concealment.
 - ii. Turning off cell phones and remaining quiet.
 - iii. Locking office doors or blockading the door. If it is safe to do so, staff in a hallway or open area/cubicle should get to a room/office and secure the door. If this is not possible, conceal yourself from view of the active shooter.
 - iv. Turning off lights, if it is safe to do so.
 - v. Hiding behind large items (i.e., cabinets, desks).
 - vi. Calling 911 to summon local community emergency responders, if it is safe to do so.
 - A. The deployment of law enforcement may be required to stop the shooting and/or incapacitate the shooter.
 - vii. Being prepared to defend yourself by taking action against the active shooter. This includes applying physical use of force to disrupt or incapacitate the active shooter. Such actions are last resort options and

should be applied only when it is necessary to protect yourself and/or others from imminent and substantial bodily harm and/or death.

- e) All Incident Action plans will include a designated assembly area where all staff who has evacuated the building will meet and report in so it can be determined the number of staff who are safe and the number who remain in the facility.
 - i. Designated meeting areas must be assessable to all staff. Consideration will be given to ensure staff who are disabled can access the designated meeting area.

B. Contacting the 911 Operator:

1. Staff contacting 911 must be prepared to provide as much information about the situation and active shooter as possible. Information to provide to the 911 operator includes:
 - a) Location of the active shooter(s).
 - b) Number of shooters.
 - c) Physical description of the shooter(s).
 - d) Number and type of weapons held by the shooter(s).
 - e) Number of potential victims at the location.
 - f) Physical address of the facility.

C. Staff Responsibilities for Response to Pre-incident Indicators:

1. All staff must be alert for suspicious/threatening person(s) on BMDC property.
2. If a suspicious/threatening person is observed on BMDC property, staff will immediately notify a supervisor. In cases where the person observed poses an immediate threat, staff will contact 911 as soon as possible and then notify their supervisor.
 - a) When a suspicious/threatening person is identified in a BMDC facility where offenders are housed, staff will implement the Incident Command System (ICS) and/or the Emergency Response protocol. Staff observing the suspicious/threatening person will assume command until command is transferred.
3. When possible, staff will use the telephone, e-mail or radio to alert staff/people in the area of the suspicious/threatening person.
4. Staff will attempt to contain and isolate the suspicious/threatening person behind locked doors, or closed gates.
5. In the event staff becomes aware a fellow staff member or other individual is exhibiting potentially violent behavior, or has made comments or threats about harming others, staff has a duty to immediately report the threats to their supervisor and/or the Human Resources contact person.
6. All reported incidents of harassing, threatening or violent behavior(s) in the workplace will be investigated by the BMDC.

D. Post Incident Considerations:

1. After the active shooter has been incapacitated and is no longer a threat, staff will engage in the following post-event activities:
 - a) Incident Commanders will conduct an accounting of all individuals at the designated assembly point to determine who, if anyone is missing and/or the number of potential victims or injured staff members.
 - b) Incident Commanders will work with and support responding law enforcement to establish a crime scene and to preserve crime scene evidence.

- c) Incident Commanders will determine a method for notifying families of individuals affected by the active shooter.
 - i. Each unit will maintain a list of all employees and their personal emergency contact information. The list will be kept in a secure, designated location accessible to designated staff.
- d) The Incident Commander or supervisor will notify the North Dakota Department of Corrections.
- e) The Incident Commander will make plans for demobilization of BMDC staff who responded to the incident and ensure medical and mental health staff are on scene to provide services to staff.
- f) Incident Commanders will consult with law enforcement to coordinate interviewing of staff and ensure all written incident reports and other required documentation is completed in a timely manner.

E. Training and Simulations:

1. The administrator may coordinate with the BMDC Incident Commander to schedule and conduct active shooter simulations and to provide training to staff.
 - a) Simulations will involve designated BMDC staff assigned to the facility and may include outside agency staff, i.e. local law enforcement.
 - b) Advance notice may be provided to all staff assigned to the facility prior to conducting an active shooter simulation.
 - c) Active shooter simulations will be controlled and monitored by designated staff. All simulations will be documented for the inclusion of information in a final report, which will be submitted to the Incident Commander and administrator.
 - d) Staff participating in the active shooter simulation will be included in a debriefing and provided an opportunity to ask questions and offer feedback. The debriefing will include a review of staff's compliance with policy and procedures applied during the simulation and discussion of any future equipment or training needs.
 - e) Active shooter simulations will test the effectiveness of Incident Action Plans, evacuation routes, sheltering in place options and staff's knowledge, skill and ability to correctly and efficiently respond to an active shooter situation.
2. In addition to incident simulations, BMDC is encouraged to run "local tabletop" simulations, which are simulations that do not impact normal operations and can be conducted in a classroom or during shift briefing without shutting down operations or affecting unit activities.
 - a) Staff participating in a tabletop simulation need only indicate their responses to the incident without physically acting out the response.
 - b) A debriefing may be scheduled at the discretion of the Incident Commander following a local tabletop simulation.
 - c) The results of the local tabletop simulation will be documented and sent to the unit's training director.

Sheriff Sully J L
Reviewed _____
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Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Medical Staff
Reference: ND Jail Standard 48**

I. POLICY

A facility administrator shall designate a licensed physician, nurse practitioner, physician's assistant, or a county or state health authority to be the health care administrator. The health care administrator shall be responsible for health care administration and development of health care policies and procedures.

II. PROCEDURE

The county shall develop a position for a health care administrator and enter into an agreement with local health authority(s) to provide physician and nursing services.

Sheriff *Relly J L*
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**Burleigh Morton Detention Center
Policy and Procedure
Medical Care Access
Reference: ND Jail Standard 49**

I. POLICY

Inmates must have access to necessary medical care including physical, mental health, eye care and dental care. The cost of such medical care is subject to payment by or reimbursement from the inmate. Adequate staff, space, equipment, supplies and materials must be provided if health care is delivered in the correctional facility.

II. PROCEDURE

- A. The Burleigh Morton County Detention Center will maintain a health care administrator.
- B. The Burleigh Morton County Detention Center will contract with a licensed physician for physician services.
- C. The Burleigh Morton County Detention Center will utilize West Central Human Service Center for psychiatric services.
- D. The Burleigh Morton County Detention Center will contract with a licensed dentist or dental facility for dental services.

Sheriff Tully
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**Burleigh Morton Detention Center
Policy and Procedure
Medical Staff Availability
Reference: ND Jail Standard 51**

I. POLICY

A licensed physician, nurse practitioner, physicians' assistant, or registered nurse must be available on-call on a 24-hour basis. Burleigh Morton County Detention Center will provide 24-hour medical service access to inmates. The Burleigh Morton County Detention Center has licensed medical provider(s) who work a set schedule. Burleigh County has licensed medical professional's on-call from 0800-2200 – 7 days a week. On-call physicians are also available 24-hours a day through UND Center for Family Medicine.

II. PROCEDURE

- A. If in the event that the Burleigh Morton County Detention Center medical staff cannot be reached for medical services or if it's after on call hours, the detention officers/supervisor will contact the UND physician on-call. This can be accomplished by calling Sanford (701) 323-6000 and asking for the UND physician on-call.
- B. The Sanford emergency room will be utilized for emergency care.
- C. All detention officers will be CPR and first aid certified.

Sheriff Jully JL
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**Burleigh Morton Detention Center
Policy and Procedure
First Aid/Medical Bags and CPR Masks
Reference: ND Jail Standards 50, 52 and 54**

I. POLICY

The Burleigh Morton County Detention Center will ensure that all staff is trained in CPR and first aid. First aid/medical bags, emergency medical supplies, and automated external defibrillator(s) (AED) must be available, maintained, and inventoried by the health care administrator or designee to ensure proper first aid/emergency medical care to inmates. The health care administrator shall determine the contents, locations and procedures for inventory of the kits.

II. PROCEDURE

A. Location Of First Aid/Medical Bags

1. First aid/medical bags will be located in the following areas in Burleigh Morton County Detention Center.
 - a) Each pod holding inmates.

B. Contents Of The First Aid/Medical Bags

1. 1 CPR adult ambu bag
2. 1 CPR pocket face mask with oxygen inlet
3. 1 trauma scissors
4. 1 ace bandage wrap
5. 1 disposable ice pack
6. 10 4x4 gauze
7. 6 8x10 surgical pad dressings (ABD's)
8. 2 rolls of medical tape
9. 1 bag of disposable gloves
10. 1 pair of safety eyeglasses
11. 1 hazardous material suit
12. 1 cloth blanket
13. 1 disposable emergency blanket
14. 1 automatic blood pressure cuff with batteries
15. 1 pulse oximeter with batteries
16. 1 emesis bag
17. 1 container of sterile water
18. 1 eyeglass screwdriver kit

C. Inventory Of The First Aid/Medical Bags

1. The health care administrator or designee will inventory and maintain all AEDs and first aid/medical bags located in Burleigh Morton County Detention Center once monthly or after each use.
2. The AEDs and first aid/medical bags will be inventoried for contents, expiration date of supplies and amount of supplies that have been used.
3. The inventory date and signature will be documented on the inventory list located in each kit.
4. The health care administrator or designee will be responsible for ordering and replacing the supplies that have been used.

D. CPR Masks

1. One way CPR masks are provided for use in CPR.
2. If an emergency arises and a mask is not available, the staff person may administer CPR without a mask or obtain one prior to administering CPR.
3. CPR masks are located in the first aid/medical bags.
4. The health care administrator or designee will be responsible for the masks and make sure that they are replaced if used.

Sheriff Tully J L
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Burleigh Morton Detention Center
Policy and Procedure
Law Governing Practice of Medicine and Nursing

I. POLICY

The practice of medicine and nursing must be governed by North Dakota laws and the accepted practice of the American Medical Association and the North Dakota Board of Nursing.

II. PROCEDURE

- A. The health care administrator will have a current North Dakota license to practice medicine or license to practice nursing on file.
- B. The jail administrator will ensure that the health care administrator shall know the accepted practice of the North Dakota Board of Nursing.
- C. The jail administrator will ensure that the contract physician shall know the accepted practice of the American Medical Association.

Sheriff Tully J L
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Burleigh Morton Detention Center
Policy and Procedure
Notification of Illness or Death
Reference: ND Jail Standard 58

I. POLICY

The jail administrator or designee shall make an attempt to notify the next of kin or legal guardian of an inmate in the case of serious illness, injury, or death. The county coroner or the state's forensic examiner shall be notified in the event of an inmate death.

II. PROCEDURE

- A. The detention staff will notify the jail administrator of an inmate with a serious illness, injury or death as soon as the situation is found and time allows.
- B. The jail administrator or designee shall notify the county coroner and the state's forensic examiner in the case of an inmate death in the facility.
- C. The jail administrator or designee shall notify the inmate's next of kin or legal guardian as soon as he/she is able to as instructed by the county coroner.
- D. All actions will be documented or logged.

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**Burleigh Morton Detention Center
Policy and Procedures
Medication and Medication Administration
Reference: ND Jail Standard 52**

I. POLICY

To ensure inmates have adequate medical care through the provision of prescription and non-prescription (over-the-counter) medication in accordance with State and Federal Regulations related to the dispensing of medication. All inmate medication (over-the-counter and prescription) must be approved by the Burleigh Morton County Detention Center physician.

II. DEFINITIONS

Prescription Medication – Medication prescribed by a physician that is used to treat medical conditions.

Non-Prescription (over-the-counter) – Non-prescription medication is medication that can be obtained by the general public by purchasing in a store.

III. PROCEDURE

A. Storage

1. Medical staff will ensure all medications are kept in the pharmacy room which is accessible by electronic key card. The medical room is kept locked when not in use. Medical supplies may be kept in a locked supply room.
2. The detention officers will make spot checks to see that the medical room is locked when medical staff is not in the medical room.

B. Handling

1. Medication that has not been approved by the contract physician will not be allowed to the inmate.
2. No inmate will be allowed to have medication in his/her possession while incarcerated in this facility unless authorized by the contract physician or medical staff.
3. Medication will be bubble packed when prescriptions are filled at the contract pharmacy.

C. Medication Administration

1. Medications will be administered on a predetermined schedule unless otherwise specifically ordered by a physician. Administration of medication will be performed by properly trained medical personnel and/or detention officers who have successfully completed Certified Medication Training I and II. There will be

accountability for administering/distributing medications in a timely manner and according to physicians' orders.

- a) Inmates will come to the door of the cell where they are residing to obtain their medications.
 - b) Inmates will be instructed to bring a glass of water with them.
 - c) No prescription medications will be allowed to go into the housing unit untaken.
 - d) Medical staff or detention staff will perform hand & mouth checks to ensure that medications are being taken.
2. Prescription medications must have a label permanently affixed to the immediate container in which the drug is dispensed to include insulin pens. The prescription label shall follow all requirements of the ND Board of Pharmacy.
 3. The medication administration record (MAR) for each inmate is the basic medication nursing document. Information will be entered into the Guardian system. This administration profile shall contain the following information on each ordered drug.
 - a) Name of medication.
 - b) Dose.
 - c) Route of administration.
 - d) Frequency and times of administration.
 - e) Inventory count.
 4. Medication may be administered to inmates without lot and expiration date. All changes are made per the nurse in the Guardian system so that the MAR remains up-to-date with current medications and new/discontinued medications.
 5. Prescription and non-prescription medications will be dispensed by the contract pharmacy or commissary contract vendor. Once dispensed, nursing staff shall follow their Nurse Practice Act in the proper administration of medication. All prescription and non-prescription products on the med cart will not be dispensed unless approved by nursing staff. Correctional staff members that are trained as medication assistants may provide the medication to the inmate when the nurse is off duty.
 6. When all medication administration is completed, the medication supply shall be stored and locked in the designated area.
 7. No medication shall be administered unless information concerning its actions, side effects, and contraindications are available to staff administering medications.
 8. Burleigh Morton County Detention Center staff will not force medication on an inmate unless ordered by a court of competent jurisdiction.
 9. All medication errors shall be reported by completing a Medication Variance Report. The nurse and physician shall be notified immediately.
 10. If an inmate refuses his/her medication, the staff member will document "refused" in the Guardian system. If the inmate wishes to discontinue taking a medication, "D/C Med" will be documented & discontinued in the Guardian system.
 11. If staff determines that prescription medication has been or is being abused (examples: checking medications, selling or trading medications for goods or services), disciplinary action may be initiated against the inmate. This action may include the crushing or discontinuation of medication.
 12. Whenever an adverse drug reaction or interaction is suspected, all medication should be stopped and the physician notified immediately. The reaction should be documented.
 13. In the case of poisoning or drug overdose, the physician or poison control should be called immediately.

POISON CENTER 1-800-222-1222

D. Over The Counter Medication

1. Inmates will be seen by the nurse(s) per request. If the complaints do not require intervention with prescription medications, the inmates will have a product recommended.
 - a) Over-the-counter medications may be provided from stock if the medication is needed immediately; however, it will be highly encouraged that the item be purchased from commissary.
 - b) Medical co-pay may be applicable if using from stock.
2. If staff determines that over-the-counter medication has been or is being abused (example: selling or trading medications for goods or services), disciplinary action may be initiated against the inmate. This action may include the discontinuing of medications.

E. Verifying Physician Orders, Medication, Administration Records (MARs), and Medication Documentation.

1. Verifying a physician order, verifying a MAR, and delivery of medications to an inmate accurately are important legal components of nursing practice.
2. The nurse(s) will sign off all physician orders. This includes a complete name, title, and date of verification (first initial, last name, and title). The signature of a nurse verifies the following.
 - a) The pharmacy has received a complete order. If a situation develops and a physician amends or changes an order, that change must be initialed or signed by the nurse.
 - b) That the MAR on the inmate's chart is correct.
 - c) All physician orders have been performed and completed according to direction.
3. MARs are a legal document of medication administration. Documentation of medications is required. Inmates will be responsible for initialing that they have received medication every time they are dispensed to them. It is the responsibility of the nurse or CMT "certified medical technician" to ensure this is done every time.
4. The nurse or CMA may perform mouth checks on inmates to ensure that the inmate is taking the medication appropriately. If an inmate does not swallow the medication, it will be noted on the MAR and a report will be written regarding the incident. If appropriate, disciplinary procedures may be implemented and may result in the medication(s) being discontinued.
5. The nurse and CMA must follow the six rights of medication delivery.
 - a) Right patient.
 - b) Right medication.
 - c) Right dose.
 - d) Right time.
 - e) Right route of administration.
 - f) Right documentation.
6. Any discrepancies from this policy or medication errors are to be reported to the nurse and a Medication Variance Form will be completed and given to the nurse. The nurse will maintain all variance records and report to the physician and/or pharmacist per protocol.

F. Diabetic Inmates

1. When a diabetic inmate is booked into Burleigh Morton County Detention Center, it will be reported to the nurse as soon as possible so that the necessary medical information can be obtained.

2. Diabetic inmates who do not take insulin may check their blood sugars in the pod in which they are housed. Those with insulin will be checked in the housing pods before meals and at bedtime to verify blood sugar levels to determine if insulin is needed.
3. Supplies for blood sugar testing will be removed from the storage bin. If needed, an insulin syringe will be removed from the locked storage area and given to the inmate.
4. During blood sugar checks, the inmate will be supervised. They must show the nurse or CMT their current blood sugar reading along with how much insulin they are taking at the time. If the inmate is unable to draw up insulin on his/her own, the nurse will provide assistance.
5. The blood sugar reading and insulin dosages will be recorded by the nurse or CMT providing supervision of the inmate. Documentation shall be done in the Guardian system and on the inmate's blood sugar paper record.
6. The nurse or CMA will supervise disposal of the insulin syringe into a biohazard sharps container as well as proper disposal of the diabetic testing supplies.
7. Insulin pens; Nurse or CMT will dial up the dose of insulin in the pen for inmates. Nurse or CMT will then give the pen to the inmate so the inmate can administer their own medication.

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Burleigh Morton Detention Center
Policy and Procedures
Medical Records – Access, Retention and Transfer
Reference: ND Jail Standards 45 and 55

I. POLICY

The Burleigh Morton County Detention Center shall maintain the confidentiality of an inmate's medical, psychological, and treatment records. The medical records must be kept separate from the correctional facility confinement records. Inactive medical records must be retained as permanent records for a period of 10 years. Complete medical records, along with prescription medication, shall be sent with the inmate when transferred to another correctional facility.

II. PROCEDURE

A. Medical Records

1. The following forms will be used as necessary in the medical records.
 - a) History and physical form/medical screening.
 - b) Inmate medical complaint forms or sick call notes.
 - c) Nurses notes.
 - d) Medication administration record.
 - e) Physician order sheets.
 - f) Any other medical correspondence.
2. The medical records for current inmates housed in Burleigh Morton County Detention Center will be scanned into an electronic database and will be kept separate from the facility confinement records. Only medical staff will have access to medical records.
3. The medical records will be available to the health care administrator, medical staff, contract physician, jail administrator, and state's attorney. All others must have written consent from the inmate to include inmate signature and date. The consent form or release of information will then become part of the medical file.
4. Requests for medical records by the inmate, the inmate's personal representative, or lawyer for medical attention and the dispositions of such requests must be in writing and copies placed in the inmate's personal medical file.
5. Complete inmate medical information shall be sent upon transfer to another facility. This includes medical, dental, mental health, and forensic records.
6. Prescription medication shall be transferred with the inmate.

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**Burleigh Morton Detention Center
Policy and Procedures
History and Physical/Health Appraisal
Reference: ND Jail Standard 56**

I. POLICY

The Burleigh Morton County Detention Center shall perform a health appraisal for each inmate detained within fourteen (14) days of the inmate's admission. The health appraisal may be performed by a licensed physician, nurse practitioner, physician's assistant, registered nurse, or any other qualified person the health care administrator authorizes. The health care administrator shall determine the nature and extent of the health appraisal. The health care administrator may require a health appraisal at an earlier date if the health care administrator determines it is necessary.

II. PROCEDURE

- A. The nurse(s) will meet with the inmate and complete the health assessment. The health appraisal must include, at a minimum the following.
1. Tuberculosis testing and documented results.
 2. Review of admission medical and mental health screening.
 3. Collection of additional data to complete the medical, eye care, dental, mental health, and immunization histories.
 4. Recording of height, weight, pulse, blood pressure and temperature.
 5. Lab or diagnostic tests and examinations the health care administrator may deem necessary.
 6. Review of medical examination results.
 7. Every inmate who is convicted of a crime and imprisoned for fifteen days or more in a grade one or grade two jail or regional correctional center must be tested for the presence of antibodies to or antigens of the human immunodeficiency virus (HIV). The results of any positive test or reactive result must be reported to the North Dakota Department of Health and to the inmate tested.
 8. Inmates shall be medically screened by the health care administrator prior to assigning inmates to a work detail.
- B. A medical visit will be scheduled with the contract physician (if the nurse deems appropriate) following completion of the history and physical form.
- C. The facility shall document an inmate's refusal to participate in the health appraisal in whole or in part, and the documentation placed in the inmate's medical records. If the health care administrator determines that the inmate's refusal presents a risk to the health or safety of other inmates or staff, the inmate may be administratively separated from the

inmate population until such time as the health care administrator determines that the risk no longer exists.

Sheriff Jully fl
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Burleigh Morton Detention Center
Policy and Procedures
Medical Services
Reference: ND Jail Standards 48 and 57

I. POLICY

Inmates have the right to have access to medical care per North Dakota Century Code and North Dakota Jail Rules. The administrator shall designate a licensed physician, nurse practitioner, physician's assistant, or a county or state health authority to be the health care administrator. The health care administrator shall be responsible for health care administration and development of health care policies and procedures. Staff shall document all treatment administered to inmates pursuant to orders of the health care administrator.

II. INFORMATION

The Burleigh Morton County Detention Center maintains an agreement with a physician, licensed in the State of North Dakota, to provide both emergency and non-emergency related medical services to inmates to ensure their physical health.

III. PROCEDURE

A. General Medical Services

1. The Burleigh Morton County Detention Center will have an agreement with a licensed physician to provide to inmates medical services that comply with the laws of the State of North Dakota and the North Dakota Jail Rules and Regulations.
2. No Burleigh Morton County Detention Center employee or contract employee will refuse or hinder an inmate's right to medical services.
3. No Burleigh Morton County Detention Center employee or contract employee will impose restrictions on the physician pertaining to the practice of medicine other than regulations necessary to ensure the security of Burleigh Morton County Detention Center.
4. Medication and treatment will be administered only as directed by the health care administrator, designee, or contract physician. All treatment administered according to specific orders must be documented.
5. The following will be done by the deputy when admitting or booking in an inmate.
 - a) Complete a medical screening on the inmate.
 - b) Explain to the inmate the procedures for obtaining medical attention while incarcerated.

B. Physician And Health Care Administrator Responsibilities

1. The physician and medical staff are responsible for providing medical care to inmates.

2. The health care administrator will ensure that the policies and procedures of Burleigh Morton County Detention Center pertaining to medical services comply with the laws of North Dakota and the North Dakota Jail Rules and Regulations.
3. The physician will review, and if necessary, revise the policies and procedures of Burleigh Morton County Detention Center regarding medical services as needed to ensure standards of compliance.
4. Policies and procedures must be approved by the contract physician.
5. The physician will review records kept by the medical personnel on inmates on a regular basis to ensure that complete and accurate records are kept.
6. The health care administrator, along with medical staff, will determine the contents of first aid/medical bags and their locations.
7. The physician and medical personnel will determine the equipment, supplies and materials needed to provide medical service in the medical exam rooms.
8. The medical staff will assure inmates are receiving medication or medical treatment as ordered.
9. The medical staff will see inmates within a reasonable time for medical complaints and refer to the physician as needed.

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Burleigh Morton Detention Center
Policy and Procedures
Special Diets
Reference: ND Jail Standard 72

I. POLICY

Special diets shall be provided in an effort to ensure the maintenance of healthful conditions to ensure the constitutional rights of inmates and to follow the orders by the contract physician.

II. PROCEDURE

- A. Medical staff will document special diets ordered by the physician for medical or dental reasons in the inmate medical file and in the Jail Tracker records management system.
- B. Medical staff will notify the Food Service Manager of special diets ordered by the physician.
- C. The Food Service Manager will prepare special diets for inmates for medical/religious reasons per the order of the physician/medical staff.

Sheriff Rally JL
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**Burleigh Morton Detention Center
Policy and Procedures
Intoxication Management
Reference: ND Jail Standard 59**

I. POLICY

Inmates under the influence of alcohol and/or drugs are processed with special concerns to ensure safety of that individual and the rest of the population and staff.

II. INFORMATION

Detoxification as a medical procedure will not be performed at Burleigh Morton County Detention Center. Emergency medical care for detoxification will be provided by a medical facility.

III. PROCEDURE

- A. The Burleigh Morton County Detention Center may not hold a person for detoxification for more than 24 hours.
- B. A licensed medical provider must provide medical clearance before Burleigh Morton County Detention Center houses the person for detoxification. A medical clearance is a written notice from a physician that the offender was examined and it is the physician's judgment that the offender is medically stable to be placed in custody.
- C. A detention officer must be within constant hearing distance of the intoxicated individual.
- D. Each intoxicated individual being admitted will be observed by detention staff every 15 minutes for signs and symptoms which may need to be assessed by medical staff, contract physician or the health care administrator. Signs and symptoms of the following will be documented.
 - a) Self-abusiveness.
 - b) Stupor.
 - c) Unresponsiveness to verbal or tactile stimulation.
 - d) Delirium tremens.
 - e) Hallucinations.
 - f) Seizure activity.
 - g) Slow, shallow respirations.
 - h) Severe vomiting.
- E. All documentation on the intoxicated inmate will be on the Inmate Observation Form.

- F. If an inmate is showing signs of severe withdrawal, the medical staff, health care administrator or designee will be notified to evaluate and plan according to physician's orders.
- G. A detention officer must request a medical clearance for diabetic and/or pregnant inmates that are under the influence of drugs and/or alcohol.

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**Burleigh Morton Detention Center
Policy and Procedures
Control of Body Vermin**

I. POLICY

In order to keep the Burleigh Morton County Detention Center inmates and staff free of body vermin, each inmate will be assessed for body vermin and if found will be treated accordingly.

II. PROCEDURE

- A. All inmates known to have body lice will be referred to medical staff so the inmates can be treated according to the physician's standing orders (see physician's standing orders).
- B. All of the inmates clothing and linen will be washed in very hot water. The clothing and linen of all inmates housed with the infested inmate will be handled in the same manner.
- C. The cell area will be scrubbed thoroughly with the appropriate cleaning agent (pediculicide cleaning agent). This cleaning will include washing mattresses, bunks, toilets, walls, and floors of the cells.

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**Burleigh Morton Detention Center
Policy and Procedures
Communicable Diseases**

I. POLICY

Communicable diseases will be treated in a manner that will ensure that the disease does not spread to the inmates and staff of the Burleigh Morton County Detention Center. The health care administrator will be responsible for the detection and treatment of communicable diseases.

II. PROCEDURE

- A. All inmates suspected of having a communicable disease will be seen by medical staff or contract physician and treated as indicated.
- B. All reportable communicable diseases shall be reported to the State Health Department by the health care administrator.
- C. Appropriate isolation will be instituted for the protection of the inmate, other inmates, and staff.
- D. The cell area will be thoroughly scrubbed with the appropriate cleaning agent. This cleaning will include washing mattresses, bunks, toilets, walls, and floors of the cell occupied by the inmate.

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Burleigh Morton Detention Center
Policy and Procedures
Sick Call
Reference: ND Jail Standard 49

I. POLICY

Sick call consists of review of medical complaints of inmates by medical staff. Sick call will be held at least once per week to provide inmates of the Burleigh Morton County Detention Center with medical care or treatment by a physician. Documentation will be completed in the inmate's medical record by medical staff.

II. PROCEDURE

- A. Inmates requesting to see medical staff for sick call must complete a sick call request by sending an email to the medical staff.
- B. The medical personnel will maintain a list of all inmates scheduled for sick call.
- C. Sick call will be held on a regular basis and when an inmate makes a formal request for medical attention that is not an emergency, he/she will be seen within 3 business days. Documentation will be completed in the inmate's medical record by medical staff.
- D. The inmate will be treated according to the physician's standing orders. If the inmate cannot be treated with the physician's standing orders, the contract physician will be contacted and/or a medical appointment will be scheduled.
- E. The cost of medical care may be subject to payment by or reimbursement from the inmate. Inmates may not be denied access to medical care because of their inability to pay costs.

II. PROCEDURE

A. Psychiatric Services – Non-Emergency

1. Inmate requests for non-emergency psychiatric services will be documented on the Sick Call by way of e-mail.
2. Detention officers will forward Sick Call requests that are received in the housing pods, to medical staff.
3. Medical staff will assist the inmate by arranging an appointment at the appropriate medical facility to ensure their needs are met.
4. Sick Call requests will be scanned in the inmate's medical file along with the orders from the appointment.

B. Psychiatric Services – Emergency

Emergency Psychiatric Services – Psychiatric services provided to inmates who appear to be in need of IMMEDIATE psychiatric care.

1. When an immediate need for emergency psychiatric care is identified, Detention staff shall first provide the safest secure environment possible to prevent the inmate from causing harm to themselves or others. If a risk of suicide is identified, suicide prevention procedures will be implemented.
2. Detention staff will immediately phone the on call physician and describe the inmate's behavior, seeking guidance for the care of the inmate and the need for emergency referrals.
3. If the on call physician is not available, and the inmate is in IMMEDIATE need of psychiatric services, the inmate will be transported to Sanford Emergency Room.
4. When the inmate is secured in the safest environment possible. The detention staff will ensure that all items which would be used by the inmate to inflict self-harm or harm to others are taken from the inmate and from the observation cell.
5. If the physician determines that the inmate is in need of hospitalization, the detention officer will make arrangements to have the inmate taken to the hospital.
6. If hospitalization is not required, the inmate will remain in the safest secure environment. Cell checks will be conducted as frequently as possible, with no more than 15 minutes between checks. All observations of inmate activity will be properly documented on the Guardian system. As soon as possible the situation will be evaluated by the facility behavioral health specialist and the facility nursing supervisor, who will follow the suicide prevention and intervention policy.

Sheriff Jully JL
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**Burleigh Morton Detention Center
Policy and Procedures
Mentally Ill Inmates**

I. POLICY

It is the policy of the Burleigh Morton County Detention Center that if it is suspected that an inmate is mentally ill or being held under the emergency provisions of the commitment law, the inmate will be closely supervised for the inmate's own safety and the safety of everyone else in the detention center.

II. PROCEDURE

- A. Separate the inmate from the rest of the inmates if possible.
- B. Keep the inmate under close supervision.
- C. Log the reason for separating the inmate from other inmates and the checks made on the inmate.

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**Burleigh Morton Detention Center
Policy and Procedures
Inmate Medical Complaints
Reference: ND Jail Standards 49 and 52**

I. POLICY

In order for the Burleigh Morton County Detention Center to provide inmates with continuing health care, the Burleigh Morton County Detention Center will provide adequately trained and licensed medical staff to provide care for inmates' complaints.

II. PROCEDURE

- A. The Burleigh Morton County Detention Center staff will make Sick Call available to inmates.
- B. All inmates who have medical complaints shall fill out a Sick Call request by email.
- C. All Sick Calls that are completed will be placed forwarded to the medical office.
- D. The medical staff will review all inmate medical complaint forms and follow-up with recommendations.
- E. The medical staff shall make the inmate aware of the recommendations or, if the inmate will need to be seen by a physician, an appointment will be scheduled.

Sheriff *[Signature]*
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Medical Transports
Reference: ND Jail Standards 51 and 52**

I. POLICY

The Burleigh Morton County Detention Center medical staff shall provide detention officers with information regarding all scheduled medical and dental appointments. Inmates will be transferred if they need necessary medical care beyond the resources available in the correctional facility to a facility where the necessary health care is available.

II. PROCEDURE

A. Non-Emergency Transports

1. The health care administrator, corporal, sergeant, lieutenant, or captain will authorize all transfers to medical and dental appointments.
2. The lieutenant, corporal or sergeant will arrange transportation and security coverage for each medical and dental transfer.
3. The officer(s) designated for the transfer will take along all necessary paperwork given by the health care administrator or designee to the appointment.
4. The detention officer or deputy designated for the transfer will accompany the inmate in route to the medical appointment and maintain security.
5. Appointments will be added to the transport schedule to assist with the planning for staffing requirements.

B. Emergency Transports

1. The detention officer(s) or deputy(s) will decide who will accompany the inmate in the ambulance enroute to the hospital and maintain security.
2. The detention officer or deputy designated for the transfer will take along all necessary paperwork given by the health care administrator or designee to the appointment.

Sheriff Tully J L
Reviewed _____
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Revised _____

Burleigh Morton Detention Center
Policy and Procedures
Emergency Medical Situation and Injury
Reference: ND Jail Standards 52, 53 and 57

I. POLICY

Burleigh Morton County Detention Center staff will promptly implement emergency medical procedures to ensure that inmates and staff who are in need of emergency medical attention receive it and comply with the North Dakota Century Code and North Dakota Administrative Code. This also includes medical care for anyone injured within the facility.

II. DEFINITION

Emergency Medical Situation – Any health/life threatening conditions such as severe bleeding, loss of consciousness, serious breathing difficulties, head injuries, severe pain, suicide attempts, and a sudden onset of bizarre behavior, or severe burns.

III. PROCEDURE

A. Non-Life Threatening Medical Emergency

1. The detention officer will, upon discovering a non-life threatening medical emergency, immediately call the health care administrator or designee.
2. Staff will respond to medical emergencies within four minutes.
3. The detention officer will apply first aid immediately.
4. The sergeant/corporal will be notified of the situation with the following information.
 - a) Identification of medical emergency.
 - b) The request for additional help if necessary.
 - c) The request for ambulance if necessary.
5. The detention officer in the control room will document the details of the medical emergency in the Burleigh Morton County Detention Center log and contact additional staff or the ambulance if necessary.
6. The health care administrator or designee will contact the contract physician or the on-call physician for further instruction if necessary.
7. The sergeant/corporal will assign staff to escort the inmate or staff person to the emergency room if necessary. The sergeant/corporal will assign staff to guard the inmate should the inmate be admitted to the hospital.
8. Personnel will, if the patient is an inmate, carry out all orders from the physician pertaining to the care of the inmate when returned to Burleigh Morton County Detention Center, after approval from the health care administrator or contract physician.

B. Life Threatening Medical Emergency

1. Staff will respond to medical emergencies within four minutes.

2. The detention officer will upon discovering a life threatening medical emergency, immediately call for assistance from the other detention officers.
3. The detention officer(s) will apply CPR and/or first aid immediately.
4. The detention officer in the control room will document the details of the medical emergency in the Burleigh Morton County Detention Center log and contact additional staff if necessary.
5. The jail administrator, sergeant, or corporal will assign staff to guard the inmate should the inmate need to remain in the hospital.

Sheriff Tully J L
Reviewed _____
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Revised _____

**Burleigh Morton Detention Center
Policy and Procedures
Pre-Existing Medical Conditions**

I. POLICY

If an inmate in the Burleigh Morton County Detention Center has a pre-existing medical condition, and while in our custody needs medical attention for the condition, arrangements will be made to bill the inmate. Burleigh Morton County will assure medical care and attention for all medical conditions. This includes health problems, dental problems, and eye problems (including eye exams and glasses).

II. PROCEDURE

A. Health Problems And Dental Problems

1. The following is followed if an inmate complains of a health/dental problem, and if the problem is a pre-existing condition.
 - a) The inmate will be informed that they will be billed for the treatment by the agency performing the service.
 - b) The agency performing the service will be informed that it is a pre-existing condition and that the inmate is responsible for paying the bill.

B. Eye Problems (Eye Exams and Glasses)

1. If an inmate complains of an eye problem and wants bis/her eyes checked or new glasses, it will be at the inmate's expense. If possible, it will wait until they are released.
2. If the inmate has to go to an optometrist or ophthalmologist, the agency performing the exam will be informed that the inmate is responsible for the bill because the county does not pay for eye exams/glasses/contacts.

Sheriff *Sully*
Reviewed _____
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Revised _____

**Burleigh Morton Detention Center
Policy and Procedures
Medical Experiments**

I. POLICY

The Burleigh Morton County Detention Center will ensure inmates rights by not subjecting them to any unnecessary medical treatment.

II. PROCEDURE

- A. Inmates will be treated with standard medical procedures that are ordered by the physician.
- B. Inmates will not be subjected to any experimental procedures or be used as a medical experiment.

Sheriff Jully JL
Reviewed _____
Effective Date 10/20/20
Revised _____

Burleigh Morton Detention Center
Policy and Procedures
Medical Training Program
Reference: ND Jail Standard 52

I. POLICY

The Burleigh Morton County Detention Center will provide a training program which provides instruction for correctional staff in medical care.

II. PROCEDURE

- A. The health care administrator or designee will develop and instruct a medical training program for detention staff. The following areas will be part of the training program.
 - 1. Response to emergency health related situations.
 - 2. Recognition of signs, symptoms and knowledge of actions required in potential emergencies.
 - 3. Administration of first aid and cardio-pulmonary resuscitation.
 - 4. Methods of obtaining assistance.
 - 5. Recognition of signs and symptoms of mental illness, intellectual disability, emotional disturbance, and chemical dependency.
 - 6. Procedures for patient transfers to appropriate medical facilities or health care providers.
 - 7. If medications are delivered to inmates by staff within the facility, staff must be trained in and currently certified in a North Dakota Department of Health-approved Medication Assistant I or Medication Assistant II program for correctional facility staff.

- B. The health care administrator or designee will develop a check off list of all areas detention staff completed in the medical training program and forward the checklist to the jail administrator or designee.

- C. The jail administrator will file all medical training program checklists in the employee's file.

Sheriff *Sully*
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedures
Correctional Medical Training I and II
Reference: ND Jail Standard 52**

I. POLICY

Detention officers will be required to complete Correctional Medical Training I (CMT I) and Correctional Medical Training II (CMT II) as part of their training process. Upon successful completion of this training, correctional officers will be able to pass medications to inmates.

II. PROCEDURE

- A. Detention officers will complete the classroom instruction on CMT I and CMT II during their orientation process. Only a licensed nurse may teach the course. The nurse must ensure that the training is conducted in compliance with Administrative rules NDAC Chapters 54-09-5, 54-07-08, and 54-07-06.1.
- B. Students must score at least an 85% on both the CMT I and CMT II written tests. They must score a minimum of 90% on the clinical checklist.
- C. The correctional facility must maintain records of the following.
1. Student records for seven years.
 2. Each course start and completion date for each person completing.
 3. Clinical skills checklists for each person completing.
 4. Completed examination and score for each person completing.
 5. Copy of certificate for each person completing.
 6. Date and name of persons completing or registration sheet.
 7. Date and name of person withdrawing.
 8. Date and name of person failing.
- D. Within six months of completing the CMT I and CMT II courses, a typed list with all students that have completed the course with a written test of 85% and clinical test score of 90% will be mailed to:
- DOCR Medical Department
PO BOX 5521
Bismarck, ND 58506

and mental health care needs and which the medical staff has determined is medically necessary following the inmate's intake screening and evaluation. A health screening and evaluation visit includes follow up referrals, medically indicated testing, laboratory work, and physical examinations.

Inmate Account – An account established in accordance with North Dakota Century Code 12-44.1 and Burleigh Morton County Detention Policy and Procedure (Inmate Accounts).

Inmate Initiated Health Care Visit – A medical visit an inmate has requested by: Completing (a) the Sick Call Request that results in a visit to the Burleigh Morton County Detention medical staff; (b) requesting medical staff to provide assistance in accessing a health care visit; (d) making a request for a dental visit; (e) the inmate has willfully self-inflicted an injury or has been injured by the use of force when the use of force was necessary due to the inmate's willful conduct in violation of detention center rules and the inmate requests medical attention.

Prenatal Health Care Visit – A health care visit which Burleigh Morton County Detention medical staff has determined it is medically necessary for pregnancy, including medical examinations, testing, and counseling, advice on appropriate levels of activity and safety precautions, nutritional guidance, and education services. *Pregnancy testing done by medical staff at the detention center will require a co-payment.

III. PROCEDURE

- A. Facility shall charge each inmate a \$4.00 co-payment for an inmate-initiated health care visit.
- B. Facility shall charge each inmate the full price for each prescribed medication fill or refill paid for by the facility.
- C. Medical staff shall request each inmate sign a written authorization to deduct the co-payment for an inmate-initiated health care visit from the inmate's spending account. Nursing staff shall make a record of the provision and forward to the Administrative Office. The Administrative Office shall deduct the co-payment from the inmate's spending account and form a record in the inmate's spending account.
- D. If the inmate refuses or objects to the authorization, the inmate is still entitled to medically necessary services in an inmate-initiated health care visit. Facility nursing staff shall make a record of the provision and forward to the Administrative Office.
- E. If the inmate refuses or objects to the authorization, the inmate is entitled to a hearing in the manner provided under N.D.C.C. 12-48-15(4) before the co-payment may be deducted from the inmate's spending account. If it is determined at the hearing that the health care visit is subject to the co-payment, the Administrative Office shall deduct the co-payment from the inmate's spending account and form a record in the inmate's spending account.
- F. If an inmate has insufficient funds in the inmate's spending account to make the co-payment, the money may be withdrawn from the inmate's spending account making a negative balance. Any funds received may be applied to the negative balance.

- G. Facility shall advise each inmate in writing as to the co-payment procedures and which health care visits are subject to co-payment at the time of intake and initial health screening. Nursing staff shall verbally advise each new arrival inmate of the co-payment policy during the Health Appraisal or sick call. Inmates may request a written copy of the health care visit co-payment policy.
- H. Facility may not deny medically necessary health care if the inmate does not have sufficient funds to pay the co-payment. Burleigh Morton County Detention shall provide inmates with medically necessary health care services without regard to the inmate's ability to pay the co-payment.
- I. Facility shall waive the co-payment for department initiated health care visits.
- J. The co-payment applies to a single visit. An inmate requesting a visit to a health care provider for multiple symptoms may only be charged one co-payment if the symptoms are addressed in the same visit. If a request for a visit with a health care provider results in scheduling of appointments with more than one health provider (i.e. dentist and physician), then each initial visit with each health care provider is subject to co-payment.
- K. If an inmate is being seen by a health care provider for a health care service that is exempt from co-payment and during the course of the visit the inmate requests health care services for a different condition than that being served, Facility may treat the additional request as an inmate initiated visit subject to co-payment.
- L. Dental services are subject to co-payment if the offender initiates the visit. Offender may also be responsible for co-payment to clinic providing dental services. The amount of co-payment will be at the discretion of the clinic. Exemptions from co-payment include emergencies, chronic care, follow-up, health screening and evaluations, and department-initiated visits.
- M. Outside medical visits are considered follow-up health care visits and are not subject to co-payment.
- N. Exceptions to the assessment of a co-payment. Only nursing staff and the administrator may determine whether the exception is applicable.
 - 1. Chronic care clinic visits.
 - 2. Emergency health care visits, except where the inmate willfully self-inflicted the injury or when the injury results from the offender's willful violation of facility rules. (i.e. Fighting).
 - 3. Follow-up health care visits.
 - 4. Health care screening and evaluation visits.
 - 5. Prenatal health care visits.
 - 6. Department initiated health care visits.
 - 7. Laboratory testing, physical therapy, dietician services, x-ray and diagnostic testing services and optometry exam every 2 years.
 - 8. Mental health care visits.
 - 9. Health care visits required by law.

- O. Inmates may appeal a due process hearing decision regarding the assessment of the co-payment to the inmate to the Administrator.

Sheriff Tully + L
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Infection Control/Biohazard Waste
Reference: ND Jail Standard 70**

I. POLICY

The Burleigh Morton County Detention Center will implement an Infection Control Plan to be followed by all employees to limit occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of blood-borne pathogens which could lead to disease or death.

II. PROCEDURE

A. Universal Precautions

1. All staff will practice universal precautions.
2. All body fluids/materials will be treated as if infectious.
3. Wash hands before and after inmate contact.
4. Wash hands as soon as possible after contact with blood or bodily fluids.
5. When hand-washing facilities are unavailable, use a skin disinfectant product.
6. Wash hands before and after removing gloves.

B. Handling Of Needles And Sharp Objects

1. Needles/sharps shall not be passed hand to hand to another person for disposal or use.
2. Never bend, break, or recap used needles or sharp objects.
3. Needles/sharps are to be placed in designated sharps containers when done using.
4. Needles/sharps are to be placed in the disposal container, sharp end down.
5. Once a sharps container reaches its capacity, it shall no longer be used. Do not attempt to overfill containers. Contact medical office for a replacement container.
6. Medical office shall coordinate with contracted vendor or the pick-up and disposal of sharps containers/biohazard waste.

C. Housekeeping Guidelines

1. Double bag infectious waste before handling, transporting, or storing. If at all possible, place the waste in a red biohazard bag. After bagged, place in red, biohazard bins in medical office.
2. Wipe up blood or body fluid spills and clean area and equipment with an approved germicide that is tuberculocidal.
3. When a sharps container is full, take to medical office and place in the red, biohazard bins.
4. Specimens of body fluids will be transported in leak proof containers.

Sheriff Jully L
Reviewed _____
Effective Date 10/30/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Controlled/Scheduled Medications**

I. POLICY

Burleigh Morton Detention Center staff shall strictly adhere to the procedures set forth in this policy as mandated by the state and federal regulations governing controlled substances. The purpose of this policy is to provide guidelines on the storage, documentation, accountability, reporting of discrepancies and the destruction of controlled substances.

II. DEFINITIONS

Controlled Substance – Any medication in Schedules II through V that is under jurisdiction of the Federal Controlled Substances Act.

Federal Controlled Substances Act – Federal U.S. drug policy under which the manufacture, importation, possession, uses and distribution of certain substances is regulated.

III. PROCEDURE

A. Storage

1. The controlled substance storage unit shall be permanently fixed and locked within another locked room or cabinet.
2. All controlled substances shall be stored behind at least two differently keyed locks at all times.
3. Only controlled substances will be stored in the double locked storage unit.
4. One key to this double locked storage unit will be designated to nursing staff, and the second key must be maintained by administration.
5. Nursing staff or administration shall be the only person(s) accessing the controlled substances in the locked cabinet adhered to the wall.

B. Documentation And Accountability

1. Receipt – when a correctional facility receives a new or refilled controlled substance medication, the medication shall be logged as incoming property and a Controlled Substance Medication Count Sheet shall be completed and shall accompany the controlled substance in the drop box.
2. Each controlled medication shall have its own Controlled Substance Medication Count Sheet.
3. The count of the controlled substance shall be verified by two staff members and signatures of the staff shall be on the Controlled Substance Medication Count Sheet.
4. The controlled meds will be given to a facility nurse so the medication can be locked in lock box. If no nurse is present, the detention staff shall complete the count sheet and put the controlled medication, along with the count sheet, in the drop box. When

nursing staff is available, the medication will be transferred from locked drop box to the lock box.

5. The controlled medication will be stored in the lock box for the duration of the inmate's incarceration.

C. Release Of Controlled Substances

1. Upon release of the inmate from the facility, the facility nurse may issue to the inmate the controlled substance. The medication must be counted by two staff members and documented on the Controlled Substance Medication Count Sheet. The count must match the initial count as listed on the Controlled Substances Count Sheet.
2. If an inmate is released from custody and no facility nurse is present, the inmate may return to pick up the controlled med when a nurse is available. The meds shall be picked up within two weeks of release or the meds will be destroyed.
3. Under no circumstance will detention officers release controlled meds from the lock box or drop box.
4. The inmate must have a picture ID available in order to pick up the controlled meds.
5. The Controlled Substance Count Sheet will be scanned into the inmate's medical file in DocuStore as it will become part of the medical record.

D. Controlled Substance Discrepancies

1. A controlled substance discrepancy is any loss or gain of a dose or doses which the correctional facility cannot account for with a reasonable explanation.
2. Upon discovery of a suspected controlled substance discrepancy, the Jail Nurse Supervisor and a member of administration shall be contacted. The Jail Nurse Supervisor will contact the Jail Medical Director.
3. If the Jail Medical Director believes there has been a reportable discrepancy, the facility shall initiate an investigation.
4. The facility administrator shall be notified of the pending investigation.
5. Discrepancy reports will also be maintained along with other supporting documents for three years per the ND Board of Pharmacy. These reports will be scanned into the inmate's permanent medical file.
6. Following review of the investigative report, administration may recommend disciplinary action up to and including dismissal for those involved in loss of controlled substances.

E. Destruction Of Controlled Substances

1. Burleigh Morton Detention Center will destroy discontinued, expired, or unused controlled substances.
2. Controlled substances will be destroyed if not picked up in a two week time frame following release from Burleigh Morton Detention Center.
3. Controlled substances that are in need of destroying will need to be verified by two staff members and disposed of properly as defined by the steps below.
 - a) Take the prescription drugs out of the original container.
 - b) Mix drugs with an undesirable substance, such as cat litter or coffee grounds.
 - c) Put the mixture into a disposable container with a lid or into a sealable bag.
 - d) Conceal or remove any personal information, including RX number, on the empty container (s) by covering it with a permanent marker or by scratching it off.
 - e) The sealed container with the drug mixture, and the empty drug containers, can be placed in the trash.

Sheriff *Sully*
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedures
Rapid HIV and HCV Proficiency Testing**

I. POLICY

It is the policy of the Burleigh Morton Detention Center that medical personnel performing rapid HIV (Human Immunodeficiency Virus) and rapid HCV (Hepatitis C Virus) testing receive initial training prior to performing testing. Proficiency testing will be completed biannually by staff to maintain competency. This is also in accordance with the North Dakota Department of Health HIV and Viral Hepatitis Program.

II. PROCEDURE

- A. Newly hired medical personnel or a current medical staff member who is learning a procedure for the first time must demonstrate competency in accordance with the following schedule.
 - 1. Initial training and competency must be documented prior to staff performing testing on inmates.
 - 2. Biannually thereafter and documented.

- B. Whenever a new test method is added or an existing procedure is modified substantially, all testing personnel must demonstrate competency in performing the new (or altered) test procedures.

Sheriff Sully
Reviewed _____
Effective Date 3/17/23
Revised _____

Burleigh Morton Detention Center

Policies and Procedures

Opioid Use Disorder Medication Assisted Treatment

I. Policy

Medication for Opioid Use Disorder (MOUD) services, to include Methadone, Buprenorphine, Suboxone, Naltrexone, and Vivitrol, may be provided for a continuation of a stable maintenance program for inmates in custody who have been compliant with a Medication for Opioid Use Disorder Program prior to admission to the Burleigh Morton Detention Center (BMDC).

II. Procedure

- A. In accordance with the Americans with Disability Act (ADA), inmates of the BMDC that are in recovery from Opioid Use Disorder (OUD) and currently participating in and compliant with a Medication for Opioid Use Disorder (MOUD) Program prior to incarceration, may be eligible to continue MOUD services while in custody.
- B. All inmates booked into BMDC will be screened as part of the initial medical screening process to identify inmates who are candidates to receive MOUD services.
 1. Current participants of a methadone Medicated Assisted Treatment (MAT) program should have a participant identification card.
- C. Inmates identified as being candidates to receive MOUD services shall have a Medicated Assisted Treatment Agreement and Consent form completed.
- D. A urine drug screen shall be administered during the booking process to identify the presence of opioids other than buprenorphine or methadone that would put the inmate at risk for opioid overdose if buprenorphine or methadone were given concurrently.
 1. Use of illegal or non-prescription drugs does not exclude the inmate from receiving buprenorphine or methadone for MOUD services.
 2. If opioids are present on the urine drug screen, then MOUD will be withheld until a provider (preferably the prescribing provider) is contacted to review the results and make recommendations.
- E. Inmates who are prescribed medications for opioid use disorder (OUD) prior to incarceration will be eligible for continuation for MOUD treatment with a medication as determined by the community opioid treatment provider.

- F. Nursing staff will be notified when an inmate is identified as a participant in a community OUD program at the time the inmate is booked in the BMDC and the prescribed OUD medication is not available.
 - 1. Nursing staff will confirm the inmate's current participation in a community Opioid Treatment Program (OTP), and identify the prescribing provider.
 - 2. Nursing staff will consult with the OUD provider to ensure appropriate continuation of care for inmates participating in the MOUD program.
- G. Inmates that are currently enrolled in a community OUD program that refuse to consent to an urinalysis drug screening, admit to current illegal drug use, or have a positive urine drug screen will be referred to the Nursing Supervisor and Behavioral Health Specialist to determine if receiving MOUD in the BMDC is medically safe and appropriate.
 - 1. The Nursing Supervisor or Behavioral Health Specialist will consult with the prescribing community OUD provider to determine appropriateness of continuing care.
 - 2. If community OUD provider declines to make recommendations for continuity of MOUD while inmate is incarcerated, then the Nursing Supervisor will contact the BMDC facility provider to confirm.
- H. When it has been verified in advance that an inmate in custody will arrive at BMDC that is currently participating on a community OUD program, the nursing staff will discuss the viability of the prescription and treatment plan with the community OUD provider. A plan may be made to continue MOUD.
- I. Methadone for MOUD
 - 1. Methadone may be prescribed when an inmate in custody is currently enrolled in a federally certified community OPT program prior to admission the BMDC.
 - 2. Inmates identified as eligible shall be allowed to continue on a methadone maintenance program.
 - 3. Nursing staff or the Behavioral Health Specialist will verify the inmate is receiving methadone with the community OTP provider team. A plan will be made to continue the methadone per approval of the nursing supervisor of the BMDC. Nursing staff or the Behavioral Health Specialist shall complete the Notification of Heartview OTP document and fax to the Heartview OTP Fax# 701-751-5769.
 - 4. Authorized nursing staff, under the supervision of Heartview, shall be granted limited access to the detention center. The visiting Heartview representatives are permitted into the facility as necessary, to facilitate the delivery of methadone to the individual inmates in the methadone OTP.

5. Only approved Heartview nursing staff shall administer the liquid methadone. BMDC staff will not take possession of, or be accountable for, any medication or supplies used in conjunction with Heartview's methadone OTP.
 6. All dosing activity shall take place in the medical office.
 7. When dosing activity is completed, Heartview nursing staff shall exit the secure area of the facility. All used supplies are to be removed from the facility when exiting after each visit.
 8. Nursing staff and the Behavioral Health Specialist will be the primary points of contact for the Heartview representatives.
 9. The shift supervisor shall assign a detention officer to escort inmates to and from the medical office.
 10. Detention staff will administer urinalysis drug tests as requested by Heartview staff.
 11. Heartview nursing staff will follow all security procedures for entering the secure perimeter of the facility, to include carrying proper identification, employment identification card, and state photo identification.
 12. Necessary medication and supplies shall be transported in and out of the facility by Heartview staff. Personal property, including cell phones, shall remain outside of the secure perimeter. Lockers are available in the facility lobby.
- J. Oral Buprenorphine or Buprenorphine/Naloxone (Suboxone) for MOUD
1. When an inmate is identified as currently taking buprenorphine for treatment of OUD in the community, nursing staff will consult with the prescribing community provider to determine the appropriateness of continuing buprenorphine and verify proper dosage.
 2. If the community OUD provider verifies that inmate is prescribed buprenorphine more often than twice a day, the Nursing Supervisor will request options for less frequent dosing in order to reduce the risk of diversion.
 3. Since buprenorphine has a higher risk of diversion, the following procedures will be implemented to reduce this risk
 - a. All buprenorphine administration will be done in the Medical Office.
 - b. Inmates will be escorted to the Medical Office by a Detention Officer
 - c. Medication will be stored in compliance with established medication storage policies.
 - d. Doses will remain in packaging until immediately prior to dosing.

- 1) If the dose is dropped or gets wet, it should be disposed of per established medication disposal procedures and a new dose administered.
- e. Nursing staff will verify the inmates name and identity.
- f. Staff will examine the inmate's mouth for foreign objects or food.
- g. Nursing staff will verify the current orders and that the day is included in the orders.
- h. Nursing staff will verify the dose and the strength of each film/tablet in milligrams of buprenorphine, which is printed on the film.
 - 1) For tablets:
 - a) Inmate will be given a drink of water prior to administration.
 - b) Tablets will be crushed individually. One crushed tablet under the tongue and one crushed tablet in each cheek.
 - c) Inmate will take a drink of water after crushed tablets are dissolved. A mouth check will be completed.
 - 2) For films:
 - a) Inmate will be given a drink of water prior to administration.
 - b) The inmate will be instructed to place the 1 or 2 films under their tongue.
 - c) More than two films should not be given at once.
 - d) Inmate will take a drink of water after the films-are dissolved. A mouth check will be completed.
- i. The inmate will be observed by both nursing staff and Detention staff for the prescribed amount of time (10-15 minutes) to ensure the inmate has taken the medication. During this time the inmate should be sitting with their hands down, facing forward.
- j. In the event the medication orders are for more than 2 films:
 - 1) Inmate will be supervised drinking at least 2 ounces of water before repeating the above process and receiving the remaining 1 to 2 doses.
 - 2) This process will continue to be repeated until full dose is administered.

k. Medication administration will be logged in the MAR and Guardian.

K. Depot Buprenorphine Monthly Injection (Sublocade) for MOUD

1. Buprenorphine monthly injections will be given per the nursing staff.
2. Buprenorphine monthly injections will be dosed Q28days or every 4 weeks.
3. Do the inmates vital signs.
4. Check inmates ID.
5. The prefilled syringe must remain at room temperature 15 minutes before administration.
6. Choose injection site. Buprenorphine monthly injections must be administered subcutaneously to one of the 4 abdominal quadrants. Please ask the inmate where their last injection was administered and rotate administration quadrants.
7. The injection will create a solid bump under their skin. Educate the inmate that the lump will get smaller throughout the month. The injection liquid forms a solid under their skin and slowly releases the medication into their system. They are not to rub or massage the lump, they are to leave the lump alone.
8. Monitor the inmate for 5 minutes after injection, do a second set of vital signs.
9. Reorder the next dose and reschedule the patient on sick call in 28 days (4 weeks) for their next dose.
10. A urinalysis will be done prior to buprenorphine monthly injections.

L. Naltrexone for MOUD

1. Oral naltrexone is sold as film-coated 50 mg yellow, oval, biconvex, tablets for oral administration. Do not crush tablets.
2. Since this medication has very little potential for diversion, it can be administered to inmates along with other medications during regular med pass times.
3. Extended-release naltrexone, or Vivitrol, is sold as a kit containing:
 - a. One 380 mg vial of Vivitrol in 4 ml of milky-white liquid diluent.
 - b. One 5 mL pre-packaged syringe.
 - c. One 1 – inch 20 – gauge needle.
 - d. Two 1 ½ - inch 20 – gauge needles with needed protection devices.
4. Inmates with more muscle mass or adipose tissue may require longer needles for administration.

5. The medication is administered as an intramuscular gluteal injection.
6. If orders require more than one shot, injections sides should be alternated.
7. Vivitrol will be given during the day shift apart from times for oral medications.
8. Prior to preparation, allow drug to reach room temperature (approximately 45 minutes).

Sheriff Jully J L
Reviewed _____
Effective Date 10/30/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Inmate Canteen**

I. POLICY

To provide an effective means to allow inmates to purchase snacks, over the counter (OTC) medication, stationery, phone cards, and general hygiene items through the contracted canteen provider.

II. PURPOSE

To offer extra food, hygiene items, and phone cards to the inmates of the Burleigh Morton Detention Center (BMDC).

III. PROCEDURE

- A. Inmates will have the opportunity to purchase canteen items up to three times per week from the kiosks that are located in their housing units, with money they have available in their account.
- B. Limits may be placed on the number of items that the inmates are allowed to purchase on each order or the amount of money that can be spent for each order.
- C. Inmates that are determined to be indigent will be able order hygiene, stationery, and OTC medication. Indigent status is determined by administration and is subject to change. Inmates on indigent status will not be able to order food, phone cards, or upgraded hygiene items.
- D. Inmates will not have the ability to order food items and/or phone cards for one canteen delivery, and then attempt to order indigent hygiene for the next canteen delivery. Inmates will need to be responsible to order hygiene items that they need before ordering food items or phone cards they want.
- E. Inmates who purchase canteen items and then get released or transported out will have 14 days from the date BMDC received the items, to pick up or arrange for someone to pick up the canteen items. Inmates will be required to acknowledge this procedure prior to order placement. There will be no refund for any canteen issue that is due to a mistake by the inmate. However, if the jail or canteen provider causes the issue, the situation will be resolved by a cooperative effort between the jail and canteen provider.
- F. All inmates will be required to return the bags the canteen items arrive in to the officer delivering the canteen. Inmates will not be allowed to keep the bag for any reason.

G. Inmates are required to store all canteen items in the storage bag issued at intake. Items not in your property bag will be considered contraband if not being used or consumed as intended, and those items may be confiscated and/or disciplinary actions taken.

Sheriff Jelly + L
Reviewed _____
Effective Date 10/30/20
Revised _____

Burleigh Morton Detention Center
Policy and Procedure
Cell Phone Use
Reference: NDCC 12-44.1-21

I. POLICY

It is unlawful for an inmate to willfully manufacture, possess or use a wireless electronic communication device while in custody at the Burleigh Morton Detention Center except as provided by Burleigh Morton Detention Center or its Contractor for inmate communications services. It is unlawful for any person to willfully deliver or possess with the intent to deliver, a wireless electronic communication device to an inmate or to any person for redelivery to an inmate, or to allow an inmate to possess or use a wireless electronic communication device in the Burleigh Morton Detention Center. A violation of this is a class C felony.

II. DEFINITION

Wireless Electronic Communication Device (WECD) - Includes a cellular telephone, personal digital assistant, pager, mobile broadband card, internet router, digital camera, two-way radio, modem or any electronic device capable of wireless transmission, reception, interception or storage of oral communications, text, e-mail, video or photograph images, data signals or radio communications. Also includes a component of a (WECD), regardless whether the component is able to transmit, store or receive oral communications, text, e-mail, video or photograph images, data signals or radio communications. A (WECD) does not include a medically prescribed device or any other device approved by the department, such as contracted texting devices and video calling equipment.

III. PROCEDURE

- A. Employee cell phones are not allowed inside the secure perimeter of the Detention Center. Employee cell phones may be kept in the locker room and may be used outside of the secure area.
- B. (WECD) Will not be allowed inside an inmate housing area when inmates are present.
- C. With administrative approval, (WECD) may be permitted within the secure perimeter when needed in the performance of official business.
- D. Staff will not allow any inmate, at any time, to use a (WECD).
- E. Any person arrested and brought to the Burleigh Morton Detention Center must surrender their (WECD), to include cell phones to the booking officer.

- F. Inmate property shall be logged, signed for and contained in the inmate's property bag. The property bag is to be secured in the facility property room until such time as the property is released from facility custody.
- G. At the time of booking an inmate may request that an officer search his/her (WECD), to retrieve stored contact phone numbers.
- H. Before releasing any number to the inmate, officers are required to verify that the specific number requested is not associated with the inmate's victims or anyone subject to a no contact order.
- I. It is the responsibility of the inmate to make any phone calls through the established inmate phone system within the detention center.

Sheriff Rully & L
Reviewed _____
Effective Date 10/30/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Detention Entrance Identification
Facility Security**

I. POLICY

Access inside the secure perimeter of the Burleigh Morton Detention Center is highly restricted. All Detention Officers responsible for the movement of people in to and out of the Burleigh Morton Detention Center security perimeter shall confirm the identity of all persons being admitted to or released from the Detention Center. This procedure is a vital component of facility safety and security.

II. PROCEDURE

A. Representatives of public service providers shall be granted access within the secure perimeter. Prior approval from facility Administration is required.

1. The Detention Officer shall confirm identity, agency, purpose and authorization prior to granting access. Photo identification and agency credentials are required.

B. Law Enforcement Personnel

1. When the identity of visiting law enforcement officials is in question, whether in uniform or civilian clothing they will be required to present their official department issued identification prior to being allowed entrance into the Detention Center security perimeter.
2. Identification card must contain:
 - a) Agency's name
 - b) Person's photo
 - c) Person's name
 - d) Date of appointment
3. If no identification is provided, staff may contact the agency the person is representing to confirm they are employed there, and have official business within the Detention Center.
4. If identity and purpose is not clear Detention Officers shall refuse access.

C. Electronic screening by metal detection

1. Those requesting entry into the secure perimeter from the public side, shall be screened with metal detection devices.
2. Exceptions:
 - a) Known Law Enforcement personnel on official business.
 - b) Chaplains assigned to the facility on official business.
 - c) Guests who are being escorted by Administration.

3. Those entering into the secure perimeter from the sallyport side of the facility shall be screened with metal detection devices.
 - a) Exception, Law Enforcement personnel on official business.
4. Failure to pass the metal detection screening.
 - a) Those who are in custody are to be quarantined until such time as the cause for the alert can be identified.
 - b) Those who are not in custody will be given the opportunity to remove any metal from their possession, before additional screening. Continued failure to pass the metal detection screening will require a pat search before entry can be granted. Note: the pat search is by consent; the subject may decline and choose to leave the facility.

Sheriff Mully J L
Reviewed _____
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Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Classification**

I. POLICY

To implement and maintain an inmate classification plan to ensure that inmates are classified in a fair and consistent manner according to their individual custodial rating, program needs, and in accordance with North Dakota Statue 12-44.1-09. The Burleigh Morton County Detention Center will also reclassify the inmates on a determined time schedule and/or when it is deemed appropriate.

II. DEFINITIONS

Classification Officer - A staff member trained to determine the level of custody and housing needs of inmates and for assigning them to housing locations.

Classification Assessment - An instrument used to establish an individual's recommended classification rating for the first three months or twelve months of incarceration.

Initial Classification - These assessments are gender-specific. It is used to identify individuals who present a serious risk to the safety, security, and orderly operation of the facility. Seven risk factors are scored for men and six factors are scored for women.

Reclassification Assessment - Instrument used to update and review an individual's previous custody assessment. It is similar to the initial custody assessment, but places greater emphasis on institutional conduct to reflect the individual's actual behavior while confined.

Classification Interview - An interview used by the Classification Officer to help determine the most appropriate level of security needed for offenders housed within the facility.

Custody Rating - Based upon the assessment of objective risk factors that are scored on a numeric scale. These risk factors have been found to be associated with future institutional conduct and, thus, help to identify the type and level of risk likely to be presented by the individual.

Custody Level - Derived from risk factors in combination with the individual's needs assessment, to make decisions relating to the individual's housing assignment, program needs, and supervision requirements. The custody recommendation may be altered upon consideration of aggravating or mitigating factors warrant special attention or intervention by staff.

III. PROCEDURE

- A. The classification process begins when an inmate enters the facility.
 - 1. Inmates with obvious needs (Segregation, Protective Custody, Special Management, etc.) shall be kept separate from all other inmates in the Intake/Booking holding cells, until they can be assessment for their appropriate housing needs.
- B. After completion of the booking process, Intake/Booking staff shall ensure placement of inmates in appropriate housing.
- C. The Classification Officer or other trained staff in classification shall conduct an initial classification assessment within seventy-two (72) hours after an inmate is booked into the facility.
 - 1. The Classification Officer shall complete an initial classification assessment and assign a housing location based on each inmate's Custody Level.
 - 2. The Classification Officer shall scan and enter the Classification Assessment into the Jail Management System.
- D. Recommendations from facility staff to the Classification Officer shall be made regarding inmate classification. These reasons include, but not limited to, health status and institutional behavior history.
- E. Facility staff shall notify the Classification Officer of any changes in the inmate's status, which may impact the offender's housing and program participation. This shall include, but is not limited to:
 - 1. Additional Charges
 - 2. Holds for other agencies
 - 3. Sentencing Information
- F. All inmates shall be re-assessed using the Reclassification Assessment every three (3) months. The reason and timing of the reassessment is determined according to the individual's current custody level, time remaining to serve, and institutional adjustment.
- G. Facility staff shall not perform housing transfers without discussing such with the on-duty supervisor. If the on-duty supervisor deems the move to be necessary they shall provide notification to the Classification Officer.
- H. An inmate who does not agree with his/her classification status and/or level of security may submit a written appeal inquiry within 48 hours of classification.
 - 1. The inquiry will be sent to the Classification Officer.
 - 2. If the inquiry is appealable and classification changes, changes will be made to the inmate's files.

Sheriff Sully J L
Reviewed _____
Effective Date 10/30/20
Revised _____

Burleigh Morton Detention Center
Policy and Procedure
Door Control
Supervision and Security

I. POLICY

It is the policy of the Burleigh Morton Detention Center that employees regulate the operation of doors to control movement throughout the facility to suppress fire and smoke, contain inmates in an emergency and to segregate specific areas of the jail when necessary.

II. INFORMATION

A. Perimeter Security Vestibule Doors – Electronic

1. Passage through the security perimeter of the Detention Center can only be accomplished through a security vestibule. Master Control operates all vestibule doors in the Detention Center, but the doors can be manually overridden. Access to Master Control is through a vestibule found within the Detention Center's security perimeter.

B. Administration Zone

1. Public Access - When an administrative assistant is on duty, the entrance into the Public Lobby will remain unlocked to provide public access.

C. Booking

1. Booking Area – Electronic access to the booking area and the individual holding cells is operated from Master Control. With established protocols, booking personnel have the ability to key into booking cells as necessary. All interior doors within the booking area can be operated by booking personnel. All doors will remain closed and locked except when they are in use.
2. Medical Area – All doors within the Medical Area are operated by card readers, Master Control or manually. Medical access doors MED1, MED2, MED3 and 579 must be closed when not in operation, to prevent unauthorized access into the Medical Area.

D. Pod Doors

1. Pod entrance/exit and cell doors are either electronically operated sliding doors or swinging type. These are primarily operated from the Pod Control Station or manually overridden. Master Control will serve as a secondary control station. Doors to unoccupied cells will remain closed and locked except when they are being used or cleaned.

- E. Mechanical Area Entrance Doors
 - 1. Master Control operates the following Maintenance Area doors (chase, electrical, mechanical, ETC.) but can be accessed by card readers also. Doors will remain closed and locked unless in use.
- F. Kitchen Area Doors
 - 1. Master Control operates all doors within the kitchen, dishwashing and laundry area.

III. PROCEDURE

- A. Access through Doors Operated by Master Control
 - 1. To pass through a door operated by Master Control, the person will stand and wait at the door they wish to enter or exit. Person waiting will notify Master Control by radio or intercom.
 - 2. Master Control, after establishing the identity of the person and their need for passage, will allow the access.
 - 3. If Master Control cannot identify the person, a supervisor or officer will be directed to respond. The officer will meet the person, establish identity and act accordingly.
- B. Emergency Release of Locked Cell Doors
 - 1. In case of an emergency that requires that inmates be released from locked cells quickly, the officer operating the control panel in the Pod Control Station will transfer control to Master Control. Master Control is the only station that can use the Emergency Evacuation Function. The Maximum Pod Control station would also have this capability if Master Control is not operational.
 - 2. Once activated the cell doors can be unlocked in one step by selecting the desired door or doors. They will either open (if they are sliding doors) or unlock (if they are swinging doors).
 - 3. The Pod officer will notify the supervisor and request any needed assistance.
- C. Manual Override of Sliding Cell Doors
 - 1. If the Detention Center's primary and backup power systems fail, the supervisor will direct the officers to operate the necessary doors manually.
 - 2. To operate the sliding doors without electrical power, the officer will use the Parasentric key and manually slide the door open.
 - 3. To operate the swinging doors without electrical power, the officer will go to each cell door and open it manually with the mogul key.
 - 4. Emergency Master Key sets are secured with their use regulated by facility supervisors, following established protocol.
 - a) Parasentric three key set programed into the electronic key control.
 - b) Mogul key set programed into the electronic key control.
 - c) A full set of Parasentric & Mogul keys is secured in Master Control.
 - d) A full set of Parasentric & Mogul keys is secured off site in the vault at the Burleigh County Sheriff's Department's main office.
- D. Doors Found Open
 - 1. Any employee finding a Security Perimeter door opened or unlocked when it should be secured will secure it and notify the supervisor.
 - 2. The supervisor will direct the employee discovering an open door to write an Incident Report, identifying which door was open or unlocked and other details.

3. The supervisor may respond to the location and evaluate the situation. He or she may order an emergency count.
4. If the counts are incorrect, the supervisor may elect to implement the policy for Escapes.
5. The supervisor will investigate and, if appropriate, may initiate disciplinary action against the employee responsible for the open/unlocked door.

Sheriff Tully J L
Reviewed _____
Effective Date 10/30/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Holding By/For Other Agencies**

I. POLICY

If an individual is arrested in another jurisdiction on a Burleigh County warrant and the warrants section of the Sheriff's Department is closed, Burleigh Morton Detention Center (BMDC) staff will supply the other agency with the necessary information to authorize the hold.

If BMDC is holding an individual on a warrant for another county or state, the Burleigh County Sheriff's Department (BCSD) Warrants Section shall be notified by phone or email at the time of booking.

II. PROCEDURE

A. Holds on our warrants in other jurisdictions

1. The Detention Officer will give the following information to the arresting agency to hold an individual on a Burleigh County warrant:
 - a) Warrant issuing agency.
 - b) Warrant number.
 - c) Charge.
 - d) Bond.
 - e) Court date, any available court information.
 - f) Address of where the bond is to be sent.
 - g) Send all information by teletype, fax machine or email.
2. The Detention Officer will send an email to the BCSD warrants section in the event that an individual has been arrested on a Burleigh County warrant in another jurisdiction. The following information will be provided:
 - a) Officer confirming warrant & unit number.
 - b) The agency the warrant is being confirmed for.
 - c) Contact person.
 - d) Contact number.
 - e) Indicate if the warrant was faxed, sent by teletype or by email.
 - f) Indicate if the individual is in custody and where.
 - g) Indicate if the individual has pending charges in the holding jurisdiction.
 - h) What additional charges are pending.

B. Holds on other jurisdictions warrants

1. If the BCSD Warrants Section is closed, the BMDC staff will verify the warrant with the other agency and send an email to the BCSD Warrants Section. The following information will be provided:

- a) Subject in custody at BMDC.
- b) Name of officer confirming warrant & their unit number.
- c) The agency the warrant was confirmed with.
- d) Contact person.
- e) Contact number.
- f) Indicate if the confirmation was faxed, sent by teletype or by email.
- g) Indicate if the individual has additional local charges and what they are.
- h) For out of state warrants:
 - i. Indicate if the out-of-state warrant was received.
 - ii. Indicate if the warrant has been sent to the BCSD warrants section.
 - iii. No Bond may be accepted until the fugitive from justice court appearance is held.

Sheriff Wally L
Reviewed _____
Effective Date 10/20/20
Revised 11/3/23

**Burleigh Morton Detention Center
Policy and Procedure
Firearms and Inmate Weapons
Facility Security
Reference: ND Jail Standard 106**

I. POLICY

It is the policy of the Burleigh Morton Detention Center that no firearms or firearm ammunition will be allowed in the Detention Center without the authorization of the Detention Center Administrator. Weapons that are inmate property will not be allowed in the facility at any time. This is to ensure the safety and security of the inmates, staff and the Detention Center.

II. PROCEDURE

- A. All firearms and firearm ammunition will be secured, before entering the Detention Center.
- B. Law Enforcement gun lockers are provided at the three entrances to the inner secure area of the Detention Center.
- C. Law Enforcement Officers retain the key to the gun locker, taking it out of service.
- D. When Officers leave the secure area of the facility, the key is to remain in the lock of the gun locker, putting the locker back in service.
- E. Officers may choose to secure firearms in their vehicle.
- F. All weapons removed from the possession of an arrested individual, will not be permitted in the Detention Center.
 - 1. Detention Officers have the authority to use their discretion to identify what is a danger within BMDC.
 - 2. Any items found during the intake process or in subsequent searches of the arrested individual that are determined to be a danger to this facility, will be turned over to the custody of the arresting agency.

Sheriff Sully J L
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Inmate Lockdown
Facility Security**

I. POLICY

It is the policy of the Burleigh Morton Detention Center (BMDC) to facilitate the management of inmates consistent with established staffing levels and/or emergencies. Burleigh Morton Detention Center will secure inmates in their assigned cells and unlock them at designated times or as deemed appropriate by the supervisor.

II. PROCEDURE

A. Routine Lockdown

1. Control will notify inmates to lockdown.
2. Control will turn off televisions and phones. No other activities will take place during lockdown.
3. Master Control or Pod Control will monitor the status of cubicle doors.
4. Floor officers will initiate the lockdown procedures.
5. Lockdown will be logged in Jail Tracker or the Guardian system once complete.

B. Housing Unit Lockdown Due To Incident

1. Control will notify inmates to lockdown.
2. Control will turn off televisions and phones. No other activities will take place during lockdown.
3. Master Control or Pod Control will monitor the status of cubicle doors.
4. Supervisor to respond to the scene.
5. Officers will enter housing unit to secure each cubicle and notify Master Control that lockdown is complete.
6. Once the supervisor determines the incident has stabilized, the supervisor will advise the lockdown is no longer needed.
7. Lockdown will be logged in Jail Tracker or the Guardian system once complete.

C. Emergency Facility Lockdown

1. Supervisor determines an emergency exists and securing inmates in their cubicles is necessary.
2. Supervisor will notify the pod officers by phone, radio or in person.
3. Officers will direct the inmates to go to their cubicles and close the doors, explaining it is an unscheduled lockdown rather than the regular lockdown.
4. Officers will conduct a physical count and ensure each cubicle is secure then notify Master Control lockdown is complete.

5. Officers will record the count and time lockdown is complete in Jail Tracker or the Guardian system.
6. Once the supervisor determines the emergency has stabilized, they will notify officers the lockdown is no longer necessary.
7. Officers will unlock the cubicles and resume routine operations.
8. Lockdown will be logged in Jail Tracker or the Guardian system once complete.

D. Inmate Refusal To Lockdown

1. In the event an inmate or group of inmates refuses to enter their cubicles to lockdown, officer will notify the supervisor. Back up assistance may be used to conduct the lockdown.
2. If practical and it can be done safely, the officer will continue to lockdown the inmates who are cooperating.
3. When the supervisor arrives he/she will talk to the inmates and convince them to return to their cubicles.
4. If the supervisor decides the situation has become a disturbance he/she will start appropriate procedures.
5. Once the situation is resolved, officers and others involved will complete the required reports.
6. Lockdown will be logged in Jail Tracker or the Guardian system once complete.

E. Nightly Lockdown 2230hrs

1. Control will turn off televisions and phones. No other activities will take place during lockdown.
2. Master Control or the Pod Control will monitor the status of cubicle doors.
3. Officers will conduct a physical count and ensure each cubicle is secure and notify Master Control lockdown is complete.
4. Lockdown will be logged in Jail Tracker or the Guardian system once complete.

Sheriff Jully JL
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Inmate Marriages**

I. POLICY

It is the policy of the Burleigh Morton Detention Center, an inmate contemplating marriage, must obtain permission from the Detention Center Administrator. It is the responsibility of the inmate to make all the arrangements and abide by the policies and procedures relative to the procedure.

II. PROCEDURE

- A. The inmate must submit a letter to the Detention Center Administrator requesting permission to be married while in custody.
- B. The inmate must receive permission from the incarcerating authority if the agency is other than Burleigh Morton County and submit to the Administrator.
- C. The inmate must provide the Administrator with a valid marriage license before the ceremony may be arranged.
- D. There is a minimum charge of twenty-five (\$25.00) dollars to cover expenses of the detention center to maintain security.
 1. This fee must be paid before any ceremony arrangements are made.
 2. The initial payment of twenty-five (\$25.00) dollars must be paid at least one week prior to the date of the ceremony.
 3. The twenty-five (\$25.00) dollars will not be refunded once arrangements have been made.
- E. The inmate must provide the Administrator with the names of two (2) witnesses and up to four (4) additional guests at least one week before the ceremony. The witnesses and guests may only be present by way of the video visitation equipment.
- F. No employee of the detention center may act as a witness.
- G. It is the responsibility of the inmate to arrange for the officiant.
- H. Wedding ceremonies will be held on Wednesday afternoons between 1:00 p.m. and 3:00 p.m. only.
- I. The inmate must notify the Administrator of the proposed date and time for the ceremony at least one week in advance.

- J. The wedding ceremony will take place by way of the video visitation equipment. The inmate will be in his/her assigned housing area. The wedding ceremony participants will be on the public side of the video visitation.
- K. There will be no physical contact between the inmate and anyone in the wedding party.
- L. There will be no cameras, recording devices, phones or personal property allowed at the ceremony.
- M. The inmate will attend the ceremony in detention center issued clothing.
- N. The wedding ceremony will be terminated if any person involved violates any of the policies and procedures of the detention center. A violation of policy may result in criminal charges being filed.
- O. Weddings will not be authorized by the Administrator if:
 - 1. The wedding may hinder an investigation or endanger a case.
 - 2. The wedding could create a security risk.
 - 3. It is the decision of the Administrator to deny.
 - 4. Federal inmates must request and receive permission from the US Marshal Supervisor, prior to making a request to BMDC Administration for a marriage to take place in the detention center.

Sheriff *Mully J L*
Reviewed _____
Effective Date 10/20/20
Revised _____

Burleigh Morton Detention Center
Policy and Procedures
Inmate Money
Reference: NDCC 12-44.1-14

I. POLICY

It is the policy of the Burleigh Morton Detention Center that will follow a set procedure in handling an inmate's money. This is to ensure that no mistakes are made when making a transaction.

II. PROCEDURE

A. Money Coming In With Inmate

1. An account will be created for each inmate and all money will be deposited into the kiosk. This account will track and log all inmate money transactions during an inmates current stay and historiclly.

B. Money Brought In By Others For An Inmate

1. All deposits by friends and family must be deposited into the kiosk located in the front lobby of the Burleigh Morton Detention Center.

C. Inmate Releasing Money To Someone Outside Of The Facility

1. Inmates may release money to another person. This must be done in written form on the inmate Kiosk email "kite" system. The written request must contain the following information:
 - a) Inmates printed name and signature.
 - b) Date and time of request.
 - c) Name and relationship of person money is released to.
 - d) The amount of money to be released.
 - e) This will be recorded on the inmates computer cash log.
 - f) The person picking up the money must show photo identification and sign for money received on the release form.
 - g) Checks for cash releases are only issued Monday through Friday 8-5.

D. Releasing Money To The Inmate When Being Released.

1. Any funds that remain on an inmates account will be returned to them upon release
 - a) Upon release from the facility, a debit card or check will be issued to the inmate.
 - b) Information about the terms and conditions of the debit card will be offered to the inmate. Inmate's signature is required, accepting the terms and conditions.
 - c) If the inmate is being transferred to another facility, a check will be issued in place of a debit card.

- d) If a check is required to be issued, the releasing officer must contact a BMDC administrative assistant to issue a check. The check will need to be signed by an authorized employee as listed on the banks signatures record.

E. Money Transfers

1. Money transfers between inmate accounts is not allowed.

F. Cashing Checks Or Money Orders

1. Burleigh Morton Detention Center will only deposit checks to an inmate's account if received from another law enforcement agency or Correctional Center.
2. Burleigh Morton Detention Center will not cash personal checks.
3. Money orders may be sent to an inmate by USPS.
4. The inmate must endorse the money order before funds are deposited into the inmate's account.

Sheriff Sully J L
Reviewed _____
Effective Date 10/30/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Sentence Computation/Performance Based Sentence Reduction**

I. POLICY

The Burleigh Morton Detention Center (BMDC) has a Performance Based Sentence Reduction Policy that offers inmates who are incarcerated at the Burleigh Morton Detention Center sentence reductions based upon performance criteria.

II. PROCEDURE

- A. The following criteria should be used in determining Performance-Based Sentence Reduction (PBSR).
1. PBSR will be calculated once an inmate is sentenced to more than 5 days in the Burleigh Morton Detention Center. An offender may earn no more than a one day sentence reduction per six days served.
 2. A coordinated effort will be made between the booking officers and the court officers to track, calculate, and post adjusted release dates.
 3. Violation of court orders and/or Burleigh Morton Detention Center inmate rules may result in a hearing in accordance with Inmate Disciplinary Procedures as outlined in the BMDC Inmate Handbook and BMDC policy and procedure.
 4. A portion or all PBSR may be terminated by the Detention Center Disciplinary Hearing Committee with the Jail Administrator's approval. The PBSR would be terminated from the date of the disciplinary hearing.
 5. Inmates serving sentence for matters involving non-compliance with Child Support will not receive PBSR.
- B. The following North Dakota Century Code serves as the standard from which this policy was developed.
1. NDCC 12-44.1-32. Sentence reduction credit.
 - a) An inmate sentenced to a correctional facility under this chapter is eligible to earn sentence reduction based upon criteria established by the administrator, including sentence reduction for good conduct. While incarcerated in a correctional facility, an offender may earn no more than a one-day sentence reduction per six days served.

Sheriff Tully J L
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Prison Rape Elimination Act
Reference: ND Jail Standards 2, 23, 28 and 103**

I. POLICY

The Burleigh Morton County Detention Center will have written policies and procedures mandating zero tolerance towards all forms sexual abuse and sexual assault. BMDC will act to reduce sexual assault of offenders through offender orientation, screening, assessment, classification, staff training, data collection and monitoring, counseling, and investigation of alleged sexual assaults. This will ensure detection and prevention of offender sexual assault while in custody. (Pursuant to Prison Rape Elimination Act (PREA) of 2003)

II. DEFINITIONS AND ACRONYMS [115.11 (a)-3]

Abuse – The improper use or treatment of an inmate that directly or indirectly affects the inmate negatively; any intentional act that causes physical, mental or emotional injury to an inmate.

Behavioral Health Practitioner – A person who by education and experience is professionally qualified to provide counseling interventions designed to facilitate individual achievement of human development goals and mediate mental, emotional, or behavioral disorders, and associated distresses which interfere with behavioral health and development.

Contractor – A person who provides services on a recurring basis pursuant to a contractual agreement with the agency.

Deoxyribonucleic Acid or DNA – A nucleic acid that contains the genetic instructions used in the development and functioning of all known living organisms.

Exigent Circumstances – Any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of the facility.

Gender Non-Conforming – A person whose appearance or manner does not conform to traditional societal gender expectations.

Inmate – A person housed in a Burleigh Morton County Detention Center facility.

Intersex – A person who's sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are

sometimes referred to as disorders of sex development.

Medical Practitioner – Any person practicing medicine to include physicians, nurse practitioners, and physician assistants.

Prison Rape Elimination Act of 2003 – Federal law that prohibits and seeks to eliminate sexual assaults and sexual misconduct in correctional institutions and community corrections settings.

Prison Rape Elimination Act Compliance Manager – The designated facility staff at each facility with sufficient time and authority to coordinate the facility's efforts to comply with the Prison Rape Elimination Act standards.

Prison Rape Elimination Act Coordinator – A senior-level position that reports directly to the agency head. The Prison Rape Elimination Act coordinator's responsibilities include developing, implementing, and overseeing the agency's plan to comply with the Prison Rape Elimination Act standards. He or she is also responsible for ensuring the completion of the assessment checklists in compliance with Prison Rape Elimination Act standards.

Sexual Abuse of an Inmate, Detainee, or Juvenile by Another Inmate, Detainee, or Juvenile – Includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse which may include: persuasion, inducement, enticement or forcible compulsion, subjecting to sexual contact another person who is incapable of giving consent by reason of custodial status; subjecting another person to sexual contact who is incapable of consenting by reason of being physically helpless, physically restrained or mentally incapacitated; prostituting or otherwise sexually exploiting another person.

1. Contact between the penis and vulva or the penis and anus, including penetration, however slight.
2. Contact between the mouth and the penis, vulva, or anus.
3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument.
4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual Abuse of an Inmate, Detainee, or Juvenile by a Staff Member, Contractor, or Volunteer – Includes any of the following acts, with or without consent of the inmate, detainee or juvenile.

- A. Contact between the penis and vulva or the penis and anus, including penetration, however slight.
- B. Contact between the mouth and the penis, vulva, or anus.
- C. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
- D. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
- E. Any other intentional touching, either directly or through the clothing, of or with the

genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.

- F. Any attempt, threat or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs 1-5 of this section.
- G. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or juvenile.
- H. Voyeurism by a staff member, contractor, or volunteer.

Sexual Harassment – Includes any of the following acts.

- A. Unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee or juvenile directed toward another.
- B. Verbal comments or gestures of a sexual nature to an inmate, detainee or juvenile, by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Sexually Transmitted Diseases – Any of various diseases, including chancroid, chlamydia, gonorrhea, and syphilis, which are usually contracted through sexual intercourse or other intimate sexual contact.

Substantiated Allegation – Allegation that was investigated and determined to have occurred.

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

Unfounded Allegation – Allegation that was investigated and determined not to have occurred.

Unsubstantiated Allegation – Allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

Volunteer – An individual who donates time and effort on a recurring basis to enhance the activities and programs of the agency.

Volunteer and Contractor Inmate Contact – Any contact with inmates that occurs while the volunteer or contractor is not escorted or observed by staff. These persons will receive Prison Rape Elimination Act training prior to entering a Department of Corrections and Rehabilitation facility unescorted or unsupervised. Volunteer and contractor acknowledgement forms shall be retained in the volunteer/contractor's file by designated facility staff.

Voyeurism by a Staff Member, Contractor, or Volunteer – An invasion of privacy of an inmate, detainee, juvenile or resident by staff for reasons unrelated to official duties, such as peering at an inmate or juvenile who is using a toilet in his or her cell to perform bodily functions; requiring an inmate or juvenile to expose their buttocks, genitals, or

breasts; or taking images of all or part of an inmate's naked body or of an inmate or juvenile performing bodily functions.

BMDC – Burleigh Morton County Detention Center

BCSD – Burleigh County Sheriff's Department

DOJ – Department of Justice

HIV – Human Immune Deficiency Virus

PREA – Prison Rape Elimination Act of 2003

SANE – Sexual Assault Nurse Examiner

STD – Sexual Transmitted Disease

III. PROCEDURES

A. Prevention Planning

1. § 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator.
 - a) The BMDC has a zero tolerance toward all forms of sexual abuse and sexual harassment within its facilities. [115.11 (a)-1]
 - b) This policy outlines how the BMDC will implement the agency's zero tolerance approach to preventing, detecting, and responding to sexual abuse and sexual harassment. [115.11 (a)-2]
 - c) The BMDC identifies disciplinary sanctions for those found to have participated in prohibited behaviors. [115.11 (a)-4]
 - i. Disciplinary sanctions are identified under standards § 115.76, § 115.77 and § 115.78.
 - d) The BMDC has a designated upper-level, agency-wide PREA Coordinator who has sufficient time and authority to implement and oversee BMDC efforts to comply with PREA standards in all of its facilities. [115.11(b)-1] [115.11 (b)-2]. The PREA Coordinator's responsibilities are the following.
 - i. Assist with the development and implementation of PREA-related policies.
 - ii. Develop and coordinate procedures to triage allegations received and identify, monitor, and track incidents of sexual abuse.
 - iii. Identify and track referrals of allegations to law enforcement and prosecutors.
 - iv. Develop and implement a comprehensive system to audit compliance with PREA policies and applicable laws.
 - v. Oversee monitoring of PREA compliance with private and non-department public entities contracted for offender and inmate confinement.
 - vi. Keep Jail Administrator or designee informed on PREA-related issues.
 - vii. Maintain a memorandum of understanding for external victim advocacy.
 - viii. Maintain PREA content for the department website, including publication of required information and documents.
 - ix. Serve as the PREA liaison for the BMDC.

- x. Coordinate training of PREA investigators at facility.
 - e) The BMDC designates a PREA compliance manager with oversight provided by the BMDC PREA Coordinator. The PREA compliance manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. [115.11 (c)-1] [15.11 (c)-2]. The PREA Compliance Managers responsibilities are the following.
 - i. Serve as a point of contact for the PREA Coordinator.
 - ii. Coordinate audit preparations.
 - iii. Coordinate corrective action plans and ensure follow up.
 - iv. Track completion of Uniform Incident Report State of North Dakota (01-14) form for all allegations of sexual abuse or sexual harassment.
 - v. Ensure checks are performed to verify the PREA hotline telephone number is posted on or near all inmate telephones.
 - vi. Perform a monthly functionality test of a random sample of inmate telephones to verify the toll-free number is operational.
 - vii. Perform monthly checks to verify posters and brochures provided by the BMDC are posted in areas accessible to inmates and the public.
 - viii. Monitor and provide technical resources to the PREA investigator.
- 2. § 115.12 Contracting with other entities for the confinement of inmates.
 - a) Agencies under contract with the BMDC will include in any new contract or contract renewal to adopt and comply with the PREA standards. [115.12 (a)-1]
 - i. All new contracts or contract renewals provide for BMDC contract monitoring to ensure compliance with the PREA standards. [115.12 (a)-2]
 - A. Contract managers will monitor compliance through reported offenses and facility inspections.
- 3. § 115.13 Supervision and monitoring.
 - a) BMDC will operate under a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. If unable to meet the staffing plan, then the situation will be documented. Each year, the BMDC administration in conjunction with the PREA Coordinator will assess, determine, and document whether adjustments are needed to the staffing plan and monitoring technology to ensure compliance. [115.13 (a)-1 & 115.13 (c)-1]
 - b) Intermediate or high level supervisors will conduct unannounced rounds of the facility to identify and deter staff sexual abuse and sexual harassment. [115.13 (d) -1]
 - i. The unannounced rounds are documented as an electronic log entry in the electronic audit/shift log. The entry will be logged as 'PREA UNANNOUNCED CHECK.' [115.13 (d)-2]
 - A. Unannounced supervisor rounds will be conducted on all shifts. [115.13 (d)-3]
 - B. Staff will not alert other staff members when a supervisor is conducting these unannounced rounds, unless such announcement is related to the legitimate operational functions of the facility. [115.13 (d)-4]
- 4. § 115.14 Youthful inmates.
 - a) Adjudicated delinquent youths charged with offenses are not housed in the BMDC facility.

5. § 115.15 Limits to cross-gender viewing and searches.
 - a) BMDC employees will not conduct cross-gender strip searches or cross-gender visual body cavity searches (anal or genital opening) except in exigent circumstances or when performed by medical practitioners. Efforts will be made in exigent circumstances to obtain Jail Administrator's or designee's prior approval. [115.15 (a)-1]
 - b) Employees will document in the electronic log all cross-gender strip searches and cross-gender visual body cavity searches.
 - c) Inmates will be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell/dorm checks. [115.15 (d)-1]
 - d) Female staff will announce "Female Officer" when entering an inmate's housing unit where inmates may be seen using the shower, toilet, or different stages of undress. [115.15 (d)-2]
 - e) Male staff will announce "Male Officer" when entering a female housing unit where inmates may be seen using the shower, toilet, or different stages of undress. [115.15 (d)-2]
 - f) Staff will not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. [115.15 (e)-1]
 - i. If the inmate's genital status is unknown, it may be determined through conversation with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
 - A. During the initial interview with a transgender or intersex inmate, staff will ask the inmate if they prefer to be searched by a male or female officer. This information will be recorded in the inmate's electronic file.
 - g) During initial orientation security staff is trained to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. [115.15 (f)-1]
6. § 115.16 Inmate with disabilities and inmates who are limited English proficient.
 - a) The following services have been established to provide disabled and limited English proficient inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All inmate education materials will be in formats accessible to all inmates in accordance with Title II of the Americans with Disabilities Act, 28 CFR 35.164. [115.16 (a)-1] [115.16 (b)-1]
 - i. Interpreter services for the deaf, blind or hard of hearing inmates, and Non-English speaking inmates.
 - A. 1-888-338-7394
 - B. Account Number: 21322 (followed by the # sign)
 - C. Select language
 - D. Enter your unit number
 - E. Enter case number (This will be the inmate's booking number)
 - ii. Inmates who have intellectual, psychiatric, or speech disabilities will review materials with staff to ensure comprehension.
 - b) The BMDC will not rely on inmate interpreters, inmate readers, or other types

of inmate assistants except in limited circumstances, and must be fully documented, where an extended delay in obtaining an effective interpreter could compromise the below. [115.16 (c)-1] [115.16 (c)-2]

- i. The inmate's safety.
 - ii. The performance of first responder duties under §115.64.
 - iii. The investigation of the inmate's allegations.
7. § 115.17 Hiring and promotion decisions.
- a) The BMDC will not hire or promote anyone who may have contact with inmates, and will not enlist the services of any contractor or volunteer who may have contact with inmates, or the following. [115.17 (a)-1]
 - i. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).
 - ii. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.
 - iii. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a. or b. of this section.
 - b) The BMDC considers any incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. [115.17 (b)-1]
 - c) Before hiring new employees who may have contact with inmates, the BMDC will complete the following. [115.17 (c)-1]
 - i. Perform a criminal background records check.
 - ii. Consistent with federal, state and local law, make the best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
 - d) The BMDC will conduct criminal background record check before enlisting the service of any contractor or volunteer who may have contact with inmates. [115.17 (d)-1]
 - e) Criminal background checks will be conducted at least every five years on all current employees, volunteers, and contractors who may have contact with inmates. [115.17 (e)-1]
 - f) The BMDC requires all applicants and employees to disclose any misconduct described in paragraph 1. a., b., and c. of this section through the following ways.
 - i. Written applications or interviews for hiring or promotions.
 - g) Material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination of employment. [115.17 (g)-1]
 - h) Unless prohibited by law, Burleigh County Human Resources shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer with whom the employee has applied to work.
8. § 115.18 Upgrades to facilities and technologies.
- a) The BMDC will consider the effect of the design, acquisition, expansion, or modification in reference to the agency's ability to protect inmates from sexual

- abuse during any planned expansions, modifications, or video equipment updates to the facility. [115.18 (a)-1]
- i. The BMDC requires the architect or engineer meet the qualifications outlined in the request for statement of qualifications document, to include familiarization with the PREA standards.
 - ii. The BMDC PREA Coordinator consults with the architect or engineer design team during the planning and construction phase.
- b) Prior to installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Jail Administrator or designee will conduct an assessment to determine technology capabilities to further protect inmates from sexual abuse. [115.18 (b)-1]
 - c) When conducting an assessment, the Jail Administrator or designee will give consideration to cost, functionality, findings of inadequacy from judicial or federal investigative agencies, blind spots throughout the facility, and the prevalence of sexual abuse.
9. § 115.21 Evidence protocol and forensic medical examinations.
- a) The BMDC is responsible for conducting administrative investigations into allegations of sexual abuse. [115.21 (a)-1]
 - b) The PREA investigator from the Burleigh County Sheriff's Department conducts criminal investigations of sexual abuse for the BMDC. [115.21 (a)-2]
 - i. The Burleigh County Sheriff's Department's evidence protocol will be based on the, North Dakota Sexual Assault Evidence Collection Protocol 5th edition adapted from the Sexual Assault Protocol developed by the United States Department of Justice. [115.21 (a)-3] [115.21 (b)- 2]
 - c) All victims of sexual abuse will be offered access to forensic medical examinations. [115.21 (c)-1]
 - i. Forensic medical examinations will be offered without financial cost to the victim. Forensic examinations will be conducted at Sanford Health (Bismarck) unless exigent circumstances exist. [115.21 (c)-2]
 - d) Forensic medical exams are conducted by a Sexual Assault Nurse Examiner within 120 hours of the incident. [115.21 (c)-3]
 - i. When a Sexual Assault Nurse Examiner is not available, the examination may be performed by other qualified medical practitioners. The BMDC staff will document its efforts to provide a Sexual Assault Nurse Examiner. [115.21 (c)-4] [115.21 (c)-5]
 - e) The PREA Coordinator will attempt to make a victim advocate from a rape crisis center available to the victim in person or by other means. [115.21 (d)-1]
 - i. The PREA Coordinator will attempt to establish a Memorandum of Understanding with a rape crisis center.
 - A. The PREA Coordinator will document MOU's or efforts to obtain them. [115.21 (d)-2]
 - ii. The BMDC staff will contact the designated medical provider, who will initiate the Sexual Assault Response Team and request a victim advocate.
 - f) If or when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified agency staff member, or qualified community-based organization staff member. [115.21 (d)-3]
 - g) If requested by the victim, a victim advocate, qualified agency staff member,

- or qualified community-based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. [115.21 (e)-1]
10. § 115.22 Policies to ensure referrals of allegations for investigations.
- a) The BMDC will ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. [115.22 (a)-1]
 - i. For procedures see §115.71 Criminal and Administrative Agency Investigations.
 - b) The BMDC will ensure criminal allegations of sexual abuse or sexual harassment are referred to the Burleigh County Sheriff's Department unless the allegation does not involve potentially criminal behavior. [115.22 (b)-1]
 - i. A Uniform Incident Report State of North Dakota (01-14) form will be completed on all allegations of sexual abuse or sexual harassment documenting the referral to the Burleigh County Sheriff's Department. [115.22 (b)-3]
 - c) BMDC PREA information is available on the Burleigh County Sheriff's Department website. [115.22 (b)-2]
11. § 115.31 Employee training.
- a) The BMDC trains all employees during orientation and every two years thereafter, on the following matters. [115.31 (a)-1]
 - i. Zero-tolerance policy for sexual abuse and sexual harassment.
 - ii. How to fulfill employee responsibilities under BMDC sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
 - iii. Inmates' right to be free from sexual abuse and sexual harassment.
 - iv. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
 - v. The dynamics of sexual abuse and sexual harassment in confinement.
 - vi. The common reactions of sexual abuse and sexual harassment victims.
 - vii. How to detect and respond to signs of threatened and actual sexual abuse.
 - viii. How to avoid inappropriate relationships with inmates.
 - ix. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.
 - x. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
 - b) Training is tailored to the gender of the inmates in the facility. [115.31 (b)-1]
 - c) Employees are provided with information about current policies regarding sexual abuse and sexual harassment policies through the below. [115.31 (c)-3]
 - i. Orientation training.
 - ii. Refresher training every two years.
 - iii. Coordinated response posters.
 - iv. PREA materials posted throughout the facility.
 - d) The BMDC documents that employees understand the training they have received through employee signature. [115.31 (d)-1]
12. § 115.32 Volunteer and contractor training.

- a) The PREA compliance manager will ensure all volunteers and contractors who have contact with inmates will be trained on their responsibilities regarding sexual abuse and sexual harassment with inmates. [115.32 (a)-1]
 - i. The type and level of training is based on the services they provide and the level of contact they have with inmates. [115.32 (b)-1]
 - ii. Unescorted or unsupervised contractors or volunteers will receive classroom training on PREA.
 - iii. Escorted or supervised contractors will review and acknowledge understanding of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents by signing the "Rules to Follow While Conducting Business at the Burleigh Morton County Detention Center" form. [115.32 (b)-2].
 - b) Training is approved by the PREA Coordinator and is conducted in a classroom environment. The PREA compliance manager will track this information which will be placed in a BMDC data base, maintained by the Programs Manager.
 - c) Volunteers will be trained on policy and procedures relative to PREA. This training will be repeated every two years.
 - d) The BMDC shall maintain documentation confirming volunteers and contractors understand the training they have received. Records are maintained by the Programs Manager. [115.32 (c)-1]
13. § 115.33 Inmate education.
- a) Within 30 days of the intake, BMDC staff will provide comprehensive education to all inmates by showing the video, 'PREA: What You Need To Know' Note: this video must be played in its entirety when inmates first log into the facility kiosk. Assistance will be provided as needed. The comprehensive education will explain the following. [115.31 (a)- 1] [115.31 (c)-2]
 - i. The BMDC's zero-tolerance policy regarding sexual abuse and sexual harassment.
 - ii. Their right to be free from sexual abuse or sexual harassment.
 - iii. How to report incidents or suspicions of sexual abuse or sexual harassment.
 - iv. Their right to be free from retaliation.
 - v. The agency's policies and procedures for responding to such incidents.
 - b) Inmate PREA education is available in accessible formats for all inmates including those who are limited English proficient; deaf; hearing impaired; visually impaired or otherwise disabled or limited in their reading skills. [115.33 (d)-1]
 - i. Deaf or hearing impaired – Training is available through print or closed captioning.
 - ii. Visually impaired – Training is available through audio.
 - iii. Limited english proficiency interpreter services provide.
 - A. 1-888-338-7394
 - B. Account Number: 21322
 - C. Your Name and Unit Number
 - D. Inmate's Booking Number
 - iv. Otherwise disabled or limited reading skills – Training is provided through education and mental health staff.
 - c) The BMDC shall maintain documentation of inmate participation in these

education sessions. [115.33 (e)-1]

- i. Support services will upload documentation of PREA training into the inmate's case history in the inmate's electronic file.
- d) The BMDC ensures key information is continuously and readily available or visible to inmates through posters, inmate handbooks, and written formats. [115.33 (f)-1]

14. § 115.34 Specialized training: Investigations.

- a) Investigators who investigate allegations of sexual abuse are trained in conducting sexual abuse investigations in confinement settings. This includes the following. [115.34 (a)-1]
 - i. Department of Justice approved PREA investigator training. [115.34 (b)]
 - A. Techniques for interviewing sexual abuse victims; and proper use of Miranda and Garrity Warnings.
 - B. Sexual abuse evidence collection in confinement settings.
 - C. Criteria and evidence required to substantiate a case for administrative action or for prosecution referral.
 - b) The BMDC maintains documentation agency investigators have completed the required specialized training in conducting sexual abuse investigations. [115.34 (c)- 1]

15. § 115.35 Specialized training: Medical and Behavioral Health Care.

- a) The BMDC maintains documentation agency investigators have completed the required specialized training in conducting sexual abuse investigations. [115.34 (c)-1]
- b) Forensic exams will be conducted at Sanford Health (Bismarck). BMDC medical staff will not conduct forensic exams. [115.35 (b)-1]
- c) All BMDC medical and behavioral health care practitioners are trained in their respective disciplines. [115.35 (a)]
 - i. BMDC approved PREA training as well as specialized training in community Sexual Assault Response Protocol.
 - A. PREA Behavioral Health Care for sexual assault victims in a confinement setting (Behavioral Health staff).
 - B. PREA Medical Care for sexual assault victims in a confinement setting (Medical staff).
 - ii. How to detect and assess signs of sexual abuse and sexual harassment.
 - iii. How to preserve physical evidence of sexual abuse.
 - iv. How to respond effectively and professionally to victims of sexual abuse and sexual harassment.
 - v. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
- d) The BMDC maintains the documentation that medical and behavioral health practitioners have received the training as mentioned in this standard. Records are maintained by the Programs Manager. [115.35 (c)-1]

16. § 115.41 Screening for risk of sexual victimization and abusiveness.

- a) A Prison Rape Elimination Act (PREA) Intake/Admission Screening must be completed within 72 hours of admission for risk of being sexually abused by other inmates or being sexually abusive toward other inmates. Housing assignments are made accordingly. [115.41 (a)-1] [115.41 (b)-1] [115.41 (c)-

- 1]
- b) The Prison Rape Elimination Act (PREA) Intake/Admission Screening considers the following criteria to assess inmates for risk of sexual victimization and sexual abusiveness. [115.41 (d)] [115.41 (e)]
 - i. Disability.
 - ii. The age of the inmate.
 - iii. The physical build of the inmate.
 - iv. Whether the inmate has previously been incarcerated.
 - v. Whether the inmate's criminal history is exclusively nonviolent.
 - vi. Whether the inmate has prior convictions for sex offenses against an adult or child.
 - vii. How does the inmate perceive their sexual orientation; heterosexual; gay; lesbian; bisexual; transgender; intersex; or gender nonconforming.
 - viii. Whether the inmate has previously experienced sexual victimization.
 - ix. The inmate's own perception of vulnerability.
 - c) Upon completion of the Prison Rape Elimination Act (PREA) Intake/Admission Screening, staff will review for housing assignment.
 - d) The PREA Reassessment form is completed within 30 days of the inmate's arrival to reassess based upon any additional, relevant information received by the facility since the intake screening. Records are maintained by the Programs Manager. [115.41 (f)-1]
 - e) An inmate's risk level must be reassessed when warranted because of a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Any staff may refer an inmate for reassessment. [115.41 (g)-1]
 - f) Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked during screening or assessment. [115.41 (h)-1]
 - g) Information gained during the PREA screening will be protected and only accessible by trained staff. The PREA screening questionnaire will be saved into the inmate's electronic jail management system folder. [115.41 (i)-1]
17. § 115.42 Use of screening information.
- a) Prior to housing, bed, work, education, and program assignments, staff will submit alerts for inmates who have been identified as high-risk of being sexually victimized and/or high-risk of being sexually abusive to ensure sexual safety of identified groups. [115.42 (a)-1]
 - b) The facility staff shall make individualized determinations about how to ensure the safety of each inmate. Refer to BMDC Policy 19: Separation of Inmates. [115.42 (b)-1]
 - c) Decisions regarding housing and/or programming assignments of transgender or intersex inmates will be done on a case-by-case basis to ensure the health and safety of the inmate, and whether the placement would present management or security problems in the facility. A transgender or intersex inmate's own views with respect to his or her own safety shall be given consideration. [115.42 (c)-1 & 115.42 (e)]
 - i. Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. [115-42 (d)]
 - d) Transgender and intersex inmates shall be given the opportunity to shower

separately from other inmates.[115.42 (f)]

- e) The BMDC shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. [115.42 (g)]

18. § 115.43 Protective custody.

- a) Inmates at high-risk for sexual victimization may not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made there is no available alternative means of separation from likely abusers. If assessment can't be completed immediately, the inmate may be held in involuntary segregated housing for less than 24 hours while assigned staff completes the assessment. [115.43 (a)-1]
- b) Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document the following. [115.43 (b)]
 - i. The opportunities that have been limited.
 - ii. The duration of the limitation.
 - iii. The reasons for any limitations.
- c) Inmates will only be assigned to involuntary segregated housing until an alternative means of separation from likely abusers can be arranged. The assignment may not ordinarily exceed a period of 30 days. [115.43 (c)]
 - i. Every effort shall be made to keep the victim in the victim's normal housing unit to prevent re-traumatization.
- d) If an involuntary segregated housing assignment is made pursuant to substandard [115.43 (a)-1] of this section, the case manager shall clearly document the following. [115.43 (d)]
 - i. The basis for the concern for the inmate's safety.
 - ii. The reason why no alternative means of separation can be arranged.
 - iii. Every 30 days BMDC Jail Administration will review each inmate in involuntary administrative segregation to determine whether there is a continuing need for separation from the general population. [115.43 (e)-1]

19. § 115.51 Inmate reporting.

- a) The BMDC allows for internal reporting, by inmates, to report privately to agency officials about sexual abuse, sexual harassment, staff neglect or responsibilities contributing to sexual abuse or sexual harassment, and retaliation by other inmates or staff for reporting sexual abuse or sexual harassment. Inmates can report in the following ways. [115.51 (a)-1]
 - i. Verbal reporting to any staff member.
 - ii. Third party reporting.
 - iii. Inmate request forms.
 - iv. Inmate grievance forms.
- b) The BMDC allows for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency in the following ways. [115.51 (b)-1]

- i. Federal inmates write to:
Office of Inspector General
U.S. Department of Justice
950 Pennsylvania Ave. Room 4706
Washington DC 20530
Or
Call the Office of Inspector General
1-800-869-4499
 - ii. National Sexual Assault Hotline – 1-800-656-4673 (toll free, non-recorded line).
- 20. § 115.53 Inmate access to outside confidential support services.
 - a) Inmates are provided with access to outside victim advocates for emotional support services related to sexual abuse through mailing addresses and telephone numbers, including toll-free hotline numbers to the organizations listed below. If community-based services are unavailable in the event of sexual abuse, a trained behavioral health staff member will be available to provide support services. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. [115.53 (a)-1]
 - i. Federal inmates write to:
Office of Inspector General
U.S. Department of Justice
950 Pennsylvania Ave. Room 4706
Washington DC. 20530
Or
Call the Office of Inspector General
1-800-869-4499
 - ii. National Sexual Assault Hotline – 1-800-656-4673 (toll free, non-recorded line).
 - b) Staff shall inform inmates, prior to giving them access to outside victim advocates, of the extent to which such communications may or may not be recorded and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. 115.53 (b)-1] [115.53 (b)-2]
 - c) The BMDC maintains or attempts to enter into memorandum of understanding or other agreements with community service providers able to provide inmates with confidential emotional support services related to sexual abuse. The BMDC shall maintain copies of these agreements or documentation showing attempts to enter into such agreements. [115.53 (c)-1] [115.53 (c)-2] [115.53 (c)-3] [115.53 (c)-4]
- 21. § 115.54 Third-party reporting.
 - a) The BMDC publicly distributes, on its website, information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. [115.54 (a)-1] [115.54 (a)-2]
- 22. § 115.61 Staff and agency reporting duties.
 - a) All staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the BMDC. [115.61 (a)-1]
 - i. Staff shall accept reports of sexual abuse and sexual harassment made

- verbally, in writing, anonymously, and from third parties. [115.51 (c)-1]
 - ii. Staff shall immediately notify the security shift supervisor of any verbal report of sexual abuse or sexual harassment against inmates or staff. Documentation of inmate verbal reports will be completed and turned in to the security shift supervisor by the end of shift. [115.51 (c)-2] [115.61 (a)-2]
 - iii. All staff shall immediately report any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. [115.61 (a)-3]
 - A. All employees may privately report sexual abuse and sexual harassment of inmates to their supervisor or any other facility supervisor. [115.51 (d)-1]
 - B. Apart from reporting to designated supervisors or officials, staff may not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. [115.61 (b)-1]
 - C. Unless otherwise precluded by federal, state, or local law, medical and behavioral health practitioners shall report sexual abuse and inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. [115.61 (c)-1]
 - D. If the alleged victim is considered a vulnerable adult under a state or local vulnerable persons' statute, behavioral health or medical staff shall report the allegation to the Department of Human Services under applicable mandatory reporting laws. [115.61 (d)-1]
 - E. The PREA compliance manager, PREA coordinator, or the Jail Administrator or designee, shall investigate all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. A trained PREA investigator will be assigned when possible criminal charges are identified. [115.61 (e)-1]
23. § 115.62 Agency protection duties
- a) When BMDC staff learns an inmate is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the inmate. [115.62 (a)-1]
 - i. Initiate § 115.65 Coordinated Response, as applicable.
24. § 115.63 Reporting to other confinement facilities.
- a) Upon receiving an allegation an inmate was sexually abused while confined at another facility, the Jail Administrator or designee shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. [115.63 (a)-1]
 - b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. [115.63 (b)-1]
 - c) The BMDC shall document it has provided such notification. [115.63 (c)-1]
 - d) The BMDC Jail Administrator or designee who receives such notification shall ensure the allegation is investigated in accordance with this policy. [115.63 (d)-1]
25. § 115.65 Coordinated Response – investigations of sexual abuse or sexual

harassment.

- a) BMDC shall use this procedure as a plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and behavioral health practitioners, investigators, and facility leadership. [115.65 (a)-1]
- b) When a shift supervisor receives a report of possible sexual abuse or sexual harassment, the supervisor shall ensure an investigation is conducted.
- c) Sexual abuse by an inmate, staff member, contractor, or volunteer.
 - i. First Responder
 - A. The first staff member responding to an allegation of sexual abuse must separate the alleged victim from the alleged abuser.
 - B. Notify the shift supervisor of the alleged incident.
 - C. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.
 - D. If the alleged abuse occurred within the past 120 hours, request that the alleged victim not take any action that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, eating, or drinking.
 - E. If the alleged abuse occurred within the past 120 hours staff will ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking.
 - F. Complete the Significant Incident Reporting Form and send a copy to the North Dakota Department of Corrections Office of Field Inspections within 24 hours of the incident.
 - ii. Shift Supervisor
 - A. During the administrative investigation, if it appears criminal charges could be a result, notify the Jail Administrator or designee of the incident to contact the BCSD's Investigations Division to assign an investigator to investigate the incident.
 1. Notify the PREA Coordinator & the PREA Compliance Manager.
 2. Notify the North Dakota Department of Corrections Office of Field Inspections within one hour.
 - B. Ensure duties of first responder are completed.
 - C. Notify medical staff and have alleged victim escorted to the medical department. Notify medical staff an investigator will be assigned.
 - D. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence. The area will remain secured as a crime scene until released by the PREA Compliance Manager or investigator.
 - E. Notify the Jail Administrator or designee of the PREA incident and name of the assigned investigator.
 - iii. Medical Staff
 - A. Reassure the alleged victim medical services are involved only to ensure that the proper evaluation and treatment of any injuries is obtained, and psychological support is offered.

- B. If a sexual assault examination is appropriate, explain the necessity and process of a sexual assault examination to the victim. Sexual assault examinations must be performed by a trained Sexual Assault Nurse Examiner or qualified medical practitioner. The examination may include a DNA mouth swab test, so the victim should not have anything to eat or drink. The victim must avoid using the bathroom before an examination. The victim must be advised to not wipe or touch the areas of injury or sexual contact or apply any treatment, including ointment, or ice to the area of injury or sexual contact.
 - C. If the alleged victim refuses to be examined, staff shall document the refusal.
 - D. In the event transportation is necessary, it will be in accordance with transport policy. The Jail Administrator or designee will approve any exceptions.
 - 1. If the inmate victim must change to transport clothes the following process will be followed.
 - 2. The inmate must undress on exam paper. Each item of clothing must be placed in a paper bag (no plastic) and closed with evidence tape. Each item and the folded paper the victim undressed on must be placed in separate paper bags sealed with evidence tape. Staff shall start a Chain of Custody on the evidence.
 - E. Communicate the facts known about the incident and ensure the exchange of information regarding any medical concerns.
 - F. Contact the designated medical provider, who will initiate the Sexual Assault Response Team and request a victim advocate.
 - G. Make arrangements for transporting the inmate to the outside medical facility.
 - H. Document all actions taken and communications with the inmate in the medical record.
 - I. Ensure STD testing has occurred and prophylactic treatment is completed.
 - J. Ensure pre- and post-HIV counseling has been conducted.
 - 1. Ensure follow-up infectious disease testing is completed and that infectious disease testing is completed on the abuser if the allegation is substantiated.
- iv. Final Determination of Allegation
- A. The allegation will be considered substantiated if a preponderance (More than 50 percent) of the evidence supports this finding. [115.72 (a)-1]
 - B. If the investigation produced insufficient evidence to make a final determination as to whether or not the incident occurred, it will be considered unsubstantiated.
 - C. If the investigation determines the incident did not occur, the allegation will be considered unfounded.
 - D. If it is determined an inmate made a false accusation of sexual abuse or sexual harassment, the inmate may be subject to appropriate disciplinary action to include possible criminal charges.

- E. Following the investigation, the PREA investigator or a staff member designated by the PREA investigator will inform the inmate or inmates verbally whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The investigator will deliver in person a statement of findings which will require a signature of the inmate or inmates. If the inmate refuses to sign the findings form, the investigator will document the refusal and have a staff member witness and sign the refusal. [115.73 (a)-1]
[115.73 (e)-1]
- v. PREA Investigator
 - A. At the completion of the investigation, the staff investigator will compile all documentation, including the investigative report, incident reports with disposition, medical and counseling findings, recommendations for post-release treatment, and send this information to the PREA Coordinator. The PREA Coordinator will ensure the documentation is scanned in for retention.
- d) Sexual Harassment
 - i. By an inmate.
 - A. Shift supervisor will do the following.
 1. Separate the alleged victim from the inmate accused of sexual harassment.
 2. Ensure an investigation into the alleged incident is initiated.
 3. Notify the Jail Administrator or designee and the PREA compliance manager of the investigation.
 - ii. By a staff member, contractor, or volunteer.
 - A. All allegations of staff sexual harassment will be reviewed by administration and referred to a criminal investigator when the potential for criminal violation is identified.
 - B. Any employee who receives information about staff sexual harassment on inmate will immediately inform the Jail Administrator or designee. The Jail Administrator or designee shall notify the PREA compliance manager. Information may include rumors from staff or inmates. Failure to report information about staff sexual harassment may result in disciplinary action, up to and including termination.
 - C. The Jail Administrator or designee will do the following.
 1. Notify the DOCR and the PREA Coordinator.
 2. The Jail Administrator or designee and PREA investigator shall ensure there is separation between the inmate and the affected staff during the investigation. This separation does not represent a form of punishment for the inmate or affected staff.
 - D. The BMDC staff will meet with the inmate and review the inmate's statement.
 - E. If it is determined a crime may have been committed, the staff shall request assistance from the Burleigh County Sheriff's Department and work as a liaison with the investigative agency in the investigation.
 - F. If it is determined a crime has not been committed, the administration shall interview the staff member.

- G. During the investigation employees shall cooperate fully by providing all pertinent information. Failure of an employee to answer any inquiry will be grounds for disciplinary action.
 - H. Employees interviewed or implicated may not make any attempt to contact the inmate victim from the time the allegation is first made until the completion of the investigation.
 - I. Employees are prohibited from any form of retaliation against an inmate who makes an allegation of staff sexual misconduct or staff sexual harassment.
 - J. False accusations.
 - 1. If the investigation reveals an inmate made a false allegation, disciplinary action may be imposed to include possible criminal charges.
 - K. Employees, contractors, volunteers, official visitors, or agency representatives who are found to have committed staff sexual harassment as defined in these procedures will be subject to internal discipline in accordance with Burleigh County personnel policies to include possible criminal prosecution.
- iii. Final Determination of Allegation.
- A. The allegation will be considered substantiated if a preponderance (More than 50 percent) of the evidence supports this finding. [115.72 (a)-1]
 - B. If the investigation produced insufficient evidence to make a final determination as to whether or not the incident occurred, it will be considered unsubstantiated.
 - C. If the investigation determines that the incident did not occur, the allegation will be considered unfounded.
 - D. If an inmate is determined to have committed sexual harassment against another inmate, the inmate will be subject to appropriate disciplinary action to include possible criminal prosecution.
 - E. Following the investigation, the PREA investigator or a staff person designated by the PREA investigator will inform the inmate or inmates verbally whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The investigator will deliver in person a statement of findings which will require a signature of the inmate or inmates. If the inmate refuses to sign the findings form, the investigator will document the refusal and have a staff member witness and sign the refusal.
- iv. PREA Investigator
- A. At the completion of the investigation, the staff investigator will compile all documentation, including the investigative report, incident reports with disposition, medical and counseling findings, recommendations for post-release treatment, and send this information to the PREA Coordinator. The PREA Coordinator will ensure this documentation is scanned in for retention.
26. § 115.66 Preservation of ability to protect inmates from contact with abusers.
- a) Standard § 115.66 does not apply to Burleigh County since there are no collective bargaining agreements. North Dakota is a right to work state.
27. § 115.67 Agency protection against retaliation.

- a) The BMDC PREA compliance manager at each BMDC facility protects all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. [115.67 (a)-1] [115.67 (a)-2]
 - i. The PREA compliance manager in conjunction with the Jail Administrator or designee of the facility shall ensure multiple protection measures are available, including housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. [115.67 (b)]
 - b) For at least 90 days following a report of sexual abuse or sexual harassment, the PREA compliance manager shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse or sexual harassment of inmates who were reported to have suffered sexual abuse or sexual harassment to determine if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. [115.67 (c)-1]
 - i. Items the facility should monitor include inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The BMDC shall continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. [115.67 (c)-4]
 - c) In the case of inmates, monitoring shall also include monthly status checks documented in case notes in the inmate's electronic file. [115.67 (d)]
 - d) If any other individual who cooperates with an investigation expresses a fear of retaliation, the PREA compliance manager shall take appropriate measures to protect that individual against retaliation. [115.67 (e)]
 - e) A BMDC's obligation to monitor terminates if the BMDC determines that the allegation is unfounded. [115.67 (f)]
28. § 115.68 Post-allegation protective custody.
- a) Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of standard § 115.43 Protective Custody.
29. § 115.71 Administrative versus criminal agency investigations.
- a) Upon receipt of a report of a PREA violation, BMDC will conduct a thorough and objective administrative investigation within 24 hours, or as circumstances dictate, including third-party and anonymous reports. [115.71 (a)-1]
 - i. Administrative investigations will be conducted by employees who have completed PREA investigation training.
 - ii. Administrative investigations must include an effort to determine whether staff actions or failures to act contributed to the abuse.
 - iii. Must be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. [115.71 (f)]
 - b) During the course of an administrative investigation, if it is determined that criminal prosecution is a possibility, the BMDC shall suspend the administrative inquiry. Then, the Jail Administrator or designee will be notified

to contact BCSD's Investigations Division to have a PREA investigator, who has received Department of Justice approved sexual abuse investigation training, investigate the allegation. [115.71 (b)]

- c) BCSD investigators shall gather and preserve direct and circumstantial evidence, including available physical and DNA evidence and available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. [115.71 (c)]
 - d) Information obtained from compelled interviews will only be shared with the criminal investigation process as authorized by the Jail Administrator.
 - e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. The BMDC may not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. [115.71 (e)]
 - f) Criminal investigations must be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. [115.71 (g)]
 - g) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. [115.71 (h)-1]
 - h) The BMDC shall retain all administrative and criminal written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. [115.71 (i)-1]
 - i) Investigations are completed regardless of employee status or inmate custody status. [115.71 (j)]
 - j) When outside entities conduct investigations of sexual abuse, all staff shall cooperate with outside investigators and shall remain informed about the progress of the investigation. [115.71 (l)]
30. § 115.72 Evidentiary standard for administrative investigations.
- a) The BMDC may not impose a standard higher than a preponderance (More than 50 percent) of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. [115.72 (a)-1]
31. § 115.73 Reporting to inmates.
- a) Following an investigation, the PREA investigator or staff member designated by the PREA investigator will inform the inmate or inmates verbally whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The investigator will deliver in person a statement of findings which will require the signature of the inmate or inmates. If the inmate refuses to sign the findings form, the investigator will document the refusal and have a staff member witness and sign the refusal. [115.73 (a)-1]
 - b) If the Burleigh County Sheriff's Department conducts an investigation, the BMDC shall request the relevant information in order to inform the inmate of the outcome of the investigation. [115.73 (b)-1]
 - c) If there has been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate, the agency must subsequently inform the inmate of the following. [115.73 (c)-1]
 - i. The staff member is no longer posted within the inmate's unit.

- ii. The staff member is no longer employed at the facility.
- iii. The BMDC learns that the staff member has been charged or convicted on an offense related to sexual abuse within the facility.
- d) Following an inmate's allegation that he or she has been sexually abused by another inmate in BMDC, the BMDC subsequently informs the alleged victim of the following. [115.73 (d)-1]
 - i. The BMDC learns that the alleged abuse has been indicted or convicted on a charge related to sexual abuse within the facility.
- e) All notifications or attempted notifications of the final determination of the allegation is documented and stored in the inmate's electronic file. [115.73 (e)-1]
- f) The BMDC's obligation to report under this standard terminates if the inmate is released from the BMDC's custody. [115.73 (f)]

B. Discipline

Any sexual contact or sexual harassment between staff and inmate, volunteer and inmate, or contract personnel and inmate, regardless of consent, is prohibited and subject to administrative disciplinary and criminal sanctions.

1. § 115.76 Disciplinary sanctions for BMDC staff.
 - a) Burleigh County personnel policy will be followed regarding disciplinary sanctions for BMDC staff.
2. § 115.77 Corrective action for contractors and volunteers.
 - a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. [115.77 (a)-1] [115. (a)-2]
 - b) The Jail Administrator or designee shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of BMDC sexual abuse or sexual harassment policies by a contractor or volunteer. [115.77 (b)-1]
3. § 115.78 Disciplinary sanctions for inmates.
 - a) Inmates shall be subject to disciplinary sanctions to include possible criminal charges pursuant to the BMDC disciplinary process following an administrative or criminal finding of guilt that the inmate engaged in inmate-on-inmate sexual abuse. [115.78 (a)-1] [115.78 (a)-2]
 - b) Sanctions must be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. [115.78 (b)]
 - c) The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. [115.78 (c)]
 - d) The BMDC may discipline an inmate for sexual contact with staff only upon a finding the staff member did not consent to the contact. [115.78 (e)-1]
 - e) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred may not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. [115.78 (f)-1]

C. Medical and Mental Health Care

1. § 115.81 Medical and Mental Health Screenings; history of sexual abuse.
 - a) If the screening indicates an inmate has experienced prior sexual victimization or perpetrated sexual abuse, whether it occurred in an institutional setting or in the community. The nursing supervisor shall be notified and the nursing designee shall ensure the inmate is offered a follow-up meeting with a medical or behavioral health practitioner. If requested the follow up meeting will take place within 14 days of the intake screening. [115.81(c)-1] [115.81(c)-2]
 - b) Disclosure of information related to sexual victimization or abuse that occurred in BMDC must be strictly limited to staff, as necessary, to make security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as required by federal, state, or local law. [115.81 (d)-2]
 - c) Medical and behavioral health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. [115.81 (e)-1]
2. § 115.82 Access to emergency medical and behavioral health services.
 - a) Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope determined by medical and behavioral health practitioners according to their professional judgment. [115.82 (a)-1] [115.82 (a)-2]
 - b) If qualified medical or behavioral health practitioners are not on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall notify the appropriate medical and behavioral health practitioners. [115.82 (b)]
 - c) Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care where medically appropriate. [115.82 (c)-1] [115.83 (f)-1]
 - d) Medical and behavioral health services shall be provided to the victim and abuser without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. [115.82 (d)-1] [115.83 (f)-1]
3. § 115.83 Ongoing medical and behavioral health care for sexual abuse victims and abusers.
 - a) BMDC shall offer medical and behavioral health evaluation and, as appropriate, treatment through community-based services to all inmates who have been victimized by sexual abuse while under the custody of Burleigh Morton County Detention Center. [115.83 (a)-1]
 - b) The evaluation and treatment of such victims must include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. [115.83 (b)]
 - c) The facility shall provide such victims with medical and behavioral health services consistent with the community level of care. [115.83 (c)]
 - d) Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. [115.83 (d)-1]
 - e) If pregnancy results from the conduct described in (4) above in this section, such victims shall receive timely and comprehensive information about and

- timely access to all lawful pregnancy-related medical services. [115.83 (e)-1]
4. § 115.86 Data collection and incident reviews.
 - a) The facility shall conduct a sexual abuse incident review pursuant to PREA Standard 115.87 at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. [115.86 (a)-1]
 - b) The review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team may include PREA coordinator, facility PREA compliance manager, behavioral/ health staff, investigator, and assigned facility staff. The results of the review will be provided to the Jail Administrator or designee. [115.86 (c)-1]
 - c) The review team shall do the following. [115.86 (d)-1 – (d)-5]
 - i. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
 - ii. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
 - iii. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
 - iv. Assess the adequacy of staffing levels in that area during different shifts.
 - v. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
 - vi. Prepare a report of its findings, including determinations and any recommendations for improvement and submit such report to the PREA compliance manager, PREA Coordinator, and the Jail Administrator or designee.
 - vii. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.
 5. § 115.87 Data collection.
 - a) The BMDC shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. [115.87(a)/(c)-1]
 - i. The BMDC will utilize the most recent version of the Bureau of Justice's statistics Survey of Sexual Victimization to include definitions within the survey. [115.87(a)/(c)-2]
 - b) The PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually. [115.87 (b)-1]
 - c) The BMDC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. [115.87 (d)-1]
 - i. The PREA compliance manager will forward all completed PREA investigations to the PREA Coordinator.
 - ii. The PREA Coordinator will compile data and statistics on the number of sexual abuse and sexual harassment incidents that occurred the prior calendar year. These statistics will be forwarded to the Department of Justice annually, upon request.

- d) The BMDC contract managers obtain incident-based and aggregated data from every contract facility with which it contracts for the confinement of its inmates. [115.87 (e)-1]
 - i. Contract facilities are to comply with Bureau of Justice's Survey of Sexual Victimization reporting regarding content. [115.87 (e)-2]
 - e) Upon request, the BMDC shall provide the data from the previous calendar year to the DOJ no later than June 30th. [115.87 (f)-1]
6. § 115.88 Data review for correction action.
- a) The PREA Coordinator in conjunction with the Jail Administrator or designee shall review data collected and aggregated pursuant to PREA Standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include. [115.88 (a)-1]
 - i. Identifying problem areas.
 - ii. Taking corrective action on an ongoing basis.
 - iii. Preparing an annual report of its findings and corrective actions for each facility and the agency as a whole.
 - A. The report must include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse. [115.88 (b)-1] [115.88 (b)-2]
 - B. The BMDC's report shall be approved by the Jail Administrator or designee of BMDC and made readily available to the public through its website or other means. [115.88 (c)-1] [115.83 (c)-3]
 - C. The BMDC may redact specific material from the reports when publication presents a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. [115.88 (d)-1] [115.88 (d)-2]
7. § 115.89 Data storage, publication and destruction.
- a) The BMDC ensures that data collected pursuant to § 115.87 are securely retained by the Administration. [115.89 (a)- 1]
 - b) The BMDC shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website. [115.89 (b)-1]
 - c) Before making aggregated sexual abuse data publicly available, the BMDC shall remove all personal identifiers. [115.89 (c)-1]
 - d) The agency shall maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. [115.89 (d)-1]
 - e) All case records associated with claims of sexual abuse, including incident reports, investigation reports, inmate information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and counseling will be retained in accordance with North Dakota statute.
8. § 115.93 Audits of standards.
- a) Effective August 20, 2013 and during each three-year period thereafter, the BMDC shall ensure the BMDC is audited at least once.
 - b) The BMDC will utilize an audit instrument developed by the DOJ to provide guidance on the conduct of and contents of the audit.

- c) The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type.
 - d) The auditor shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.
 - e) The auditor shall have access to, and shall observe, all areas of the audited facilities.
 - f) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).
 - g) The auditor shall retain and preserve all documentation including, video tapes and interview notes relied upon in making audit determinations. Such documentation shall be provided to the DOJ upon request.
 - h) The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.
 - i) The auditor shall review a sampling of any available videotapes and other electronically available data that may be relevant to the provisions being audited.
 - j) The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.
 - k) Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.
 - l) Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.
9. § 115.402 Auditor qualifications.
- a) Auditors must be certified by the DOJ.
 - b) An auditor must be a member of a correctional monitoring body that is not part of, or under the authority of, the BMDC but may be part of, or authorized by, North Dakota state or local government.
 - c) An auditor must be a member of an auditing entity such as an inspector general's or ombudsperson's office that is external to the BMDC.
 - d) Auditors may be other outside individuals with relevant experience.
 - e) No audit may be conducted by an auditor who has received financial compensation from the BMDC within three years prior to the BMDC's retention of the auditor.
 - f) The BMDC shall not employ, contract with, or otherwise financially compensate the auditor for three years subsequent to the BMDC's retention of the auditor, with the exception of contracting for subsequent PREA audits.
10. § 115.403 Audit content and findings.
- a) Each audit must include a certification by the auditor that no conflict of interest exists with respect to their ability to conduct an audit of the BMDC.
 - b) Audit reports must state whether BMDC directives, policies and procedures comply with relevant PREA standards.
 - c) For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings.
 - i. Exceeds Standard
 - A. Substantially exceeds requirements of the standard.
 - ii. Meets Standard
 - A. Substantial compliance; complies in all material ways with the standard for the relevant review period.

- iii. Does Not Meet Standard
 - A. Requires corrective action.
- iv. The audit summary must indicate, among other things, the number of provisions the facility has achieved at each grade level.
- v. The audit reports must describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and must include recommendations for any required corrective action.
- vi. Auditors shall redact any personally identifiable inmate or staff information from their reports, but shall provide such information to the BMDC upon request, and may provide such information to the DOJ.
- vii. The BMDC shall ensure that the auditor's report is published on the BMDC website or provide other means so the report is readily available to the public.

Sheriff Sully J.L.
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Inmate Access to DOCR
Reference: ND Jail Standard 5**

I. POLICY

Inmates in the custody of the Burleigh Morton Detention Center will be permitted to contact the DOCR Office of Facility Inspection.

II. PROCEDURE

- A. Inmates will be provided with the contact information for the DOCR Office of Facility Inspection. This contact information will be published in the inmate facility handbook.
- B. Contact information will include the mailing address, as well as the published phone number.
- C. Accommodations for indigent status inmates will be made to facilitate their ability to contact the DOCR Office of Facility Inspection.
- D. Calls to the DOCR Office of Facility Inspection will be within the established operating procedures of the facility, when the phones are activated.
- E. Letters sent to the DOCR Office of Facility Inspection will be sent by U.S. Mail following the established facility procedures.

Sheriff Wally J L
Reviewed _____
Effective Date 10/30/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Separation of Male and Female Inmates
Reference: ND Jail Standard 10**

I. POLICY

The Burleigh Morton Detention Center is classified as a Grade One Detention Center. Each inmate will be assigned to a cell according to the Detention Center's written classification system and put into that cell to ensure the safety and security of the Detention Center and the people in the Detention Center.

II. PURPOSE

In the Burleigh Morton Detention Center inmates will be separated according to adult male, females, and the established inmate classification assessment system.

III. PROCEDURE

- A. Male and female inmates will not be confined in the same cell.
- B. Male and female inmates will be restricted from cross gender viewing.
- C. Male and female inmates will be restricted from cross gender communication.
- D. During inmate movement, staff supervision will restrict cross gender communication, and keep cross gender viewing to a minimum.

Sheriff *Delly J L*
Reviewed _____
Effective Date 10/20/20
Revised 11/3/23

Burleigh Morton Detention Center
Policy and Procedure
Single Cells for Special Needs
Reference: ND Jail Standard 12, 98 and 102

I. POLICY

Inmates of the Burleigh Morton Detention Center will be housed according to the established inmate classification procedures. Inmates with special needs may be housed in a single occupancy cell, when their circumstances threaten the safety and security of the facility.

II. PROCEDURE

- A. Inmates who present a serious threat to the safety or security of the facility.
- B. Inmates who present a serious threat to the safety of staff.
- C. Inmates who present a serious threat to their own safety.
- D. Inmates who present a serious threat to the safety of other inmates.
- E. Inmates with severe medical disabilities.
- F. Sexual predators.
- G. Inmates likely to be exploited or victimized.
- H. Inmates segregated for over 72 hours shall have their status reviewed and documented. Segregated inmates status must be reviewed and documented at least every seven days to determine if continued administrative segregation is appropriate. This review shall be conducted by the on duty detention supervisor and a member of the detention administrative staff.
- I. Protective custody segregation requires reasonable ground for the segregation with no other alternatives available. The reason for the segregation shall be documented in the inmate's records.
- J. Inmates in segregation who are not self-destructive or suicidal shall have the opportunity to shave a minimum of three times per week. All segregated inmates shall have the opportunity to shower a minimum of three times per week.
- K. Segregated inmates are entitled to barbering, clothing, linen, and bedding exchange on the same schedule as the general population. Exceptions may be directed by the shift

supervisor as needed with reasons recorded in the duty log.

- L. Segregated inmates may be allowed visitation unless legitimate reasons to deny visitation are documented in the inmate's record.
- M. Inmates in disciplinary segregation may be allowed limited telephone calls related specifically to access to the courts or family emergencies as determined by a member of the administrative staff.

Sheriff *[Signature]*
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Control Room Access
Reference: ND Jail Standard 17**

I. POLICY

It is the policy of the Burleigh Morton Detention Center that security for the master control room and the individual pod control stations is to be maintained at all times.

II. PROCEDURE

- A. Access, & occupancy to the master control rooms, and the control work stations, is restricted to an as needed basis. Loitering and distractions from the work at hand is not allowed.
- B. Food and beverages will be allowed in the control rooms & stations. All liquids must have a lid secured. These areas are to be kept clean at all times, to ensure the equipment continues to work properly.
- C. Employee breaks will take place in the designated break areas within the facility, or outside of the secure perimeter.

Sheriff Tully + L
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Admission Procedures
Reference: ND Jail Standards 21 - 27**

I. POLICY ONE – PRE-BOOKING INJURED PERSON

Burleigh Morton Detention Center Detention Officers will check incoming persons to make sure they are medically fit to be admitted to the Detention Center. If the person is not medically fit, the person shall be checked by a doctor prior to being admitted.

A. PROCEDURE

- i. The Detention Officer will observe the physical condition of every person brought in to the Burleigh Morton Detention Center. Medical clearance may be required prior to any transfer of custody for prisoners who have difficulties walking, talking, serious visible injuries, potential for internal injuries, head trauma, excessive alcohol or drug ingestion, ingestion in conjunction with pregnancy, or diabetes. The arresting agency has the duty and responsibility to disclose all known or suspected hazardous conditions that may adversely affect the prisoner's health. Any person requiring medical attention shall not be accepted into the Detention Center.
 - a) The transporting officer will transport the person to the hospital for treatment. A medical release will be obtained from the doctor seeing the person stating the subject can be booked into the Detention Center.
 - b) Once the person has returned, the admission process including the reason for initial denial of the transfer of custody will be properly documented by the Detention Officer in the jail management system, during the booking process.
 - c) The medical clearance will be scanned into the jail management system.
 - d) Regardless of medical clearance, Detention Supervisors have the authority to refuse to take custody of individuals who need professional care beyond the abilities of the Detention Staff.

II. POLICY TWO – CUSTODY AUTHORIZATION

When a person who is in custody enters the Detention Center, the Detention Officer on duty will make sure that there is a lawful request for custody. This request shall be in writing, authorized by Law Enforcement, or an outstanding court order. The intake Officer shall confirm the age of the person. Juveniles are not allowed into any secure area of the detention center.

A. PROCEDURE

1. The Detention Officer on duty will make sure that the order / request by Law Enforcement includes a citation, notification of pending criminal complaint or confirmation that there is an outstanding court order for detention.

- a) The transporting officer will complete a transfer of custody form, and the form will be scanned into the jail management system.
2. If there is no custody authorization, the person will not be booked into the Detention Center.
3. In the event it is discovered that a juvenile has entered the facility by falsely representing their age, that person shall be immediately released or their custody transferred out of the Burleigh Morton Detention Center. Documentation of any such event shall be completed on the Juvenile Detention Record Form, submitted to NDDOCR Office of Facility Inspection.

III. POLICY THREE – MEDICAL SCREENING FORM

Receiving screening will be performed on all inmates as soon as possible upon admission to the Detention Center if they can be admitted to the Detention Center.

A. PROCEDURE

1. The Detention Officer will perform the receiving screening process by using the medical screening questionnaire on the Jail management system booking program.
2. The Detention Officer will, if the medical screening process indicates a need for emergency treatment, have the inmate immediately transported to the hospital.
3. The Detention Officer will, if the medical screening process indicates a need for a closer monitoring within the Detention Center, have the inmate placed in a cell that can be closely monitored.
4. All medical screening questions that are answered positively will be referred to the health personnel as soon as possible, or to the Detention Center physician as indicated. Questions addressed and observations made during the booking process are as follows.
 - a) Current illness and health problems, including dental problems, sexually transmitted diseases and other infectious disease.
 - b) Medication taken and special health requirements, to include meals, medical equipment, or medical treatments.
 - c) Use of alcohol and/or other drugs, including types of drugs used, mode of use, amounts used, frequency used, date or time of last use and history of problems that may have occurred after ceasing use.
 - d) Past and present treatment or hospitalization for the following.
 - i. Mental health illness.
 - ii. Self-harm or suicide.
 - iii. Other medical issues.
 - e) Past or present thoughts or attempts of self-harm or suicide.
 - f) Pregnancy.
 - g) Presence of lice, scabies or other parasites.
 - h) Other health problems designated by a licensed medical professional.
 - i) Observations of behavior including state of consciousness, mental status, appearance, conduct, tremor and sweating.
 - j) Body deformities, trauma markings, bruises, lesions, jaundice, ease of movement, or other observed injuries or conditions that appear to be irregular or unusual.
 - k) Recent tattoos or injection sights.

5. The medical screening questionnaire will be saved into the inmate's electronic jail management system folder.
6. If after filling out the medical screening form the Detention Officer determines the person needs medical treatment, the Detention Officer will follow the procedures for injured persons.

IV. POLICY FOUR – FIRST TELEPHONE CALL

An inmate will be given the opportunity to attempt a phone call as soon as possible after being booked into the facility. Detention Staff will document any telephone calls or refusals to make a phone call.

A. PROCEDURE

1. If the inmate doesn't get a hold of someone the first time he/she will be given a second chance to try again at the same number or a different number.
2. Should the inmate desire to make a long distance phone call it will have to be made collect on the collect call phone.
3. If the phone call is refused by the inmate at the time of booking, a notation will be made on the inmates Detention Center jail management system.
4. All phone calls will be limited to three minutes with the exception of attorneys.
5. All phone calls shall be documented on the Detention Center jail management system.
6. If an inmate is too intoxicated to make a phone call when he/she comes in, he/she will be given one when he/she sobers up.

V. POLICY FIVE – WARRANT CHECK

During the booking process, the Detention Officer will run a warrant check on the inmate to see if he/she is wanted by any other agencies by submitting a query in NCIC and CWIS on the teletype.

A. PROCEDURE

1. A check will be conducted by entering a query in NCIC and CWIS.
2. In all cases where a NCIC or CWIS hit is indicated, verification will be made by the Warrants Division. When they are closed, it will be done by the Detention Officer.
 - a) If the Detention Officer serves a warrant on an inmate while in custody, the Detention Officer will remove the warrant from CWIS.
3. If it is after business hours and an inmate is wanted by another agency, the Detention Officer will notify that agency that we have the person in custody, and get the information on the warrant. This information will be emailed to the Warrants Division.
 - a) Is the warrant still active.

- b) Bond.
 - c) Court date and time.
 - d) Charge.
 - e) Date and if possible approximate time they will pick the person up if that individual can't post bond.
 - f) If we do not have a copy of the warrant, have the issuing agency send us a teletype copy of the warrant or fax the warrant.
4. If Detention Officers confirm warrants for other counties or states after business hours, an email will be sent to the Warrants Division with the following information.
- a) Officer confirming warrant and unit number.
 - b) Why the warrant was confirmed.
 - c) The agency the warrant is being confirmed for.
 - d) Contact person.
 - e) Contact number.
 - f) Indicate if it was faxed.
 - g) Indicate whether person is still in custody and where.
 - h) Why they are in custody.
 - i) Indicate if they have local charges and what they are.
 - j) For out of state and/or other county warrants.

VI. POLICY SIX – BOOKING AND FINGERPRINTS

As part of the booking process, an inmate coming into the Detention Center will be fingerprinted and photographed upon entering, or as soon thereafter as possible.

A. PROCEDURE

1. All inmates will be photographed during the booking process.
 - a) If a photograph is unable to be attained during the booking process, it will be obtained when possible.
2. Detention Officers will follow the fingerprinting guidelines set by North Dakota Bureau of Criminal Investigation involving which charges are to be printed.
3. Fingerprints will be done using the Livescan machine whenever possible.
4. If Livescan is not in working order then the following is done.
 - a) The Detention Officer will use two single and one multi card for misdemeanors and felonies.
 - b) One single card goes to the Sheriff's Department and the other single goes to the Crime Bureau along with multi card.
 - c) All sentenced inmates from District and Municipal Court will be printed on the multi-paged sentenced card. (for exception see fingerprint book)
 - d) Card needs to be signed by officer taking prints and inmate.

VII. POLICY SEVEN – INMATE ORIENTATION

An orientation will be provided to all inmates upon admission to the Burleigh Morton Detention Center. Adequate orientation is essential to assist each inmate in his/her adjustment upon arrival to the Detention Center.

A. PROCEDURE

1. The inmates will be read the Detention Center Core Rules as part of the booking process.
2. The inmates will sign for acknowledgement and understanding of the Core Rules.
3. The inmate will be instructed to read and accept the Inmate Handbook located on a kiosk in the housing units.
4. The Detention Center Officers will answer all questions asked by the inmate regarding the rules and regulations of the facility.

Sheriff July 12
Reviewed _____
Effective Date 1/01/2023
Revised _____

Burleigh Morton Detention Center

Policy & Procedures

Access to North Dakota Criminal Justice Information Sharing (ND CJIS) Portal and Access to North Dakota Criminal History Record Information (CHRI)

Reference: ND Jail Standard 104

I. Policy

It is the policy of the Burleigh Morton Detention Center that only trained and authorized staff shall have access to the North Dakota Criminal Justice information Sharing (ND CJIS) Portal and to North Dakota Criminal History Record Information (CHRI) to include the physical area of the terminal.

II. Procedures

- A. Access to ND CJIS and ND CHRI is limited to authorized personnel for specific criminal justice related purposes.
- B. Data accessed from or through ND CJIS may be disseminated only in accordance with the policies set forth in the Agreement For Electronic Online Access To North Dakota Criminal Justice Information Sharing (ND CJIS) Portal, SFN60433.
- C. Burleigh Morton Detention Center will ensure that no unauthorized access to ND CJIS devices or data, whether live or stored, occurs. Data which is no longer being used by the Burleigh Morton Detention Center for a criminal justice related purpose must be destroyed.
- D. Only authorized detention staff may access ND CJIS. The Burleigh Morton Detention Center will ensure that ND CJIS usage is strictly limited to the Burleigh Morton Detention Center's own employees.
- E. Individual users must log on to the ND CJIS using their own discreet username and log off when finished with the system. The Burleigh Morton Detention Center will not allow more than one user to gain access to ND CJIS through a common log on.
- F. Access to the CHRI database is provided for the official use of the Burleigh Morton Detention Center.

Sheriff Sully + L
Reviewed _____
Effective Date 10/20/20
Revised 11/3/23

**Burleigh Morton Detention Center
Policy and Procedures
Mentally Ill Inmates
Reference: ND Jail Standard 22**

I. POLICY

It is the policy of the Burleigh Morton Detention Center that if it is suspected that an inmate is mentally ill or inmates being detained pursuant to an emergency commitment under N.D.C.C. Chapter 25-03.1, the inmate will be closely supervised for the inmate's own safety and the safety of everyone else in the detention center.

II. PROCEDURE

- A. Separate the inmate from the rest of the inmates if possible.
- B. Keep the inmate under close staff supervision, up to and including direct personal observation.
- C. Log the reason for separating the inmate from other inmates.
- D. On an individual observation log, document the time of every cell check, along with observed conditions, & the actions of the inmate.

Sheriff Mully J L
Reviewed _____
Effective Date 10/30/20
Revised _____

Burleigh Morton Detention Center
Policy and Procedure
Inmate Records
Reference: ND Jail Standard 23; NDCC 12-44.1-28

I. POLICY

The Burleigh Morton Detention Center will maintain accurate and current records for each person detained at the Burleigh Morton Detention Center. Inmate's records are a vital source of information and documentation.

II. PROCEDURE

A. Inmate Booking Record

1. Booking Officers shall establish individual files for each person that is taken into the custody of the Burleigh Morton Detention Center.
2. Burleigh Morton Detention Center staff shall ensure that the required demographic contents for inmate records, as identified in Jail Standard 23 and NDCC 12-44.1-28 is collected and maintained for each person entering into our custody.
3. Inmate records shall be maintained electronically, in the jail records management system.
4. A working file folder containing transient paper documents, destined for other facilities, which cannot be integrated into the electronic jail records management system, shall be maintained for each person in the custody of the Burleigh Morton Detention Center.
5. Shift Sergeants shall review the Booking Officer's work product for completeness and accuracy. Deficiencies will be documented and corrected.
6. Shift Sergeants shall review inmate records weekly, to ensure all additional documentation of facility procedures, and court actions are properly updated.

B. Inmate Medical Records

1. See Medical Records policy 54.

C. Detention Center Register

1. The Detention Officer will fill out a Detention Center Register on each person entering the Detention Center and all blanks will be filled out.
2. If impossible to get information, explain why in the comments section.
3. Each inmate will be assigned the next number in line in the Detention Center register log book.
4. The Detention Center register will contain the following information:
 - a. Name.
 - b. Date & time entering our custody.
 - c. Arresting agency.

- d. Date & time released from our custody.
- e. Reason for release or transfer of custody.

Sheriff Jully PL
Reviewed _____
Effective Date 10/20/20
Revised 11/3/23

Burleigh Morton Detention Center
Policy and Procedures
Clothing Exchange, Hygiene, Loss of Inmate Clothing or Property
Reference: ND Jail Standards 24, 66, 67, 68 and 100

I. POLICY

During the booking process inmate will be changed into Detention Center uniforms. This procedure will facilitate health, as well as safety and security of the Detention Center.

II. PROCEDURE

- A. Upon completion of the booking process, the inmate will be changed into clean, appropriately sized Detention Center clothing, by the appropriate Detention Officer on duty. Detention clothing will consist of pants, shirt, footwear, and undergarments. A second set of uniform pants and shirt will be issued to help facilitate laundering.
- B. Inmate uniforms, pants, shirts, undergarments, and towel, will be collected or exchanged for laundering not less than twice weekly.
- C. Inmates, upon admission to the facility, shall be provided personal hygiene items, soap, toothbrush, toothpaste, toilet paper, additional hygiene items will be provided based on indigent status. Feminine products are available to female inmates only. Items used in a manner other than intended are contraband.
- D. After the inmates personal clothing is searched and all other property removed and documented, the inmates' personal clothing will be put in their assigned property bag by the Detention Officer on duty. This officer shall confirm that the property bag number assigned corresponds with the inmates name and booking number, in the electronic jail records management system.
- E. Inmates brought in only for intoxication management will not be put into detention clothing. They will be searched for hidden objects before being put in the observation cell by the appropriate Detention Officer on duty. Unclothed body searches including visual assessments will only be done based on reasonable suspicion the person is concealing drugs, weapons, other contraband, or if the person is placed into general population.
- F. If the inmate's personal clothing is soiled to the point of being offensive to the senses, the clothing will be washed before being placed in the inmate property storage area.
- G. When an inmate is assigned to a housing area they shall receive appropriate clean

bedding and a towel for their personal use:

1. One bath towel.
2. One mattress sleeve.
3. Two blankets.

- H. Mattress sleeves are to be exchanged and laundered weekly; blankets will be exchanged and laundered as needed, but not exceeding every 30 days.
- I. Inmate shall have access to a shower at least three times per week. Safety and security deviations from this requirement shall be documented in the inmate's records.
- J. For safety, security, sanitation, or the orderly operation of the facility, detention staff may remove inmate clothing, or bedding from the inmate's housing area. The date, time, reason, along with a list of what items are removed shall be documented in facility records. The date and time items are returned to the inmate shall also be documented.
- K. When an inmates property is reported as missing or lost the Detention Officer discovering or receiving the loss report will document the claim and begin the investigative process:
1. Search the storage area where his/her property was kept.
 2. Check the property receipts to make sure the item in question was on the inmate property list when the inmate was booked in.
 3. Confirm the inmate had not authorized the item to be released.
 4. Confirm the item was not confiscated by law enforcement as evidence.
 5. If items or shortage cannot be found, make out full report of loss including inmate's name, address, phone number and complete description of item/s missing and forward report to the Detention Captain.

8. The inmate's property will then be secured in the property room.

B. Clothing

1. All the clothing the inmate was wearing when he/she came in will be listed in detail on the property inventory receipt.
2. Clothing will be placed in the blue property bag, an identification tag will be assigned to the bag, and the bag will be kept in the property room. Items that do not fit in the property bag will be labeled with a corresponding number and placed on a shelf in the property room.

C. Inventorying Wallets And Purses

1. All wallets & purses will be thoroughly searched and inventoried to document the contents and ensure the safety and security of the inmates, staff and anyone else in the Detention Center.
2. Detention Officers will do the following:
 - a. Thoroughly search and inventory all property.
 - b. List all valuables on property receipt (i.e. Credit cards, money jewelry, checks and check books, keys, etc.).
 - c. Any contraband found will be dealt with following established procedures.

D. Property Receipts For Work And School Release

1. All work and school release property will be logged on the computer upon coming in after initial book-in by the Detention Officer.
 - a. When a work or school release checks back in after being released for the day, the Detention Officer will inventory all their property and clothing.
 - b. A new property receipt will be made out by the Detention Officer, each time they come in from work or school release, or to serve another weekend.
 - c. The Detention Officer will have the inmate sign and date the new property receipt when he/she comes in and again when he/she leaves for work or school release or another weekend.

E. Releasing Inmate

1. When an inmate is being released all property will be returned to the inmate and they will sign and date that all of their property was returned to them. The Detention Officer will also sign and date that all property was returned.

Sheriff Sully J L
Reviewed _____
Effective Date 10/20/20
Revised 1/01/23

**Burleigh Morton Detention Center
Policy and Procedure
Inmate Telephone Use**

Reference: ND Jail Standards 26, 77, 84 and 101; NDCC 12-44.1-14

I. POLICY

It is the practice of the Burleigh Morton Detention Center to provide all inmates with regular use of telephone in order to give them the opportunity to communicate with family, friends, and attorneys.

II. PROCEDURE

- A. All inmates will be allowed to make local or long distance collect calls at the time of admission by the detention officer. Phone calls will be logged.
1. If the phone call is refused by the inmate at the time of booking, it will be logged into JailTracker.
 2. In the event the inmate is exhibiting destructive behavior or presenting an immediate danger, the inmate's access to the phone will be temporarily withheld until that inmate becomes more cooperative.
 3. Once an inmate is placed into general population they can use the phone in the cell.
- B. All inmates will be allowed to make local or long distance collect calls, pre identified numbers for attorneys will not be designated as a collect call. Calls can be placed between 0530 hrs. and 2230 hrs. Monday through Sunday.
- C. All inmates will be allowed to make emergency calls approved by the supervisor(s).
- D. Inmates will be allowed to receive messages including return phone numbers from attorneys, probation officers, and clergy on the phone system. It will then be the inmate's responsibility to call them back.
- E. The inmate will use the phones in the cell block area only.
- F. Inmates in restrictive housing shall be allowed access to a telephone for calls relating to accessing the court, and family emergencies as confirmed and approved by facility administration.
- G. All phone calls are subject to being monitored and recorded, except those to their attorney or clergy. Notification shall be posted in a location accessible to all inmates.

Sheriff Sully J L
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Inmate Orientation
Reference: ND Jail Standard 27**

I. POLICY

All inmates upon admission, or as soon as practical will be given a general orientation to familiarize them with the Burleigh Morton Detention Center using forms of communication they understand.

II. PROCEDURE

- A. Inmate Orientation will cover:
 - 1. Rules and expectations.
 - 2. Visitation.
 - 3. Mail.
 - 4. Contraband; Anything that is altered from its intended purpose.
 - 5. Inmate rights and responsibilities.
 - 6. Prohibited acts and penalties that may be imposed.
 - 7. Grievance procedures.
 - 8. Health care procedures and how to access health care.
 - 9. Inmate hygiene and cell sanitation responsibilities.
- B. Inmates will be informed of the inmate handbook and where they are located.
- C. Inmates will go through a pre-occupancy inspection of their assigned housing area. Staff will document any existing damage.
- D. Staff will document completion of the orientation and receive acknowledgement from the inmate by obtaining their signature, or document the circumstances of their refusal or inability to sign the documentation.

Sheriff Jully + L
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
In-Custody Death
Reference: ND Jail Standards 28 and 58**

I. POLICY

In the event of an inmate's death, facility staff shall provide first aid, assist emergency personnel, preserve the scene, and assist in the subsequent investigation.

II. PROCEDURE

- A. The Detention Officer discovering the emergency shall immediately notify the on duty supervisors of the situation, and request additional officers to respond.
- B. Detention staff responding to the emergency shall make every effort to be on scene in less than four minutes.
- C. The Detention Officer discovering the emergency is responsible for assessing and administering appropriate lifesaving intervention, according to Burleigh Morton Detention Center training.
- D. Supervisor in charge shall call 911 requesting an ambulance respond to the scene. Ambulance protocol for transport will be followed. Facility security measures for transport will be followed. The medical professionals will make the determination if the subject is deceased. If the subject is determined to be deceased the scene shall be secured. The removal of the body will only occur when authorized by the County Coroner.
- E. As soon as practical the supervisor in charge shall notify the Sheriff's Department Officer on call, Detention Officer on call, and the Sheriff / Facility Administrator.
- F. Supervisor in charge shall maintain scene security and restrict access to essential personnel only.
- G. Inmates will be removed from the housing area where the scene is located, and be relocated to other secured areas.
- H. Supervisor in charge shall contact the North Dakota Bureau of Criminal Investigations and request assistance with an in custody death investigation.
- I. Within the first hour of an in custody death investigation, the supervisor in charge shall contact the NDDOCR Office of Facility Inspections and provide notice of the in custody

death investigation. Circumstances causing any delay in notification to NDDOCR shall be documented in the facility records management system. Written documentation will be provided within 24 hours.

- J. When the investigating agent arrives they take control of the scene and the investigation.
- K. Supervisor in charge shall assist the investigating agent, gathering all available documentation and recordings associated with this investigation.
- L. When the body is removed, the coroner is to perform a post mortem examination or autopsy and prepare a written report of his findings.
- M. The Detention Officers involved will write a full report and make an entry in the Audit/Shift Log.
- N. A representative of the Sheriff's Department will notify the family, following the policy for "Notification of Illness or Death".
- O. All personal property of the inmate not taken by law enforcement officers as part of the investigation is to be held and turned over to the next of kin. A receipt for the property is to be placed in the inmate's file.
- P. The Inmates booking will be processed as a full released from the JailTracker records management system.
- Q. An after action review will be conducted by facility administration.
- R. A critical incident debriefing will be available for all those involved.

Sheriff Sully J L
Reviewed _____
Effective Date 10/20/20
Revised _____

Burleigh Morton Detention Center
Policy and Procedure
Escape
Reference: ND Jail Standards 28 and 63

I. POLICY

When an escape from the Detention Center occurs, escape procedures will be implemented immediately, to ensure the safety of the community, apprehend the escapee/s, and to prevent further escapes.

II. PROCEDURE

- A. Once an escape is discovered the supervising officer will initiate a facility lockdown.
- B. Suspend all bookings and releases, allowing more staff to be available to assist with escape procedures.
- C. The whole facility will conduct an inmate count, discrepancies will be noted and a second count will be conducted to confirm accuracy.
- D. Once count is complete, identify escapee/s.
- E. Verify all staff, visitors and volunteers are accounted for.
- F. Notify command staff.
- G. Notify dispatch and other L.E. and provide description of escapee(s):
 - 1. Name (full and Aka's).
 - 2. Address (home, parents, friends, etc).
 - 3. Description (complete physical and clothing).
 - 4. Direction of travel (if known).
 - 5. Mode of travel (on foot, vehicle, etc.).
 - 6. Date and time of escape (when last seen and when discovered missing).
 - 7. If dangerous or not.
 - 8. Charge (what they were in jail for).
- H. Search escapee/s cell.
- I. Question inmates assigned to the same housing unit(s).
- J. Gather all documentation, to include escapee/s visitor list, telephone log.

- K. Obtain escapee/s emergency contact information.
- L. Notify victims of the break in custody.
- M. If Federal inmate, notify USM as soon as possible.
- N. Account for all keys, radios, department vehicles and staff vehicles.
- O. Notify the DOCR Office of Facility Inspections within one hour of the escape or attempted escape, including during transport. DOCR contact information is in the control room.
- P. Make a full report on the escape and also enter into the Audit/Shift log.
- Q. Release the inmate's file in the JailTracker as "Escapee".
- R. This policy will be followed for walkaways and inmate/s being transported outside the Detention Center.

Sheriff Milly J L
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Organizational Structure and Staffing
Reference: ND Jail Standards 30 and 33**

I. POLICY

All activities of the Detention Division are designed to protect inmates and to maintain the safety and security of the facility.

II. PURPOSE

The purpose of this policy is to establish the organizational structure of the detention division, staffing guidelines, and list major functions of the detention center.

III. PROCEDURE

A. Organization – The Burleigh Morton Detention Center is a division within the Sheriff’s Department.

1. Administrative Staff

- a) The Sheriff is the Jail Administrator.
- b) A Major is the Assistant Jail Administrator.
- c) One Captain, responsibility identified by the Chain of Command Structure.
- d) One Lieutenant, responsibility identified by the Chain of Command Structure.

2. Supervisory Staff

- a) The supervisory staff of the detention center consists of five Sergeants and eight Corporals. There are four detention shifts with one Sergeant and two Corporals assigned to each shift. Sergeants conduct the annual performance appraisal of the Corporals.
 - i. The Corporals will assist the Sergeants in the preparation and delivery of probationary and annual performance appraisal of the officers on the shift they supervise.

B. Shifts

- 1. The detention center maintains twenty-four hours a day service to inmates and to law enforcement agencies making arrests. The detention center supervisors shall ensure that the detention center is adequately staffed with the appropriate number of on duty detention officers, who are trained and capable of responding to the needs of the inmates. When females are housed in the facility, at least one female correctional Officer shall be on duty at all times within the facility. The Detention Officer on call system is designed to accommodate unforeseen shortages, in order to meet this jail standard requirement.

The shifts established are as follows and the hours for each are designated. Note: Additional specialized shifts are used for Nursing staff and those Officers assigned to court duties.

(A) 0700 – 1900	12 hours
(B) 1900 – 0700	12 hours
(C) 1100 – 1900	8 hours
(D) 1900 – 0300	8 hours
(E) 0800 – 1600	8 hours
(F) 1100 – 1900	8 hours
(O) 0800 – 1700	Administrative Staff

- C. Inmate – Inmates may not be placed in a supervisory capacity over other inmates.
- D. Major Functions – The major functions of the detention division are to protect inmates and maintain the safety and security of the detention center.
1. Responsible for the protection, life and property of inmates within the detention center.
 2. Process and release inmates, determine the appropriate classification of inmates; assess and respond to the needs of special populations.
 3. Conduct visual and audio surveillance of the detention center.
 4. Prepare investigative reports and determine probable cause to recommend disciplinary action.
 5. Perform searches of inmates, property and living quarters.
 6. Perform duties as assigned including passing medication, serving meals, cleaning, and providing necessary hygiene items to inmates.
 7. Maintain daily written records including the date & time, name of staff completing the documentation of record including the following.
 - a) Personnel on duty.
 - b) Inmate population counts.
 - c) Admissions & releases of inmates.
 - d) Transports out of the facility with reason for the transport.
 - e) Shift activities.
 - f) Entry and exit logs for anyone having contact with inmates.
 - g) Significant events as identified in Standard 28.

Sheriff Sully J L
Reviewed _____
Effective Date 10/30/20
Revised _____

Burleigh Morton Detention Center
Policy and Procedure
Suicide Prevention and Intervention
Reference: ND Jail Standard 31 and 32

I. POLICY

In efforts to provide maximum health care delivery services to the inmate population, a suicide prevention and intervention program has been developed which emphasizes training, screening and identification, communication and referral, housing, assessment, levels of supervision, documentation, intervention, and reporting.

II. PURPOSE

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.

III. DEFINITIONS

Special Management Inmate – An inmate requiring particular supervision for administrative, disciplinary, behavioral or other reasons.

Suicide Attempt – A conscious, deliberate, self-injurious act intended to take one's own life or commit suicide with not-fatal outcomes. The conscious and deliberate act intended to take one's own life or commit suicide may include but is not limited to injury by jumping, asphyxiation, laceration, overdose, hanging, drowning, injury by firearm and poisoning.

15 Minute Suicide Watch – The inmate will be observed every 15 minutes if deemed by a mental health professional and/or trained detention staff 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.

IV. PROCEDURE

A. Orientation

1. Special training in the supervision and interaction with a suicide prone inmate shall be incorporated into orientation training for all staff with responsibility for inmate supervision. The training shall be an integral part of the orientation training, which shall focus on the Special Management Inmate.
2. In general, the Detention staff will receive 4 (four) hours of training that shall present a basic overview of the Special Management inmate and emphasis shall be placed on identification of individuals at-risk for suicide. The training shall also include methods of effective communication with a Special Management inmates and techniques for documenting observation regarding these individuals.
 - a) Identify the warning signs and symptoms of impending suicidal behavior.

- b) Understanding the demographic and cultural parameters of suicidal behavior, including incidence and variation in precipitating factors.
- c) Responding to suicidal and depressed inmates.
- d) Communication between detention and health care personnel.
- e) An open forum shall be included in order to allow in-service trainees to ask questions which pertain to suicide related issues.
- f) Housing observation and suicide watch procedures.
- g) Follow-up monitoring of inmates who attempt suicide.
- h) Review of Detention Center procedures regarding suicide prevention including the location, access to, and use of the approved cut-down device.

B. Detention Training

- 1. Suicide prevention and intervention shall be offered once per year for all Detention Staff.
- 2. The purpose of the training shall be to enhance the knowledge base and set of skills designed to enable a Detention Officer 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 which may be utilized with the suicide prone inmate shall accompany this lesson plan (ex: specific methods of communicating with an inmate).
 - d) An emphasis on documenting referring and report writing shall be included in this training.
 - e) An open forum shall be included in order to allow in-service trainees to ask questions which pertain to suicide related issues.

C. Screening And Identification

- 1. All inmates entering the Burleigh Morton Detention Center shall be given an intake screening for suicide risk during the booking process. The intake screening shall include inquiry regarding but not limited to the following.
 - a) Current and past suicidal behavior.
 - b) Suicide risk during prior contact/confinement with this agency and/or any other agencies.
 - c) Questioning arresting/transporting officer(s) if they believe inmate is currently at risk.
- 2. All inmate interviews for identification and screening of suicide risk shall be done discretely.
- 3. If inmate on suicide watch expressed thoughts about suicide or was placed on suicide watch through the booking screening process while under intoxication; the inmate will be reassessed once they are done with their detoxification.

D. Communication And Referral

- 1. Any staff member that hears an inmate verbalizing a desire or intent to commit suicide, observe an inmate making an attempt or gesture, receives information from

the community of an inmate's suicide risk, or otherwise believes an inmate is at risk for suicide is responsible for assuring the safety of the inmate. Staff shall take steps to ensure that the inmate is closely 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 in a safe cell until inmate's mental health status can be assessed.

2. Any staff member shall immediately refer an inmate, who exhibits behavior that is indicative of potential suicide, to the active supervisor at that time and to the Detention nursing department.
3. The immediate supervisor shall ensure that appropriate correctional staff is properly informed of the status of each inmate placed on suicide watch. The previous shift supervisor shall be responsible for briefing the incoming shift supervisor on the status of all inmates on suicide watch.
4. Cell check activity logs will be completed on all inmates placed on suicide watch.
5. Facility nurse screening and referrals will consist of questioning the Special Management Inmate for any prior mental health care or if they are currently receiving mental health care. If the Special Management Inmate is in need and is not currently receiving services for their mental health care, arrangements will be made by the facility nurse for them to receive care at an appropriate medical facility, in a timely manner.

E. Housing Placement In A Safe Cell

1. Safe cells.
 - a) Suicide Watches only occur in approved locations.
 - i. Cells will be equipped with camera surveillance. Note: Cameras do not take the place of direct observation.
2. For each inmate placed on suicide watch the following shall occur.
 - a) The inmate shall be housed in a safe cell.
 - b) The safe cell shall be inspected immediately before the inmate's placement within the cell. Documentation of the cell search shall be entered into the inmate's cell check activity log.
 - c) The inmate shall be searched before being placed in the designated safe cell and the search shall be documented in the cell check activity log.
 - d) A Burleigh Morton Detention Center approved suicide-resistant smock and or the suicide-resistant blanket will be provided to the inmate, as needed. The suicide-resistant smock and blanket are designed to promote inmate safety and minimize their perceived humiliation.
 - e) Access to drinking water shall be documented in the cell check activity log.

F. Intervention

1. The following will take place in regards to a suicide or suicide attempt.
 - a) Any staff who discovers an inmate attempting suicide should immediately respond, survey the scene to ensure the emergency is genuine, alert other staff to call for medical personnel, and begin life saving measures.
 - b) All staff will be trained and attend ongoing training in standard first aid and CPR.
 - c) Staff should never presume the inmate is dead; but rather initiate and continue appropriate life-saving measures until relieved by medical personnel.
 - d) All pods of the Burleigh Morton Detention Center will be equipped with a first aid kit, CPR mask and/or AMBU bag. Each Detention Officer will carry a department issued rescue tool that will aid in cutting through fibrous material.

G. Assessment

1. All inmates placed on a suicide watch shall be evaluated by a Detention Center nurse as soon as possible. Assessment shall be conducted following a review of the inmates health file.
2. The Nurse evaluation may include both subjective and objective methods of gathering information regarding the inmate's general health and intent to do self-harm.
3. Based on this assessment, the Detention nurse shall consult with mental health professionals for continuation of mental health care needs.
4. The Detention Nurse will communicate information to the Shift supervisor on duty.
5. The Detention nurse shall monitor inmate as needed.
6. 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 will be in compliance with ND Jail Standard 43.
7. In order for a Special Management Inmate to be removed from suicide watch and placed in general population, they will need to be assessed and approved by the nursing staff and supervising physician, or by their current mental health care provider.

H. Suicide Watch

1. 15 Minute Watch.
 - a) This 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.
 - b) The property in the inmate possession shall be regulated by the shift supervisor.

I. Documentation

1. The cell check activity log shall be completed on all inmates placed on suicide watch. Observations of inmate activity are to be entered into the Guardian system.
2. Reassessment or change in watch status shall be documented in the inmate's medical record.
3. The medical staff shall make progress notes in the medical record of inmates on suicide watch.
4. The discontinuation of or any changes in watch status are documented by the medical staff in the inmates medical record.
5. The Detention Officers on duty shall maintain the cell check activity log. Completed logs are sent to medical records.

J. Reporting

1. In the event of a suicide, the in custody death procedures will be followed.
2. The Burleigh County Sheriff's Department on call team leader shall be notified immediately.
3. The ND DOCR Office of Field Inspections will be notified of any attempted self-harm, self-harm, or suicide within one hour of an incident.
 - a) The Detention Officer shall complete a Significant Incident Reporting form on the ND DOCR website and submit it to the ND DOCR Office of Field Inspections within 24 hours of initial notice.

4. All staff that came into contact with the victim prior to the incident will be required to submit a statement as to their knowledge of the inmate and incident.
5. A UCR of the event will be written by responding staff and will be forwarded for review.

K. Critical Incident Stress Debriefing (CISD)

1. In the event of a suicide attempt or suicide a Critical Incident Stress Debriefing will be conducted for all staff affected in an appropriate length of time. The CISD will be conducted by a trained CISD facilitator.

L. Follow-Up/Morbidity-Mortality Review

1. A Follow-Up/Morbidity-Mortality Review will be conducted by the ND DOCR Office of Field Inspections. The review will be separate and apart from other formal investigations that may be required to determine the cause of the serious injury or death.
2. The Follow-Up/Morbidity-Mortality Review will include the following.
 - a) Review of the circumstances surrounding the incident.
 - b) Review of detention procedures relevant to the incident.
 - c) Review of all relevant training received by involved staff.
 - d) Review of pertinent medical and mental health services/report involving the victim.
 - e) Review of possible precipitating factors.
 - f) Recommendations, if any, for change in policy training, medical or mental health services, and operational procedures.

procedures will go into effect.

- F. The main control room officer and pod control room officers will use the cameras in the cell or in the cell areas for monitoring inmate activity between cell checks and to monitor the detention staff safety while having contact with inmates.
- G. There will be a trained staff member on duty 24 hours a day.
- H. Inmates who exhibit suicidal tendencies, self-destructive behavior, emotional distress, or have specialized medical problems will be placed in the designated observation areas. While being housed in the designated areas, trained staff shall personally observe those inmates as frequently as possible, with 15 minutes being the maximum time between cell checks.
- I. Trained staff must document the following on inmates placed in the designated observations areas.
 - 1. Reason for placement.
 - 2. Trained staff assigned to supervise.
 - 3. Location, date, time, activities and conditions of inmates at each cell check.
 - 4. Actions taken by BMDC to provide specialized services for the inmate.
 - 5. Discontinuation of the suicide watch, following established protocols.
- J. Trained staff must observe inmates who are under restrictive housing as often as possible. Cell checks are to be more frequent and random, but not less than once per hour during day shift and night shift. (see standard 97 & 98 for additional direction for restrictive housing)

Sheriff Sully
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Facility Logs
Reference: ND Jail Standard 33 and 28**

I. POLICY

Detention personnel will maintain detention facility logs that contain complete and accurate information pertaining to the operational activities (routine and unusual) of the Burleigh Morton Detention Center. Detention facility logs are a vital source of information for detention facility staff and an important form of documentation.

II. PROCEDURE

A. Detention Facility Logs

1. The supervisor/s will review detention facility logs daily to ensure that complete and accurate information is being recorded by detention personnel during their respective shifts.
2. Detention personnel will read all daily logs pertaining to their duties when reporting for duty and before relieving on-duty personnel.
3. Detention Officers will maintain complete and accurate detention facility logs pertaining to their duties during their shift. BMDC will maintain a daily record which will be logged into the Guardian system, including the date and time and the name of staff that completed the record and will include at a minimum:
 - a) Personnel on duty
 - b) Time and results of inmate population counts and bed checks
 - c) Time and results of security checks made
 - d) Time, date and name of inmates received or released
 - e) All shift activities, routine or unusual incidents, as well as action taken
 - f) Time meals are served and what was served and if anyone refused the meal
 - g) All inmate movements.
 - h) Notations of problems, disturbances and distribution of emergency or security equipment
 - i) Any medication given, prescribed or non-prescribed
4. All detention facility logs will be maintained in the electronic jail records management system. Records will be automatically purged as the electronic storage space dictates, estimated at 5 to 10 years.

Sheriff _____
Reviewed _____
Effective Date 10/20/20
Revised 11/3/23

Burleigh Morton Detention Center
Policy and Procedure
Searches
Reference: ND Jail Standards 35, 36 and 80

I. POLICY

In the Burleigh Morton Detention Center searches and shakedowns will be used to prevent weapons and contraband from entering the Detention Center, detect escape devices in the Detention Center, discourage theft among the inmates, check for destruction or waste of county property and discover hazards to health and safety of the inmates and personnel, and to ensure the safety and security of the Detention Center.

II. GENERAL INFORMATION

Male staff will search male inmates and female staff will search female inmates.

III. PROCEDURE

A. Pat Search

1. Pat searches of inmates will be conducted at any time a Detention Officer believes the inmate may have contraband on/in his/her possession, when an inmate is booked in and whenever an inmate leaves the immediate control of the Detention Center.
2. When a pat search is done, male detention officers will search male inmates and female detention officers will search female inmates, unless an exigent situation occurs. All cross-gender pat searches must be documented in JailTracker.
3. The following steps should be followed while conducting a pat search.
 - a) Instruct inmate to put hands on the wall or counter about three (3) feet apart, step back from wall or counter about three (3) or four (4) feet and spread feet apart about three (3) feet.
 - b) Be systematic and orderly, work from head to toe. Do with care and attention so nothing is missed.
 - c) Examine the hair and behind ears.
 - d) Carefully examine shirt collars.
 - e) Run hands down both shoulders and then down back and run fingers down back bone.
 - f) Run hand down the outside of arm to the shirt cuff and examine cuff, then move the hand up the inside of the arm to the armpit (first one arm then the other).
 - g) Run hands down the inmate's shirt front carefully checking pockets. Go over center of chest from both sides to make sure you cover entire front and sides of upper body.
 - h) Remove the belt if inmate is wearing one, then move thumbs and fingers around the inside of the waist band feeling for any objects which may be concealed there.
 - i) From the waist band, move hands down the inmates buttocks.

- j) Put both hands on one leg at a time and run them carefully down each leg, being certain to check each trouser cuff.
- k) Move hands over the inmate's lower abdomen and crotch area carefully to inspect for contraband that may be hidden or taped there. Inmates frequently take advantage of natural reluctance and use this area as a hiding place for concealment of contraband.
- l) Instruct the inmate to extend one foot backwards at a time and check feet, socks, and shoes for concealed articles.
- m) Items found in the pockets will be removed as found and placed on the counter or on the floor behind you.
- n) When the pat search is completed the inmate will be instructed to remain in that position so that the Detention Officer can carefully check each item removed from the inmates pockets.
- o) The items an inmate is allowed to have will be returned to him/her, the rest will be inventoried and placed in his/her property bin.
- p) Those items that were contraband will be secured and a full report written. These items will still be listed on the inmates property list.

B. Visual Assessment Search

1. A visual assessment search consists of a close examination of an inmate's body and clothing. In the case of a visual assessment search, it shall be conducted in a private area away from other inmates. A visual assessment search is to be conducted anytime the inmate is going into general population, after being booked in, when returning from work/school release, returning from court or medical appointments outside of the facility and at any time a reasonable suspicion exists. Unclothed body searches on those inmates not going into general population are restricted to those being held for a crime of violence, a crime involving illegal drugs, or when based on reasonable suspicion that the inmate may be concealing drugs, weapons, or other contraband. The basis for the reasonable suspicion must be documented.
 - a) When the detention officer does a visual assessment search, it will be done in private and in a manner that preserves the dignity of the inmate and should be done under sanitary conditions.
 - b) When a visual assessment search is done, male detention officers will search male inmates and female detention officers will search female inmates, unless a situation occurs that we have to protect ourselves and others from getting injured and to maintain the security of the detention center. All cross-gender visual assessments must be documented in JailTracker.
 - c) When conducting a visual assessment search the Detention Officer will instruct the inmate to remove all clothing and if wearing an artificial limb it will be checked very closely, all other items will be placed out of reach of the inmate.
 - d) The inmate will then be instructed to stand erect with feet apart and arms extended out to side or above head.
 - e) A careful examination will then be made beginning with the hair, ears, nose and mouth to make sure that nothing is concealed in them. The Detention Officer will make sure that nothing is written on the body or fastened to the body with adhesive tape, scotch tape, Band-Aid, rubber bands, string or glue. The Detention Officer will also check for and log any tattoos, scars, marks, visible injuries, or bruises on the body.
 - f) While examining the body check the arm pits, between the fingers and toes and soles of the feet. One area that officers are reluctant to check is the crotch. When

searching this area, have the inmate bend over and instruct them to spread their buttocks. On males check the crotch area very closely and on females the breasts should be checked closely.

- g) While conducting a visual assessment search, the Detention Officer will never physically touch the body of the person they are searching.
- h) If anything is found during the visual assessment search a report will be completed with the following information.
 - i. Date and time.
 - ii. Description of what was found.
 - iii. Where it was found.
 - iv. Who found it.
 - v. What was done with it.
 - vi. Who it was found on.
 - vii. Actions taken with the person it was found on.
- i) After the body search is completed the inmate will be instructed to stand aside while the Detention Officer conducts a thorough search of the inmates clothing.
- j) When examining the clothing carefully examine the seams, pockets, cuffs, collars, lining, waistbands and any other areas of the clothing where the material appears to be thick and check the inside of all garments. While examining the shoes, be sure to closely check the heels for hollow areas, where contraband might be concealed. Once a search has been made of the clothing, examine the inmate's possessions, books, packages, envelopes, etc. Upon completion of the search, the inmate shall get dressed in Detention Center clothing.
 - i. The inmate will be put into Detention Center clothing after his/her underclothing is checked and returned to him/her so they are not standing nude while checking their clothing. This will be done as soon as the visual assessment search is completed.

C. Body Cavity Search

- 1. If an inmate is suspected of concealing contraband in a body cavity such as vaginal or anal canal, the detention officer may request a body cavity search to be performed by a licensed medical professional working within the scope of their licensure.
 - a) Before transferring inmates into a day room or other secured area from their cells, search the area where they will be placed.
 - b) Search each inmate after being removed from their cell and before placing them into the day room or holding area.
 - c) The temporary holding area should be searched again after the inmates are moved to the medical facility for the physical examination.
 - d) When inmates are returned from the medical facility, they will be housed according to the needs of the investigation.

D. Cell Searches

- 1. For a full cell block or pod shakedown search the area where the inmates will be held during the shakedown.
- 2. Have water turned off to the housing unit.
- 3. Notify the inmates to exit the housing unit with complete uniforms.
- 4. Use a metal detector if available and have the inmates walkthrough to screen them and then pat them down.
- 5. Pat search all inmates; if information driven search escort inmate to designated visual body assessment area.

6. Perform search of housing unit.
7. Test all functions in housing unit including phones, kiosks, toilets, and sinks.
8. Inspect for sanitation issues.
9. Return inmates to housing unit.
10. Search the area where the inmates were held during the shakedown.
11. Complete reports as needed and report any maintenance issues.
12. Log in jail management system.

E. Visitor Search

1. Any person entering the Detention Center may be subjected to a search to ensure the security of the Detention Center against prohibited articles. Any person who with probable cause is believed to be concealing an article that may disrupt the security of the Detention Center shall be required to submit to a search.
2. If the person refused the search:
 - a) The visit shall be denied and the person will leave.
 - b) The person's name and reason for visit will be logged in the log book.
3. If the person voluntarily submits to the search:
 - a) The search will be done and if no prohibited articles are detected or found the visit shall be allowed to take place.
4. If prohibited articles are found the Detention Officer complete the following.
 - a) Remove the articles and detain the individual. If it warrants the individual to be arrested, the individual will be detained and charges will be filed (the individual now becomes an inmate and will be dealt with accordingly).
5. The confiscated articles will be labeled and secured in the evidence locker.
6. The Detention Officer will write a full report on the incident.
7. If the person is not charged at the time the article is taken, the Detention Officer will do the following.
 - a) Issue a receipt for the property and put on it the date, time, and the signature of the person bringing in the item.
 - b) Tag the item with the date, time and Detention Officer's name that took the item.
 - c) Place the item in an evidence bag, seal it and mark it with the same information as on the tag.
 - d) Submit a detailed report of the incident.
 - e) The visit shall be denied and the person will leave.

F. Transgender/Intersex Search

1. Detention Officers will not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.
 - a) If the inmate's genital status is unknown, it may be determined through conversation with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
 - b) During the initial interview with a transgender or intersex inmate, Detention Officers will ask the inmate if they prefer to be searched by a male or female officer. This information will be recorded in alerts in Jail Tracker.
 - c) During initial orientation Detention Officers are trained to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs.

G. Detention Transport Vehicle Search

1. Detention Officers assigned to conduct inmate transports shall search the assigned transport vehicle. Searches shall be conducted pre and post inmate occupancy.
 - a) Search the inmate seating area prior to placing a prisoner in the vehicle.
 - b) Search the passenger compartment again after the transport.
 - c) Any items left by the prisoner during transport shall be documented and appropriately processed. Treat the items left in the vehicle as evidence until determined otherwise.

H. Routine Perimeter Checks

1. Burleigh County Sheriff's Department Deputies will be asked to perform perimeter building and grounds checks.
 - a) If Deputies are not available to perform the perimeter check, BMDC staff will perform the check.
 - b) Supervisor on duty will assign a staff member to conduct the perimeter and grounds checks.
 - c) Random overlapping routes are to be used to ensure complete coverage of the perimeter.
 - d) Once complete the assigned officer will report the status of their perimeter check to the Master Control operator.
 - e) The perimeter checks are to be logged into the JailTracker.
2. When an officer conducting a perimeter check discovers a situation where they need assistance, the Officer shall radio Master Control and provide the nature of the problem, their status and their location. In emergencies Master Control shall place a phone call to 911, providing the available information.
 - a) The supervisor, or designee, will respond to the officer's location with appropriate personnel and/or equipment.
 - b) The supervisor may initiate any appropriate emergency procedure.
 - c) Once assistance has arrived and the situation is resolved, the supervisor and/or officer(s) will continue the perimeter check and advise Master Control once it has been completed.
 - d) Proper documentation for the event will be submitted to administration for review.

Sheriff Rully #2
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Work/School/Treatment Release Program
Reference: ND Jail Standards 36 and 73**

I. POLICY

There are inmates who have been sentenced to the Burleigh Morton County Detention Center for Non-Violent offenses who hold full-time jobs, attend school or treatment facility in the community. This program will be used to allow those inmates to maintain his/her employment, learn financial responsibility, help him/her to avoid undue financial hardship and assist the inmate in integrating back into the community. This program will also be used for those inmates to continue their education and attend treatment programs that will help them better their lives and become productive citizens of the community. Inmates will be carefully screened prior to be given the privilege of participating in this program.

II. INFORMATION

- A. Work/School/Treatment Release is a privilege and under N.D.C.C. is at the discretion of the Sheriff, unless the court has ordered that an inmate may not receive Work/School/Treatment Release.
- B. Being involved in a Release Program is a privilege not a right; therefore, any inmate may be denied this privilege for patterns of bad behavior, negative leadership, and/or inappropriate communications with staff, inmate, visitors, or volunteers.
- C. Inmates may be removed from a release program for documented rule violations, or by the Lieutenant, Captain, Major, Jail Administrator or designee for safety and security reasons.

III. PROCEDURE

- A. Inmates who would like to participate in a release program will notify the Programs Department using the inmate kiosk in his/her pod.
- B. Once the Programs Department receives the request from the inmate, they will pre-screen the inmate to see if they are eligible.
- C. The eligibility criteria serves as guidelines to determine which inmates will be eligible for work/school/treatment release. Each case will be considered on a case-by-case basis. Other factors may be considered prior to granting work release. Under N.D.C.C. 12-44.1-18.1, "The correctional facility shall take measures to maintain correctional facility security and safety and to protect the safety of the public."

- D. Inmates must meet the following pre-screen criteria.
 - 1. Must be sentenced in all cases currently in custody for.
 - 2. No outstanding hold.
 - 3. Not a federal inmate.
 - 4. Background check.
 - a) NCIC
 - b) FBI Background
 - c) Local Background
 - d) Other Law Enforcement Personnel
 - e) Driving Record
 - 5. Has never been removed from any type of Inmate Programs.
 - 6. Must have been in custody a minimum of 4 days.

- E. Inmate must also have an acceptable criminal history. The inmates approve for a certain release program may be affected or limited by criminal charges that occurred in the last seven years; criminal charges such as the following.
 - 1. Violent crime.
 - 2. Sexual offenses.
 - 3. Any crimes against a child.
 - 4. Drug delivery, intent to deliver or manufacturing of drugs.
 - 5. Introduction of contraband into a correctional facility.
 - 6. Third DUI.

- F. Inmates will not be denied participation in a Release Program based on their sex, race, religion, or national origin.

- G. Inmates who are not eligible will receive a letter stating the reasons why they are ineligible.

- H. Inmates who are eligible will be given a Release Program application form to fill out completely.

- I. Programs Personnel will arrange for the eligible inmate to be given a preliminary screening interview for drugs and/or alcohol usage. If the inmate refuses to participate in the screening or the screening results in a positive test, the inmate will be denied work release. This process utilizes the following.
 - 1. Preliminary breath test (PBT).
 - 2. Urine Analysis at the expense of the inmate.

- J. Once the inmate has filled out the Release Program application form and passed the preliminary screening interview, a Programs Personnel will meet with the Sheriff or/designee to discuss the inmates eligibility for the release program and gain their approval for the inmates to participate.

- K. Once the Sheriff or/designee has approved the inmate for the release program, Programs Personnel will meet with the inmate to discuss and sign the Release Program agreement, fees, schedules, and the procedure process of leaving and coming back into the facility.

- L. Work Release Program fees.

1. If an inmate is participating in the Work Release Program, the inmate will be charged a work release fee. There is a \$15.00 per day as authorized by N.D.C.C maximum of (5) days, \$75 per week, to be paid one week in advance of each scheduled work week.
- M. Work releases with money.
1. When a work release goes out we will allow them to take \$20 cash with them.
 2. When they come back in we will enter the amount they came back in with on the computer.
 3. We will count the money out to them when they go out and when they come back.
 - a) This is to ensure we record the correct amount they went out with and the correct amount they came back in with.
- N. The Programs Personnel will contact the inmate's employer/instructors/counselor to discuss what is expected of them and the inmate. If the employer refuses or feels that they are unable to meet all the requirements of the program, the inmate will not be allowed to go work, school, or treatment at that location.
- O. Employer/Instructors/Counselor responsibilities include the following.
1. Required to notify Detention Staff immediately whenever an inmate does not report to work/school/treatment as scheduled or leaves for any reason during the agreed schedule.
 2. If an inmate calls in sick or contacted them stating that they are unable to be released, they will contact the Detention Center to verify their inability to go to work/school/treatment.
 3. Must fill out the schedule and all other information completely, accurately, and legibly.
 4. Must supply the exact location and phone number where the inmate can be reached at all times.
 5. Must report the use of alcohol and/or illegal drugs by the inmate.
 6. If the job requires an inmate to work at various locations, ensure that the job site location is within a 25 mile radius of the Detention Center.
 7. Provide a W-4 for proof of employment.
- P. If an inmate is unable to be released that day or at their scheduled time, a Detention Staff member will contact the inmate's employer/Instructor/Counselor.
- Q. Programs Personnel will arrange for the inmate's housing to be transferred to the appropriate housing pod and change the classification in the Jail Management System.
- R. Inmates on participating in the release program will be assigned a locker located in the work release station area. The lockers will be used to keep their civilian clothes that they will need to change into prior to going out on release.
- S. Programs Personnel will notify the Administrative Assistant and Detention Staff of the inmate's change in classification and day they will begin working.
- T. The inmate will contact the Pod Control Officer via the intercom when it is time for the scheduled leave time.

- U. The Pod Control Officer will notify the appropriate Detention Staff that the Inmate is ready to be taken to the Work Release station.
- V. At the Work Release Station, Detention Staff will allow the inmate access to their assigned locker to collect their civilian clothes and go into the changing room to change out of their inmate uniform.
- W. Once the inmate is ready to leave the facility, they will sign out on their designated check in and out log form.
- X. A Detention Officer will initial the log form to confirm the correct date and time was written on the log, and logs the release in the Jail Management System.
- Y. If an inmate does not have access to food at their approved release location, a sack lunch will be provided by the Burleigh Morton County Detention Center at the time of check out.
- Z. Inmates are to return immediately to the Detention Center at the end of their workday shift from the Detention Center or if they are released from work, school, or treatment early.
- AA. Inmates may obtain prior permission from the Programs Department or/designee to be allowed time before returning to the Detention Center to conduct personal business. Personal Business that maybe approved includes the following.
 - 1. Banking.
 - 2. Medical appointments – must be approved by the nurse.
 - 3. Gas station, if the inmate drives to and from their release location.
- BB. Escape
 - 1. Failure to return to the Burleigh Morton County Detention Center constitutes escape as defined by section 12.1-08-06, N.D.C.C. A UCR will be written and forwarded to the Sheriff's Department for review and possible charges.
 - 2. An Inmate's failure to be at their specific approved location and found at and unapproved location may also be considered escape.
- CC. Inmates will check back into detention through the Work Release Station and sign back into their check in and out log.
- DD. Detention Staff will initial the inmates log entry, along with making an entry into the Jail Management System.
- EE. A Detention Staff member will then pat down the inmate and retrieve the inmate's jail uniform from the inmate's locker.
- FF. The Detention Staff members complete a visual search of the inmate.
- GG. Once the inmate has been visually searched the inmate will be allowed to use the laundry room to wash their civilian clothes if necessary.

HH. Once the inmate is completed with the Work Release station, he/she will be returned to their designated pod.

II. Laundry

1. Each release station locker will contain a laundry bag that correlates with the locker number.
2. When the release inmates are in need of having their civilian clothes washed, they will place their clothes in the laundry bag located in their locker.
3. The inmate will then give their laundry bag to detention staff to be taken to the laundry room to be washed.
4. Laundered clothes will be placed back into the assigned locker that correlates with the laundry bag.

IV. REVOCAION OF WORK/SCHOOL/TREATMENT RELEASE

- A. Inmates must adhere to all Work/School/Treatment Release rules and conditions. An inmate's work release status may be revoked for the following reasons.
1. Violation of Federal, State, or Local laws and/or ordinances.
 2. Violation of Detention Center rules/regulations.
 3. Violation of a rule or condition of the Work/School/Treatment Program.
 4. Failure to report to work, school, or treatment, leaving work, school, or treatment early for any reason, or unauthorized schedule changes.
 5. The use of alcoholic beverages or illegal drugs.
 6. Unauthorized visits at the place of work, school, or treatment.
 7. Entering a public place or unauthorized area.
 8. Conducting personal business without written permission from the Work Release Program Coordinator.
 9. Failure to submit to urine, breath, or blood test requested by Detention Staff (all testing is at the expense of the inmate).
 10. Making false statements to Detention Staff in reference to work release, verbally or in writing.
 11. Failure to be courteous and respectful to the authority of the Detention Center Staff and other Law Enforcement that they may come in contact with.
- B. If an inmate is denied Work/School/Treatment Release or release is revoked, there is no appeal process. The Programs Personnel will forward any recommendations to the Sheriff. The Sheriff will have the final authority on which inmates are denied or revoked from a Work/School/Treatment Release Program. Work/School/Treatment Release is a privilege and must be treated as such. If an inmate Work/School/ Treatment Release has been revoked, it may affect future qualifications in the detention center programs.

Sheriff Jelly + L
Reviewed _____
Effective Date 10/20/20
Revised 11/31/23

Burleigh Morton County Detention Center
Policy and Procedure
Tool and Key Control
Reference: ND Jail Standard 38

I. POLICY ONE – TOOLS

It is the policy of the Burleigh Morton County Detention Center to closely monitor the use of tools to ensure that they are used only for their intended purpose. Maintenance, detention officers, and outside contractors are to account for any tools in use at all times. No tools will be allowed in the cell area unless the Detention Officer is present and he/she will remove them when he/she leaves, to ensure that no tools are left in the cell which could endanger the security and safety of the Detention Center.

A. PROCEDURE

1. Control Of Tools

- a) Maintenance and/or outside contractors will be restricted to the minimum number of tools necessary, when entering the secure area.
- b) Staff members granting access to the secure area will make note of the tools being brought in and confirm the tools are all accounted for when they are removed from the secure area.
- c) Outside contractors will be escorted or isolated and secured when inside the secure area.
- d) Maintenance and/or outside contractors will check in with employees assigned to the area where they are going to be working and let them know approximately how long it will take and exactly where they will be working.
- e) If repairs are needed in an area occupied by inmates, the inmates will be secured until repairs are completed.
- f) Maintenance, officers, and outside contractors will keep track of tools at all times.
- g) If anything was changed, such as light bulbs, plumbing, etc. the old items will be removed from the secure area.
- h) Once the job is completed, maintenance, officers, and outside contractors will conduct an inventory of tools to ensure that they are all accounted for.
- i) When maintenance is ready to leave they will inform the officer(s) present that they are leaving and whether or not the repair(s) have been completed.
- j) When outside contractors are ready to leave they will inform the officer(s) whether or not the repair(s) have been completed. Outside contractors are to be escorted from the secure area.

2. Culinary Tools

- a) All trays and sporks will be counted after meal service to ensure nothing has been left behind in an inmate housing area.

- b) All sharps located in the kitchen will be stored in a locked containment box.
 - i. Sharps will be inventoried at the beginning of the kitchen shift, at the end of the kitchen shift, and periodically throughout the shift, by the Kitchen Manager or designee. Documentation shall be maintained by the Kitchen Manager.
 - ii. After the kitchen staff have left the facility at the end of the day, a Detention Supervisor shall conduct a second final inventory of the sharps box, confirming the accuracy of the Kitchen Manager's final inventory. (documentation maintained)
3. Missing Tool
- a) Any time that a tool is missing, maintenance/officer(s) will contact the Corporal/Sergeant on duty immediately.
 - b) The maintenance/officer(s) will follow any directions that the Corporal/Sergeant gives regarding search and recovery of the tool.
 - c) The Corporal/Sergeant may set up a search of the area in which the tool was last used.
 - d) The maintenance/officer(s) will write an incident report detailing the missing tool and circumstances surrounding the disappearance.

II. POLICY TWO – KEY CONTROL

To maintain a key control system that is secure and efficient in operation. Periodic inventories of keys and locks are necessary to ensure the safety and security of the Burleigh Morton County Detention Center.

A. PROCEDURE

1. The Detention Officer will obtain keys for the shift from the electronic key control box.
2. The Detention Officer will inspect the keys and hub for any defects or problems.
3. The Detention Officer, under no circumstances, will allow inmates to inspect or handle the keys for the Detention Center.
4. The Detention Officer will at no time lay the Detention Center keys down or allow the keys to leave his/her physical control.
5. The Detention Officer will carry only those keys constantly used during his/her shift.
6. The Detention Officer will make sure that all other keys and sets, not carried, will be kept in the Detention Center key control boxes.
 - a) Emergency access keys will be secured in locked boxes in Master Control, the electronic key control box, and in the vault at the Burleigh County Sheriff's Department.
7. The Detention Officer will, if a key is lost, broken, or unaccounted for, report it to the supervisor(s) who will report it to the Administrator or designee.
 - a) If a key is lost or unaccounted for, a search will be made.
 - b) If a key is not found, the locks will be changed.

- c) If it is found and there is a possibility that an inmate had it, or did have it, the locks will be changed.

8. At the start of every shift, each staff member who removes keys from the electronic key control box, shall inventory and inspect the keys. The status of the keys shall be reported to the shift supervisor who then documents the inventory and inspection.

III. POLICY THREE – MEDICAL OFFICE SHARPS CONTROL

All sharps at the Burleigh Morton Detention Center will be inventoried by medical staff ensuring a constant running count. The inventory will be kept and maintained in the medical office. Any worn, broken, or outdated sharps will be disposed of and accounted for in the red sharps container(s). While a running count will be maintained on a daily basis, the medical personnel will reconcile all inventory monthly to ensure there are no deviations.

A. PROCEDURE

1. When a medical sharp is added or removed it will be documented on the proper form.
 - a) Needles (with and without syringes).
 - b) Suture/staple removal kits.
 - c) Scalpels.

2. The inventory forms will record the following.
 - a) Item inventoried.
 - b) Quantity.
 - c) Items added (+) or removed (-).
 - d) Total quantity on hand.
 - e) Disposition.
 - f) Signature of individual completing count.

Sheriff Tully J L
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Supervisory Staff Patrols
Reference: ND Jail Standard 41**

I. POLICY

It is the policy of the Burleigh Morton County Detention Center that Supervisory Staff take an active role in the day to day supervision of the inmate population and their interaction with Detention Staff.

II. PURPOSE

To ensure the safety and security of inmates, staff, and the general public.

III. PROCEDURE

- A. Supervisory staff shall conduct daily patrols of all areas occupied by inmates.
- B. Supervisory inspection rounds will be conducted randomly throughout the shifts covering days, nights, weekends, and holidays.
- C. Supervisory inspection rounds are to be documented in the daily activity log.
- D. In addition to the daily patrols, supervisors are to conduct and document unannounced PREA inspections, in accordance with the facility PREA policy.
- E. The Sheriff or the facility administrator shall visit the facility inmate living and activity areas weekly to observe the living and working conditions. These inspections will be documented in the daily activity log.
- F. In the absence of the Sheriff or the facility administrator, a senior supervisor will complete the weekly inspection duties, following the same documentation procedures.

Sheriff Jelly pl
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Revised _____

Burleigh Morton Detention Center
Policy and Procedure
Mass Arrest and Temporary Space Arrangements
Reference: ND Jail Standard 42

I. POLICY

When the number of persons requiring detention as a result of a mass arrest or orders of confinement exceeds the maximum capacity of the Burleigh Morton Detention Center, procedures will be implemented to provide for additional detention arrangements.

II. PURPOSE

Safe and secure temporary space arrangements for inmates in the event of mass arrest, over-crowding.

III. DEFINITION

Maximum Capacity – The maximum capacity of the Burleigh Morton Detention Center is 555 inmates.

Mass Arrest – Arrests or other circumstances leading to detention of inmates exceeding maximum capacity or sudden over-crowding in the Burleigh Morton Detention Center.

Temporary Bunks – Raised sleeping surface, supplied with mattress and linen.

IV. PROCEDURE

A. Temporary Space Arrangements.

1. When mass arrest or over-crowding occurs, Burleigh Morton Detention Center Personnel may utilize Temporary Bunks or Cots for raised sleeping surfaces to provide the following space arrangements:

200 Pod Programs Room	10 temporary bunks
300 Pod Programs Room	10 temporary bunks
200/300 Pods Recreation	20 temporary bunks
500 Pod's Recreation	20 temporary bunks
700 Pod Programs Room	20 temporary bunks
800d Programs Room	20 temporary bunks
700/800 Pods Recreation	20 temporary bunks

2. Detention Officers will ensure the following.
 - a) The separation of males from females.
 - b) Admission and release processing.
 - c) Support services (medical, supplies, food services, etc.).
 - d) Toilet and wash basin with hot and cold water.

3. The Detention Center Administrator or acting Supervisor will establish classification and placement of inmates to these temporary space arrangements.
4. The Detention Center Administrator or acting Supervisor will determine supplies and equipment necessary for inmates in temporary housing areas.

B. Admission and Release Processing

1. Detention Officers will ensure the following processing is completed on all inmates.
 - a) Complete booking process.
 - b) Medical screening.
 - c) Inventory of inmate's cash and property. Ask inmate to sign for all property. Indicate on property sheet if inmate refuses to sign.
 - d) Visual body assessment.
 - e) Inmates will be provided with a limited use prepaid calling card to facilitate their initial phone call.
2. Detention Officers shall complete the following release procedures.
 - a) Document release information.
 - b) Return inmate's property, asking the inmate to sign for their returned property. Indicate on property sheet if inmate refuses to sign.
 - c) Return inmates funds by loading the available amount onto a debit card, or by having a facility bank check issued.
 - d) Escort inmate from secure area of the Burleigh County Detention Center.

C. Additional Personnel

1. The Detention Center Administrator or Detention Officer On-Call will determine if additional personnel is needed.

Sheriff Tully J L
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Safety Restraint Chair
Reference: ND Jail Standard 43**

I. POLICY

It is the policy of the Burleigh Morton Detention Center to authorize Detention Staff the authority to use the Safety Restraint Chair (SRC) to control combative, self-destructive, or potentially violent inmates. Violent behavior may mask dangerous medical conditions therefore inmates must be monitored and provided medical treatment if needed. At no time will an inmate be placed into the (SRC) as a means of punishment.

II. PURPOSE

The purpose of this policy is to provide guidelines as to when, where, and for how long the Safety Restraint Chair (SRC) is to be used. This policy will also illustrate the proper documentation that will be required each time the (SRC) is utilized.

A. General Information

1. The (SRC) is available to provide the safest, most humane, and least psychologically traumatizing method for restraining violent, unruly inmates.
2. The SRC may be used in the Burleigh Morton Detention Center, the Burleigh County Courthouse, or other area deemed necessary for the safe transportation of the inmate for medical or other law enforcement purposes.
3. The (SRC) should never be used as a means of punishment.

III. PROCEDURE

A. Inmates may be required to be placed into the (SRC) for several purposes. Those purposes include, but are not limited to:

1. Present a danger to themselves or others.
2. Display bizarre or unsafe behavior which results in the destruction of county property or the compromises safety and security of the facility or inmate.
3. Transportation to court, medical provider, or other area deemed necessary when officers have knowledge that a less secure method of transportation would cause unnecessary risk to the transporting officer, general public, or to the inmate themselves.

B. The primary officer ordering the placement of the inmate into the restraint chair will complete an incident report. The incident report shall contain the reason why the inmate needed to be placed into the restraint chair as well as names of all officers involved and any injury to staff or inmate. This incident report will be completed before going off duty unless otherwise approved by the ranking officer on duty.

- C. After being secured in the restraint chair, detention staff will make sure the inmate is in view of surveillance cameras whenever possible. The inmate secured in the (SRC) may be moved to a suitable location for observation purposes. The (SRC) may also be taken to any location in the Detention Center when it is necessary to restrain the inmate at the inmate's location.
- D. Inmates placed into the (SRC) shall be physically separated from other inmates.
- E. A spit hood shall be applied as soon as practical after the inmate is seated in the (SRC) to prevent the transmission of bodily fluids from the inmate to detention staff. The spit hood will be removed when the inmate is secured in the (SRC) and the chair is moved to its destination. Prompt removal of the spit hood is necessary to prevent asphyxiation, suffocation, or drowning in one's own bodily fluid.
- F. Whenever possible the inmate should be fully clothed when placed in the (SRC). If for some reason the inmate is placed into the (SRC) unclothed, all reasonable efforts will be made to cover the inmate to preserve the inmate's dignity. The inmate may be covered by a sheet or blanket from the waist down to accomplish this.
- G. At no time will a mattress or other object be placed under the chair. This is to prevent the chair from tipping.
- H. For safety reasons a minimum of 3 officers shall participate in placing an inmate in the (SRC). If necessary, Officers will contact dispatch to have Patrol Deputies assist. Whenever possible a ranking officer will be present, when inmates are placed in the (SRC).
- I. Officers will be trained in the best practices for safety securing a person in the (SRC).
- J. Inmates placed in the (SRC) will be observed a minimum of once every 15 minutes.
 - 1. All observations will be recorded on the Burleigh Morton County Detention Center observation log.
 - 2. If an Officer observes a lack of circulation in the hands or feet of the inmate, the Officer will notify a supervisor (if available) and summon a second Officer to assist in adjusting the restraint to accommodate better circulation.
 - 3. If the inmate complains of pain due to the restraints or injuries obtained during the placement into the restraint chair, the Officer will notify the supervisor and Detention Center Nurse (when available) to determine if medical treatment is needed.
- K. When the (SRC) is used, the time the inmate is in the chair shall not exceed 2 hours. The ranking officer (or senior officer) on duty may determine that more time is needed to implement a plan to safely remove the inmate if the inmate is still uncooperative and poses an immediate and significant risk to the safety of the inmate and/or staff. In such cases the ranking officer/senior officer will ensure that:
 - 1. Officers are actively working toward the safe removal of the inmate from the chair.
 - 2. The officer has articulated the justification for the time extension in an incident report.
 - 3. The authorized time extension is not for the purposes of additional observation time or punishment.

4. The inmate is kept under constant visual observation by staff.

L. Removal from Restraint Chair.

1. An inmate is to be removed from the (SRC) as soon as the inmate has calmed down and is no longer deemed to be a threat to themselves, others, or the safe operation of the facility.
2. Two officers must be present when removing an inmate from the (SRC). Officers are to be cautious and alert as inmates may have a sudden change in demeanor that may result in further time confined to the (SRC). The Control Room Officer shall radio for further assistance if needed.
3. Any reports of injury to inmates or staff shall be noted in the incident report. Use of force reports will be generated as appropriate. Staff injury documentation shall be completed according to WSI regulations, with timely reporting to facility Administration and Burleigh County Human Resource
4. In situations where the oncoming shift takes over the responsibility for an inmate still confined to the (SRC), the oncoming shift shall continue the required documentation. The time that the inmate was removed from the restraint chair, shall be documented in a supplement to the original incident report, as well as in the facility records management system.

Sheriff Sully J L
Reviewed _____
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Revised _____

Burleigh Morton Detention Center
Policy and Procedure
Types of Restraints and Use of Restraints
Reference: ND Jail Standard 43 and 106

I. POLICY

Restraints will be used in the Burleigh Morton Detention Center as a precaution against escape, during transports, for medical reasons by direction of the medical personnel, and as a prevention against inmate self-injury, injury to others, or property damage.

The Burleigh Morton Detention Center will have available different types of restraints:

- A. Handcuffs
- B. Leg irons
- C. Leather restraint belts
- D. Waist chains
- E. Flex cuffs
- F. Restraint Chairs

There are many situations when a detention officer will find it necessary to handcuff and restrain an inmate. When one of these situations arises restraints will be used. The most common situations when restraints are necessary are:

- A. Securing and restraining an escape inmate who has been recaptured.
- B. Transporting an inmate from one detention center to another.
- C. Restraining a violent inmate who is believed to be a danger to themselves or others.
- D. Security in moving problem inmates within the detention center.
- E. Other situations where it is deemed necessary to restrain the inmate.

Uses of Restraints – Medical – Any physical restraints ordered for an inmate by the physician will be ONLY a part of health care treatment; for no reasons will the health staff participate in disciplinary restraints. Pregnant inmates: BMDC shall refrain from the use of restraints on pregnant inmates. Exceptions may only be permitted in exigent circumstances or by written approval from the facility administrator. The use of restraints on a female who is in active labor and delivery is prohibited. Restraint devices may not be applied as punishment. All decisions and actions on the use of restraints must be documented.

II. PROCEDURE

A. Handcuffs and Leg Irons

- 1. Safety measures when using restraints.
 - a) Handcuffs and leg irons should be double locked to prevent them from tightening around the legs or wrists.

- b) Be cautious and stay alert to possible danger when applying or removing restraints from an inmate. If necessary have another officer standing by for assistance.
 - c) When dealing with restrained inmates, remain cautious and alert for potential dangers. Do not assume that because an inmate is handcuffed they are harmless.
2. Putting on handcuffs and leg irons.
- a) Put the handcuff around the wrist so that the locking hole is on the side that is away from the inmates hands. Close the cuff tight enough around the wrist so as not to cut off circulation in the wrist, but tight enough so that the inmate cannot slip their hand out of the handcuff, then double lock the handcuffs.
 - b) Put the leg irons around the ankle so that the locking hole is on the side that is towards the inmate's feet. The leg irons need to be tightened to the point the foot cannot be removed from the cuff and loose enough to allow the foot to flex when walking. If possible a thin layer of cloth from socks or pant legs should be between the cuff and the skin. Leg irons are to be double locked to prevent them from inadvertently tightening.
 - c) In cases where an inmate is restrained to keep them from harming themselves, the restraints are to be removed as soon as the inmate is calm and no longer presents a threat. This situation requires close observation following our facility policies.
 - d) A person being restrained for longer periods of time will be confined to a restraint chair. Proper procedures are identified in the facility Safety Restraint Chair policy.
 - e) A full report will be written as to why an inmate had to be restrained and an entry made into the running log book of the incident and checks on the inmate while restrained.
 - f) If an inmate has to be restrained for any reason, they will be placed in a cell by themselves so the inmate is protected and safe from other inmates.

Sheriff Kelly J L
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Revised _____

Burleigh Morton Detention Center
Policy and Procedure
Transportation
Reference: ND Jail Standard 44

I. POLICY

- A. Transporting inmates is a potentially dangerous and difficult responsibility of the Burleigh Morton Detention Center. Most escapes and assaults occur while transporting inmates.
- B. Staff assigned to transportation duties will take every precaution, according to these procedures, to prevent the escape of inmates who are being transported. The principal concerns of staff will be safety and security.

II. PROCEDURE

- A. Transporting inmates
 - 1. The supervisor will assign transportation duties to officers who are well trained and experienced in transporting inmates.
 - 2. The supervisor will assign two officers to transportation duties when more than one inmate is to be transported, if needed. Only licensed law enforcement officers may be allowed to carry firearms during a transport.
 - 3. The supervisor will assign vehicles equipped with operational police radio to ensure communication will be maintained between the transporting officer and the department dispatcher when inmates are being transported. In the event of a heightened security risk, a second escort vehicle may be assigned to follow the transport vehicle.
- B. The officer assigned transportation duties will receive their assignments from the supervisor. The necessary information will be provided.
 - 1. The date, time, and name of the inmate to be transported
 - 2. Destination, and the most direct route
 - 3. Estimated time of arrival at the destination
 - 4. Vehicle to be used
 - 5. Any possible problem that may be encountered with the inmate (assaultive, escape risk, etc.)
 - 6. Use of restraints, to include leg irons in accordance with the Department restraint policy.
- C. The transporting officer will review all required legal papers for transporting inmates (court orders, warrants).

- D. The transporting officer will ensure that the inmate has the required legal papers in their possession before leaving for their destination.
- E. The transporting officer will inspect the vehicle to be used to ensure that all is in proper working order.
- F. The transporting officer will inform the dispatcher of their destination and estimated time of arrival.
- G. The transporting officer will search all inmates to be transported. This may include visual assessment search, if needed. Inmates being transported will be dressed in detention center issued uniforms.
- H. The transporting officer will ensure that the inmate is properly restrained. At a minimum, restraints will include handcuffs and a leather or chain waist restraint. Leg irons will be used when an inmate is a known escape risk.
- I. The transporting officer along with the duty detention officer will escort the inmate to be transported to the vehicle and assist the inmate into the vehicle.
- J. The transporting officer will ensure that the inmate wears proper lap or shoulder restraints.
- K. Once the escorting officer has left the detention center, the duty detention officer will record in the log book the name of the inmate being transported, the transporting officers' name, the time of departure, and their destination.
- L. The transporting officer will inform the dispatcher that they are in route.
- M. If an escape should occur, the transporting officer will implement procedures for breaking custody.
- N. The transporting officer will carry out the same procedure for transporting the inmate on the return trip.
- O. Medical Facilities.
 - 1. Emergency communication information must be readily available to detention officers.
 - 2. Inmates who require necessary health care not available within the detention center must be transported to a facility where the necessary health care is available.

Sheriff Sully J L
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Revised _____

Burleigh Morton County Detention Center
Policy and Procedure
Victim Notification
Reference: ND Jail Standard 46

I. POLICY

It is the policy of the Burleigh Morton County Detention Center to collect, store, and document accurate offenders and victims/witnesses contact information in compliance with NDCC 12.1-34-02.3 and SAVIN.

II. PROCEDURE

A. Collection

1. Arresting officers must provide accurate offender and victim/witness or a representative of the victim contact information to detention staff on the appropriate Victim Notification Information form.

B. Storage

1. Offender and victim/witness information must be placed in the inmate file.
2. Victim/witness information must be entered into the inmate's file in the Jail Management System.

C. Documenting Notification

1. When an offender is released from the Burleigh Morton County Detention Center, the releasing officer must call the victim/witness and document on the form the date, time, officer, and if they were contacted directly or indirectly by message.
2. If no contact was made either directly or indirectly, the officer must contact the Victim Witness Coordinator. If unable to contact the Victim Witness Coordinator, arresting agency must be contacted.
3. The completed form must be scanned into inmate's file in the Jail Management System.

Sheriff Tully J L
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Effective Date 10/30/20
Revised _____

Burleigh Morton Detention Center
Policy and Procedure
Inmate Trustees
Reference: ND Jail Standard 47

I. POLICY

The Burleigh Morton County Detention Center provides work assignments that afford inmates an opportunity to learn job skills and develop good work habits and attitudes that they can apply to employment after their release.

II. INFORMATION

- A. A trustee assignment is a privilege not a right; therefore, any inmate may be disapproved for patterns of bad behavior, negative leadership, and/or inappropriate communications with staff, inmate, visitors, or volunteers.
- B. Inmates may be removed from trustee status for documented rule violations, poor work performance, or by the Lieutenant, Captain, Major, or Jail Administrator or designee for safety and security reasons.

III. PROCEDURE

- A. The Jail Administer, Detention Major, or Detention Captain may use certain inmates for work assignments in and around the jail, who have not been designated as a trustee.
 - 1. The inmate workers who have not been designated as a trustee may only be assigned to tasks within a secure area, where they can be isolated from other inmates. These inmate workers must be escorted, when moving to and from their assigned work area.
 - 2. Inmate workers/ trustees will never be permitted to assume any responsibility, which properly belongs to Officers, nor will any inmate worker have the right to assign work to other inmates, or be permitted to leave the jail and return to his/her home for any reason before being lawfully released.
- B. Inmates who are interested in becoming an Inmate Trustee will notify the Programs Department by using the inmate kiosk in his/her pod.
- C. Once the Programs Department receives the request from the inmate, they will pre-screen the inmate to see if they are eligible.
- D. Inmates must meet the following pre-screen criteria.
 - 1. Dependable under minimum supervision.
 - 2. Not a disciplinary problem.
 - 3. Authorized within state statute.
 - 4. Certain classification status.

5. Certain work assignments require clearance by the medical staff in the facility.
 6. Background check.
 7. Has never been removed from any type of Inmate Program.
 8. Must have been in custody a minimum of 4 days.
- E. Inmate must also have an acceptable criminal history. Job assignments may be affected or limited by criminal charges that occurred in the last seven years. Criminal Charges such as the following.
1. Violent crime.
 2. Sexual Offenses.
 3. Any crimes against a child.
 4. Assault on a Law Enforcement Officer.
 5. Escape.
 6. Any Felony involving a weapon.
 7. Introduction of contraband into a correctional facility.
- F. Inmates will not be denied participation in the Inmate Trustee Program based on their sex, race, religion, or national origin. Officers will make reasonable accommodations for those inmates who are physically challenged.
- G. Inmates who are eligible will be given an Inmate Trustee application form to fill out completely.
- H. Inmates who are not eligible will receive a letter stating the reasons why they are ineligible.
- I. A staff member from the Programs Department will conduct an interview with the eligible inmate to determine whether or not the inmate has an interest in the position, experience, or education that would make him/her a good selection for the available position.
- J. When an inmate has been selected for an inmate worker position, Programs Personnel will contact the inmate. Explanation of the open position along with expectations of him/her, and the Inmate Trustee Agreement Form will be discussed.
- K. If the inmate agrees to the position. The Job Description and Inmate Trustee Agreement form will be signed by the inmate and the Programs Personnel.
- L. The signed job description and Inmate Trustee Agreement Form will be scanned and saved into the Jail Management System along with copies placed in their inmate file.
- M. The Programs Personnel will forward the Inmate Trustee personal information to Burleigh County Human Resource Department for ND Workforce Safety enrollment.
- N. Programs Personnel will arrange for the inmate's housing transfer to the Inmate Trustee housing and change the classification in the Jail Management System.
- O. Programs Personnel will notify the Administrative Assistant and Detention Staff of the inmates change in classification and day they will begin working.

- P. Job Assignments.
1. Prior to being assigned to any work detail, inmate workers shall be medically screened by BMDC Nursing staff. Screening will include a health assessment, and any other testing as deemed necessary by BMDC Nursing Staff. Failure to take part in the medical screening, shall preclude the inmate from participation in any work detail.
 2. Inmate workers must present a neat and clean appearance. All inmate workers must shower daily and will be instructed to wash their hands upon reporting to duty, after using toilet facilities, preparing garbage for disposal, and after handling dirty laundry. Inmates will be required to wear hair/beard nets when appropriate.
 3. The job assignments include the following.
 - a) Laundry Service Duty.
 - b) Dishwashing Duty.
 - c) Cleaning Detail.
- Q. Inmates will be expected to wear an approved jail uniform while working and may be able to work in the following areas.
1. Jail Dishwashing.
 2. Jail laundry.
 3. Cleaning detail within the secure portion of the jail.
- R. The Programs Personnel will authorize the inmate to use their personal shoes, if appropriate, to wear while working, and/or issue the inmate worker a pair of canvas shoes from the Jail's supply at no cost.
- S. Work, Health, and Safety Standards.
1. Inmate working conditions shall comply with all applicable federal, state, and local work safety laws and regulations.
 2. Inmate Trustees will be provided safety training prior to any work assignment. All safety training and training of the job duties assigned will be documented and saved in the inmates file in the Jail Management System.
- T. Inmate Trustees will contact the pod control officer via the intercom when it is time for them to report to their assigned job.
- U. The Pod Control Officer will notify the appropriate Detention Staff that the Inmate Trustee is ready to be taken to their job location.
- V. Inmate Trustees will be pat searched before they are taken to their job location and before they are brought back into their housing unit.
- W. At the job assignment location, the Inmate Trustee will sign in and out on their designated time sheet, along with the date and time. The Detention Staff will initial each entry to verify that the information listed is correct.
- X. The Inmate Trustee already assigned to the particular job will train the new Inmate Trustee in the proper use of the job-related equipment as well as the proper safety precautions.
- Y. If an experienced Inmate Trustee is not available to train the new Inmate Trustee, a staff member will conduct the training.

1. Programs Personnel will follow-up with the new Inmate Trustee to ensure they understand their job duties and answer any questions.
 2. Equipment user guides will also be used when appropriate for the work assignment.
- Z. If an Inmate Trustee becomes ill and unable to go to work, the inmate worker will contact the Pod Control officer via the intercom.
1. The Pod Control Officer will contact the Shift Supervisor on Duty and advise him/her of the inmate worker's illness.
- AA. Supervision of Inmate Workers.
1. Inmate workers shall not:
 - a) Be given authority over other inmates.
 - b) Be allowed access to jail records, jail supplies, or property of other inmates.
 - c) Be allowed access to food or eating utensils other than approved by kitchen employees or Officers.
 - d) Be exempt from search requirements.
 - e) Be allowed to carry or use any jail keys.
 2. Inmate workers will not be exempt from segregation requirements.
 3. Male and female inmate workers are not to have any unsupervised contact.
 4. Jail personnel should not allow segregation violations to take place.
 5. Each worker should be required to comply with all rules and regulations applicable to other inmates.
 6. All Detention Officers shall maintain a practice of firm, constant, and careful surveillance and supervision of inmate workers.
 7. Officers will frequently search any worker, including before and after contact with other inmates, and after any unsupervised activity.
- BB. Loss of Inmate Trustee Status.
1. Officers may temporarily remove an inmate from worker status for good cause, including the following.
 - a) When derogatory information is received about the inmate, or there is a change in status of the inmate that requires a higher security level, (additional charges, etc.).
 - b) The inmate violates jail rules.
 - c) The inmate's work performance is not satisfactory.
 2. Officers will submit an incident report detailing the reasons the inmate was removed from work duty and send a copy to the supervisor of the trustee program. The supervisor will determine if the inmate will be removed from the program temporarily or permanently. Jail Administration or designee shall resolve any dispute of an inmate's status by inmates or employees.
 3. If an Inmate Trustee is removed from the Inmate Trustee status, the Programs Personnel will complete the Inmate Trustee Termination form.
 4. The Inmate Trustee Termination form will be scanned into their file in the Jail Management System, along with a copy in their jail file.
 5. The inmate will be re-classified and moved to the appropriate housing.
 6. An inmate may give up his/her trustee status voluntarily if they so choose.
 - a) The supervisor of the trustee program shall interview the inmate before they are allowed to quit. The supervisor will document the reason for the request.
 7. The Programs Personnel will notify the Administrative Assistant and detention staff via email of the inmate's status change.

- CC. Inmate Trustees will be compensated for their work.
1. Inmate Trustees time sheet will be used to keep track of hours worked.
 2. Inmate Trustees will be credited two (2) dollars per hour worked.
 3. An Administrative Assistant will credit the Inmate Trustee's Account once per week and the Inmate Trustee will be given a receipt showing deposit made.

Sheriff Rully JL
Reviewed _____
Effective Date 10/30/20
Revised _____

Burleigh Morton Detention Center
Policy and Procedure
Emergency Medical Procedures
Reference: ND Jail Standard 50 and 53

I. POLICY

The UND Center for Family Medicine is on call twenty-four (24) hours daily to respond to emergency medical questions at the Burleigh Morton Detention Center. Detention personnel will promptly implement emergency medical procedures to inmates and staff in need. At least one staff person must be on duty at all times in each facility that has received and has current certification in basic first aid training and basic cardiopulmonary resuscitation training (CPR) and Naloxone administration.

II. DEFINITION

Emergency Medical Situation – Any health/life threatening condition, such as severe bleeding, unconsciousness, serious breathing difficulties, head injury, severe pain, severe burns, suicide attempt, onset of bizarre behavior, or chemical dependency.

Health Care Administrator: Jeff Hostetter, M.D., UND Center for Family Medicine

Medical Staff – Burleigh County Detention Nursing Staff

I. PROCEDURE

A. Emergency Medical Procedures

1. Detention officers will all receive four (4) hours of First-Aid Training and four (4) hours of CPR Certification. Recertification will be done every two (2) years thereafter. Naloxone administration training will be conducted every other year.
2. Detention personnel will be aware that an emergency situation can occur at any time.
3. When an officer discovers an inmate or detention employee in need of emergency medical attention, first aid will be applied immediately.
4. Once first-aid has been applied, the detention officer will notify the Control Room operator to contact medical staff and/or the detention center doctor of the medical situation, the condition of the patient and location.
5. The responding detention officer will direct duty officers to assist with the emergency if help is needed.
6. The Control Room operator will write down all instructions from the detention center doctor and/or medical staff and transmit to the attending officer.
7. If the detention officer is not able to contact medical staff and/or the detention center physician, the officer shall:
 - a) If the inmate cannot be transported by officers due to the nature of the medical condition; call 9-911.

- b) Metro Area ambulance will respond to transport the patient inmate to Sanford Emergency Department.
 - c) The responsible law enforcement entity will be contacted to provide escort & security for the inmate when they are out of the Detention Center.
 - d) In time sensitive emergencies Detention Officers may be assigned to ride with the ambulance to the hospital and maintain security for the inmate until law enforcement arrives.
 - e) The control room operator is to contact Sanford Emergency Department to notify them of the emergency.
 - f) The control room operator will record all times and provide them to the reporting officer at the completion of the incident.
8. The Officer On-Call shall be notified.
 9. The responding detention officer will complete the appropriate reports.
 10. Upon return of the inmate to the detention center; all medical orders shall be provided to the nursing staff for documentation and follow up.

Sheriff Nelly J. L.
Reviewed _____
Effective Date 10/30/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Detention Center Maintenance
Reference: ND Jail Standard 60; NDCC 12-44.1-24**

I. POLICY

The Burleigh Morton County Detention Center will implement maintenance practices to ensure that the detention center and equipment are kept in good repair and to contribute to the safety of the detention center.

II. PROCEDURE

A. Testing of the Emergency Generator

1. The emergency generator shall be tested as scheduled by maintenance.
2. All systems operated by the generator will be checked, but not switched over, as would automatically happen in case of a power failure.
3. If the test shows a problem with or a breakdown of the generator see subsection B.

B. Maintenance and Repair of the Emergency Generator

1. The Maintenance Department will be responsible for conducting routine maintenance of the emergency generator based on recommendations made in the generator's warranty.
2. Maintenance staff will document this maintenance in the Maintenance Log, which will be kept in the Maintenance Office at the jail.
3. The Maintenance Department will check the generator's fuel tank level as part of this routine maintenance.
4. Should the fuel tank level fall below the recommended parameters, the Maintenance Department will make arrangements to have the tank refilled.
5. If the Maintenance Department discovers a problem or breakdown during routine maintenance or testing, or if there is a breakdown while the generator is in use, the Maintenance supervisor will be notified.
6. The Maintenance Department will be responsible for coordinating necessary repairs of the generator.

Sheriff *Sully + 1*
Reviewed _____
Effective Date 10/30/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Fire (Stationary and Evacuation)
Reference: ND Jail Standards 61 and 62**

I. POLICY

It is the policy of the Burleigh Morton Detention Center to protect inmates, employees and the public from fire and smoke emergencies in the facility by following specific evacuation procedures. Designated evacuation routes will be used during a fire emergency. Burleigh Morton Detention Center are to be in compliance with NDCC 12-44.1-03 and 12-44.1-19, this plan may be applied to other major emergencies also.

II. PROCEDURE

A. Extinguishing A Small Fire

1. When an employee discovers a fire that is small enough for them to extinguish they will announce via radio the fire so that the rest of the facility is aware as to what is going on. They will then extinguish the fire utilizing the nearest fire extinguisher. When there is a fire an immediate lockdown and count will be conducted.
 - a) The supervisor will respond to the location of the fire and verify that no further threats exist.
 - b) The Fire Department may be notified of the incident and the circumstances at the discretion of the supervisor. It will be their decision to respond or not.
 - c) The supervisor will notify Medical and/or Maintenance to respond to the area if needed.
 - d) The employee will ensure that the area is cleaned up and returned to normal operating conditions.
 - e) The supervisor will ensure that the employee who found the fire completes an Incident Report and, if necessary, a Crime Report.

B. Emergency For Large Fires

1. There are fire enunciator panels in Master Control. These panels will assist in determining the location of the smoke/fire. If there is a fire, or a mechanical sensor detects smoke, Master Control will be alerted.
2. When Master Control is alerted to a possible fire by the enunciator board, the control room Officer will announce what alarm is going off and the location of the alarm.
 - a) The Officers nearest the point of alarm will respond and when they arrive they will radio their location and their evaluation of the situation.
 - b) The Control Room Officers will lockdown all housing units and count will be conducted as soon as possible.
 - c) All movement will stop in the facility, except what is necessary for evacuation if needed.

- d) Non-emergency movement will not resume until count has been cleared and the Supervisor has cleared for unlock.
3. When an employee detects fire or smoke, they will notify Master Control and give the following information.
 - a) Their radio number.
 - b) The exact location of the fire or smoke.
 - c) A description of the fire size.
 - d) The amount of smoke in the area.
4. After Master Control verifies a fire, they will call Bismarck Central Dispatch at 9-911 to request a Fire Department response. Master Control will inform the responding department of the fire location, size and the amount of smoke in the area.
5. Incident Command will be established, an Incident Commander identified and the Incident named. The Incident Commander will direct that all detention employees be advised of the fire. Incident Command will be equipped with a detention radio and at least one telephone. The Incident Commander will designate a Scribe to officially record all events as they occur.
6. Only Sheriff's Office and Fire/Emergency personnel will be allowed into the Detention Center during a fire, unless cleared by someone from the Sheriff's Command Staff or Incident Commander.
7. All employees with inmates under their control will obtain a count, secure their areas.
8. The Visitation Officer will evacuate all visitors from the facility. Reception personnel will help in evacuating visitors from the building and verify that everyone who signed in has left the facility. Any professional visitors in Interview or Multi-Purpose Rooms will be evacuated from the facility. Incident Command will direct an officer to go to the appropriate area(s) and evacuate professional visitors.
9. Incident Command will direct an officer to go to the appropriate area(s) and evacuate inmates. Safety being the priority, if time allows inmates being evacuated from their housing area will be restrained using facility gang chains with hand cuffs.
10. Incident Command will direct available officers to go to areas where needed to help with evacuation.
11. All employees will confirm with Incident Command which evacuation route(s) they should use.
12. Inmates in a Pod at the time of a fire will evacuate to the designated location.
13. Evacuation Staging Areas are as follows:
 - a) Recreation areas – furthest away from immediate danger.
 - b) Vehicle Sally Port – booking Inmates.
 - c) If assigned evacuation staging area is non-accessible proceed to the next most available evacuation staging area.
14. A list of all employees and their whereabouts will be established and kept updated by Incident Command.
15. Employees on the scene will determine whether it is safe to begin fighting the fire with an extinguisher. If it is safe, they may do so. If the fire is too large or dangerous they will wait for the Fire Department. The employees will communicate this decision to Incident Command.
16. Incident Command will select the appropriate entrance for the Fire Department to enter the jail. An employee will be designated to meet them and to escort them to the fire/smoke location.
17. The Pods closest to the fire/smoke location may be evacuated depending on circumstances.

18. The Incident Commander will consult with the Fire Department and determine if we have evacuated the appropriate areas, or if more areas need to be cleared.
19. Employees in the areas being evacuated will remain at their Pod and await further instructions from Incident Command.
20. In the areas to be evacuated, employees will instruct the inmates to file out into the corridor in a single line. Employees will obtain another count as the inmates leave the area.
21. When all the inmates are in the corridor, the Pod/area corridor door will be secured for smoke control. Employees will close all doors through which they have evacuated.
22. If smoke becomes heavy during the evacuation, employees evacuating inmates/visitors will instruct them to get as close to the floor as possible and crawl along the corridor.
23. Once they have reached the evacuation destination, employees will conduct another count to ensure that everyone arrived safely and notify Incident Command.
24. Medical may be directed to respond to the evacuation site if there are any injuries.
25. If the count is not correct, Incident Command will assign employees to return to the Pod/area and search for any missing person, if it is safe to do so. If it is not safe, the officer will notify Incident Command of the missing person. Incident Command will notify the Fire Department.
26. Incident Command will notify all detention employees when they can return evacuated inmates to their living units. If returning the inmates to their living units is not safe, they may be returned to the evacuation site for that Pod. Incident Command will be notified when this task is completed.
27. Detention employees will return the evacuated inmates to their living units and jail operations will return to normal.

C. Fires In Master Control

1. If the fire is in Master Control, 200 Pod will assume all of the monitoring and radio operations they are capable of.
2. The Master Control employee will remain in Master Control and try to extinguish the fire if it is safe to do so. If doing it is not safe, they will notify the supervisor that they are abandoning Master Control.
3. The employee will activate the override system on the Inner and Outer Master Control doors, obtain the Master Control key set, exit Master Control and meet the supervisor in the Administration Corridor.
4. If the fire makes it impossible for them to exit Master Control, he or she will notify the supervisor that they need assistance.
5. The Master Control employee will wait for the Fire Department to provide a safe exit or other point of escape.

D. Fires In Booking

1. If a fire occurs in Booking, employees will be responsible for evacuating all arrestees, inmates and other visitors/personnel in that area to an evacuation site.
2. Safety being the priority, if time allows inmates being evacuated from the booking area will be restrained using facility gang chains with hand cuffs.
3. Some employees may remain in booking to fight the fire, if it is safe to do so. If doing so is not safe, they will remain as close to Booking as is safe until the Fire Department arrives. They will then direct the Fire Department to the fire scene.

4. If it becomes necessary to evacuate into the Vehicle Sally Port, Master Control will not open doors into the area for anyone, except Fire Department or other necessary emergency personnel to get to Booking.
- E. Fires In Reception/Administration
1. If the fire is in Reception or Administration and they have evacuated all the visitors, the Receptionist, other employees, and Administrators will then secure the area and evacuate out the front door or the Employee Entrance.
 2. If leaving via the front door is unsafe, the alternate ways out would be the employee entrance or Vehicle Sally Port.
- F. Mass Evacuation Out Of The Burleigh Morton Detention Center
1. Emergencies that make it impossible to shelter inmates in place within the Burleigh Morton Detention Center, Incident Command shall order the evacuation of the Burleigh Morton Detention Center. The offsite temporary housing is within the Burleigh County facility located at 2000 Nth 52nd Street in Bismarck.
 2. When the full evacuation order is given Burleigh County Sheriff's Department Deputies shall prepare the facility at 2000 Nth 52nd Street to receive inmates.
 3. When the full evacuation order is given the designated staff member is to contact Bismarck Central Dispatch to activate the transportation mutual aid procedures to move the inmates from (BMDC) to the 52nd street location. Responding bus drivers will be directed to the designated staging area.
 4. During a full facility evacuation, staff assigned to each occupied area is responsible for the movement of inmates. Staff is to follow the inmate movement process as set out in the shelter in place protocols accounting for every inmate.
 5. To facilitate the evacuation Incident Command will identify the safest exterior exit and route for each occupied area, as well as the exterior staging area(s) on the perimeter of (BMDC) property.
 6. Following the direction from Incident Command assigned officers shall access each designated evacuation point from the outside of the building. Exterior doors can be keyed open, using the master key set secured in the Master Control room. Additional Master keys are secured in the electronic key box. Offsite one full set of facility master keys is also secured in the vault at the Sheriff's Department office located at 514 E Thayer Avenue.
 7. Inmates being evacuated from the (BMDC) facility will be restrained using facility gang chains with hand cuffs.
 8. Detention Officers and assisting Law Enforcement Officers are to maintain control and security of the inmates pending transport the 52nd street location. Inmates are to be under constant supervision with separation between male and female inmates. Headcount will be confirmed before and after transport to the 52nd street location.
- G. Temporary Facility Logistics
1. The Detention Center Administrator, Assistant Administrator or assigned Chief Deputy will establish security perimeters and posts, determine supplies and equipment necessary for inmates, to maintain the safety and security of the inmates held in this temporary area.
 2. Detention staff will maintain basic operations at the 52nd street facility.
 - a) Inmate separation of males from females.
 - b) Facilitate lawful release from custody.
 - c) Facilitate admission of new arrests that pose a significant risk to the public.

- d) Providing timely food services, drinking water, detention clothing, blankets.
- e) Access to male and female restroom facilities.
- 3. Inmates transported to the 52nd street facility will be housed there temporarily. Arrangements will be made to have these inmates transported to prearranged North Dakota Detention Facility, under a mutual aid agreement.
 - a) North Dakota Department of Correction facilities.
 - b) County Jails within North Dakota.

H. New Arrestee Admission And Release Processing

- 1. Detention Officers will ensure the following processing is completed on all new arrestees being brought into the 52nd street facility.
 - a) Complete booking process.
 - b) Medical screening.
 - c) Inventory of inmate's cash and property.
 - d) Visual body assessment.
 - e) Inmate's initial phone call.
- 2. Detention Officers shall complete the following release procedures.
 - a) Document release information.
 - b) Return inmate's cash and property, if available.
 - c) Inmate sign for returned property.
 - d) Escort inmate from secure perimeter of temporary holding facility.

I. Additional Personnel

- 1. The Detention Center Administrator, Assistant Administrator or Officer on call will determine if additional off duty personnel are to be called in.

Sheriff Wally J. L.
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Fire Extinguishers
Reference: ND Jail Standards 61 and 62**

I. POLICY

To ensure the safety and security of the Burleigh Morton Detention Center, the Detention Center will be equipped with fire extinguishers to be used in case of a fire in the Detention Center and they will be placed as recommended by the State Fire Marshall.

II. PROCEDURE

- A. Fire extinguishers will be inspected annually to ensure they are charged and ready for use by staff and once a year by appropriate authority.
- B. These checks will be logged on each fire extinguisher tag.
- C. Any fire extinguishers needing recharging will be taken to Burleigh County Rural Fire Department to be recharged and/or replaced.

Sheriff Mully & L
Reviewed _____
Effective Date 1/28/26
Revised 10/10/20

**Burleigh Morton Detention Center
Policy and Procedure
Emergency Procedures
Reference: ND Jail Standard 63**

I. POLICY ONE – RIOTS

When a riot situation develops, procedures to bring rioting inmates and the area they control back under the control of the Burleigh Morton Detention Center will be put into operation. Procedures will be geared towards the safety of visitors, staff, inmates, and the minimization of property damage.

A. DEFINITIONS

Riot – A riot is an uncontrolled violent disturbance by inmates.

B. PROCEDURE

1. Use Of Weapons And Special Equipment
 - a) The use of weapons or special equipment by personnel to bring a disturbance or riot under control will be done only after all other options have failed and when used they will only be used to the extent required to protect staff and inmates.
 - b) The Administrator and Command Officers are the only persons who can order the use of weapons or special equipment in an emergency situation or riot in the Detention Center.

2. The Detention Officer Does The Following
 - a) If possible, upon discovery of a riot, secure and contain the riot area in order to prevent the following.
 - i. Other inmates from joining in the riot.
 - ii. The taking of hostages or addition hostages.
 - iii. Injury to inmates not involved in the riot and personnel.
 - iv. Damage to other areas.
 - b) Notify the supervisor on duty, Sheriff's Department and Detention Center Officers on call.
 - c) If further help is required, Bismarck Central Dispatch and/or State Radio may be notified of the situation.

3. Once Under Control The Detention Officer Does The Following
 - a) See that medical treatment is provided for all injured inmates and staff.
 - b) All inmates in the riot area will be strip searched for weapons and contraband.
 - c) The riot area will be shaken down for weapons and contraband.
 - d) Secure housing for each individual rioter.

- e) Do a complete inspection of the riot area to determine the extent of damage done and repairs needed.
- f) Restore the Detention Center back to normal operation.
- g) All staff involved in the riot will make out a full report and the Detention Officer on duty will make an entry into the Audit/Shift log.

II. POLICY TWO – HOSTAGES

In the event that a staff member, visitor, or inmate is taken as a hostage in the Burleigh Morton Detention Center, personnel will carry out hostage procedures to provide the maximum protection possible to the hostage, prevent the escape of the abductor, and will use only reasonable and necessary force.

A. PROCEDURE

1. Use Of Deadly Force

- a) The decision to use deadly force will be made by the Jail Administrator or Command Officers only.
- b) The Detention Officer should do the following.
 - i. Upon discovery of a hostage situation, notify the Administrator, supervisor/s, team leaders on call, and Bismarck Central Dispatch.
 - ii. If possible, isolate the hostage area in order to:
 - A. Prevent the abductor from taking more hostages.
 - B. Prevent other inmates from joining the abductor.
 - C. Prevent the escape of the abductor.
 - iii. Will not attempt to enter the hostage area to ensure they do not become an additional hostage.
 - iv. Keep out of sight of the abductor.
 - v. Will relay any information concerning the abductor, hostage, or area that may be helpful in dealing with the situation.
 - vi. A full report will be written and an entry will be entered into the audit/shift log. The report will be turned into the Administrator within three days of the incident.

2. Hostage Negotiations

- a) The life of the hostage is our primary concern. Demands made by the abductor will be heard and carefully considered. If the demands of the abductor will not further endanger the life of the hostage or the security of the Burleigh Morton Detention Center, the negotiator will use the demand as a negotiating point to gain the abductor's confidence, buy time, and gain the release of the hostage.
- b) At no time will there be negotiations for weapons, the release of other inmates, or a lessening of security that could lead to the escape of the abductor.

III. POLICY THREE – NATURAL DISASTERS

It is the policy of the Burleigh Morton Detention Center that all staff will take precautions to provide for the safety of staff, inmates, and visitors in the event of natural disaster or severe weather conditions.

Booking will monitor the North Dakota State Teletype System for severe weather statements and related conditions that may affect the safety and security of the facility. The Control Room Operator will listen for any alerts on the Weather Alert Station.

A. DEFINITIONS

Tornado Warning – A tornado has been sighted or indicated by weather radar; there is imminent danger to life and property. Warnings are issued by the local forecast office.

Thunderstorm Warning – Severe weather has been reported by spotters or indicated by radar. Warnings indicate imminent danger to life and property. Warnings are issued by the local forecast office.

B. PROCEDURE

1. Tornado And Thunderstorm Warnings
 - a) When the National Weather Service issues a tornado or thunderstorm warning, Booking or Control will do the following.
 - i. Notify the Shift Supervisor.
 - ii. Notify administration, programs, nursing, maintenance, and kitchen if it is during business hours.
 - iii. Notify all detention officers on duty, and contact staff with any updates.
 - b) If any staff member becomes aware of severe weather statements, or hears a warning siren, they will notify the shift supervisor.
 - c) The shift supervisor or designee will ascertain if there are any visitors in the facility.
 - i. If visitors are present in the building, the shift supervisor will advise the visitor(s) of the warning in effect.
 - ii. The officer will give the visitor the option of leaving the building or remaining inside.
 - iii. If a visitor wishes to stay he/she will be escorted to the lobby area and advised to stay clear of any glass.
 - d) The detention officers will inform the inmates in their area about the weather statement and will do the following.
 - i. Lock down the inmates and conduct a headcount.
 - A. Inmates will be locked down in their cubicles in the cell blocks.
 - ii. Inmates in the dorms will lock down on their bunks.
 - iii. Advise the inmates to stand clear of any windows or glass until the floor officer advises them that the warning has expired.
 - iv. Unlock the inmates and resume normal operations when the weather warning has expired and the shift supervisor has given the authority to do so.
 - e) If the inmates must be evacuated, the supervisor will refer to policy on Evacuation.
2. Heavy Snow/Blizzard Warning
 - a) When the National Weather Service issues a snow advisory or blizzard warning, the Control Room Operator or Booking will.
 - i. Notify the shift supervisor.
 - ii. Notify administration, programs, nursing, kitchen, and maintenance staff.
 - iii. Notify detention officers.
 - b) The shift supervisor may notify the Jail Administrator or his/her designee and discuss actions to be taken, if deemed appropriate. Actions may include the following.
 - iv. Arranging for Deputies and staff members to report early while roads are still passable.

- v. Arranging for on-duty staff members to leave early while roads are still passable or stay over until roads are open as long as adequate staffing levels are met.
 - vi. Confirming there is enough food, medication, and supplies for the duration of the storm.
- c) The shift supervisor will instruct all visitors and non-essential personnel to leave prior to the roads becoming impassable.

IV. POLICY FOUR – HUNGER STRIKES

Inmates refusing to eat for a maximum of three (3) consecutive days, and inmates with a medical condition that may be affected by a single meal refusal, will be referred to Medical Staff for evaluation.

A. PROCEDURE

1. When a floor officer notices an inmate has refused to eat a meal, he/she will document the meal refusal in the appropriate log.
2. The floor officer will monitor the inmate to see if the inmate receives food from other inmates, eating commissary, and drinking fluids.
3. If an inmate skips a meal and the inmate has a medical condition in which skipping a meal may have a serious affect on the inmate's health, the floor officer will notify medical staff.
4. If an inmate has refused to eat for three (3) consecutive days the floor officer does the following.
 - a) Move the inmate to a housing area that staff can observe the inmate.
 - b) Interview the inmate to try and determine the reason for the meal refusal and complete an Incident Report.
 - c) Notify medical staff and provide them with all available information. (If no medical staff is available, the shift supervisor will be notified).
 - d) Continue monitoring the inmate to see if the inmate is drinking or eating commissary.
5. Staff will continue to physically offer a meal tray to the inmate during each scheduled meal service, three times daily, regardless of the inmate's verbal statement of food refusal.

V. POLICY FIVE – POWER OUTAGE

It is the policy of the Burleigh Morton Detention Center to have a back-up supply of power in the event of a power loss to ensure continuous operation of the facility. In the event of a power loss, the emergency generator is automatically activated within a few seconds to restore power needed for essential operations.

A. PROCEDURE

1. In the event of power loss the housing officer does the following.
 - a) Return to or remain at the Officer's station.
 - b) Instruct all inmates to remain in their location.

- c) Use the staff issued flashlight to monitor the inmates until the generator is activated.
 - d) Follow all instructions of the Shift Supervisor after the generator has been activated.
2. In the event of a facility power loss and activation of the generator, the shift supervisor does the following.
 - a) Order a facility lockdown and headcount.
 - b) Order that the facility remain in lockdown until the shift supervisor has ensured that all security systems and doors are operating properly,
 - c) Ensure that all security systems are operating properly with the assistance of the Control Room Operator.
 - d) Instruct all detention officers to check all security doors and housing unit doors to ensure that they are working properly.
 3. If the Shift Supervisor is made aware of any security equipment failures as a result of the generator being activated, the shift supervisor does the following.
 - a) Contact maintenance staff and inform them of the problem. (If it is after hours the Maintenance On-call will be notified).
 - b) Determine if the facility needs to remain on lock down and other actions needed to maintain the safety and security of the facility until the problem is repaired.
 - c) Document the problem and any action taken and complete an incident report.

VI. POLICY FIVE – DISRUPTION OF ESSENTIAL SERVICES

It is the policy of the Burleigh Morton Detention Center that all staff will take precautions to provide for the health and welfare of staff, and inmates in the event of a disruption of essential services.

A. PROCEDURE

1. In the event of a disruption of essential services the supervisor on duty does the following.
 - a) Report the outage to the maintenance staff.
 - b) Confirm the estimated outage duration.
 - c) For an outage projected for an extended time advise the officer on call.
 - d) In the event of loss of water provide inmates and staff with bottled water as needed.

Sheriff Tully J L
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Storage and Use of Hazardous Materials
Reference: ND Jail Standard 64**

I. POLICY

The properties which compose the entirety of the Burleigh Morton Detention Center necessarily require a number of chemicals to maintain daily operations. Because chemicals pose varying risks, it is necessary to identify and categorize all, and to store, issue, and track many of the chemical products used within our facility.

II. PURPOSE

To establish operational procedures for the storage, issuance, use and tracking of chemicals used in the operations of the Burleigh Morton Detention Center. This policy and procedure shall govern the control and use of all flammable, toxic and caustic materials used and stored in the Burleigh Morton Detention Center facility.

III. DEFINITIONS

Caustic Materials – A substance that can destroy or eat away by chemical reaction.

Combustible Liquid – A substance with a flash point or above 100 degrees Fahrenheit; Classified by flash point as a Class II or Class III liquid.

Flammable Liquid – A substance with a flash point below 100 degrees Fahrenheit; Classified by flash point as a Class I liquid.

Flash Point – The minimum temperature at which a liquid will give off sufficient vapors to form an ignitable mixture with the air near the surface of the liquid (or in the vessel used).

Toxic Material – A substance that through Chemical reaction or mixture can produce possible injury or harm to the body by entering through the skin, digestive tract, or respiratory tract.

Personal Protective Equipment – Equipment intended to be worn by an individual to create a barrier against workplace hazards.

IV. PROCEDURE

A. Procedural Guidelines

1. General

- a) Facility staff should control the use of flammable, toxic, and caustic materials through the use of a comprehensive program that begins with a review of what

chemicals are in use in a particular facility. Controlling what is purchased is the critical first step in limiting the use of dangerous materials and increasing the safety of both staff and inmates. A thorough review process by assigned staff and administration can help to ensure that the least dangerous product is used for a particular task. The information contained in the Material Safety Data Sheet (MSDS) is critical in choosing products. Limiting the use of extremely dangerous materials whenever possible is the best method of insuring the highest degree of safety for staff and inmates alike.

2. Chemical Container Labeling

- a) The cornerstone of proper chemical control, storage and use is the strict adherence to proper labeling of all containers in a consistent manner. Every chemical product will have a manufacturer's label with important information about the product's ingredients, proper use, interactions with other chemicals and hazards. It is imperative that the label be fully intact and able to be read in its entirety. Containers with damaged or faded labels should be discarded. Chemicals should never be stored in a container other than the container provided by the manufacturer for that specific chemical.

3. Chemical Storage

- a) Properly labeled chemicals must be stored according to the risk they present. All chemicals with a HMIS rating of two (2) or higher and chemicals that are labeled with the word "Warning" or "Danger" or "Flammable" present a significant enough potential risk to require storage in areas that are secure and require a system of controlled issuance and accountability. Substances that do not contain any of the properties discussed in the guidelines but are labeled
- b) "Keep out of reach of children" or "May be harmful if swallowed" are not necessarily subject to the controls specified in these guidelines. Their use and control, however, including the quantities available, should be monitored in a responsible manner by the controlling facility. Diluted products with a hazardous rating of (0) or (1) for health, flammability, and reactivity, using the guidelines from the MSDS, do not meet the definition of toxic material. Issue logs for these substances are not required but all containers must be labeled. MSDS sheets must be maintained on these substances and readily available. An inventory of these products should be maintained in the primary storage area for general control.
- c) If a substance falls into one of these labeling categories or possesses one or more of the chemical properties listed in the Definitions section, the following storage measures need to be implemented.
 - i. Secure storage area that is inaccessible to inmates, with a strong, locking door. Key control practices should be followed as with any other secured area.
 - ii. Chemical inventory and sign in/sign out logs will be utilized to record issuance and return of chemicals from the secure storage area. All stored chemicals will have corresponding MSDS readily accessible. Staff will supervise inmate janitors and cleaning crews and will be responsible for signing the chemicals in and out.
 - iii. Properly installed shelving should be placed in the storage areas, capable of supporting and holding all chemicals in a safe and ordered manner.
 - iv. Flammable rated storage cabinets should be used to store flammable chemicals within the secure storage area.

4. Chemical Issuance and Use
 - a) Chemicals must be issued to properly trained individuals and used according to manufacturer's instruction. A properly trained individual is defined as someone who can read and understand the manufacturer's label, has been briefed by staff on proper usage techniques and utilizes safety equipment appropriate to the chemical during use. Inmates and staff who will use chemicals should be orientated by knowledgeable supervisory staff and safe work practices should be stressed at all times. All materials designated as "Hazardous," "Dangerous," or "Flammable" may be used by inmates only under direct staff supervision, which requires staff to be in the immediate physical area as the inmates.
5. Chemical Spill & Exposure Management
 - a) Accidental spills, exposures to skin and eyes, and combining of certain chemicals can all cause serious injury or even death. Even small incidents should be taken seriously and reported immediately to supervisory staff. Ignoring or attempting to control spills without taking proper steps can lead to more serious problems. Spills and disposal must be addressed in accordance with the guidelines indicated on the MSDS sheet. Supervisory staff should stress to the staff and inmates under their supervision that reporting of spills or exposures is mandatory.
6. Material Safety Data Sheets
 - a) Material Safety Data Sheets or MSDS are documents required by government regulation for all hazardous chemical substances produced and/or sold in the United States. Each MSDS sheet shall be in English and shall contain the following information: the identity used on the label, physical and chemical characteristics, physical and health hazards, primary routes of entry, exposure limits, precautions for safe handling and use, control measures, emergency and first aid procedures, and the chemical manufacturer's name, address, and telephone number. MSDS sheets are available from the manufacturer of every chemical product on the market today. The facility will maintain a complete master collection of MSDS sheets in an organized binder. The facility will maintain a master index of all flammable, caustic, and toxic substances used by a facility, including their MSDS sheets. Additional copies may be necessary depending on the structure and function of the individual facility.
7. Annual Review Responsibility
 - a) At least annually, Material Safety Data Sheets (MSDS) and the control of toxic, flammable and caustic chemicals shall be reviewed by the assigned staff member to ensure continued compliance with all aspects of the program. This annual review will be documented in memorandum format and maintained in the facility's safety records. Any deficiencies will be addressed with remedial action.

Sheriff Sully J L
Reviewed _____
Effective Date 10/20/20
Revised 11/3/23

Burleigh Morton Detention Center
Policy and Procedure
Inmate Grooming
Reference: ND Jail Standards 68, 69 and 100

I. POLICY

The Burleigh Morton Detention Center will implement practices to ensure that all inmates are able to exercise good hygiene habits.

II. PROCEDURE

- A. Grooming; hair length and style, along with facial hair length & style are part of a person's individuality. Burleigh Morton Detention Center staff shall monitor inmate grooming to ensure safety, security and sanitation of the facility.
- B. Inmates will have opportunities to request a razor three times per week on days designated by the administrator. Restrictions may apply for those held in restrictive housing.
 - 1. Each inmate receiving a razor will be documented on the Guardian system.
 - 2. When razors are removed Detention Officers will collect each issued razor, ensuring the razor has not been tampered with and account for all razor blades.
- C. Inmates may request the service of the jail barber during times designated by the administrator and the barber's availability.
 - 1. The cost will be determined by the barber.
- D. Nail Clippers are available three times per week, following the razor schedule.

Sheriff Nelly PL
Reviewed _____
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Revised 11/3/23

**Burleigh Morton Detention Center
Policy and Procedure
Food Service
Reference: ND Jail Standards 72-76**

I. POLICY ONE – SPECIAL DIETS

In order to meet health needs, the Burleigh Morton Detention Center will provide special diets approved by the appropriate medical or dental personnel. Special Diets for inmates whose religious beliefs require adherence to religious dietary laws and prohibits of the use of food as a disciplinary measure. Kitchen Management shall maintain special diet orders for a minimum of 1 year.

A. PROCEDURE

1. Alternate Food Service
 - a) An alternate food service may be provided to an inmate who uses food or food service equipment in a manner that is hazardous to the inmate or other persons. Alternative food service must be on an individual basis, it must be based on health or safety considerations, it must meet basic nutritional requirements, and there must be documented approval by the jail administrator and responsible health authority. The alternate food service must be reviewed and approved every seven days by the facility administrator or designee and responsible health authority.
2. Meal Service
 - a) Burleigh Morton Detention Center shall provide inmates at least three meals per 24 hour period, at regular meal times, with no more than 14 hours between the evening meal and breakfast. Two of which are hot meals.
 - b) Variations are allowed during emergencies, for inmates on work release, and for weekends and holidays.
 - c) With continuous operations weekends can be identified as any two consecutive days in the standard calendar week, Burleigh Morton Detention Center recognizes Sunday & Monday as the weekend.
 - d) Staff shall document any substitutions to the menu; substitutions are of equal nutritional value as established by the food contractors registered dietitian. The Detention Lieutenant and the Kitchen Manager will maintain accurate records of any meal substitutions for a minimum of one year.

II. POLICY TWO – KITCHEN SANITATION

Food preparation and service areas must be kept sanitary, clean and orderly to prevent unsanitary conditions to develop. This will be done by the contracted kitchen staff.

A. PROCEDURE

1. The contracted kitchen staff will inspect the kitchen after each meal to ensure that the area is sanitary and clean.
2. The contracted kitchen staff will ensure the kitchen equipment is cleaned after each use.
3. The contracted kitchen staff will inspect eating utensils, serving trays, cups and bowl to ensure that they are washed and sterilized after each use.
4. The contracted kitchen staff will ensure that the kitchen floor is swept and mopped after each meal preparation, or more often as needed.
5. The contracted kitchen staff will ensure the refrigerators and freezers are inspected daily, cleaned weekly, or more often as needed.
6. The contracted kitchen staff will ensure that the counter tops and work areas are cleaned after each use.
7. The contracted kitchen staff will ensure that walls and lights are cleaned weekly, or more often as needed.
8. The contracted kitchen staff will ensure the vents are cleaned weekly, or more often as needed.

III. POLICY THREE – PERIODIC INSPECTION OF KITCHEN

The Burleigh Morton Detention Center kitchen will be inspected periodically, as regulated by the Building and Sanitation Department of the City of Bismarck to ensure the kitchen is kept clean and sanitary.

A. PROCEDURE

1. These inspections will be unannounced and will be handled strictly by the Building and Sanitation Department of the City of Bismarck.
2. They will submit to the Administrator a copy of the findings of the inspection. This report will list any discrepancies and the general over all condition of the kitchen.

IV. POLICY FOUR – WEEKLY FOOD SERVICE INSPECTIONS

A. PROCEDURE

1. The Burleigh Morton Detention Center kitchen will be inspected weekly by the administrator or a designee and Kitchen Manager or designee to ensure the kitchen is kept clean and sanitary.
2. Records of the inspections and any corrective actions will be documented and maintained.

Sheriff Sully
Reviewed _____
Effective Date 10/20/20
Revised 11/3/23

Burleigh Morton Detention Center
Policy and Procedure
Visitation
Reference: Jail Standards 78, 79, 80 and 85

I. POLICY

Visits from family members and professionals are beneficial to both the inmate and the Burleigh Morton Detention Center (BMDC).

Inmates of the Burleigh Morton Detention Center can visit with family members, friends and professionals, consistent with the security of (BMDC) and the safety of visitors, inmates, and detention personnel.

The Burleigh Morton Detention Center will have regular visitation for all inmates.

II. DEFINITION

Contact Visits – A visit in which physical contact between the inmate and the Visitor is permitted. This is ONLY allowed with professionals, Attorney, clergy, counselors, etc. Professionals/counselors will need prior approval.

Non-Contact Visits – A visit in which physical contact between the inmate and he visitor is not permitted. Non-contact visits are the only type of visiting permitted with family members and friends.

Professional Visits – Visits between inmates and professionals such as lawyers, clergy, government representatives, law enforcement officials, and mental health workers with the intent to provide a service to the inmate.

III. PROCEDURE

A. Inmate Visiting

1. General.

- a) An inmate will not be denied a visit unless there is a clear and convincing evidence that the visit would violate the security of the Burleigh Morton Detention Center or endanger the safety of inmates, visitors, or staff.
- b) When an inmate’s access to visitation is denied, documentation of the following information is required.
 - i. Visitor’s Name.
 - ii. Date and time the visit was denied.
 - iii. Reason the visit was denied.
- c) The inmate handbook will contain visitation rules for the inmate to read.

2. Visitation record keeping.
 - a) A record of all visitors to the detention center will be maintained to ensure the safety and security of the detention center.
 - b) Identified visitors will check in and out at the front counter of the (BMDC) administrative office. Administrative staff will maintain a visitation log to document the visitor's name, the name of the inmate they are visiting, date, and time for the visit.
 - c) At no time will the address of one visitor be given to another visitor.
3. Inmate property brought in by visitors.
 - a) All money will be deposited into the kiosk located near the lobby of the Burleigh Morton Detention Center.
 - b) Visitors may leave specific property for an inmate.
 - i. Small soft cover bibles.
 - ii. Eyeglasses/contacts.
 - iii. Dentures.
 - iv. Prescription medication.
 - c) All property left for an inmate is subject to approval by Detention Staff.
 - d) Any visitor who brings or attempts to bring any item of contraband into the detention center will be prosecuted to the fullest extent of the law and further visits will be denied.
4. Inmates request for restriction on visitor.
 - a) An inmate in the Burleigh Morton Detention Center can request a visiting restriction on a visitor by submitting a written request with the visitor's name on it and the reason they request the restriction.
 - b) Inmate can refuse visitations with professionals, family member, etc. at any time.
5. Holiday and weekend visitation.
 - a) There will be no visitation in the Burleigh Morton County Detention Center on weekends and holidays.
6. Visitation hours.
 - a) Public visitation hours at the Detention Center will be accessible to the inmates in the inmate handbook.
 - b) Hours will be reasonable for the public.
 - c) Children will not be left unattended.
7. Weapons in the visitation areas.
 - a) At no time will weapons be permitted in the visitation areas of the Burleigh Morton Detention Center.

B. Family Visitation

1. The individual will show proper identification such as identification card, driver's license, or other photo identification with date of birth and current address.
2. Visitors will not wear revealing or suggestive clothing. If the visitor is improperly attired, the visit will be denied.
3. Approximately 20 minutes will be allowed on a visit.
4. Visitors who are under the influence of drugs or alcohol or acting in such a manner, will not be allowed to visit.
5. An inmate can have only 1 visit per visiting day.
6. Visits are restricted to two (2) family members at any given time.
7. It will be the responsibility of the inmate and visitors as to who is going to visit on each visiting day.

8. Visitors under the age of 18 must be accompanied and escorted by a parent, relative, or documented guardian. Under age visitors are to be under constant direct supervision by their escort while on (BMDC) property.

C. Visits By Professionals

1. Inmates of the Burleigh Morton Detention Center have the right to visit with professionals at any reasonable time consistent with the security and safety of the Burleigh Morton Detention Center.
 - a) Inmate visits with professionals will be conducted according to general visitor procedures of the Burleigh Morton Detention Center.
 - b) Professional visits will be considered confidential.
 - c) The Detention Officer will not monitor professional visits.
 - d) There will be no time limit on the visit provided, it is kept within reason.
 - e) Professional visits will be conducted at reasonable, hours, excluding meal times.
 - f) The inmate's attorney will be allowed to visit his/her client as soon as possible after the client is booked in.
 - i. All subsequent visits by inmate's attorneys will be at reasonable hours.

D. Special Visits

1. The Burleigh Morton Detention Center will attempt to make arrangements for inmates to have special visits with family members, as long as they don't jeopardize the safety and security of the detention center.
 - a) A Command Staff Officer will review all request for special visits.
 - i. All requests will be in written form.
 - b) The Command Staff will implement special visits according to the visiting procedures of the Burleigh Morton Detention Center.
 - c) Detention staff will implement special visits according to the visiting procedures of the Burleigh Morton Detention Center.
 - d) The Command Staff Officer will provide the inmate or person requesting a special visit with written notice when a special visit is denied and will provide the reason for denial.

E. Visitation Rules And Conduct

1. Visitation rules have been developed to specific requirements to govern the conduct of inmates and visitors. Rules are an important means of maintaining detention center security and order. All inmates and visitors must be familiar with the rules.
2. Visitors shall at all times conduct themselves in a lawful and orderly manner while in the Burleigh Morton Detention Center or they will be escorted from the detention center and the visit will not be allowed and could be denied for a reasonable amount of time.
 - a) Inmates and visitors will conduct themselves appropriately at all times.
 - b) All visitors will leave the visiting area when told to do so.
 - c) Special Visits may be approved by a Command Staff Officer.
 - d) Further visitation will be denied if there is damage, defacing, inappropriate conduct or a mess left in the visitation rooms.
3. Visitation Rules will be posted online for the public to view, and in the inmate handbook for the inmates.

F. Visitor Sign In

1. In the Burleigh Morton Detention Center all persons permitted to visit an inmate will sign in before the visit in order to keep record of such visits.
2. This includes all visitors: family, friends, significant other, clergy, attorney, law enforcement officers, etc.
3. The visitor will check in at the reception desk at the Burleigh Morton Detention Center.
4. The visitor will provide the following information.
 - a) Picture identification.
 - b) Inmate they wish to visit.
5. Visitor will be checked into the jail management system.
6. Visitor will take a seat until his/her turn to visit.
7. The Administrative Assistant will inform the visitor when he/she can go into visit.

G. Visitor Search

1. Any person entering the Detention Center may be subjected to a search to ensure the security of the Detention Center against prohibited articles. Any person who with probable cause is believed to be concealing an article that may disrupt the security of the Detention Center shall be required to submit to a search.
2. If the person refused the search:
 - a) The visit shall be denied and the person will leave.
 - b) The person's name and reason for visit will be logged in the log book.
3. If the person voluntarily submits to the search:
 - a) The search will be done and if no prohibited articles are detected or found the visit shall be allowed to take place.
4. If prohibited articles are found the Detention Officer complete the following.
 - a) Remove the articles and detain the individual. If it warrants the individual to be arrested, the individual will be detained and charges will be filed (the individual now becomes an inmate and will be dealt with accordingly).
5. The confiscated articles will be labeled and secured in the evidence locker.
6. The Detention Officer will write a full report on the incident.
7. If the person is not charged at the time the article is taken, the Detention Officer will do the following.
 - a) Issue a receipt for the property and put on it the date, time, and the signature of the person bringing in the item.
 - b) Tag the item with the date, time and Detention Officer's name that took the item.
 - c) Place the item in an evidence bag, seal it and mark it with the same information as on the tag.
 - d) Submit a detailed report of the incident.
 - e) The visit shall be denied and the person will leave.

G. Inmates Brought To Contact Visitation

1. Contact visitation may include professional visits.
2. Inmates will be brought to contact visitation by detention staff when notified there is a visit by office staff.
3. Inmates will be secured in the appropriate contact visitation room.
4. When the visit has concluded the visitor will exit the contact visitation area.
5. The inmate will be returned to housing.

H. Inmate Visiting

1. Detention Administrative Assistants will cross reference the names of all visitors, with the available information, to prevent violations of no contact orders, prevent contact with victims or any other identified reasons why a visit should not be allowed.
2. The visitors will be entered into the inmate's contacts in the jail management system.
3. The inmate is allowed ten visitors on their list.
 - a) There will be no changes made to the visitation list unless approved by Command Staff, Programs, or Behavioral Health workers.
4. One visit per inmate will be allowed each visiting day.
5. The first visitor to sign up or sign in will get to visit.
 - a) If two visitors are present at the same time and do not want to visit together, they will have to decide who is going to visit.

Sheriff Tully J L
Reviewed _____
Effective Date 10/20/20
Revised _____

Burleigh Morton Detention Center
Policy and Procedure
Inmate Mail
Reference: ND Jail Standards 81 and 83

I. POLICY

Inmates in the Burleigh Morton Detention Center are allowed to receive general, official, electronic, and legal mail.

II. PURPOSE

This policy ensures that the inmate can continue ties with their family, friends and the community according to the North Dakota Jail Standards.

III. PROCEDURE

A. Incoming Or Outgoing Mail-General

1. Personnel of the Burleigh Morton Detention Center will not hold or censor inmate mail, unless there is convincing evidence that such correspondence poses a threat to the safety and security of the detention center staff and general public.
2. In each case when it is necessary to remove any item, reject or censor, a written record must be made of such action to include the following.
 - a) The inmate name and number.
 - b) A description of the mail in question.
 - c) A description of the action taken and the reason for such action.
 - d) The disposition of the item(s) involved.
 - e) Signature of the acting officer.
 - f) Written notification to the inmate and sender.
 - g) A due process review of the rejection procedure shall be provided to the inmate at their request. Requests for a review must be submitted in writing to the facility Captain, within 24 hours of the notice of rejected mail. Rejected items shall not be destroyed or returned to sender until the period of review has expired.
 - b) Packages will be dealt with in the same manner as other forms of mail.
3. Each inmate in indigent status will be allowed (2) pre stamped post cards and (2) pages of paper per week at county expense.
4. Outgoing inmate personal letters must be left unsealed to allow officers to inspect contents.
5. All inmates personal incoming and outgoing mail will be opened and inspected to insure safety and compliance with the rules and regulations of the facility.
6. Outgoing mail must include the following.
 - a) Inmate's committed name.
 - b) Complete institution's return address.
 - c) Complete name and address to which the letter is being sent.

- d) Each inmate should not draw or add additional information to the address area.
- e) All outgoing mail will be stamped "MAILED FROM A CORRECTIONAL FACILITY".
- 7. Mail will be sent out at 0800 hours Monday – Friday (except holidays).
- 8. Burleigh Morton Detention Center cannot be used as an inmate's permanent mailing address.
- 9. Incoming inmate personal mail will be opened and inspected by officers prior to being received by the inmate.
- 10. All cash, checks, and money orders will be removed from personal mail, receipted and credited to the inmate's account.
- 11. Contraband will be removed and retained with the inmate's property or placed in evidence pending a criminal investigation.
- 12. Correspondence with inmates of another penal institution may be restricted.
- 13. Correspondence between inmates in custody at the Burleigh Morton Detention Center will not be allowed.
- 14. Inmate personal mail received after the inmate's release will be returned to sender.

B. Incoming Or Outgoing Mail-Privilege

- 1. There will be no restrictions on the number of incoming or outgoing letters considered privileged correspondence.
- 2. Incoming privileged correspondence is only the correspondence that has the name and official status of the sender that appears on the envelope.
- 3. Privileged correspondence includes the following.
 - a) Attorneys.
 - b) Judges and clerks of federal, state or local courts.
 - c) President, Vice-President and the Attorney General of the United States.
 - d) Any member of the United States Congress.
 - e) The Governor, Lieutenant Governor or Attorney General of any state.
 - f) Any member of the State Legislature.
 - g) Any parole/probation officer.
 - h) All federal and state agencies.
- 4. Incoming privileged correspondence will be opened and inspected in the presence of the inmate to whom the letter is addressed.
- 5. Privileged correspondence will not be read.
- 6. Incoming and outgoing legal and official mail will be logged to maintain required documentation.

C. Packages-General

- 1. All packages will be inspected for items that pose a threat to the safety and security of the Burleigh Morton Detention Center.
- 2. No C.O.D. packages will be accepted for any inmate.
- 3. No food products will be allowed to be sent in.
- 4. Contraband or items not allowed will be removed, retained in the inmate's property or placed in evidence pending criminal investigation.

Sheriff Rally fl
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Reading Material
Reference: ND Jail Standard 82**

I. POLICY

Burleigh Morton Detention Center will maintain a library within the secure perimeter of the detention center to provide inmates access to general reading materials.

II. PROCEDURE

- A. General reading material may be obtained through donations from the community, local organizations, and/or businesses.
- B. Inmates are not permitted to receive books, newspapers, periodicals, publications or any other reading material from visitors or mail. Except for self-help, educational and/or religious material.
1. Prior to an inmate receiving self-help, educational and/or religious material from a visitor or mail, the materials must be inspected and approved from the supervisor on duty.
- C. Books and religious materials will not be accepted if they contain the following.
1. Staples, metal, or hard plastic bindings.
 2. Photography or pictures that display drugs, pornography, gangs, gang tattoos, or hand gestures (signs).
 3. Hardcover.
 4. Any material that appears to be obscene or tend to incite murder, arson, riot, racism or otherwise compromises the security of the facility.
 5. Magazines.
- D. Inmate's that are participating in the Education Release Program may be allowed hardcover textbooks, upon approval of the Programs Manager/Assistant.
1. All approved hardcover textbook will be stored and locked up in the inmates locker located in the work release station area.
 2. Inmates will only be allowed to use their hard cover textbooks in the programs room located in their assigned housing unit. Inmates may request to use the programs room when they are available.
- E. Each recreational area will contain a book mobile cart containing a variety of general reading materials.

- F. Inmates will be able to access the book mobile cart during their scheduled recreation time.
- G. Inmates are allowed to have (3) books in their possession at a time.
- H. Inmates are allowed to have an additional (3) religious reading materials in their possession at a time.
- I. If an inmate is in possession of more than the allotted amount, the excess books will be removed from their possession and placed in the inmate's property.
- J. Inmates housed in segregation will be provided access to library services based on their status, along with safety and security of the facility.

Sheriff Rally J L
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Inmate Access to Legal Material
Reference: ND Jail Standards 86 and 87**

I. POLICY

Burleigh Morton Detention Center will provide access to legal materials through sources approved by the administrator, including the law library or the state's attorney, materials from the law library of the district court, materials from the law library of the North Dakota Supreme Court, and may include photocopies of legal materials.

Inmates who are not represented by legal counsel or by standby legal counsel will have access to legal materials or assistance from persons trained in the law for purpose of preparing a defense in a criminal prosecution, to challenge a criminal conviction on a direct appeal, post-conviction, habeas proceedings, and to challenge conditions of confinement. A list of persons trained in the law will be available to the inmates.

Legal materials may include the following.

- A. A current edition of a leading legal dictionary.
- B. North Dakota and federal rules of civil, criminal and appellate procedure.
- C. Rules of Court for the state of North Dakota and for the United States District Court for the district of North Dakota.
- D. Chapters of the North Dakota century code relating to criminal procedure, substantive criminal law, habeas process and post-conviction relief.
- E. North Dakota cases related to criminal law and procedure.
- F. State post-conviction forms and United States district court forms for habeas and Section 1983 proceedings.
- G. Statutes and Rules applicable to federal habeas corpus and federal civil rights.

II. PROCEDURE

- A. Legal Resources will be provided to inmates on the kiosk located in each housing unit. If an inmate is requesting copies of legal materials they will fill out the inmate request form also located on the kiosk. Notary Public services will be provided to inmates for legal papers.

Sheriff Tully JL
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Non-Discrimination / Religion
Reference: ND Jail Standard 89**

I. POLICY

Inmates of the Burleigh Morton Detention Center have the right to reasonable opportunities to exercise their religious beliefs, subject to limitations reasonably related to the safety and security of the correctional facility.

Inmates may not be subjected to discrimination because of race, religion, genetics, sex, sexual orientation, gender identity, origin, creed, nationality, or disability, and shall receive equal treatment under all policies and procedures of this facility.

II. PROCEDURE

A. Religious Services – General

1. No employee or official of the Burleigh Morton Detention Center will deny an inmate his/her right to worship and practice the religion of his/her choice. Restrictions pertaining to the worship and practice of a religion will be subject only to limitations necessary to maintain the order and security of the detention center.
2. The Burleigh Morton Detention Center staff will make arrangements for an inmate to receive religious counseling upon written request from the inmate.

B. Inmate Request For Religious Counseling

1. The Detention Chaplains are available to counsel inmates who request religious counseling.
2. Inmates who request religious counseling will do so on a request form on the kiosk in his/her housing.
3. The request will be routed to appropriate staff members to telephone or email the Police Chaplain/s and relay the inmate's request to them (if the inmate has not specified a particular clergy person).
4. When the inmate specifies another clergy person, a staff member will contact him/her.
5. The staff member will make arrangements for the clergy to counsel the inmate at the detention center.
6. The inmate will be informed of the arrangements made for him/her to receive religious counseling.
7. The location of religious counseling in the detention center will be determined by the administrator or designee on a case by case basis.

Sheriff Jully J L
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Prohibition of Abuse and Harassment
Reference: ND Jail Standard 90**

I. POLICY

Inmates of the Burleigh Morton Detention Center have the right to be protected from personal abuse, corporal punishment, personal injury, disease, property damage, and harassment.

II. PROCEDURE

A. Personal Abuse

1. No Employee or official of the Burleigh Morton Detention Center will engage in any conduct that is not consistent with our policies, procedures, and training when dealing with inmates. Abuse in any form to anyone will not be tolerated.

B. Corporal Punishment

1. No Employee or official of the Burleigh Morton Detention Center will engage in any conduct that is not consistent with our policies, procedures, and training when dealing with inmates. Physical contact with inmates will be conducted according to established Burleigh Morton Detention Center training. Corporal punishment in any form to anyone will not be tolerated.

C. Personal Injury

1. The Staff of the Burleigh Morton Detention Center is entrusted with the care of those inmates in our custody. Burleigh Morton Detention Center policies, procedures, training, and supervision, all focus on providing a safe and secure environment for all who occupy this facility.
2. Events, actions, or threats of personal injury shall be reported, investigated, and documented.

D. Disease

1. Burleigh Morton Detention Center is entrusted with the care of those inmates in our custody. Burleigh Morton Detention Center policies, procedures, training, and supervision, all focus on providing a safe and secure environment for all who occupy this facility.
2. Identification of communicable disease is a key focus of our intake medical screening. Those who pose a potential health risk to others will be housed accordingly.
3. Burleigh Morton Detention Center's medical program, staffing, and procedures all focus on providing a healthy environment.

E. Property Damage

1. Burleigh Morton Detention Center is responsible for the safe keeping of all inmate property taken into our possession within our facility.
2. Inmate property policies and procedures will be followed to ensure this property is not damaged while in our care.

F. Harassment

1. Burleigh Morton Detention Center is entrusted with the care of those inmates in our custody. Burleigh Morton Detention Center policies, procedures, training, and supervision, all focus on providing a safe and secure environment for all who occupy this facility.
2. Harassment is a criminal violation.
3. Events perceived as harassment shall be reported, investigated, documented, and reviewed for possible criminal charges.

Sheriff Sully + L
Reviewed _____
Effective Date 10/20/20
Revised _____

**Burleigh Morton Detention Center
Policy and Procedure
Grievances
Reference: ND Jail Standard 91**

I. POLICY

It is the policy of the Burleigh Morton Detention Center that when an inmate feels that they have been dealt with unfairly, they will have access to a grievance process with established forms for documentation, and a review procedure. All documentation for every grievance process shall be retained in the facility records.

Staff may not retaliate against inmates who file grievances.

When possible, the officer involved should attempt to settle the problem without making the inmate feel that they must file a grievance. If this cannot be accomplished, the following procedure will be used.

II. PROCEDURE

- A. At the inmates request they shall be provided with the grievance form to document their concerns. All grievances must be filed by the inmate within 24 hours of the event that prompted the complaint. Inmates may not file grievances as a collective group. Each inmate must file their own personal documentation of their concerns.
- B. After the inmate has completed the grievance form, it is to be turned into the floor officer. All grievances are to be signed, dated, and time stamped by the receiving officer. Grievances shall be scanned into the jail records management system. The officer shall deliver the grievance to the supervisor/s without unreasonable delay, within the staffing shift that it was received.
- C. The shift supervisor shall attempt to settle the grievance as soon as practical.
- D. If no resolution is attained the supervisor shall without delay, forward the grievance and follow up documentation to the Detention Captain for the final appeal review.
- E. The Detention Captain shall review the grievance within a reasonable period of time and make a recommendation for any corrective actions needed.
- F. In the absence of the Detention Captain, the Detention Lieutenant may review the grievance for the final appeal.

- G. After completion of the grievance process, a copy of the documentation with the findings and the disposition of any appeal shall be placed in the inmate's file. A copy of the documentation will be provided to the inmate, with delivery acknowledged indicated by the inmate's signature on the form.
- H. If the individual being grieved against is not an employee of the Burleigh Morton Detention Center, the grievance shall be forwarded to the appropriate authority for disposition.
- I. Substantiated grievances concerning staff misconduct shall be submitted in their completion to the Detention Major and the Detention Administrator.

Sheriff *Sully*
Reviewed _____
Effective Date 1/28/26
Revised 10/20/20, 1/01/23

Burleigh Morton Detention Center
Policy and Procedure
Disciplinary Process
Reference: ND Jail Standards 92-96 and 98

I. POLICY

When a detention officer discovers, observes, or has sufficient reason to believe that an inmate has committed a violation of a lever one, two, or three infraction of a detention center rule, regulation, or criminal offense, he/she will take action necessary to implement disciplinary procedures in the following order.

- A. Maintain security, control, and safety.
- B. Ensure pretrial inmates and post-conviction inmates are provided due process as required by ND Jail Standard 93.
- C. Ensure fair and consistent disciplinary practices.
- D. Ensure proper documentation of violations.

CI. PROCEDURE

- a. Aside from serious and flagrant violations, which shall be reported, the choice of whether or not to report a minor violation is left to the discretion of the detention officer.
- b. Minor violations should be logged in the jail management system in the inmate's incident log as to what happened and what was done.
- c. The report will be written up on the Burleigh Morton Detention Center Incident and Discipline Report form.
- d. The report will be complete and specific so that the supervisor and hearing officer/s can make a fair disposition of the case.
- e. The description of the offense will be specific with the identification number.
- f. The report will describe the incident and include the following.
 1. Who the report is on, inmates name and number.
 2. What happened, including code number and act.
 3. Where it happened.
 4. When it happened (date and time).
 5. Why the person was disciplined.
 6. How he/she was disciplined.
 7. The report will be forwarded to the supervisor/s for review and recommendation for disciplinary measures to be taken.

CII. LEVEL I. INFRACTIONS

A. Level I. Infractions (SEE APPENDIX A FOR LIST)

1. When staff observe or suspect an inmate has committed a rule violation, a staff member will meet with the inmate to address the behavior and discuss the infraction. If not resolved verbally, the Detention Officer may issue a Level I incident report. The report will be given to the shift supervisor who will meet with the inmate generally within 24 hours. If the inmate is found guilty, the shift supervisor will assign sanctions available for Level I infractions, appropriate for the seriousness of the offense.
 - a) Staff will issue reports as soon as possible after the infraction occurs.
 - b) Violations confirmed by shift supervisor, sanctions will start immediately.
 - c) Level I sanctions may not be appealed.
 - d) A report will be added to inmate records management system.
 - e) Sanctions for violations of Level I infractions may not be suspended.
 - f) Sanctions do not run concurrent with disciplinary segregation time.
 - g) A copy of the report will be provided to the inmate.
2. To conspire with, aid, solicit, command, accomplice to, or induce any individual to engage in, commit, or cause conduct which constitutes a Level I offense or offenses, or the attempt to commit a Level I offense or offenses, is the same as a violation of the substantive offense and is a Level I infraction.

B. Enhanced Infractions

1. In the event the inmate commits an infraction in a way that displays a chronic failure to follow rules, creates a serious risk to the security or orderly running of the facility, or endangers any person or property, the reporting officer may request the imposition of sanctions available for Level II or Level III infractions. The shift sergeant will determine if the sanctions may be enhanced to Level II, the Detention Captain will determine if the sanctions may be enhanced to Level III. If Level II or Level III sanctions are appropriate, the infraction will be handled in accordance with procedures applicable to Level II or Level III infractions.

C. Level I. Sanctions

1. If the inmate has been found to have committed a Level I infraction, they may be subject to one or more of the following sanctions.
 - a) Warning or written reprimand.
 - b) Suspension from the inmate trustee program.
 - c) Loss of privileges for up to five days including the following.
 - i. Loss of commissary purchases or services.
 - ii. Reduction in commissary spending limits.
 - iii. Restriction from programs.
 - iv. Restriction from recreation areas.
 - v. Loss of telephone privileges (except legal).
 - vi. Loss of visitation.

CIII. LEVEL II. INFRACTIONS

A. Level II. Infractions (SEE APPENDIX A FOR LIST)

1. When an inmate has been charged with a Level II infraction and a report for a Level II infraction is written, it will be submitted to the shift supervisor. When necessary an investigation will be completed without unreasonable delay. When reports are

substantiated and the investigation has been completed, the shift supervisor will meet with the inmate. The inmate will be informed of any Level II sanctions and any Level I sanctions imposed. The shift supervisor shall provide a copy of the report to the inmate.

2. Segregation for safety & security may be authorized prior to disciplinary hearings. All other sanctions will go into effect upon the decision of the shift supervisor. Level II sanctions may not be appealed. If the shift supervisor assigns disciplinary segregated housing time as part of the sanctions, the disciplinary detention will not go into effect and the inmate will not be placed on disciplinary segregated housing status until after a review by the disciplinary board.
3. To conspire with, aid, solicit, command, accomplice to, or induce any individual to engage in, commit, or cause conduct which constitutes a Level II offense or offenses, or the attempt to commit a Level II offense or offenses, is the same as a violation of the substantive offense and is a Level II infraction.

B. Enhanced Infractions

1. When a Level II infraction has been committed that may seriously endanger any person or property or create a threat to the security or orderly running of the facility, the reviewing officer may request to upgrade the infraction to a Level III infraction. The report will be forwarded to the Detention Captain or designee for review and investigation. The Detention Captain may increase the infraction to a Level III infraction at which time it will be handled using Level III procedures.

C. Level II. Sanctions

1. The shift supervisor may apply any of the following sanctions, up to the maximum of the range indicated, and suspend any portion of the sanction.
 - a) Disciplinary segregated housing up to five days per infraction.
 - b) Removal from inmate trustee program.
 - c) Loss of one or more privileges up to 30 days.
 - d) Restriction to assigned cell up to 5 days.
 - e) Any sanctions that may be applied to Level I infractions.

D. Restriction To Assigned Cell

1. While on cell restriction, inmates are permitted to the following.
 - a) Attend one religious service of your choice per week.
 - b) Attend treatment group meetings.
 - c) Attend education programming in which inmate is already enrolled.
 - d) Access to a shower at least three times per week.
 - e) Access to the cell day room for one hour per day.
 - f) Access to legal material resources if inmate has a legitimate need.
2. While on cell restriction, you are prohibited from the following.
 - a) Any recreation area.
 - b) Using a telephone. (With the exception of attorney calls.)

CIV. LEVEL III. INFRACTIONS

A. Level III. Infractions (SEE APPENDIX A FOR LIST)

1. When there are reasonable grounds to believe an inmate has committed a Level III infraction, an investigation will be conducted. Upon completion of the investigation, the shift supervisor will determine whether or not an infraction was committed and

will write a disciplinary report. The inmate shall receive written notice of the charges at least 24 hours before a scheduled disciplinary hearing. This written notice will include the location, date and approximate time of the scheduled hearing. Inmates shall sign for their hearing notice. The hearing will be held within seven working days after the inmate receives the report. Inmates may meet with the investigator before a hearing. The investigator will inform the inmate of the charges, provide the inmate copies of relevant documents, and inform the inmate of their due process rights.

B. Witnesses

1. If inmates are going to request witnesses to testify at the hearing, they must submit their request for witnesses in writing, including the names of the proposed witnesses, to the investigator at least 24 hours, excluding weekends and holidays, prior to the scheduled hearing. If the inmate refuses to meet with the investigator prior to the hearing, or if they fail to provide the investigator with a written request for witnesses, including the names of the proposed witnesses, the inmate may appear before the disciplinary board at the scheduled hearing, but they will be deemed to have waived the right to call witnesses.

C. Informal Resolution

1. Inmates may request an informal resolution meeting prior to the hearing, or a shift Sergeant may request to meet informally with the inmate in an attempt to resolve the issues without a hearing. The purpose of informal resolution is to allow the inmate the opportunity to accept responsibility for the infraction and negotiate sanctions they feel are fair. When a settlement is reached, the shift sergeant shall prepare a report that discloses they agreed to sanctions. The settlement will be forwarded to the detention Captain or designee.

D. Staff Representation

1. Inmates may request to have a staff member represent them at the hearing. The investigator or disciplinary board chair person may determine that the inmate is unable to represent themselves at a disciplinary hearing and assign a staff representative. Staff member will assist the inmate in preparing a response to the charges. Inmates are not allowed to have an attorney present or represent them at the hearing.
2. If the infraction is serious, the report may be referred to the state's attorney for possible criminal charges. Prior to questioning an inmate who is suspected of a crime, the investigating officer shall read the inmate the Miranda Warning. If possible have the inmate sign and date the Statement of Rights form. Law enforcement Officers may be requested to investigate, or to assist in the investigation.

E. Level III. Sanctions

1. The disciplinary board may impose any of the following sanctions, or any combination of the following sanctions, for a Level III offense.
 - a) Performance Based Sentence Reduction (PBSR) can be stopped.
 - b) Loss of PBSR already earned.
 - c) Disciplinary detention up to 90 days.
 - d) Referral to the States Attorney for possible prosecution.
 - e) Loss of trustee designation.

- f) Loss of privileges up to the remainder of the inmates stay.
 - g) Removal from a program or transfer to more secure housing.
 - h) Any sanctions listed for Level II and Level I infractions.
2. In the event that the disciplinary committee chooses to reduce a Level III infraction report to a Level II or I infraction report, the committee may only apply any combination of those sanctions applicable to Level II or I infractions. If there is a reduction in sanctions from Level III to Level II or Level I, inmates may not appeal to the detention Captain. The disciplinary board has the authority to apply any sanction up to the maximum of the range indicated and suspend any portion thereof.

F. Disciplinary Board

1. The impartial board consisting of one uninvolved supervisor and two uninvolved detention staff members will meet as needed to review pending disciplinary charges. The supervisor will preside over disciplinary board meetings and ensure compliance with all applicable procedural requirements. The disciplinary board shall prepare a record of the hearing. Inmates will be provided a summary of testimony; a summary of the evidence the board relied upon in making its decision, the board's decision, the sanction or sanctions imposed, and the board's rationale for the sanctions. The detention Captain or designee will review all Level III disciplinary board hearing reports and informal resolutions. The detention Captain may approve the board's recommendation, modify the board's recommendation, dismiss the report, or order a new hearing. All sanctions will be effective immediately upon the approval from the detention Captain.

G. Appeals

1. Inmates may submit an appeal for Level III reports to the detention Captain. The appeal must be submitted within 48 hours from receipt of the disciplinary board decision, including weekends or holidays. An appeal form can be obtained from the housing unit floor officer. The form must be filled out completely and returned to the housing unit floor officer. The floor officer will sign the completed form and will give a copy to the inmate. Only due process concerns, sanctions involving the loss of good time, or segregated housing may be appealed to the Detention Captain. The Detention Captain will issue a decision on appeals within a reasonable time.

Appendix A

LEVEL I. INFRACTIONS

101. “Disorderly conduct” means any minor infraction, including nuisance, breach of the peace, offensive or immoral conduct, or arguments or altercations with other inmates, visitors, or an employee, officer, or official of the Burleigh Morton Detention Center

102. “Disobeying a verbal or written order from staff” means failure to comply with a lawful command from an employee, officer, or official of the Burleigh Morton Detention Center.

103. “False testimony to staff” includes making false statements to any employee, officer or official of the Burleigh Morton Detention Center when the inmate makes a written or verbal statement knowing the statement is not true.

104. “Misuse of medication” includes wrong or improper use of medication, misapplication of medication, concealing without ingesting, or delivery of medication to another inmate.

105. “Concealing or attempting to conceal an item from a staff member” taking property any part of the institution, or taking property from another inmate, employee, officer, or official of the Burleigh Morton Detention Center, and concealing the property to avoid detection.

106. “Destruction, alteration, or misuse of County or Private Property” includes: causing damage, defacing, or destruction to any part of the facility; causing damage, defacing, or destruction of another inmate’s property; inmate identification; causing damage, defacing, or destruction of the property of an employee, officer or official of the Burleigh Morton Detention Center; the unauthorized modification of any property; or any improper, incorrect use or misapplication of any property, regardless as to who is the owner of the property.

107. “Loaning, borrowing, or being in possession property of another” includes giving, taking, receiving, or being in possession of property from another inmate, even if the other inmate has been discharged from the facility, or giving, taking, receiving, or being in possession of property from a visitor, employee, business or organization.

108. “Possession of contraband” means possession of any item or property in violation of facility rules.

109. “Interference with taking count” including not being in your assigned cell or bunk, not being present in assigned housing unit when count is announced.

110. “Attendance in an unauthorized area” includes being in a cell, dorm, or housing area other than the one in which an inmate has been assigned, or being in any other room or area of the institution in which the inmate is not authorized to be present.

111. “Unauthorized absence from assignment” includes being late for work or other assignment, not reporting for work or other assignment, or leaving work or an assignment without authorization.

112. “Participation in an unauthorized meeting or gathering” includes attendance or involvement in activity involving two or more inmates when the activity has not been authorized.

113. “Possession or manufacture of gambling paraphernalia” includes any item or property used for gambling and includes documents or records that show monies or property is owed by, or has been collected from, another inmate.

114. “Theft of property or services” includes taking any property or services from any person, business or organization, or unlawfully obtaining services available only for compensation.

115. “Writing money transfers with non-sufficient funds” means authorizing the transfer of any funds from an inmate account when there are not sufficient funds in the account to cover the transfer.

116. “Failure to comply with safety or sanitation rules” includes failure to follow proper hygiene, failure to keep a cell, dorm, or living area clean, and accumulation of property in a cell, dorm, including accumulation of magazines, newspapers, and legal documents.

117. **“Failure to perform assigned duties”** includes not going to work or not completing job assignments when directed by an employee, officer, or official of the Burleigh Morton Detention Center.

118. **“Failure to wear or display properly the inmate identification wrist band”** means failure to wear an assigned inmate identification wrist band or to wear the inmate identification wrist band in a way that is not authorized or is not visible to an employee, officer, or official.

119. **“Violation of mail, telephone, or visiting regulations”** means any violation of the facility mail, telephone, or visiting regulations.

120. **“Unauthorized contact with the public”** includes any form of contact with a person, business, or agency when the contact is prohibited by court order, state or federal law, or institutional rule.

121. **“Use of obscene or profane language”** includes offensive, disgusting, vulgar, or repulsive language.

122. **“Clothing uniform rule violation”** wearing clothing of improper size, wearing clothes that are not authorized, or any violation of the facility clothing policy.

LEVEL II. INFRACTIONS

201. **“Trafficking smuggling in contraband”** includes selling, trading, bartering, delivering, or manufacturing or possessing with intent to deliver, any item prohibited under facility rules or under state and federal law, including alcohol, tobacco, controlled substances, weapons or incendiary devices of any type, and wireless electronic communications devices, including any component of a wireless electronic communication device.

202. **“Commit, conspire with, solicit, command, accomplice to, or induce any individual to engage in, commit, or cause conduct which constitutes a criminal offense or offenses under state or federal law”** includes the commission or attempt to commit, or conspiracy, solicitation, or facilitation to commit, or command or inducement to commit, a violation of a state or federal criminal law.

203. **“Use, manufacture or possession of alcohol or alcoholic beverages, controlled substances, other intoxicants or inhalants, drug paraphernalia, or unauthorized prescription medication”** includes the possession, ingestion, or manufacture of alcohol or alcoholic beverages, including use of any fermentation processes or possession of paraphernalia to make alcohol or alcoholic beverages, the possession, manufacture, or ingestion of inhalants or possession of paraphernalia to make inhalants, the possession, use or manufacture of controlled substances, the possession, use or manufacture of drug paraphernalia, and the unauthorized possession or use of prescription medication.

204. **“Misuse of medication”** includes wrong or improper use of medication, misapplication of medication, cheeking medication (conceal in the mouth without ingesting), or delivery of medication to another inmate.

205. **“Locking device tampering”** includes making a lock of any type non-operational.

206. **“Extortion, blackmail”** includes obtaining money or property or an item of value by the abuse of authority or by threats, including threats of personal injury, criminal activity or of defamation or the threat of disclosure of highly personal information, regardless whether the information is accurate.

207. **“Actions, activities, or possession of material hateful toward or demeaning any individual or groups”** includes stating derogatory remarks about a group of people of a certain race, color, religion, culture, sexual orientation, or criminal history.

208. **“Interference with taking count”** including intentionally not being in an assigned cell or bunk or not being present in assigned housing unit when count is announced.

209. **“Fighting”** includes punching, kicking, or wrestling with another person in an aggressive manner.

- 210. “Threat to another person (verbal or physical)”** includes communication of intention or determination to inflict personal injury, for example, a threat to hurt, punch, harm, or kill another person, or the treat of extortion or blackmail.
- 211. “Setting a fire or tampering with a fire alarm”** includes setting any paper products, clothing, personal property or institutional property on fire, the use of any incendiary items, or setting off a fire alarm without cause or disabling a fire alarm.
- 212. “Sexual harassment”** includes sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another, and includes demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
- 213. “Sexual contact”** includes touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person to arouse or gratify the sexual desire of any person.
- 214. “Bribery, solicitation or manipulation of any person”** includes asking another offender, visitor, employee, officer, or official of the Burleigh Morton Detention Center for contraband or to violate a rule in exchange for property, money, protection from others, or other favors.
- 215. “Possession of any gang-related paraphernalia or participation in gang related activities”** includes being in possession of gang-related items, drawings of any type of gang symbols, photos of people with gang signing, or communication in any form that advocates or supports gangs or gang activity.
- 216. “False testimony to staff”** includes intentionally making false statements to any employee, officer or official of the Burleigh Morton Detention Center when the inmate makes a written or verbal statement when the inmate knows the statement is not true.
- 217. “Failure to comply with disciplinary procedures”** includes failure to perform or complete sanctions earned from disciplinary reports.
- 218. “Unauthorized absence from assignment”** includes being late for work or other assignment, not reporting for work or other assignment, or leaving work or an assignment without authorization.
- 219. “Tattooing, self-mutilation, self-destruction or failure to comply with medical directives”** includes having a tattoo that is not recorded in the offender information system, causing injury to self, not following medical directives for physical activity, or not using medical devices as instructed (for example, not using a cane, splint, crutches, brace, or other prescribed or medically recommended support or assistive device).
- 220. “Indecent exposure”** includes intentionally exposing one's genitalia, breast, or buttocks, or anus for the purpose of annoying or harassing another person, for sexual arousal, or for sexual gratification.
- 221. “Insolence to a staff member”** includes showing contempt, rude or impertinent behavior or speech, or calling staff names.
- 222. “Failure to comply with safety or sanitation rules”** includes failure to follow proper hygiene, failure to keep a cell, dorm, or living area clean, and accumulation of property in a cell, dorm, including accumulation of magazines, newspapers, and legal documents.
- 223. “Theft of property or services”** includes taking any property or services from any person, business or organization, or unlawfully obtaining services available only for compensation
- 224. “Loaning, borrowing or being in possession of unauthorized or stolen property”** includes giving, taking, receiving, or being in possession of property from another inmate, even if the other inmate has been discharged from the facility, or giving, taking, receiving, or being in possession of property from a visitor, employee, business or organization.
- 225. “Manufacture, counterfeiting, or possession of negotiable instruments, cash, checks or check blanks, credit cards, or the manufacture, counterfeiting, or unauthorized possession of government documents, records or official papers or punch cards or token”** includes: the

possession, counterfeit production or alteration of negotiable instruments, bonds, or securities, checks, check blanks, or money orders; counterfeiting or possession of currency, including coins; the possession, counterfeit production or alteration of credit or debit cards or gift cards; debit or credit card account numbers, savings or checking account numbers, or personal identification numbers (“PIN”); the manufacture, counterfeit production or alteration of, government documents, records or official papers; and the manufacture, counterfeiting or alteration, or possession of commissary tickets and tokens.

226. “Engaging in an activity for profit or financial gain without administrative authorization” includes buying and re-selling punch cards, tokens, or items; selling services; and any form of blackmail or extortion.

227. “Possession or use of tobacco products or incendiary devices” includes possession of any tobacco product or devices of any type that are capable of causing fire or explosion.

228. “Possession or manufacture of gambling paraphernalia” includes possession of any item or property used for gambling and includes documents or records that show monies or property is owed by, or has been collected from, another inmate.

229. “Disorderly conduct” means any minor infraction, including nuisance, breach of the peace, offensive or immoral conduct, or arguments or altercations with other inmates, visitors, or an employee, officer, or official of the Burleigh Morton Detention Center.

230. “Disobeying a verbal or written order from staff” means failure to comply with a lawful command from an employee, officer, or official of the Burleigh Morton Detention Center.

231. “Attendance or presence in an unauthorized area” includes being in a cell, dorm, or housing area other than the area in which an inmate has been assigned, or being in any other room or area of the institution in which the inmate is not authorized to be present.

232. “Unauthorized contact with the public” includes any form of contact with a person, business, or agency when the contact is prohibited by court order, state or federal law, or institutional rule.

233. “Creating an unsafe condition” includes intentionally completing an action that may cause harm to another person or another person’s property or to the institution.

234. “Manufacture or possession of contraband that could pose a serious threat to the safety or security of the facility” includes: unauthorized wireless communication devices, digital cameras, unauthorized recording devices; and any electronic item adapted or modified to work as a wireless communication or recording device.

235. “Damage or destruction of property” includes: causing damage, defacing, or destruction to any part of the institution: causing damage, defacing, or destruction of another inmate’s property; causing damage, defacing, or destruction of the property of an employee, officer or official of the Burleigh Morton Detention Center; the unauthorized modification of any property; or any improper, incorrect use or misapplication of any property, regardless as to who is the owner of the property.

236. “Communication in code of any form” includes using symbols or words to represent assigned or secret meanings.

LEVEL III. INFRACTIONS

301. “Homicide” includes intentionally or knowingly causing the death of another human being or causing the death of another human being during the commission of another Level III violation.

302. “Escape” includes any form of removal of self from confinement, restraint or official detention or the failure to return to confinement, restraint or official detention after temporary release.

303. “Taking hostages” includes taking or holding a person as a pledge or security for the fulfillment of certain terms, conditions or promises.

304. “Assault and battery on staff” includes an attack upon a volunteer, employee, officer, or official of the Burleigh Morton Detention Center, and includes sexual assault, causing mental or bodily injury, or causing offensive contact.

305. “Assault and battery” includes an attack upon any other person and includes causing mental or bodily injury, or causing offensive contact.

306. “Setting a fire or tampering with a fire alarm” includes setting any paper products, clothing, personal property or institutional property on fire, the use of any incendiary items, or setting off a fire alarm without cause or disabling a fire alarm.

307. “Inciting or participation in riots, work strikes, or disturbances” includes a disturbance in the institution involving two or more inmates that creates a risk of an outbreak of violence and harm to any person in the institution or to property, and also includes any offender-initiated work stoppage.

308. “Trafficking smuggling in contraband – trafficking” includes selling, trading, bartering, delivering, or manufacturing or possessing with intent to deliver, any item prohibited under institutional rules or under state and federal law, including alcohol, tobacco, controlled substances, weapons or incendiary devices of any type, and wireless electronic communications devices, including any component of a wireless electronic communication device.

309. “Commit, conspire with, solicit, command, accomplice to or induce any individual to engage in, commit, or cause conduct which constitutes a criminal offense or offenses under state or federal law” includes the commission or attempt to commit, or conspiracy, solicitation, or facilitation to commit, or command or inducement to commit, a violation of a state or federal criminal law.

310. “Use, manufacture or possession of alcohol or alcoholic beverages, controlled substances, intoxicants or inhalants, drug paraphernalia, or unauthorized prescription medication” includes the possession, ingestion, or manufacture of alcohol or alcoholic beverages; the possession, manufacture, or ingestion of a controlled substance; the possession, manufacture, or ingestion of inhalants or possession of paraphernalia to make inhalants; the possession, use or manufacture of drug paraphernalia; and the unauthorized possession or use of prescription medication.

311. “Misuse of medication” includes wrong or improper use of medication, misapplication of medication, cheeking medication (conceal in the mouth without ingesting), or delivery of medication to another inmate.

312. “Refusal to submit to testing for alcohol, drugs, or other intoxicants or tampering with the testing process” includes refusal to submit to a random or scheduled test to detect the presence of a chemical substance, controlled substance, or alcohol, and includes the possession or use of a device, or the use of real or artificial urine, to alter the results of a test for the detection of the presence of a chemical substance, controlled substance, or alcohol.

313. “Manufacture or possession of explosives, ammunition, firearm, knife, unauthorized sharpened instrument, other weapon” includes the manufacture or possession of: a knife of any length; a sharpened object of any length or material; a firearm or weapon capable of firing a projectile, including a slingshot; a bomb, pipe bomb, explosive device or chemicals prepared for explosion; or any object containing or capable of producing or emitting a noxious gas or liquid.

314. “Manufacture or possession of contraband that could pose a serious threat to the safety or security of the facility” includes: unauthorized wireless communication devices, digital cameras, unauthorized recording devices; and any electronic item adapted or modified to work as a wireless communication or recording device.

315. “Theft of property or services” includes taking any property or services from any person, business or organization, or unlawfully obtaining services available only for compensation, including theft of cable television.

316. “Damage or destruction of property” includes: causing damage, defacing, or destruction to any part of the institution: causing damage, defacing, or destruction of another inmate’s property; causing damage, defacing, or destruction of the property of an employee, officer or official of the Burleigh Morton Detention Center; the unauthorized modification of any property; or any improper, incorrect use or misapplication of any property, regardless as to who is the owner of the property.

317. “Loaning, borrowing or being in possession of unauthorized or stolen property” includes giving, taking, receiving, or being in possession of property from another inmate, even if the other inmate has been discharged from the facility, or giving, taking, receiving, or being in possession of property from a visitor, employee, business or organization.

318. “Manufacture, counterfeiting, or possession of negotiable instruments, cash, checks or check blanks, credit cards, or the manufacture, counterfeiting, or unauthorized possession of government documents, records or official papers or punch cards or tokens” includes: the possession, counterfeit production or alteration of negotiable instruments, bonds, or securities, checks, check blanks, or money orders; counterfeiting or possession of currency, including coins; the possession, counterfeit production or alteration of credit or debit cards or gift cards; debit or credit card account numbers, savings or checking account numbers, or personal identification numbers (“PIN”); the manufacture, counterfeit production or alteration of, government documents, records or official papers; and the manufacture, counterfeiting or alteration, or possession of commissary tickets.

319. “Engaging in an activity for profit or financial gain without administrative authorization” includes buying and re-selling punch cards, tokens, or items; selling services; and any form of blackmail or extortion.

320. “Failure to comply with rehabilitative programming” includes failure to perform or complete work assignments or failure to attend, participate in, and complete court ordered education or treatment programs.

321. “Sexual Contact” includes touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person to arouse or gratify the sexual desire of any person.

322. “Sexual Abuse” includes the commission of a sexual act under the following circumstances: if the victim does not consent to the sexual act; if the victim is coerced into a sexual act by overt or implied threats of violence or is unable to consent or refuse to consent to a sexual act because of coercion, persuasion, inducement, enticement or forcible compulsion; subjecting another person to a sexual act who is incapable of giving consent by reason of custodial status; subjecting another person to a sexual act who is incapable of consent by reason of being physically helpless, physically restrained, or mentally incapacitated; or by prostituting or otherwise sexually exploiting another person. A sexual act includes:

- a. Contact between the penis and vulva or the penis and anus, including penetration, however slight;
- b. Contact between the mouth and the penis, vulva, or anus;
- c. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument; or
- d. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sheriff Kelly + L
Reviewed _____
Effective Date 10/20/20
Revised _____

Burleigh Morton Detention Center
Policy and Procedure
Staff Orientation
Reference: ND Jail Standard 103

I. POLICY

All new Detention Personnel will participate in a structured, documented, orientation training program prior to independent duty assignment.

II. PROCEDURE

A. Staff Orientation shall meet the needs of the facility and include at a minimum the following areas of instruction.

1. Facility policy & procedures.
2. Job descriptions and expectations.
3. Facility geography orientation.
4. All emergency procedures.
5. Classification of inmates.
6. Booking procedures.
7. Medical and behavioral health intake screenings.
8. Response to resistance.
9. Suicide behaviors, response, intervention, and observation.
10. Victim notification requirements.
11. Prison Rape Elimination Act (PREA).

III. STRUCTURE

A. The Field Training Orientation program shall consist of qualified, trained, Field Training Officers who are supervised by the Detention Sergeant of Training, with oversight provided by the Detention Lieutenant.

1. The first phase of the FTO program will contain four weeks (160 hours) of class room instruction
2. The second part of the FTO program will consist of three phases of hands on work within the detention facility, supervised by the assigned Field Training Officer for a total of 24 shifts.
3. Detention Officers in training will be evaluated daily with a supervisor review at the conclusion of each phase.

Sheriff July 1
Reviewed _____
Effective Date 10/20/20
Revised 11/01/23

**Burleigh Morton Detention Center
Policy and Procedure
Weapons in the Detention Center
Reference: ND Jail Standard 106**

I. POLICY

Intermediate weapons, specifically the Taser X26P and the Pepperball Launcher System, shall be authorized for use when empty hand control has failed, or the detention officer believes it will be insufficient to establish control and the use of lethal force is not justified.

II. PURPOSE

The Burleigh Morton Detention Center trains and authorizes personnel on the use of the Taser and Pepperball Launcher System. The department has provided the Tasers and Pepperball Launcher System to provide Detention Officers with additional use of force options for gaining compliance of resistant or aggressive subjects. The Detention Center will have Tasers and Pepperball Launch Systems securely locked and located in strategic locations in the facility.

III. PROCEDURE

A. Intermediate Weapon- Electronic Force

1. Authorization and Issuance

- a) Only Detention Officers who have completed the prescribed course of instruction on the use of Taser, and have been exposed to a Taser, are authorized to carry and utilize this force option.
- b) Tasers are issued to the Detention Center and not to individual officers. Officers may retrieve a Taser from a lock box when needed if he/she has completed the required training.
- c) Lock boxes for the Taser and replacement cartridges are located in the control station of each housing pod.

2. Maintenance

- a) Each Taser in use will be tested daily to ensure the device is functioning properly. A log will be kept for each Taser to track the testing of the Tasers.

3. Usage Criteria

- a) Taser X26P is considered a use of force and shall be employed in a manner consistent with the Burleigh County Sheriff's Department's Response to Resistance Policy.
- b) Taser X26P may be deployed under below circumstances.
 - i. Verbal dialogue has failed to bring about the subject's compliance.

- ii. The subject has signaled his/her intention to actively resist the detention officer's efforts to perform his/her duties.
 - c) A detention officer may use lethal force to protect himself/herself from the use or threatened use of Taser X26P when the officer reasonably believes that deadly force will be used against him/her if he/she becomes incapacitated.
4. Officer Response
- a) Detention officers shall deploy the Taser X26P in the manner in which they were trained.
 - b) The effects of the Taser X26P vary among individuals. Therefore, all subjects shall be restrained (handcuffed) during/after being tased. Also, a detention officer should be ready to employ other means to control the subject to include, if necessary, other force options consistent with department policy if the subject does not respond sufficiently to the Taser X26P and cannot otherwise be subdued.
 - c) The detention officer shall be alert to any indications that the individual needs medical care. This includes, but is not limited to, breathing difficulties, gagging, profuse sweating, and loss of consciousness. Upon observing these or other medical problems, the detention officer shall immediately summon emergency medical aid. No tased subject shall be denied medical care if it is requested.
 - d) Subjects that have been tased shall be brought to a holding cell and monitored.
 - e) All such incidents shall be reported to the detention officer's supervisor as soon as possible.
 - f) Detention Officers shall remove probes from the subject in accordance with the training they received. Medical personnel must remove probes from soft tissue areas (i.e. head, neck, eyes, and groin).
 - g) Detention officers will collect expended air cartridge, probes, and several AFID ID tags after deployment. These items will be sealed as evidence and placed into evidence.
5. Reporting Procedures
- a) Accidental discharges, as well as intentional uses of the Taser X26P against a subject in an enforcement capacity, shall be reported to the officer's immediate supervisor as soon as practical.
 - b) A Taser Use Report documenting the use of the Taser X26P shall be completed following all discharges of the Taser X26P except during testing, training, malfunction, or accidental discharge. This report will include details of the incident, what areas of the individual were exposed to the Taser, how the individual responded to the Taser, and any other relevant information concerning the Taser exposure.
 - c) A Response to Resistance report will be completed.
6. Replacement
- a) Officers will replace any damaged cartridges as soon as practical. Damaged cartridges will be returned to the Training Section.
 - b) Officers will replace expended air cartridges as soon as possible. Training and division supervisors will have replacement cartridges for their staff.

B. Intermediate Weapon – Chemical Force, Pepper Ball Launcher

The department trains and authorizes personnel on the use of a Pepperball Launcher System. The department has provided the Pepperball Launcher System for use by employees with additional use of force options for gaining compliance of resistant or aggressive subjects in enforcement situations. Employees may use the Pepperball Launcher System when warranted but only in accordance with their training along with the guidance set forth:

1. Authorization

- a) Only employees who have completed the prescribed course of instruction on the use of the Pepperball Launcher System are authorized to utilize this force option.

2. Usage Criteria

- a) Deployment of the Pepperball Launcher System is considered use of force and shall be employed in a manner consistent with the Department's Response to Resistance Policy.
- b) The Pepperball Launcher System may be deployed when:
 - i. Verbal dialogue has failed to bring about the subject's compliance.
 - ii. The subject has signaled his/her intention to actively resist the detention officer's efforts to perform his/her duties.
- c) An employee may use lethal force to protect himself/herself from the use or threatened use of the Pepperball Launcher System when the employee reasonably believes that deadly force will be used against him/her if he/she becomes incapacitated.

3. Employee Response

- a) Employees shall deploy the Pepperball Launcher System in the manner in which they were trained.
- b) The effects of the Pepperball Launcher System vary among individuals. Therefore, all subjects shall be restrained (handcuffed) after deployment of the Pepperball Launcher System. Also, an employee should be prepared to employ other means to control the subject to include, if necessary, other force options consistent with department policy if the subject does not respond sufficiently to the Pepperball Launcher System and cannot be subdued.
- c) The employee shall be alert to any indications that the individual needs medical care. This includes, but is not limited to: breathing difficulties, gagging, profuse sweating and loss of consciousness. Upon observing these or other medical problems or if the subject requests medical assistance, the employee shall immediately summon emergency medical aid. No subject who has been exposed to the pelargonyl vanillylamide powder (PAVA) shall be denied medical care if it is requested.
- d) Subjects that have been exposed to PAVA shall be monitored continuously for indications of medical problems until cleared by Detention nursing staff.
- e) An employee may begin decontamination procedures as soon as practical.
- f) Assistance shall be offered to any individual accidentally exposed to the PAVA powder who feels the effects of the agent. All such incidents shall be reported to the administration, DOCR, and medical personnel as soon as possible.

4. Reporting Procedures

- a) Accidental discharges as well as intentional uses of the Pepperball Launcher System against a subject in an enforcement capacity shall be reported to the officer's immediate supervisor as soon as possible.
- b) A Response to Resistance Report documenting the use of the Pepperball Launcher System shall be completed following all discharges of the Pepperball Launcher System except during testing, training, malfunction or accidental discharge. This report will include details of the incident, what areas of the individual were exposed to the PAVA powder, how the individual responded to the PAVA powder, what decontamination procedures were used and any other relevant information concerning the PAVA powder exposure.

5. Replacement

- a) All Pepperball Launcher Systems shall be maintained in an operational and charged state by assigned personnel.
- b) The high pressure air (HPA) tank shall be maintained by assigned personnel. Empty HPA tanks shall be filled by assigned personnel.
- c) All Pepperball Launcher Systems and HPA tanks shall be available for inspection by supervisory personnel.
- d) All equipment will be stored in the Administrative Section.