

Minnesota Correctional Facility-Red Wing

Medical Separation (MS) Placement

Name: _____ OID: _____ Living Unit: Choose an item.

Date & Time MS Approved: _____ Date & Time MS Began: _____

MS Approved By: _____ MS Initiated By: _____

Reintegration Date & Time _____

Approved By: _____ MS Ended: _____

Reason(s) for placement on MS:

☐ Self-injurious behavior – Continuing Observation Order (COS)

☐ Severe/persistent medical issue or communicable disease

Requirements Met:

☐ **Incident report** completed identifies separation status and circumstances leading to separation.

☐ **Notification** within 4 hours of placement to: CSC, PO, legal guardian, family, and records.

☐ **MS plan/COS order created** within 8 awake hours. Date and time created: _____

☐ **Reintegration approved** by: behavioral health, CSC/treatment team member, and OD.

☐ **Notification** within 4 hours of reintegration to: CSC, PO, legal guardian, family, OD, and commissioner.

☐ Critical incident packet created if **MS exceeded 48 awake hours**

☐ **Notification** every 7 calendar days to: CSC, PO, legal guardian, family, and OD. Includes MS plan/COS order, progress toward reintegration, and why continued MS placement is necessary

☐ Critical incident packet created every **7 calendar days**

Daily Reviews

*(why MS is necessary, why other behavioral interventions are unavailable/unsuccessful,
and any modifications to the youth's daily programming)*

Review Date: _____ Review Time: _____ Decision: ☐ Continue ☐ Discontinue

Reviewers _____ Watch Commander: _____ Behavioral Health: _____

Review Comments: _____

Review Date: _____ Review Time: _____ Decision: ☐ Continue ☐ Discontinue

Reviewers _____ Watch Commander: _____ Behavioral Health: _____

Review Comments: _____

Review Date: _____ Review Time: _____ Decision: ☐ Continue ☐ Discontinue

Reviewers _____ Watch Commander: _____ Behavioral Health: _____

Review Comments: _____

Review Date: _____ Review Time: _____ Decision: ☐ Continue ☐ Discontinue

Reviewers _____ Watch Commander: _____ Behavioral Health: _____

Review Comments:

Review Date: _____ **Review Time:** _____ **Decision:** ☐ Continue ☐ Discontinue
Reviewers _____ **Watch Commander:** _____ **Behavioral Health:** _____
Review Comments:

Initial and Updated Form Distribution: Daily Administrative Packet
Completed Form Distribution: Safety-based Separation Review Packet