

INTERNAL MANAGEMENT POLICY & PROCEDURE

Applicability: ☒ ADULT Operations Only ☐ JUVENILE Operations Only ☐ DEPARTMENT-WIDE

IMPP #: 12-140A

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SECURITY AND CONTROL: Resident in Altered States Response

Original Date Issued: 04-09-2025 Replaces IMPP Issued: 04-09-2025 **CURRENT EFFECTIVE DATE: 03-31-2026**

Approved By: , Secretary

Next Scheduled Review: 04/2028

POLICY

Consistent with the mission statement of the Department, which shall promote public safety, incarcerated residents shall be closely monitored and/or tested by trained personnel for the use of illicit drugs and/or intoxicants. Drug testing of residents, combined with appropriate sanctions and treatment is an effective means of suppressing drug use, drug trafficking, and drug related infractions.

DEFINITIONS

Altered State: Acute changes in an individual's presentation such as confusion, loss of alertness, disorientation, significant defects in judgement or thought, unusual or strange behavior, perceptual disturbances or other indications of instability that are contrary to the individual's baseline presentation.

Drug Testing: Using specialized equipment and chemical techniques to identify the presence of a drug or drug metabolite through testing a biological specimen from a resident.

Resident: A person who has been sentenced to the custody of the Secretary of Corrections who is currently assigned to a KDOC facility, contract facility, or housed in another state pursuant to the Interstate Corrections Compact. This also includes persons from other jurisdictions who are housed in KDOC facilities pursuant to the Interstate Corrections Compact.

PROCEDURES

I. Identifying/Determining Residents are in an Altered State

- A. Residents may be suspected of being under the influence of drugs or intoxicants, or in an altered state, when at least two of the following behaviors or physical manifestations are present:

Behavior

Aggression or extreme agitation
Bizarre or violent behavior
Catatonic (immobile/unresponsive)
Change in personality (define)
Disoriented/confused
Excessive drowsiness
Hallucinations
Impaired concentration/focus
Impaired coordination
Impaired judgement
Impaired thinking
Inability to remain still
Inability to speak
Isolation

Physical Observation

Accelerated breathing
Chest pains
Constricted or dilated pupils
Decreased respiratory rate
Dizziness
Drooling
Excessive perspiration
Grinding teeth
Increased respiratory rate
Increased tolerance of pain
Involuntary tremors
Itching/scratching
Loss of balance/coordination
Loss of bowel/bladder control

Memory loss	Muscle cramping or spasms
Paranoia/extreme nervousness	Nausea/vomiting
Rapid irrational, uninhibited speech	Slurred speech
Self-inflicted injuries	Red or glazed eyes
Slower reflexes	Reported blurred vision
State of euphoria	Runny/bloody nose
Unpredictable behavior	Twitching/jerking

- B. These behaviors and/or physical responses shall be witnessed by two or more employees and shall be recorded via video camera or state-issued cellphone video.
1. All recordings shall be retained and stored electronically for three years along with:
 - a. Staff narratives,
 - b. Incident Report(s),
 - c. Associated Disciplinary Reports (DRs),
 - d. Disciplinary Report Hearing Testimonial Confirmation (Attachment A), and
 - e. Documentation of collected property.
- C. When residents are suspected of being under the influence of drugs or intoxicants, or in an altered state:
1. Security staff shall immediately secure the resident's cell or the area the resident was observed, if other than the cell.
 2. Shift Supervisors shall complete an online Incident Notification ensuring the emergency is recorded as 'Resident in an Altered State', whether Narcan was administered, and any additional medical concerns.
 3. If Narcan is administered, the Health and Safety Manager, Emergency Preparedness Manager, or other designated staff shall be notified to replenish the Narcan Supply in accordance with IMPP 09-108D.

II. Medical Evaluation

- A. Residents suspected of being in an altered state shall be immediately referred to health care for evaluation and treatment. The medical provider shall be notified of any abnormal findings discovered during the evaluation.
- B. Residents determined to not be medically stable with an altered mental status shall be monitored as ordered by the health care provider until clinical stability is obtained.
- C. When the resident is deemed medically stable by the medical provider, the nurse shall inform the Behavioral Health Professional (BHP) of the resident's altered mental status and their stable medical status.
- D. The BHP shall assess the resident and notify the psychiatric provider of their findings and to determine if behavioral health monitoring is indicated. If behavioral health monitoring is indicated, the psychiatric provider shall provide orders.
- E. When the provider orders the discontinuation of monitoring, the nurse shall authorize movement of the resident to appropriate housing as determined by Unit Team and the Shift Supervisor.

III. Disciplinary Actions for Altered States Findings

- A. Residents determined to meet the definition of Altered State as defined in this IMPP shall be guilty of K.A.R. 44-12-1002, a class I offense, and shall temporarily lose property and/or privileges in accordance with the sanctions outlined on the Altered States Sanctions Form (Attachment B).

IV. Housing/Property and Mail Handling

- A. Upon release from medical observation, the resident shall be relocated to Restrictive Housing for a period in accordance with the sanctions shown on the Altered States Form (Attachment B).
 - 1. The Shift Supervisor may order collection of a urinalysis (UA) test when the test can be executed safely.
 - 2. While a resident is in Restrictive Housing:
 - a. Their property shall be collected and searched,
 - b. A Personal Property Inventory Form (IMPP 12-120A, Attachment D) shall be completed,
 - c. A State of Altered Consciousness Property Seizure Form (Attachment C) shall be completed and electronically filed, and
 - d. Collected property shall be stored in a secure location until released from Restrictive Housing by the Warden/Superintendent or designee.
 - 3. Residents may request religious property while in Restrictive Housing by submitting a Form 9 to the Unit Team Manager (UTM). The UTM shall verify the resident's religion, obtain the religious item to provide to the resident, if permitted, and update the property inventories as needed.
 - a. Residents on Administrative Restrictive Housing status due to an altered state may only possess a primary religious text, artifacts/personal possessions and medallions as specified in IMPP 10-110D, Attachment A.
 - b. Residents on Disciplinary Restrictive Housing Status due to an altered state may receive the primary religious text only.
 - 4. Residents may receive indigent hygiene products when approved by the Unit Team representative.
 - 5. Residents may request legal documents from their property by submitting a Form 9 to the UTM.
 - 6. While under observation or in Restrictive Housing:
 - a. Regular resident mail shall be searched by EAI, photocopied, and the copy placed in a new envelope for delivery to the resident. Procedures set forth in IMPP 12-139D Facility Mailroom Procedures shall be followed.
 - b. EAI shall inspect and validate receipt of any legal, official, or privileged mail. Upon verification, this mail shall be sent to the appropriate UTM or designee for delivery to the resident.
 - 1) The Unit Team representative or designee shall open the mail in front of the resident and search thoroughly prior to the resident taking possession.

V. Recovery Programs

- A. Each facility shall establish recovery programs and services in designated housing, including a plan to increase those services in the facility if/as needed, and ensure that residents found in an altered state are referred to and given access to recovery programs and services.
- B. Unit team and reentry/risk reduction staff shall develop a plan to address the needs of the residents found in an altered state for recovery programs and services.
- C. As determined by the Multi-Disciplinary Team (MDT), some incentives may be offered in support of recovery efforts including, but not limited to, suspension of a loss of good time, removal of visitation restrictions, attendance at special events, additional programming, and access to yard.

VI. Property Return

- A. Prior to the return of resident property, the appointing authority shall:
 - 1. Within 24 hours following release from RHU, convene a meeting between the resident and a MDT consisting of members of the Restrictive Housing Review Board to consider:
 - a. The frequency and dates of previous 'altered state' occurrences,
 - b. Program enrollment or completion, and
 - c. Confirm assignment of consequences as listed on the Altered State Sanctions Form (Attachment B).

VII. Reports

- A. All reports/forms concerning drug abuse or intoxicants testing, property seizure, custody changes, loss of privileges, and housing changes shall be recorded on the Altered States Tracking spreadsheet (Attachment D).

VIII. This IMPP must serve as final policy in all departmental facilities, and no General Orders shall be developed or implemented on this subject.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff, residents, and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees, residents, or offenders, or an independent duty owed by the Department of Corrections to employees, residents, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

None.

REFERENCES

K.A.R. 44-12-1002
IMPP 09-108D, 10-110D, 12-120A, 12-139D

HISTORY

04-09-2025 Original
03-31-2026 Revision 1

ATTACHMENTS

Attachment	Title of Attachment	Page Total
A	DR Hearing Testimonial Confirmation	1 page
B	Altered State Sanctions	1 page
C	State of Altered Consciousness Property Seizure	1 page
D	Altered State Tracking	1 page

Disciplinary Report Hearing Testimonial Confirmation

I, _____, _____, hereby affirm that
Staff Member's Printed Name Title

I have reviewed Disciplinary Report # _____, written by _____.

I visually observed and do substantiate the observations that resident _____

_____.

Narcan was deployed: ☐ YES ☐ NO

If yes, how many times? ____

In addition, I observed the following signs/symptoms which, based on my training and experience, lead me to reasonably conclude the resident was in an altered state of consciousness:

1. _____

2. _____

I declare the under penalty of perjury that these statements are true and correct.

Executed on _____
Date Name Title

CC: Warden
Deputy Warden
Major
Disciplinary Administrator
EAI
Classifications Administrator

Altered State Sanctions

Mandatory Sanction	1st Offense 365-day period	2nd Offense 365-day period	3rd Offense 365-day period
Restrictive Housing	15 days	30 days	45 days
Loss of private industry and facility job	45 days	90 days	180 days
Suspend visitation to non-contact	90 days	180 days	365 days
Loss of good time	NA	30 days	60 days
Special Event suspension	30 days	90 days	180 days
Optional Sanctions	1st Offense 365-day period	2nd Offense 365-day period	3rd Offense 365-day period
Fundraiser/Fresh Favorites suspension	30	90 days	180 days

State of Altered Consciousness Property Seizure

Resident Name KDOC Number _____

Date Property Seized Printed Name of Packout Officer/Signature _____

Property Delivered for Search and Storage _____
Delivering Officer's Printed Name/Signature _____

Property Received for Storage _____
Officer's Printed Name/Signature _____

Seized property shall be searched and stored in a secure location. Property shall not be returned to the resident without written approval from the Unit Team Manager or designee.

Property Released to Resident _____
Officer's Printed Name/Signature _____

Attach email from UTM or designee approving property release to this form.

Altered State Property Seizure

Resident Name KDOC Number _____

Date Property Seized Printed Name of Packout Officer/Signature _____

Property Delivered for Search and Storage _____
Delivering Officer's Printed Name/Signature _____

Property Received for Storage _____
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[illegible]